

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| <b>Tab 2</b> | <b>SB 152 by Davis (CO-INTRODUCERS) Sharief, Rouson;</b> Identical to H 00103 Protection from Surgical Smoke |  |  |  |  |  |
|--------------|--|--|--|--|--|--|

|              |  |   |     |             |                     |                |
|--------------|--|---|-----|-------------|---------------------|----------------|
| <b>Tab 3</b> | <b>CS/SB 170 by HP, Burton;</b> Quality of Care in Nursing Homes |   |     |             |                     |                |
| 255870       | A  | S | RCS | AHS, Burton | Delete L.224 - 430: | 03/28 09:10 AM |

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| <b>Tab 4</b> | <b>CS/SB 738 by CF, Burton;</b> Compare to CS/CS/H 00047 Child Care and Early Learning Providers |  |  |  |  |  |
|--------------|--|--|--|--|--|--|

|              |   |   |     |              |                   |                |
|--------------|---|---|-----|--------------|-------------------|----------------|
| <b>Tab 5</b> | <b>CS/SB 958 by HP, Bernard;</b> Similar to CS/CS/H 00723 Type 1 Diabetes Early Detection Program |   |     |              |                   |                |
| 970238       | A   | S | RCS | AHS, Bernard | Delete L.20 - 41: | 03/28 09:10 AM |

|              |   |  |  |  |  |  |
|--------------|---|--|--|--|--|--|
| <b>Tab 6</b> | <b>CS/SB 1356 by HE, Burton (CO-INTRODUCERS) Berman;</b> Similar to CS/CS/H 00907 Florida Institute for Pediatric Rare Diseases |  |  |  |  |  |
|--------------|---|--|--|--|--|--|

|              |   |  |  |  |  |  |
|--------------|---|--|--|--|--|--|
| <b>Tab 7</b> | <b>SB 1370 by Trumbull;</b> Ambulatory Surgical Centers |  |  |  |  |  |
|--------------|---|--|--|--|--|--|

|              |  |   |     |            |                     |                |
|--------------|--|---|-----|------------|---------------------|----------------|
| <b>Tab 8</b> | <b>CS/SB 1626 by CF, Grall;</b> Similar to H 01301 Child Welfare |   |     |            |                     |                |
| 567020       | A  | S | RCS | AHS, Grall | Delete L.91 - 339:  | 03/28 09:10 AM |
| 318066       | AA   | S | RCS | AHS, Grall | Delete L.19:        | 03/28 09:10 AM |
| 145300       | A  | S | RCS | AHS, Grall | Delete L.609 - 612: | 03/28 09:10 AM |

**The Florida Senate**  
**COMMITTEE MEETING EXPANDED AGENDA**  
**APPROPRIATIONS COMMITTEE ON HEALTH AND HUMAN SERVICES**  
**Senator Trumbull, Chair**  
**Senator Davis, Vice Chair**

**MEETING DATE:** Wednesday, March 26, 2025  
**TIME:** 1:00—3:00 p.m.  
**PLACE:** Pat Thomas Committee Room, 412 Knott Building

**MEMBERS:** Senator Trumbull, Chair; Senator Davis, Vice Chair; Senators Berman, Brodeur, Burton, Garcia, Gruters, Harrell, Rodriguez, and Rouson

| TAB | BILL NO. and INTRODUCER   | BILL DESCRIPTION and SENATE COMMITTEE ACTIONS   | COMMITTEE ACTION            |
|-----|---|---|-----------------------------|
| 1   | Review and Discussion of Fiscal Year 2025-2026 Budget Issues Relating to:<br>Agency for Health Care Administration<br>Agency for Persons with Disabilities<br>Department of Children and Families<br>Department of Elder Affairs<br>Department of Health<br>Department of Veterans' Affairs |   | Discussed                   |
| 2   | <b>SB 152</b><br>Davis<br>(Identical H 103)   | Protection from Surgical Smoke; Requiring hospitals and ambulatory surgical centers to, by a specified date, adopt and implement policies requiring the use of smoke evacuation systems during certain surgical procedures, etc.<br><br>HP 02/18/2025 Favorable<br>AHS 03/26/2025 Favorable<br>RC   | Favorable<br>Yeas 10 Nays 0 |
| 3   | <b>CS/SB 170</b><br>Health Policy / Burton  | Quality of Care in Nursing Homes; Reviving, reenacting, and amending a provision relating to consumer satisfaction surveys; requiring the Agency for Health Care Administration to develop user-friendly consumer satisfaction surveys for nursing home facilities; requiring medical directors of nursing home facilities to obtain, or to be in the process of obtaining, certain qualifications by a specified date; requiring nursing home facilities to conduct biennial patient safety culture surveys; requiring nursing home facilities that maintain certain electronic health records to make available certain data to the agency's Florida Health Information Exchange program for a specified purpose, etc.<br><br>HP 03/04/2025 Fav/CS<br>AHS 03/26/2025 Fav/CS<br>AP | Fav/CS<br>Yeas 10 Nays 0    |

**COMMITTEE MEETING EXPANDED AGENDA**Appropriations Committee on Health and Human Services  
Wednesday, March 26, 2025, 1:00—3:00 p.m.

| TAB | BILL NO. and INTRODUCER   | BILL DESCRIPTION and SENATE COMMITTEE ACTIONS  | COMMITTEE ACTION            |
|-----|---|--|-----------------------------|
| 4   | <b>CS/SB 738</b><br>Children, Families, and Elder Affairs / Burton<br>(Similar CS/H 47) | Child Care and Early Learning Providers; Exempting public and private preschools from specified special assessments levied by a municipality; revising licensing standards for all licensed child care facilities and minimum standards and training requirements for child care personnel; requiring a county commission to affirm annually certain decisions; expanding the types of providers to be considered when developing and implementing a plan to eliminate duplicative and unnecessary inspections, etc.<br><br>CF 03/12/2025 Fav/CS<br>AHS 03/26/2025 Favorable<br>FP | Favorable<br>Yeas 10 Nays 0 |
| 5   | <b>CS/SB 958</b><br>Health Policy / Bernard<br>(Similar CS/CS/H 723)                    | Type 1 Diabetes Early Detection Program; Requiring the Department of Health, in collaboration with school districts throughout the state, to develop informational materials for the early detection of Type 1 diabetes for parents and guardians of certain students; providing requirements for such informational materials, etc.<br><br>HP 03/18/2025 Fav/CS<br>AHS 03/26/2025 Fav/CS<br>FP  | Fav/CS<br>Yeas 10 Nays 0    |
| 6   | <b>CS/SB 1356</b><br>Education Postsecondary / Burton<br>(Identical CS/H 907)           | Florida Institute for Pediatric Rare Diseases; Establishing the Florida Institute for Pediatric Rare Diseases within the Florida State University College of Medicine; requiring the institute to establish and administer the Sunshine Genetics Pilot Program for a specified period; providing institute responsibilities and duties relating to the pilot program; providing requirements for participation in the pilot program and data collection and release in the pilot program, etc.<br><br>HE 03/17/2025 Fav/CS<br>AHS 03/26/2025 Favorable<br>FP                       | Favorable<br>Yeas 10 Nays 0 |

**COMMITTEE MEETING EXPANDED AGENDA**

Appropriations Committee on Health and Human Services  
Wednesday, March 26, 2025, 1:00—3:00 p.m.

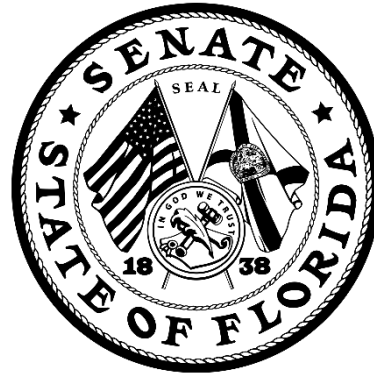
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| TAB | BILL NO. and INTRODUCER  | BILL DESCRIPTION and SENATE COMMITTEE ACTIONS  | COMMITTEE ACTION            |
|-----|--|--|-----------------------------|
| 7   | <b>SB 1370</b><br>Trumbull   | Ambulatory Surgical Centers; Providing requirements for issuance, denial, suspension, and revocation of ambulatory surgical center licenses; requiring the Agency for Health Care Administration to make or cause to be made specified inspections of licensed facilities; requiring the agency to coordinate periodic inspections to minimize costs and disruption of services; providing that specified provisions govern the design, construction, erection, alteration, modification, repair, and demolition of licensed facilities; requiring licensed facilities to establish an internal risk management program; providing certain investigative and reporting requirements for internal risk managers relating to the investigation and reporting of allegations of sexual misconduct or sexual abuse at licensed facilities, etc.<br><br>HP 03/18/2025 Favorable<br>AHS 03/26/2025 Favorable<br>RC | Favorable<br>Yeas 10 Nays 0 |
| 8   | <b>CS/SB 1626</b><br>Children, Families, and Elder Affairs / Grall<br>(Similar H 1301, Compare H 415, S 618) | Child Welfare; Authorizing the Office of Statewide Prosecution in the Department of Legal Affairs to investigate and prosecute specified violations; revising the definition of the term "child who is found to be dependent"; defining the term "legal custodian"; authorizing a law enforcement officer or an authorized agent of the department to take a child into custody who is the subject of a specified court order; specifying that subcontractors of lead agencies that are direct providers of foster care and related services are not liable for certain acts or omissions, etc.<br><br>CF 03/12/2025 Fav/CS<br>AHS 03/26/2025 Fav/CS<br>FP   | Fav/CS<br>Yeas 10 Nays 0    |

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Other Related Meeting Documents

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# **Senate Appropriations Committee on Health and Human Services**

**FY 2025-2026 Committee Budget Proposal**

*Budget Spreadsheet*

Senator Trumbull, Chair  
Senator Davis, Vice Chair

March 26, 2025

**Senate Appropriations Committee on Health and Human Services**

|      |                |  | CHAIRMAN'S PROPOSAL |                    |                       |                   |                    |                      |                       |                       |      |
|------|----------------|--|---------------------|--------------------|-----------------------|-------------------|--------------------|----------------------|-----------------------|-----------------------|------|
| Row# | ISSUE CODE     | ISSUE TITLE  | FTE                 | RATE               | REC GR                | NR GR             | TOBACCO            | OTHER STATE TFs      | ALL TF FED            | ALL FUNDS             | Row# |
| 1    |                | <b>HEALTH CARE ADMIN</b>   |                     |                    |                       |                   |                    |                      |                       |                       | 1    |
| 2    | <b>1100001</b> | <b>Startup (OPERATING)</b>   | <b>1,636.00</b>     | <b>96,126,787</b>  | <b>11,265,721,915</b> |                   | <b>288,069,106</b> | <b>4,031,926,545</b> | <b>19,550,807,335</b> | <b>35,136,524,901</b> | 2    |
| 3    | 160E450        | Realignment of Agency Spending Authority for Northwest Regional Data Center - Deduct                     |                     |                    | -                     |                   |                    | (80,880)             |                       | (80,880)              | 3    |
| 4    | 160G100        | Realignment of Operating Capital Outlay (OCO) Budget Authority - Deduct                                  |                     |                    | (45,391)              |                   |                    | (105,328)            | (115,938)             | (266,657)             | 4    |
| 5    | 160G200        | Realignment of Operating Capital Outlay (OCO) Budget Authority - Add                                     |                     |                    | 45,391                |                   |                    | 105,328              | 115,938               | 266,657               | 5    |
| 6    | 1600500        | Critical Salary Market Adjustments Continuation  |                     | 5,508,506          | 2,807,213             |                   |                    | 805,599              | 3,085,273             | 6,698,085             | 6    |
| 7    | 1600600        | Medicaid Third Party Liability Act Support   |                     |                    | -                     |                   |                    | 5,065,051            | 5,065,051             | 10,130,102            | 7    |
| 8    | 17C99C0        | Realign Enterprise Cybersecurity Resiliency - Add  |                     |                    | -                     |                   |                    | 405,055              |                       | 405,055               | 8    |
| 9    | 1700050        | Transfer to the Agency for Persons with Disabilities Home and Community Based Services Waiver            |                     |                    | (702,440)             |                   |                    |                      | (939,159)             | (1,641,599)           | 9    |
| 10   | 2301510        | Institutional and Prescribed Drug Providers  |                     |                    | 1,448,026,468         |                   |                    |                      | 996,333,508           | 2,444,359,976         | 10   |
| 11   | 2402420        | Emergency Response Vehicle   |                     |                    | -                     |                   |                    | 105,000              |                       | 105,000               | 11   |
| 12   | 2503080        | Direct Billing for Administrative Hearings   |                     |                    | (12,177)              |                   |                    | (77,973)             | (12,177)              | (102,327)             | 12   |
| 13   | 3000380        | Additional Funding for Nursing Home Audits   |                     |                    | 350,000               |                   |                    |                      | 350,000               | 700,000               | 13   |
| 14   | 3000390        | Funding for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Audits |                     |                    | 130,000               |                   |                    |                      | 130,000               | 260,000               | 14   |
| 15   | 3001780        | Children's Special Health Care   |                     |                    | 40,135,182            |                   |                    | 4,504,530            | 91,163,604            | 135,803,316           | 15   |
| 16   | 3004500        | Medicaid Services  |                     |                    | (574,915,458)         |                   | (43,906,784)       | (629,285,346)        | (427,079,059)         | (1,675,186,647)       | 16   |
| 17   | 33H5000        | Base Budget Reduction Based on Historical Reversions   |                     |                    | (9,968,551)           | (17,361,666)      |                    |                      | (27,789,254)          | (55,119,471)          | 17   |
| 18   | 3600PC0        | Florida Planning, Accounting, and Ledger Management (PALM) Readiness                                     |                     |                    | -                     | 1,000,000         |                    |                      |                       | 1,000,000             | 18   |
| 19   | 36246C0        | Managed Cyber Security Threat Monitoring and Response Solution   |                     |                    | -                     | 550,000           |                    |                      |                       | 550,000               | 19   |
| 20   | 36301C0        | Florida Medicaid Management Information System (FMMIS)   |                     |                    | 11,793,216            | 23,905,633        |                    |                      | 109,191,674           | 144,890,523           | 20   |
| 21   | 36306C0        | Background Screening Clearinghouse   |                     |                    | -                     |                   |                    | 2,650,000            |                       | 2,650,000             | 21   |
| 22   | 36312C0        | Enterprise Financial Ecosystem Maintenance   |                     |                    | -                     | 400,000           |                    |                      |                       | 400,000               | 22   |
| 23   | 36327C0        | Additional Funding for the Division of Information Technology  |                     |                    | -                     |                   |                    | 825,000              |                       | 825,000               | 23   |
| 24   | 4100005        | Health Care Data Transparency  |                     |                    | -                     |                   |                    | 1,000,000            |                       | 1,000,000             | 24   |
| 25   | 4100052        | Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) Rate Increase                   |                     |                    | 8,213,257             |                   |                    |                      | 10,981,081            | 19,194,338            | 25   |
| 26   | 4101020        | Medicaid Organ Transplant Provider Rate Increase   |                     |                    | 746,669               |                   |                    |                      | 998,292               | 1,744,961             | 26   |
| 27   | 4101350        | CMS Mandatory Adult Behavioral Health and Child Core Set Reporting                                       |                     |                    | 440,127               |                   |                    |                      | 440,127               | 880,254               | 27   |
| 28   | 4101651        | Nursing Home Reimbursement Rate Adjustment   |                     |                    | -                     | 26,852,994        |                    |                      | 35,902,308            | 62,755,302            | 28   |
| 29   | 4101710        | Graduate Medical Education Program   |                     |                    | -                     |                   |                    | 112,324              | 150,176               | 262,500               | 29   |
| 30   | 4101880        | Individual and Family Therapy Rate Increase  |                     |                    | 573,607               |                   |                    |                      | 766,909               | 1,340,516             | 30   |
| 31   | 4106050        | Prescribed Pediatric Extended Care (PPEC) Rate Increase  |                     |                    | 3,673,251             |                   |                    |                      | 4,911,116             | 8,584,367             | 31   |
| 32   | 4301020        | Quality of Care In Nursing Homes   |                     |                    | 140,500               | 1,106,500         |                    |                      | 750,000               | 1,997,000             | 32   |
| 33   | 6P00680        | Health Care Services   |                     |                    | -                     | 2,243,750         |                    |                      | 1,662,887             | 3,906,637             | 33   |
| 34   | <b>Total</b>   | <b>HEALTH CARE ADMIN</b>   | <b>1,636.00</b>     | <b>101,635,293</b> | <b>12,197,152,779</b> | <b>38,697,211</b> | <b>244,162,322</b> | <b>3,417,954,905</b> | <b>20,356,869,692</b> | <b>36,254,836,909</b> | 34   |
| 35   |                |  |                     |                    |                       |                   |                    |                      |                       |                       | 35   |

**Senate Appropriations Committee on Health and Human Services**

|      |                |  | CHAIRMAN'S PROPOSAL |                    |                      |                   |          |                  |                      |                      |      |
|------|----------------|--|---------------------|--------------------|----------------------|-------------------|----------|------------------|----------------------|----------------------|------|
| Row# | ISSUE CODE     | ISSUE TITLE  | FTE                 | RATE               | REC GR               | NR GR             | TOBACCO  | OTHER STATE TFs  | ALL TF FED           | ALL FUNDS            | Row# |
| 36   |                | <b>PERSONS WITH DISABILITIES</b>   |                     |                    |                      |                   |          |                  |                      |                      | 36   |
| 37   | <b>1100001</b> | <b>Startup (OPERATING)</b>   | <b>2,753.00</b>     | <b>132,641,939</b> | <b>1,131,079,534</b> |                   |          | <b>4,433,745</b> | <b>1,426,514,558</b> | <b>2,562,027,837</b> | 37   |
| 38   | 160E460        | Realignment of Agency Spending Authority for Northwest Regional Data Center - Add  |                     |                    | 18,571               |                   |          | 65,729           | 11,654               | 95,954               | 38   |
| 39   | 17C99C0        | Realign Enterprise Cybersecurity Resiliency - Add  |                     |                    | 109,578              |                   |          | 387,838          | 68,765               | 566,181              | 39   |
| 40   | 1700020        | Transfer from the Agency for Health Care Administration Intermediate Care Facilities to the Agency for Persons with Disabilities - Waivers |                     |                    | 702,440              |                   |          |                  | 939,159              | 1,641,599            | 40   |
| 41   | 2402410        | Replacement of Motor Vehicle Regions   |                     |                    | -                    | 39,633            |          |                  |                      | 39,633               | 41   |
| 42   | 2402430        | Replacement of Motor Vehicles - Civil  |                     |                    | -                    | 227,069           |          |                  |                      | 227,069              | 42   |
| 43   | 2503080        | Direct Billing for Administrative Hearings   |                     |                    | (675)                |                   |          |                  | (19)                 | (694)                | 43   |
| 44   | 33H5000        | Base Budget Reduction Based on Historical Reversions   |                     |                    | (7,900,000)          |                   |          |                  |                      | (7,900,000)          | 44   |
| 45   | 33V1620        | Vacant Position Reductions   | (25.00)             |                    | -                    |                   |          | (1,043,261)      |                      | (1,043,261)          | 45   |
| 46   | 3400030        | Transfer Operations and Maintenance Trust Fund to the General Revenue Fund for the Florida Unique Abilities Partner Program - Add          |                     |                    | 40,735               |                   |          |                  |                      | 40,735               | 46   |
| 47   | 3400040        | Transfer Operations and Maintenance Trust Fund to the General Revenue Fund for the Florida Unique Abilities Partner Program - Deduct       |                     |                    | -                    |                   |          |                  | (40,735)             | (40,735)             | 47   |
| 48   | 3401470        | Changes to Federal Financial Participation Rate - State  |                     |                    | 3,639,401            |                   |          |                  |                      | 3,639,401            | 48   |
| 49   | 3401480        | Changes to Federal Financial Participation Rate - Federal  |                     |                    | -                    |                   |          |                  | (3,639,401)          | (3,639,401)          | 49   |
| 50   | 3407000        | Developmental Disabilities Centers Fund Shift for Long Term Care - Add   |                     |                    | -                    | 13,000,000        |          |                  |                      | 13,000,000           | 50   |
| 51   | 3407010        | Developmental Disabilities Centers Fund Shift for Long Term Care - Deduct  |                     |                    | -                    |                   |          |                  | (13,000,000)         | (13,000,000)         | 51   |
| 52   | 3600PC0        | Florida Planning, Accounting, and Ledger Management (PALM) Readiness   |                     |                    | -                    | 821,535           |          | 503,521          |                      | 1,325,056            | 52   |
| 53   | 36202C0        | Computer Refresh   |                     |                    | -                    | 566,921           |          |                  | 347,468              | 914,389              | 53   |
| 54   | 36204C0        | Iconnect System  |                     |                    | -                    | 1,000,000         |          |                  | 1,000,000            | 2,000,000            | 54   |
| 55   | 36216C0        | Licensing and Data Management  |                     |                    | 379,563              |                   |          |                  | 379,562              | 759,125              | 55   |
| 56   | 36308C0        | Developmental Disability Defendant Program Electronic Health Record Fee  |                     |                    | 150,000              |                   |          |                  |                      | 150,000              | 56   |
| 57   | 4000060        | Sunland Chiller Lease  |                     |                    | -                    | 75,718            |          |                  | 101,234              | 176,952              | 57   |
| 58   | 4000640        | Developmental Disability Center Increase OPS Hours for Residential Workers In Workshops  |                     |                    | 57,767               |                   |          |                  | 77,233               | 135,000              | 58   |
| 59   | 4000830        | Individuals and Family Supports Increase   |                     |                    | -                    | 1,349,957         |          |                  |                      | 1,349,957            | 59   |
| 60   | 4009140        | Consumer Directed Care Plus (CDC+) Additional Administration Costs - Deduct  |                     |                    | (207,408)            |                   |          |                  | (277,304)            | (484,712)            | 60   |
| 61   | 4009170        | Consumer Directed Care Plus (CDC+) Additional Administration Costs - Add   |                     |                    | 211,722              |                   |          |                  | 211,722              | 423,444              | 61   |
| 62   | 6P00670        | Persons with Disabilities Services   |                     |                    | -                    | 8,123,790         |          |                  |                      | 8,123,790            | 62   |
| 63   | 990C000        | Code Corrections   |                     |                    | -                    |                   |          |                  |                      | -                    | 63   |
| 64   | 080754         | APD/FCO Needs/Cen Mgd Facs   |                     |                    | -                    | 1,531,697         |          |                  |                      | 1,531,697            | 64   |
| 65   | 990F000        | Support Facilities   |                     |                    | -                    |                   |          |                  |                      | -                    | 65   |
| 66   | 080081         | Plan/Des - Forensic Fac  |                     |                    | -                    | 5,353,314         |          |                  |                      | 5,353,314            | 66   |
| 67   | 990G000        | Grants and Aids - Fixed Capital Outlay   |                     |                    | -                    |                   |          |                  |                      | -                    | 67   |
| 68   | 140211         | Fco-Persons W/Disabilities   |                     |                    | -                    | 4,425,000         |          |                  |                      | 4,425,000            | 68   |
| 69   | 990M000        | Maintenance and Repair   |                     |                    | -                    |                   |          |                  |                      | -                    | 69   |
| 70   | 080754         | APD/FCO Needs/Cen Mgd Facs   |                     |                    | -                    | 11,000,000        |          |                  |                      | 11,000,000           | 70   |
| 71   | <b>Total</b>   | <b>PERSONS WITH DISABILITIES</b>   | <b>2,728.00</b>     | <b>132,641,939</b> | <b>1,128,281,228</b> | <b>47,514,634</b> | <b>-</b> | <b>4,347,572</b> | <b>1,412,693,896</b> | <b>2,592,837,330</b> | 71   |

**Senate Appropriations Committee on Health and Human Services**

|      |                |   | CHAIRMAN'S PROPOSAL |                    |                      |            |         |                    |                      |                      |      |
|------|----------------|---|---------------------|--------------------|----------------------|------------|---------|--------------------|----------------------|----------------------|------|
| Row# | ISSUE CODE     | ISSUE TITLE   | FTE                 | RATE               | REC GR               | NR GR      | TOBACCO | OTHER STATE TFs    | ALL TF FED           | ALL FUNDS            | Row# |
| 72   |                |   |                     |                    |                      |            |         |                    |                      |                      | 72   |
| 73   |                | <b>CHILDREN &amp; FAMILIES</b>  |                     |                    |                      |            |         |                    |                      |                      | 73   |
| 74   | <b>1100001</b> | <b>Startup (OPERATING)</b>  | <b>12,974.75</b>    | <b>689,094,707</b> | <b>2,713,292,384</b> |            |         | <b>138,142,966</b> | <b>1,590,893,806</b> | <b>4,442,329,156</b> | 74   |
| 75   | 160E460        | Realignment of Agency Spending Authority for Northwest Regional Data Center - Add                       |                     |                    | 539,123              |            |         | 224,662            | 499,202              | 1,262,987            | 75   |
| 76   | 160P100        | Transfer Budget Between Program Components In Family Safety - Deduct                                    | (2.00)              |                    | (17,327)             |            |         |                    | (155,943)            | (173,270)            | 76   |
| 77   | 160P110        | Transfer Budget Between Program Components In Family Safety - Add                                       | 2.00                |                    | 17,327               |            |         |                    | 155,943              | 173,270              | 77   |
| 78   | 1600A10        | Office of Children's Behavioral Health Ombudsman - Deduct   | (8.00)              | (592,268)          | -                    |            |         |                    |                      | -                    | 78   |
| 79   | 1600A20        | Office of Children's Behavioral Health Ombudsman - Add  | 8.00                | 592,268            | -                    |            |         |                    |                      | -                    | 79   |
| 80   | 17C99C0        | Realign Enterprise Cybersecurity Resiliency - Add   |                     |                    | 1,730,577            |            |         | 44,411             | 2,260,789            | 4,035,777            | 80   |
| 81   | 1700630        | Transfer Children's Advocacy Centers from the Department of Legal Affairs                               |                     |                    | 4,957,894            |            |         |                    |                      | 4,957,894            | 81   |
| 82   | 2000120        | Opioid Settlement - Office of Opioid Recovery - Deduct  |                     |                    | -                    |            |         | (600,000)          |                      | (600,000)            | 82   |
| 83   | 2000130        | Opioid Settlement - Office of Opioid Recovery - Add   |                     |                    | -                    |            |         | 600,000            |                      | 600,000              | 83   |
| 84   | 2000140        | Opioid Settlement - Specialized Training - Graduate Medical Education - Deduct                          |                     |                    | -                    |            |         | (4,066,854)        |                      | (4,066,854)          | 84   |
| 85   | 2000150        | Opioid Settlement - Specialized Training - Graduate Medical Education - Add                             |                     |                    | -                    |            |         | 4,066,854          |                      | 4,066,854            | 85   |
| 86   | 2000430        | Realignment of Transfer to Department of Management Services Human Resources Services Category - Add    |                     |                    | 7,225                |            |         |                    | 10,449               | 17,674               | 86   |
| 87   | 2000440        | Realignment of Transfer to Department of Management Services Human Resources Services Category - Deduct |                     |                    | (7,225)              |            |         |                    | (10,449)             | (17,674)             | 87   |
| 88   | 2000690        | Realignment of Appropriation Categories for Managing Entities - Deduct                                  |                     |                    | (4,848,430)          |            |         |                    |                      | (4,848,430)          | 88   |
| 89   | 2000700        | Realignment of Appropriation Categories for Managing Entities - Add                                     |                     |                    | 4,848,430            |            |         |                    |                      | 4,848,430            | 89   |
| 90   | 2002100        | Realignment of Budget to Anticipated Expenditures - Add   |                     |                    | -                    |            |         |                    | 380,000              | 380,000              | 90   |
| 91   | 2002150        | Realignment of Budget to Anticipated Expenditures - Deduct  |                     |                    | -                    |            |         |                    | (380,000)            | (380,000)            | 91   |
| 92   | 2503080        | Direct Billing for Administrative Hearings  |                     |                    | (103,021)            |            |         |                    |                      | (103,021)            | 92   |
| 93   | 3000091        | Cash Assistance Adjustment - Estimating Conference Adjustment   |                     |                    | (27,465,266)         |            |         |                    |                      | (27,465,266)         | 93   |
| 94   | 3000630        | Guardianship Assistance Program (GAP)   |                     |                    | -                    | 7,289,670  |         |                    | 2,802,117            | 10,091,787           | 94   |
| 95   | 33N0001        | Redirect Recurring Appropriations to Non-Recurring - Deduct   |                     |                    | (2,884,558)          |            |         |                    |                      | (2,884,558)          | 95   |
| 96   | 33N0002        | Redirect Recurring Appropriations to Non-Recurring - Add  |                     |                    | -                    | 2,884,558  |         |                    |                      | 2,884,558            | 96   |
| 97   | 33V1620        | Vacant Position Reductions  | (46.50)             | (2,220,862)        | (1,721,450)          |            |         |                    | (1,721,454)          | (3,442,904)          | 97   |
| 98   | 3300170        | Mental Health Facilities Fte Reduction  | (325.00)            | (10,714,286)       | (15,000,000)         |            |         |                    |                      | (15,000,000)         | 98   |
| 99   | 3401470        | Changes to Federal Financial Participation Rate - State   |                     |                    | 45,077               |            |         |                    |                      | 45,077               | 99   |
| 100  | 3401480        | Changes to Federal Financial Participation Rate - Federal   |                     |                    | -                    |            |         |                    | (45,077)             | (45,077)             | 100  |
| 101  | 3600PC0        | Florida Planning, Accounting, and Ledger Management (PALM) Readiness                                    |                     |                    | -                    | 1,750,000  |         |                    |                      | 1,750,000            | 101  |
| 102  | 36123C0        | Child Welfare Software and Enterprise Architecture Modernization  |                     |                    | -                    | 14,226,755 |         |                    | 13,773,245           | 28,000,000           | 102  |
| 103  | 36260C0        | Enterprise Wireless Access Points (WAPS) Replacements   |                     |                    | -                    | 1,235,000  |         |                    |                      | 1,235,000            | 103  |



**Senate Appropriations Committee on Health and Human Services**

|      |            |  | CHAIRMAN'S PROPOSAL |      |            |            |         |                 |            |            |      |
|------|------------|--|---------------------|------|------------|------------|---------|-----------------|------------|------------|------|
| Row# | ISSUE CODE | ISSUE TITLE  | FTE                 | RATE | REC GR     | NR GR      | TOBACCO | OTHER STATE TFs | ALL TF FED | ALL FUNDS  | Row# |
| 104  | 36316C0    | Florida System Modernization   |                     |      | -          | 11,589,066 |         |                 | 25,035,934 | 36,625,000 | 104  |
| 105  | 36326C0    | Cyber Security Services  |                     |      | -          | 250,000    |         |                 |            | 250,000    | 105  |
| 106  | 36333C0    | Enhanced Security Software   |                     |      | -          | 500,000    |         |                 |            | 500,000    | 106  |
| 107  | 36356C0    | Electronic Health Records - Mental Health Treatment Facilities                           |                     |      | 3,576,000  |            |         |                 |            | 3,576,000  | 107  |
| 108  | 4000080    | Rapid Unsheltered Survivor Housing (RUSH) Grant  |                     |      | -          |            |         |                 | 2,839,805  | 2,839,805  | 108  |
| 109  | 4000170    | Florida Veterans Support Line  |                     |      | 1,000,000  |            |         |                 |            | 1,000,000  | 109  |
| 110  | 4000210    | Foster Parent Cost of Living Adjustment Growth Rate                                      |                     |      | 1,137,611  |            |         |                 | 450,338    | 1,587,949  | 110  |
| 111  | 4000400    | Electronic Immigration Status Verification   |                     |      | 682,481    |            |         |                 | 662,519    | 1,345,000  | 111  |
| 112  | 4000590    | Mental Health Treatment Bed Capacity Maintenance   |                     |      | -          | 95,391,046 |         |                 |            | 95,391,046 | 112  |
| 113  | 4000600    | Operational Costs Adjustments  |                     |      | -          | 15,000,000 |         |                 |            | 15,000,000 | 113  |
| 114  | 4000690    | Temporary Emergency Shelter Services Program Growth                                      |                     |      | 1,189,686  |            |         |                 |            | 1,189,686  | 114  |
| 115  | 4001780    | Elder Justice Act  |                     |      | -          |            |         |                 | 1,376,580  | 1,376,580  | 115  |
| 116  | 4002230    | Extended Foster Care   |                     |      | -          | 10,633,561 |         |                 |            | 10,633,561 | 116  |
| 117  | 4002410    | Continuation Funding for Hope Line Agents  |                     |      | -          | 403,903    |         |                 | 1,603,654  | 2,007,557  | 117  |
| 118  | 4002420    | Continuation Funding for Behavioral Health Consultants                                   |                     |      | -          | 1,395      |         |                 | 1,468,737  | 1,470,132  | 118  |
| 119  | 4002440    | Increase Collaboration for Victim Services for Domestic Violence (STOP)                  |                     |      | -          |            |         |                 | 5,650,632  | 5,650,632  | 119  |
| 120  | 4002560    | 988 State and Territory Improvement Grant  |                     |      | -          |            |         |                 | 7,970,437  | 7,970,437  | 120  |
| 121  | 4003010    | Integrated Behavioral Health Clinics   |                     |      | -          | 7,000,000  |         |                 |            | 7,000,000  | 121  |
| 122  | 4004510    | Central Receiving Facilities - Grant Program   |                     |      | 6,232,767  |            |         |                 |            | 6,232,767  | 122  |
| 123  | 4004930    | Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program Expansion |                     |      | 11,000,000 |            |         |                 |            | 11,000,000 | 123  |
| 124  | 4006010    | Maintenance Adoption Subsidy and Other Adoption Assistance                               |                     |      | -          | 9,676,091  |         |                 | 7,645,135  | 17,321,226 | 124  |
| 125  | 4008750    | Automated Community Connection to Economic Self Sufficiency Asset Verification           |                     |      | 1,167,399  |            |         |                 | 1,167,398  | 2,334,797  | 125  |
| 126  | 4009820    | Legal Settlement Funds for Abatement of the Opioid Epidemic                              |                     |      | -          | 5,234,711  |         |                 |            | 5,234,711  | 126  |
| 127  | 4300030    | Opioid Settlement - Applied Research   |                     |      | -          |            |         | 3,000,000       |            | 3,000,000  | 127  |
| 128  | 4300050    | Opioid Settlement - Court Diversion Program  |                     |      | -          |            |         | 5,000,000       |            | 5,000,000  | 128  |
| 129  | 4300070    | Opioid Settlement - On-Demand Mobile Medication Assisted Treatment                       |                     |      | -          |            |         | 4,500,000       |            | 4,500,000  | 129  |
| 130  | 4300080    | Opioid Settlement - Hospital Bridge Programs   |                     |      | -          |            |         | 2,000,000       |            | 2,000,000  | 130  |
| 131  | 4300110    | Managing Entity Administrative Support   |                     |      | -          |            |         | 3,000,000       |            | 3,000,000  | 131  |
| 132  | 4300120    | Opioid Settlement - Naloxone   |                     |      | -          |            |         | 11,252,352      |            | 11,252,352 | 132  |
| 133  | 4300130    | Opioid Settlement - Prevention and Media Campaigns                                       |                     |      | -          |            |         | 18,000,000      |            | 18,000,000 | 133  |
| 134  | 4300140    | Opioid Settlement - Peer Supports and Recovery Community Organizations                   |                     |      | -          |            |         | 6,750,000       |            | 6,750,000  | 134  |
| 135  | 4300150    | Opioid Settlement - Recovery Housing   |                     |      | -          |            |         | 9,500,000       |            | 9,500,000  | 135  |
| 136  | 4300160    | Opioid Settlement - Non-Qualified Counties   |                     |      | -          |            |         | 17,808,850      |            | 17,808,850 | 136  |
| 137  | 4300190    | Opioid Settlement - Treatment and Recovery Support Services                              |                     |      | -          |            |         | 4,733,730       |            | 4,733,730  | 137  |
| 138  | 43003C0    | Opioid Settlement - Bed Availability System  |                     |      | -          |            |         | 650,000         |            | 650,000    | 138  |
| 139  | 4402030    | Community Residential Beds   |                     |      | -          | 10,000,000 |         |                 |            | 10,000,000 | 139  |
| 140  | 4600680    | Foster Parent and Guardian Ad Litem Digital Recruitment Marketing Campaign               |                     |      | -          | 1,000,000  |         |                 |            | 1,000,000  | 140  |
| 141  | 6P00600    | Children and Families Services   |                     |      | -          | 30,352,759 |         | 8,470,000       |            | 38,822,759 | 141  |
| 142  | 990G000    | Grants and Aids - Fixed Capital Outlay   |                     |      | -          |            |         |                 |            | -          | 142  |

**Senate Appropriations Committee on Health and Human Services**

|      |                |  | CHAIRMAN'S PROPOSAL |                    |                      |                    |          |                    |                      |                      |      |
|------|----------------|--|---------------------|--------------------|----------------------|--------------------|----------|--------------------|----------------------|----------------------|------|
| Row# | ISSUE CODE     | ISSUE TITLE  | FTE                 | RATE               | REC GR               | NR GR              | TOBACCO  | OTHER STATE TFs    | ALL TF FED           | ALL FUNDS            | Row# |
| 143  | 140600         | G/A- Human Services Fac  |                     |                    |                      | 11,983,554         |          | 1,530,000          |                      | 13,513,554           | 143  |
| 144  | 990M000        | Maintenance and Repair   |                     |                    |                      |                    |          |                    |                      |                      | 144  |
| 145  | 080751         | HRS/Cap Needs/Cen Mgd Facs   |                     |                    |                      | 3,000,000          |          |                    |                      | 3,000,000            | 145  |
| 146  | <b>Total</b>   | <b>CHILDREN &amp; FAMILIES</b>   | <b>12,603.25</b>    | <b>676,159,559</b> | <b>2,699,376,704</b> | <b>239,402,069</b> | <b>-</b> | <b>234,606,971</b> | <b>1,664,333,797</b> | <b>4,837,719,541</b> | 146  |
| 147  |                |  |                     |                    |                      |                    |          |                    |                      |                      | 147  |
| 148  |                | <b>ELDER AFFAIRS</b>   |                     |                    |                      |                    |          |                    |                      |                      | 148  |
| 149  | <b>1100001</b> | <b>Startup (OPERATING)</b>   | <b>431.00</b>       | <b>23,252,432</b>  | <b>225,467,386</b>   |                    |          | <b>1,929,962</b>   | <b>175,883,472</b>   | <b>403,280,820</b>   | 149  |
| 150  | 160E450        | Realignment of Agency Spending Authority for Northwest Regional Data Center - Deduct       |                     |                    |                      | (9,113)            |          |                    | (167,589)            | (176,702)            | 150  |
| 151  | 17C99C0        | Realign Enterprise Cybersecurity Resiliency - Add  |                     |                    |                      | 4,627              |          |                    | 82,674               | 87,301               | 151  |
| 152  | 2503080        | Direct Billing for Administrative Hearings   |                     |                    |                      | (3,240)            |          |                    |                      | (3,240)              | 152  |
| 153  | 3000120        | Florida Alzheimer's Center of Excellence (FACE)  | 2.00                | 108,000            |                      | 175,792            |          |                    |                      | 175,792              | 153  |
| 154  | 3000130        | Florida Alzheimer's Center of Excellence (FACE) - Deduct                                   |                     |                    |                      | (101,856)          |          |                    |                      | (101,856)            | 154  |
| 155  | 3000170        | Increase Contracted Services Additional Budget Authority                                   |                     |                    |                      |                    |          |                    | 5,862,462            | 5,862,462            | 155  |
| 156  | 3000180        | Older American Act Additional Budget Authority   |                     |                    |                      |                    |          |                    | 53,216,480           | 53,216,480           | 156  |
| 157  | 3000200        | Medicare Improvements Patient Provider Act   |                     |                    |                      |                    |          |                    | 751,127              | 751,127              | 157  |
| 158  | 3600PC0        | Florida Planning, Accounting, and Ledger Management (PALM) Readiness                       |                     |                    |                      | 740,000            |          |                    |                      | 740,000              | 158  |
| 159  | 36207C0        | Enterprise Client Information and Registration Tracking System (ECIRTS) Project            |                     |                    |                      | 2,454,104          |          |                    |                      | 2,454,104            | 159  |
| 160  | 36220C0        | Network Infrastructure Upgrade and Managed Services  |                     |                    |                      | 517,600            |          |                    |                      | 517,600              | 160  |
| 161  | 36230C0        | Cybersecurity & Risk Mitigation Full Time Equivalent                                       | 1.00                | 80,000             | 152,982              | 2,281              |          | 75,830             |                      | 231,093              | 161  |
| 162  | 36320C0        | Office of Public and Professional Guardians Client Management and Monitoring               |                     |                    |                      | 35,000             |          |                    |                      | 35,000               | 162  |
| 163  | 36330C0        | Northwest Regional Data Center Funding Gap Coverage  |                     |                    |                      | 40,000             |          |                    |                      | 40,000               | 163  |
| 164  | 4100030        | Aging Resource Centers   |                     |                    |                      | 1,995,000          |          |                    |                      | 1,995,000            | 164  |
| 165  | 4100040        | Alzheimer's Disease Initiative - Frail Elders Waiting for Services                         |                     |                    |                      | 6,000,000          |          |                    |                      | 6,000,000            | 165  |
| 166  | 4100200        | Serve Additional Clients In the Community Care for the Elderly (CCE) Program               |                     |                    |                      | 8,000,000          |          |                    |                      | 8,000,000            | 166  |
| 167  | 4100210        | Serve Additional Clients In the Home Care for the Elderly (HCE) Program                    |                     |                    |                      | 7,000,000          |          |                    |                      | 7,000,000            | 167  |
| 168  | 4900200        | Office of Public and Professional Guardians Staffing for Investigators - Add               | 6.00                | 336,080            | 377,697              |                    |          | 256,158            |                      | 633,855              | 168  |
| 169  | 4900210        | Office of Public and Professional Guardians Staffing for Investigators - Deduct            |                     |                    |                      | (367,499)          |          | (250,921)          |                      | (618,420)            | 169  |
| 170  | 4900330        | Information Technology Other Personal Service Convert to Career Service Positions          | 2.00                | 150,000            | 96,405               |                    |          | 132,157            |                      | 228,562              | 170  |
| 171  | 4900460        | Information Technology Other Personal Service Convert to Career Service Positions - Deduct |                     |                    |                      | (1,641)            |          |                    | (100,527)            | (102,168)            | 171  |
| 172  | 4900500        | Comprehensive Assessment & Review Other Personal Services to Full Time Equivalent - Add    | 2.00                | 77,014             | 69,106               |                    |          |                    | 69,107               | 138,213              | 172  |
| 173  | 4900510        | Comprehensive Assessment & Review Other Personal Services to Full Time Equivalent - Deduct |                     |                    |                      | (42,250)           |          |                    | (42,250)             | (84,500)             | 173  |
| 174  | 6P00650        | Elder Services   |                     |                    |                      | 14,285,125         |          |                    |                      | 14,285,125           | 174  |
| 175  | 990G000        | Grants and Aids - Fixed Capital Outlay   |                     |                    |                      |                    |          |                    |                      |                      | 175  |
| 176  | 140080         | G/A-Senior Citizen Centers   |                     |                    |                      | 4,286,200          |          |                    |                      | 4,286,200            | 176  |
| 177  | <b>Total</b>   | <b>ELDER AFFAIRS</b>   | <b>444.00</b>       | <b>24,003,526</b>  | <b>248,848,396</b>   | <b>22,325,310</b>  | <b>-</b> | <b>2,143,186</b>   | <b>235,554,956</b>   | <b>508,871,848</b>   | 177  |
| 178  |                |  |                     |                    |                      |                    |          |                    |                      |                      | 178  |

**Senate Appropriations Committee on Health and Human Services**

|      |            |   | CHAIRMAN'S PROPOSAL |              |               |            |            |                 |               |               |      |
|------|------------|---|---------------------|--------------|---------------|------------|------------|-----------------|---------------|---------------|------|
| Row# | ISSUE CODE | ISSUE TITLE   | FTE                 | RATE         | REC GR        | NR GR      | TOBACCO    | OTHER STATE TFs | ALL TF FED    | ALL FUNDS     | Row# |
| 179  |            | <b>HEALTH</b>   |                     |              |               |            |            |                 |               |               | 179  |
| 180  | 1100001    | Startup (OPERATING)   | 12,882.01           | 691,739,327  | 914,752,695   |            | 87,408,788 | 1,245,225,972   | 1,854,424,155 | 4,101,811,610 | 180  |
| 181  | 1100002    | Startup Recurring Fixed Capital Outlay (DEBT SERVICE/OTHER)                                   |                     |              | 10,000,000    |            |            |                 |               | 10,000,000    | 181  |
| 182  | 160E450    | Realignment of Agency Spending Authority for Northwest Regional Data Center - Deduct          |                     |              | (174,229)     |            |            | (158,594)       | (265,826)     | (598,649)     | 182  |
| 183  | 160E460    | Realignment of Agency Spending Authority for Northwest Regional Data Center - Add             |                     |              | 8,681         |            |            | 7,521           | 7,017         | 23,219        | 183  |
| 184  | 17C99C0    | Realign Enterprise Cybersecurity Resiliency - Add   |                     |              | 702,144       |            |            | 621,730         | 1,062,408     | 2,386,282     | 184  |
| 185  | 1802460    | Reorganization Public Health Research Program - Add   | 206.00              | 11,000,634   | 262,011,592   |            |            | 108,783,101     | 17,879,105    | 388,673,798   | 185  |
| 186  | 1802470    | Reorganization Public Health Research Program - Deduct  | (206.00)            | (11,000,634) | (262,011,592) |            |            | (108,783,101)   | (17,879,105)  | (388,673,798) | 186  |
| 187  | 2002060    | Technical Correction - State Health Insurance Premium Contribution - Add                      |                     |              | -             |            | 4,152      | 4,152           |               | 8,304         | 187  |
| 188  | 2002070    | Technical Correction State Health Insurance Premium Contribution - Deduct                     |                     |              | -             |            | (4,152)    | (4,152)         |               | (8,304)       | 188  |
| 189  | 2503080    | Direct Billing for Administrative Hearings  |                     |              | -             |            |            | (4,423)         | (529)         | (4,952)       | 189  |
| 190  | 3002000    | Workload - Expansion of Background Screening Requirements for Health Care Practitioners - Add | 21.00               | 1,368,994    | -             |            |            | 2,461,253       |               | 2,461,253     | 190  |
| 191  | 3002020    | Workload - Rural Hospital Capital Improvement Grant Program                                   |                     | 99,092       | 446,446       | 23,748     |            |                 |               | 470,194       | 191  |
| 192  | 3002030    | Workload - Public Health Research Program - Add   | 6.00                | 276,472      | 504,782       | 32,653     |            |                 |               | 537,435       | 192  |
| 193  | 3002050    | Workload - Healthy Beaches Program  |                     | 27,560       | 943,252       |            |            |                 |               | 943,252       | 193  |
| 194  | 33V0050    | Transfer Heros Program to the Department of Children and Families                             |                     |              | (5,000,000)   |            |            |                 |               | (5,000,000)   | 194  |
| 195  | 33V1620    | Vacant Position Reductions  | (334.00)            |              | -             |            |            |                 |               | -             | 195  |
| 196  | 3306000    | Reduce Excess Budget Authority  | (150.00)            | (9,460,000)  | -             |            |            |                 | (26,234,754)  | (26,234,754)  | 196  |
| 197  | 3600PC0    | Florida Planning, Accounting, and Ledger Management (PALM) Readiness                          |                     |              | -             | 4,893,441  |            |                 |               | 4,893,441     | 197  |
| 198  | 36205C0    | Information Technology - Security Modernization and Resiliency Initiative                     |                     | 830,578      | 16,886,592    | 919,851    |            | 295,251         |               | 18,101,694    | 198  |
| 199  | 36328C0    | Children's Medical Services - Early Steps Administrative System                               |                     |              | -             |            |            |                 | 3,022,390     | 3,022,390     | 199  |
| 200  | 36360C0    | Medical Quality Assurance - Licensure and Enforcement System                                  |                     |              | -             |            |            | 6,700,000       |               | 6,700,000     | 200  |
| 201  | 36390C0    | Florida Cancer Data System Enhancements   | 2.00                | 168,343      | 1,118,340     | 308,743    |            |                 |               | 1,427,083     | 201  |
| 202  | 4100230    | Healthcare Screenings Statewide Marketing Campaign  |                     |              | -             | 1,000,000  |            |                 |               | 1,000,000     | 202  |
| 203  | 4100400    | Increase Funding for Healthy Start Coalitions   |                     |              | 3,423,200     |            |            |                 |               | 3,423,200     | 203  |
| 204  | 4300260    | Targeted Cancer Research  |                     |              | 30,000,000    |            |            | 30,000,000      |               | 60,000,000    | 204  |
| 205  | 4307090    | Swimming Lesson Voucher Program   |                     |              | 2,000,000     |            |            |                 |               | 2,000,000     | 205  |
| 206  | 4309000    | Tobacco Constitutional Amendment  |                     |              | -             |            | 2,620,400  |                 |               | 2,620,400     | 206  |
| 207  | 4800300    | School Health Services  |                     |              | -             | 18,385,060 |            |                 |               | 18,385,060    | 207  |
| 208  | 5300360    | Early Steps Program Quality Improvement and Enhancement                                       |                     |              | -             |            |            |                 | 8,922,017     | 8,922,017     | 208  |
| 209  | 6P00640    | Health Services   |                     |              | -             | 32,516,500 |            |                 |               | 32,516,500    | 209  |
| 210  | 6200080    | Mary Brogan Breast and Cervical Cancer Early Detection Program                                |                     |              | 4,171,675     |            |            |                 |               | 4,171,675     | 210  |
| 211  | 6200150    | Restore Health Care Innovation Revolving Loan Fund  |                     |              | -             |            |            | 50,000,000      |               | 50,000,000    | 211  |
| 212  | 6200260    | Florida Poison Information Center Network (FPICN)   |                     |              | 335,000       |            |            |                 |               | 335,000       | 212  |
| 213  | 990G000    | Grants and Aids - Fixed Capital Outlay  |                     |              | -             |            |            |                 |               | -             | 213  |

**Senate Appropriations Committee on Health and Human Services**

|      |                    |  | CHAIRMAN'S PROPOSAL |                      |                       |                    |                    |                      |                       |                       |      |
|------|--------------------|--|---------------------|----------------------|-----------------------|--------------------|--------------------|----------------------|-----------------------|-----------------------|------|
| Row# | ISSUE CODE         | ISSUE TITLE  | FTE                 | RATE                 | REC GR                | NR GR              | TOBACCO            | OTHER STATE TFs      | ALL TF FED            | ALL FUNDS             | Row# |
| 214  | 140998             | G/A-Hlth Facilities  |                     |                      | -                     | 5,127,466          |                    |                      |                       | 5,127,466             | 214  |
| 215  | 990M000            | Maintenance and Repair   |                     |                      | -                     |                    |                    |                      |                       | -                     | 215  |
| 216  | 081108             | Hlth Fac Repair/Maint-Stw  |                     |                      | -                     | 4,000,000          |                    |                      |                       | 4,000,000             | 216  |
| 217  | 140430             | Maintenance and Repair   |                     |                      | -                     |                    |                    | 4,000,000            |                       | 4,000,000             | 217  |
| 218  | <b>Total</b>       | <b>HEALTH</b>  | <b>12,427.01</b>    | <b>685,050,366</b>   | <b>980,118,578</b>    | <b>67,207,462</b>  | <b>90,029,188</b>  | <b>1,339,148,710</b> | <b>1,840,936,878</b>  | <b>4,317,440,816</b>  | 218  |
| 219  |                    |  |                     |                      |                       |                    |                    |                      |                       |                       | 219  |
| 220  |                    | <b>VETERANS' AFFAIRS</b>   |                     |                      |                       |                    |                    |                      |                       |                       | 220  |
| 221  | <b>1100001</b>     | <b>Startup (OPERATING)</b>   | <b>1,506.00</b>     | <b>75,987,620</b>    | <b>27,654,965</b>     |                    |                    | <b>120,268,418</b>   | <b>41,986,631</b>     | <b>189,910,014</b>    | 221  |
| 222  | 160E450            | Realignment of Agency Spending Authority for Northwest Regional Data Center - Deduct                 |                     |                      | (15,007)              |                    |                    |                      |                       | (15,007)              | 222  |
| 223  | 17C99C0            | Realign Enterprise Cybersecurity Resiliency - Add  |                     |                      | 809,133               |                    |                    |                      |                       | 809,133               | 223  |
| 224  | 3000030            | Division of Benefits and Assistance Bureau of Field Services Staffing Increases                      | 2.00                | 134,425              | 213,939               | 12,424             |                    |                      |                       | 226,363               | 224  |
| 225  | 3600PC0            | Florida Planning, Accounting, and Ledger Management (PALM) Readiness                                 |                     |                      | -                     | 600,002            |                    |                      |                       | 600,002               | 225  |
| 226  | 36203C0            | Executive Direction and Support Services Increase Budget for Information Technology Equipment        |                     |                      | 11,277                |                    |                    | 69,750               | 180,250               | 261,277               | 226  |
| 227  | 4000120            | Florida Department of Veterans' Affairs, Florida Is for Veterans Inc., Grants and Aid - Vets Program |                     |                      | 2,000,000             |                    |                    |                      |                       | 2,000,000             | 227  |
| 228  | 4000500            | Veterans' Benefits and Assistance - Development of Patriot Navigators Program                        | 3.00                | 144,000              | 241,693               | 16,293             |                    |                      |                       | 257,986               | 228  |
| 229  | 4200170            | Increase In Base Budget Authority for Division of Long-Term Care Management                          |                     |                      | -                     |                    |                    | 1,313,015            | 3,393,129             | 4,706,144             | 229  |
| 230  | 4601850            | Division of Veterans Benefits and Assistance - Veterans Dental Care Grant Program                    |                     |                      | 1,000,000             |                    |                    |                      |                       | 1,000,000             | 230  |
| 231  | 6P00500            | Veterans' Services   |                     |                      | -                     | 8,278,677          |                    |                      |                       | 8,278,677             | 231  |
| 232  | 990G000            | Grants and Aids - Fixed Capital Outlay   |                     |                      | -                     |                    |                    |                      |                       | -                     | 232  |
| 233  | 140085             | Grants and Aids - Fco  |                     |                      | -                     | 1,950,000          |                    |                      |                       | 1,950,000             | 233  |
| 234  | 990M000            | Maintenance and Repair   |                     |                      | -                     |                    |                    |                      |                       | -                     | 234  |
| 235  | 080859             | Maint/Rep/Res Fac/Veterans   |                     |                      | -                     | 2,500,000          |                    | 3,500,000            |                       | 6,000,000             | 235  |
| 236  | 990P000            | Increased Capacity   |                     |                      | -                     |                    |                    |                      |                       | -                     | 236  |
| 237  | 080007             | Add & Imprv/Veterans' Home   |                     |                      | -                     | 2,975,000          |                    |                      | 5,525,000             | 8,500,000             | 237  |
| 238  | <b>Total</b>       | <b>VETERANS' AFFAIRS</b>   | <b>1,511.00</b>     | <b>76,266,045</b>    | <b>31,916,000</b>     | <b>16,332,396</b>  | <b>-</b>           | <b>125,151,183</b>   | <b>51,085,010</b>     | <b>224,484,589</b>    | 238  |
| 239  | <b>Grand Total</b> |  | <b>31,349.26</b>    | <b>1,695,756,728</b> | <b>17,285,693,685</b> | <b>431,479,082</b> | <b>334,191,510</b> | <b>5,123,352,527</b> | <b>25,561,474,229</b> | <b>48,736,191,033</b> | 239  |

**Senate Appropriations Committee on Health and Human Services  
Fiscal Year 2025-2026 Proposed Project Funding**

| Row # | LFIR # | Project Title  | General Revenue | Trust Fund | Agency / Department                   |
|-------|--------|--|-----------------|------------|---------------------------------------|
| 1     | 1829   | Encore Healthcare - Medicaid Respiratory Disease Management Pilot Program                          | 1,243,750       | 1,662,887  | Agency for Health Care Administration |
| 2     | 3331   | Guardian Care History Preservation Project   | 1,000,000       | -          | Agency for Health Care Administration |
| 3     | 1000   | JAFCO Children's Ability Center  | 350,000         | -          | Agency for Persons with Disabilities  |
| 4     | 1038   | Senator Nancy C. Detert Residential Community Phase II   | 2,500,000       | -          | Agency for Persons with Disabilities  |
| 5     | 1072   | Els for Autism Specialized Autism Recreation Complex   | 500,000         | -          | Agency for Persons with Disabilities  |
| 6     | 1101   | Association for the Development of the Exceptional (ADE) - Culinary Academy and Senior Program     | 400,000         | -          | Agency for Persons with Disabilities  |
| 7     | 1133   | Easterseals Better Together-Improving Autism and Disability Services Statewide Through Partnership | 1,000,000       | -          | Agency for Persons with Disabilities  |
| 8     | 1137   | ARC Treasure Coast Acute Healthcare Housing  | 1,000,000       | -          | Agency for Persons with Disabilities  |
| 9     | 1460   | Operation Giving Real Opportunities for Work (GROW)  | 496,295         | -          | Agency for Persons with Disabilities  |
| 10    | 1790   | Area Stage Neurodiverse Performing Arts Disability Therapy Program                                 | 350,000         | -          | Agency for Persons with Disabilities  |
| 11    | 1826   | Chabad of Kendall Community and Antisemitism Safety Programming                                    | 2,250,000       | -          | Agency for Persons with Disabilities  |
| 12    | 1982   | Quantum Leap Farm: Equine-Assisted Therapy for Special Needs Children                              | 128,700         | -          | Agency for Persons with Disabilities  |
| 13    | 2010   | Club Challenge/Challenge Enterprises of North Florida, Inc.  | 300,000         | -          | Agency for Persons with Disabilities  |
| 14    | 2222   | DNA Comprehensive Therapy Services- Care Model   | 350,000         | -          | Agency for Persons with Disabilities  |
| 15    | 2538   | MACTown - Campus Hardening and Security Enhancements   | 350,000         | -          | Agency for Persons with Disabilities  |
| 16    | 2722   | POSABILITY I.M.P.A.C.T. Program  | 296,120         | -          | Agency for Persons with Disabilities  |
| 17    | 2755   | Autism Continuum of Care & Military Special Needs Program  | 500,000         | -          | Agency for Persons with Disabilities  |
| 18    | 2789   | Ridge Area Arc - Autism Elopement Delayed Egress and Security System                               | 75,000          | -          | Agency for Persons with Disabilities  |
| 19    | 2837   | Independence Landing Workforce Development for Persons with Disabilities                           | 500,000         | -          | Agency for Persons with Disabilities  |
| 20    | 3106   | Starability Foundation - Trailblazer Academy & Employment Readiness                                | 300,000         | -          | Agency for Persons with Disabilities  |
| 21    | 3480   | Autism Theater Project - Autism Awareness Series & Screening Event Tour                            | 902,675         | -          | Agency for Persons with Disabilities  |
| 22    | 1001   | Eagles' Haven Wellness Center  | 350,000         | -          | Department of Children and Families   |
| 23    | 1002   | Faulk Center for Counseling: expansion of mental health services for low-income families           | 235,500         | -          | Department of Children and Families   |

**Senate Appropriations Committee on Health and Human Services  
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| Row # | LFIR # | Project Title  | General Revenue | Trust Fund | Agency / Department                 |
|-------|--------|--|-----------------|------------|-------------------------------------|
| 24    | 1006   | Gilmore Outpatient Expansion Project   | 500,000         | -          | Department of Children and Families |
| 25    | 1019   | Circles of Care - Children's Behavioral Health Expansion   | 600,000         | -          | Department of Children and Families |
| 26    | 1022   | One More Child- Single Moms Program  | 475,000         | -          | Department of Children and Families |
| 27    | 1023   | One More Child Anti-Sex Trafficking  | 825,000         | -          | Department of Children and Families |
| 28    | 1053   | Exchange Parent Aide   | 500,000         | -          | Department of Children and Families |
| 29    | 1082   | Jewish Family Services (JFS) Keep Families Working Summer Camp Scholarship Program               | 250,000         | -          | Department of Children and Families |
| 30    | 1119   | All Star Children's Foundation, Inc.   | 1,500,000       | -          | Department of Children and Families |
| 31    | 1177   | Clay Behavioral Health Center - Accessibility Project  | 200,000         | -          | Department of Children and Families |
| 32    | 1179   | Community Crisis Prevention Team   | 500,000         | -          | Department of Children and Families |
| 33    | 1186   | Veteran Housing and Homelessness Intervention Program  | 250,000         | -          | Department of Children and Families |
| 34    | 1191   | Place of Hope Child Welfare Services   | 350,000         | -          | Department of Children and Families |
| 35    | 1198   | Here Help, Inc   | -               | 250,000    | Department of Children and Families |
| 36    | 1207   | Florida Association of Recovery Residences Inc   | -               | 400,000    | Department of Children and Families |
| 37    | 1209   | Alpert Jewish Family Service Community Access Life Line (CALL) Service                           | 600,000         | -          | Department of Children and Families |
| 38    | 1215   | Permanent Supportive & Affordable Housing - CASL (Renaissance)                                   | 500,000         | -          | Department of Children and Families |
| 39    | 1216   | The Florida Area Health Education Center Network Opioid Addiction Training and Education Program | -               | 752,000    | Department of Children and Families |
| 40    | 1249   | Forever Family®: Child Abuse Prevention, Foster Care and Adoption Awareness and Recruitment      | 602,550         | -          | Department of Children and Families |
| 41    | 1253   | Broward County Baker Act Transportation for Minors Pilot   | 300,000         | -          | Department of Children and Families |
| 42    | 1266   | BayCare - Pasco County Central Receiving Facility Capital Renovations                            | 1,000,000       | -          | Department of Children and Families |
| 43    | 1268   | BayCare - Pasco County Central Receiving Facility  | 2,000,000       | -          | Department of Children and Families |
| 44    | 1272   | The Center for Children and Families   | 750,000         | -          | Department of Children and Families |
| 45    | 1274   | Speer II - Affordable and Supportive Housing Phase II  | 810,000         | -          | Department of Children and Families |
| 46    | 1352   | Ocala-Marion Senior Crisis Mobile Response Team  | 574,965         | -          | Department of Children and Families |

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| Row # | LFIR # | Project Title   | General Revenue | Trust Fund | Agency / Department                 |
|-------|--------|---|-----------------|------------|-------------------------------------|
| 47    | 1362   | Empowerment Pathway Project: Strengthening Services for Domestic Violence Survivors                 | 500,000         | -          | Department of Children and Families |
| 48    | 1471   | Seminole County Hope and Healing Center (Opioid/Addiction Recovery Partnership)                     | -               | 500,000    | Department of Children and Families |
| 49    | 1501   | IMPOWER Substance Misuse Treatment Program Safety and Recreational Renovations                      | -               | 500,000    | Department of Children and Families |
| 50    | 1591   | Camillus House Phoenix Human Trafficking Recovery Program   | 350,000         | -          | Department of Children and Families |
| 51    | 1595   | Project Lazarus Specialized Outreach  | 175,000         | -          | Department of Children and Families |
| 52    | 1608   | Emerald M Therapeutic Riding Center   | 500,000         | -          | Department of Children and Families |
| 53    | 1638   | Broward County Behavioral Health Coalition  | 300,000         | -          | Department of Children and Families |
| 54    | 1655   | Tri-County Human Services Existing Detox Beds   | -               | 500,000    | Department of Children and Families |
| 55    | 1659   | Jersey Commons - Capital Project for Housing and Health (scrivener's error)                         | 1,000,000       | -          | Department of Children and Families |
| 56    | 1695   | Mission House-Emergency Care and Medical Services for the Homeless and Uninsured                    | 300,000         | -          | Department of Children and Families |
| 57    | 1696   | NAMI Family and Peer Support  | 350,000         | -          | Department of Children and Families |
| 58    | 1697   | Here Tomorrow   | 350,000         | -          | Department of Children and Families |
| 59    | 1698   | North Florida Addiction Stabilization and DETOX Building (SUD Services & Transitional Housing)      | -               | 1,000,000  | Department of Children and Families |
| 60    | 1701   | Family Support Prevention Programs  | 500,000         | -          | Department of Children and Families |
| 61    | 1702   | Starting Point Behavioral Healthcare - Project TALKS  | 350,000         | -          | Department of Children and Families |
| 62    | 1751   | Essential Angels: Removing Barriers for Students  | 300,000         | -          | Department of Children and Families |
| 63    | 1755   | Alpert Jewish Family Service Mental Health Services for Persons with Disabilities                   | 375,000         | -          | Department of Children and Families |
| 64    | 1756   | Exchange Club Parent Aide - Palm Beach & Broward County   | 750,000         | -          | Department of Children and Families |
| 65    | 1765   | Children of Inmates: Babies N Brains  | 450,000         | -          | Department of Children and Families |
| 66    | 1778   | Community Reentry   | 750,000         | -          | Department of Children and Families |
| 67    | 1846   | Furnishing Basic Stability for Families   | 75,000          | -          | Department of Children and Families |
| 68    | 1847   | Mentors For Fatherless Children & Abused Families – Emotional Intelligence (EI) Program for At-Risk | 350,000         | -          | Department of Children and Families |
| 69    | 1851   | Opioid Addiction Research Using LIFU Exablate Neuro Focused Ultrasound                              | -               | 1,500,000  | Department of Children and Families |



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| Row # | LFIR # | Project Title   | General Revenue | Trust Fund | Agency / Department                 |
|-------|--------|---|-----------------|------------|-------------------------------------|
| 70    | 1877   | Women's Residential Comprehensive Treatment - STEPS, Inc                                      | -               | 500,000    | Department of Children and Families |
| 71    | 1919   | Food Cost Mitigation Project  | 500,000         | -          | Department of Children and Families |
| 72    | 1972   | Fellowship Recovery Housing Support Program for the Unhoused                                  | -               | 300,000    | Department of Children and Families |
| 73    | 2075   | Prevention, Foster Family Recruitment & Hope 4 Healing Project                                | 1,250,000       | -          | Department of Children and Families |
| 74    | 2077   | New Life Dream Center Substance Abuse Treatment Program                                       | -               | 298,000    | Department of Children and Families |
| 75    | 2078   | Project LIFT - Mental Health and Workforce Development  | 500,000         | -          | Department of Children and Families |
| 76    | 2084   | Mental Health Association in Indian River County - Walk-In and Counseling Center              | 500,000         | -          | Department of Children and Families |
| 77    | 2117   | Cove Behavioral Health CHSC Hurricane Hardening and Bathroom Renovations                      | 440,000         | -          | Department of Children and Families |
| 78    | 2218   | Using Available Capacity for Opioid Residential Treatment in Rural North Florida              | -               | 500,000    | Department of Children and Families |
| 79    | 2219   | IMPACT Academy Expansion  | 500,000         | -          | Department of Children and Families |
| 80    | 2244   | Meridian Psychiatric Hospital and Acute Care Services Center - North Region                   | 750,000         | -          | Department of Children and Families |
| 81    | 2253   | PEMHS/Eleos Pinellas County Coordinated Behavioral Health Receiving System (CRF/CRS)          | 2,200,000       | -          | Department of Children and Families |
| 82    | 2282   | Centerstone of Florida - Inpatient Behavioral Health Facility                                 | 350,000         | -          | Department of Children and Families |
| 83    | 2341   | Victory For Youth/Share Your Heart  | 480,000         | -          | Department of Children and Families |
| 84    | 2360   | Expansion of Coaching, Mentoring, & Wraparound Services for Youths Impacted by Fatherlessness | 499,744         | -          | Department of Children and Families |
| 85    | 2367   | Department of Children and Families Extended-Release Injectable Naltrexone Program            | -               | 750,000    | Department of Children and Families |
| 86    | 2411   | GraceWay Village Family Restorative Shelter   | 1,000,000       | -          | Department of Children and Families |
| 87    | 2534   | South Broward Hospital District - Medication Assisted Treatment                               | -               | 1,000,000  | Department of Children and Families |
| 88    | 2536   | Joe DiMaggio Children's Hospital - New Solutions Outpatient Program                           | 500,000         | -          | Department of Children and Families |
| 89    | 2541   | Broward Health - Integrated Medication Assisted Treatment Response (iMATR)                    | 350,000         | -          | Department of Children and Families |
| 90    | 2584   | The LJD Jewish Family & Community Services, Inc.: Mental Health - Circuit 8                   | 350,000         | -          | Department of Children and Families |
| 91    | 2643   | Still Waters Ministries, Inc: A new Beginning for homeless and abused women and children      | 350,000         | -          | Department of Children and Families |
| 92    | 2666   | Functional Family Therapy Team  | 500,000         | -          | Department of Children and Families |



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| Row # | LFIR # | Project Title   | General Revenue | Trust Fund | Agency / Department                 |
|-------|--------|---|-----------------|------------|-------------------------------------|
| 93    | 2667   | Forensic Multidisciplinary Team   | 500,000         | -          | Department of Children and Families |
| 94    | 2676   | Okaloosa-Walton Mental Health and Substance Abuse Pre-Trial Diversion Program                   | 325,000         | -          | Department of Children and Families |
| 95    | 2677   | One Hopeful Place - Homeless Shelter Resource Center Renovation Project                         | 400,000         | -          | Department of Children and Families |
| 96    | 2702   | Emergency Intake Center   | 487,000         | -          | Department of Children and Families |
| 97    | 2705   | Phones for Homeless and Neglected Youth in Bay County   | 66,000          | -          | Department of Children and Families |
| 98    | 2785   | MH Counseling & Suicide Prevention Crisis Services  | 400,000         | -          | Department of Children and Families |
| 99    | 2828   | Gulf County Outpatient Mental Health Services   | 398,000         | -          | Department of Children and Families |
| 100   | 2841   | St. Johns EPIC Recovery Center Women's Substance Abuse Residential Treatment Beds               | -               | 750,000    | Department of Children and Families |
| 101   | 2850   | Alpert Jewish Family Service Mental Health First Aid  | 500,000         | -          | Department of Children and Families |
| 102   | 2864   | LifeStream – Citrus County Baker Act Receiving Facility Capital Outlay                          | 573,554         | -          | Department of Children and Families |
| 103   | 2922   | Big Bend Homeless Coalition Refurbishment of Apartments for Disabled Formerly Homeless Veterans | 500,000         | -          | Department of Children and Families |
| 104   | 3069   | David Lawrence Center Pathways to Healing Program   | 375,000         | -          | Department of Children and Families |
| 105   | 3085   | CBHC Generator Request for Substance Abuse Treatment Building (Capital Request)                 | 250,000         | -          | Department of Children and Families |
| 106   | 3107   | Repairs and Renovations to Improve Care for Children in Foster Care                             | 500,000         | -          | Department of Children and Families |
| 107   | 3110   | Valerie's House for Grieving Children   | 2,000,000       | -          | Department of Children and Families |
| 108   | 3124   | City of Kissimmee Community Engagement Services Pilot   | 200,000         | -          | Department of Children and Families |
| 109   | 3135   | Came to Believe Recovery Addiction Recovery Pilot Program                                       | -               | 500,000    | Department of Children and Families |
| 110   | 3206   | Wakulla Pregnancy Center  | 136,000         | -          | Department of Children and Families |
| 111   | 3254   | D/V and Homeless Shelter Program Operations   | 308,000         | -          | Department of Children and Families |
| 112   | 3258   | Cross Training Ministries   | 1,500,000       | -          | Department of Children and Families |
| 113   | 3365   | Connecting Everyone with Second Chances (CESC, Inc.)  | 500,000         | -          | Department of Children and Families |
| 114   | 1047   | Alzheimer's Association Brain Bus   | 491,614         | -          | Department of Elder Affairs         |
| 115   | 1071   | Alzheimer's Community Care Critical Support Initiative  | 3,150,000       | -          | Department of Elder Affairs         |

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| 116   | 1136   | Aging in Place with Grace, by Rales Jewish Family Services                            | 494,100         | -          | Department of Elder Affairs |
| 117   | 1201   | North Miami Foundation for Senior Citizens Services, Inc. - Elderly Meals Program     | 350,000         | -          | Department of Elder Affairs |
| 118   | 1405   | City of Deerfield Beach Alzheimer's Daycare Senior Transportation Services            | 300,000         | -          | Department of Elder Affairs |
| 119   | 1552   | City of Hollywood - Adult Day Care Center   | 410,309         | -          | Department of Elder Affairs |
| 120   | 1582   | Senior Cancer Support Services Program Miami-Dade County                              | 624,000         | -          | Department of Elder Affairs |
| 121   | 1592   | Nutritional Equity for Seniors Keeping Kosher (NESKK)                                 | 600,000         | -          | Department of Elder Affairs |
| 122   | 1633   | City of Miramar Southcentral/Southeast Focal Point Senior Center                      | 300,000         | -          | Department of Elder Affairs |
| 123   | 1818   | Holocaust Heroes Worldwide - TRIBES Project for Survivors in South Florida            | 286,000         | -          | Department of Elder Affairs |
| 124   | 1917   | Jewish Family Services (JFS) Holocaust Survivors Support                              | 250,000         | -          | Department of Elder Affairs |
| 125   | 2216   | Hallandale Beach Austin Hepburn Senior Mini-Center                                    | 111,006         | -          | Department of Elder Affairs |
| 126   | 2332   | Hialeah Gardens - Elder Meals Program   | 784,296         | -          | Department of Elder Affairs |
| 127   | 2384   | City of West Park Senior Program  | 400,000         | -          | Department of Elder Affairs |
| 128   | 2417   | Jewish Family Services Holocaust Survivors and Senior Care Program                    | 565,000         | -          | Department of Elder Affairs |
| 129   | 2445   | City of Miami Springs - Senior Center Supplemental Meals and Services                 | 750,000         | -          | Department of Elder Affairs |
| 130   | 2447   | City of Hialeah Elder Meals Program   | 2,000,000       | -          | Department of Elder Affairs |
| 131   | 2585   | The LJD Jewish Family & Community Services, Inc.: Holocaust Survivor Support Services | 250,000         | -          | Department of Elder Affairs |
| 132   | 2876   | Feeding South Florida, Inc. - Delivering Nutrition to Seniors                         | 1,500,000       | -          | Department of Elder Affairs |
| 133   | 2909   | Home Care for Frail Seniors and Those with Alzheimer's Disease and Related Dementias  | 350,000         | -          | Department of Elder Affairs |
| 134   | 3077   | Baker Senior Center Naples Dementia Respite Support Program                           | 200,000         | -          | Department of Elder Affairs |
| 135   | 3098   | City of Wauchula Senior Center Facility   | 3,000,000       | -          | Department of Elder Affairs |
| 136   | 3099   | Baker Senior Center Naples Geriatric Mental Health Services                           | 110,000         | -          | Department of Elder Affairs |
| 137   | 3144   | Jack and Lee Rosen Jewish Community Center - Senior Center                            | 600,000         | -          | Department of Elder Affairs |
| 138   | 3160   | Senior Enrichment and Wellness Program  | 395,000         | -          | Department of Elder Affairs |

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| 139   | 3443   | Seniors First, Inc. Home Delivered Meal Program                              | 300,000         | -          | Department of Elder Affairs |
| 140   | 1018   | LECOM Health: Clinic-Based Services Outreach                                 | 350,000         | -          | Department of Health        |
| 141   | 1048   | Electronic Health Records System Replacement                                 | 1,000,000       | -          | Department of Health        |
| 142   | 1050   | Sickle Cell Disease Gene Therapy   | 450,000         | -          | Department of Health        |
| 143   | 1057   | Florida Mission of Mercy   | 350,000         | -          | Department of Health        |
| 144   | 1060   | Solving Genetic Enigmas in Inherited Retinal Disease of Florida Residents    | 330,000         | -          | Department of Health        |
| 145   | 1124   | Once of Prevention - Period of PURPLE Crying Shaken Baby Prevention Program  | 750,000         | -          | Department of Health        |
| 146   | 1125   | FASD Statewide Clinics   | 350,000         | -          | Department of Health        |
| 147   | 1126   | FASD Pensacola/Panhandle Clinics   | 486,500         | -          | Department of Health        |
| 148   | 1168   | Florida Rural Hospital Safe Patient Movement Program                         | 500,000         | -          | Department of Health        |
| 149   | 1169   | SebastianStrong Foundation Childhood Cancer Hope Navigator                   | 350,000         | -          | Department of Health        |
| 150   | 1173   | Nurse Family Partnership Sustainability and Expansion Funding                | 350,000         | -          | Department of Health        |
| 151   | 1187   | Florida Stroke Registry  | 1,500,000       | -          | Department of Health        |
| 152   | 1269   | 1 Voice Pediatric Cancer Foundation  | 300,000         | -          | Department of Health        |
| 153   | 1412   | Ascension St. Vincent's NICU Expansion                                       | 900,000         | -          | Department of Health        |
| 154   | 1520   | Brownsville Church of Christ Cares Inc.                                      | 350,000         | -          | Department of Health        |
| 155   | 1557   | Florida Heiken Children's Vision Program LLC, a division of Miami Lighthouse | 1,000,000       | -          | Department of Health        |
| 156   | 1581   | Florida Epilepsy Services Program (FESP)                                     | 1,000,000       | -          | Department of Health        |
| 157   | 1609   | Live Like Bella Childhood Cancer Foundation                                  | 1,000,000       | -          | Department of Health        |
| 158   | 1663   | Let's Move 365! Health Initiative for Low Income Families & Elderly          | 500,000         | -          | Department of Health        |
| 159   | 1687   | HIV/AIDS Research at Center for AIDS Research (CFAR)                         | 400,000         | -          | Department of Health        |
| 160   | 1749   | Keys AHEC Health Centers   | 500,000         | -          | Department of Health        |
| 161   | 1771   | Nova Southeastern University Veterans Access Clinic                          | 6,000,000       | -          | Department of Health        |

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| 162   | 1861   | AdventHealth Waterman Community Clinic-Community Care Expansion                                 | 400,000         | -          | Department of Health |
| 163   | 1871   | Auditory Oral Services for Children with Hearing Loss   | 1,750,000       | -          | Department of Health |
| 164   | 2143   | Enhancing Understanding of Mortality in Sickle Cell Disease through a Cause of Death Initiative | 1,250,000       | -          | Department of Health |
| 165   | 2144   | Non-Emergent Transportation Access for Sickle Cell Centers of Excellence                        | 2,500,000       | -          | Department of Health |
| 166   | 2205   | Sincere Women's Wellness Centers  | 500,000         | -          | Department of Health |
| 167   | 2249   | Family Support Center, a Family Network on Disabilities Program                                 | 500,000         | -          | Department of Health |
| 168   | 2258   | Donor Human Milk for Babies at Home   Mothers' Milk Bank of Florida                             | 150,000         | -          | Department of Health |
| 169   | 2336   | Bitner Plante ALS Initiative of Florida   | 2,000,000       | -          | Department of Health |
| 170   | 2338   | Children's Safety Village Safe Swim Program   | 300,000         | -          | Department of Health |
| 171   | 2358   | Clearwater Free Clinic Wellness Center  | 900,000         | -          | Department of Health |
| 172   | 2471   | Ronald McDonald House Charities of South Florida  | 1,000,000       | -          | Department of Health |
| 173   | 2520   | Volusia Flagler Family YMCA ADA Access Projects   | 500,000         | -          | Department of Health |
| 174   | 2631   | Rural Specialty Clinic  | 277,466         | -          | Department of Health |
| 175   | 2634   | Jackson Hospital Medical Office Space   | 500,000         | -          | Department of Health |
| 176   | 2679   | Paxton Medical Clinic   | 205,000         | -          | Department of Health |
| 177   | 2686   | Expansion of DOH-Walton/Walton Community Health Center Coastal branch clinic                    | 500,000         | -          | Department of Health |
| 178   | 2992   | Andrews Institute Research: Regenerative Medicine   | 500,000         | -          | Department of Health |
| 179   | 3047   | Resuscitation System for Rural EMS and Hospitals  | 750,000         | -          | Department of Health |
| 180   | 3068   | Healthcare Network - Marion E. Fether Roof  | 450,000         | -          | Department of Health |
| 181   | 3075   | Florida Lions Eye Clinic, Inc. - Free Eye Care for Florida Residence                            | 95,000          | -          | Department of Health |
| 182   | 3178   | Girl Scouts of Gateway Council Camp Kateri Capital Project                                      | 400,000         | -          | Department of Health |
| 183   | 3309   | The Miami Project to Cure Paralysis - Spinal Cord and Traumatic Brain Injury Research           | 1,000,000       | -          | Department of Health |
| 184   | 3415   | 26Health's Street Medicine Initiative   | 500,000         | -          | Department of Health |

**Senate Appropriations Committee on Health and Human Services  
Fiscal Year 2025-2026 Proposed Project Funding**

| Row # | LFIR # | Project Title   | General Revenue | Trust Fund | Agency / Department             |
|-------|--------|---|-----------------|------------|---------------------------------|
| 185   | 3474   | Genetic Research Laboratory for Rare Eye Diseases and Ocular Oncology                   | 2,000,000       | -          | Department of Health            |
| 186   | 1052   | Women Veterans Ignited  | 968,777         | -          | Department of Veterans' Affairs |
| 187   | 1077   | Five Star Veterans Center Expansion Phase 2   | 350,000         | -          | Department of Veterans' Affairs |
| 188   | 1236   | SOF Missions - Veterans Suicide Prevention  | 750,000         | -          | Department of Veterans' Affairs |
| 189   | 1240   | The Fire Watch 'Watch Stander' Program - Florida's Fight to End Veteran Suicide         | 350,000         | -          | Department of Veterans' Affairs |
| 190   | 1434   | Five Star Veterans Center Homeless Housing and Re-Integration Project                   | 350,000         | -          | Department of Veterans' Affairs |
| 191   | 1529   | Hookin Veterans   | 250,000         | -          | Department of Veterans' Affairs |
| 192   | 1613   | Florida Veterans Legal Helpline   | 500,000         | -          | Department of Veterans' Affairs |
| 193   | 1669   | Innovative Interventions for Veteran Suicide Prevention                                 | 1,250,000       | -          | Department of Veterans' Affairs |
| 194   | 1682   | Support the Troops Inc.   | 250,000         | -          | Department of Veterans' Affairs |
| 195   | 1981   | Quantum Leap Farm: Veteran Equine Assisted Therapy                                      | 292,700         | -          | Department of Veterans' Affairs |
| 196   | 1985   | Operation Warrior Resolution Veteran Suicide Prevention Through Workforce Development   | 900,000         | -          | Department of Veterans' Affairs |
| 197   | 2000   | Home Base Florida Veteran & Family Care   | 1,500,000       | -          | Department of Veterans' Affairs |
| 198   | 2170   | Advocacy for Veterans, First Responders and Families for Mental Health and Moral Injury | 350,000         | -          | Department of Veterans' Affairs |
| 199   | 2173   | Veterans Suicide Prevention - Fort Freedom  | 667,200         | -          | Department of Veterans' Affairs |
| 200   | 2537   | K9s For Warriors - Veterans Suicide Prevention Program                                  | 750,000         | -          | Department of Veterans' Affairs |
| 201   | 3114   | AMR at Pensacola Homes for Veterans   | 350,000         | -          | Department of Veterans' Affairs |
| 202   | 3130   | The Transition House Homeless Veterans Program - Osceola                                | 400,000         | -          | Department of Veterans' Affairs |

**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.)

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

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BILL: SB 152

INTRODUCER: Senators Davis and others

SUBJECT: Protection from Surgical Smoke

DATE: March 25, 2025

REVISED: \_\_\_\_\_

|    | ANALYST          | STAFF DIRECTOR  | REFERENCE  | ACTION           |
|----|------------------|-----------------|------------|------------------|
| 1. | <u>Looke</u>     | <u>Brown</u>    | <u>HP</u>  | <b>Favorable</b> |
| 2. | <u>Gerbrandt</u> | <u>McKnight</u> | <u>AHS</u> | <b>Favorable</b> |
| 3. | _____            | _____           | <u>RC</u>  | _____            |

---

**I. Summary:**

SB 152 requires hospitals and ambulatory surgical centers to, by January 1, 2026, adopt and implement policies that require the use of a smoke evacuation system during any surgical procedure that is likely to generate surgical smoke.

The bill has no fiscal impact on state expenditures or revenues. **See Section V. Fiscal Impact Statement.**

The bill takes effect July 1, 2025.

**II. Present Situation:**

Surgical smoke is produced by the thermal destruction of tissue by the use of lasers or electrosurgical devices.<sup>1</sup> Surgical smoke has been shown to contain toxic gases, vapors and particulates, dead and live cellular material, and viruses.<sup>2</sup>

At high concentrations, such smoke can cause ocular and upper respiratory tract irritation in health care personnel and can create view obstruction for the surgeon. The smoke has been shown to have mutagenic potential.<sup>3</sup> Studies have shown that surgical smoke may be associated with complications such as carcinogenicity, toxicity, mutagenicity, irritants, respiratory diseases, spread of pathogenic microorganisms, Human Papillomavirus DNA transfer, Hepatitis B

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<sup>1</sup> The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures*, last updated June 30, 2017, available at <https://www.cdc.gov/niosh/docs/hazardcontrol/hc11.html> (last visited Feb. 11, 2025).

<sup>2</sup> *Id.*

<sup>3</sup> The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures: Engineering Controls Database*, last updated Nov. 16, 2018, available at <https://www.cdc.gov/niosh/engcontrols/ecd/detail193.html>, (last visited Feb. 11, 2025).

transfer, tumor cell transmission, headache, dizziness, drowsiness, bad hair odor, and runny eyes.<sup>4</sup> Some researchers have suggested that surgical smoke may act as a vector for cancerous cells that may be inhaled.<sup>5</sup>

According to the federal Occupational Safety and Health Administration, recognized controls and work practices for surgical smoke include:

- Using portable local smoke evacuators and room suction systems with in-line filters.
- Keeping the smoke evacuator or room suction hose nozzle inlet within two inches of the surgical site to effectively capture airborne contaminants.
- Having a smoke evacuator available for every operating room where plume is generated.
- Evacuating all smoke, no matter how much is generated.
- Keeping the smoke evacuator “ON” (activated) at all times when airborne particles are produced during all surgical or other procedures.
- Considering all tubing, filters, and absorbers as infectious waste and dispose of them appropriately.
- Using new tubing before each procedure and replace the smoke evacuator filter as recommended by the manufacturer.
- Inspecting smoke evacuator systems regularly to ensure proper functioning.<sup>6</sup>

Additionally, the Joint Commission, a major accrediting organization for hospitals and ambulatory surgical centers, addressed the issue of surgical smoke in its newsletter entitled “Quick Safety Issue 56: Alleviating the Dangers of Surgical Smoke.”<sup>7</sup> In the newsletter the Joint Commission recommends that “health care organizations that conduct surgery and other procedures using lasers and other devices that produce surgical smoke should take the following actions to help protect patients and especially staff from the dangers of surgical smoke.

- Implement standard procedures for the removal of surgical smoke and plume through the use of engineering controls, such as smoke evacuators and high filtration masks.
- Use specific insufflators for patients undergoing laparoscopic procedures that lessen the accumulation of methemoglobin buildup in the intra-abdominal cavity. (Surgical smoke is cytotoxic if absorbed into the blood and can cause elevated methemoglobin.) For example, a lapro-shield smoke evacuation device — a filter that attaches to a trocar — helps clear the field inside the abdomen.
- During laser procedures, use standard precautions, such as those promulgated by the Blood-Borne Pathogen Standard (29 CFR 1910.1030) and the Center for Disease Control and Prevention’s Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, to prevent exposure to the aerosolized blood, blood by-products and pathogens contained in surgical smoke plumes.

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<sup>4</sup> Merajikhah A, Imani B, Khazaei S, Bouraghi H. Impact of Surgical Smoke on the Surgical Team and Operating Room Nurses and Its Reduction Strategies: A Systematic Review. *Iran J Public Health*. 2022 Jan;51(1):27-36. doi: 10.18502/ijph.v51i1.8289. PMID: 35223623; PMCID: PMC8837875. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8837875/>, (last visited Feb. 11, 2025).

<sup>5</sup> United States Department of Labor, Occupational Safety and Health Administration, *Surgical Suite >> Smoke Plume*, available at <https://www.osha.gov/etools/hospitals/surgical-suite/smoke-plume>, (last visited Feb. 11, 2025).

<sup>6</sup> *Supra* n. 5.

<sup>7</sup> Available at [Quick Safety Issue 56: Alleviating the dangers of surgical smoke | The Joint Commission](#) (last visited Feb. 11, 2025).

- Establish and periodically review policies and procedures for surgical smoke safety and control. Make these policies and procedures available to staff in all areas where surgical smoke is generated.
- Provide surgical team members with initial and ongoing education and competency verification on surgical smoke safety, including the organization’s policies and procedures.
- Conduct periodic training exercises to assess surgical smoke precautions and consistent evacuation for the surgical suite or procedural area.”

### III. Effect of Proposed Changes:

The bill creates s. 395.1013, F.S., to require that hospitals and ambulatory surgical centers (ASC) adopt and implement policies that require the use of a smoke evacuation system during any surgical procedures that is likely to generate surgical smoke. The bill defines:

- “Smoke evacuation system” to mean equipment that effectively captures, filters, and eliminates surgical smoke at the site of origin before the smoke makes contact with the eyes or respiratory tract of occupants in the room; and
- “Surgical smoke” to mean the gaseous byproduct produced by energy-generating devices such as lasers and electrosurgical devices. The term includes, but is not limited to, surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, and lung-damaging dust.

The bill requires hospitals and ASCs to adopt and implement the required policies by January 1, 2026.

The bill takes effect July 1, 2025.

### 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:**

SB 152 may have a significant negative fiscal impact on a hospital or an ASC if the hospital or ASC is required to purchase and maintain equipment in order to meet the requirements of the bill.

**C. Government Sector Impact:**

The bill has no fiscal impact on state expenditures or revenues.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates section 395.1013 of the Florida Statutes.

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

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

None.

**B. Amendments:**

None.

By Senator Davis

5-00188-25

2025152\_\_

A bill to be entitled

An act relating to protection from surgical smoke; creating s. 395.1013, F.S.; defining the terms "smoke evacuation system" and "surgical smoke"; requiring hospitals and ambulatory surgical centers to, by a specified date, adopt and implement policies requiring the use of smoke evacuation systems during certain surgical procedures; providing an effective date.

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

Section 1. Section 395.1013, Florida Statutes, is created to read:

395.1013 Smoke evacuation systems required.-

(1) As used in this section, the term:

(a) "Smoke evacuation system" means equipment that effectively captures, filters, and eliminates surgical smoke at the site of origin before the smoke makes contact with the eyes or respiratory tract of occupants in the room.

(b) "Surgical smoke" means the gaseous byproduct produced by energy-generating devices, such as lasers and electro-surgical devices. The term includes, but is not limited to, surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, and lung-damaging dust.

(2) By January 1, 2026, each licensed facility shall adopt and implement policies that require the use of a smoke evacuation system during any surgical procedure that is likely to generate surgical smoke.

Section 2. This act shall take effect July 1, 2025.



The Florida Senate

## Committee Agenda Request

**To:** Senator Jay Trumbull, Chair  
Appropriations Committee on Health and Human Services

**Subject:** Committee Agenda Request

**Date:** February 18, 2025

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I respectfully request that **Senate Bill # 152**, relating to surgical smoke, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

Thank you for your time and consideration.

A handwritten signature in blue ink, appearing to read "Tracie Davis", written over a horizontal line.

Senator Tracie Davis  
Florida Senate, District 5

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

3/26/2025

Meeting Date

152

Bill Number or Topic

HHS Apps.

Committee

Amendment Barcode (if applicable)

Name

Geoffrey Becker

Phone

850-528-3717

Address

2480 Pate Tiger Ct

Email

geoffrey.p.becker@medtronic.com

Street

Tallahassee FL 32309

City

State

Zip

Speaking:  For  Against  Information OR Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Medtronic

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf flsenate.gov](#)

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

S-001 (08/10/2021)

#3  
3/26/25  
Meeting Date

The Florida Senate  
**APPEARANCE RECORD**

SB 152  
Bill Number or Topic

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Health & Human App  
Committee

Name JACQ CORI Phone 850.893.0905  
Amendment Barcode (if applicable)

Address 730 E. COLLINS PARK PK Email JACQCORI@PAC  
Street

Tallah FL 3231  
City State Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

- I am appearing without compensation or sponsorship.
- I am a registered lobbyist, representing:
- I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

The Florida Nurses Assoc

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf](#) [flsenate.gov](#)

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The Florida Senate

APPEARANCE RECORD

3/26/25

Meeting Date

152

Bill Number or Topic

Deliver both copies of this form to Senate professional staff conducting the meeting

Appropriations Committee on Health & Human Services

Committee

Amendment Barcode (if applicable)

Name SAUNDRA FALK

Phone 239-822-5251

Address 18501 SEBRING RD

Email orswf@aol.com

Street

Ft. Myers, FL

33947

City

State

Zip

Speaking: [X] For [ ] Against [ ] Information OR Waive Speaking: [ ] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[X] I am appearing without compensation or sponsorship.

[ ] I am a registered lobbyist, representing:

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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H/ 3/26/25  
Meeting Date

# The Florida Senate APPEARANCE RECORD

SB 152  
Bill Number or Topic

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Appropriations Committee on  
Committee Health + Human Services

Amendment Barcode (if applicable)

Name Meghan Maroney Phone 305-431-2345

Address S203 Bayshore Blvd #15 Email swimwater22@hotmail.com  
Street

Tampa FL 33611  
City State Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

### PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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The Florida Senate

**APPEARANCE RECORD**

**SB 152: Surgical Smoke**

3/26/2025

Meeting Date

Appropriations Committee on Health and Human Services

Committee

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Senate professional staff conducting the meeting

Bill Number or Topic

Amendment Barcode (if applicable)

Name Laura Molina, President, Florida Association of Nurse Anesthesiology Phone 386-589-2224

Address 3606 Boone Park Ave Email ltm@molinaanesthesia.com

Street

Jacksonville

FL

32305

City

State

Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

*While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf](#) (flsenate.gov)*

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.)

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

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BILL: CS/CS/SB 170

INTRODUCER: Appropriations Committee on Health and Human Services; Health Policy Committee; and Senator Burton

SUBJECT: Quality of Care in Nursing Homes

DATE: March 28, 2025

REVISED: \_\_\_\_\_

|    | ANALYST      | STAFF DIRECTOR  | REFERENCE  | ACTION        |
|----|--------------|-----------------|------------|---------------|
| 1. | <u>Looke</u> | <u>Brown</u>    | <u>HP</u>  | <u>Fav/CS</u> |
| 2. | <u>Barr</u>  | <u>McKnight</u> | <u>AHS</u> | <u>Fav/CS</u> |
| 3. | _____        | _____           | <u>AP</u>  | _____         |

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Technical Changes

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**I. Summary:**

CS/CS/SB 170 amends several sections related to the regulation of nursing homes. Specifically, the bill:

- Requires the Agency for Health Care Administration (AHCA) to develop user-friendly consumer satisfaction surveys to capture resident and family member satisfaction with the care provided by nursing homes;
- Requires each nursing home’s medical director to be certified by the American Medical Directors Association or have a similar credential recognized by the AHCA;
- Requires each nursing home to conduct a patient safety culture survey at least biennially and to include the results in the facilities Nursing Home Guide;
- Provides that each nursing home that maintains electronic health records must make available all admission, transfer, and discharge data to the Florida Health Information Exchange program;
- Exempts state-owned facilities from the requirement to submit specific data to Florida Nursing Home Uniform Reporting System (FNHURS);
- Requires the AHCA to impose a \$10,000 fine against a nursing home or the home office of a nursing home that fails to submit financial data to the FNHURS; and
- Requires the AHCA to report to the Governor and the Legislature on payments made under the Medicaid Quality Incentive Program (QIP). The report must include trends in the improvement of the quality of care that may be attributable to the payments made under the QIP.

- Requires the AHCA to contract with a third-party vendor to conduct a comprehensive study of nursing home quality improvement programs in other states and provide a report to the Governor and the Legislature by December 1, 2025.

The bill has a significant, negative impact on state expenditures and an indeterminate positive impact on state revenues. **See Section V. Fiscal Impact Statement**

The bill takes effect July 1, 2025.

## II. Present Situation:

### Nursing Homes

Nursing homes in Florida are licensed under Part II of ch. 400, F.S., and provide 24-hour-a-day nursing care, case management, health monitoring, personal care, nutritional meals and special diets, physical, occupational, and speech therapy, social activities and respite care for those who are ill or physically infirm.<sup>1</sup> Currently, there are 696 nursing homes licensed in Florida.<sup>2</sup> Of the 696 licensed nursing homes, 668 are certified to accept Medicare or Medicaid and consequently must follow federal Centers for Medicare & Medicaid Services (CMS) requirements for nursing homes.<sup>3</sup>

### *Nursing Home Medical Directors*

Florida administrative code requires that each nursing home have only one physician, who is licensed under ch. 458 or ch. 459, F.S., that is designated as its medical director.<sup>4</sup> If the medical director does not have hospital privileges, he or she is required to be certified or credentialed through a recognized certifying or credentialing body, such as The Joint Commission, the American Medical Directors Association, the Healthcare Facilities Accreditation Program of the American Osteopathic Association, the Bureau of Osteopathic Specialists of the American Osteopathic Association, the Florida Medical Directors Association or a health maintenance organization licensed in Florida.<sup>5</sup> One physician may be the medical director of up to 10 nursing homes at any one time and must have his or her principal office within 60 miles of all facilities for which he or she serves as medical director.<sup>6</sup>

The medical director is required to visit each facility at least once a month, meet quarterly with the risk management and quality assurance committee of each facility, and must review for each facility:

- All new policies and procedures;
- All new incident and accident reports to identify clinic risk and safety hazards;

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<sup>1</sup> Agency for Health Care Administration webpage, nursing homes, available at [https://ahca.myflorida.com/MCHQ/Health\\_Facility\\_Regulation/Long\\_Term\\_Care/Nursing\\_Homes.shtml](https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Long_Term_Care/Nursing_Homes.shtml) (last visited Feb. 28, 2025).

<sup>2</sup> Florida Health Finder Report, available at <https://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx> (last visited Feb. 28, 2025).

<sup>3</sup> *Id.* Search for nursing homes that accept Medicaid or Medicare as payment.

<sup>4</sup> Fla. Admin. Code R. 59A-4.1075 (2015).

<sup>5</sup> *Id.*

<sup>6</sup> *Id.* Note: if the facility is a rural nursing home, the AHCA may approve a request to waive the distance requirement.

- The most recent grievance logs for any complains or concerns related to clinical issues.<sup>7</sup>

Additionally, the medical director must participate in the development of the comprehensive care plan for any resident for whom he or she is the attending physician.<sup>8</sup>

### ***Nursing Home Financial Reports***

Nursing homes are required to submit financial data to the AHCA pursuant to s. 408.061 (5)-(6), F.S. These provisions were added in 2021 by SB 2518 (ch. 2021-41, L.O.F.) and mirror provisions in current law that require other health care facilities to submit such data.<sup>9</sup> Prior to July 1, 2021, nursing homes were exempt from this reporting requirement.

A nursing home must report, within 120 days after the end of its fiscal year, its actual financial experience for that fiscal year, including expenditures, revenues, and statistical measures. Such data may be based on internal financial reports that are certified to be complete and accurate by the chief financial officer of the nursing home. This actual experience must be audited and must include the fiscal year-end balance sheet, income statement, statement of cash flow, and statement of retained earnings and must be submitted to the AHCA in addition to the information filed in the Florida Nursing Home Uniform Reporting System (FNHURS).

The final rule for implementation of the FNHURS became effective November 1, 2023, and required nursing homes to begin submitting data to the FNHURS 30 days after that date in accordance with the end of each nursing home's fiscal year.<sup>10</sup> As of March 17, 2025, at least 536 of the 696 nursing homes had submitted to the AHCA.<sup>11</sup>

### ***Medicaid Quality Incentive Program***

The Medicaid Quality Incentive Program (QIP) was established to ensure continued quality of care in nursing home facilities.<sup>12</sup> Nursing homes providers submit quality data directly to the federal Centers for Medicare and Medicaid Services, and the AHCA uses this information to rank all providers by 16 quality measures.<sup>13</sup> The quality metrics used include<sup>14</sup>:

- **Process Measures**, which include flu vaccine, antipsychotic medication, and restraint quality metrics.
  - Providers whose fourth quarter measure score is at or above the 90th percentile for a particular measure will be awarded 3 points, those scoring from the 75th up to 90th percentiles will be awarded 2 points, and those scoring from the 50th up to 75th percentiles will receive 1 point.

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<sup>7</sup> Fla. Admin. Code R. 59A-4.1075 (2015).

<sup>8</sup> *Id.*

<sup>9</sup> *See* s. 408.061(4), F.S.

<sup>10</sup> Fla. Admin. Code R. 59E-4.102 (2023).

<sup>11</sup> Email from Jim Browne, Legislative Affairs Director, Agency for Health Care Administration, to Cynthia Barr, Chief Legislative Analyst, Senate Appropriations Committee on Health and Human Services (Mar. 18, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

<sup>12</sup> ch. 2017-129, s. 8, Laws of Fla.

<sup>13</sup> Email from Jim Browne, Legislative Affairs Director, Agency for Health Care Administration, to Cynthia Barr, Chief Legislative Analyst, Senate Appropriations Committee on Health and Human Services (Feb. 25, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

<sup>14</sup> Fla. Admin. Code R. 59G-6.010(2)(y)(2021).

- Providers who score below the 50th percentile and achieve a 20 percent improvement from the previous year will receive 0.5 points.
- **Outcome Measures**, which include urinary tract infections, pressure ulcers, falls, incontinence, and decline in activities of daily living quality metrics.
  - Outcome Measures are scored and percentiles are calculated using the same methodology as Process Measures.
- **Structure Measures**, which include direct care staffing from the Medicaid cost report received by the rate setting cutoff date and social work and activity staff.
  - Structure Measures are scored and percentiles are calculated using the same methodology as Process Measures and Outcome Measures.
- **Credentialing Measures** which include CMS Overall 5-Star, Florida Gold Seal, Joint Commission Accreditation, and American Health Care Association National Quality Award.
  - Facilities assigned a rating of 3, 4, or 5 stars in the CMS 5- Star program will receive 1, 3, or 5 points, respectively.
  - Facilities that have either a Florida Gold Seal, Joint Commission Accreditation, or the silver or gold American Health Care Association National Quality Award on May 31 of the current year will be awarded 5 points.

By statute, nursing homes must meet the minimum threshold of the 20 percentile of included facilities to receive a quality incentive add-on payment, which is set at 10 percent of the 2016 non-property related payments of included facilities.<sup>15</sup> In the 2023-2024 federal fiscal year, the incentive pool totaled \$316 million with 534 of the 655 active providers receiving a quality incentive add-on to their rate.<sup>16</sup>

### **Patient Safety Culture Surveys**

Patient safety culture refers to the values, beliefs, and norms that are shared by health care practitioners and other staff throughout the organization that influence their actions and behaviors to support and promote patient safety. Patient safety culture can be measured by determining the values, beliefs, norms, and behaviors related to patient safety that are rewarded, supported, expected, and accepted in an organization. Culture exists at multiple levels, from the unit level to the department, organization, and system levels.<sup>17</sup>

The federal Agency for Health Care Research and Quality (AHRQ) has developed a “Survey on Patient Safety Culture” (SOPS) program which develops and supports surveys of providers and staff that assess the extent to which their organizational culture supports patient safety and safe practices. All the SOPS surveys include a standard set of core items with comparable survey content across facilities and have been developed for the following settings of care:

- Hospitals.
- Medical Offices.
- Nursing Homes.

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<sup>15</sup> Sections 409.908(2)(b)1.e. and f.

<sup>16</sup> Email from Jim Browne, Legislative Affairs Director, Agency for Health Care Administration, to Cynthia Barr, Chief Legislative Analyst, Senate Appropriations Committee on Health and Human Services (Feb. 25, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

<sup>17</sup> What is Patient Safety Culture?, AHRQ, June 2024, available at <https://www.ahrq.gov/sops/about/patient-safety-culture.html>, (last visited Feb. 28, 2025).

- Community Pharmacies.
- Ambulatory Surgery Centers.

The SOPS Program also offers optional supplemental item sets that can be added to the core surveys to assess additional content areas focusing on health information technology, patient safety, workplace safety, value and efficiency, and diagnostic safety.

SOPS surveys and supplemental item sets undergo a rigorous development and testing process. Because the surveys ask questions that have been developed and pilot tested using a consistent methodology across a large sample of respondents, they are standardized and validated measures of patient safety culture.<sup>18</sup> The areas that are assessed by the SOPS include:

- Communication About Error.
- Communication Openness.
- Organizational Learning—Continuous Improvement.
- Overall Rating on Patient Safety.
- Response to Error.
- Staffing.
- Supervisor and Management Support for Patient Safety.
- Teamwork.
- Work Pressure and Pace.<sup>19</sup>

Research has shown that significant relationships exist between SOPS patient safety culture scores and important health care delivery measures and outcomes. Some key findings based on studies that administered SOPS surveys include the following:

- Hospital units with more positive SOPS scores had:
  - *Fewer* hospital-acquired pressure ulcers and patient falls.
  - *Lower* surgical site infection rates.
- Hospitals with more positive SOPS scores had:
  - *Lower* rates of in-hospital complications or adverse events as measured by AHRQ’s patient safety indicators (PSIs).
  - Patients who reported *more positive* experiences with care.
- Nursing homes with more positive SOPS scores had:
  - *Higher* Centers for Medicare & Medicaid Services (CMS) Nursing Home Five-Star Quality ratings.
  - *Lower* risks of resident falls, long-stay urinary tract infections, and short stay ulcers.<sup>20</sup>

Florida law requires hospitals and ambulatory surgical centers (ASC) to conduct, at least biennially, a patient safety culture survey using the SOPS.<sup>21</sup> In order to implement the requirement, the AHCA has customized the AHRQ’s patient safety survey instruments, and

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<sup>18</sup> What is Patient Safety Culture?, AHRQ, June 2024, available at <https://www.ahrq.gov/sops/about/patient-safety-culture.html>, (last visited Feb. 28, 2025).

<sup>19</sup> *Id.*

<sup>20</sup> *Id.*

<sup>21</sup> Section 395.1012(4), F.S.

developed a database application to facilitate the required submission of patient safety culture survey data from Florida hospitals and ASCs to the agency as statutorily mandated.<sup>22</sup>

### **Florida's Health Information Exchange Program**

Founded in 2011, the Florida Health Information Exchange (FHIE) facilitates the secure statewide exchange of health information between health care providers, hospital systems, and payers. The AHCA governs the FHIE by establishing policy, convening stakeholders, providing oversight, engaging federal partners, and promoting the benefits of health information technology.

The FHIE electronically makes patient health information available to doctors, nurses, hospitals, and health care organizations when needed for patient care. The exchange of patient information is protected through strict medical privacy and confidential procedures. The FHIE is designed to improve the speed, quality, safety, and cost of patient care.

As part of the FHIE Services, Florida has developed an Encounter Notification Service (ENS) that delivers real-time notifications based off of Admit, Discharge, and Transfer (ADT) data from participating health care facilities. This data is provided to authorize health care entities to improve patient care coordination.<sup>23</sup>

### **III. Effect of Proposed Changes:**

**Section 1** reenacts and amends s. 400.0225, F.S., to require the Agency for Health Care Administration (AHCA) to develop user-friendly consumer satisfaction surveys to capture resident and family member satisfaction with care provided by nursing home facilities. The surveys must be based on a core set of consumer satisfaction questions to allow for consistent measurement and must be administered annually to a random sample of long-stay and short-stay residents of each facility and their family members. The survey tool must be based on an agency-validated survey instrument whose measures have received an endorsement by the National Quality Forum. The AHCA is required under the bill to:

- Specify the protocols for conducting the consumer satisfaction surveys, ensuring survey validity, reporting survey results, and protecting the identity of individual respondents; and
- Make aggregated survey data available to consumers on the agency's website in a manner that allows for comparison between nursing home facilities.

The bill allows family members, guardians, or other resident designees to assist a resident in completing the survey and also prohibits employees and volunteers of the nursing home, or of a corporation or business entity with and ownership interest in the nursing home, from attempting to influence a resident's responses to the survey.

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<sup>22</sup> Patient Safety Survey System User Guide, 2024, available at [https://ahca.myflorida.com/content/download/25680/file/PSCS%20System%20Guide\\_2022%2824%29EP.pdf](https://ahca.myflorida.com/content/download/25680/file/PSCS%20System%20Guide_2022%2824%29EP.pdf), (last visited Feb. 28, 2025).

<sup>23</sup> Agency for Health Care Administration, *Senate Bill 7016 (2024) Analysis*. (on file with the Senate Committee on Health Policy).

**Section 2** amends s. 400.141, F.S., to require the medical director of each nursing home facility to obtain designation as a certified medical director by the American Medical Directors Association, hold a similar credential bestowed by an organization recognized by the AHCA, or be in the process of seeking such designation or credentialing, according to parameters adopted by agency rule, by January 1, 2026. The bill also requires the AHCA to include the name of each nursing home's medical director on the facility's provider profile published on the AHCA's website.

The bill also requires each nursing home to conduct, at least biennially, a patient safety culture survey using the applicable survey on patient culture developed by the federal Agency for Health Care Research and Quality. The bill requires each facility to conduct the survey anonymously and allows facilities to contract with a third party to administer the survey. The survey data, including participation rates, must be submitted to the AHCA biennially and each facility must develop an internal action plan between surveys to improve survey results and submit the plan to the AHCA.

**Section 3** amends s. 400.191, F.S., to require the AHCA to include the results of the consumer satisfaction surveys in its Nursing Home Guide.

**Section 4** amends s. 408.051, F.S., to require each nursing home that maintains certified electronic health records technology to make available all admit, transfer, and discharge data to the FHIE. The bill allows the AHCA to adopt rules to implement this subsection.

**Section 5** amends s. 408.061, F.S., to specify that, beginning January 1, 2026, the AHCA is required to impose an administrative fine of \$10,000 per violation<sup>24</sup> against a nursing home or the home office of a nursing home that fails to comply with the requirement to submit specified audited financial data to the Florida Nursing Home Uniform Reporting System (FNHURS). Additionally, the bill specifies that failing to file the report during any subsequent 10-day period occurring after the due date constitutes a separate violation until the report has been submitted.

The bill requires the AHCA to adopt rules to implement the fine and requires the rules to include provisions for a home office to present factors in mitigation of the imposition of the fine's full dollar amount. The AHCA may determine not to impose the fine's full dollar amount upon a demonstration that the full fine is inappropriate under the circumstances.

The bill also exempts state-owned nursing homes from the FNHURS reporting requirement under current law in s. 408.061(5) and (6), F.S.

**Section 6** clarifies that a facility that is fined under s. 408.061, F.S., for an FNHURS violation, as described above, may not also be fined for such violation under s. 408.08, F.S.

**Section 7** amends s. 409.908, F.S., to require the AHCA to, by October 1, 2025, and each year thereafter, submit a report to the Governor and the Legislature on each Medicaid Quality Incentive Program (QIP) payment made. The report must, at a minimum, include:

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<sup>24</sup> The bill, for purposes of this fine, defines "violation" to mean failing to file the financial report required on or before the report's due date.

- The name of each facility that received a QIP payment and the dollar amount of such payment each facility received.
- The total number of quality incentive metric points awarded by the agency to each facility and the number of points awarded by the agency for each individual quality metric measured.
- An examination of any trends in the improvement of the quality of care provided to nursing home residents which may be attributable to incentive payments received under the QIP. The AHCA is required to include an examination of trends both for the program as a whole as well as for each individual quality metric used by the AHCA to award program payments.

**Section 8** requires the AHCA to contract with a third-party vendor to complete a comprehensive study of nursing home quality incentive programs in other states. The study must include a detailed analysis of quality incentive programs, identify components of programs that have improved quality outcomes, and make recommendations to modify or enhance Florida's existing Medicaid Quality Incentive Program. The study must also include a review of technologies applicable to nursing home care and payment structures related to ventilator care, bariatric services, and behavioral health services. The final report must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2025.

**Section 9** provides that the bill takes effect July 1, 2025.

#### **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:**

CS/CS/SB 170 may have an indeterminate, negative fiscal impact on nursing homes that are required to conduct surveys, meet additional requirements, or that are fined for not submitting Florida Nursing Home Uniform Reporting System data as required.

The bill may have an indeterminate, negative fiscal impact on nursing home medical directors who are required to obtain certification under the bill's requirements.

**C. Government Sector Impact:**

The Agency for Health Care Administration (AHCA) estimates the bill will have a significant negative fiscal impact on state expenditures. The AHCA estimates a cost of \$356,500 to implement the Nursing Home Patient Satisfaction Survey and the Nursing Home Patient Safety Culture Survey required in this bill. The agency will also require \$140,500 annually to maintain, enhance, and secure endorsements for these surveys.<sup>25</sup>

The comprehensive study of nursing home quality incentive plans will require an estimated \$1,500,000 to complete.<sup>26</sup>

New fines created under this bill for nursing homes that fail to submit required data will have an indeterminate positive fiscal impact on state revenues and could offset a portion of the expenditure impact.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 400.0225, 400.141, 400.191, 408.051, 408.061, 408.08, and 409.908.

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<sup>25</sup> Agency for Health Care Administration, *Senate Bill 170 Analysis* (Feb. 28, 2025) (on file with Senate Committee on Health Policy).

<sup>26</sup> Email from Kristin Sokoloski, Deputy Chief of Staff, Agency for Health Care Administration to Brooke McKnight, Staff Director, Senate Appropriations Committee on Health and Human Services (March 21, 2025) (On file with Senate Appropriations Committee on Health and Humans Services).

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

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

**CS/CS by Appropriations Committee on Health and Human Services on March 26, 2025:**

The committee substitute:

- Exempts state-owned facilities from Florida Nursing Home Uniform Reporting System requirements under current law in s. 408.061(5) and (6), F.S;
- Clarifies the language regarding the avoidance of duplicative fines under s. 408.08(2), F.S.;
- Directs the Agency for Health Care Administration (AHCA) to include the result of customer satisfaction surveys as a quality measure when sufficient data has been collected to be statistically valid; and
- Requires the AHCA to commission a study on other state’s quality incentive payment programs and submit a report to the Governor and Legislature by December 1, 2025.

**CS by Health Policy on March 4, 2025:**

The CS applies the bill’s fine for a Florida Nursing Home Uniform Reporting System (FNHURS) violation to individual nursing homes as well as the home office of a nursing home, instead of solely to home offices as in the underlying bill. Both are required to file FNHURS reports under current law in s. 408.061(5) and (6), F.S.

**B. Amendments:**

None.



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LEGISLATIVE ACTION

| Senate     | . | House |
|------------|---|-------|
| Comm: RCS  | . |       |
| 03/28/2025 | . |       |
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The Appropriations Committee on Health and Human Services  
(Burton) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 224 - 430  
and insert:  
through (16), respectively, a new subsection (7) is added to  
that section, and subsections (5) and (6) of that section are  
amended, to read:  
408.061 Data collection; uniform systems of financial  
reporting; information relating to physician charges;  
confidential information; immunity.—



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11           (5) Within 120 days after the end of its fiscal year, each  
12 nursing home as defined in s. 408.07, excluding nursing homes  
13 operated by state agencies, shall file with the agency, on forms  
14 adopted by the agency and based on the uniform system of  
15 financial reporting, its actual financial experience for that  
16 fiscal year, including expenditures, revenues, and statistical  
17 measures. Such data may be based on internal financial reports  
18 that are certified to be complete and accurate by the chief  
19 financial officer of the nursing home. However, a nursing home's  
20 actual financial experience shall be its audited actual  
21 experience. This audited actual experience must include the  
22 fiscal year-end balance sheet, income statement, statement of  
23 cash flow, and statement of retained earnings and must be  
24 submitted to the agency in addition to the information filed in  
25 the uniform system of financial reporting. The financial  
26 statements must tie to the information submitted in the uniform  
27 system of financial reporting, and a crosswalk must be submitted  
28 along with the financial statements.

29           (6) Within 120 days after the end of its fiscal year, the  
30 home office of each nursing home as defined in s. 408.07, excluding nursing homes operated by state agencies, shall file  
31 with the agency, on forms adopted by the agency and based on the  
32 uniform system of financial reporting, its actual financial  
33 experience for that fiscal year, including expenditures,  
34 revenues, and statistical measures. Such data may be based on  
35 internal financial reports that are certified to be complete and  
36 accurate by the chief financial officer of the nursing home.  
37 However, the home office's actual financial experience shall be  
38 its audited actual experience. This audited actual experience  
39



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40 must include the fiscal year-end balance sheet, income  
41 statement, statement of cash flow, and statement of retained  
42 earnings and must be submitted to the agency in addition to the  
43 information filed in the uniform system of financial reporting.  
44 The financial statements must tie to the information submitted  
45 in the uniform system of financial reporting, and a crosswalk  
46 must be submitted along with the audited financial statements.

47 (7) (a) Beginning January 1, 2026, the agency shall impose  
48 an administrative fine of \$10,000 per violation against a  
49 nursing home or home office that fails to comply with subsection  
50 (5) or subsection (6), as applicable. For purposes of this  
51 paragraph, the term "violation" means failing to file the  
52 financial report required by subsection (5) or subsection (6),  
53 as applicable, on or before the report's due date. Failing to  
54 file the report during any subsequent 10-day period occurring  
55 after the due date constitutes a separate violation until the  
56 report has been submitted.

57 (b) The agency shall adopt rules to implement this  
58 subsection. The rules must include provisions for a nursing home  
59 or home office to present factors in mitigation of the  
60 imposition of the fine's full dollar amount. The agency may  
61 determine not to impose the fine's full dollar amount upon a  
62 showing that the full fine is inappropriate under the  
63 circumstances.

64 Section 6. Subsection (2) of section 408.08, Florida  
65 Statutes, is amended to read:

66 408.08 Inspections and audits; violations; penalties;  
67 fines; enforcement.—

68 (2) Any health care facility that refuses to file a report,



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69 fails to timely file a report, files a false report, or files an  
70 incomplete report and upon notification fails to timely file a  
71 complete report required under s. 408.061; that violates this  
72 section, s. 408.061, or s. 408.20, or rule adopted thereunder;  
73 or that fails to provide documents or records requested by the  
74 agency under this chapter shall be punished by a fine not  
75 exceeding \$1,000 per day for each day in violation, to be  
76 imposed and collected by the agency. Pursuant to rules adopted  
77 by the agency, the agency may, upon a showing of good cause,  
78 grant a one-time extension of any deadline for a health care  
79 facility to timely file a report as required by this section, s.  
80 408.061, or s. 408.20. A facility fined under s. 408.061(7) may  
81 not be additionally fined under this subsection for the same  
82 violation.

83 Section 7. Paragraph (b) of subsection (2) of section  
84 409.908, Florida Statutes, is amended to read:

85 409.908 Reimbursement of Medicaid providers.—Subject to  
86 specific appropriations, the agency shall reimburse Medicaid  
87 providers, in accordance with state and federal law, according  
88 to methodologies set forth in the rules of the agency and in  
89 policy manuals and handbooks incorporated by reference therein.  
90 These methodologies may include fee schedules, reimbursement  
91 methods based on cost reporting, negotiated fees, competitive  
92 bidding pursuant to s. 287.057, and other mechanisms the agency  
93 considers efficient and effective for purchasing services or  
94 goods on behalf of recipients. If a provider is reimbursed based  
95 on cost reporting and submits a cost report late and that cost  
96 report would have been used to set a lower reimbursement rate  
97 for a rate semester, then the provider's rate for that semester



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98 shall be retroactively calculated using the new cost report, and  
99 full payment at the recalculated rate shall be effected  
100 retroactively. Medicare-granted extensions for filing cost  
101 reports, if applicable, shall also apply to Medicaid cost  
102 reports. Payment for Medicaid compensable services made on  
103 behalf of Medicaid-eligible persons is subject to the  
104 availability of moneys and any limitations or directions  
105 provided for in the General Appropriations Act or chapter 216.  
106 Further, nothing in this section shall be construed to prevent  
107 or limit the agency from adjusting fees, reimbursement rates,  
108 lengths of stay, number of visits, or number of services, or  
109 making any other adjustments necessary to comply with the  
110 availability of moneys and any limitations or directions  
111 provided for in the General Appropriations Act, provided the  
112 adjustment is consistent with legislative intent.

113 (2)

114 (b) Subject to any limitations or directions in the General  
115 Appropriations Act, the agency shall establish and implement a  
116 state Title XIX Long-Term Care Reimbursement Plan for nursing  
117 home care in order to provide care and services in conformance  
118 with the applicable state and federal laws, rules, regulations,  
119 and quality and safety standards and to ensure that individuals  
120 eligible for medical assistance have reasonable geographic  
121 access to such care.

122 1. The agency shall amend the long-term care reimbursement  
123 plan and cost reporting system to create direct care and  
124 indirect care subcomponents of the patient care component of the  
125 per diem rate. These two subcomponents together shall equal the  
126 patient care component of the per diem rate. Separate prices



127 shall be calculated for each patient care subcomponent,  
128 initially based on the September 2016 rate setting cost reports  
129 and subsequently based on the most recently audited cost report  
130 used during a rebasing year. The direct care subcomponent of the  
131 per diem rate for any providers still being reimbursed on a cost  
132 basis shall be limited by the cost-based class ceiling, and the  
133 indirect care subcomponent may be limited by the lower of the  
134 cost-based class ceiling, the target rate class ceiling, or the  
135 individual provider target. The ceilings and targets apply only  
136 to providers being reimbursed on a cost-based system. Effective  
137 October 1, 2018, a prospective payment methodology shall be  
138 implemented for rate setting purposes with the following  
139 parameters:

140 a. Peer Groups, including:

141 (I) North-SMMC Regions 1-9, less Palm Beach and Okeechobee  
142 Counties; and

143 (II) South-SMMC Regions 10-11, plus Palm Beach and  
144 Okeechobee Counties.

145 b. Percentage of Median Costs based on the cost reports  
146 used for September 2016 rate setting:

147 (I) Direct Care Costs .....100 percent.

148 (II) Indirect Care Costs .....92 percent.

149 (III) Operating Costs .....86 percent.

150 c. Floors:

151 (I) Direct Care Component .....95 percent.

152 (II) Indirect Care Component .....92.5 percent.

153 (III) Operating Component .....None.

154 d. Pass-through Payments .....Real Estate and  
155 .....Personal Property





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156 .....Taxes and Property Insurance.

157 e. Quality Incentive Program Payment

158 Pool.....10 percent of September

159 .....2016 non-property related

160 .....payments of included facilities.

161 f. Quality Score Threshold to Qualify ~~Quality~~ for Quality

162 Incentive Payment.....20th

163 .....percentile of included facilities.

164 g. Fair Rental Value System Payment Parameters:

165 (I) Building Value per Square Foot based on 2018 RS Means.

166 (II) Land Valuation.....10 percent of Gross Building value.

167 (III) Facility Square Footage.....Actual Square Footage.

168 (IV) Movable Equipment Allowance.....\$8,000 per bed.

169 (V) Obsolescence Factor.....1.5 percent.

170 (VI) Fair Rental Rate of Return.....8 percent.

171 (VII) Minimum Occupancy.....90 percent.

172 (VIII) Maximum Facility Age.....40 years.

173 (IX) Minimum Square Footage per Bed.....350.

174 (X) Maximum Square Footage for Bed.....500.

175 (XI) Minimum Cost of a renovation/replacements \$500 per bed.

176 h. Ventilator Supplemental payment of \$200 per Medicaid day

177 of 40,000 ventilator Medicaid days per fiscal year.

178 2. The agency shall revise its methodology for calculating

179 Quality Incentive Program payments to include the results of

180 consumer satisfaction surveys conducted pursuant to s. 400.0225

181 as a measure of nursing home quality. The agency shall so revise

182 the methodology after the surveys have been in effect for an

183 amount of time the agency deems sufficient for statistical and

184 scientific validity as a meaningful quality measure that may be



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185 incorporated into the methodology.

186 3. The direct care subcomponent shall include salaries and  
187 benefits of direct care staff providing nursing services  
188 including registered nurses, licensed practical nurses, and  
189 certified nursing assistants who deliver care directly to  
190 residents in the nursing home facility, allowable therapy costs,  
191 and dietary costs. This excludes nursing administration, staff  
192 development, the staffing coordinator, and the administrative  
193 portion of the minimum data set and care plan coordinators. The  
194 direct care subcomponent also includes medically necessary  
195 dental care, vision care, hearing care, and podiatric care.

196 ~~4.3.~~ All other patient care costs shall be included in the  
197 indirect care cost subcomponent of the patient care per diem  
198 rate, including complex medical equipment, medical supplies, and  
199 other allowable ancillary costs. Costs may not be allocated  
200 directly or indirectly to the direct care subcomponent from a  
201 home office or management company.

202 5.4. On July 1 of each year, the agency shall report to the  
203 Legislature direct and indirect care costs, including average  
204 direct and indirect care costs per resident per facility and  
205 direct care and indirect care salaries and benefits per category  
206 of staff member per facility.

207 ~~6.5.~~ Every fourth year, the agency shall rebase nursing  
208 home prospective payment rates to reflect changes in cost based  
209 on the most recently audited cost report for each participating  
210 provider.

211 7.6. A direct care supplemental payment may be made to  
212 providers whose direct care hours per patient day are above the  
213 80th percentile and who provide Medicaid services to a larger



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214 percentage of Medicaid patients than the state average.

215 8.7. Pediatric, Florida Department of Veterans Affairs, and  
216 government-owned facilities are exempt from the pricing model  
217 established in this subsection and shall remain on a cost-based  
218 prospective payment system. Effective October 1, 2018, the  
219 agency shall set rates for all facilities remaining on a cost-  
220 based prospective payment system using each facility's most  
221 recently audited cost report, eliminating retroactive  
222 settlements.

223 9. By October 1, 2025, and each year thereafter, the agency  
224 shall submit to the Governor, the President of the Senate, and  
225 the Speaker of the House of Representatives a report on each  
226 Quality Incentive Program payment made pursuant to sub-  
227 subparagraph 1.e. The report must, at a minimum, include all of  
228 the following information:

229 a. The name of each facility that received a Quality  
230 Incentive Program payment and the dollar amount of such payment  
231 each facility received.

232 b. The total number of quality incentive metric points  
233 awarded by the agency to each facility and the number of points  
234 awarded by the agency for each individual quality metric  
235 measured.

236 c. An examination of any trends in the improvement of the  
237 quality of care provided to nursing home residents which may be  
238 attributable to incentive payments received under the Quality  
239 Incentive Program. The agency shall include examination of  
240 trends both for the program as a whole as well as for each  
241 individual quality metric used by the agency to award program  
242 payments.



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It is the intent of the Legislature that the reimbursement plan achieve the goal of providing access to health care for nursing home residents who require large amounts of care while encouraging diversion services as an alternative to nursing home care for residents who can be served within the community. The agency shall base the establishment of any maximum rate of payment, whether overall or component, on the available moneys as provided for in the General Appropriations Act. The agency may base the maximum rate of payment on the results of scientifically valid analysis and conclusions derived from objective statistical data pertinent to the particular maximum rate of payment. The agency shall base the rates of payments in accordance with the minimum wage requirements as provided in the General Appropriations Act.

Section 8. (1) To support and enhance quality outcomes in Florida's nursing homes, the Agency for Health Care Administration shall contract with a third-party vendor to conduct a comprehensive study of nursing home quality incentive programs in other states.

(a) At a minimum, the study must include a detailed analysis of quality incentive programs implemented in each of the states examined, identify components of such programs which have demonstrably improved nursing home quality outcomes, and provide recommendations to modify or enhance this state's existing Medicaid Quality Incentive Program based on its historical performance and trends since it was first implemented.

(b) The study must also include:



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272 1. An in-depth review of emerging and existing technologies  
273 applicable to nursing home care and an analysis of how their  
274 adoption in this state could improve quality of care and  
275 operational efficiency; and

276 2. An examination of other states' Medicaid add-on payment  
277 structures related to the provision of ventilator care,  
278 bariatric services, and behavioral health services.

279 (2) The agency shall submit a final report on the study,  
280 including findings and actionable recommendations, to the  
281 Governor, the President of the Senate, and the Speaker of the  
282 House of Representatives by December 1, 2025.

283

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

285 And the title is amended as follows:

286 Delete lines 42 - 55

287 and insert:

288 408.061, F.S.; exempting nursing homes operated by  
289 state agencies from certain financial reporting  
290 requirements; requiring the agency to impose  
291 administrative fines against nursing homes and home  
292 offices of nursing homes for failing to comply with  
293 certain reporting requirements; defining the term  
294 "violation"; providing construction; requiring the  
295 agency to adopt rules; providing requirements for such  
296 rules; amending s. 408.08, F.S.; prohibiting nursing  
297 homes subject to certain administrative fines from  
298 being fined under a specified provision for the same  
299 violation; amending s. 409.908, F.S.; requiring the  
300 agency to revise its methodology for calculating



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301           Quality Incentive Program payments; providing  
302           requirements for such revision; requiring the agency  
303           to submit an annual report to the Governor and the  
304           Legislature on payments made under the Quality  
305           Incentive Program; specifying requirements for the  
306           report; requiring the agency to contract with a third-  
307           party vendor to conduct a comprehensive study of  
308           nursing home quality incentive programs in other  
309           states; providing minimum requirements for the report;  
310           requiring the agency to submit a final report on the  
311           study to the Governor and the Legislature by a  
312           specified date; providing an effective

By the Committee on Health Policy; and Senator Burton

588-02134-25

2025170c1

1 A bill to be entitled  
 2 An act relating to the quality of care in nursing  
 3 homes; reviving, reenacting, and amending s. 400.0225,  
 4 F.S., relating to consumer satisfaction surveys;  
 5 requiring the Agency for Health Care Administration to  
 6 develop user-friendly consumer satisfaction surveys  
 7 for nursing home facilities; specifying requirements  
 8 for the surveys; authorizing family members,  
 9 guardians, and other resident designees to assist the  
 10 resident in completing the survey; prohibiting  
 11 employees and volunteers of the facility or of a  
 12 corporation or business entity with an ownership  
 13 interest in the facility from attempting to influence  
 14 a resident's responses to the survey; requiring the  
 15 agency to specify certain protocols for administration  
 16 of the survey; requiring the agency to publish on its  
 17 website aggregated survey data in a manner that allows  
 18 for comparison between nursing home facilities;  
 19 amending s. 400.141, F.S.; requiring medical directors  
 20 of nursing home facilities to obtain, or to be in the  
 21 process of obtaining, certain qualifications by a  
 22 specified date; requiring the agency to include such  
 23 medical director's name on each nursing home  
 24 facility's online provider profile; requiring nursing  
 25 home facilities to conduct biennial patient safety  
 26 culture surveys; specifying requirements for  
 27 administration of such surveys; requiring nursing home  
 28 facilities to submit the results of such surveys  
 29 biennially to the agency in a format specified by

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30 agency rule; authorizing nursing home facilities to  
 31 develop an internal action plan between surveys to  
 32 identify measures for improvement of the survey and  
 33 submit such plan to the agency; amending s. 400.191,  
 34 F.S.; requiring the agency to include the results from  
 35 specified consumer satisfaction surveys as part of the  
 36 Nursing Home Guide on its website; amending s.  
 37 408.051, F.S.; requiring nursing home facilities that  
 38 maintain certain electronic health records to make  
 39 available certain data to the agency's Florida Health  
 40 Information Exchange program for a specified purpose;  
 41 authorizing the agency to adopt rules; amending s.  
 42 408.061, F.S.; requiring the agency to impose  
 43 administrative fines against nursing homes and home  
 44 offices of nursing homes for failing to comply with  
 45 certain reporting requirements; defining the term  
 46 "violation"; providing construction; requiring the  
 47 agency to adopt rules; providing requirements for such  
 48 rules; amending s. 408.08, F.S.; exempting health care  
 49 facilities from imposition of administrative fines if  
 50 they have otherwise been fined for the same violation  
 51 pursuant to other provisions; amending s. 409.908,  
 52 F.S.; requiring the agency to submit an annual report  
 53 to the Governor and the Legislature on payments made  
 54 under the Quality Incentive Program; specifying  
 55 requirements for the report; providing an effective  
 56 date.

57  
 58 Be It Enacted by the Legislature of the State of Florida:

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59 Section 1. Notwithstanding the repeal of section 400.0225,  
60 Florida Statutes, in section 14 of chapter 2001-377, Laws of  
61 Florida, that section is revived, reenacted, and amended to  
62 read:  
63

64 400.0225 Consumer satisfaction surveys.-

65 (1) The agency shall develop user-friendly consumer  
66 satisfaction surveys to capture resident and family member  
67 satisfaction with care provided by nursing home facilities. The  
68 consumer satisfaction surveys must be based on a core set of  
69 consumer satisfaction questions to allow for consistent  
70 measurement and must be administered annually to a random sample  
71 of long-stay and short-stay residents of each facility and their  
72 family members. The survey tool must be based on an agency-  
73 validated survey instrument whose measures have received an  
74 endorsement by the National Quality Forum.

75 (2) Family members, guardians, or other resident designees  
76 may assist a resident in completing the consumer satisfaction  
77 survey.

78 (3) Employees and volunteers of the nursing home facility  
79 or of a corporation or business entity with an ownership  
80 interest in the nursing home facility are prohibited from  
81 attempting to influence a resident's responses to the consumer  
82 satisfaction survey.

83 (4) The agency shall specify the protocols for conducting  
84 the consumer satisfaction surveys, ensuring survey validity,  
85 reporting survey results, and protecting the identity of  
86 individual respondents. The agency shall make aggregated survey  
87 data available to consumers on the agency's website pursuant to

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88 ~~s. 400.191(2) (a)15. in a manner that allows for comparison~~  
89 ~~between nursing home facilities, or its contractor, in~~  
90 ~~consultation with the nursing home industry and consumer~~  
91 ~~representatives, shall develop an easy-to-use consumer~~  
92 ~~satisfaction survey, shall ensure that every nursing facility~~  
93 ~~licensed pursuant to this part participates in assessing~~  
94 ~~consumer satisfaction, and shall establish procedures to ensure~~  
95 ~~that, at least annually, a representative sample of residents of~~  
96 ~~each facility is selected to participate in the survey. The~~  
97 ~~sample shall be of sufficient size to allow comparisons between~~  
98 ~~and among facilities. Family members, guardians, or other~~  
99 ~~resident designees may assist the resident in completing the~~  
100 ~~survey. Employees and volunteers of the nursing facility or of a~~  
101 ~~corporation or business entity with an ownership interest in the~~  
102 ~~facility are prohibited from assisting a resident with or~~  
103 ~~attempting to influence a resident's responses to the consumer~~  
104 ~~satisfaction survey. The agency, or its contractor, shall survey~~  
105 ~~family members, guardians, or other resident designees. The~~  
106 ~~agency, or its contractor, shall specify the protocol for~~  
107 ~~conducting and reporting the consumer satisfaction surveys.~~  
108 ~~Reports of consumer satisfaction surveys shall protect the~~  
109 ~~identity of individual respondents. The agency shall contract~~  
110 ~~for consumer satisfaction surveys and report the results of~~  
111 ~~those surveys in the consumer information materials prepared and~~  
112 ~~distributed by the agency.~~

113 (5) The agency may adopt rules as necessary to implement  
114 administer this section.

115 Section 2. Paragraph (b) of subsection (1) of section  
116 400.141, Florida Statutes, is amended, and paragraph (x) is

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117 added to that subsection, to read:

118 400.141 Administration and management of nursing home  
119 facilities.—

120 (1) Every licensed facility shall comply with all  
121 applicable standards and rules of the agency and shall:

122 (b) Appoint a medical director licensed pursuant to chapter  
123 458 or chapter 459. By January 1, 2026, the medical director of  
124 each nursing home facility must obtain designation as a  
125 certified medical director by the American Medical Directors  
126 Association, hold a similar credential bestowed by an  
127 organization recognized by the agency, or be in the process of  
128 seeking such designation or credentialing, according to  
129 parameters adopted by agency rule. The agency shall include the  
130 name of each nursing home facility's medical director on the  
131 facility's provider profile published by the agency on its  
132 website. The agency may establish by rule more specific criteria  
133 for the appointment of a medical director.

134 (x) Conduct, at least biennially, a patient safety culture  
135 survey using the applicable Survey on Patient Safety Culture  
136 developed by the federal Agency for Healthcare Research and  
137 Quality. Each facility shall conduct the survey anonymously to  
138 encourage completion of the survey by staff working in or  
139 employed by the facility. A facility may contract with a third  
140 party to administer the survey. Each facility shall biennially  
141 submit the survey data to the agency in a format specified by  
142 agency rule, which must include the survey participation rate.  
143 Each facility may develop an internal action plan between  
144 conducting surveys to identify measures to improve the survey  
145 and submit such plan to the agency.

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146 Section 3. Paragraph (a) of subsection (2) of section  
147 400.191, Florida Statutes, is amended to read:

148 400.191 Availability, distribution, and posting of reports  
149 and records.—

150 (2) The agency shall publish the Nursing Home Guide  
151 quarterly in electronic form to assist consumers and their  
152 families in comparing and evaluating nursing home facilities.

153 (a) The agency shall provide an Internet site which must  
154 ~~shall~~ include at least the following information either directly  
155 or indirectly through a link to another established site or  
156 sites of the agency's choosing:

157 1. A section entitled "Have you considered programs that  
158 provide alternatives to nursing home care?" which must shall be  
159 the first section of the Nursing Home Guide and must which shall  
160 prominently display information about available alternatives to  
161 nursing homes and how to obtain additional information regarding  
162 these alternatives. The Nursing Home Guide must shall explain  
163 that this state offers alternative programs that allow permit  
164 qualified elderly persons to stay in their homes instead of  
165 being placed in nursing homes and must shall encourage  
166 interested persons to call the Comprehensive Assessment Review  
167 and Evaluation for Long-Term Care Services (CARES) Program to  
168 inquire as to whether if they qualify. The Nursing Home Guide  
169 must shall list available home and community-based programs and  
170 must which shall clearly state the services that are provided,  
171 including and indicate whether nursing home services are covered  
172 under those programs when necessary included if needed.

173 2. A list by name and address of all nursing home  
174 facilities in this state, including any prior name by which a

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175 facility was known during the previous 24-month period.  
 176 3. Whether such nursing home facilities are proprietary or  
 177 nonproprietary.  
 178 4. The current owner of the facility's license and the year  
 179 that that entity became the owner of the license.  
 180 5. The name of the owner or owners of each facility and  
 181 whether the facility is affiliated with a company or other  
 182 organization owning or managing more than one nursing facility  
 183 in this state.  
 184 6. The total number of beds in each facility and the most  
 185 recently available occupancy levels.  
 186 7. The number of private and semiprivate rooms in each  
 187 facility.  
 188 8. The religious affiliation, if any, of each facility.  
 189 9. The languages spoken by the administrator and staff of  
 190 each facility.  
 191 10. Whether or not each facility accepts Medicare or  
 192 Medicaid recipients or insurance, health maintenance  
 193 organization, United States Department of Veterans Affairs,  
 194 CHAMPUS program, or workers' compensation coverage.  
 195 11. Recreational and other programs available at each  
 196 facility.  
 197 12. Special care units or programs offered at each  
 198 facility.  
 199 13. Whether the facility is a part of a retirement  
 200 community that offers other services pursuant to part III of  
 201 this chapter or part I or part III of chapter 429.  
 202 14. Survey and deficiency information, including all  
 203 federal and state recertification, licensure, revisit, and

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204 complaint survey information, for each facility. For  
 205 noncertified nursing homes, state survey and deficiency  
 206 information, including licensure, revisit, and complaint survey  
 207 information, shall be provided.  
 208 15. The results of consumer satisfaction surveys conducted  
 209 pursuant to s. 400.0225.  
 210 Section 4. Present subsections (6) and (7) of section  
 211 408.051, Florida Statutes, are redesignated as subsections (7)  
 212 and (8), respectively, and a new subsection (6) is added to that  
 213 section, to read:  
 214 408.051 Florida Electronic Health Records Exchange Act.—  
 215 (6) NURSING HOME DATA.—A nursing home facility as defined  
 216 in s. 400.021 which maintains certified electronic health record  
 217 technology shall make available all admission, transfer, and  
 218 discharge data to the agency's Florida Health Information  
 219 Exchange program for the purpose of supporting public health  
 220 data registries and patient care coordination. The agency may  
 221 adopt rules to implement this subsection.  
 222 Section 5. Present subsections (7) through (15) of section  
 223 408.061, Florida Statutes, are redesignated as subsections (8)  
 224 through (16), respectively, and a new subsection (7) is added to  
 225 that section, to read:  
 226 408.061 Data collection; uniform systems of financial  
 227 reporting; information relating to physician charges;  
 228 confidential information; immunity.—  
 229 (7)(a) Beginning January 1, 2026, the agency shall impose  
 230 an administrative fine of \$10,000 per violation against a  
 231 nursing home or home office that fails to comply with subsection  
 232 (5) or subsection (6), as applicable. For purposes of this

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233 paragraph, the term "violation" means failing to file the  
 234 financial report required by subsection (5) or subsection (6),  
 235 as applicable, on or before the report's due date. Failing to  
 236 file the report during any subsequent 10-day period occurring  
 237 after the due date constitutes a separate violation until the  
 238 report has been submitted.

239 (b) The agency shall adopt rules to implement this  
 240 subsection. The rules must include provisions for a nursing home  
 241 or home office to present factors in mitigation of the  
 242 imposition of the fine's full dollar amount. The agency may  
 243 determine not to impose the fine's full dollar amount upon a  
 244 showing that the full fine is inappropriate under the  
 245 circumstances.

246 Section 6. Subsection (2) of section 408.08, Florida  
 247 Statutes, is amended to read:

248 408.08 Inspections and audits; violations; penalties;  
 249 fines; enforcement.—

250 (2) Unless otherwise fined pursuant to s. 408.061(7), any  
 251 health care facility that refuses to file a report, fails to  
 252 timely file a report, files a false report, or files an  
 253 incomplete report and upon notification fails to timely file a  
 254 complete report required under s. 408.061; that violates this  
 255 section, s. 408.061, or s. 408.20, or rule adopted thereunder;  
 256 or that fails to provide documents or records requested by the  
 257 agency under this chapter shall be punished by a fine not  
 258 exceeding \$1,000 per day for each day in violation, to be  
 259 imposed and collected by the agency. Pursuant to rules adopted  
 260 by the agency, the agency may, upon a showing of good cause,  
 261 grant a one-time extension of any deadline for a health care

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262 facility to timely file a report as required by this section, s.  
 263 408.061, or s. 408.20.

264 Section 7. Paragraph (b) of subsection (2) of section  
 265 409.908, Florida Statutes, is amended to read:

266 409.908 Reimbursement of Medicaid providers.—Subject to  
 267 specific appropriations, the agency shall reimburse Medicaid  
 268 providers, in accordance with state and federal law, according  
 269 to methodologies set forth in the rules of the agency and in  
 270 policy manuals and handbooks incorporated by reference therein.  
 271 These methodologies may include fee schedules, reimbursement  
 272 methods based on cost reporting, negotiated fees, competitive  
 273 bidding pursuant to s. 287.057, and other mechanisms the agency  
 274 considers efficient and effective for purchasing services or  
 275 goods on behalf of recipients. If a provider is reimbursed based  
 276 on cost reporting and submits a cost report late and that cost  
 277 report would have been used to set a lower reimbursement rate  
 278 for a rate semester, then the provider's rate for that semester  
 279 shall be retroactively calculated using the new cost report, and  
 280 full payment at the recalculated rate shall be effected  
 281 retroactively. Medicare-granted extensions for filing cost  
 282 reports, if applicable, shall also apply to Medicaid cost  
 283 reports. Payment for Medicaid compensable services made on  
 284 behalf of Medicaid-eligible persons is subject to the  
 285 availability of moneys and any limitations or directions  
 286 provided for in the General Appropriations Act or chapter 216.  
 287 Further, nothing in this section shall be construed to prevent  
 288 or limit the agency from adjusting fees, reimbursement rates,  
 289 lengths of stay, number of visits, or number of services, or  
 290 making any other adjustments necessary to comply with the

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291 availability of moneys and any limitations or directions  
292 provided for in the General Appropriations Act, provided the  
293 adjustment is consistent with legislative intent.

294 (2)

295 (b) Subject to any limitations or directions in the General  
296 Appropriations Act, the agency shall establish and implement a  
297 state Title XIX Long-Term Care Reimbursement Plan for nursing  
298 home care in order to provide care and services in conformance  
299 with the applicable state and federal laws, rules, regulations,  
300 and quality and safety standards and to ensure that individuals  
301 eligible for medical assistance have reasonable geographic  
302 access to such care.

303 1. The agency shall amend the long-term care reimbursement  
304 plan and cost reporting system to create direct care and  
305 indirect care subcomponents of the patient care component of the  
306 per diem rate. These two subcomponents together shall equal the  
307 patient care component of the per diem rate. Separate prices  
308 shall be calculated for each patient care subcomponent,  
309 initially based on the September 2016 rate setting cost reports  
310 and subsequently based on the most recently audited cost report  
311 used during a rebasing year. The direct care subcomponent of the  
312 per diem rate for any providers still being reimbursed on a cost  
313 basis shall be limited by the cost-based class ceiling, and the  
314 indirect care subcomponent may be limited by the lower of the  
315 cost-based class ceiling, the target rate class ceiling, or the  
316 individual provider target. The ceilings and targets apply only  
317 to providers being reimbursed on a cost-based system. Effective  
318 October 1, 2018, a prospective payment methodology shall be  
319 implemented for rate setting purposes with the following

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320 parameters:

321 a. Peer Groups, including:

322 (I) North-SMMC Regions 1-9, less Palm Beach and Okeechobee  
323 Counties; and

324 (II) South-SMMC Regions 10-11, plus Palm Beach and  
325 Okeechobee Counties.

326 b. Percentage of Median Costs based on the cost reports  
327 used for September 2016 rate setting:

328 (I) Direct Care Costs.....100 percent.

329 (II) Indirect Care Costs.....92 percent.

330 (III) Operating Costs.....86 percent.

331 c. Floors:

332 (I) Direct Care Component.....95 percent.

333 (II) Indirect Care Component.....92.5 percent.

334 (III) Operating Component.....None.

335 d. Pass-through Payments.....Real Estate and  
336 .....Personal Property  
337 .....Taxes and Property Insurance.

338 e. Quality Incentive Program Payment  
339 Pool.....10 percent of September  
340 .....2016 non-property related  
341 .....payments of included facilities.

342 f. Quality Score Threshold to Quality for Quality Incentive  
343 Payment.....20th  
344 .....percentile of included facilities.

345 g. Fair Rental Value System Payment Parameters:

346 (I) Building Value per Square Foot based on 2018 RS Means.

347 (II) Land Valuation....10 percent of Gross Building value.

348 (III) Facility Square Footage.....Actual Square Footage.

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- 349 (IV) Movable Equipment Allowance.....\$8,000 per bed.
- 350 (V) Obsolescence Factor.....1.5 percent.
- 351 (VI) Fair Rental Rate of Return.....8 percent.
- 352 (VII) Minimum Occupancy.....90 percent.
- 353 (VIII) Maximum Facility Age.....40 years.
- 354 (IX) Minimum Square Footage per Bed.....350.
- 355 (X) Maximum Square Footage for Bed.....500.
- 356 (XI) Minimum Cost of a renovation/replacements \$500 per bed.

357 h. Ventilator Supplemental payment of \$200 per Medicaid day  
358 of 40,000 ventilator Medicaid days per fiscal year.

359 2. The direct care subcomponent shall include salaries and  
360 benefits of direct care staff providing nursing services  
361 including registered nurses, licensed practical nurses, and  
362 certified nursing assistants who deliver care directly to  
363 residents in the nursing home facility, allowable therapy costs,  
364 and dietary costs. This excludes nursing administration, staff  
365 development, the staffing coordinator, and the administrative  
366 portion of the minimum data set and care plan coordinators. The  
367 direct care subcomponent also includes medically necessary  
368 dental care, vision care, hearing care, and podiatric care.

369 3. All other patient care costs shall be included in the  
370 indirect care cost subcomponent of the patient care per diem  
371 rate, including complex medical equipment, medical supplies, and  
372 other allowable ancillary costs. Costs may not be allocated  
373 directly or indirectly to the direct care subcomponent from a  
374 home office or management company.

375 4. On July 1 of each year, the agency shall report to the  
376 Legislature direct and indirect care costs, including average  
377 direct and indirect care costs per resident per facility and

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378 direct care and indirect care salaries and benefits per category  
379 of staff member per facility.

380 5. Every fourth year, the agency shall rebase nursing home  
381 prospective payment rates to reflect changes in cost based on  
382 the most recently audited cost report for each participating  
383 provider.

384 6. A direct care supplemental payment may be made to  
385 providers whose direct care hours per patient day are above the  
386 80th percentile and who provide Medicaid services to a larger  
387 percentage of Medicaid patients than the state average.

388 7. Pediatric, Florida Department of Veterans Affairs, and  
389 government-owned facilities are exempt from the pricing model  
390 established in this subsection and shall remain on a cost-based  
391 prospective payment system. Effective October 1, 2018, the  
392 agency shall set rates for all facilities remaining on a cost-  
393 based prospective payment system using each facility's most  
394 recently audited cost report, eliminating retroactive  
395 settlements.

396 8. By October 1, 2025, and each year thereafter, the agency  
397 shall submit to the Governor, the President of the Senate, and  
398 the Speaker of the House of Representatives a report on each  
399 Quality Incentive Program payment made pursuant to sub-  
400 subparagraph 1.e. The report must, at a minimum, include all of  
401 the following information:

402 a. The name of each facility that received a Quality  
403 Incentive Program payment and the dollar amount of such payment  
404 each facility received.

405 b. The total number of quality incentive metric points  
406 awarded by the agency to each facility and the number of points

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407 awarded by the agency for each individual quality metric  
408 measured.

409 c. An examination of any trends in the improvement of the  
410 quality of care provided to nursing home residents which may be  
411 attributable to incentive payments received under the Quality  
412 Incentive Program. The agency shall include examination of  
413 trends both for the program as a whole as well as for each  
414 individual quality metric used by the agency to award program  
415 payments.

416

417 It is the intent of the Legislature that the reimbursement plan  
418 achieve the goal of providing access to health care for nursing  
419 home residents who require large amounts of care while  
420 encouraging diversion services as an alternative to nursing home  
421 care for residents who can be served within the community. The  
422 agency shall base the establishment of any maximum rate of  
423 payment, whether overall or component, on the available moneys  
424 as provided for in the General Appropriations Act. The agency  
425 may base the maximum rate of payment on the results of  
426 scientifically valid analysis and conclusions derived from  
427 objective statistical data pertinent to the particular maximum  
428 rate of payment. The agency shall base the rates of payments in  
429 accordance with the minimum wage requirements as provided in the  
430 General Appropriations Act.

431 Section 8. This act shall take effect July 1, 2025.

## Barr, Cynthia

---

**From:** Browne, Jim <Jim.Browne@ahca.myflorida.com>  
**Sent:** Monday, March 17, 2025 7:32 PM  
**To:** Barr, Cynthia  
**Subject:** RE: SB170 and FNHURS Participation

Hello Cynthia,

As of March 17, 2025, at least 536 of the 696 nursing homes have submitted and/or are in the process of submitting their FHURS reports. To clarify, the 696 number includes inactive nursing homes; there are currently 687 active nursing homes. Although a nursing home is inactive, they are still required to report.

Respectfully,



**Jim Browne** – Legislative Affairs Director

(850) 412-3611 Office | (850) 567-2133 Mobile  
[Jim.Browne@AHCA.MyFlorida.com](mailto:Jim.Browne@AHCA.MyFlorida.com)

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**From:** Barr, Cynthia <Cynthia.Barr@LASPBS.STATE.FL.US>  
**Sent:** Monday, March 17, 2025 12:04 PM  
**To:** Browne, Jim <Jim.Browne@ahca.myflorida.com>  
**Subject:** SB170 and FNHURS Participation

Hi Jim –

I'm working on my analysis for SB 170 *Quality of Care in Nursing Homes* and I have a slightly stale statistic that I hope you can update for me relatively quickly.

The Health Policy analysis included this line: "As of November 13, 2024, at least 488 of the 696 nursing homes had submitted [FNHURS data] to the HACA." With a number of nursing homes having a fiscal year ending December 31<sup>st</sup>, I would expect that number to be higher now.

Can you tell me how many of the 696 licensed nursing homes have now submitted FNHURS data?

Thank you,

**Cynthia Barr**  
Florida Senate  
Chief Legislative Analyst  
Appropriations Committee on Health and Human Services  
850-487-5457





## Barr, Cynthia

---

**From:** Browne, Jim <Jim.Browne@ahca.myflorida.com>  
**Sent:** Tuesday, February 25, 2025 1:18 PM  
**To:** Barr, Cynthia  
**Cc:** McKnight, Brooke  
**Subject:** Senate Nursing Home Quality Components Follow-Up

**Categories:** 2025, Interim

Hello Cynthia,

Good talking with you earlier. I believe this may be some follow-up on our nursing home meeting on January 30. There was a question regarding Nursing Home Quality Components. Please see the following:

### **Quality Incentive Add-On Payment to Nursing Home Rates**

Nursing home providers submit quality data directly to CMS and the Agency uses this information to rank all providers by 16 quality measures. For each measure, points are awarded based on performance in relation to other Florida Medicaid nursing home providers. Once all scores have been calculated a “lower limit” is determined for each metric, with the lower limit being set at the 20<sup>th</sup> percentile of total scores of all facilities statewide. The 20<sup>th</sup> percentile is the threshold for receiving add-on incentive payments, with higher scores resulting in greater add-on payments built in to each facility’s annual rate. By statute, Quality Incentive Program Payment Pool is set at 10% of non-property expenses (from 2016) and ultimately the add-on portion of the facility rates represents about 9% of the total reimbursement. In FFY 23/24 the incentive pool totaled \$316M, with 534 out of 655 providers receiving a Quality Incentive Add-On to their rate.

### **New Providers and Existing Providers with Unreported Data**

After a change of ownership, the quality incentive scores are calculated using the most recent data for the facility, including data submitted by the previous owner. By the State Plan, all new facilities are assigned quality scores at the 50th percentile of all providers participating in the Prospective Payment System. If a provider has unreported or outdated data they are also considered a “new” facility and will be assigned 50th percentile quality scores for all metrics. If any of the following data is unavailable, a facility would qualify as a new provider:

- A recent cost report for the facility’s previous fiscal year, submitted before April 30 leading up to the rating period
- CMS Staffing Payroll Based Journal (PBJ) as of May 31 leading up to the rating period
- Star Rating data from the Nursing Home Compare dataset provided by CMS as of May 31 leading up to the rating period
- Four-quarter average score from the most recently available MDS Quality Measures from the Nursing Home Compare as of May 31 leading up to the rating period

### **Potential Change to Quality Score Assignment for New Facilities**

Facilities lacking data are assigned the average quality score for all metrics, and a corresponding add-on payment is built into their yearly rate which could be higher than if they were being scored. This methodology may reward providers that don’t submit required quality data to CMS

and could incentivize providers to withhold data that could adversely impact their quality incentive score. As well, by rewarding lower performing providers with higher payments, a portion of incentive pool funds are drawn at the expense of higher performing facilities. It could be more appropriate to limit the duration that a new facility is assigned a median score without submitting data. An example of an alternative methodology would be assigning a new facility the average score for one rate cycle absent adequate data, and assigning the lower limit score for subsequent cycles until data is made available.

Respectfully,



**Jim Browne** – Legislative Affairs Director

---

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## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Health Policy, *Chair*  
Judiciary, *Vice Chair*  
*Agriculture*  
*Appropriations Committee on Agriculture, Environment,*  
*and General Government*  
*Appropriations Committee on Health*  
*and Human Services*  
Banking and Insurance  
Fiscal Policy  
Rules

### SENATOR COLLEEN BURTON

12th District

March 10, 2025

The Honorable Jay Trumbull  
415 Senate Office Building  
404 South Monroe Street  
Tallahassee, FL 32399

Chair Trumbull,

I respectfully request SB 170 : Quality of Care in Nursing Homes be placed on the Appropriations Committee on Health and Human Services agenda at your earliest convenience.

Thank you for your consideration.

Regards,

A handwritten signature in blue ink that reads "Colleen Burton".

Colleen Burton  
State Senator, District 12

CC: Brooke McKnight; Staff Director  
Robin Jackson, Committee Administrative Assistant

#### REPLY TO:

- 1375 Havendale Blvd., NW Winter Haven, Florida 33881 (863) 413-1529
- 408 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5012

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**Ben Albritton**  
President of the Senate

**Jason Brodeur**  
President Pro Tempore

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

3/26/25

Meeting Date

SB 170

Bill Number or Topic

Approps HHS

Committee

Amendment Barcode (if applicable)

Name

Tom Parker

Phone

850 224 3907

Address

307 W Park Ave

Street

Email

tparker@FHCA-erg

Tallahassee

City

FL

State

32301

Zip

Speaking:  For  Against  Information

OR

Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Health Care Association

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf](#) [flsenate.gov](#)

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

The Florida Senate

# APPEARANCE RECORD

03/26/25

Meeting Date

SB 170

Bill Number or Topic

Appr. Health & Human Services

Committee

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Edda. Ivonne Fernandez - AARP

Phone 954-850-7262

Address 215 S Monroe Street  
Street

Email ifernandez@aarp.org

Tallahassee  
City

Florida  
State

32301  
Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

**AARP**

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

*While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf ifsenate.gov](#)*

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

S-001 (08/10/2021)

**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.)

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

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**BILL:** CS/SB 738

**INTRODUCER:** Children, Families, and Elder Affairs Committee and Senator Burton

**SUBJECT:** Child Care and Early Learning Providers

**DATE:** March 25, 2025      **REVISED:** \_\_\_\_\_

|    | ANALYST      | STAFF DIRECTOR   | REFERENCE  | ACTION           |
|----|--------------|------------------|------------|------------------|
| 1. | <u>Rao</u>   | <u>Tuszynski</u> | <u>CF</u>  | <b>Fav/CS</b>    |
| 2. | <u>Sneed</u> | <u>McKnight</u>  | <u>AHS</u> | <b>Favorable</b> |
| 3. | _____        | _____            | <u>FP</u>  | _____            |

---

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

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**I. Summary:**

CS/SB 738 directs the Department of Children and Families (DCF) to create minimum standards for the licensure of child care facilities and revises several requirements. Specifically, the bill:

- Directs the DCF to codify classification levels for violations relating to the health and safety of a child.
- Provides for a 45-day provisional-hire status upon a delayed background screening of child care personnel.
- Adjusts training requirements relating to the introductory course child care personnel must take and cardiopulmonary resuscitation training.
- Limits periodic health examinations to child care facility drivers.
- Removes language that requires facilities to provide parents with pagers or beepers during drop-in child care.
- Removes the requirement for child care facilities to provide parents with information about the influenza virus and the dangers of a distracted adult leaving a child in a vehicle.
- Removes the requirement for child care facilities to develop a program to assist in preventing and avoiding physical and mental abuse.
- Removes the requirement for the DCF to develop standards for specialized child care facilities for the care of mildly ill children.

The bill allows child care facilities, family day care homes, and large family child care homes to receive abbreviated inspections, upon meeting certain conditions.

The bill requires the county commissions of those counties that elect to license their own child care facilities to annually affirm this decision through a majority vote to designate a local licensing agency.

The bill exempts preschools from special assessments levied by municipalities. Further, the bill provides an exemption from licensing, except for the screening of personnel, for a child care facility that solely provides child care to certain eligible children.

The bill exempts from licensure child care facilities and family day care homes certified as a child care facility by the U.S. Department of Defense or the U.S. Coast Guard.

The bill has an indeterminate, but significant negative fiscal impact on state and local government revenues and expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2025.

## II. Present Situation:

The present situation is presented in Section III under the Effect of Proposed Changes.

## III. Effect of Proposed Changes:

### Child Care Program Licensure

The Florida Department of Children and Families (DCF) provides licensing requirements for child care programs in the state.<sup>1</sup> The program is accountable for the statewide licensure of Florida's child care facilities<sup>2</sup>, specialized child care facilities for the care of mildly ill children<sup>3</sup>, large family child care homes<sup>4</sup> and licensure or registration of family day care homes.<sup>5</sup> The purpose of the program is to ensure a healthy and safe environment for the children in child care

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<sup>1</sup> Florida Department of Children and Families, *About Child Care Licensure*, available at:

<https://www.myflfamilies.com/services/child-family/child-care/about-child-care-licensure#:~:text=The%20program%20is%20accountable%20for%20the%20statewide%20licensure,licensure%20or%20registration%20of%20family%20day%20care%20homes>. (last visited 3/4/25).

<sup>2</sup> Section 402.302(2), F.S. defines a "child care facility" as any child care center or child care arrangement which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated, and whether or not operated for profit. Certain entities are excluded from the definition of a child care facility. *See* Section 402.302(2), F.S.

<sup>3</sup> The term "Specialized Child Care Facilities for the Care for Mildly Ill Children" refers to a child care facility that provides child care for more than five mildly ill children unrelated to the operator, and receives a payment, fee, or grant for any of the children receiving care. Specialized child care facilities may provide care for mildly ill children in a facility specialized for this purpose or as a component of other child care services offered in a distinct and separate part of a regularly licensed child care facility. *See* 65C-25.001, F.A.C.

<sup>4</sup> A "large family child care home" must have operated as a licensed family day care home for 2 years, with an operator who has had a child development associate credential or its equivalent for 1 year, before seeking licensure as a large family child care home. *See* Section 402.302(11), F.S.

<sup>5</sup> A "family day care home" regularly provides child care for children from at least two unrelated families and receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit. Family day care homes are restricted in the number of children it can provide child care to, based on the ages of the group of children in the family day care home. *See* Section 402.302(8), F.S.

settings and to improve the quality of their care. The DCF ensures that licensing requirements are met through on-going inspections of child care facilities and homes.<sup>6</sup>

**Local Licensing Agencies**

*Present Situation*

Florida law allows any county whose licensing standards meet or exceed the state minimum standards to designate a local licensing agency to license child care facilities, rather than the DCF licensure.<sup>7</sup> Counties that do not choose to administer their own child care licensing programs are licensed by the DCF.<sup>8</sup> Currently, the DCF child care licensing staff are responsible for the inspection and licensure of child care facilities and homes in 63 out of 67 counties.<sup>9</sup> Local licensing agencies regulate child care programs in the following four counties: Broward, Palm Beach, Pinellas, and Sarasota.<sup>10</sup>

The following table displays the number of providers the DCF and local licensing agencies regulate:<sup>11</sup>

| <b>Statewide Child Care Facility Licensure<br/>as of January 2025</b> |              |                               |                  |
|---|--------------|-------------------------------|------------------|
|   | <b>DCF</b>   | <b>Local Licensing Agency</b> | <b>Statewide</b> |
| Facilities  | 7,697        | 1,820                         | 9,517            |
| Family Day Care Homes   | 1,601        | 433                           | 2,034            |
| Large Family Child Care Homes   | 330          | 78                            | 408              |
| Mildly Ill Facilities   | 1            | 0                             | 1                |
| <b>Total</b>  | <b>9,629</b> | <b>2,331</b>                  | <b>11,960</b>    |

*Effect of the Proposed Language*

The bill amends s. 402.306, F.S., to require a county commission that has designated a local licensing agency to annually affirm that designation by majority vote.

<sup>6</sup> A “family day care home” regularly provides child care for children from at least two unrelated families and receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit. Family day care homes are restricted in the number of children it can provide child care to, based on the ages of the group of children in the family day care home. See Section 402.302(8), F.S.

<sup>7</sup> Section 402.306, F.S.

<sup>8</sup> Florida Department of Children and Families, *About Child Care Licensure*, available at: <https://www.myflfamilies.com/services/child-family/child-care/about-child-care-licensure#:~:text=The%20program%20is%20accountable%20for%20the%20statewide%20licensure,licensure%20or%20regi%20of%20family%20day%20care%20homes>. (last visited 3/4/25).

<sup>9</sup> Florida Department of Children and Families, *About Child Care Licensure*, available at: <https://www.myflfamilies.com/services/child-family/child-care/about-child-care-licensure#:~:text=The%20program%20is%20accountable%20for%20the%20statewide%20licensure,licensure%20or%20regi%20of%20family%20day%20care%20homes>. (last visited 3/4/25).

<sup>10</sup> Florida Department of Children and Families, *Senate Bill 738 Agency Analysis*, p. 2 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

<sup>11</sup> *Id.*, p. 3.



## State Minimum Standards for Child Care Facilities

### *Present Situation*

Current law requires minimum standards for child care personnel that include minimum requirements as to:<sup>12</sup>

- Good moral character based on level 2 background screening.
- Fingerprint submission.
- Exemptions from disqualification from working with children or the developmentally disabled.
- Minimum age requirements.
- Minimum training requirements. Periodic health examinations.
- Credentials for child care facility directors.

### Background Screening

The DCF establishes minimum standards for child care personnel that include minimum requirements for good moral character based upon background screening.<sup>13</sup> This screening must be conducted using the level 2 standards for screening which include employment history checks, a search of criminal history records, sexual predator and sexual offender registries, and the child abuse and neglect registry of any state in which the current or prospective child care personnel resided during the preceding five years.<sup>14</sup>

A level 2 background screening is a multi-agency effort and includes the Florida Department of Law Enforcement and the Federal Bureau of Investigation.<sup>15</sup> While background screenings typically take a few business days, the request for additional out-of-state documents, incomplete information, or variations in agency processing times may delay the process of the background screening and delay employment of child care personnel.<sup>16</sup>

### Training

The DCF also establishes minimum training requirements for child care personnel. The DCF has adopted the Child Care Facility Handbook to describe these requirements in detail.<sup>17</sup> Child care personnel must successfully complete 40 hours of child care training and pass competency examinations offered by the DCF.<sup>18</sup> This training must commence within 90 days of employment, and be completed within one year after the date on which the training began.<sup>19</sup> The training courses cover the following topic areas:<sup>20</sup>

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<sup>12</sup> Section 402.305, F.S.

<sup>13</sup> Section 402.302(15), F.S.

<sup>14</sup> Section 402.305(2), F.S.

<sup>15</sup> Upon the initiation of a background screening, fingerprints are sent to the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigations (FBI). Results from FDLE and the FBI are typically available within 24 to 48 hours; however, FDLE standards require results within 72 hours. See Florida Department of Children and Families, *Senate Bill 738 Analysis*, p. 6 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

<sup>16</sup> *Id.*

<sup>17</sup> Florida Department of Children and Families, *Child Care Facility Handbook, October 2021*, available at: [https://www.myflfamilies.com/sites/default/files/2022-12/FacilityHandbook\\_0.pdf](https://www.myflfamilies.com/sites/default/files/2022-12/FacilityHandbook_0.pdf) (last visited 3/5/25).

<sup>18</sup> *Id.*

<sup>19</sup> Section 402.305(2), F.S.

<sup>20</sup> Section 402.305(2), F.S.

- State and local rules and regulations which govern child care.
- Health, safety, and nutrition.
- Identifying and reporting child abuse and neglect.
- Child development, including typical and atypical language, cognitive, motor, social, and self-help skills development.
- Observation of developmental behaviors, including using a checklist or other similar observation tools and techniques to determine the child's developmental age level.
- Specialized areas, including computer technology for professional and classroom use and early literacy and language development of children from birth to five years of age, as determined by the DCF, for owner-operators and child care personnel of a child care facility.
- Developmental disabilities, including autism spectrum disorder and Down syndrome, and early identification, use of available state and local resources, classroom integration, and positive behavioral supports for children with developmental disabilities.

### Minimum Licensing Standards

Florida law has extensive licensing requirements for child care facilities that address the health, sanitation, safety, and adequate physical surroundings for all children in child care; the health and nutrition of all children in child care; and the child development needs of all children in child care.<sup>21</sup>

### Sanitation and Safety

Current law includes minimum standards for sanitary and safety conditions that include cardiopulmonary resuscitation (CPR). At least one staff person trained in CPR must be present at all times the children are present.<sup>22</sup> There must be current documentation of course completion to be in compliance with Florida law.<sup>23</sup>

Additionally, minimum safety standards require a parent whose child is in drop-in child care to receive a communications system such as a pager or beeper to ensure the child can be immediately returned to the parent.<sup>24</sup>

### Information

Each year, child care facilities must provide parents of children enrolled in the facility detailed information regarding:<sup>25</sup>

- The causes, symptoms, and transmission of the influenza virus and the importance of immunizing their children.
- The potential for a distracted adult to fail to drop off a child at the facility and instead leave the child in the adult's vehicle upon arrival at the adult's destination.

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<sup>21</sup> Section 402.305(1), F.S.

<sup>22</sup> Section 402.305(7), F.S.

<sup>23</sup> *Id.*

<sup>24</sup> Drop-in child care refers to child care provided occasionally in a child care facility in a shopping mall or business establishment where a child is in care for no more than a 4-hour period and the parent remains on the premises of the shopping mall or business establishment at all times. *See* Section 402.302(6), F.S.

<sup>25</sup> Section 402.305(9), F.S.

Written Plans

Each child care facility is required to implement a written plan for the daily provision of varied activities and active and quiet play opportunities appropriate to the age of the child.<sup>26</sup>

Specialized Facilities for Mildly Ill Children

The DCF oversees and implements minimum standards for specialized child care facilities for the care of mildly ill children.<sup>27</sup> The term mildly ill children refers to children with short term illness or symptoms of an illness or disability, provided either as an exclusive service in a center specialized for this purpose, or as a component of other child care services offered in a regularly licensed child care facility.<sup>28</sup> The DCF requires child care facilities to have one licensed health caregiver, at a minimum, that physically assesses the child; provides ongoing daily oversight; makes decisions on the exclusion of an ineligible child; and be present at the facility at all times during the hours of operation.<sup>29</sup>

Violations

If a child care facility is in noncompliance with licensing standards, Florida law allows the DCF to administer disciplinary sanctions for violations.<sup>30</sup> The DCF utilizes three classification levels for violations of licensing standards.<sup>31</sup>

- Class 1 violations are the most serious in nature, pose an imminent threat to a child include abuse or neglect and which could or does result in death or serious harm to the health, safety, and well-being of a child.
- Class 2 violations are less serious in nature than Class 1 violations and could be anticipated to pose a threat to the health, safety, or well-being of a child, although the threat is not imminent.
- Class 3 violations are less serious in nature than Class 1 or Class 2 violations and pose a low potential for harm to children.

The following table shows the number of violations recorded in Fiscal Year 2023-24.<sup>32</sup>

| Violations in Fiscal Year 2023-24 |                      |
|-----------------------------------|----------------------|
| Classification                    | Number of Violations |
| Class 1                           | 145                  |
| Class 2                           | 3,908                |
| Class 3                           | 12,352               |
| Total                             | 16,405               |

<sup>26</sup> Section 402.305(13), F.S.

<sup>27</sup> Section 402.305(17), F.S.

<sup>28</sup> Florida Department of Children and Families, *Senate Bill 738 Analysis*, p. 6 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

<sup>29</sup> 65C-25.002, F.A.C.

<sup>30</sup> Section 402.310, F.S.

<sup>31</sup> Florida Department of Children and Families, *Senate Bill 738 Analysis*, p. 3 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

<sup>32</sup> *Id.*

A majority (75%) of the violations recorded in FY 2023-24 were classified as Class 3 violations. Specifically, 803 programs accumulated over five Class 3 violations during the fiscal year.<sup>33</sup>

### *Effect of Proposed Changes*

The bill amends s. 402.305, F.S., to modify the minimum licensing standards child care facilities must follow. Specifically, the bill:

- Allows the Department of Children and Families (DCF) to create up to three classification levels of violations of licensing standards that relate to the health and safety of a child. The bill clarifies a class three violation as the least serious in nature and must be the same incident of noncompliance that occurs at least three times within a two year period.
- Requires the DCF to complete the background screening for child care personnel and provide the results to the child care facility within three business days from the receipt of the criminal history records check.
  - Upon failure to do so, the bill requires the DCF to issue the current or prospective child care personnel a 45-day provisional-hire status while all information is being requested and the DCF is awaiting results, unless the DCF believes a disqualifying factor may exist.
  - During the 45-day period, the current or prospective child care personnel must be under the direct supervision of a screened and trained staff member when in contact with children.
- Requires the 40-clock-hour introductory course in child care that must be taken by child care personnel to cover specified topics areas.
- Removes the requirement for the introductory course in child care to stress an interdisciplinary approach to the study of children.
- Limits periodic health examinations to child care facility drivers.
- Requires that the required training in cardiopulmonary resuscitation (CPR) must be in-person training.
- Removes language that requires facilities that provide drop-in child care to provide pagers or beepers to parents.
- Removes the requirement for child care facilities to provide parents with information about the influenza virus and the influenza vaccine during the months of August and September.
- Removes the requirement for child care facilities to provide parents with information on the dangers of a distracted adult leaving a child in a vehicle, and resources for avoiding this occurrence, during the months of April and September.
- Removes the requirement for a program to be implemented periodically by a child care facility to assist in preventing and avoiding physical and mental abuse.
- Removes a requirement for the DCF in conjunction with the Department of Health to develop standards for specialized child care facilities for the care of mildly ill children.

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<sup>33</sup> Florida Department of Children and Families, *Senate Bill 738 Analysis*, p. 3 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

## Child Care Personnel Training and Testing

### *Present Situation*

#### Coursework Requirements

Child care personnel must complete specific mandatory introductory training. Training requirements and time frames for training completions vary for the different types of providers. Provider types subject to mandatory training include:

- Child Care Facilities: 40 hours introductory training as shown through passing competency exams. The individual must start training within 90 days after employment and complete within 15 months.
- Family Day Care Homes: 30 hours introductory training as shown through passing competency exams for operators and substitutes working 40 hours or more per month. Must be completed prior to licensure.
- Large Family Child Care Homes: 30 hours of introductory training as shown through passing competency exams for operators. Must be completed prior to licensure.
- Registered Family Day Care Homes: 30 hours introductory training as shown by proof of completion. It must be completed prior to registration.

Mandatory training courses are currently offered online and in-person. Employees are responsible for payment. Each online course costs \$10.00, while instructor-led courses typically range from \$1.00 to \$10.00 per instructional-hour.

The completion of mandatory training is shown through passing competency exams for each course taken. The Department contracts with 13 Training Coordinating Agencies (TCAs) to administer and coordinate in-person courses and exams throughout the state’s 67 counties. The training fee is paid through the Department’s training system and passed through to the appropriate TCA. In addition to the training fees, TCAs are paid through Department contracts to support the cost of administration of training and examinations. The combined annual total of the 13 TCA contracts is \$838,062.00. TCAs are located at some state colleges/universities, within some county school districts, or are private providers:

| <b>Provider</b>                               | <b>Annual Contract Amount</b> |
|---|-------------------------------|
| Early Education and Care, Inc.                | \$134,956.50                  |
| Florida State College at Jacksonville         | \$27,500.00                   |
| Daytona State College                         | \$89,448.50                   |
| Community Coordinated Care for Children, Inc. | \$37,686.00                   |
| Child Care of Southwest Florida               | \$39,794.00                   |
| Palm Beach State College                      | \$61,683.00                   |
| Nova Southeastern University                  | \$65,239.00                   |
| Miami Dade College                            | \$99,115.00                   |
| Childhood Development Services, Inc.          | \$38,725.00                   |
| Polk State College                            | \$52,249.00                   |

|                                  |                     |
|----------------------------------|---------------------|
| Indian River State College       | \$42,410.00         |
| Hillsborough County School Board | \$80,891.00         |
| Pinellas County School Board     | \$68,365.00         |
| <b>Total</b>                     | <b>\$838,062.00</b> |

TCAs are responsible for entering and maintaining data in the Child Care Training Application (CCTA) relating to child care training courses and exams, maintaining all pertinent documentation related to their contracts and ensuring proper registration for student coursework. Each exam costs \$1.00 per training hour of the corresponding course; the student is responsible for paying the cost of the coursework, although some employers may pay or reimburse this cost. In FY 2023-24, TCAs collected \$3,038,070 in coursework fees from child care personnel seeking certification.

The DCF currently coordinates with 13 Training Coordinating Agencies (TCAs) to administer and coordinate in-person coursework and in-person exams. The total amount of the 13 TCA contracts is \$838,062 and the breakdown of these contracts is listed in the analysis. In addition to the funding the TCAs receive through their contract, they also receive \$1 per hour for online coursework. They also charge fees for the exams. The bill requires that the online coursework now be free.

The DCF anticipates that if the TCAs can no longer collect this money, the TCAs will need more funding from DCF to offset this loss. The TCA contracts are currently in the process of being renewed for an execution date of July 1, 2025.

Child Care Personnel Exam

Currently the only option for the competency exams is in person. The TCAs are responsible for scheduling and administering these in-person exams.

*Effect of Proposed Changes*

The bill amends s. 402.305, F.S. to require the DCF to provide online training coursework and testing at no cost to child care personnel. Additionally, the bill will now require that the DCF offer online exams.

**Abbreviated Inspections for Child Care Facilities**

*Present Situation*

The DCF and local licensing agencies are tasked with eliminating duplicative and unnecessary inspections of child care facilities.<sup>34</sup>

Child care facilities that have had no Class 1 or Class 2 deficiencies for at least two consecutive years are eligible to receive an abbreviated inspection, rather than a full routine inspection.<sup>35</sup>

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<sup>34</sup> Section 402.3115, F.S.

<sup>35</sup> Section 402.3115, F.S.; and Florida Department of Children and Families, *Senate Bill 738 Analysis*, p. 6 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

Abbreviated inspections include elements identified by the DCF and local licensing agency that ensure a child care facility continues to provide quality care and programming.<sup>36</sup>

In 2022, the DCF expanded the providers eligible for abbreviated inspections to include family day care homes and large family child care homes that meet the following criteria:<sup>37</sup>

- Have been licensed for at least two consecutive years.
- Have had no Class 1 or Class 2 violations for at least two consecutive years.
- Have received at least two full onsite renewals in the most recent two years.
- Have no current uncorrected violations.
- Have no open regulatory or active child protective services investigations.

The following table shows the number of inspections that were abbreviated in Fiscal Year 2023-24.<sup>38</sup>

| <b>Abbreviated Inspections of Child Care Facilities FY 2023-24</b> |        |
|--|--------|
| Total Inspections Statewide  | 33,717 |
| Abbreviated Inspections  | 2,044  |

***Effect of Proposed Changes***

The bill amends s. 402.3115, F.S., to allow child care facilities, family day care homes, and large family child care homes to receive an abbreviated inspection upon meeting all of the following conditions:

- Have been licensed for at least two consecutive years.
- Have not had a Class 1 deficiency for at least two consecutive years.
- Have not had more than three of the same Class 2 deficiencies for at least two consecutive years.
- Have received at least two full onsite renewal inspections in the most recent two years.
- Do not have any current uncorrected violations.
- Do not have any open regulatory complaints or active child protective services investigations.

The bill removes local governmental agencies’ ability to identify elements included in the abbreviated inspection and leaves the responsibility solely to the DCF.

The bill requires the DCF to review and update the elements included in the abbreviated inspection every five years and revise the overall plan as necessary.

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<sup>36</sup> *Id.*

<sup>37</sup> Florida Department of Children and Families, *Senate Bill 738 Analysis*, p. 6 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

<sup>38</sup> *Id.*, p. 7.

## Child Care Licensure Exemptions

### *Present Situation*

Florida exempts child care facilities that are an integral part of a church or parochial school which is accredited by, or is a member of, an organization that publishes and requires compliance with its standards for health, safety, and sanitation from the child care licensure requirements.<sup>39</sup> However, child care facilities that are exempt from licensure must meet the child care personnel background screening requirements.<sup>40</sup> If the child care facility desires licensure by the DCF, the facility must notify the DCF to obtain a license.<sup>41</sup> Once licensed by the DCF, the facility cannot withdraw its licensure and continue to operate.<sup>42</sup>

Any county or city with state or local child care licensing programs that were in existence on July 1, 1974, are authorized to continue to license the child care facilities covered under such programs until and unless the licensing agency makes the determination to exempt the child care facility from licensure.<sup>43</sup>

The Department of Defense (DoD) provides military families with access to quality, affordable Child Development Programs (CDPs) with the intention of improving the efficiency and retention of servicemembers.<sup>44</sup> The DoD is the country's largest employer-sponsored child care program.<sup>45</sup>

CDPs provide access and referral to available and affordable quality programs and services that meet the basic needs of children from birth through 12 years of age, in a safe, healthy, and nurturing environment.<sup>46</sup>

The Department of Defense certifies four types of child care programs to provide care to children of military families.<sup>47</sup> The following table displays the programs the DoD provides.<sup>48</sup>

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<sup>39</sup> Section 402.316, F.S.

<sup>40</sup> *Id.*

<sup>41</sup> Section 402.316(3), F.S.

<sup>42</sup> *Id.*

<sup>43</sup> Section 402.316, F.S.

<sup>44</sup> Department of Defense, *Report to the Congressional Defense Committees on Department of Defense Child Development Programs 2020*, available at: <https://securefamiliesinitiative.org/wp-content/uploads/2021/04/Report-on-DoD-Child-Development-Programs-June-2020.pdf> (last visited 3/10/25).

<sup>45</sup> *Id.*

<sup>46</sup> DoDI6060.02

<sup>47</sup> Military OneSource, *Military Child Care Programs*, available at: <https://www.militaryonesource.mil/benefits/military-child-care-programs/> (last visited 3/10/25).

<sup>48</sup> DoDI6060.02, available at: <https://www.esd.whs.mil/portals/54/documents/dd/issuances/dodi/606002p.pdf> (last visited 3/10/25).



| <b>Department of Defense Sanctioned Child Care Programs</b> |  |
|---|--|
| Child Development Centers                                   | <p>Located on military installations to offer care for infants through preschool age children.</p> <p>Provides full-day and part-day care Monday-Friday during standard work hours.</p> <p>Varies in size.</p> <p>Has the DoD certification and accreditation from a national accrediting body such as the National Association for the Education of Young Children.</p>   |
| Family Child Care   | <p>Provides child care for infants through school-age children in their homes, either on or off a military installation.</p> <p>Offers a flexible schedule including full-day, part-day, and school year care, summer camp, hourly care, and in some cases, 24/7 and extended care.</p> <p>Limited to no more than six children under eight years of age, and no more than three children under two years of age.</p> <p>Certified by the military installation, but individual providers may voluntarily seek national accreditation.</p> |
| School-age Care   | <p>Provides care to children in kindergarten through sixth grade in DoD youth centers, child development centers, or other facilities.</p> <p>Provides care before and after school, during non-school days and summer vacations.</p> <p>DoD certified and accredited by a national accrediting body.</p>  |
| Supplemental Child Care                                     | <p>Provides short-term alternative child care options in settings located on and off military installations.</p>   |

There are over 460 child development centers nationwide.<sup>49</sup> In Federal Fiscal Year 2019, over 200,000 children were served in a child development program.<sup>50</sup>

Programs that provide child care must meet specific criteria to obtain a DoD Certificate to Operate.<sup>51</sup> The criteria included in the Certificate to Operate follow general programmatic areas

<sup>49</sup> Military Installations, *Programs and Services Contacts Child Development Centers*, available at:

<https://installations.militaryonesource.mil/search?program-service=29/view-by=ALL> (last visited 3/10/25).

<sup>50</sup> Department of Defense, *Report to the Congressional Defense Committees on Department of Defense Child Development Programs 2020*, available at: <https://securefamiliesinitiative.org/wp-content/uploads/2021/04/Report-on-DoD-Child-Development-Programs-June-2020.pdf> (last visited 3/10/25).

<sup>51</sup> Military Childcare, *Military-Operated Child Care Programs*, available at:

<https://public.militarychildcare.csd.disa.mil/mcc-central/mcchome/military-operated-child-care-programs> (last visited 3/10/25).

relating to logistics surrounding health, safety, and risk management, as well as programming criteria such as parental involvement.<sup>52</sup>

Federal law provides that each facility operated by the federal government that hires individuals to care for children under the age of 18 years must undergo a criminal background check.<sup>53</sup>

The background check must be<sup>54</sup>:

- Based on a set of the employee's fingerprints obtained by a law enforcement officer and on other identifying information;
- Conducted through the Identification Division of the Federal Bureau of Investigation and through the State criminal history repositories of all States that an employee or prospective employee lists as current and former residences in an employment application; and
- Initiated through the personnel programs of the applicable Federal agencies.

#### DoD Specific Child Care Background Screening Requirements

DoD requires all individuals who have regular contact with children under 18 years of age in a DoD-sanctioned child care services program must undergo a criminal history background check.<sup>55</sup> Additionally, individuals must undergo a reverification every 5 years.<sup>56</sup>

The DoD initiates a background check for individuals that generally include:

- FBI fingerprint check.
- Installation Records Check (IRC)
- Tier 1 investigation with Child Care Investigation for Non-Sensitive Positions.
- State Criminal History Repository (SCHR) Check.

#### Child Care Training Requirements

The DoD requires all newly hired CDP personnel and FCC providers to complete 40 hours of orientation that begins prior to working with children.<sup>57</sup> The orientation includes:

- Working with children of different ages, including developmentally appropriate activities and environmental observations.
- Age-appropriate guidance and discipline techniques.
- Applicable regulations, policies, and procedures.
- Child safety and fire prevention.
- Child abuse prevention, identification, and reporting.
- Parent and family relations.
- Health and sanitation procedures, including pediatric CPR and first aid.
- Safe infant sleep practices and Sudden Infant Death Syndrome prevention.

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<sup>52</sup> Military Childcare, *Military-Operated Child Care Programs*, available at: <https://public.militarychildcare.csd.disa.mil/mcc-central/mcchome/military-operated-child-care-programs> (last visited 3/10/25).

<sup>53</sup> 34 U.S.C. s. 20351

<sup>54</sup> 34 U.S.C. s. 20351

<sup>55</sup> DoDI6060.02, available at: <https://www.esd.whs.mil/portals/54/documents/dd/issuances/dodi/606002p.pdf> (last visited 3/10/25).

<sup>56</sup> *Id.*

<sup>57</sup> DoDI6060.02, available at: <https://www.esd.whs.mil/portals/54/documents/dd/issuances/dodi/606002p.pdf> (last visited 3/10/25).

- Nutrition, obesity prevention, and meal service.
- Working with children with special needs.
- Accountability and child supervision training.
- For FCC providers only, infant and child CPR and first aid must be completed prior to accepting children for care. Training shall be updated as necessary to maintain current certifications.
- For FCC providers only, training in business operations.

### ***Effect of Proposed Language***

The bill amends s. 402.316, F.S., to provide an exemption from licensing, except for the screening of personnel, for a child care facility that solely provides child care to eligible children. The bill utilizes the same definition of eligible child that is used in s. 402.261, F.S., which refers to the child or grandchild of an employee of a taxpayer, if such employee is the child's or grandchild's caregiver.

The bill also exempts from licensure a child care facility or a family day care home that is authorized by the Department of Defense (DoD) or U.S. Coast Guard to provide child care services and has completed background screening by the DoD and received a favorable suitability and fitness determination. The exemption does not extend to a child care facility or family day care home that elects to serve children not eligible for care under the DoD Instruction 6060.02.

The bill gives the Department of Children and Families (DCF) and local licensing agencies rulemaking authority to administer provisions relating to child care licensure exemptions, including, but not limited to, assessments of previous licensure history.

### **Special Assessments**

#### ***Present Situation***

There are 67 county governments<sup>58</sup> and over 400 municipal governments<sup>59</sup> in the state of Florida. Municipalities levy and collect special assessments to fund capital improvements and municipal services including, but not limited to, fire protection, emergency medical services, garbage disposal, sewer improvement, street improvement, and parking facilities.<sup>60</sup> Small municipalities with a population of fewer than 100 persons may use special assessments to fund special security and crime prevention services and facilities.<sup>61</sup>

Florida law exempts certain properties from special assessments levied by municipalities. Currently, the following entities are exempt from special assessments:<sup>62</sup>

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<sup>58</sup> Florida Department of State, *County Governments*, available at: <https://dos.fl.gov/library-archives/research/florida-information/government/local-resources/fl-counties/> (last visited 3/4/25).

<sup>59</sup> Florida Department of State, *Florida Cities*, available at: <https://dos.fl.gov/library-archives/research/florida-information/government/local-resources/fl-cities/> (last visited 3/4/25).

<sup>60</sup> Section 170.201(1), F.S.

<sup>61</sup> *Id.*

<sup>62</sup> Section 170.201(2), F.S.

- Property owned or occupied by a religious institution and used as a place of worship or education;
- Property owned or occupied by a public or private elementary, middle, or high school; or
- Property owned or occupied by a governmentally financed, insured, or subsidized housing facility that is used primarily for persons who are elderly or disabled.

As of 2023, there were over 8,500 licensed preschools in Florida.<sup>63</sup>

### *Effect of Proposed Changes*

The bill amends s. 170.201, F.S., to include properties owned or occupied by a preschool to be included in the exemption from special assessments levied by local governments and municipalities.

The bill defines a preschool as a child care facility licensed under s. 402.305, F.S.

### *Other*

The bill updates cross references and makes other conforming changes to align statute with the substantive changes of the language.

The bill provides an effective date of July 1, 2025.

## **IV. Constitutional Issues:**

### **A. Municipality/County Mandates Restrictions:**

Article VII, s. 18(b) of the Florida Constitution provides that, except upon the approval of each house of the Legislature by a two-thirds vote of the membership, the Legislature may not enact, amend, or repeal any general law if the anticipated effect of doing so would be to reduce the authority that municipalities or counties have to raise revenue in the aggregate, as such authority existed on February 1, 1989. However, the mandates requirements do not apply to laws having an insignificant impact,<sup>64</sup> which is \$2.3 million or less for Fiscal Year 2025-2026.<sup>65</sup>

The bill, in part, limits the authority to collect special assessments on preschools. The Revenue Estimating Conference determined that this provision in a previous version of this bill [SB 820 (2024)] would reduce the authority of local governments to raise revenue by \$4.4 million in Fiscal Year 2024-2025 and adjusted to \$4.5 million for Fiscal

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<sup>63</sup> Department of Children and Families, *Child Care Provider List 11-1-2024*, available at: <https://www.myflfamilies.com/sites/default/files/2023-11/Public%20-%202023-11-1%20-%20Statewide.pdf> (last visited 3/4/25).

<sup>64</sup> FLA. CONST. art. VII, s. 18(d). An insignificant fiscal impact is the amount not greater than the average statewide population for the applicable fiscal year multiplied by \$0.10. See Florida Senate Committee on Community Affairs, *Interim Report 2012-115: Insignificant Impact*, (September 2011), available at <http://www.flsenate.gov/PublishedContent/Session/2012/InterimReports/2012-115ca.pdf> (last visited March 8, 2025).

<sup>65</sup> Based on the Demographic Estimating Conference's estimated population adopted on April 1, 2024; Florida Population Estimates by County and Municipality Estimate, available at: [https://edr.state.fl.us/Content/population-demographics/data/2024\\_Pop\\_Estimates.pdf](https://edr.state.fl.us/Content/population-demographics/data/2024_Pop_Estimates.pdf) (last visited March 8, 2025).

Year 2025-2026. Therefore, this bill may be a mandate requiring a two-thirds vote of the membership of each house of the Legislature for approval.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. State Tax or Fee Increases:**

Not applicable. The bill does not impose or raise a state tax or fee which would be subject to the provisions of Article VII, s. 19 of the Florida Constitution.

**E. Other Constitutional Issues:**

None Identified.

**V. Fiscal Impact Statement:**

**A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

The bill will have a negative indeterminate impact on local government as the bill reduces the ability of local governments to levy special assessments on preschools. The Revenue Estimating Conference determined that this provision in a previous version of this bill [SB 820 (2024)] would reduce the authority of local governments to raise revenue by \$4.5 million for Fiscal Year 2025-2026. The Revenue Estimating Conference has not yet reviewed the fiscal impact of CS/SB 738, therefore the fiscal impact to local government is potentially significant.<sup>66</sup>

**C. Government Sector Impact:**

The bill will have a significant negative indeterminate fiscal impact on state government. The bill requires the Department of Children and Families (DCF) to provide online training coursework to child care personnel at no cost to the student. The DCF currently contracts with 13 training coordinating agencies (TCA) to administer and coordinate in-person courses and exams. Currently, TCAs receive training fees paid by child care personnel and through DCF contracts. TCAs received over \$3 million in Fiscal Year 2023-2024 from child care personnel for online coursework and \$838,062 through the

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<sup>66</sup> Email from Steve Gross, Legislative Analyst, Senate Committee on Finance and Tax, to Diane Sneed, Legislative Analyst, Senate Appropriations Committee on Health and Human Services (Mar. 19, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

DCF contracts. If the TCAs no longer charge child care personnel for the courses, the cost of the contracts that the DCF has with the TCAs could significantly increase.<sup>67</sup> The bill also requires the DCF to offer competency exams for child care personnel online. The DCF estimates that moving to an online exam will have a significant negative indeterminate fiscal impact on the agency due to the significant cost associated with the development, procurement and administration of testing. Unless the cost is passed on to the employee, the DCF would be unable to absorb the cost through existing resources.<sup>68</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 170.201, 402.305, 402.306, 402.3115, 402.316, and 1002.59.

**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

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

**CS by Children, Families, and Elder Affairs on March 12, 2025:**

- Amends technical language.
- Requires the DCF to provide background screening results to child care facilities within three business days upon receipt of the criminal history record check.
- Requires the DCF and local licensing agencies to develop and implement abbreviated inspections for family day care homes and large family child care homes.
- Removes amendments to s. 627.70161, F.S., which prevented large family child care homes from experiencing cancelation, denial, or nonrenewal of residential property insurance solely on the basis of the services provided at the residence.
- Exempts from licensure child care facilities and family day care homes that are authorized by the U.S. Department of Defense or the U.S. Coast Guard and have completed proper background screenings and receive favorable suitability and fitness determinations.
- Authorizes the DCF and local licensing agencies to adopt rules to administer provisions relating to child care licensure exemptions, including, but not limited to, assessments of previous licensure history.

<sup>67</sup> Florida Department of Children and Families, *CS for Senate Bill 738 Analysis*, p. 6 (Mar. 10, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

<sup>68</sup> Florida Department of Children and Families, *CS for Senate Bill 738 Analysis*, p. 6 (Mar. 10, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

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.

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

586-02324-25

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1 A bill to be entitled  
2 An act relating to child care and early learning  
3 providers; amending s. 170.201, F.S.; exempting public  
4 and private preschools from specified special  
5 assessments levied by a municipality; defining the  
6 term "preschool"; amending s. 402.305, F.S.; revising  
7 licensing standards for all licensed child care  
8 facilities and minimum standards and training  
9 requirements for child care personnel; requiring the  
10 Department of Children and Families to conduct  
11 specified screenings of child care personnel within a  
12 specified timeframe and issue provisional approval of  
13 such personnel under certain conditions; providing an  
14 exception; revising minimum standards for sanitation  
15 and safety of child care facilities; making technical  
16 changes; deleting provisions relating to educating  
17 parents and children about specified topics; deleting  
18 provisions relating to specialized child care  
19 facilities for the care of mildly ill children;  
20 amending s. 402.306, F.S.; requiring a county  
21 commission to affirm annually certain decisions;  
22 amending s. 402.3115, F.S.; expanding the types of  
23 providers to be considered when developing and  
24 implementing a plan to eliminate duplicative and  
25 unnecessary inspections; revising requirements for an  
26 abbreviated inspection plan for certain child care  
27 facilities, family day care homes, and large family  
28 child care homes; requiring the department to review  
29 and update certain elements included in such

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30 abbreviated inspections; requiring the department to  
31 revise the abbreviated inspection plan as necessary;  
32 amending s. 402.316, F.S.; providing that certain  
33 child care facilities and family day care homes are  
34 exempt from specified requirements; deleting a  
35 provision requiring a county or city with certain  
36 child care licensing programs in existence on a  
37 specified date to continue to license certain  
38 facilities under certain circumstances; authorizing  
39 certain exempt child care facilities to submit an  
40 application for licensure to the department or a local  
41 licensing agency; requiring the department and the  
42 local licensing agency to adopt rules; amending s.  
43 1002.59, F.S.; conforming a cross-reference; providing  
44 an effective date.

45  
46 Be It Enacted by the Legislature of the State of Florida:

47  
48 Section 1. Subsection (2) of section 170.201, Florida  
49 Statutes, is amended to read:

50 170.201 Special assessments.—

51 (2) Property owned or occupied by a religious institution  
52 and used as a place of worship or education; by a public or  
53 private preschool, elementary school, middle school, or high  
54 school; or by a governmentally financed, insured, or subsidized  
55 housing facility that is used primarily for persons who are  
56 elderly or disabled shall be exempt from any special assessment  
57 levied by a municipality to fund any service if the municipality  
58 so desires. As used in this subsection, the term "religious

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59 institution" means any church, synagogue, or other established  
60 physical place for worship at which nonprofit religious services  
61 and activities are regularly conducted and carried on and the  
62 term "governmentally financed, insured, or subsidized housing  
63 facility" means a facility that is financed by a mortgage loan  
64 made or insured by the United States Department of Housing and  
65 Urban Development under s. 8, s. 202, s. 221(d)(3) or (4), s.  
66 232, or s. 236 of the National Housing Act and is owned or  
67 operated by an entity that qualifies as an exempt charitable  
68 organization under s. 501(c)(3) of the Internal Revenue Code. As  
69 used in this subsection, the term "preschool" means any child  
70 care facility licensed under s. 402.305.

71 Section 2. Paragraphs (a) and (c) of subsection (1),  
72 paragraphs (a), (e), and (f) of subsection (2), paragraphs (a)  
73 and (c) of subsection (7), and subsections (9), (13), and (17)  
74 of section 402.305, Florida Statutes, are amended to read:

75 402.305 Licensing standards; child care facilities.—

76 (1) LICENSING STANDARDS.—The department shall establish  
77 licensing standards that each licensed child care facility must  
78 meet regardless of the origin or source of the fees used to  
79 operate the facility or the type of children served by the  
80 facility.

81 (a) The standards shall be designed to address ~~the~~  
82 ~~following areas:~~

83 ~~1. the health and nutrition, sanitation, safety,~~  
84 ~~developmental needs, and sanitary adequate physical conditions~~  
85 ~~surroundings for all children served by in child care~~  
86 ~~facilities.~~

87 ~~2. The health and nutrition of all children in child care.~~

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88 ~~3. The child development needs of all children in child~~  
89 ~~care.~~

90 (c) The minimum standards for child care facilities shall  
91 be adopted in the rules of the department and shall address the  
92 areas delineated in this section.

93 1. The department, in adopting rules to establish minimum  
94 standards for child care facilities, shall recognize that  
95 different age groups of children may require different  
96 standards.

97 2. The department may adopt different minimum standards for  
98 facilities that serve children in different age groups,  
99 including school-age children.

100 3. The department may create up to three classification  
101 levels for violations of licensing standards that directly  
102 relate to the health and safety of a child. A class three  
103 violation is the least serious in nature and must be the same  
104 incident of noncompliance that occurs at least three times  
105 within a 2-year period.

106 4. The department shall ~~also~~ adopt by rule a definition for  
107 child care which distinguishes between child care programs that  
108 require child care licensure and after-school programs that do  
109 not require licensure. Notwithstanding any other provision of  
110 law to the contrary, minimum child care licensing standards  
111 shall be developed to provide for reasonable, affordable, and  
112 safe before-school and after-school care. After-school programs  
113 that otherwise meet the criteria for exclusion from licensure  
114 may provide snacks and meals through the federal Afterschool  
115 Meal Program (AMP) administered by the Department of Health in  
116 accordance with federal regulations and standards. The

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117 Department of Health shall consider meals to be provided through  
 118 the AMP only if the program is actively participating in the  
 119 AMP, is in good standing with the department, and the meals meet  
 120 AMP requirements. Standards, at a minimum, shall allow for a  
 121 credentialed director to supervise multiple before-school and  
 122 after-school sites.

123 (2) PERSONNEL.—Minimum standards for child care personnel  
 124 shall include minimum requirements as to:

125 (a) Good moral character based upon screening as defined in  
 126 s. 402.302(15). This screening shall be conducted as provided in  
 127 chapter 435, using the level 2 standards for screening provided  
 128 ~~set forth~~ in that chapter, and include employment history  
 129 checks, a search of criminal history records, sexual predator  
 130 and sexual offender registries, and child abuse and neglect  
 131 registry of any state in which the current or prospective child  
 132 care personnel resided during the preceding 5 years. The  
 133 department shall complete the screening and provide the results  
 134 to the child care facility within 3 business days from the  
 135 receipt of the criminal history record check. If the department  
 136 is unable to complete the screening within 3 business days, the  
 137 department shall issue the current or prospective child care  
 138 personnel a 45-day provisional-hire status while all required  
 139 information is being requested and the department is awaiting  
 140 results unless the department has reason to believe a  
 141 disqualifying factor may exist. During the 45-day period, the  
 142 current or prospective child care personnel must be under the  
 143 direct supervision of a screened and trained staff member when  
 144 in contact with children.

145 (e) Minimum training requirements for child care personnel.

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146 1. Such minimum standards for training shall ensure that  
 147 all child care personnel take an approved 40-clock-hour  
 148 introductory course in child care, which course covers ~~at least~~  
 149 the following topic areas:

- 150 a. State and local rules and regulations which govern child
- 151 care.
- 152 b. Health, safety, and nutrition.
- 153 c. Identifying and reporting child abuse and neglect.
- 154 d. Child development, including typical and atypical
- 155 language, cognitive, motor, social, and self-help skills
- 156 development.
- 157 e. Observation of developmental behaviors, including using
- 158 a checklist or other similar observation tools and techniques to
- 159 determine the child's developmental age level.
- 160 f. Specialized areas, including computer technology for
- 161 professional and classroom use and early literacy and language
- 162 development of children from birth to 5 years of age, as
- 163 determined by the department, for owner-operators and child care
- 164 personnel of a child care facility.
- 165 g. Developmental disabilities, including autism spectrum
- 166 disorder and Down syndrome, and early identification, use of
- 167 available state and local resources, classroom integration, and
- 168 positive behavioral supports for children with developmental
- 169 disabilities.
- 170 h. Online training coursework, provided at no cost by the
- 171 department, to meet minimum training standards for child care
- 172 personnel.

173  
 174 Within 90 days after employment, child care personnel shall

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175 begin training to meet the training requirements. Child care  
 176 personnel shall successfully complete such training within 1  
 177 year after the date on which the training began, as evidenced by  
 178 passage of an in-person or online ~~a~~ competency examination.  
 179 Successful completion of the 40-clock-hour introductory course  
 180 shall articulate into community college credit in early  
 181 childhood education, pursuant to ss. 1007.24 and 1007.25.  
 182 Exemption from all or a portion of the required training shall  
 183 be granted to child care personnel based upon educational  
 184 credentials or passage of competency examinations. Child care  
 185 personnel possessing a 2-year degree or higher that includes 6  
 186 college credit hours in early childhood development or child  
 187 growth and development, or a child development associate  
 188 credential or an equivalent state-approved child development  
 189 associate credential, or a child development associate waiver  
 190 certificate shall be automatically exempted from the training  
 191 requirements in sub-subparagraphs b., d., and e.

192 ~~2. The introductory course in child care shall stress, to~~  
 193 ~~the extent possible, an interdisciplinary approach to the study~~  
 194 ~~of children.~~

195 ~~2.3-~~ The introductory course shall cover recognition and  
 196 prevention of shaken baby syndrome; prevention of sudden infant  
 197 death syndrome; recognition and care of infants and toddlers  
 198 with developmental disabilities, including autism spectrum  
 199 disorder and Down syndrome; and early childhood brain  
 200 development within the topic areas identified in this paragraph.

201 ~~3.4-~~ On an annual basis in order to further their child  
 202 care skills and, if appropriate, administrative skills, child  
 203 care personnel who have fulfilled the requirements for the child

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204 care training shall be required to take an additional 1  
 205 continuing education unit of approved inservice training, or 10  
 206 clock hours of equivalent training, as determined by the  
 207 department.

208 ~~4.5-~~ Child care personnel shall be required to complete 0.5  
 209 continuing education unit of approved training or 5 clock hours  
 210 of equivalent training, as determined by the department, in  
 211 early literacy and language development of children from birth  
 212 to 5 years of age one time. The year that this training is  
 213 completed, it shall fulfill the 0.5 continuing education unit or  
 214 5 clock hours of the annual training required in subparagraph 3.  
 215 ~~4-~~

216 ~~5.6-~~ Procedures for ensuring the training of qualified  
 217 child care professionals to provide training of child care  
 218 personnel, including onsite training, shall be included in the  
 219 minimum standards. It is recommended that the state community  
 220 child care coordination agencies (central agencies) be  
 221 contracted by the department to coordinate such training when  
 222 possible. Other district educational resources, such as  
 223 community colleges and career programs, can be designated in  
 224 such areas where central agencies may not exist or are  
 225 determined not to have the capability to meet the coordination  
 226 requirements set forth by the department.

227 ~~6.7-~~ Training requirements do ~~shall~~ not apply to certain  
 228 occasional or part-time support staff, including, but not  
 229 limited to, swimming instructors, piano teachers, dance  
 230 instructors, and gymnastics instructors.

231 ~~7.8-~~ The child care operator shall be required to take  
 232 basic training in serving children with disabilities within 5

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233 years after employment, either as a part of the introductory  
234 training or the annual 8 hours of inservice training.

235 (f) Periodic health examinations for child care facility  
236 drivers.

237 (7) SANITATION AND SAFETY.-

238 (a) Minimum standards must shall include requirements for  
239 sanitary and safety conditions, first aid treatment, emergency  
240 procedures, and pediatric cardiopulmonary resuscitation. The  
241 minimum standards must shall require that at least one staff  
242 person trained in person in cardiopulmonary resuscitation, as  
243 evidenced by current documentation of course completion, ~~must~~ be  
244 present at all times that children are present.

245 ~~(c) Some type of communications system, such as a pocket~~  
246 ~~pager or beeper, shall be provided to a parent whose child is in~~  
247 ~~drop-in child care to ensure the immediate return of the parent~~  
248 ~~to the child, if necessary.~~

249 (9) ADMISSIONS AND RECORDKEEPING.-

250 (a) Minimum standards must shall include requirements for  
251 preadmission and periodic health examinations, requirements for  
252 immunizations, and requirements for maintaining emergency  
253 information and health records on all children.

254 ~~(b) During the months of August and September of each year,~~  
255 ~~each child care facility shall provide parents of children~~  
256 ~~enrolled in the facility detailed information regarding the~~  
257 ~~causes, symptoms, and transmission of the influenza virus in an~~  
258 ~~effort to educate those parents regarding the importance of~~  
259 ~~immunizing their children against influenza as recommended by~~  
260 ~~the Advisory Committee on Immunization Practices of the Centers~~  
261 ~~for Disease Control and Prevention.~~

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262 ~~(c) During the months of April and September of each year,~~  
263 ~~at a minimum, each facility shall provide parents of children~~  
264 ~~enrolled in the facility information regarding the potential for~~  
265 ~~a distracted adult to fail to drop off a child at the facility~~  
266 ~~and instead leave the child in the adult's vehicle upon arrival~~  
267 ~~at the adult's destination. The child care facility shall also~~  
268 ~~give parents information about resources with suggestions to~~  
269 ~~avoid this occurrence. The department shall develop a flyer or~~  
270 ~~brochure with this information that shall be posted to the~~  
271 ~~department's website, which child care facilities may choose to~~  
272 ~~reproduce and provide to parents to satisfy the requirements of~~  
273 ~~this paragraph.~~

274 (b)(d) Because of the nature and duration of drop-in child  
275 care, requirements for preadmission and periodic health  
276 examinations and requirements for medically signed records of  
277 immunization required for child care facilities do shall not  
278 apply. A parent of a child in drop-in child care shall, however,  
279 be required to attest to the child's health condition and the  
280 type and current status of the child's immunizations.

281 (c)(e) Any child shall be exempt from medical or physical  
282 examination or medical or surgical treatment upon written  
283 request of the parent or guardian of such child who objects to  
284 the examination and treatment. However, the laws, rules, and  
285 regulations relating to contagious or communicable diseases and  
286 sanitary matters shall not be violated because of any exemption  
287 from or variation of the health and immunization minimum  
288 standards.

289 (13) PLAN OF ACTIVITIES.-Minimum standards shall ensure  
290 that each child care facility has and implements a written plan

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291 for the daily provision of varied activities and active and  
 292 quiet play opportunities appropriate to the age of the child.  
 293 ~~The written plan must include a program, to be implemented~~  
 294 ~~periodically for children of an appropriate age, which will~~  
 295 ~~assist the children in preventing and avoiding physical and~~  
 296 ~~mental abuse.~~

297 ~~(17) SPECIALIZED CHILD CARE FACILITIES FOR THE CARE OF~~  
 298 ~~MILDLY ILL CHILDREN. Minimum standards shall be developed by the~~  
 299 ~~department, in conjunction with the Department of Health, for~~  
 300 ~~specialized child care facilities for the care of mildly ill~~  
 301 ~~children. The minimum standards shall address the following~~  
 302 ~~areas: personnel requirements; staff to child ratios; staff~~  
 303 ~~training and credentials; health and safety; physical facility~~  
 304 ~~requirements, including square footage; client eligibility,~~  
 305 ~~including a definition of "mildly ill children"; sanitation and~~  
 306 ~~safety; admission and recordkeeping; dispensing of medication;~~  
 307 ~~and a schedule of activities.~~

308 Section 3. Subsection (1) of section 402.306, Florida  
 309 Statutes, is amended to read:

310 402.306 Designation of licensing agency; dissemination by  
 311 the department and local licensing agency of information on  
 312 child care.—

313 (1) (a) Any county whose licensing standards meet or exceed  
 314 state minimum standards may:

315 1.(a) Designate a local licensing agency to license child  
 316 care facilities in the county; or

317 2.(b) Contract with the department to delegate the  
 318 administration of state minimum standards in the county to the  
 319 department.

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320 (b) The decision to designate a local licensing agency  
 321 under subparagraph (a)1. must be annually affirmed by a majority  
 322 vote of the county commission.

323 Section 4. Section 402.3115, Florida Statutes, is amended  
 324 to read:

325 402.3115 Elimination of duplicative and unnecessary  
 326 inspections; abbreviated inspections.—

327 (1) The Department of Children and Families and local  
 328 governmental agencies that license child care facilities shall  
 329 develop and implement a plan to eliminate duplicative and  
 330 unnecessary inspections of child care facilities, family day  
 331 care homes, and large family child care homes.

332 (2) (a) ~~In addition,~~ The department and the local  
 333 governmental agencies shall develop and implement an abbreviated  
 334 inspection plan for child care facilities, family day care  
 335 homes, and large family child care homes that meet all of the  
 336 following conditions:

337 1. Have been licensed for at least 2 consecutive years.

338 2. Have not had a ~~no~~ Class 1 deficiency, as defined by  
 339 rule, for at least 2 consecutive years.

340 3. Have not had more than three of the same ~~or~~ Class 2  
 341 deficiencies, as defined by rule, for at least 2 consecutive  
 342 years.

343 4. Have received at least two full onsite renewal  
 344 inspections in the most recent 2 years.

345 5. Do not have any current uncorrected violations.

346 6. Do not have any open regulatory complaints or active  
 347 child protective services investigations.

348 (b) The abbreviated inspection must include those elements

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349 identified by the department ~~and the local governmental agencies~~  
 350 as being key indicators of whether the child care facility  
 351 continues to provide quality care and programming. The  
 352 department shall review and update these elements every 5 years.

353 (3) The department shall revise the plan under subsection  
 354 (1) as necessary to maintain the validity and effectiveness of  
 355 inspections.

356 Section 5. Section 402.316, Florida Statutes, is amended to  
 357 read:

358 402.316 Exemptions.—

359 (1) The provisions of ss. 402.301-402.319, except for the  
 360 requirements regarding screening of child care personnel, do  
 361 ~~shall~~ not apply to a child care facility which is an integral  
 362 part of church or parochial schools, or a child care facility  
 363 that solely provides child care to eligible children as defined  
 364 in s. 402.261(1)(c), conducting regularly scheduled classes,  
 365 courses of study, or educational programs accredited by, or by a  
 366 member of, an organization which publishes and requires  
 367 compliance with its standards for health, safety, and  
 368 sanitation. However, such facilities shall meet minimum  
 369 requirements of the applicable local governing body as to  
 370 health, sanitation, and safety and shall meet the screening  
 371 requirements pursuant to ss. 402.305 and 402.3055. Failure by a  
 372 facility to comply with such screening requirements shall result  
 373 in the loss of the facility's exemption from licensure.

374 (2) The provisions of ss. 402.301-402.319 do not apply to a  
 375 child care facility or family day care home if the child care  
 376 facility or family day care home has a certificate issued by the  
 377 United States Department of Defense or by the United States

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378 Coast Guard to provide child care and has completed background  
 379 screening by the United States Department of Defense pursuant to  
 380 34 U.S.C. s. 20351 and 32 C.F.R. part 86 and received a  
 381 favorable suitability and fitness determination. If the child  
 382 care facility or family day care home elects to serve children  
 383 ineligible for care under the United States Department of  
 384 Defense Instruction 6060.02, the child care facility or family  
 385 day care home must be licensed under chapter 402.

386 ~~(3)(2)~~ Any county or city with state or local child care  
 387 licensing programs in existence on July 1, 1974, will continue  
 388 to license the child care facility facilities as covered by such  
 389 programs, notwithstanding the exemption under provisions of  
 390 subsection (1) which desires to be licensed may submit an  
 391 application to the department or local licensing agency pursuant  
 392 to s. 402.308(4), until and unless the licensing agency makes a  
 393 determination to exempt them.

394 ~~(4)(3)~~ The department and the local licensing agency  
 395 pursuant to s. 402.308(4) shall adopt rules to administer and  
 396 implement this section, including, but not limited to, any  
 397 assessments of previous licensure history ~~Any child care~~  
 398 ~~facility covered by the exemption provisions of subsection (1),~~  
 399 ~~but desiring to be included in this act, is authorized to do so~~  
 400 ~~by submitting notification to the department. Once licensed,~~  
 401 ~~such facility cannot withdraw from the act and continue to~~  
 402 ~~operate.~~

403 Section 6. Subsection (1) of section 1002.59, Florida  
 404 Statutes, is amended to read:

405 1002.59 Emergent literacy and performance standards  
 406 training courses.—

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407 (1) The department, in collaboration with the Just Read,  
408 Florida! Office, shall adopt minimum standards for courses in  
409 emergent literacy for prekindergarten instructors. Each course  
410 must consist of 5 clock hours and provide instruction in  
411 strategies and techniques to address the age-appropriate  
412 progress of prekindergarten students in developing emergent  
413 literacy skills, including oral communication, knowledge of  
414 print and letters, phonological and phonemic awareness,  
415 vocabulary and comprehension development, and foundational  
416 background knowledge designed to correlate with the content that  
417 students will encounter in grades K-12, consistent with the  
418 evidence-based content and strategies grounded in the science of  
419 reading identified pursuant to s. 1001.215(7). The course  
420 standards must be reviewed as part of any review of subject  
421 coverage or endorsement requirements in the elementary, reading,  
422 and exceptional student educational areas conducted pursuant to  
423 s. 1012.586. Each course must also provide resources containing  
424 strategies that allow students with disabilities and other  
425 special needs to derive maximum benefit from the Voluntary  
426 Prekindergarten Education Program. Successful completion of an  
427 emergent literacy training course approved under this section  
428 satisfies requirements for approved training in early literacy  
429 and language development under ss. 402.305(2)(e)4., 402.313(6),  
430 and 402.3131(5) ss. 402.305(2)(e)5., 402.313(6), and  
431 402.3131(5).

432 Section 7. This act shall take effect July 1, 2025.

**From:** Gross, Steve <[Steve.Gross@LASPBS.STATE.FL.US](mailto:Steve.Gross@LASPBS.STATE.FL.US)>  
**Sent:** Wednesday, March 19, 2025 2:28 PM  
**To:** Sneed, Diane <[Diane.Sneed@LASPBS.STATE.FL.US](mailto:Diane.Sneed@LASPBS.STATE.FL.US)>  
**Cc:** Khan, Azhar <[Azhar.Khan@LASPBS.STATE.FL.US](mailto:Azhar.Khan@LASPBS.STATE.FL.US)>  
**Subject:** RE: SB 738 Special Assessment Exemption Preschools

Hi! That's correct. The conference has not reviewed 738.

**From:** Sneed, Diane <[Diane.Sneed@LASPBS.STATE.FL.US](mailto:Diane.Sneed@LASPBS.STATE.FL.US)>  
**Sent:** Wednesday, March 19, 2025 2:18 PM  
**To:** Gross, Steve <[Steve.Gross@LASPBS.STATE.FL.US](mailto:Steve.Gross@LASPBS.STATE.FL.US)>  
**Subject:** RE: SB 738 Special Assessment Exemption Preschools

Hey Steve,

I just wanted to make sure that the REC has not reviewed SB 738. If the answer is not yet, then no sweat. We'll just continue to refer to the 2024 REC for SB 820.

Thanks,

*Diane Sneed*

**From:** Gross, Steve <[Steve.Gross@LASPBS.STATE.FL.US](mailto:Steve.Gross@LASPBS.STATE.FL.US)>  
**Sent:** Monday, February 24, 2025 10:49 AM  
**To:** Sneed, Diane <[Diane.Sneed@LASPBS.STATE.FL.US](mailto:Diane.Sneed@LASPBS.STATE.FL.US)>  
**Cc:** Khan, Azhar <[Azhar.Khan@LASPBS.STATE.FL.US](mailto:Azhar.Khan@LASPBS.STATE.FL.US)>  
**Subject:** RE: SB 738 Special Assessment Exemption Preschools

Sounds good, thanks!

**From:** Sneed, Diane <[Diane.Sneed@LASPBS.STATE.FL.US](mailto:Diane.Sneed@LASPBS.STATE.FL.US)>  
**Sent:** Monday, February 24, 2025 10:46 AM  
**To:** Gross, Steve <[Steve.Gross@LASPBS.STATE.FL.US](mailto:Steve.Gross@LASPBS.STATE.FL.US)>  
**Subject:** RE: SB 738 Special Assessment Exemption Preschools

Appreciate the update! Let's try to talk tomorrow.

**From:** Gross, Steve <[Steve.Gross@LASPBS.STATE.FL.US](mailto:Steve.Gross@LASPBS.STATE.FL.US)>  
**Sent:** Monday, February 24, 2025 9:29 AM  
**To:** Sneed, Diane <[Diane.Sneed@LASPBS.STATE.FL.US](mailto:Diane.Sneed@LASPBS.STATE.FL.US)>  
**Cc:** Khan, Azhar <[Azhar.Khan@LASPBS.STATE.FL.US](mailto:Azhar.Khan@LASPBS.STATE.FL.US)>  
**Subject:** SB 738 Special Assessment Exemption Preschools

Hi Diane, I've attached the revenue analysis from last year's impact conference on CS/SB 820, in part exempting preschools from municipal special assessments.



The conference adopted a reduction equal to \$4.5 million for FY 25-26.

There is one caveat. The language last year included a clause that the facility serves children 5 and younger, which is not in this year's bill. I'm hoping to chat about that with you to determine its effect.

-Steve



# 2025 AGENCY LEGISLATIVE BILL ANALYSIS

## Department of Children and Families

| <u><b>BILL INFORMATION</b></u> |   |
|--------------------------------|---|
| <b>BILL NUMBER:</b>            | CS/SB 738                               |
| <b>BILL TITLE:</b>             | Child Care and Early Learning Providers |
| <b>BILL SPONSOR:</b>           | Senator Burton                          |
| <b>EFFECTIVE DATE:</b>         | July 1, 2025                            |

| <u><b>COMMITTEES OF REFERENCE</b></u>                           |
|---|
| 1) Senate Children, Families, and Elder Affairs                 |
| 2) Senate Appropriations Committee on Health and Human Services |
| 3) Senate Fiscal Policy   |
| 4)  |
| 5)  |

| <u><b>CURRENT COMMITTEE</b></u>                              |
|--|
| Senate Appropriations Committee on Health and Human Services |

| <u><b>SIMILAR BILLS</b></u> |                          |
|-----------------------------|--------------------------|
| <b>BILL NUMBER:</b>         | CS/HB 47                 |
| <b>SPONSOR:</b>             | Representative McFarland |

| <u><b>PREVIOUS LEGISLATION</b></u> |  |
|------------------------------------|--|
| <b>BILL NUMBER:</b>                |  |
| <b>SPONSOR:</b>                    |  |
| <b>YEAR:</b>                       |  |
| <b>LAST ACTION:</b>                |  |

| <u><b>IDENTICAL BILLS</b></u> |  |
|-------------------------------|--|
| <b>BILL NUMBER:</b>           |  |
| <b>SPONSOR:</b>               |  |

**Is this bill part of an agency package?**

| <u><b>BILL ANALYSIS INFORMATION</b></u> |   |
|---|---|
| <b>DATE OF ANALYSIS:</b>                | 3/10/2025<br>For further information, please contact Sam Kerce at (850) 488-9410. |
| <b>LEAD AGENCY ANALYST:</b>             | Hillary Crow, Child Care Licensing Policy Manager                                 |
| <b>ADDITIONAL ANALYST(S):</b>           | Hannah McGlothlin, Child Care Policy Specialist                                   |
| <b>LEGAL ANALYST:</b>                   |   |
| <b>FISCAL ANALYST:</b>                  |   |

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## POLICY ANALYSIS

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### **1. EXECUTIVE SUMMARY**

The bill updates statutory language that pertains to multiple state agencies including the Departments of Revenue and Education. This analysis only addresses sections that impact the Department of Children and Families (Department).

The bill amends section 402.305, Florida Statutes, addressing child care licensing and minimum licensing standards. It solidifies the enforcement model to have up to three classification levels. It removes the annual requirements for child care providers to share information/brochures with parents/guardians regarding the flu virus and the dangers associated with a distracted adult leaving a child unattended in a car. It eliminates certain components from the written plan of activities and the need for drop-in child care programs to provide a communication system to parents whose child is in care. It also adds in an additional training requirement for pediatric cardiopulmonary resuscitation (CPR).

The bill requires the Department to complete the background screenings for child care personnel within three business days; allowing provisional hiring if results are still pending after three business days. It also requires free online training for child care personnel, with the option for online or in-person competency exams. It also removes the Department's obligation to emphasize an interdisciplinary approach, which is the study of children's developmental stages, in the child care personnel introductory training.

The bill removes the requirement for minimum standards for specialized child care facilities for the care of mildly ill children. The authority for abbreviated inspections is expanded to include licensed family day care homes (FDCH) and licensed large family child care homes (LFCCH) and to allow providers with more significant safety violations to be eligible for abbreviated inspections. The abbreviated inspections also include key indicators that must be updated every five years.

The bill also stipulates that to retain its status as a local licensing agency, there must be an annual confirmation through a majority vote by the county commission.

The legislation provides an exemption for special assessments imposed by a municipality to fund services. This exemption specifically applies to licensed child care providers situated on property owned or occupied by a religious institution, contingent upon the municipality choosing to adopt this exception.

The bill adds an exemption from child care providers certified as a child care facility by the United States Department of Defense or the United States Coast Guard from certain state licensing requirements.

### **2. SUBSTANTIVE BILL ANALYSIS**

#### **1. PRESENT SITUATION:**

The Department licenses and registers child care programs across 63 of the 67 counties in Florida. Local licensing agencies (LLA) regulate child care programs in the following four counties: Broward, Palm Beach, Pinellas, and Sarasota. The Department and LLAs are responsible for regulating the health and safety of child care programs and are responsible for ensuring all applicable personnel employed by the provider are appropriately trained to care for children.

#### **Special Assessments (Section 1)**

The total number of child care providers that are exempt from Department licensure under s. 402.316, F.S., statewide is 579. This includes those providers who are religiously exempt and hold an accreditation from a recognized entity. The Office of Licensing does not track the number of children enrolled in exempt child care facilities and does not have regular oversight of these programs. Programs that are eligible for license exemption have the discretion to opt for licensure if they so choose.

#### **Child Care Licensing and Minimum Licensing Standards (Section 2)**

Section 402.302, F.S., currently defines specific terms used in reference to child care licensing. The term for "child care facility" includes any child care center or child care arrangement which provides child care for more

than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated, and whether operated for profit. This does not include the following:

- Public schools and nonpublic schools and their integral program, except as provided in s. 402.3025, F.S.,
- Summer camps having children in full-time residence.
- Summer day camps.
- Bible schools normally conducted during vacation periods.
- Operators of transient establishments, as defined in chapter 509, F.S., which provide child care services solely for the guests of their establishment or resort, provided that all child care personnel of the establishment are screened according to the level 2 screening requirements of Ch. 435, F.S.

| <b>Statewide Provider Count as of January 2, 2025</b> |              |              |                  |
|---|--------------|--------------|------------------|
|   | <b>DCF</b>   | <b>LLA</b>   | <b>Statewide</b> |
| Facilities  | 7,697        | 1,820        | 9,517            |
| Family Day Care Homes                                 | 1,601        | 433          | 2,034            |
| Large Family Child Care Homes                         | 330          | 78           | 408              |
| Mildly Ill Facilities                                 | 1            | 0            | 1                |
| <b>Total</b>  | <b>9,629</b> | <b>2,331</b> | <b>11,960</b>    |

Violations and Fines:

Licensing standards for child care facilities, per s. 402.305, F.S., are designed to address the following:

- The health, sanitation, safety, and adequate physical surroundings for all children in child care facilities.
- The health and nutrition of all children in care.
- The child development needs of all children in care.

Section 402.310, F.S., allows for the Department to impose administrative fines, not to exceed \$100 per violation, per day. However, if the violation could cause death or serious injury, the administrative fine is capped at \$500 per violation, per day. To ensure consistent regulation throughout the state, the Department’s current enforcement model utilizes three classification levels for violations of licensing standards.

- Class 1 violations are the most serious in nature, pose an imminent threat to a child including abuse or neglect and which could or does result in death or serious harm to the health, safety, and well-being of a child.
- Class 2 violations are less serious in nature than Class 1 violations and could be anticipated to pose a threat to the health, safety, or well-being of a child, although the threat is not imminent.
- Class 3 violations are less serious in nature than either Class 1 or Class 2 violations and pose a low potential for harm to children.

In the Fiscal Year (FY) 2023-24, the licensing inspection process recorded a total of 16,405 violations. Of these, 75 percent were classified as Class 3 violations. Specifically, 803 programs accumulated five or more Class 3 violations during the fiscal year.

| <b>FY 23/24 Violations</b> |               |
|----------------------------|---------------|
| Class 1                    | 145           |
| Class 2                    | 3,908         |
| Class 3                    | 12,352        |
| <b>Grand Total</b>         | <b>16,405</b> |

The Department utilizes the disciplinary sanctions outlined in s. 402.310, F.S., and 65C-22.010(2) and 65C-20.012(3), F.A.C., for facilities and homes. The disciplinary sanction matrix outlines the Department’s procedure for consistent enforcement of continued violations of licensing standards over a two-year period. Providers receive technical assistance whenever a violation occurs, regardless of its class (Class 1, 2, or 3). This assistance involves providing recommendations to help the provider comply with licensing standards. For Class 1 violations, technical assistance is offered simultaneously with an administrative fine with the first violation. For Class 2 violations, technical assistance is offered with the first violation. When a second Class 2 violation of the same standard occurs, technical assistance is offered along with the administrative fine. For Class 3 violations, technical assistance is offered for the first and second instances of the same standard of a Class 3 violation. The

provider is only subject to an administrative fine after the third occurrence of the same Class 3 violation. Subsequent Class 3 violations of the same standard would result in a per day administrative fine.

The Department's Child Care Provider Search (<https://caressearch.myffamilies.com/PublicSearch>) allows Florida's parents/guardians to search and view child care provider profiles that captures demographic information on each child care program, inspection reports for the last two years, and a visible indicator when the provider received a non-compliance violation.

#### Brochures:

It is required by s. 402.305(9), F.S., that during the months of August and September of each year, child care programs are required to provide parents/guardians of children enrolled detailed information regarding the causes, symptoms, and transmission of the influenza virus.

During the months of April and September of each year, at a minimum, each child care program shall provide parents/guardians of children enrolled information regarding the potential for a distracted adult who fails to drop off a child at the facility and leaves the child in the adult's vehicle upon arrival at the adult's destination. The child care program shall also give parents information about resources with suggestions to avoid this occurrence, especially when outdoor temperatures are hot.

According to [www.noheatstroke.org](http://www.noheatstroke.org), Florida has the second highest pediatric vehicular heat stroke deaths by state, with 113 deaths from 1998-2024. These brochures are one avenue in which the public is informed of safety measures.

The Department has developed materials with this information that is posted to the Department's website. Child care facilities may choose to reproduce and provide this information to parents/guardians to satisfy the requirements. Evidence of distribution must be retained for licensing review.

#### Drop in Child Care:

Because of the nature and duration of drop-in child care, requirements for preadmission and periodic health examinations and requirements for medically signed records of immunization required for child care facilities do not apply. A parent/guardian of a child in drop-in child care is required to attest to the child's health condition and the type and current status of the child's immunizations. In accordance with statute, the drop-in child care program must provide a means of communication to the parents/guardians of children enrolled at the program, such as a pocket pager or beeper, to ensure the immediate return of the child.

#### Written Activities:

Statutory minimum standards ensure that each child care facility establishes and implements a written plan for the daily provision of varied activities and active and quiet play opportunities appropriate to the age of the child. Under s. 402.305(13), F.S., the written plan must include a program, to be implemented periodically for children of an appropriate age, which will assist the children in preventing and avoiding physical and mental abuse.

### **Background Screening (Section 2)**

The Department is responsible for licensing and regulating programs which serve children and vulnerable adults. A key component of this process includes completing a Level 2 background screening in accordance with Ch. 435, F.S. In FY 2023-2024, the Department screened 278,894 individuals for thousands of providers, to include but not limited to childcare facilities, CBC agencies, foster families, group home employees, summer camp employees, substance abuse treatment facilities, and mental health treatment facilities.

As it relates specially to child care personnel – they are subject to a level 2 background screening through the Clearinghouse.

Per s. 402.305, F.S., level 2 screening requirements include the following:

- Fingerprint submission in accordance with s. 435, F.S.
- Employment history checks.
- Florida sexual predator and sexual offender registry.
- Florida child abuse and neglect registry.

Step by step of an initial background screening or resubmission of fingerprints:

1. Initiate a Background Screening in the Care Provider Background Screening Clearinghouse (Clearinghouse):
  - a. Applicant responds to a livescan provider location and provides fingerprints;
  - b. The DCF Provider initiates a resubmission of fingerprints, which are already retained within the Clearinghouse;
2. Fingerprints are sent to the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI)
4. Clearinghouse receives results of the fingerprint-based criminal history record check from FDLE and the FBI
  - a. While results from FDLE & FBI are typically uploaded to the clearinghouse within 24 to 48 hours, FDLE standards are to have this done within 72 hours.
5. Clearinghouse sends the results of the fingerprint-based criminal history record check to DCF
6. DCF processes the Background Screening by:
  - a. Verifying whether the applicant has a criminal history record
    - a. This also serves as the sexual offender check as anyone registered would be flagged in their criminal history record check.
  - b. Verifying whether the applicant has lived in another state within the previous 5 years
  - c. If the applicant has lived in a non- National Fingerprint File (NFF) state the Provider is sent a 45-day provisional hiring letter, while the Department requests a criminal history check from that state
  - d. Reviewing the Florida Child Abuse and Neglect Registry
  - e. If the applicant has a potentially disqualifying offense the department must request additional information from the applicant to determine eligibility.
7. After review, the Department marks the applicant eligible or ineligible in the clearinghouse and the provider is notified.

**Mandatory Training and Health Examination (Section 2)**

Child care personnel must complete specific mandatory introductory training. Training requirements and time frames for training completions vary for the different types of providers. Provider types subject to mandatory training include:

- Child Care Facilities: 40 hours introductory training as shown through passing competency exams. Must start training within 90 days after employment and complete within 15 months.
- Family Day Care Homes: 30 hours introductory training as shown through passing competency exams for operators and substitutes working 40 hours or more per month. Must be completed prior to licensure.
- Large Family Child Care Homes: 30 hours introductory training as shown through passing competency exams for operators. Must be completed prior to licensure.
- Registered Family Day Care Homes: 30 hours introductory training as shown by proof of completion. Must be completed prior to registration.

Mandatory training courses are currently offered online and in-person. Employees are responsible for payment. Each online course costs \$10.00, while instructor-led courses typically range from \$1.00 to \$10.00 per instructional-hour.

The completion of mandatory training is shown through passing competency exams for each course taken. The Department contracts with 13 Training Coordinating Agencies (TCAs) to administer and coordinate in-person courses and exams throughout the state's 67 counties. The training fee is paid through the Department's training system and passed through to the appropriate TCA. In addition to the training fees, TCAs are paid through Department contracts to support the cost of administration of training and examinations. The combined annual total of the 13 TCA contracts is \$838,062.00. TCAs are located at some state colleges/universities, within some county school districts, or are private providers:

| Provider                                      | Annual Contract Amount |
|---|------------------------|
| Early Education and Care, Inc.                | \$134,956.50           |
| Florida State College at Jacksonville         | \$27,500.00            |
| Daytona State College                         | \$89,448.50            |
| Community Coordinated Care for Children, Inc. | \$37,686.00            |
| Child Care of Southwest Florida               | \$39,794.00            |
| Palm Beach State College                      | \$61,683.00            |

|                                      |                     |
|--------------------------------------|---------------------|
| Nova Southeastern University         | \$65,239.00         |
| Miami Dade College                   | \$99,115.00         |
| Childhood Development Services, Inc. | \$38,725.00         |
| Polk State College                   | \$52,249.00         |
| Indian River State College           | \$42,410.00         |
| Hillsborough County School Board     | \$80,891.00         |
| Pinellas County School Board         | \$68,365.00         |
| <b>Total</b>                         | <b>\$838,062.00</b> |

TCAs are responsible for entering and maintaining data in the Child Care Training Application (CCTA) relating to child care training courses and exams, maintaining all pertinent documentation related to their contracts and ensuring proper registration for student coursework. Each exam costs \$1.00 per training hour of the corresponding course; the student is responsible for paying the cost of the coursework, although some employers may pay or reimburse this cost. In FY 2023-24, TCAs collected \$3,038,070 in course work fees.

#### Facility Drivers:

Drivers for childcare facilities must meet certain driver requirements prior to transporting children. The driver of any vehicle used by a child care program to provide transportation must have the following:

- A valid Florida driver's license including the proper endorsement.
- An annual physical examination which grants medical approval to drive.
- Valid certificate(s) of course completion for first aid training and pediatric cardiopulmonary resuscitation (CPR) procedures.

#### **Specialized Child Care Facilities for the Care of Mildly Ill Children (Section 2)**

Child care for mildly ill children means the care of children with short term illness or symptoms of illness or disability, provided either as an exclusive service in a center specialized for this purpose, or as a component of other child care services offered in a distinct part of a regularly licensed child care facility, for a period of less than 24 hours per day. Such programs may accept children exhibiting illnesses or symptoms for which they would be excluded from child care provided for well children.

The Department developed applicable standards for this type of program in 65C-25, F.A.C., as authorized in s. 402.302(17), F.S. Minimum standards of mildly ill child care facilities address the following areas: personnel requirements; staff-to-child ratios; staff training and credentials; health and safety; physical facility requirements, including square footage; client eligibility, including a definition of "mildly ill children"; sanitation and safety; admission and recordkeeping; dispensing of medication; and a schedule of activities. Programs licensed under this rule are subject to additional requirements that include the following: consulting with a health provider, stricter staff-to-child ratios, medical evaluations upon admission, ongoing monitoring by a licensed health caregiver, separate ventilation systems, additional toilet/bath facilities, and more frequent sanitation practices. Currently, the state only has one licensed mildly ill child care facility, which has a capacity of 10, and currently has no children enrolled.

Hospitals maintaining current Joint Commission for Accreditation of Healthcare Organizations (JCAHO) accreditation, operating hospital-based child care for mildly ill children are exempt from licensure under 65C-25, F.A.C.

#### **Designation of Licensing Agency (Section 3)**

Any county whose licensing standards meet or exceed state minimum standards may designate a local licensing agency (LLA) to license child care facilities in the county or the county may contract with the Department to delegate the administration of state minimum standards in the county to the Department, as outlined in s. 402.306, F.S. The Department is responsible for ensuring that the local standards meet or exceed the state's standards through annual review of each of the local licensing agency's "intent to continue licensure" and periodic Departmental monitoring. Currently, the four LLAs are Broward, Palm Beach, Pinellas, and Sarasota Counties.

#### **Abbreviated Inspections (Section 4)**



Section 402.3115, F.S., authorizes an abbreviated inspection process. This section allows for child care facilities that have had no Class 1 or Class 2 violations for at least two consecutive years to receive an abbreviated inspection, instead of the full routine inspection. The abbreviated inspection must include those elements identified by the Department and the local licensing agencies as being key indicators of whether the child care facility continues to provide quality care and programming.

In 2022, the Department expanded the eligible provider types for the abbreviated inspection process by promulgating rule changes in 65C-20, F.A.C. The amended rule offers abbreviated inspections to family day care homes and large family child care homes that meet the following criteria:

- Have been licensed for at least two consecutive years.
- Have had no Class 1 violations or Class 2 violations for at least two consecutive years.
- Have received at least two full onsite renewals in the most recent two years.
- Have no current uncorrected violations.
- Have no open regulatory complaints or active child protective services investigations.

Additionally, the Department consulted with the National Association for Regulatory Administration (NARA) to revise the standards monitored during abbreviated inspections based on statistical data. NARA employs an algorithm that identifies a subset of licensing regulations that statistically predict compliance with the entire set of regulations, called Key Indicators. The Key indicators identified through this process replaced the historical abbreviated inspection template.

|   | FY 23/24 (July 23<br>– June 24) |
|---|---------------------------------|
| Total Inspections Statewide                     | 33,717                          |
| Abbreviated Inspections                         | 2,044                           |
| Percentage of Inspections That Were Abbreviated | 6%                              |

### **Exemptions (Section 5)**

Section 402.316, F.S., dictates the provisions of religious exempt providers. This section allows for those child care facilities that are an integral part of a church or parochial school, and accredited by an organization which publishes and requires compliance with its standards for health, safety, and sanitation, to be exempt from licensure. Though exempt from licensure, religious exempt providers must meet the level 2 screening requirements pursuant to s. 402.305, F.S., and s. 402.3055, F.S.

### **Family Day Care and Large Family Child Care Insurance (Section 5)**

Family day care homes are excluded from residential property insurance policies unless included in the coverage. Residential insurance property insurance coverage should not be canceled, denied, or nonrenewed solely on the basis of the family daycare services at the residence.

For the purposes of licensing, family day care homes/large family child care homes need only to provide proof of vehicle insurance coverage if they offer transportation services to children in their care.

## **2. EFFECT OF THE BILL:**

### **Special Assessments (Section 1)**

Section 170.201, F.S., refers to preschool programs licensed under s. 402.305, F.S., serving children under 5 years of age for the special assessment exemption granted by their local municipality.

### **Child Care Licensing and Minimum Licensing Standards (Section 2)**

The minimum licensing standards for licensed child care facilities under s. 402.305, F.S., are amended to address the “health and nutrition, safety, developmental needs, and sanitary physical conditions for all children served by child care facilities.” The bill revised the language in the first standard and eliminated the last two referring to “health and nutrition” and “child development.” Licensing standards within this section include “nutritional practices” under subsection (8), F.S.

### **Classification of Violations:**

The bill allows for the Department to create up to three classification levels of licensing standards that directly relate to the health and safety of the child. A Class 3 violation is the least serious in nature and it must be the



same violation that occurs at least three times within a 2-year period. The intent of this change is to allow providers to fail a Class 3 standard three times before receiving an actual violation.

#### Drop-in Child Care:

The bill eliminates the mandate for Drop-in Child Care facilities to possess a communication system to share with the parents for promptly contacting parents if needed.

#### Brochures:

The bill eliminates the requirement to share information about the influenza virus, and resources that prevent distracted adults from leaving children in vehicles, with families during specific times of the year. Eliminating these informational documents for parent of children in licensed child care settings would require revision of licensing standards and handbooks by the Department.

#### Activity Plans:

Minimum standards for the plan of activities are revised in the bill to remove specific components of the written plan.

#### **Specialized Child Care Facilities for the Care of Mildly Ill Children (Section 2)**

The bill eliminates s. 402.305(17), F.S., that pertains to Specialized Child Care Facilities for the Care of Mildly Ill Children, and the Department's ability to implement rule. This change would result in the repeal of 65C-25, F.A.C. If 65C-25, F.A.C., if repealed, the facility currently licensed under this rule would be required to relinquish its license. If the provider decides to continue operating, they can apply for a regular child care facility license under 65C-22, F.A.C. Currently there is only one program licensed as a Specialized Child Care Facility and no children are being actively served.

#### **Background Screening (Section 2)**

Section 402.305(2), F.S., directs the Department to complete a screening and provide the results to the child care facility within three business days from the receipt of the criminal history record check. If the Department is unable to complete the screening within three business days, the Department will issue the current or prospective child care personnel a 45-day provisional letter while all required information is being requested and awaiting results. During the 45-day period, the current or prospective child care personnel must be under the direct supervision of a screened and trained staff member when in contact with children.

This modification enables providers to begin the hiring process before the preliminary review of the background screening is completed.

There are numerous steps that are required for a background screening coordinator to complete to ensure a person meets the eligibility requirements to work in childcare. Due to the volume of screenings that the Department handles a 3-day timeframe may prove challenging. However, a greater concern is that the bill does not contemplate the time it takes FDLE and the FBI to receive the results and upload them to the clearinghouse. If this takes 48 hours, the Department would be left with one day to complete the screening.

#### **Mandatory Training and Health Examination (Section 2)**

##### Free Coursework:

The bill adds to the minimum training requirements for child care personnel addressed in s. 402.305(2), F.S., an additional topic area of "Online training coursework, provided at no cost to the student, to meet minimum training standards for child care personnel."

This change would impact the Department's contracted Training Coordinating Agencies, as TCAs receive the funds generated by courses and exams. In 2018, the Department reduced TCA contracted amounts due to the increase in course revenue because of the increased availability of courses online. Currently, the combined annual total of the 13 TCA contracts is \$838,062.00. Free mandatory online courses could impact the TCAs ability to provide contracted services as the revenue generated from courses is used for staff salary and benefits.

*See additional information in fiscal section.*

##### Online Exams:

The legislation updates the settings in which a competency examination can be taken. The bill allows the ability for the student to take exams in-person or online, eliminating the need for students to travel to exam locations, allowing for greater exam availability, and providing students more flexibility and options.

*See additional information in fiscal section.*

**Criteria for Coursework:**

The bill eliminates a criterion for the mandatory introductory coursework to “stress, to the extent possible, an interdisciplinary approach to the study of children”. Eliminating this criterion has no impact as courses were previously developed with a holistic approach to child development and encourages providers to focus on all the domains of learning.

**Health Screenings for Drivers:**

The updated language requires that child care facility drivers receive periodic health examinations which is currently a requirement of drivers to have annual physical examinations as laid out in 2.5.1 of the Child Care Facility December 2021 Handbook which is incorporated by reference in rule 65C-22.001(6), F.A.C. This change will only apply to child care facilities, not Large Family Child Care Homes or Family Day Care Homes.

Additionally, s. 402.305(7), F.S., is updated to require that at least one staff person trained in-person in CPR must be present at all times children are present. Proof of training must be evidenced by current documentation of the course completion. This allows for staff to acquire accessible online training in CPR, so long as at least one person on staff has the in-person training and can be present at all times while children are on-site. This would not impact the rule requirement of the number of individuals needed to be currently trained in CPR on-site.

**Designation of Licensing Agency (Section 3)**

The bill stipulates that there must be an annual confirmation through a majority vote by the county commission, for a local licensing agency to retain its status. If a local licensing agency is not confirmed by their county commission, the Department would be required to administer child care licensing in that county. To implement this, the Department would need to create new FTE positions, conduct the onboarding and training for new hires, and establish a field office within the county.

**Abbreviated Inspections (Section 4)**

This section updates s. 402.3115, F.S., to include family day care homes and large family child care homes as eligible provider types for abbreviated inspections. This was established in rule 65C-20.012(4), F.A.C., in 2022.

The bill revises the requirements of a provider to have an abbreviated inspection. The provider shall:

- Have been licensed for at least two consecutive years.
- Have had no class 1 violations and no more than three of the same class 2 violations for at least two consecutive years.
- Have received at least two full onsite renewals in the most recent two years.
- Not have any current uncorrected violations.
- Not have any open regulatory complaints or active child protective services investigations.

Key indicators used to identify quality care and programming must be updated every five years.

The bill changes the requirement of the provider to have no Class 1 or Class 2 violations within two years to the provider having had no Class 1 violations and no more than three of the same Class 2 violations within two years. The language would allow a provider with multiple Class 2 violations to receive an abbreviated inspection as long as the same violation was not repeated in a 2-year period. Examples of Class 2 violations include failure to meet caregiver to child staffing ratios, children left unattended (supervision) and inappropriate disciplining. This change would expand the number of providers that would be eligible for abbreviated inspections both in facilities and homes.

**Exemptions (Section 5)**

The bill expands the existing statutory exemption in s. 402.316, F.S., to add additional programs that could be exempt aside from religious-based programs. One program is an employee-based program providing care exclusively for their employee's children and grandchildren. The employee-based program must meet the same conditions as the religious-based program exemption:

1. Conducts regularly scheduled classes, courses of study, or educational programs.
2. Is accredited by, or by a member of, an organization which publishes and requires compliance with its standards for health, safety, sanitation.
3. Meets minimum requires of the applicable local governing body as to health, sanitation, and safety.
4. Meets the screening requirements pursuant to ss. 402.305, and 402.3055, F.S.

The bill creates another exemption for child care facilities and family day care homes that have a certificate to provide child care issued by the United States Department of Defense (DoD) or by the United States Coast Guard

(USCG) and has completed a favorable background screening determination by the DoD pursuant to 34 U.S.C s. 20351 and 34 C.F.R. part 86. However, if the provider chooses to serve children outside of the eligibility for care under the Department of Defense Instruction 6060.02, the provider must be licensed or exempt under chapter 402, F.S.

Additionally, this section instructs the Department to create rules to administer and implement the provisions of this section. This will allow the Department to review the licensure history of a provider seeking exemption that may have a history of administrative action or existing unpaid fines.

**Family Day Care and Large Family Child Care Insurance (Section 5)**

The bill adds large family child care homes and allows for them to be excluded from residential property insurance policies. The bill defines large family child care homes which aligns with the definition outlined in s. 402.302, F.S. This change would not affect the licensing process of the Department.

**3. DOES THE LEGISLATION DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES?**

|   |  |
|---|--|
| If yes, explain:  | Section 2, s. 402.305, F.S., outlines that the Department may create levels of violations of licensing standards.<br><br>Section 4, s. 402.3115, F.S., states that the Department shall adopt rules and revise policies.<br><br>Section 5, s. 402.316, F.S., states that the Department shall create rules to administer and implement the provisions of this section. |
| What is the expected impact to the agency’s core mission? | N/A.   |
| Rule(s) impacted (provide references to F.A.C., etc.):    | 65C-22, F.A.C.<br>65C-20, F.A.C.<br>65C-25, F.A.C. will be repealed if s. 402.305(17), F.S., is deleted.   |

**4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?**

|  |      |
|--|------|
| List any known proponents and opponents:                       | N/A. |
| Provide a summary of the proponents’ and opponents’ positions: | N/A. |

**5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL?**

|                                |      |
|--------------------------------|------|
| If yes, provide a description: | N/A. |
| Date Due:                      | N/A. |
| Bill Section Number(s):        | N/A. |

**6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC. REQUIRED BY THIS BILL?**

|                |      |
|----------------|------|
| Board:         | N/A. |
| Board Purpose: | N/A. |

|                         |      |
|-------------------------|------|
| Who Appoints:           | N/A. |
| Appointee Term:         | N/A. |
| Changes:                | N/A. |
| Bill Section Number(s): | N/A. |

**FISCAL ANALYSIS**

**1. WHAT IS THE FISCAL IMPACT TO LOCAL GOVERNMENT?**

|   |      |
|---|------|
| Revenues:   | N/A. |
| Expenditures:   | N/A. |
| Does the legislation increase local taxes or fees?  | N/A. |
| If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase? | N/A. |

**2. WHAT IS THE FISCAL IMPACT TO STATE GOVERNMENT?**

|               |  |
|---------------|--|
| Revenues:     | N/A.   |
| Expenditures: | <p><b>Section 2:</b><br/> <u>Free Online Coursework: \$3,038,070</u><br/>                     In FY 2023-24 training coordinating agencies (TCAs) received \$3,038,070 from online coursework. If TCAs are no longer able to charge for these courses, the Department anticipates the TCAs will not be able to continue their work without passing this cost onto the Department by increasing the current contract amounts.</p> <p><u>Online Exams: Indeterminate</u><br/>                     Significant and indeterminate, without further market research, the Department cannot determine the overall cost of an online platform. Additionally, consideration would need to be given as to how much of this cost could be reasonably passed onto the child care worker who is taking the test.</p> <p>These cost cannot be absorbed within the Department’s existing budget.</p> <p><b>Section 3:</b><br/>                     The bill stipulates that there must be an annual confirmation through a majority vote by the county commission, for a local licensing agency to retain its status. If a local licensing agency is not confirmed by their county commission, the Department would be required to administer child care licensing in that county. This would require the Department to establish a field office, recruit, and train licensing staff. The Department absorbing this duty would present a significant fiscal impact. Additional funding and FTEs would be needed.</p> |

|  |      |
|--|------|
| Does the legislation contain a State Government appropriation? | N/A. |
| If yes, was this appropriated last year?                       | N/A. |

**3. WHAT IS THE FISCAL IMPACT TO THE PRIVATE SECTOR?**

|               |      |
|---------------|------|
| Revenues:     | N/A. |
| Expenditures: | N/A. |
| Other:        | N/A. |

**4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES?**

|   |      |
|---|------|
| Does the bill increase taxes, fees or fines?    | N/A. |
| Does the bill decrease taxes, fees or fines?    | N/A. |
| What is the impact of the increase or decrease? | N/A. |
| Bill Section Number:                            | N/A. |

**TECHNOLOGY IMPACT**

|   |   |
|---|---|
| Does the legislation impact the agency's technology systems (i.e., IT support, licensing software, data storage, etc.)? | To enact provisions of this bill to include the new exempt programs the Department would have to make system enhancement to the child care licensing system – Childcare Administration, Regulation, Enforcement System (CARES). |
| If yes, describe the anticipated impact to the agency including any fiscal impact.                                      | N/A.  |

**FEDERAL IMPACT**

|  |     |
|--|-----|
| Does the legislation have a federal impact (i.e. federal compliance, federal funding, federal agency involvement, etc.)? | No. |
| If yes, describe the anticipated impact including any fiscal impact.   |     |

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**ADDITIONAL COMMENTS**

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The Department has noticed a workshop for March 21<sup>st</sup> in reference to child care rules. Specifically, the Department is seeking to implement a new licensing model for child care facilities. Any language, such as that found in lines 91-96 and line 327-337 which outline specific licensing model requirements in statute, has the potential to delay implementation of a new model as statute may need to be amended prior to implementing.

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**LEGAL - GENERAL COUNSEL'S OFFICE REVIEW**

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|  |  |
|--|--|
| Issues/concerns/comments and recommended action: |  |
|--|--|

03/26/2025

Meeting Date

Senate Appropriations Committee on HHS

Committee

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

SB 738

Bill Number or Topic

Amendment Barcode (if applicable)

Name Eric Carr Phone

Address 136 S. Bronough St. Email ecarr@FLChamber.com

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: [ ] For [ ] Against [ ] Information OR Waive Speaking: [x] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[ ] I am appearing without compensation or sponsorship.

[x] I am a registered lobbyist, representing:

Florida Chamber of Commerce

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022JointRules.pdf (flsenate.gov)

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

The Florida Senate

APPEARANCE RECORD

738

Bill Number or Topic

Deliver both copies of this form to Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

3.26.25

Meeting Date

HHS Approps

Committee

Name

David DANIEL

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Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

FLORIDA ASSOCIATION FOR CHILD CARE MANAGEMENT

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf](#) (flsenate.gov)

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.)

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

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BILL: CS/CS/SB 958

INTRODUCER: Appropriations Committee on Health and Human Services; Health Policy Committee;  
and Senator Bernard

SUBJECT: Type 1 Diabetes Early Detection Program

DATE: March 28, 2025

REVISED: \_\_\_\_\_

|    | ANALYST          | STAFF DIRECTOR  | REFERENCE  | ACTION        |
|----|------------------|-----------------|------------|---------------|
| 1. | <u>Morgan</u>    | <u>Brown</u>    | <u>HP</u>  | <u>Fav/CS</u> |
| 2. | <u>Gerbrandt</u> | <u>McKnight</u> | <u>AHS</u> | <u>Fav/CS</u> |
| 3. | _____            | _____           | <u>FP</u>  | _____         |

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/CS/SB 958 creates s. 381.992, F.S., to require the Florida Department of Health (DOH), in collaboration with early learning coalitions, school districts, school boards, and charter schools, to develop Type 1 diabetes informational materials, and make such material available on its website by September 29, 2025. The bill requires the DOH to annually notify parents and guardians of VPK, kindergarten, and first-grade students of the availability of the informational materials.

The bill has an insignificant, negative fiscal impact on state expenditures that can be absorbed within existing resources. **See Section V. Fiscal Impact Statement.**

The bill takes effect July 1, 2025.

**II. Present Situation:**

**Diabetes**

Diabetes is a chronic health condition that affects how the human body converts food into energy.

The human digestive system breaks down carbohydrates consumed as food into glucose<sup>1</sup> and releases it into the bloodstream, which increases the blood's glucose level. Such an increase in blood glucose should signal the pancreas<sup>2</sup> to release the hormone insulin, which acts as a catalyst to allow the body's cells to metabolize the glucose and convert it to energy, or to convert the glucose into forms suitable for short-term or long-term storage.

Depending on the type of diabetes, the pancreas either does not make any insulin or does not make enough insulin, or the body cannot use insulin as well as it should. When there is not enough insulin, or cells stop responding to insulin, blood glucose levels elevate and stay elevated for extended periods. Over time, that can cause serious health problems, such as heart disease, vision loss, kidney disease, vascular disease, and other maladies. Such outcomes are often known as long-term complications of diabetes.

### ***Type 1 Diabetes***

Type 1 diabetes is thought to be caused by an autoimmune reaction in which the body's immune system attacks and destroys the cells in the pancreas that normally produce insulin. Roughly 5 to 10 percent of people with diabetes have Type 1. Symptoms of Type 1 often develop quickly. It is usually diagnosed in children, teens, and young adults. Someone with Type 1 diabetes must take insulin, usually through subcutaneous injection, on a regular basis to survive, one or more times per day. Currently, Type 1 diabetes can neither be prevented nor cured.<sup>3</sup> In 2022-2023, there were 6,568 students with Type 1 diabetes in Florida public schools.<sup>4</sup>

While the exact cause of Type 1 diabetes remains unknown, scientists believe there is a strong genetic component. The risk of developing the disease with no family history is approximately 0.4 percent. If an individual's biological mother has Type 1 diabetes, the risk of developing the condition is 1 to 4 percent. If an individual's biological father has Type 1 diabetes, the risk of developing the disease is 3 to 8 percent. If both biological parents have Type 1 diabetes, the risk of developing the condition is as high as 30 percent.<sup>5</sup>

Scientists also believe certain factors, such as a virus or environmental toxins, can trigger the immune system to attack cells in the pancreas if an individual has a genetic predisposition for developing Type 1 diabetes.<sup>6</sup>

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<sup>1</sup> Glucose is the simplest type of carbohydrate (chemical formula C<sub>6</sub>H<sub>12</sub>O<sub>6</sub>), and all carbohydrates consumed as food must be broken down into glucose before the body can metabolize them.

<sup>2</sup> The pancreas is an organ located in the abdomen. It plays an essential role in converting food into fuel. The pancreas has two main functions: an exocrine function that helps in digestion and an endocrine function that regulates blood sugar. See: <https://columbiasurgery.org/pancreas/pancreas-and-its-functions> (last visited Mar. 15, 2025).

<sup>3</sup> Centers for Disease Control and Prevention, *What Is Diabetes?*, available at: <https://www.cdc.gov/diabetes/basics/diabetes.html> (last visited Mar. 15, 2025).

<sup>4</sup> Florida Department of Health, *Florida Diabetes Advisory Council Legislative Report (January 2025)*, available at <https://www.floridahealth.gov/%5C/provider-and-partner-resources/dac/ documents/2025-dac-report.pdf> (last visited Mar. 14, 2025).

<sup>5</sup> Cleveland Clinic, *Type 1 Diabetes*, available at <https://my.clevelandclinic.org/health/diseases/21500-type-1-diabetes#management-and-treatment> (last visited Mar. 15, 2025).

<sup>6</sup> *Id.*

### ***Symptoms of Type 1***

Symptoms of Type 1 diabetes are typically mild in the beginning, becoming progressively worse or more intense over time as the pancreas makes less insulin. Symptoms of Type 1 diabetes include:<sup>7</sup>

- Excessive thirst;
- Frequent urination, including frequent full diapers in infants and bedwetting in children;
- Excessive hunger;
- Unexplained weight loss;
- Fatigue;
- Blurred vision;
- Slow healing of cuts and sores; and
- Vaginal yeast infections.

### ***Management and Treatment***

People with Type 1 diabetes need synthetic insulin every day, multiple times a day, in order to live and be healthy. Insulin can be taken in the following ways:<sup>8</sup>

- Multiple daily injections using a vial and syringe – Insulin should be injected into fatty tissue in the belly, upper arm, thigh, or buttocks. Injections are usually the least expensive way to take insulin.
- Pre-filled insulin pens – Disposable pen needles can be more convenient than syringes, as well as a good option for individuals with poor vision.
- Insulin pumps – Devices that deliver insulin continuously and on-demand, mimicking the pancreas. Pumps deliver insulin through a tiny catheter that goes in a fleshy area of the body.
- Rapid-acting inhaled insulin – Works more quickly than other types of insulin and is inhaled through the mouth, much like an asthma inhaler.

The amount of insulin needed daily varies over time and under specific circumstances. For instance, a larger dose of insulin is typically needed during puberty, pregnancy, and while taking steroid medication.<sup>9</sup>

People with Type 1 diabetes must monitor blood sugar levels closely throughout the day. Maintaining a healthy blood sugar range is the best way to avoid health complications. Blood sugar can be monitored using a blood glucose meter<sup>10</sup> or a continuous glucose monitor.<sup>11,12</sup>

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<sup>7</sup> Cleveland Clinic, *Type 1 Diabetes*, available at <https://my.clevelandclinic.org/health/diseases/21500-type-1-diabetes#management-and-treatment> (last visited Mar. 15, 2025).

<sup>8</sup> *Id.*

<sup>9</sup> *Id.*

<sup>10</sup> A finger is pricked with a lance, and a small drop of blood is placed on the meter's test strip. The blood glucose level appears on the meter within seconds. A blood glucose meter is usually the least expensive home testing option, but it only reports blood sugar at the time of the check.

<sup>11</sup> There are different types of continuous glucose monitors (CGMs), but most require a small sensor to be inserted under the skin at home every seven to 14 days. Some CGMs are implanted by a health care provider. The sensor continuously records blood glucose levels. People using a CGM require fewer finger sticks. CGM systems can be more expensive than fingerstick blood glucose meters but provide much more information about glucose levels, including previous and future trends. Different alarms can be set to alert the user when blood sugar is trending too low or too high.

<sup>12</sup> *Id.*

A large part of Type 1 diabetes management is monitoring the carbohydrates in food and drinks consumed to determine proper doses of insulin. Carbohydrate counting at its basic level involves counting the number of grams of carbohydrate in a meal by reading nutrition labels and then matching the dose of insulin. An insulin-to-carb ratio is used to calculate the amount of insulin that should be taken to manage blood sugars when eating. Insulin-to-carb ratios vary from person to person and may even be different at different times of the day.<sup>13</sup>

### ***Complications***

Low blood sugar (hypoglycemia) can occur from taking too much insulin based on food intake and/or activity level and needs to be treated right away. Hypoglycemia is usually considered to be below 70 milligrams per deciliter. Symptoms and consequences may include:<sup>14</sup>

- Shaking, trembling, sweating, and chills;
- Dizziness, lightheadedness, and faster heart rate;
- Headaches;
- Hunger;
- Nausea;
- Nervousness or irritability;
- Disorientation and confusion;
- In severe instances, seizure; and
- In the most severe instances, brain damage or death.

Poorly managed diabetes, over the long-term, results in continuous high blood sugar, leading to numerous complications, such as:<sup>15</sup>

- Eye problems, including diabetes-related retinopathy, diabetes-related macular edema, cataracts, and glaucoma;
- Foot problems, including ulcers and infections that can lead to gangrene and amputation;
- Heart disease;
- High blood pressure;
- Kidney disease;
- Oral health problems;
- Diabetes-related neuropathy or nerve damage;
- Skin conditions, including dry skin, bacterial and fungal infections, and diabetes-related dermopathy; and
- Strokes.

### **The School Health Services Program of the DOH**

In partnership with the Florida Department of Education (DOE), the DOH's School Health Services Program (program) provides services required in ss. 381.0056, 381.0057, and 402.3026, F.S. School health services are intended to minimize health barriers to learning for public school students in pre-kindergarten through grade 12. To ensure the provision of safe and

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<sup>13</sup> Cleveland Clinic, *Type 1 Diabetes*, available at <https://my.clevelandclinic.org/health/diseases/21500-type-1-diabetes#management-and-treatment> (last visited Mar. 15, 2025).*Id.*

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

appropriate county-level school health services, the program provides funding, technical assistance, and oversight of health services provided in Florida's public schools. The three program components are: basic school health services, comprehensive school health services, and full-service schools.<sup>16</sup>

### ***Basic School Health Services***

Basic school health services are required by s. 381.0056, F.S., to promote student health through a variety of day-to-day health services to public school students. All 67 counties provide basic school health services, which include:<sup>17</sup>

- Nursing assessments, health counseling, referrals, and follow-up for suspected or confirmed health problems;
- Individualized health care plan development;
- In-school care management for chronic and acute health conditions, such as *diabetes*, asthma, allergies, and epilepsy;
- Assistance with medication administration and health care procedures;
- Vision, hearing, scoliosis, and growth and development screenings;
- First-aid and emergency health services;
- Communicable disease prevention and intervention; and
- Emergency preparedness.

### ***School Health Services Plan***

Every two years, the program ensures each county health department (CHD) and school district submits a School Health Services Plan (plan). This plan details how the local program will meet the requirements for school health services. Each local CHD and school district collaborates to meet the requirements outlined in its plan. The plan includes provisions related to the management and care of students living with diabetes, in accordance with s. 1002.20(3)(j), F.S. Additional guidance from the DOE can be found in Rule 6A-6.0253, F.A.C.<sup>18</sup>

Currently, school districts are required to have appropriate personnel, whether licensed nurses or trained school personnel, assigned to each school a student with diabetes would otherwise attend if he or she did not have diabetes. School districts must ensure that such personnel are available to provide the necessary diabetes care throughout the school day and during school-sponsored activities.<sup>19</sup>

### ***Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools***<sup>20</sup>

In 2014, the DOH collaborated with multiple partners to develop the "Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools." This reference manual is

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<sup>16</sup> Florida Department of Health, *School Health Program*, available at <https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/school-health-program.html> (last visited Mar. 14, 2025).

<sup>17</sup> *Id.*

<sup>18</sup> Florida Department of Health, *House Bill 723 Analysis* (Mar. 3, 2025) (on file with Senate Committee on Health Policy).


<sup>19</sup> Rule 6A-6.0253, F.A.C.


<sup>20</sup> Florida Department of Health, *Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools*, available at <https://www.floridahealth.gov/programs-and-services/childrens-health/school->


a key resource for Florida school health nurses and local programs serving students with diabetes. The DOH is in the process of revising this manual.<sup>21</sup>


***Program Infographic: “Helping your Child with Type 1 Diabetes Succeed in School”<sup>22</sup>***

**HELPING YOUR CHILD WITH  
TYPE 1 DIABETES SUCCEED  
AT SCHOOL**


 **Complete and submit the school's annual student emergency card** (form) at the beginning of the school year and sign written permissions to authorize treatment at school to share your child's health related information as necessary to ensure their health and safety at school.


 **Meet with the registered school nurse** (RN) at the beginning of each school year and any staff who will have contact with your child during the school day and participate in individualized education plan (IEP) or 504 plan meetings that include the RN.



 **Ensure that the school clinic receives a diabetes medical management plan** (DMMP) with the most up-to-date information provided by your child's doctor and every school year (and every time your child's medication or medication dose changes), complete, sign and submit medication authorization forms for each medication your child needs to take while at school. Your school district may require that your child's doctor sign the medication authorization also.



 **Provide the school clinic with your child's diabetes equipment, medication, supplies and snacks** in their original containers and packages. Make sure the expiration dates for your child's insulin, glucose test strips and ketone strips have not passed.




If you are unable to pay for your child's diabetes medications, equipment and supplies, speak to the registered school nurse assigned to your child's school. They can assist you in obtaining no-cost or reduced-price supplies.



FL Dept. of Health 11/18

[health/ documents/diabetes-guidelines-for-the-care-delegation-of-care-for-students-with-diabetes-in-florida-schools.pdf](https://www.floridahealth.gov/documents/diabetes-guidelines-for-the-care-delegation-of-care-for-students-with-diabetes-in-florida-schools.pdf) (last visited Mar. 14, 2025).

<sup>21</sup> Florida Department of Health, *House Bill 723 Analysis* (Mar. 3, 2025) (on file with Senate Committee on Health Policy).

<sup>22</sup> Florida Department of Health, *Helping your Child with Type 1 Diabetes Succeed at School*, available at <https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/diabetes-school-card-2up.pdf> (last visited Mar. 14, 2025).

### III. Effect of Proposed Changes:

The bill creates s. 381.992, F.S., to require the Department of Health (DOH), in collaboration with early learning coalitions, school districts, school boards, and charter schools, throughout the state, to develop Type 1 diabetes informational materials for the parents and guardians of students. The informational materials must be made available to each school district, school board, and charter school through the DOH's website.

Within 90 days after July 1, 2025, the DOH must develop the materials related to the early detection of Type 1 diabetes and post the information on its website. The DOH must develop a standardized methodology for each school district, school board, and charter school for the notification of the parents or guardians of public school VPK, kindergarten, and first-grade students. Parents and guardians must be notified of the availability of the Type 1 diabetes early detection materials by September 30, 2025, and annually thereafter.

The bill requires the informational materials on Type 1 diabetes to include, at minimum:

- A description of Type 1 diabetes.
- A description of the risk factors and warning signs associated with Type 1 diabetes.
- A description of the process for screening students for early detection of Type 1 diabetes using a blood autoantibody test.
- A recommendation for further evaluation for students displaying warning signs associated with Type 1 diabetes or positive early detection screening results.

The bill takes effect July 1, 2025.

### 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:**

CS/CS/SB 958 has an insignificant, negative fiscal impact on state expenditures. According to the Department of Health, the fiscal impact can be absorbed within existing resources.<sup>23</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

The Department of Health (DOH) indicates that rulemaking authority would better allow the department to implement the methodology under which schools are required to notify parents and guardians of the informational materials, however, no such authority is provided to the DOH.<sup>24</sup>

**VIII. Statutes Affected:**

This bill creates section 381.992 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.)**CS/CS by Appropriations Committee on Health and Human Services on March 26, 2025:**

The committee substitute adds the Early Learning Coalition to the list of the entities that the Department of Health must make certain materials available to and who must follow a standardized methodology for the dissemination of certain materials.

**CS by Health Policy on March 18, 2025:**

The committee substitute:

- Creates the Type 1 Diabetes Early Detection Program within ch. 381, F.S., instead of ch. 385, F.S.

<sup>23</sup> Florida Department of Health, *House Bill 723 Analysis* (Mar. 3, 2025) (on file with Senate Committee on Health Policy).

<sup>24</sup> *Id.*



- Includes school boards, in addition to the previously included school districts and charter schools, as parties to whom the bill's informational materials must be available.
- Includes parents of VPK and kindergarten students, in addition to first-grade students, as parties who must be notified of the availability of the materials.
- Adjusts the timeframes for the development of informational materials and the notification of the availability of the materials to parents and guardians, i.e. the DOH must develop the materials within 90 days after July 1, 2025, and parents or guardians must be notified of the availability of the materials by September 30, 2025, and annually thereafter.

B. Amendments:

None.



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LEGISLATIVE ACTION

| Senate     | . | House |
|------------|---|-------|
| Comm: RCS  | . |       |
| 03/28/2025 | . |       |
|            | . |       |
|            | . |       |
|            | . |       |

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The Appropriations Committee on Health and Human Services  
(Bernard) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 20 - 41  
and insert:  
made available to each early learning coalition, school  
district, school board, and charter school through the  
department's website.

(2) Within 90 days after July 1, 2025, the department shall  
develop the materials related to the early detection of Type 1  
diabetes and post the information on its website. The department



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11 shall develop a standardized methodology for each early learning  
12 coalition, school district, school board, and charter school for  
13 the notification of the parents or guardians of public school  
14 voluntary prekindergarten, kindergarten, and first-grade  
15 students, by September 30, 2025, and annually thereafter, of the  
16 availability of the Type 1 diabetes early detection materials.

17 (3) Information provided to parents and guardians must  
18 include, but not be limited to, all of the following:

19 (a) A description of Type 1 diabetes.

20 (b) A description of the risk factors and warning signs  
21 associated with Type 1 diabetes.

22 (c) A description of the process for screening students for  
23 early detection of Type 1 diabetes using a blood autoantibody  
24 test.

25 (d) A recommendation for further evaluation for students  
26 displaying warning signs associated with Type 1 diabetes or  
27 positive early detection screening results.

28 Section 2. Subsection (5) of section 1002.53, Florida  
29 Statutes, is amended to read:

30 1002.53 Voluntary Prekindergarten Education Program;  
31 eligibility and enrollment.—

32 (5) The early learning coalition shall provide each parent  
33 enrolling a child in the Voluntary Prekindergarten Education  
34 Program with a profile of every private prekindergarten provider  
35 and public school delivering the program within the county where  
36 the child is being enrolled. The profiles must ~~shall~~ be provided  
37 to parents in a format prescribed by the department in  
38 accordance with s. 1002.92(3). The early learning coalition  
39 shall also annually notify parents and guardians of the



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40 availability of informational materials for the early detection  
41 of Type 1 diabetes pursuant to s. 381.992.

42  
43 ===== T I T L E A M E N D M E N T =====

44 And the title is amended as follows:

45       Delete line 9

46 and insert:

47       informational materials; amending s. 1002.53, F.S.;

48       requiring early learning coalitions to notify parents

49       and guardians of the availability of specified

50       informational materials; providing an effective date.

By the Committee on Health Policy; and Senator Bernard

588-02571-25

2025958c1

1 A bill to be entitled  
 2 An act relating to a Type 1 diabetes early detection  
 3 program; creating s. 381.992, F.S.; requiring the  
 4 Department of Health, in collaboration with school  
 5 districts throughout the state, to develop  
 6 informational materials for the early detection of  
 7 Type 1 diabetes for parents and guardians of certain  
 8 students; providing requirements for such  
 9 informational materials; providing an effective date.

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

11 Section 1. Section 381.992, Florida Statutes, is created to  
 12 read:

13 381.992 Type 1 diabetes early detection program.—

14 (1) The Department of Health, in collaboration with school  
 15 districts throughout the state, shall develop informational  
 16 materials for the early detection of Type 1 diabetes for parents  
 17 and guardians of students. The informational materials shall be  
 18 made available to each school district, school board, and  
 19 charter school through the department's website.

20 (2) Within 90 days after July 1, 2025, the department shall  
 21 develop the materials related to the early detection of Type 1  
 22 diabetes and post the information on its website. The department  
 23 shall develop a standardized methodology for each school  
 24 district, school board, and charter school for the notification  
 25 of the parents or guardians of public school voluntary  
 26 prekindergarten, kindergarten, and first-grade students, by  
 27 September 30, 2025, and annually thereafter, of the availability  
 28  
 29

Page 1 of 2

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

588-02571-25

2025958c1

30 of the Type 1 diabetes early detection materials.  
 31 (3) Information provided to parents and guardians shall  
 32 include, but not be limited to, all of the following:  
 33 (a) A description of Type 1 diabetes.  
 34 (b) A description of the risk factors and warning signs  
 35 associated with Type 1 diabetes.  
 36 (c) A description of the process for screening students for  
 37 early detection of Type 1 diabetes using a blood autoantibody  
 38 test.  
 39 (d) A recommendation for further evaluation for students  
 40 displaying warning signs associated with Type 1 diabetes or  
 41 positive early detection screening results.

42 Section 2. This act shall take effect July 1, 2025.

Page 2 of 2

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



The Florida Senate

## Committee Agenda Request

**To:** Jay Trumbull, Chair  
Committee on Health and Human Services

**Subject:** Committee Agenda Request

**Date:** March 18, 2025

---

I respectfully request that **Senate Bill #958**, relating to Type 1 Diabetes Early Detection be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in blue ink that reads "Mack Bernard".

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Senator Mack Bernard  
Florida Senate, District 24

The Florida Senate

APPEARANCE RECORD

CS/SB 958

3/26/25

Meeting Date

Bill Number or Topic

Deliver both copies of this form to Senate professional staff conducting the meeting

Health & Human Services Approps.

Committee

Amendment Barcode (if applicable)

Name Gary Hunter

Phone 850 567-5763

Address 119 S. Monroe St Suite 500

Email ghunter@holtzmanvogel.com

Street

Tallahassee FL 32301

City

State

Zip

Speaking:  For  Against  Information OR Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Sanofi Pharmaceuticals

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf](#) (flsenate.gov)

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

S-001 (08/10/2021)

**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.)

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

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BILL: CS/SB 1356

INTRODUCER: Education Postsecondary Committee and Senators Burton and Berman

SUBJECT: Florida Institute for Pediatric Rare Diseases

DATE: March 25, 2025

REVISED: \_\_\_\_\_

|    | ANALYST   | STAFF DIRECTOR | REFERENCE | ACTION           |
|----|-----------|----------------|-----------|------------------|
| 1. | Jahnke    | Bouck          | HE        | <b>Fav/CS</b>    |
| 2. | Gerbrandt | McKnight       | AHS       | <b>Favorable</b> |
| 3. |           |                | FP        |                  |

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 1356 codifies the Florida Institute for Pediatric Rare Diseases (Institute) within the Florida State University College of Medicine as a statewide resource dedicated to research and clinical care related to pediatric rare diseases. The Institute will conduct research, develop diagnostic and genetic screening tools, provide multidisciplinary clinical services and care, educate and train healthcare professionals, and collaborate with other institutions and organizations.

The bill requires the Institute to establish and administer the Sunshine Genetics Pilot Program for five years. This opt-in pilot program offers genetic screening, to include whole genome sequencing to newborns, contingent upon parental consent. Clinical findings from the screening must be released to the newborn's healthcare practitioner and parent. The Institute is required to maintain a secure database of pilot program data and provide deidentified data to support research.

Additionally, the bill establishes the Sunshine Genetics Consortium (Consortium) to facilitate collaboration among researchers, geneticists, and physicians from Florida's state universities and children's hospitals. The Consortium's responsibilities include integrating genomic sequencing technologies, advancing genetic and precision medicine research, educating healthcare professionals, leveraging artificial intelligence in genomics, and securing external funding to expand genetic screening efforts. An oversight board appointed by state universities and government officials will administer the Consortium and meet at least once every six months.



The bill appropriates \$5 million in recurring funds from the General Revenue Fund for Fiscal Year 2025-2026 to support the Institute, and \$20 million in nonrecurring funds from the General Revenue Fund for the implementation of the Sunshine Genetics Pilot Program. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2025

## II. Present Situation:

### Rare Diseases

In the United States, a rare disease is any condition that nationally affects fewer than 200,000 people. There may be as many as 10,000 rare diseases impacting the lives of 30 million Americans and their families.<sup>1</sup> So, while the individual diseases may be rare, the total number of people impacted by a rare disease is large. Rare diseases include genetic disorders, infectious diseases, cancers, and various other pediatric and adult conditions. A rare disease can affect anyone at any point in their life and can be acute or chronic. It is estimated that 80 percent or more of rare diseases are genetic. For rare genetic diseases, genetic testing is often the only way to make a definitive diagnosis.<sup>2</sup>

Rare diseases present a fundamentally different array of challenges compared to those of more common diseases; often, patients are set on a “diagnostic odyssey” in order to determine the cause of their symptoms as they seek treatment in healthcare settings where their condition may have never been seen before.<sup>3</sup>

### The Andrew John Anderson Pediatric Rare Disease Grant Program

In 2024, the Florida Legislature established the Andrew John Anderson Pediatric Rare Disease Grant Program (Grant Program) within the Department of Health (DOH) to support research on pediatric rare diseases. The Grant Program awards grants through a competitive, peer-reviewed process to advance new diagnostics, treatments, and cures.<sup>4</sup>

The DOH, in consultation with the Rare Diseases Advisory Council,<sup>5</sup> awards grants to universities and established research institutes in Florida for scientific and clinical research. Preference may be given to proposals that foster collaborations among institutions, researchers, and community practitioners.<sup>6</sup>

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<sup>1</sup> National Organization for Rare Diseases (NORD), *NORD Rare Disease Database*, <https://rarediseases.org/rare-diseases/> (last visited Mar. 10, 2025).

<sup>2</sup> Department of Health, *Rare Disease Advisory Council: Legislative Report, Fiscal Year 2023-2024 (2024)*, at 6-7, available at <https://www.floridahealth.gov/provider-and-partner-resources/rdac/documents/2024-rdac-annual-report.pdf>.

<sup>3</sup> *Id.*

<sup>4</sup> Section 381.991(1)(a), F.S.; *See also* ch. 224-246, Laws of Fla.

<sup>5</sup> *See* Section 381.99, F.S. The Rare Disease Advisory Council is created adjunct to the DOH for the purpose of providing recommendations on ways to improve health outcomes for individuals residing in this state who have a rare disease.

<sup>6</sup> Section 381.991(1)(b) – (2)(a), F.S. *See also*, Florida Health, *Rare Pediatric Diseases Research Grant Program*, <https://www.floridahealth.gov/provider-and-partner-resources/research/research-programs1/RarePediatricDiseasesResearchGrantProgram.html> (last visited Mar. 10, 2025).

In both 2023 and 2024, the Legislature appropriated \$500,000 for the Grant Program.<sup>7</sup>

### **Florida State University Institute for Pediatric Rare Diseases**

In 2024, Florida State University (FSU) established the Institute for Pediatric Rare Diseases (Institute) at the FSU College of Medicine. It is the mission of the Institute to transform the lives of children affected by rare diseases through research, education, diagnosis, and clinical care.<sup>8</sup>

The goals include:<sup>9</sup>

- Harnessing interdisciplinary collaboration by bringing together scientists, clinicians, and educators to address the challenges of pediatric rare diseases.
- Leveraging advancements in gene therapy and immune response research to improve treatment outcomes.
- Enhancing the quality of life for the 15 million children across the United States affected by pediatric rare diseases.

In 2023, the Legislature appropriated \$1,000,000 in nonrecurring general revenue funds to the Institute,<sup>10</sup> and another \$5,000,000 in nonrecurring general revenue funds in 2024.<sup>11</sup>

### **Newborn Screening Program**

The Legislature created the Florida Newborn Screening Program (NSP) within the DOH, to promote the screening of all newborns for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect.<sup>12</sup> The NSP also promotes the identification and screening of all newborns in the state and their families for environmental risk factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services.<sup>13</sup>

The NSP attempts to screen all newborns for hearing impairment and to identify, diagnose, and manage newborns at risk for select disorders that, without detection and treatment, can lead to permanent developmental and physical damage or death.<sup>14</sup> The NSP is intended to screen all

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<sup>7</sup> Specific Appropriation 539A, s. 3, ch. 2023-239, Laws of Fla., and Specific Appropriation 546A, s. 3, ch. 2024-231, Laws of Fla.

<sup>8</sup> Florida State University, Florida State University News, *FSU launches groundbreaking Institute for Pediatric Rare Diseases*, <https://news.fsu.edu/news/health-medicine/2024/02/01/fsu-launches-groundbreaking-institute-for-pediatric-rare-diseases/>; See also, Florida State University, *Institute for Pediatric Rare Diseases*, <https://med.fsu.edu/iprd/home> (last visited Mar. 10, 2025).

<sup>9</sup> *Id.*

<sup>10</sup> Chapter 2023-239, s. 2, Laws of Fla. (Specific Appropriation 143).

<sup>11</sup> Chapter 2024-231, s. 2, Laws of Fla. (Specific Appropriation 147).

<sup>12</sup> Section 383.14(1), F.S.

<sup>13</sup> Section 383.148(1), F.S.

<sup>14</sup> Florida Department of Health, *Florida Newborn Screening 2022 Guidelines*, available at <https://floridanewbornscreening.com/wp-content/uploads/NBS-Protocols-2022-FINAL.pdf>. See also, Florida Newborn Screening, <https://floridanewbornscreening.com/> (last visited Mar. 10, 2025)

prenatal women and newborns, however, parents and guardians may choose to decline the screening.<sup>15</sup>

Newborn screenings are completed after the baby is 24 hours of age and before discharge from the hospital. For births outside a hospital setting, the birth provider either completes the screening or arranges for testing within 1- 2 days after birth.<sup>16</sup>

The Florida Genetics and Newborn Screening Advisory Council advises the DOH on disorders to be included in the NSP panel of screened disorders and the procedures for collecting and transmitting specimens.<sup>17</sup> Florida's NSP currently screens for 58 conditions, 55 of which are screened through the collection of blood spots.<sup>18</sup> Healthcare providers collect drops of blood from the newborn's heel on a standardized specimen collection card which is then sent to the state laboratory for testing.<sup>19</sup>

If necessary, healthcare providers refer patients to the appropriate health, education, and social services.<sup>20</sup> Screening results are released to the newborn's healthcare provider; in the event of an abnormal result, the baby's healthcare provider or a nurse or specialist from NSP's Follow-up Program provides follow-up services and referrals for the child and his or her family.<sup>21</sup>

### III. Effect of Proposed Changes:

The bill creates s. 1004.4210, F.S., to codify the Florida Institute for Pediatric Rare Diseases (Institute) within the Florida State University College of Medicine as a statewide resource for pediatric rare disease research and clinical care. The Institute's purpose is to enhance the quality of life and health outcomes for children and families affected by rare diseases by advancing knowledge, diagnosis, and treatment of pediatric rare diseases through research, clinical care, education, and advocacy. The bill specifies the goals of the Institute, which are:

- Conducting research to better understand the causes, mechanisms, and potential treatments for pediatric rare diseases, including leveraging emerging research methods.
- Developing advanced diagnostic and genetic screening tools and techniques to enable healthcare providers to identify rare diseases in newborns and children more rapidly, accurately, and economically.
- Providing comprehensive, multidisciplinary clinical services and care for affected children and their families. Such care may include, but is not limited to, patient, family, and caregiver

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<sup>15</sup> Section 383.14(4), F.S.; Rule 64C-7.008, F.A.C.; The hospital provider shall request any parent or guardian who objects to infant (postnatal) risk screening of their child or ward, after the purpose of the screening has been fully explained, to indicate the objection in writing on the electronic birth record risk screening instrument.

<sup>16</sup> Florida Newborn Screening, *What is Newborn Screening?*, <https://floridanewbornscreening.com/parents/what-is-newborn-screening/> (last visited Mar. 10, 2025).

<sup>17</sup> Section 383.14(6)(a), F.S.

<sup>18</sup> Department of Health, *2024 Agency Analysis of HB 1441* (Feb. 5, 2024).

<sup>19</sup> Florida Newborn Screening Program, *What is Newborn Screening?* available at <https://floridanewbornscreening.com/parents/what-is-newborn-screening/> (last visited March 10, 2025). See also, Florida Newborn Screening, Specimen Collection Card, <http://floridanewbornscreening.com/wp-content/uploads/Order-Form.png> (last visited March 10, 2025).

<sup>20</sup> *Id.*

<sup>21</sup> Department of Health, *2024 Agency Analysis of HB 1441* (Feb. 5, 2024).

support and resources to help navigate the challenges associated with these conditions, support groups, and patient advocacy.

- Educating and training healthcare professionals, including, but not limited to, genetic counselors, pediatricians, scientists, and other specialists.
- Establishing collaborations with other research institutions, medical centers, patient and family advocacy organizations, and government agencies.

The bill requires the Institute to establish and administer the Sunshine Genetics Pilot Program for five years, providing genetic screening, including, but not limited to, whole genome sequencing to newborns in addition to the state's existing newborn screening program. Upon approval of the oversight board, the genetic screening will be performed by the Institute and institutional members of the oversight board. The Institute is authorized to partner with Florida universities and colleges and healthcare service providers to promote and assist in the implementation of the pilot program. Parental consent is required for participation and the Institute and institutional members of the oversight board must release clinical findings of a newborn's screening to the newborn's health care practitioner and the newborn's parent.

The bill defines "health care practitioner" to include:

- a physician or physician assistant licensed under chapter 458;
- an osteopathic physician or physician assistant licensed under chapter 459;
- an advanced practice registered nurse, registered nurse, or licensed practical nurse licensed under part I of chapter 464;
- a midwife licensed under chapter 467;
- a speech-language pathologist or audiologist licensed under part I of chapter 468;
- a dietitian or nutritionist licensed under part X of chapter 468; or
- a genetic counselor licensed under part III of chapter 483.

The bill requires the Institute to:

- Maintain a secure database to collect and store all pilot program data, including, but not limited to, newborn genomics sequence data and deidentified newborn data.
- Provide deidentified newborn data to members of the Consortium pursuant to a data sharing agreement to support ongoing and future research.

Additionally, by December 1, 2030, the Institute is required to provide a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the pilot program, including, at a minimum:

- Study population and enrollment metrics.
- Whole genome sequencing metrics.
- Clinical and public health impact.
- Cost effectiveness and economic benefits.

The bill also establishes the Sunshine Genetics Consortium (Consortium) to create a network of clinical and academic research professionals, geneticists, and physicians from state universities and the state's children's hospitals to collaborate with leaders in the genetic industry, build, and support a culture of collaborative research and the development of cutting-edge genetic and precision medicine in the state. The Consortium will:

- Integrate state-of-the-art genomic sequencing technologies.
- Advance research and the development of cutting-edge genetic and precision medicine.
- Leverage artificial intelligence in genomics.
- Develop clinician education on genomic tools.
- Support education and growth of geneticists to meet demand.
- Solicit and leverage external funding to expand the pilot program and support genetic screenings by institutional members of the oversight board.
- Promote patient care to support families with children diagnosed with genetic disorders.
- Report on the use of deidentified newborn data by members of the Consortium.

The bill requires the Consortium to be administrated at the Institute by an oversight board and meet at least once every six months. The oversight board consists of the director of the Institute, who serves as chair, and the following voting members who are *required* to serve two-year terms:

- One member nominated by the dean of the University of Florida's College of Medicine and approved by the university's president.
- One member nominated by the dean of the University of South Florida's College of Medicine and approved by the university's president.
- One member nominated by the dean of the University of Miami's School of Medicine and approved by the university's president.
- One member appointed by the Governor.
- One member appointed by the President of the Senate.
- One member appointed by the Speaker of the House of Representatives.

The oversight board is *responsible for the* promotion and oversight of the Consortium, including, but not limited to, the nomination and appointment of members of the Consortium.

The bill requires the Consortium, beginning October 15, 2026, and annually thereafter, to provide a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on research projects, research findings, community outreach initiatives, and future plans for the Consortium.

The bill appropriates \$5 million in recurring funds from the General Revenue Fund for Fiscal Year 2025-2026 to support the Institute, and \$20 million in nonrecurring funds from the General Revenue Fund for the implementation of the Sunshine Genetics Pilot Program.

The bill takes effect July 1, 2025.

#### **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:

The bill appropriates \$5 million in recurring funds from the General Revenue Fund for Fiscal Year 2025-2026 to support the Institute and \$20 million in nonrecurring funds for the implementation of the Sunshine Genetics Pilot Program.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates section 1004.4210 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.)

**CS by Education Postsecondary on March 17, 2025:**

The committee substitute maintains provisions in SB 1356, with the following modifications:

- Removes the requirement for the Consortium to create a biorepository network.

- Removes the requirement for the pilot program to be implemented in accordance with specific genetic testing regulations.
- Extends the duration of the Sunshine Genetics Pilot Program from three years to five years.
- Clarifies genetic testing as whole genome sequencing.
- Specifies that the Institute and institutional members of the oversight board, upon approval, will perform the genetic screening.
- Authorizes, rather than requires, the Institute to establish partnerships to promote and assist in the implementation of the pilot program.
- Clarifies that clinical findings of a newborn's screenings must be delivered to both the newborn's healthcare practitioner and parent.
- Specifies that the Institute must collect and store pilot program data, explicitly including genomics sequence data and deidentified newborn data.
- Requires the Institute to provide deidentified newborn data to members of the Consortium pursuant to a data sharing agreement to support ongoing and future research.
- Revises the Institute's reporting requirements on the pilot program specifying that, by December 1, 2030, the Institute must provide a report to include an overview of key metrics and the program's impact on health, cost-effectiveness, and economic benefits.
- Requires the Consortium to advance research and the development of cutting edge genetic and precision medicine.
- Clarifies that the Consortium must solicit and leverage funds, rather than simply raise them, and expands the purpose of funding to explicitly support genetic screenings by institutional members of the oversight board in addition to expanding the pilot program.
- Requires the Consortium to report on the use of deidentified newborn data by members of the Consortium.
- Specifies that the Consortium's oversight board must meet at least every six months.
- Requires the director of the Institute to serve as the chair of the oversight board.
- Modifies the selection process for university-approved members of the Consortium oversight board.
- Revises the oversight board's responsibilities from financial and technical management to general promotion and oversight of the Consortium.
- Specifies that the Consortium's annual reporting must begin on October 15, 2026, and expands reporting requirements to include research projects, findings, community outreach initiatives, and future plans.
- Broadens the scope of the \$20 million appropriation from funding only whole genome sequencing at birthing centers to supporting the full implementation of the Sunshine Genetics Pilot Program.

B. Amendments:

None.

By the Committee on Education Postsecondary; and Senator Burton

589-02481-25

20251356c1

A bill to be entitled

An act relating to the Florida Institute for Pediatric Rare Diseases; creating s. 1004.4211, F.S.; establishing the Florida Institute for Pediatric Rare Diseases within the Florida State University College of Medicine; providing the goals of the institute; requiring the institute to establish and administer the Sunshine Genetics Pilot Program for a specified period; providing the purpose of the pilot program; providing institute responsibilities and duties relating to the pilot program; providing requirements for participation in the pilot program and data collection and release in the pilot program; defining the term "health care practitioner"; providing reporting requirements for the pilot program; establishing the Sunshine Genetics Consortium for specified purposes; requiring the consortium to be administered at the institute by an oversight board; providing for the membership and terms of the board; providing meeting and reporting requirements for the consortium; providing appropriations; providing an effective date.

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

Section 1. Section 1004.4211, Florida Statutes, is created to read:  
1004.4211 The Florida Institute for Pediatric Rare Diseases; the Sunshine Genetics Pilot Program; the Sunshine

Page 1 of 6

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

589-02481-25

20251356c1

Genetics Consortium.

(1) The Florida Institute for Pediatric Rare Diseases is established within the Florida State University College of Medicine as a statewide resource for pediatric rare disease research and clinical care. The purpose of the institute is to improve the quality of life and health outcomes for children and families affected by rare diseases by advancing knowledge, diagnosis, and treatment of pediatric rare diseases through research, clinical care, education, and advocacy.

(2) The goals of the institute are to:

(a) Conduct research to better understand the causes, mechanisms, and potential treatments for pediatric rare diseases, including leveraging emerging research methods.

(b) Develop advanced diagnostic and genetic screening tools and techniques to enable health care providers to identify rare diseases in newborns and children more rapidly, accurately, and economically.

(c) Provide comprehensive multidisciplinary clinical services and care for children with rare diseases. Such care may include, but is not limited to, patient, family, and caregiver support and resources to help navigate the challenges associated with these conditions, support groups, and patient advocacy.

(d) Educate and train health care professionals, including, but not limited to, genetic counselors, pediatricians, scientists, and other specialists in the field of pediatric rare diseases.

(e) Establish collaborations with other research institutions, medical centers, patient and family advocacy organizations, and government agencies whenever deemed

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20251356c1

59 appropriate by the institute director to share expertise, raise  
 60 awareness, and promote a collective effort to tackle pediatric  
 61 rare diseases.

62 (3) (a) The institute shall establish and administer the  
 63 Sunshine Genetics Pilot Program to be administered for a period  
 64 of 5 years. The pilot program shall provide newborn genetic  
 65 screening, including, but not limited to, whole genome  
 66 sequencing. Genetic screening shall be performed by the  
 67 institute and institutional members of the oversight board upon  
 68 approval of the oversight board.

69 (b) The institute may establish partnerships with Florida  
 70 universities and colleges and health care service providers to  
 71 promote and assist in the implementation of the pilot program.

72 (c) The pilot program shall be an opt-in program and a  
 73 parent of a newborn must provide consent to participate in the  
 74 pilot program.

75 (d) The institute and institutional members of the  
 76 oversight board shall release clinical findings of a newborn's  
 77 screening to the newborn's health care practitioner and the  
 78 newborn's parent. As used in this paragraph, the term "health  
 79 care practitioner" means a physician or physician assistant  
 80 licensed under chapter 458; an osteopathic physician or  
 81 physician assistant licensed under chapter 459; an advanced  
 82 practice registered nurse, registered nurse, or licensed  
 83 practical nurse licensed under part I of chapter 464; a midwife  
 84 licensed under chapter 467; a speech-language pathologist or  
 85 audiologist licensed under part I of chapter 468; a dietitian or  
 86 nutritionist licensed under part X of chapter 468; or a genetic  
 87 counselor licensed under part III of chapter 483.

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589-02481-25

20251356c1

88 (e) The institute shall:

89 1. Maintain a secure database to collect and store all  
 90 pilot program data, including, but not limited to, newborn  
 91 genomics sequence data and deidentified newborn data.

92 2. Provide deidentified newborn data to members of the  
 93 consortium pursuant to a data sharing agreement to support  
 94 ongoing and future research.

95 (f) By December 1, 2030, the institute shall provide a  
 96 report on the Sunshine Genetics Pilot Program to the Governor,  
 97 the President of the Senate, and the Speaker of the House of  
 98 Representatives. The report must include, at a minimum:

99 1. Study population and enrollment metrics.

100 2. Whole genome sequencing metrics.

101 3. Clinical and public health impact.

102 4. Cost effectiveness and economic benefits.

103 (4) (a) The Sunshine Genetics Consortium is established to  
 104 create a network of clinical and academic research  
 105 professionals, geneticists, and physicians from state  
 106 universities and the state's children's hospitals to collaborate  
 107 with leaders in the genetic industry and build and support a  
 108 culture of collaborative research and the development of cutting  
 109 edge genetic and precision medicine in the state. The consortium  
 110 shall:

111 1. Integrate state-of-the-art genomic sequencing  
 112 technologies.

113 2. Advance research and the development of cutting edge  
 114 genetic and precision medicine.

115 3. Leverage advancements in artificial intelligence  
 116 utilization in genomics.

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589-02481-25 20251356c1

- 117 4. Develop educational opportunities for clinicians on  
 118 genomic tools.
- 119 5. Support the growth and education of geneticists to meet  
 120 demand.
- 121 6. Solicit and leverage funds from nonprofits, private  
 122 industry, and others for the purpose of expanding the Sunshine  
 123 Genetics Pilot Program and to support genetic screenings by  
 124 institutional members of the oversight board.
- 125 7. Promote patient care that supports families with  
 126 children diagnosed with genetic disorders.
- 127 8. Report on the use of deidentified newborn data by  
 128 members of the consortium.
- 129 (b)1. The consortium shall be administered at the institute  
 130 by an oversight board. The board shall convene at least once  
 131 every 6 months.
- 132 2. The oversight board for the consortium shall consist of  
 133 the director of the institute who shall serve as chair and the  
 134 following voting members who shall serve 2-year terms:
- 135 a. One member nominated by the dean of the University of  
 136 Florida's College of Medicine and approved by the university's  
 137 president.
- 138 b. One member nominated by the dean of the University of  
 139 South Florida's College of Medicine and approved by the  
 140 university's president.
- 141 c. One member nominated by the dean of the University of  
 142 Miami's School of Medicine and approved by the university's  
 143 president.
- 144 d. One member appointed by the Governor.
- 145 e. One member appointed by the President of the Senate.

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589-02481-25 20251356c1

- 146 f. One member appointed by the Speaker of the House of  
 147 Representatives.
- 148 3. The board shall be responsible for the promotion and  
 149 oversight of the consortium, including, but not limited to, the  
 150 nomination and appointment of members of the consortium.
- 151 (c) Beginning October 15, 2026, and annually thereafter,  
 152 the consortium shall provide a report to the Governor, the  
 153 President of the Senate, and the Speaker of the House of  
 154 Representatives on research projects, research findings,  
 155 community outreach initiatives, and future plans for the  
 156 consortium.
- 157 Section 2. For the 2025-2026 fiscal year, the sum of \$5  
 158 million in recurring funds is appropriated from the General  
 159 Revenue Fund to the Florida Institute for Pediatric Rare  
 160 Diseases.
- 161 Section 3. For the 2025-2026 fiscal year, the sum of \$20  
 162 million in nonrecurring funds is appropriated from the General  
 163 Revenue Fund to the Florida Institute for Pediatric Rare  
 164 Diseases for the implementation of the Sunshine Genetics Pilot  
 165 Program established in s. 1004.4211, Florida Statutes.
- 166 Section 4. This act shall take effect July 1, 2025.

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## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Health Policy, *Chair*  
Judiciary, *Vice Chair*  
Agriculture  
Appropriations Committee on Agriculture, Environment,  
and General Government  
Appropriations Committee on Health  
and Human Services  
Banking and Insurance  
Fiscal Policy  
Rules

### SENATOR COLLEEN BURTON

12th District

March 20, 2025

The Honorable Jay Trumbull  
415 Senate Office Building  
404 South Monroe Street  
Tallahassee, FL 32399

Chair Trumbull,

I respectfully request SB 1356 Florida Institute for Pediatric Rare Diseases on your Appropriations Committee on Health and Human Services agenda at your earliest convenience.

Thank you for your consideration.

Regards,

A handwritten signature in blue ink that reads "Colleen Burton".

Colleen Burton  
State Senator, District 12

CC: Brooke McKnight; Staff Director  
Robin Jackson, Committee Administrative Assistant

#### REPLY TO:

- 1375 Havendale Blvd., NW Winter Haven, Florida 33881 (863) 413-1529
- 408 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5012

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**Ben Albritton**  
President of the Senate

**Jason Brodeur**  
President Pro Tempore

The Florida Senate

# APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

3/26/25

Meeting Date

HHS Appropriations

Committee

1356

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Robby Holroyd

Phone

Address

Street

Email

City

State

Zip

Speaking:

For

Against

Information

**OR**

Waive Speaking:

In Support

Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without  
compensation or sponsorship.

I am a registered lobbyist,  
representing:

I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

Biotechnology Innovation Organization

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf](#) | [flsenate.gov](#)

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

3/26/25

Meeting Date

SB 1356

Bill Number or Topic

(S) HHS Approps

Committee

Amendment Barcode (if applicable)

Name Lina Rojas - FSU

Phone 305-301-8407

Address 222 S. Copeland St.

Email linarojas@fsu.edu

Tallahassee FL 32301

City

State

Zip

Speaking: [ ] For [ ] Against [ ] Information OR Waive Speaking: [x] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[ ] I am appearing without compensation or sponsorship.

[x] I am a registered lobbyist, representing: FSU

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022JointRules.pdf |flsenate.gov

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The Florida Senate

# APPEARANCE RECORD

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Senate professional staff conducting the meeting

3/26/2025

Meeting Date

HHS Apps.

Committee

SB 1356

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Leslie Dughi

Phone

850-519-3903

Address

Street

Email

City

State

Zip

Speaking:

For

Against

Information

**OR**

Waive Speaking:

In Support

Against

### PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without  
compensation or sponsorship.

I am a registered lobbyist,  
representing:

BioFlorida

I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf](#) ([flsenate.gov](#))

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

S-001 (08/10/2021)

# APPEARANCE RECORD

Deliver both copies of this form to  
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3/26/25

Meeting Date

CS/SB 1356

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Shira Kastan Goldstein Phone 305-781-7310

Address 3100 SW 62nd Ave Email shira@adgstrategy.group  
*Street*

Miami FL 33155  
*City State Zip*

Nicklaus Children's Hospital

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

### PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

*While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf](#) [flsenate.gov](#)*

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The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

3/26/25  
Meeting Date

SB 1356  
Bill Number or Topic

APPROPRIATIONS - HHS  
Committee

Amendment Barcode (if applicable)

Name DR. PRADEEP BHIDE

Phone 850-645-9847

Address FSU COLLEGE OF MEDICINE  
Street

Email PBHIDE@FSU.EDU

TALLAHASIE FL 32306  
City State Zip

Speaking:  For  Against  Information OR Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf flsenate.gov](#)

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 Committee on Health and Human Services

---

BILL: SB 1370

INTRODUCER: Senator Trumbull

SUBJECT: Ambulatory Surgical Centers

DATE: March 25, 2025

REVISED: \_\_\_\_\_

|    | ANALYST      | STAFF DIRECTOR  | REFERENCE  | ACTION           |
|----|--------------|-----------------|------------|------------------|
| 1. | <u>Looke</u> | <u>Brown</u>    | <u>HP</u>  | <b>Favorable</b> |
| 2. | <u>Barr</u>  | <u>McKnight</u> | <u>AHS</u> | <b>Favorable</b> |
| 3. | _____        | _____           | <u>RC</u>  | _____            |

---

## I. Summary:

SB 1370 amends numerous sections of the Florida Statutes to remove regulation of ambulatory surgical centers (ASC) from Part I of ch. 395, F.S., which currently houses regulations for both ASCs and hospitals, and creates a new chapter, ch. 396, F.S., specific to the regulation of ASCs. The bill also specifies that it is the intent of the Legislature to bifurcate all fees and public records exemptions related to ASCs established in ch. 395, F.S., and transfer those fees to, and preserve such public records exemptions under, ch. 396, F.S.

This bill has no fiscal impact on state revenues or expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2025.

## II. Present Situation:

### Ambulatory Surgical Centers

An ambulatory surgical center (ASC) is a licensed health care facility that is not part of a hospital and has the primary purpose of providing elective surgical care. A patient is admitted to and discharged from the facility within 24 hours.<sup>1</sup> ASCs are required to be licensed by the Agency for Health Care Administration (AHCA) and may choose to be Medicare certified and/or accredited.<sup>2</sup>

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<sup>1</sup> Agency for Health Care Administration, Ambulatory Surgical Center, available at <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/ambulatory-surgical-center>, (last visited Mar. 13, 2025).

<sup>2</sup> *Id.*

### ***Licensure***

ASCs are licensed and regulated under ch. 395, F.S., by the AHCA under the same regulatory framework as hospitals.<sup>3</sup> Applicants for ASC licensure are required to submit certain information to the AHCA prior to accepting patients for care or treatment, including:

- An affidavit of compliance with fictitious name;
- Registration of articles of incorporation; and
- The applicant's zoning certificate or proof of compliance with zoning requirements.<sup>4</sup>

Upon receipt of an initial ASC application, the AHCA is required to conduct a survey to determine compliance with all laws and rules. Applicants are required to provide certain information during the initial inspection, including:

- Governing body bylaws, rules, and regulations;
- Medical staff bylaws, rules, and regulations;
- A roster of medical staff members;
- A roster of registered nurses and licensed practical nurses with current license numbers;
- A nursing procedure manual;
- A fire plan; and
- A comprehensive emergency management plan.<sup>5</sup>

The licensure fee is \$1,679.82 and the survey/inspection fee is \$400.<sup>6</sup> Currently there are 532 licensed ASCs in Florida.<sup>7</sup> In 2023, ASCs were visited by patients for outpatient services 3,205,371 times which equals 53.6 percent of all outpatient visits in Florida.<sup>8</sup>

### ***Accreditation***

If an ASC chooses to become accredited by an organization recognized by the AHCA, including the Accreditation Association for Ambulatory Health Care, the QUAD A, the Accreditation Commission for Health Care, or the Joint Commission, the ASC may be deemed to be in compliance with state licensure and certification requirements. Deemed ASCs are not scheduled for routine on-site licensure or recertification surveys, although periodic Life Safety Code inspections are still required. Facilities must provide a complete copy of the most recent survey report indicating continuation as an accredited facility in lieu of inspections. The survey report should include correspondence from the accrediting organization containing:

- The dates of the survey,
- Any citations to which the accreditation organization requires a response,
- A response to each citation,
- The effective date of accreditation,

---

<sup>3</sup> Sections 395.001-395.1065, F.S., and part II, ch. 408, F.S.

<sup>4</sup> Fla. Admin. Code R. 59A-5.003(4) (2019)

<sup>5</sup> Fla. Admin. Code R. 59A-5.003(5) (2019)

<sup>6</sup> Agency for Health Care Administration, Ambulatory Surgical Center, available at <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/ambulatory-surgical-center>, (last visited Mar. 13, 2025).

<sup>7</sup> Florida Health Finder report, available at <https://quality.healthfinder.fl.gov/Facility-Search/FacilityLocateSearch>, (last visited Mar. 13, 2025).

<sup>8</sup> Ambulatory (outpatient) Surgery Query Results, Florida Health Finder, available at <https://quality.healthfinder.fl.gov/QueryTool/QTRResults#>, (last visited Mar. 13, 2025).

- Any follow-up reports, and
- Verification of Medicare (CMS) deemed status, if applicable.

Facilities no longer accredited or granted accreditation status other than accredited, or fail to submit the requested documentation, will be scheduled for annual licensure or recertification surveys to be conducted by AHCA field office staff.<sup>9</sup>

### ***Licensure Requirements***

Pursuant to s. 395.1055, F.S., the AHCA is authorized to adopt rules for hospitals and ASCs. Separate standards may be provided for general and specialty hospitals, ASCs, mobile surgical facilities, and statutory rural hospitals, but the rules for all hospitals and ASCs are required to include minimum standards for ensuring that:

- A sufficient number of qualified types of personnel and occupational disciplines are on duty and available at all times to provide necessary and adequate patient care;
- Infection control, housekeeping, sanitary conditions, and medical record procedures are established and implemented to adequately protect patients;
- A comprehensive emergency management plan is prepared and updated annually;
- Licensed facilities are established, organized, and operated consistent with established standards and rules; and
- Licensed facility beds conform to minimum space, equipment, and furnishing standards.

Rule 59A-5 of the Florida Administrative Code implements the minimum standards for ASCs. Those rules require policies and procedures to ensure the protection of patient rights.

### ***Staff and Personnel Rules***

ASCs are required to have written policies and procedures for surgical services, anesthesia services, nursing services, pharmaceutical services, laboratory services, and radiologic services. In providing these services, ACSs are required to have certain professional staff available, including:

- A qualified person responsible for the daily functioning and maintenance of the surgical suite;
- An anesthesiologist or other physician, or a certified registered nurse anesthetist under the on-site medical direction of a licensed physician, or an anesthesiologist assistant under the direct supervision of an anesthesiologist, who must be in the center during the anesthesia and post-anesthesia recovery period until all patients are cleared for discharge;
- A registered professional nurse who is responsible for coordinating and supervising all nursing services;
- A registered professional circulating nurse for a patient during that patient's surgical procedure; and
- A registered professional nurse who must be in the recovery area at all times when a patient is present.<sup>10</sup>

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<sup>9</sup> Agency for Health Care Administration, Ambulatory Surgical Center, available at <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/ambulatory-surgical-center>, (last visited Mar. 13, 2025).

<sup>10</sup> Fla. Admin. Code R. 59A-5.0085 (2021)

### ***Infection Control Program***

ASCs are required to establish an infection control program involving members of the medical, nursing, and administrative staff. The program must include written policies and procedures reflecting the scope of the infection control program. The written policies and procedures must be reviewed at least every two years by the infection control program members. The infection control program must include:

- Surveillance, prevention, and control of infection among patients and personnel;
- A system for identifying, reporting, evaluating, and maintaining records of infections;
- Ongoing review and evaluation of aseptic, isolation, and sanitation techniques employed by the ASC; and
- Development and coordination of training programs in infection control for all personnel.<sup>11</sup>

### ***Emergency Management Plan***

ASCs are required to develop and adopt a written comprehensive emergency management plan for emergency care during an internal or external disaster or emergency. The ASC must review the plan and update it annually.<sup>12</sup>

### ***Medicare Requirements***

ASCs are required to have an agreement with the federal Centers for Medicare & Medicaid Services (CMS) to participate in Medicare. ASCs are also required to comply with specific conditions for coverage. The CMS defines “ASC” as any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and for whom the expected duration of services would not exceed 24 hours following an admission.<sup>13</sup>

The CMS may deem an ASC to be in compliance with all of the conditions for coverage if the ASC is accredited by a national accrediting body or licensed by a state agency and if the CMS determines that such accreditation or licensure provides reasonable assurance that the conditions for coverage are met.<sup>14</sup> All CMS conditions for coverage requirements are specifically required in Rule 59A-5 of the Florida Administrative Code and apply to all ASCs in Florida. The conditions for coverage require ASCs to have a:

- Governing body that assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC’s total operation;
- Quality assessment and performance improvement program;
- Transfer agreement with one or more acute care general hospitals, which will admit any patient referred who requires continuing care;
- Disaster preparedness plan;
- Organized medical staff;
- Fire control plan;
- Sanitary environment;
- Infection control program; and

<sup>11</sup> Fla. Admin. Code R. 59A-5.011 (2016)

<sup>12</sup> Fla. Admin. Code R. 59A-5.018 (2014)

<sup>13</sup> 42 C.F.R. s. 416.2

<sup>14</sup> 42 C.F.R. s. 416.26(a)(1)

- Procedure for patient admission, assessment and discharge.

### III. Effect of Proposed Changes:

**Section 1** creates ch. 396, F.S., consisting of ss. 396.201-396.225, F.S., entitled “Ambulatory Surgical Centers.”

**Sections 2 through 25** duplicate provisions from Part I of ch. 395, F.S., as necessary to create substantively identical requirements for ambulatory surgery centers (ASC) in the newly created ch. 396, F.S.

**Sections 26 through 76** amend provisions in part I of ch. 395, F.S., as well as multiple other sections of the Florida Statutes, to remove the regulation of ASCs from Part I of ch. 395, F.S., and make conforming changes.

**Section 77** provides that it is the intent of the Legislature to bifurcate all fees applicable to ASCs authorized and imposed under ch. 395, F.S., and transfer them to ch. 396, F.S. The Agency for Health Care Administration is authorized to maintain its current fees for ASCs and may adopt rules to codify such fees in rule to conform to changes made by the bill. Additionally, the bill specifies that it is the intent of the Legislature to bifurcate any exemptions from public records and public meetings requirements applicable to ASCs under ch. 395, F.S., and preserve such exemptions under ch. 396, F.S.

**Section 78** provides that the bill takes effect July 1, 2025.

### 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:**

None.

**VI. Technical Deficiencies:**

The bill creates a new chapter of the Florida Statutes specific to the regulation of ambulatory surgical centers (ASC) and removes ASC regulation from ch. 395, F.S., where it is currently housed. As such, many other statutes are required to be amended to make conforming changes to refer to ch. 396, F.S., rather than ch. 395, F.S. As drafted, the bill includes some of the necessary conforming changes but does not amend numerous other statutes that reference ch. 395, F.S., and include both ASCs and hospitals. Such additional statutes should be amended to conform to the changes made by the bill.

Additionally, the Agency for Health Care Regulation has raised several technical issues with the bill including citing multiple incorrect cross-references and several places in which not cross-referencing ch. 396, F.S., may inadvertently leave out ASCs from exemptions or regulations that are necessary for ASCs.<sup>15</sup>

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 383.145, 383.50, 385.211, 390.011, 394.4787, 395.001, 395.002, 395.003, 395.1055, 395.10973, 395.3025, 395.607, 395.701, 400.518, 400.93, 400.9935, 401.272, 408.051, 408.07, 408.802, 408.820, 409.905, 409.906, 409.975, 456.041, 456.053, 456.056, 458.3145, 458.320, 458.351, 459.0085, 459.026, 465.0125, 468.505, 627.351, 627.357, 627.6056, 627.6405, 627.64194, 627.6616, 627.736, 627.912, 765.101, 766.101, 766.110, 766.1115, 766.118, 766.202, 766.316, 812.014, 945.6041, and 985.6441.

This bill creates the following sections of the Florida Statutes: 396.201, 396.202, 396.203, 396.204, 396.205, 396.206, 396.207, 396.208, 396.209, 396.211, 396.212, 396.213, 396.214, 396.215, 396.216, 396.217, 396.218, 396.219, 396.221, 396.222, 396.223, 396.224, and 396.225.

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<sup>15</sup> Agency for Health Care Administration, *Senate Bill 1730 Analysis* (Mar. 7, 2025)(on file with the Senate Appropriations Committee on Health and Human Services.)

**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.

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By Senator Trumbull

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1 A bill to be entitled  
 2 An act relating to ambulatory surgical centers;  
 3 creating ch. 396, F.S., to be entitled "Ambulatory  
 4 Surgical Centers"; creating s. 396.201, F.S.;  
 5 providing legislative intent; creating s. 396.202,  
 6 F.S.; defining terms; creating s. 396.203, F.S.;  
 7 providing requirements for issuance, denial,  
 8 suspension, and revocation of ambulatory surgical  
 9 center licenses; creating s. 396.204, F.S.; providing  
 10 for application fees; creating s. 396.205, F.S.;  
 11 providing requirements for specified clinical and  
 12 diagnostic results as a condition for issuance or  
 13 renewal of a license; creating s. 396.206, F.S.;  
 14 requiring the Agency for Health Care Administration to  
 15 make or cause to be made specified inspections of  
 16 licensed facilities; authorizing the agency to accept  
 17 surveys or inspections from certain accrediting  
 18 organizations in lieu of its own periodic inspections,  
 19 provided certain conditions are met; requiring the  
 20 agency to develop and adopt by rule certain criteria;  
 21 requiring an applicant or a licensee to pay certain  
 22 fees at the time of inspection; requiring the agency  
 23 to coordinate periodic inspections to minimize costs  
 24 and disruption of services; creating s. 396.207, F.S.;  
 25 requiring each licensed facility to maintain and  
 26 provide upon request records of all inspection reports  
 27 pertaining to that facility; providing that such  
 28 reports be retained for a specified timeframe;  
 29 prohibiting the distribution of specified records;

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30 requiring a licensed facility to provide a copy of its  
 31 most recent inspection report to certain parties upon  
 32 request; providing for a charge for such copies;  
 33 creating s. 396.208, F.S.; providing that specified  
 34 provisions govern the design, construction, erection,  
 35 alteration, modification, repair, and demolition of  
 36 licensed facilities; requiring the agency to review  
 37 facility plans and survey the construction of licensed  
 38 facilities; authorizing the agency to conduct certain  
 39 inspections and investigations; authorizing the agency  
 40 to adopt certain rules; requiring the agency to  
 41 approve or disapprove facility plans and  
 42 specifications within a specified timeframe; providing  
 43 an extension under certain circumstances; deeming a  
 44 facility plan or specification approved if the agency  
 45 fails to act within the specified timeframe; requiring  
 46 the agency to set forth in writing its reasons for any  
 47 disapprovals; authorizing the agency to charge and  
 48 collect specified fees; creating s. 396.209, F.S.;  
 49 prohibiting any person from paying or receiving a  
 50 commission, bonus, kickback, or rebate for referring a  
 51 patient to a licensed facility; requiring agency  
 52 enforcement; providing administrative penalties;  
 53 creating s. 396.211, F.S.; providing facility  
 54 requirements for considering and acting upon  
 55 applications for staff membership and clinical  
 56 privileges at a licensed facility; requiring a  
 57 licensed facility to establish rules and procedures  
 58 for consideration of such applications; specifying

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59 requirements for such rules and procedures; providing  
 60 for the termination of clinical privileges for  
 61 physician assistants under certain circumstances;  
 62 requiring a licensed facility to make available  
 63 specified membership or privileges to physicians under  
 64 certain circumstances; providing construction;  
 65 requiring the governing board of a licensed facility  
 66 to set standards and procedures to be applied in  
 67 considering and acting upon applications; providing  
 68 that such standards and procedures must be made  
 69 available for public inspection; requiring a licensed  
 70 facility to provide an applicant with reasons for  
 71 denial within a specified timeframe; providing  
 72 immunity from monetary liability to certain persons  
 73 and entities; providing that investigations,  
 74 proceedings, and records produced or acquired by the  
 75 governing board or its agent are not subject to  
 76 discovery or introduction into evidence in certain  
 77 proceedings under certain circumstances; providing for  
 78 the award of specified fees and costs; requiring  
 79 applicants who bring an action against a review team  
 80 to post a bond or other security in a certain amount,  
 81 as set by the court; creating s. 396.212, F.S.;  
 82 providing legislative intent; requiring licensed  
 83 facilities to provide for peer review of certain  
 84 physicians and develop procedures to conduct such  
 85 reviews; providing requirements for such procedures;  
 86 providing grounds for peer review and reporting  
 87 requirements; providing immunity from monetary

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88 liability to certain persons and entities; providing  
 89 construction; providing administrative penalties;  
 90 providing that certain proceedings and records of peer  
 91 review panels, committees, and governing boards or  
 92 agents thereof are exempt from public record  
 93 requirements and are not subject to discovery or  
 94 introduction into evidence in certain proceedings;  
 95 prohibiting persons in attendance at certain meetings  
 96 from testifying in certain civil or administrative  
 97 actions; providing construction; providing for the  
 98 award of specified fees and costs; requiring persons  
 99 who bring an action against a review team to post a  
 100 bond or other security in a certain amount, as set by  
 101 the court; creating s. 396.213, F.S.; requiring  
 102 licensed facilities to establish an internal risk  
 103 management program; providing requirements for such  
 104 program; providing that the governing board of the  
 105 licensed facility is responsible for the program;  
 106 requiring licensed facilities to hire a risk manager;  
 107 providing requirements for such risk manager;  
 108 encouraging licensed facilities to implement certain  
 109 innovative approaches; requiring licensed facilities  
 110 to report specified information annually to the  
 111 Department of Health; requiring the agency and the  
 112 department to include certain statistical information  
 113 in their respective annual reports; requiring the  
 114 agency to adopt certain rules relating to internal  
 115 risk management programs; defining the term "adverse  
 116 incident"; requiring licensed facilities to report

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117 specified information annually to the agency;  
 118 requiring the agency to review the reported  
 119 information and make certain determinations; providing  
 120 that the reported information is exempt from public  
 121 record requirements and is not discoverable or  
 122 admissible in civil or administrative actions, with  
 123 exceptions; requiring licensed facilities to report  
 124 certain adverse incidents to the agency within a  
 125 specified timeframe; authorizing the agency to grant  
 126 extensions to the reporting requirement under certain  
 127 circumstances and subject to certain conditions;  
 128 providing that such reports are exempt from public  
 129 records requirements and are not discoverable or  
 130 admissible in civil an administrative actions, with  
 131 exceptions; authorizing the agency to investigate  
 132 reported adverse incidents and prescribe response  
 133 measures; requiring the agency to review adverse  
 134 incidents and make certain determinations; requiring  
 135 the agency to publish certain reports and summaries  
 136 within certain timeframes on its website; providing a  
 137 purpose; providing certain investigative and reporting  
 138 requirements for internal risk managers relating to  
 139 the investigation and reporting of allegations of  
 140 sexual misconduct or sexual abuse at licensed  
 141 facilities; specifying requirements for witnesses to  
 142 such allegations; defining the term "sexual abuse";  
 143 providing criminal penalties for making a false  
 144 allegation of sexual misconduct; requiring the agency  
 145 to require a written plan of correction from the

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146 licensed facility for certain violations; requiring  
 147 licensed facilities to provide the agency with all  
 148 access to the facility records it needs for specified  
 149 purposes; providing that such records obtained by the  
 150 agency are exempt from public record requirements and  
 151 are not discoverable or admissible in civil and  
 152 administrative actions, with exceptions; providing an  
 153 exemption from public meeting and record requirements  
 154 for certain meetings of the committees and governing  
 155 board of a licensed facility; requiring the agency to  
 156 review the internal risk management program of each  
 157 licensed facility as part of its licensure review  
 158 process; providing risk managers with immunity from  
 159 monetary and civil liability in certain proceedings  
 160 under certain circumstances; providing immunity from  
 161 civil liability to risk managers and licensed  
 162 facilities in certain actions, with an exception;  
 163 requiring the agency to report certain investigative  
 164 results to the applicable regulatory board;  
 165 prohibiting intimidation of a risk manager; providing  
 166 for civil penalties; creating s. 396.214, F.S.;  
 167 requiring licensed facilities to comply with specified  
 168 requirements for the transportation of biomedical  
 169 waste; creating s. 396.215, F.S.; requiring licensed  
 170 facilities to adopt a patient safety plan, appoint a  
 171 patient safety officer, and conduct a patient safety  
 172 culture survey at least biennially; providing  
 173 requirements for such survey; requiring that survey  
 174 data be submitted to the agency in a certain format;

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175 authorizing licensed facilities to develop an internal  
 176 action plan for a certain purpose; creating s.  
 177 396.216, F.S.; requiring licensed facilities to adopt  
 178 specified protocols for the treatment of victims of  
 179 child abuse, abandonment, or neglect; requiring  
 180 licensed facilities to submit a copy of such protocols  
 181 to the agency and the Department of Children and  
 182 Families; providing for administrative penalties;  
 183 creating s. 396.217, F.S.; providing requirements for  
 184 notifying patients about adverse incidents; providing  
 185 construction; creating s. 396.218, F.S.; requiring the  
 186 agency to adopt specified rules relating to minimum  
 187 standards for licensed facilities; providing  
 188 construction; providing that certain licensed  
 189 facilities have a specified timeframe in which to  
 190 comply with any newly adopted agency rules; preempting  
 191 the adoption of certain rules to the Florida Building  
 192 Commission and the State Fire Marshal; creating s.  
 193 396.219, F.S.; providing criminal and administrative  
 194 penalties; authorizing the agency to impose an  
 195 immediate moratorium on elective admissions to any  
 196 licensed facility under certain circumstances;  
 197 creating s. 396.221, F.S.; providing powers and duties  
 198 of the agency; creating s. 396.222, F.S.; requiring a  
 199 licensed facility to provide timely and accurate  
 200 financial information and quality of service measures  
 201 to certain individuals; providing an exemption;  
 202 requiring a licensed facility to make available on its  
 203 website certain information on payments made to that

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204 facility for defined bundles of services and  
 205 procedures and other information for consumers and  
 206 patients; requiring that facility websites provide  
 207 specified information and notify and inform patients  
 208 or prospective patients of certain information;  
 209 defining the terms "shoppable health care services"  
 210 and "standard charge"; requiring a licensed facility  
 211 to provide a written or an electronic good faith  
 212 estimate of charges to a patient or prospective  
 213 patient within a certain timeframe; specifying  
 214 requirements for such estimates; requiring a licensed  
 215 facility to provide information regarding financial  
 216 assistance from the facility which may be available to  
 217 a patient or a prospective patient; providing a civil  
 218 penalty for failing to provide an estimate of charges  
 219 to a patient; requiring licensed facilities to provide  
 220 an itemized statement or bill to a patient or his or  
 221 her survivor or legal guardian within a specified  
 222 timeframe upon request and after discharge; specifying  
 223 requirements for the statement or bill; requiring  
 224 licensed facilities to make available certain records  
 225 to the patient within a specified timeframe and in a  
 226 specified manner; authorizing licensed facilities to  
 227 charge fees in a specified amount for copies of such  
 228 records; requiring licensed facilities to establish  
 229 certain internal processes relating to itemized  
 230 statements and bills and grievances; requiring  
 231 licensed facilities to disclose certain information  
 232 relating to the patient's cost-sharing obligation;

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233 providing an administrative penalty for failure to  
 234 disclose such information; creating s. 396.223, F.S.;  
 235 defining the term "extraordinary collection action";  
 236 prohibiting certain collection actions by a licensed  
 237 facility; creating s. 396.224, F.S.; prohibiting the  
 238 fraudulent alteration, defacement, or falsification of  
 239 medical records; providing criminal penalties and for  
 240 disciplinary action; creating s. 396.225, F.S.;  
 241 providing requirements for appropriate disclosure of  
 242 patient records; specifying authorized charges for  
 243 copies of such records; providing for confidentiality  
 244 of patient records; providing exceptions; authorizing  
 245 the department to examine certain records for certain  
 246 purposes; providing criminal penalties; providing  
 247 content and use requirements for patient records;  
 248 requiring a licensed facility to furnish, in a timely  
 249 manner, a true and correct copy of all patient records  
 250 to certain persons; providing exemptions from public  
 251 records requirements for specified personal  
 252 information relating to employees of licensed  
 253 facilities who provide direct patient care or security  
 254 services and their spouses and children, and for  
 255 specified personal information relating to other  
 256 employees of licensed facilities and their spouses and  
 257 children upon their request; amending ss. 383.145,  
 258 383.50, 385.211, 390.011, 394.4787, 395.001, 395.002,  
 259 395.003, 395.1055, 395.10973, 395.3025, 395.607,  
 260 395.701, 400.518, 400.93, 400.9935, 401.272, 408.051,  
 261 408.07, 408.802, 408.820, 409.905, 409.906, 409.975,

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262 456.041, 456.053, 456.056, 458.3145, 458.320, 458.351,  
 263 459.0085, 459.026, 465.0125, 468.505, 627.351,  
 264 627.357, 627.6056, 627.6405, 627.64194, 627.6616,  
 265 627.736, 627.912, 765.101, 766.101, 766.110, 766.1115,  
 266 766.118, 766.202, 766.316, 812.014, 945.6041, and  
 267 985.6441, F.S.; conforming cross-references and  
 268 provisions to changes made by the act; bifurcating  
 269 fees applicable to ambulatory surgical centers under  
 270 ch. 395, F.S., and transferring them to ch. 396, F.S.;  
 271 authorizing the agency to maintain its current fees  
 272 for ambulatory surgical centers and adopt certain  
 273 rules; bifurcating public records and public meetings  
 274 exemptions applicable to ambulatory surgical centers  
 275 under ch. 395, F.S., and preserving them under ch.  
 276 396, F.S.; providing an effective date.

277  
 278 Be It Enacted by the Legislature of the State of Florida:

279  
 280 Section 1. Chapter 396, Florida Statutes, consisting of ss.  
 281 396.201-396.225, Florida Statutes, is created and entitled  
 282 "Ambulatory Surgical Centers."

283 Section 2. Section 396.201, Florida Statutes, is created to  
 284 read:

285 396.201 Legislative intent.—It is the intent of the  
 286 Legislature to provide for the protection of public health and  
 287 safety in the establishment, construction, maintenance, and  
 288 operation of ambulatory surgical centers by providing for  
 289 licensure of the same and for the development, establishment,  
 290 and enforcement of minimum standards with respect thereto.

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291 Section 3. Section 396.202, Florida Statutes, is created to  
292 read:

293 396.202 Definitions.—As used in this chapter, the term:

294 (1) "Accrediting organization" means a national accrediting  
295 organization approved by the Centers for Medicare and Medicaid  
296 Services whose standards incorporate comparable licensure  
297 regulations required by this state.

298 (2) "Agency" means the Agency for Health Care  
299 Administration.

300 (3) "Ambulatory surgical center" means a facility, the  
301 primary purpose of which is to provide elective surgical care,  
302 in which the patient is admitted to and discharged from such  
303 facility within 24 hours, and which is not part of a hospital.  
304 The term does not include a facility existing for the primary  
305 purpose of performing terminations of pregnancy, an office  
306 maintained by a physician for the practice of medicine, or an  
307 office maintained for the practice of dentistry, except that  
308 that any such facility or office that is certified or seeks  
309 certification as a Medicare ambulatory surgical center must be  
310 licensed as an ambulatory surgical center under this chapter.

311 (4) "Biomedical waste" has the same meaning as provided in  
312 s. 381.0098(2).

313 (5) "Clinical privileges" means the privileges granted to a  
314 physician or other licensed health care practitioner to render  
315 patient care services in a hospital, but does not include the  
316 privilege of admitting patients.

317 (6) "Department" means the Department of Health.

318 (7) "Director" means any member of the official board of  
319 directors as reported in the organization's annual corporate

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320 report to the Department of State or, if no such report is made,  
321 any member of the operating board of directors. The term does  
322 not include members of separate, restricted boards who serve  
323 only in an advisory capacity to the operating board.

324 (8) "Licensed facility" means an ambulatory surgical center  
325 licensed under this chapter.

326 (9) "Lifesafety" means the control and prevention of fire  
327 and other life-threatening conditions on a premises for the  
328 purpose of preserving human life.

329 (10) "Managing employee" means the administrator or other  
330 similarly titled individual who is responsible for the daily  
331 operation of the licensed facility.

332 (11) "Medical staff" means physicians licensed under  
333 chapter 458 or chapter 459 with privileges in a licensed  
334 facility, as well as other licensed health care practitioners  
335 with clinical privileges as approved by a licensed facility's  
336 governing board.

337 (12) "Person" means any individual, partnership,  
338 corporation, association, or governmental unit.

339 (13) "Validation inspection" means an inspection of the  
340 premises of a licensed facility by the agency to assess whether  
341 a review by an accrediting organization has adequately evaluated  
342 the licensed facility according to minimum state standards.

343 Section 4. Section 396.203, Florida Statutes, is created to  
344 read:

345 396.203 Licensure; denial, suspension, and revocation.—

346 (1)(a) The requirements of part II of chapter 408 apply to  
347 the provision of services that require licensure pursuant to ss.  
348 396.201-396.225 and part II of chapter 408 and to entities

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349 licensed by or applying for such licensure from the Agency for  
 350 Health Care Administration pursuant to ss. 396.201-396.225. A  
 351 license issued by the agency is required in order to operate an  
 352 ambulatory surgical center in this state.

353 (b)1. It is unlawful for a person to use or advertise to  
 354 the public, in any way or by any medium whatsoever, any facility  
 355 as an "ambulatory surgical center" unless such facility has  
 356 first secured a license under this chapter.

357 2. This chapter does not apply to veterinary hospitals or  
 358 to commercial business establishments using the word "hospital"  
 359 or "ambulatory surgical center" as a part of a trade name if no  
 360 treatment of human beings is performed on the premises of such  
 361 establishments.

362 (2) In addition to the requirements in part II of chapter  
 363 408, the agency shall, at the request of a licensee, issue a  
 364 single license to a licensee for facilities located on separate  
 365 premises. Such a license shall specifically state the location  
 366 of the facilities, the services, and the licensed beds available  
 367 on each separate premises. If a licensee requests a single  
 368 license, the licensee shall designate which facility or office  
 369 is responsible for receipt of information, payment of fees,  
 370 service of process, and all other activities necessary for the  
 371 agency to implement this chapter.

372 (3) In addition to the requirements of s. 408.807, after a  
 373 change of ownership has been approved by the agency, the  
 374 transferee shall be liable for any liability to the state,  
 375 regardless of when identified, resulting from changes to  
 376 allowable costs affecting provider reimbursement for Medicaid  
 377 participation or Public Medical Assistance Trust Fund

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378 Assessments, and related administrative fines.

379 (4) An ambulatory surgical center must comply with ss.  
 380 627.64194 and 641.513 as a condition of licensure.

381 (5) In addition to the requirements of part II of chapter  
 382 408, whenever the agency finds that there has been a substantial  
 383 failure to comply with the requirements established under this  
 384 chapter or in rules, the agency is authorized to deny, modify,  
 385 suspend, and revoke:

386 (a) A license;

387 (b) That part of a license which is limited to a separate  
 388 premises, as designated on the license; or

389 (c) Licensure approval limited to a facility, building, or  
 390 portion thereof, or a service, within a given premises.

391 Section 5. Section 396.204, Florida Statutes, is created to  
 392 read:

393 396.204 Application for license; fees.—In accordance with  
 394 s. 408.805, an applicant or a licensee shall pay a fee for each  
 395 license application submitted under this chapter, part II of  
 396 chapter 408, and applicable rules. The amount of the fee shall  
 397 be established by rule. The license fee required of a facility  
 398 licensed under this chapter shall be established by rule except  
 399 that the minimum license fee shall be \$1,500.

400 Section 6. Section 396.205, Florida Statutes, is created to  
 401 read:

402 396.205 Minimum standards for clinical laboratory test  
 403 results and diagnostic X-ray results; prerequisite for issuance  
 404 or renewal of license.—

405 (1) As a requirement for issuance or renewal of its  
 406 license, each licensed facility shall require that all clinical

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407 laboratory tests performed by or for the licensed facility be  
 408 performed by a clinical laboratory appropriately certified by  
 409 the Centers for Medicare and Medicaid Services under the federal  
 410 Clinical Laboratory Improvement Amendments and the federal rules  
 411 adopted thereunder.

412 (2) Each licensed facility, as a requirement for issuance  
 413 or renewal of its license, shall establish minimum standards for  
 414 acceptance of results of diagnostic X rays performed by or for  
 415 the licensed facility. Such standards shall require licensure or  
 416 registration of the source of ionizing radiation under chapter  
 417 404.

418 (3) The results of clinical laboratory tests and diagnostic  
 419 X rays performed before admission which meet the minimum  
 420 standards required by law shall be accepted in lieu of routine  
 421 examinations required upon admission and in lieu of clinical  
 422 laboratory tests and diagnostic X rays which may be ordered by a  
 423 physician for patients of the licensed facility.

424 Section 7. Section 396.206, Florida Statutes, is created to  
 425 read:

426 396.206 Licensure inspection.—

427 (1) In addition to the requirement of s. 408.811, the  
 428 agency shall make or cause to be made such inspections and  
 429 investigations as it deems necessary, including, but not limited  
 430 to, all of the following:

431 (a) Inspections directed by the Centers for Medicare and  
 432 Medicaid Services.

433 (b) Validation inspections.

434 (c) Lifesafety inspections.

435 (d) Licensure complaint investigations, including full

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436 licensure investigations with a review of all licensure  
 437 standards as outlined in the administrative rules. Complaints  
 438 received by the agency from individuals, organizations, or other  
 439 sources are subject to review and investigation by the agency.

440 (e) Emergency access complaint investigations.

441 (2) The agency shall accept, in lieu of its own periodic  
 442 inspections for licensure, the survey or inspection of an  
 443 accrediting organization, provided that the accreditation of the  
 444 licensed facility is not provisional and provided that the  
 445 licensed facility authorizes release of, and the agency receives  
 446 the report of, the accrediting organization. The agency shall  
 447 develop, and adopt by rule, criteria for accepting survey  
 448 reports of accrediting organizations in lieu of conducting a  
 449 state licensure inspection.

450 (3) In accordance with s. 408.805, an applicant or a  
 451 licensee shall pay a fee for each license application submitted  
 452 under this chapter, part II of chapter 408, and applicable  
 453 rules. With the exception of state-operated licensed facilities,  
 454 each facility licensed under this chapter shall pay to the  
 455 agency, at the time of inspection, the following fees:

456 (a) Inspection for licensure.—A fee of at least \$400 per  
 457 facility.

458 (b) Inspection for lifesafety only.—A fee of at least \$40  
 459 per facility.

460 (4) The agency shall coordinate all periodic inspections  
 461 for licensure made by the agency to ensure that the cost to the  
 462 facility of such inspections and the disruption of services by  
 463 such inspections are minimized.

464 Section 8. Section 396.207, Florida Statutes, is created to

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465 read:

466 396.207 Inspection reports.—

467 (1) Each licensed facility shall maintain as public  
 468 information, available upon request, records of all inspection  
 469 reports pertaining to that facility. Copies of such reports  
 470 shall be retained in its records for at least 5 years after the  
 471 date the reports are filed and issued.

472 (2) Any records, reports, or documents which are  
 473 confidential and exempt from s. 119.07(1) may not be distributed  
 474 or made available for purposes of compliance with this section  
 475 unless or until such confidential status expires.

476 (3) A licensed facility shall, upon the request of any  
 477 person who has completed a written application with intent to be  
 478 admitted to such facility, any person who is a patient of such  
 479 facility, or any relative, spouse, guardian, or surrogate of any  
 480 such person, furnish to the requester a copy of the last  
 481 inspection report filed with or issued by the agency pertaining  
 482 to the licensed facility, as provided in subsection (1),  
 483 provided that the person requesting such report agrees to pay a  
 484 reasonable charge to cover copying costs, not to exceed \$1 per  
 485 page.

486 Section 9. Section 396.208, Florida Statutes, is created to  
 487 read:

488 396.208 Construction inspections; plan submission and  
 489 approval; fees.—

490 (1)(a) The design, construction, erection, alteration,  
 491 modification, repair, and demolition of all licensed health care  
 492 facilities are governed by the Florida Building Code and the  
 493 Florida Fire Prevention Code under ss. 553.73 and 633.206. In

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494 addition to the requirements of ss. 553.79 and 553.80, the  
 495 agency shall review facility plans and survey the construction  
 496 of any facility licensed under this chapter. The agency shall  
 497 make, or cause to be made, such construction inspections and  
 498 investigations as it deems necessary. The agency may prescribe  
 499 by rule that any licensee or applicant desiring to make  
 500 specified types of alterations or additions to its facilities or  
 501 to construct new facilities shall, before commencing such  
 502 alteration, addition, or new construction, submit plans and  
 503 specifications therefor to the agency for preliminary inspection  
 504 and approval or recommendation with respect to compliance with  
 505 applicable provisions of the Florida Building Code or agency  
 506 rules and standards. The agency shall approve or disapprove the  
 507 plans and specifications within 60 days after receipt of the fee  
 508 for review of plans as required in subsection (2). The agency  
 509 may be granted one 15-day extension for the review period if the  
 510 director of the agency approves the extension. If the agency  
 511 fails to act within the specified time, it shall be deemed to  
 512 have approved the plans and specifications. When the agency  
 513 disapproves plans and specifications, it shall set forth in  
 514 writing the reasons for its disapproval. Conferences and  
 515 consultations may be provided as necessary.

516 (b) All licensed facilities shall submit plans and  
 517 specifications to the agency for review under this section.

518 (2) The agency may charge an initial fee of \$2,000 for  
 519 review of plans and construction on all projects, no part of  
 520 which is refundable. The agency may also collect a fee, not to  
 521 exceed 1 percent of the estimated construction cost or the  
 522 actual cost of review, whichever is less, for the portion of the

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523 review which encompasses initial review through the initial  
 524 revised construction document review. The agency is further  
 525 authorized to collect its actual costs on all subsequent  
 526 portions of the review and construction inspections. The initial  
 527 fee payment shall accompany the initial submission of plans and  
 528 specifications. Any subsequent payment that is due is payable  
 529 upon receipt of the invoice from the agency.

530 Section 10. Section 396.209, Florida Statutes, is created  
 531 to read:

532 396.209 Rebates prohibited; penalties.-

533 (1) It is unlawful for any person to pay or receive any  
 534 commission, bonus, kickback, or rebate or engage in any split-  
 535 fee arrangement, in any form whatsoever, with any physician,  
 536 surgeon, organization, or person, either directly or indirectly,  
 537 for patients referred to a licensed facility.

538 (2) The agency shall enforce subsection (1). In the case of  
 539 an entity not licensed by the agency, administrative penalties  
 540 may include:

541 (a) A fine not to exceed \$1,000.

542 (b) If applicable, a recommendation by the agency to the  
 543 appropriate licensing board that disciplinary action be taken.

544 Section 11. Section 396.211, Florida Statutes, is created  
 545 to read:

546 396.211 Staff membership and clinical privileges.-

547 (1) A licensed facility, in considering and acting upon an  
 548 application for staff membership or clinical privileges, may not  
 549 deny the application of a qualified doctor of medicine licensed  
 550 under chapter 458, a doctor of osteopathic medicine licensed  
 551 under chapter 459, a doctor of dentistry licensed under chapter

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552 466, a doctor of podiatric medicine licensed under chapter 461,  
 553 or a psychologist licensed under chapter 490 for such staff  
 554 membership or clinical privileges within the scope of his or her  
 555 respective licensure solely because the applicant is licensed  
 556 under any of such chapters.

557 (2) (a) Each licensed facility shall establish rules and  
 558 procedures for consideration of an application for clinical  
 559 privileges submitted by an advanced practice registered nurse  
 560 licensed under part I of chapter 464, in accordance with this  
 561 section. A licensed facility may not deny such application  
 562 solely because the applicant is licensed under part I of chapter  
 563 464 or because the applicant is not a participant in the Florida  
 564 Birth-Related Neurological Injury Compensation Plan.

565 (b) An advanced practice registered nurse who is certified  
 566 as a registered nurse anesthetist licensed under part I of  
 567 chapter 464 may administer anesthesia under the onsite medical  
 568 direction of a professional licensed under chapter 458, chapter  
 569 459, or chapter 466, and in accordance with an established  
 570 protocol approved by the medical staff. The medical direction  
 571 shall specifically address the needs of the individual patient.

572 (c) Each licensed facility shall establish rules and  
 573 procedures for consideration of an application for clinical  
 574 privileges submitted by a physician assistant licensed pursuant  
 575 to s. 458.347 or s. 459.022. Clinical privileges granted to a  
 576 physician assistant pursuant to this subsection shall  
 577 automatically terminate upon termination of staff membership of  
 578 the physician assistant's supervising physician.

579 (3) When a licensed facility requires, as a precondition to  
 580 obtaining staff membership or clinical privileges, the

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581 completion of, eligibility in, or graduation from any program or  
 582 society established by or relating to the American Medical  
 583 Association or the Liaison Committee on Graduate Medical  
 584 Education, the licensed facility shall also make available such  
 585 membership or privileges to physicians who have attained  
 586 completion of, eligibility in, or graduation from any equivalent  
 587 program established by or relating to the American Osteopathic  
 588 Association.

589 (4) This section does not restrict in any way the authority  
 590 of the medical staff of a licensed facility to review for  
 591 approval or disapproval all applications for appointment and  
 592 reappointment to all categories of staff and to make  
 593 recommendations on each applicant to the governing board,  
 594 including the delineation of privileges to be granted in each  
 595 case. In making such recommendations and in the delineation of  
 596 privileges, each applicant shall be considered individually  
 597 pursuant to criteria for a doctor licensed under chapter 458,  
 598 chapter 459, chapter 461, or chapter 466, or for an advanced  
 599 practice registered nurse licensed under part I of chapter 464,  
 600 or for a psychologist licensed under chapter 490, as applicable.  
 601 The applicant's eligibility for staff membership or clinical  
 602 privileges shall be determined by the applicant's background,  
 603 experience, health, training, and demonstrated competency; the  
 604 applicant's adherence to applicable professional ethics; the  
 605 applicant's reputation; and the applicant's ability to work with  
 606 others and by such other elements as determined by the governing  
 607 board, consistent with this chapter.

608 (5) The governing board of each licensed facility shall set  
 609 standards and procedures to be applied by the licensed facility

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610 and its medical staff in considering and acting upon  
 611 applications for staff membership or clinical privileges. Such  
 612 standards and procedures must be made available for public  
 613 inspection.

614 (6) Upon the written request of the applicant, any licensed  
 615 facility that has denied staff membership or clinical privileges  
 616 to an applicant specified in subsection (1) or subsection (2)  
 617 must, within 30 days after such request, provide the applicant  
 618 with the reasons for such denial in writing. A denial of staff  
 619 membership or clinical privileges to any applicant shall be  
 620 submitted, in writing, to the applicant's respective licensing  
 621 board.

622 (7) There is no monetary liability on the part of, and no  
 623 cause of action for injunctive relief or damages may arise  
 624 against, any licensed facility, its governing board or governing  
 625 board members, medical staff, or disciplinary board or against  
 626 its agents, investigators, witnesses, or employees, or against  
 627 any other person, for any action arising out of or related to  
 628 carrying out this section, absent intentional fraud.

629 (8) The investigations, proceedings, and records of the  
 630 board, or its agent with whom there is a specific written  
 631 contract for the purposes of this section, as described in this  
 632 section are not subject to discovery or introduction into  
 633 evidence in any civil action against a provider of professional  
 634 health services arising out of matters that are the subject of  
 635 evaluation and review by such board, and any person who was in  
 636 attendance at a meeting of such board or its agent is not  
 637 permitted or required to testify in any such civil action as to  
 638 any evidence or other matters produced or presented during the

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639 proceedings of such board or its agent or as to any findings,  
 640 recommendations, evaluations, opinions, or other actions of such  
 641 board or its agent or any members thereof. However, information,  
 642 documents, or records otherwise available from original sources  
 643 are not to be construed as immune from discovery or use in any  
 644 such civil action merely because they were presented during  
 645 proceedings of such board; nor should any person who testifies  
 646 before such board or who is a member of such board be prevented  
 647 from testifying as to matters within his or her knowledge, but  
 648 such witness cannot be asked about his or her testimony before  
 649 such a board or opinions formed by him or her as a result of  
 650 such board hearings.

651 (9) (a) If the defendant prevails in an action brought by an  
 652 applicant against any person or entity that initiated,  
 653 participated in, was a witness in, or conducted any review as  
 654 authorized by this section, the court shall award reasonable  
 655 attorney fees and costs to the defendant.

656 (b) As a condition of any applicant bringing any action  
 657 against any person or entity that initiated, participated in,  
 658 was a witness in, or conducted any review as authorized by this  
 659 section and before any responsive pleading is due, the applicant  
 660 shall post a bond or other security, as set by the court having  
 661 jurisdiction in the action, in an amount sufficient to pay the  
 662 costs and attorney fees.

663 Section 12. Section 396.212, Florida Statutes, is created  
 664 to read:

665 396.212 Licensed facilities; peer review; disciplinary  
 666 powers; agency or partnership with physicians.-

667 (1) It is the intent of the Legislature that good faith

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668 participants in the process of investigating and disciplining  
 669 physicians pursuant to the state-mandated peer review process  
 670 shall, in addition to receiving immunity from retaliatory tort  
 671 suits pursuant to s. 456.073(12), be protected from federal  
 672 antitrust suits filed under the Sherman Antitrust Act, 15 U.S.C.  
 673 ss. 1 et seq. Such intent is within the public policy of the  
 674 state to secure the provision of quality medical services to the  
 675 public.

676 (2) Each licensed facility, as a condition of licensure,  
 677 shall provide for peer review of physicians who deliver health  
 678 care services at the facility. Each licensed facility shall  
 679 develop written, binding procedures by which such peer review  
 680 shall be conducted. Such procedures shall include all of the  
 681 following:

682 (a) A mechanism for choosing the membership of the body or  
 683 bodies that conduct peer review.

684 (b) Adoption of rules of order for the peer review process.

685 (c) Fair review of the case with the physician involved.

686 (d) A mechanism to identify and avoid conflict of interest  
 687 on the part of the peer review panel members.

688 (e) Recording of agendas and minutes that do not contain  
 689 confidential material, for review by the Division of Health  
 690 Quality Assurance of the agency.

691 (f) A review, at least annually, of the peer review  
 692 procedures by the governing board of the licensed facility.

693 (g) Focus the peer review process on reviewing professional  
 694 practices at the facility to reduce morbidity and mortality and  
 695 to improve patient care.

696 (3) If reasonable belief exists that conduct by a staff

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697 member or physician who delivers health care services at the  
 698 licensed facility may constitute one or more grounds for  
 699 discipline as provided in this subsection, a peer review panel  
 700 must investigate and determine whether grounds for discipline  
 701 exist with respect to such staff member or physician. The  
 702 governing board of a licensed facility, after considering the  
 703 recommendations of its peer review panel, shall suspend, deny,  
 704 revoke, or curtail the privileges, or reprimand, counsel, or  
 705 require education, of any such staff member or physician after a  
 706 final determination has been made that one or more of the  
 707 following grounds exist:

708 (a) Incompetence.

709 (b) Being found to be a habitual user of intoxicants or  
 710 drugs to the extent that he or she is deemed dangerous to  
 711 himself, herself, or others.

712 (c) Mental or physical impairment which may adversely  
 713 affect patient care.

714 (d) Being found liable by a court of competent jurisdiction  
 715 for medical negligence or malpractice involving negligent  
 716 conduct.

717 (e) One or more settlements exceeding \$10,000 for medical  
 718 negligence or malpractice involving negligent conduct by the  
 719 staff member or physician.

720 (f) Medical negligence other than as specified in paragraph  
 721 (d) or paragraph (e).

722 (g) Failure to comply with the policies, procedures, or  
 723 directives of the risk management program or any quality  
 724 assurance committees of any licensed facility.

725 (4) Pursuant to ss. 458.337 and 459.016, any disciplinary

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726 actions taken under subsection (3) shall be reported in writing  
 727 to the Division of Medical Quality Assurance of the Department  
 728 of Health within 30 working days after its initial occurrence,  
 729 regardless of the pendency of appeals to the governing board of  
 730 the licensed facility. The notification shall identify the  
 731 disciplined practitioner, the action taken, and the reason for  
 732 such action. All final disciplinary actions taken under  
 733 subsection (3), if different from those which were reported to  
 734 the agency within 30 days after the initial occurrence, shall be  
 735 reported within 10 working days to the Division of Medical  
 736 Quality Assurance in writing and shall specify the disciplinary  
 737 action taken and the specific grounds therefor. The division  
 738 shall review each report and determine whether it potentially  
 739 involved conduct by the licensee which is subject to  
 740 disciplinary action, in which case s. 456.073 shall apply. The  
 741 reports are not subject to inspection under s. 119.07(1) even if  
 742 the division's investigation results in a finding of probable  
 743 cause.

744 (5) There is no monetary liability on the part of, and no  
 745 cause of action for damages may rise against, any licensed  
 746 facility, its governing board or governing board members, peer  
 747 review panel, medical staff, or disciplinary body, or its  
 748 agents, investigators, witnesses, or employees; a committee of a  
 749 licensed facility; or any other person for any action taken  
 750 without intentional fraud in carrying out this section.

751 (6) For a single incident or series of isolated incidents  
 752 that are nonwillful violations of the reporting requirements of  
 753 this section or part II of chapter 408, the agency shall first  
 754 seek to obtain corrective action by the licensed facility. If

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 755 correction is not demonstrated within the timeframe established  
 756 by the agency or if there is a pattern of nonwillful violations  
 757 of this section or part II of chapter 408, the agency may impose  
 758 an administrative fine, not to exceed \$5,000 for any violation  
 759 of the reporting requirements of this section or part II of  
 760 chapter 408. The administrative fine for repeated nonwillful  
 761 violations may not exceed \$10,000 for any violation. The  
 762 administrative fine for each intentional and willful violation  
 763 may not exceed \$25,000 per violation, per day. The fine for an  
 764 intentional and willful violation of this section or part II of  
 765 chapter 408 may not exceed \$250,000. In determining the amount  
 766 of fine to be levied, the agency shall be guided by s.  
 767 395.1065(2) (b).

768 (7) The proceedings and records of peer review panels,  
 769 committees, and governing boards or agents thereof which relate  
 770 solely to actions taken in carrying out this section are not  
 771 subject to inspection under s. 119.07(1); and meetings held  
 772 pursuant to achieving the objectives of such panels, committees,  
 773 and governing boards or agents thereof are not open to the  
 774 public under chapter 286.

775 (8) The investigations, proceedings, and records of the  
 776 peer review panel, a committee of an ambulatory surgical center,  
 777 a disciplinary board, or a governing board, or agents thereof  
 778 with whom there is a specific written contract for that purpose,  
 779 as described in this section are not subject to discovery or  
 780 introduction into evidence in any civil or administrative action  
 781 against a provider of professional health services arising out  
 782 of the matters that are the subject of evaluation and review by  
 783 such group or its agent, and a person who was in attendance at a

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 784 meeting of such group or its agent is not permitted and may not  
 785 be required to testify in any such civil or administrative  
 786 action as to any evidence or other matters produced or presented  
 787 during the proceedings of such group or its agent or as to any  
 788 findings, recommendations, evaluations, opinions, or other  
 789 actions of such group or its agent or any members thereof.  
 790 However, information, documents, or records otherwise available  
 791 from original sources are not to be construed as immune from  
 792 discovery or use in any such civil or administrative action  
 793 merely because they were presented during proceedings of such  
 794 group, and any person who testifies before such group or who is  
 795 a member of such group may not be prevented from testifying as  
 796 to matters within his or her knowledge, but such witness may not  
 797 be asked about his or her testimony before such a group or  
 798 opinions formed by him or her as a result of such group  
 799 hearings.

800 (9) (a) If the defendant prevails in an action brought by a  
 801 staff member or physician who delivers health care services at  
 802 the licensed facility against any person or entity that  
 803 initiated, participated in, was a witness in, or conducted any  
 804 review as authorized by this section, the court shall award  
 805 reasonable attorney fees and costs to the defendant.

806 (b) As a condition of any staff member or physician  
 807 bringing any action against any person or entity that initiated,  
 808 participated in, was a witness in, or conducted any review as  
 809 authorized by this section and before any responsive pleading is  
 810 due, the staff member or physician shall post a bond or other  
 811 security, as set by the court having jurisdiction in the action,  
 812 in an amount sufficient to pay the costs and attorney fees.

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813 Section 13. Section 396.213, Florida Statutes, is created  
 814 to read:  
 815 396.213 Internal risk management program.-  
 816 (1) Every licensed facility shall, as a part of its  
 817 administrative functions, establish an internal risk management  
 818 program that includes, at a minimum, all of the following  
 819 components:  
 820 (a) The investigation and analysis of the frequency and  
 821 causes of general categories and specific types of adverse  
 822 incidents to patients.  
 823 (b) The development of appropriate measures to minimize the  
 824 risk of adverse incidents to patients, including, but not  
 825 limited to:  
 826 1. Risk management and risk prevention education and  
 827 training of all nonphysician personnel as follows:  
 828 a. Such education and training of all nonphysician  
 829 personnel as part of their initial orientation; and  
 830 b. At least 1 hour of such education and training annually  
 831 for all personnel of the licensed facility working in clinical  
 832 areas and providing patient care, except those persons licensed  
 833 as health care practitioners who are required to complete  
 834 continuing education coursework pursuant to chapter 456 or the  
 835 respective practice act.  
 836 2. A prohibition, except when emergency circumstances  
 837 require otherwise, against a staff member of the licensed  
 838 facility attending a patient in the recovery room, unless the  
 839 staff member is authorized to attend the patient in the recovery  
 840 room and is in the company of at least one other person.  
 841 However, a licensed facility is exempt from the two-person

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842 requirement if it has:  
 843 a. Live visual observation;  
 844 b. Electronic observation; or  
 845 c. Any other reasonable measure taken to ensure patient  
 846 protection and privacy.  
 847 3. A prohibition against an unlicensed person assisting or  
 848 participating in any surgical procedure unless the licensed  
 849 facility has authorized the person to do so following a  
 850 competency assessment, and such assistance or participation is  
 851 done under the direct and immediate supervision of a licensed  
 852 physician and is not otherwise an activity that may only be  
 853 performed by a licensed health care practitioner.  
 854 4. Development, implementation, and ongoing evaluation of  
 855 procedures, protocols, and systems to accurately identify  
 856 patients, planned procedures, and the correct site of planned  
 857 procedures so as to minimize the performance of a surgical  
 858 procedure on the wrong patient, a wrong surgical procedure, a  
 859 wrong-site surgical procedure, or a surgical procedure otherwise  
 860 unrelated to the patient's diagnosis or medical condition.  
 861 (c) The analysis of patient grievances that relate to  
 862 patient care and the quality of medical services.  
 863 (d) A system for informing a patient or an individual  
 864 identified pursuant to s. 765.401(1) that the patient was the  
 865 subject of an adverse incident, as defined in subsection (5).  
 866 Such notice shall be given by an appropriately trained person  
 867 designated by the licensed facility as soon as practicable to  
 868 allow the patient an opportunity to minimize damage or injury.  
 869 (e) The development and implementation of an incident  
 870 reporting system based upon the affirmative duty of all health

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871 care providers and all agents and employees of the licensed  
 872 facility to report adverse incidents to the risk manager, or to  
 873 his or her designee, within 3 business days after the occurrence  
 874 of such incidents.

875 (2) The internal risk management program is the  
 876 responsibility of the governing board of the licensed facility.  
 877 Each licensed facility shall hire a risk manager who is  
 878 responsible for implementation and oversight of the facility's  
 879 internal risk management program and who demonstrates  
 880 competence, through education or experience, in all of the  
 881 following areas:

- 882 (a) Applicable standards of health care risk management.
- 883 (b) Applicable federal, state, and local health and safety  
 884 laws and rules.
- 885 (c) General risk management administration.
- 886 (d) Patient care.
- 887 (e) Medical care.
- 888 (f) Personal and social care.
- 889 (g) Accident prevention.
- 890 (h) Departmental organization and management.
- 891 (i) Community interrelationships.
- 892 (j) Medical terminology.

893 (3) In addition to the programs mandated by this section,  
 894 other innovative approaches intended to reduce the frequency and  
 895 severity of medical malpractice and patient injury claims are  
 896 encouraged and their implementation and operation facilitated.  
 897 Such additional approaches may include extending internal risk  
 898 management programs to health care providers' offices and the  
 899 assuming of provider liability by a licensed facility for acts

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900 or omissions occurring within the licensed facility. Each  
 901 licensed facility shall annually report to the agency and the  
 902 Department of Health the name and judgments entered against each  
 903 health care practitioner for which it assumes liability. The  
 904 agency and the department, in their respective annual reports,  
 905 shall include statistics that report the number of licensed  
 906 facilities that assume such liability and the number of health  
 907 care practitioners, by profession, for whom they assume  
 908 liability.

909 (4) The agency shall adopt rules governing the  
 910 establishment of internal risk management programs to meet the  
 911 needs of individual licensed facilities. Each internal risk  
 912 management program shall include the use of incident reports to  
 913 be filed with a responsible individual who is competent in risk  
 914 management techniques, such as an insurance coordinator, in the  
 915 employ of each licensed facility, or who is retained by the  
 916 licensed facility as a consultant. The individual responsible  
 917 for the risk management program shall have free access to all  
 918 medical records of the licensed facility. The incident reports  
 919 are part of the workpapers of the attorney defending the  
 920 licensed facility in litigation relating to the licensed  
 921 facility and are subject to discovery, but are not admissible as  
 922 evidence in court. A person filing an incident report is not  
 923 subject to civil suit by virtue of such incident report. As a  
 924 part of each internal risk management program, the incident  
 925 reports shall be used to develop categories of incidents which  
 926 identify problem areas. Once identified, procedures shall be  
 927 adjusted to correct the problem areas.

928 (5) For purposes of reporting to the agency pursuant to

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929 this section, the term "adverse incident" means an event over  
 930 which health care personnel could exercise control and which is  
 931 associated in whole or in part with medical intervention, rather  
 932 than the condition for which such intervention occurred, and  
 933 which:

934 (a) Results in one of the following outcomes:

- 935 1. Death;
- 936 2. Brain or spinal damage;
- 937 3. Permanent disfigurement;
- 938 4. Fracture or dislocation of bones or joints;
- 939 5. A resulting limitation of neurological, physical, or  
 940 sensory function which continues after discharge from the  
 941 licensed facility;
- 942 6. Any condition that required specialized medical  
 943 attention or surgical intervention resulting from nonemergency  
 944 medical intervention, other than an emergency medical condition,  
 945 to which the patient has not given his or her informed consent;  
 946 or
- 947 7. Any condition that required the transfer of the patient,  
 948 within or outside the licensed facility, to a unit providing a  
 949 more acute level of care due to the adverse incident, rather  
 950 than the patient's condition before the adverse incident.

951 (b) Was the performance of a surgical procedure on the  
 952 wrong patient, a wrong surgical procedure, a wrong-site surgical  
 953 procedure, or a surgical procedure otherwise unrelated to the  
 954 patient's diagnosis or medical condition;

955 (c) Required the surgical repair of damage resulting to a  
 956 patient from a planned surgical procedure, where the damage was  
 957 not a recognized specific risk, as disclosed to the patient and

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958 documented through the informed-consent process; or

959 (d) Was a procedure to remove unplanned foreign objects  
 960 remaining from a surgical procedure.

961 (6) (a) Each licensed facility subject to this section shall  
 962 submit an annual report to the agency summarizing the adverse  
 963 incident reports that have been filed in the facility for that  
 964 year. The report shall include:

- 965 1. The total number of adverse incidents.
- 966 2. A listing, by category, of the types of operations,  
 967 diagnostic or treatment procedures, or other actions causing the  
 968 injuries, and the number of incidents occurring within each  
 969 category.
- 970 3. A listing, by category, of the types of injuries caused  
 971 and the number of incidents occurring within each category.
- 972 4. A code number using the health care professional's  
 973 license number and a separate code number identifying all  
 974 other individuals directly involved in adverse incidents to  
 975 patients, the relationship of the individual to the licensed  
 976 facility, and the number of incidents in which each individual  
 977 has been directly involved. Each licensed facility shall  
 978 maintain names of the health care professionals and individuals  
 979 identified by code numbers for purposes of this section.
- 980 5. A description of all malpractice claims filed against  
 981 the licensed facility, including the total number of pending and  
 982 closed claims and the nature of the incident which led to, the  
 983 persons involved in, and the status and disposition of each  
 984 claim. Each report shall update status and disposition for all  
 985 prior reports.

986 (b) The information reported to the agency pursuant to



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987 paragraph (a) which relates to persons licensed under chapter  
 988 458, chapter 459, chapter 461, or chapter 466 shall be reviewed  
 989 by the agency. The agency shall determine whether any of the  
 990 incidents potentially involved conduct by a health care  
 991 professional who is subject to disciplinary action, in which  
 992 case s. 456.073 applies.

993 (c) The report submitted to the agency must also contain  
 994 the name of the risk manager of the licensed facility, a copy of  
 995 the policies and procedures governing the measures taken by the  
 996 licensed facility and its risk manager to reduce the risk of  
 997 injuries and adverse incidents, and the results of such  
 998 measures. The annual report is confidential and is not available  
 999 to the public pursuant to s. 119.07(1) or any other law  
 1000 providing access to public records. The annual report is not  
 1001 discoverable or admissible in any civil or administrative  
 1002 action, except in disciplinary proceedings by the agency or the  
 1003 appropriate regulatory board. The annual report is not available  
 1004 to the public as part of the record of investigation for and  
 1005 prosecution in disciplinary proceedings made available to the  
 1006 public by the agency or the appropriate regulatory board.  
 1007 However, the agency or the appropriate regulatory board shall  
 1008 make available, upon written request by a health care  
 1009 professional against whom probable cause has been found, any  
 1010 such records which form the basis of the determination of  
 1011 probable cause.

1012 (7) Any of the following adverse incidents, whether  
 1013 occurring in the licensed facility or arising from health care  
 1014 services administered before admission in the licensed facility,  
 1015 shall be reported by the licensed facility to the agency within

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1016 15 calendar days after its occurrence:

1017 (a) The death of a patient;  
 1018 (b) Brain or spinal damage to a patient;  
 1019 (c) The performance of a surgical procedure on the wrong  
 1020 patient;  
 1021 (d) The performance of a wrong-site surgical procedure;  
 1022 (e) The performance of a wrong surgical procedure;  
 1023 (f) The performance of a surgical procedure that is  
 1024 medically unnecessary or otherwise unrelated to the patient's  
 1025 diagnosis or medical condition;  
 1026 (g) The surgical repair of damage resulting to a patient  
 1027 from a planned surgical procedure, where the damage is not a  
 1028 recognized specific risk, as disclosed to the patient and  
 1029 documented through the informed-consent process; or  
 1030 (h) The performance of procedures to remove unplanned  
 1031 foreign objects remaining from a surgical procedure.

1032 The agency may grant extensions to this reporting requirement  
 1033 for more than 15 days upon justification submitted in writing by  
 1034 the licensed facility administrator to the agency. The agency  
 1035 may require an additional, final report. These reports may not  
 1036 be available to the public pursuant to s. 119.07(1) or any other  
 1037 law providing access to public records, nor be discoverable or  
 1038 admissible in any civil or administrative action, except in  
 1039 disciplinary proceedings by the agency or the appropriate  
 1040 regulatory board, nor shall they be available to the public as  
 1041 part of the record of investigation for and prosecution in  
 1042 disciplinary proceedings made available to the public by the  
 1043 agency or the appropriate regulatory board. However, the agency  
 1044 may require an additional, final report. These reports may not

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1045 or the appropriate regulatory board shall make available, upon  
 1046 written request by a health care professional against whom  
 1047 probable cause has been found, any such records which form the  
 1048 basis of the determination of probable cause. The agency may  
 1049 investigate, as it deems appropriate, any such incident and  
 1050 prescribe measures that must or may be taken in response to the  
 1051 incident. The agency shall review each incident and determine  
 1052 whether it potentially involved conduct by the health care  
 1053 professional, who would be subject to disciplinary action, in  
 1054 which case s. 456.073 applies.

1055 (8) The agency shall publish on the agency's website, at  
 1056 least quarterly, a summary and trend analysis of adverse  
 1057 incident reports received pursuant to this section, which may  
 1058 not include information that would identify the patient, the  
 1059 reporting facility, or the health care practitioners involved.  
 1060 The agency shall publish on the agency's website an annual  
 1061 summary and trend analysis of all adverse incident reports and  
 1062 malpractice claims information provided by licensed facilities  
 1063 in their annual reports, which may not include information that  
 1064 would identify the patient, the reporting facility, or the  
 1065 practitioners involved. The purpose of the publication of the  
 1066 summary and trend analysis is to promote the rapid dissemination  
 1067 of information relating to adverse incidents and malpractice  
 1068 claims to assist in avoidance of similar incidents and reduce  
 1069 morbidity and mortality.

1070 (9) The internal risk manager of each licensed facility  
 1071 shall:

1072 (a) Investigate every allegation of sexual misconduct which  
 1073 is made against a member of the licensed facility's personnel

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1074 who has direct patient contact, when the allegation is that the  
 1075 sexual misconduct occurred at the facility or on the grounds of  
 1076 the facility.

1077 (b) Report every allegation of sexual misconduct to the  
 1078 administrator of the licensed facility.

1079 (c) Notify the family or guardian of the victim, if a  
 1080 minor, that an allegation of sexual misconduct has been made and  
 1081 that an investigation is being conducted.

1082 (d) Report to the Department of Health every allegation of  
 1083 sexual misconduct, as defined in chapter 456 and the respective  
 1084 practice act, by a licensed health care practitioner which  
 1085 involves a patient.

1086 (10) Any witness who witnessed or who possesses actual  
 1087 knowledge of the act that is the basis of an allegation of  
 1088 sexual abuse shall:

1089 (a) Notify the local police; and

1090 (b) Notify the risk manager and the administrator.

1091  
 1092 For purposes of this subsection, the term "sexual abuse" means  
 1093 acts of a sexual nature committed for the sexual gratification  
 1094 of anyone upon, or in the presence of, a vulnerable adult,  
 1095 without the vulnerable adult's informed consent, or a minor. The  
 1096 term includes, but is not limited to, the acts defined in s.  
 1097 794.011(1)(j), fondling, exposure of a vulnerable adult's or  
 1098 minor's sexual organs, or the use of the vulnerable adult or  
 1099 minor to solicit for or engage in prostitution or sexual  
 1100 performance. The term does not include any act intended for a  
 1101 valid medical purpose or any act which may reasonably be  
 1102 construed to be a normal caregiving action.

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1103 (11) A person who, with malice or with intent to discredit  
 1104 or harm a licensed facility or any person, makes a false  
 1105 allegation of sexual misconduct against a member of a licensed  
 1106 facility's personnel is guilty of a misdemeanor of the second  
 1107 degree, punishable as provided in s. 775.082 or s. 775.083.

1108 (12) In addition to any penalty imposed pursuant to this  
 1109 section or part II of chapter 408, the agency shall require a  
 1110 written plan of correction from the licensed facility. For a  
 1111 single incident or series of isolated incidents that are  
 1112 nonwillful violations of the reporting requirements of this  
 1113 section or part II of chapter 408, the agency shall first seek  
 1114 to obtain corrective action by the licensed facility. If the  
 1115 correction is not demonstrated within the timeframe established  
 1116 by the agency or if there is a pattern of nonwillful violations  
 1117 of this section or part II of chapter 408, the agency may impose  
 1118 an administrative fine, not to exceed \$5,000 for any violation  
 1119 of the reporting requirements of this section or part II of  
 1120 chapter 408. The administrative fine for repeated nonwillful  
 1121 violations may not exceed \$10,000 for any violation. The  
 1122 administrative fine for each intentional and willful violation  
 1123 may not exceed \$25,000 per violation, per day. The fine for an  
 1124 intentional and willful violation of this section or part II of  
 1125 chapter 408 may not exceed \$250,000. In determining the amount  
 1126 of fine to be levied, the agency shall be guided by s.  
 1127 395.1065(2)(b).

1128 (13) The agency must be given access to all licensed  
 1129 facility records necessary to carry out this section. The  
 1130 records obtained by the agency under subsection (6), subsection  
 1131 (7), or subsection (9) are not available to the public under s.

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1132 119.07(1), nor are they discoverable or admissible in any civil  
 1133 or administrative action, except in disciplinary proceedings by  
 1134 the agency or the appropriate regulatory board, nor are records  
 1135 obtained pursuant to s. 456.071 available to the public as part  
 1136 of the record of investigation for and prosecution in  
 1137 disciplinary proceedings made available to the public by the  
 1138 agency or the appropriate regulatory board. However, the agency  
 1139 or the appropriate regulatory board shall make available, upon  
 1140 written request by a health care practitioner against whom  
 1141 probable cause has been found, any such records which form the  
 1142 basis of the determination of probable cause, except that, with  
 1143 respect to medical review committee records, s. 766.101  
 1144 controls.

1145 (14) The meetings of the committees and governing board of  
 1146 a licensed facility held solely for the purpose of achieving the  
 1147 objectives of risk management as provided by this section may  
 1148 not be open to the public under chapter 286. The records of such  
 1149 meetings are confidential and exempt from s. 119.07(1), except  
 1150 as provided in subsection (13).

1151 (15) The agency shall review, as part of its licensure  
 1152 inspection process, the internal risk management program at each  
 1153 licensed facility regulated by this section to determine whether  
 1154 the program meets standards established in statutes and rules,  
 1155 whether the program is being conducted in a manner designed to  
 1156 reduce adverse incidents, and whether the program is  
 1157 appropriately reporting incidents under this section.

1158 (16) There is no monetary liability on the part of, and no  
 1159 cause of action for damages may arise against, any risk manager  
 1160 for the implementation and oversight of the internal risk

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1161 management program in a facility licensed under this chapter or  
 1162 chapter 390 as required by this section, for any act or  
 1163 proceeding undertaken or performed within the scope of the  
 1164 functions of such internal risk management program, if the risk  
 1165 manager acts without intentional fraud.

1166 (17) A privilege against civil liability is granted to any  
 1167 risk manager or licensed facility with regard to information  
 1168 furnished pursuant to this chapter, unless the risk manager or  
 1169 facility acted in bad faith or with malice in providing such  
 1170 information.

1171 (18) If the agency, through its receipt of any reports  
 1172 required under this section or through any investigation, has a  
 1173 reasonable belief that conduct by a staff member or employee of  
 1174 a licensed facility is grounds for disciplinary action by the  
 1175 appropriate regulatory board, the agency shall report this fact  
 1176 to such regulatory board.

1177 (19) It is unlawful for any person to coerce, intimidate,  
 1178 or preclude a risk manager from lawfully executing his or her  
 1179 reporting obligations pursuant to this chapter. Such unlawful  
 1180 action is subject to civil monetary penalties not to exceed  
 1181 \$10,000 per violation.

1182 Section 14. Section 396.214, Florida Statutes, is created  
 1183 to read:

1184 396.214 Identification, segregation, and separation of  
 1185 biomedical waste.—Each licensed facility shall comply with the  
 1186 requirements in s. 381.0098 relating to biomedical waste. Any  
 1187 transporter or potential transporter of such waste shall be  
 1188 notified of the existence and locations of such waste.

1189 Section 15. Section 396.215, Florida Statutes, is created

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1190 to read:

1191 396.215 Patient safety.—

1192 (1) Each licensed facility must adopt a patient safety  
 1193 plan. A plan adopted to implement the requirements of 42 C.F.R.  
 1194 s. 482.21 shall be deemed to comply with this requirement.

1195 (2) Each licensed facility shall appoint a patient safety  
 1196 officer for the purpose of promoting the health and safety of  
 1197 patients, reviewing and evaluating the quality of patient safety  
 1198 measures used by the facility, and assisting in the  
 1199 implementation of the facility patient safety plan.

1200 (3) Each licensed facility must, at least biennially,  
 1201 conduct a patient safety culture survey using the applicable  
 1202 Survey on Patient Safety Culture developed by the federal Agency  
 1203 for Healthcare Research and Quality. Each licensed facility  
 1204 shall conduct the survey anonymously to encourage completion of  
 1205 the survey by staff working in or employed by the facility. Each  
 1206 licensed facility may contract to administer the survey. Each  
 1207 licensed facility shall biennially submit the survey data to the  
 1208 agency in a format specified by rule, which must include the  
 1209 survey participation rate. Each licensed facility may develop an  
 1210 internal action plan between conducting surveys to identify  
 1211 measures to improve the survey and submit the plan to the  
 1212 agency.

1213 Section 16. Section 396.216, Florida Statutes, is created  
 1214 to read:

1215 396.216 Cases of child abuse, abandonment, or neglect;  
 1216 duties.—Each licensed facility shall adopt a protocol that, at a  
 1217 minimum, requires the facility to:

1218 (1) Incorporate a facility policy that every staff member

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1219 has an affirmative duty to report, pursuant to chapter 39, any  
 1220 actual or suspected case of child abuse, abandonment, or  
 1221 neglect; and

1222 (2) In any case involving suspected child abuse,  
 1223 abandonment, or neglect, designate, at the request of the  
 1224 Department of Children and Families, a staff physician to act as  
 1225 a liaison between the licensed facility and the Department of  
 1226 Children and Families office that is investigating the suspected  
 1227 abuse, abandonment, or neglect, and the Child Protection Team,  
 1228 as defined in s. 39.01, when the case is referred to such a  
 1229 team.

1230

1231 Each licensed facility shall provide a copy of its policy to the  
 1232 agency and the department as specified by agency rule. Failure  
 1233 to comply with this section is punishable by a fine not to  
 1234 exceed \$1,000, to be fixed, imposed, and collected by the  
 1235 agency. Each day in violation of this section is considered a  
 1236 separate offense.

1237 Section 17. Section 396.217, Florida Statutes, is created  
 1238 to read:

1239 396.217 Duty to notify patients.—An appropriately trained  
 1240 person designated by each licensed facility shall inform each  
 1241 patient, or an individual identified pursuant to s. 765.401(1),  
 1242 in person about adverse incidents that result in serious harm to  
 1243 the patient. Notifications of outcomes of care that result in  
 1244 harm to the patient under this section do not constitute an  
 1245 acknowledgment or admission of liability, and may not be  
 1246 introduced as evidence.

1247 Section 18. Section 396.218, Florida Statutes, is created

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1248 to read:

1249 396.218 Rules and enforcement.—

1250 (1) The agency shall adopt rules pursuant to ss. 120.536(1)  
 1251 and 120.54 to implement this chapter, which shall include  
 1252 reasonable and fair minimum standards for ensuring that:

1253 (a) Sufficient numbers and qualified types of personnel and  
 1254 occupational disciplines are on duty and available at all times  
 1255 to provide necessary and adequate patient care and safety.

1256 (b) Infection control, housekeeping, sanitary conditions,  
 1257 and medical record procedures that will adequately protect  
 1258 patient care and safety are established and implemented.

1259 (c) A comprehensive emergency management plan is prepared  
 1260 and updated annually. Such standards must be included in the  
 1261 rules adopted by the agency after consulting with the Division  
 1262 of Emergency Management. At a minimum, the rules must provide  
 1263 for plan components that address emergency evacuation  
 1264 transportation; adequate sheltering arrangements; postdisaster  
 1265 activities, including emergency power, food, and water;  
 1266 postdisaster transportation; supplies; staffing; emergency  
 1267 equipment; individual identification of residents and transfer  
 1268 of records, and responding to family inquiries. The  
 1269 comprehensive emergency management plan is subject to review and  
 1270 approval by the local emergency management agency. During its  
 1271 review, the local emergency management agency shall ensure that  
 1272 the following agencies, at a minimum, are given the opportunity  
 1273 to review the plan: the Department of Elderly Affairs, the  
 1274 Department of Health, the Agency for Health Care Administration,  
 1275 and the Division of Emergency Management. Also, appropriate  
 1276 volunteer organizations must be given the opportunity to review

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1277 the plan. The local emergency management agency shall complete  
 1278 its review within 60 days and either approve the plan or advise  
 1279 the licensed facility of necessary revisions.

1280 (d) Licensed facilities are established, organized, and  
 1281 operated consistent with established standards and rules.

1282 (e) Licensed facility beds conform to minimum space,  
 1283 equipment, and furnishings standards as specified by the  
 1284 department.

1285 (f) Each licensed facility has a quality improvement  
 1286 program designed according to standards established by its  
 1287 current accrediting organization. This program will enhance  
 1288 quality of care and emphasize quality patient outcomes,  
 1289 corrective action for problems, governing board review, and  
 1290 reporting to the agency of standardized data elements necessary  
 1291 to analyze quality of care outcomes. The agency shall use  
 1292 existing data, when available, and may not duplicate the efforts  
 1293 of other state agencies in order to obtain such data.

1294 (g) Licensed facilities make available on their Internet  
 1295 websites, and in a hard copy format upon request, a description  
 1296 of and a link to the patient charge and performance outcome data  
 1297 collected from licensed facilities pursuant to s. 408.061.

1298 (2) The agency shall adopt rules that establish minimum  
 1299 standards for pediatric patient care in ambulatory surgical  
 1300 centers to ensure the safe and effective delivery of surgical  
 1301 care to children. Such standards must include quality of care,  
 1302 nurse staffing, physician staffing, and equipment standards.  
 1303 Ambulatory surgical centers may not provide operative procedures  
 1304 to children under 18 years of age which require a length of stay  
 1305 past midnight until such standards are established by rule.

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1306 (3) Any rule adopted under this chapter by the agency may  
 1307 not deny a license to a facility required to be licensed under  
 1308 this chapter solely by reason of the school or system of  
 1309 practice employed or permitted to be employed by physicians  
 1310 therein, provided that such school or system of practice is  
 1311 recognized by the laws of this state. However, this subsection  
 1312 does not limit the powers of the agency to provide and require  
 1313 minimum standards for the maintenance and operation of, and for  
 1314 the treatment of patients in, those licensed facilities which  
 1315 receive federal aid, in order to meet minimum standards related  
 1316 to such matters in such licensed facilities which may now or  
 1317 hereafter be required by appropriate federal officers or  
 1318 agencies pursuant to federal law or rules adopted pursuant  
 1319 thereto.

1320 (4) Any licensed facility which is in operation at the time  
 1321 of adoption of any applicable rules under this chapter must be  
 1322 given a reasonable time, under the particular circumstances, but  
 1323 not to exceed 1 year after the date of such adoption, within  
 1324 which to comply with such rules.

1325 (5) The agency may not adopt any rule governing the design,  
 1326 construction, erection, alteration, modification, repair, or  
 1327 demolition of any ambulatory surgical center. It is the intent  
 1328 of the Legislature to preempt that function to the Florida  
 1329 Building Commission and the State Fire Marshal through adoption  
 1330 and maintenance of the Florida Building Code and the Florida  
 1331 Fire Prevention Code. However, the agency shall provide  
 1332 technical assistance to the commission and the State Fire  
 1333 Marshal in updating the construction standards of the Florida  
 1334 Building Code and the Florida Fire Prevention Code which govern

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1335 ambulatory surgical centers.

1336 Section 19. Section 396.219, Florida Statutes, is created  
1337 to read:

1338 396.219 Criminal and administrative penalties; moratorium.—

1339 (1) In addition to s. 408.812, any person establishing,  
1340 conducting, managing, or operating any facility without a  
1341 license under this chapter commits a misdemeanor and, upon  
1342 conviction, shall be fined not more than \$500 for the first  
1343 offense and not more than \$1,000 for each subsequent offense,  
1344 and each day of continuing violation after conviction is  
1345 considered a separate offense.

1346 (2) (a) The agency may impose an administrative fine, not to  
1347 exceed \$1,000 per violation, per day, for the violation of any  
1348 provision of this chapter, part II of chapter 408, or applicable  
1349 rules. Each day of violation constitutes a separate violation  
1350 and is subject to a separate fine.

1351 (b) In determining the amount of fine to be levied for a  
1352 violation, as provided in paragraph (a), the following factors  
1353 must be considered:

1354 1. The severity of the violation, including the probability  
1355 that death or serious harm to the health or safety of any person  
1356 will result or has resulted, the severity of the actual or  
1357 potential harm, and the extent to which the provisions of this  
1358 chapter were violated.

1359 2. Actions taken by the licensee to correct the violations  
1360 or to remedy complaints.

1361 3. Any previous violations of the licensee.

1362 (c) The agency may impose an administrative fine for the  
1363 violation of s. 641.3154 or, if sufficient claims due to a

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1364 provider from a health maintenance organization do not exist to  
1365 enable the take-back of an overpayment, as provided under s.  
1366 641.3155(5), for the violation of s. 641.3155(5). The  
1367 administrative fine for a violation cited in this paragraph  
1368 shall be in the amounts specified in s. 641.52(5), and paragraph  
1369 (a) does not apply.

1370 (3) In accordance with part II of chapter 408, the agency  
1371 may impose an immediate moratorium on elective admissions to any  
1372 licensed facility, building, or portion thereof, or service,  
1373 when the agency determines that any condition in the licensed  
1374 facility presents a threat to public health or safety.

1375 (4) The agency shall impose a fine of \$500 for each  
1376 instance of the licensed facility's failure to provide the  
1377 information required by rules adopted pursuant to s.  
1378 395.1055(1)(g).

1379 Section 20. Section 396.221, Florida Statutes, is created  
1380 to read:

1381 396.221 Powers and duties of the agency.—The agency shall:

1382 (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to  
1383 implement this chapter and part II of chapter 408 conferring  
1384 duties upon it.

1385 (2) Develop a model risk management program for licensed  
1386 facilities which will satisfy the requirements of s. 395.0197.

1387 (3) Enforce the special-occupancy provisions of the Florida  
1388 Building Code which apply to ambulatory surgical centers in  
1389 conducting any inspection authorized by this chapter and part II  
1390 of chapter 408.

1391 Section 21. Section 396.222, Florida Statutes, is created  
1392 to read:

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1393 396.222 Price transparency; itemized patient statement or  
 1394 bill; patient admission status notification.-  
 1395 (1) A facility licensed under this chapter shall provide  
 1396 timely and accurate financial information and quality of service  
 1397 measures to patients and prospective patients of the facility,  
 1398 or to patients' survivors or legal guardians, as appropriate.  
 1399 Such information shall be provided in accordance with this  
 1400 section and rules adopted by the agency pursuant to this chapter  
 1401 and s. 408.05. Licensed facilities operating exclusively as  
 1402 state facilities are exempt from this subsection.  
 1403 (a) Each licensed facility shall make available to the  
 1404 public on its website information on payments made to that  
 1405 facility for defined bundles of services and procedures. The  
 1406 payment data must be presented and searchable in accordance  
 1407 with, and through a hyperlink to, the system established by the  
 1408 agency and its vendor using the descriptive service bundles  
 1409 developed under s. 408.05(3)(c). At a minimum, the licensed  
 1410 facility shall provide the estimated average payment received  
 1411 from all payors, excluding Medicaid and Medicare, for the  
 1412 descriptive service bundles available at that facility and the  
 1413 estimated payment range for such bundles. Using plain language,  
 1414 comprehensible to an ordinary layperson, the licensed facility  
 1415 must disclose that the information on average payments and the  
 1416 payment ranges is an estimate of costs that may be incurred by  
 1417 the patient or prospective patient and that actual costs will be  
 1418 based on the services actually provided to the patient. The  
 1419 licensed facility's website must:  
 1420 1. Provide information to prospective patients on the  
 1421 licensed facility's financial assistance policy, including the

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1422 application process, payment plans, and discounts, and the  
 1423 facility's charity care policy and collection procedures.  
 1424 2. If applicable, notify patients and prospective patients  
 1425 that services may be provided in the licensed facility by that  
 1426 facility as well as by other health care providers who may  
 1427 separately bill the patient and that such health care providers  
 1428 may or may not participate with the same health insurers or  
 1429 health maintenance organizations as the facility.  
 1430 3. Inform patients and prospective patients that they may  
 1431 request from the licensed facility and other health care  
 1432 providers a more personalized estimate of charges and other  
 1433 information, and inform patients that they should contact each  
 1434 health care practitioner who will provide services in the  
 1435 facility to determine the health insurers and health maintenance  
 1436 organizations with which the health care practitioner  
 1437 participates as a network provider or preferred provider.  
 1438 4. Provide the names, mailing addresses, and telephone  
 1439 numbers of the health care practitioners and medical practice  
 1440 groups with which it contracts to provide services in the  
 1441 licensed facility and instructions on how to contact the  
 1442 practitioners and groups to determine the health insurers and  
 1443 health maintenance organizations with which they participate as  
 1444 network providers or preferred providers.  
 1445 (b) Each licensed facility shall post on its website a  
 1446 consumer-friendly list of standard charges for at least 300  
 1447 shoppable health care services, or an Internet-based price  
 1448 estimator tool meeting federal standards. If a licensed facility  
 1449 provides fewer than 300 distinct shoppable health care services,  
 1450 it shall make available on its website the standard charges for

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1451 each service it provides. As used in this paragraph, the term:

1452 1. "Shoppable health care service" means a service that can  
 1453 be scheduled by a healthcare consumer in advance. The term  
 1454 includes, but is not limited to, the services described in s.  
 1455 627.6387(2)(e) and any services defined in regulations or  
 1456 guidance issued by the United States Department of Health and  
 1457 Human Services.

1458 2. "Standard charge" has the same meaning as that term is  
 1459 defined in regulations or guidance issued by the United States  
 1460 Department of Health and Human Services for purposes of  
 1461 ambulatory surgical center price transparency.

1462 (c)1. Before providing any nonemergency medical services,  
 1463 each licensed facility shall provide in writing or by electronic  
 1464 means a good faith estimate of reasonably anticipated charges  
 1465 for the treatment of a patient's or prospective patient's  
 1466 specific condition. The licensed facility is not required to  
 1467 adjust the estimate for any potential insurance coverage. The  
 1468 licensed facility must provide the estimate to the patient's  
 1469 health insurer, as defined in s. 627.446(1), and the patient at  
 1470 least 3 business days before the date such service is to be  
 1471 provided, but no later than 1 business day after the date such  
 1472 service is scheduled or, in the case of a service scheduled at  
 1473 least 10 business days in advance, no later than 3 business days  
 1474 after the date the service is scheduled. The licensed facility  
 1475 must provide the estimate to the patient no later than 3  
 1476 business days after the date the patient requests an estimate.  
 1477 The estimate may be based on the descriptive service bundles  
 1478 developed by the agency under s. 408.05(3)(c) unless the patient  
 1479 or prospective patient requests a more personalized and specific

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1480 estimate that accounts for the specific condition and  
 1481 characteristics of the patient or prospective patient. The  
 1482 licensed facility shall inform the patient or prospective  
 1483 patient that he or she may contact his or her health insurer for  
 1484 additional information concerning cost-sharing responsibilities.

1485 2. In the estimate, the licensed facility shall provide to  
 1486 the patient or prospective patient information on the facility's  
 1487 financial assistance policy, including the application process,  
 1488 payment plans, and discounts and the facility's charity care  
 1489 policy and collection procedures.

1490 3. The estimate shall clearly identify any facility fees  
 1491 and, if applicable, include a statement notifying the patient or  
 1492 prospective patient that a facility fee is included in the  
 1493 estimate, the purpose of the fee, and that the patient may pay  
 1494 less for the procedure or service at another facility or in  
 1495 another health care setting.

1496 4. The licensed facility shall notify the patient or  
 1497 prospective patient of any revision to the estimate.

1498 5. In the estimate, the licensed facility must notify the  
 1499 patient or prospective patient that services may be provided in  
 1500 the facility by the facility as well as by other health care  
 1501 providers that may separately bill the patient, if applicable.

1502 6. Failure to timely provide the estimate pursuant to this  
 1503 paragraph shall result in a daily fine of \$1,000 until the  
 1504 estimate is provided to the patient or prospective patient and  
 1505 the health insurer. The total fine per patient estimate may not  
 1506 exceed \$10,000.

1507 (d) Each licensed facility shall make available on its  
 1508 website a hyperlink to the health-related data, including

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1509 quality measures and statistics that are disseminated by the  
 1510 agency pursuant to s. 408.05. The licensed facility shall also  
 1511 take action to notify the public that such information is  
 1512 electronically available and provide a hyperlink to the agency's  
 1513 website.

1514 (e)1. Upon request, and after the patient's discharge or  
 1515 release from a licensed facility, the facility must provide to  
 1516 the patient or to the patient's survivor or legal guardian, as  
 1517 appropriate, an itemized statement or a bill detailing in plain  
 1518 language, comprehensible to an ordinary layperson, the specific  
 1519 nature of charges or expenses incurred by the patient. The  
 1520 initial statement or bill shall be provided within 7 days after  
 1521 the patient's discharge or release or after a request for such  
 1522 statement or bill, whichever is later. The initial statement or  
 1523 bill must contain a statement of specific services received and  
 1524 expenses incurred by date and provider for such items of  
 1525 service, enumerating in detail as prescribed by the agency the  
 1526 constituent components of the services received within each  
 1527 department of the licensed facility and including unit price  
 1528 data on rates charged by the licensed facility. The statement or  
 1529 bill must also clearly identify any facility fee and explain the  
 1530 purpose of the fee. The statement or bill must identify each  
 1531 item as paid, pending payment by a third party, or pending  
 1532 payment by the patient, and must include the amount due, if  
 1533 applicable. If an amount is due from the patient, a due date  
 1534 must be included. The initial statement or bill must direct the  
 1535 patient or the patient's survivor or legal guardian, as  
 1536 appropriate, to contact the patient's insurer or health  
 1537 maintenance organization regarding the patient's cost-sharing

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1538 responsibilities.

1539 2. Any subsequent statement or bill provided to a patient  
 1540 or to the patient's survivor or legal guardian, as appropriate,  
 1541 relating to the episode of care must include all of the  
 1542 information required by subparagraph 1., with any revisions  
 1543 clearly delineated.

1544 3. Each statement or bill provided pursuant to this  
 1545 subsection:

1546 a. Must include notice of physicians and other health care  
 1547 providers who bill separately.

1548 b. May not include any generalized category of expenses  
 1549 such as "other" or "miscellaneous" or similar categories.

1550 (2) Each itemized statement or bill must prominently  
 1551 display the telephone number of the licensed facility's patient  
 1552 liaison who is responsible for expediting the resolution of any  
 1553 billing dispute between the patient, or the patient's survivor  
 1554 or legal guardian, and the billing department.

1555 (3) A licensed facility shall make available to a patient  
 1556 all records necessary for verification of the accuracy of the  
 1557 patient's statement or bill within 10 business days after the  
 1558 request for such records. The records must be made available in  
 1559 the licensed facility's offices and through electronic means  
 1560 that comply with the Health Insurance Portability and  
 1561 Accountability Act of 1996, 42 U.S.C. s. 1320d, as amended. Such  
 1562 records must be available to the patient before and after  
 1563 payment of the statement or bill. The licensed facility may not  
 1564 charge the patient for making such verification records  
 1565 available; however, the facility may charge fees for providing  
 1566 copies of records as specified in s. 395.3025(1).

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1567 (4) Each licensed facility shall establish a method for  
 1568 reviewing and responding to questions from patients concerning  
 1569 the patient's itemized statement or bill. Such response shall be  
 1570 provided within 7 business days after the date a question is  
 1571 received. If the patient is not satisfied with the response, the  
 1572 facility must provide the patient with the contact information  
 1573 of the agency to which the issue may be sent for review.

1574 (5) Each licensed facility shall establish an internal  
 1575 process for reviewing and responding to grievances from  
 1576 patients. Such process must allow a patient to dispute charges  
 1577 that appear on the patient's itemized statement or bill. The  
 1578 licensed facility shall prominently post on its website and  
 1579 indicate in bold print on each itemized statement or bill the  
 1580 instructions for initiating a grievance and the direct contact  
 1581 information required to initiate the grievance process. The  
 1582 licensed facility must provide an initial response to a patient  
 1583 grievance within 7 business days after the patient formally  
 1584 files a grievance disputing all or a portion of an itemized  
 1585 statement or bill.

1586 (6) Each licensed facility shall disclose to a patient, a  
 1587 prospective patient, or a patient's legal guardian whether a  
 1588 cost-sharing obligation for a particular covered health care  
 1589 service or item exceeds the charge that applies to an individual  
 1590 who pays cash or the cash equivalent for the same health care  
 1591 service or item in the absence of health insurance coverage.  
 1592 Failure to provide a disclosure in compliance with this  
 1593 subsection may result in a fine not to exceed \$500 per incident.

1594 Section 22. Section 396.223, Florida Statutes, is created  
 1595 to read:

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1596 396.223 Billing and collection activities.—

1597 (1) As used in this section, the term "extraordinary  
 1598 collection action" means any of the following actions taken by a  
 1599 licensed facility against an individual in relation to obtaining  
 1600 payment of a bill for care covered under the licensed facility's  
 1601 financial assistance policy:

1602 (a) Selling the individual's debt to another party.

1603 (b) Reporting adverse information about the individual to  
 1604 consumer credit reporting agencies or credit bureaus.

1605 (c) Deferring, denying, or requiring a payment before  
 1606 providing medically necessary care because of the individual's  
 1607 nonpayment of one or more bills for previously provided care  
 1608 covered under the licensed facility's financial assistance  
 1609 policy.

1610 (d) Actions that require a legal or judicial process,  
 1611 including, but not limited to:

1612 1. Placing a lien on the individual's property;

1613 2. Foreclosing on the individual's real property;

1614 3. Attaching or seizing the individual's bank account or  
 1615 any other personal property;

1616 4. Commencing a civil action against the individual;

1617 5. Causing the individual's arrest; or

1618 6. Garnishing the individual's wages.

1619 (2) A licensed facility may not engage in an extraordinary  
 1620 collection action against an individual to obtain payment for  
 1621 services:

1622 (a) Before the licensed facility has made reasonable  
 1623 efforts to determine whether the individual is eligible for  
 1624 assistance under its financial assistance policy for the care

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1625 provided and, if eligible, before a decision is made by the  
 1626 facility on the patient's application for such financial  
 1627 assistance.

1628 (b) Before the licensed facility has provided the  
 1629 individual with an itemized statement or bill.

1630 (c) During an ongoing grievance process as described in s.  
 1631 395.301(6) or an ongoing appeal of a claim adjudication.

1632 (d) Before billing any applicable insurer and allowing the  
 1633 insurer to adjudicate a claim.

1634 (e) For 30 days after notifying the patient in writing, by  
 1635 certified mail or by other traceable delivery method, that a  
 1636 collection action will commence absent additional action by the  
 1637 patient.

1638 (f) While the individual:

1639 1. Negotiates in good faith the final amount of a bill for  
 1640 services rendered; or

1641 2. Complies with all terms of a payment plan with the  
 1642 licensed facility.

1643 Section 23. Section 396.224, Florida Statutes, is created  
 1644 to read:

1645 396.224 Patient records; penalties for alteration.—

1646 (1) Any person who fraudulently alters, defaces, or  
 1647 falsifies any medical record, or causes or procures any of these  
 1648 offenses to be committed, commits a misdemeanor of the second  
 1649 degree, punishable as provided in s. 775.082 or s. 775.083.

1650 (2) A conviction under subsection (1) is also grounds for  
 1651 restriction, suspension, or termination of a license.

1652 Section 24. Section 396.225, Florida Statutes, is created  
 1653 to read:

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1654 396.225 Patient and personnel records; copies;  
 1655 examination.—

1656 (1) A licensed facility shall, upon written request, and  
 1657 only after discharge of the patient, furnish, in a timely  
 1658 manner, without delays for legal review, to any person admitted  
 1659 to the licensed facility for care and treatment or treated at  
 1660 the licensed facility, or to any such person's guardian,  
 1661 curator, or personal representative, or in the absence of one of  
 1662 those persons, to the next of kin of a decedent or the parent of  
 1663 a minor, or to anyone designated by such person in writing, a  
 1664 true and correct copy of all patient records, including X rays,  
 1665 and insurance information concerning such person, which records  
 1666 are in the possession of the licensed facility, provided that  
 1667 the person requesting such records agrees to pay a charge. The  
 1668 exclusive charge for copies of patient records may include sales  
 1669 tax and actual postage, and, except for nonpaper records that  
 1670 are subject to a charge not to exceed \$2, may not exceed \$1 per  
 1671 page. A fee of up to \$1 may be charged for each year of records  
 1672 requested. These charges shall apply to all records furnished,  
 1673 whether directly from the licensed facility or from a copy  
 1674 service providing these services on behalf of the licensed  
 1675 facility. However, a patient whose records are copied or  
 1676 searched for the purpose of continuing to receive medical care  
 1677 is not required to pay a charge for copying or for the search.  
 1678 The licensed facility shall further allow any such person to  
 1679 examine the original records in its possession, or microforms or  
 1680 other suitable reproductions of the records, upon such  
 1681 reasonable terms as shall be imposed to ensure that the records  
 1682 will not be damaged, destroyed, or altered.

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1683 (2) Patient records are confidential and must not be  
 1684 disclosed without the consent of the patient or his or her legal  
 1685 representative, but appropriate disclosure may be made without  
 1686 such consent to:

1687 (a) Licensed facility personnel, attending physicians, or  
 1688 other health care practitioners and providers currently involved  
 1689 in the care or treatment of the patient for use only in  
 1690 connection with the treatment of the patient.

1691 (b) Licensed facility personnel only for administrative  
 1692 purposes or risk management and quality assurance functions.

1693 (c) The agency, for purposes of health care cost  
 1694 containment.

1695 (d) In any civil or criminal action, unless otherwise  
 1696 prohibited by law, upon the issuance of a subpoena from a court  
 1697 of competent jurisdiction and proper notice by the party seeking  
 1698 such records to the patient or his or her legal representative.

1699 (e) The agency upon subpoena issued pursuant to s. 456.071,  
 1700 but the records obtained must be used solely for the purpose of  
 1701 the agency and the appropriate professional board in its  
 1702 investigation, prosecution, and appeal of disciplinary  
 1703 proceedings. If the agency requests copies of the records, the  
 1704 licensed facility shall charge no more than its actual copying  
 1705 costs, including reasonable staff time. The records must be  
 1706 sealed and must not be available to the public pursuant to s.  
 1707 119.07(1) or any other statute providing access to records, nor  
 1708 may they be available to the public as part of the record of  
 1709 investigation for and prosecution in disciplinary proceedings  
 1710 made available to the public by the agency or the appropriate  
 1711 regulatory board. However, the agency must make available, upon

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1712 written request by a practitioner against whom probable cause  
 1713 has been found, any such records that form the basis of the  
 1714 determination of probable cause.

1715 (f) The Medicaid Fraud Control Unit in the Department of  
 1716 Legal Affairs pursuant to s. 409.920.

1717 (g) The Department of Financial Services, or an agent,  
 1718 employee, or independent contractor of the department who is  
 1719 auditing for unclaimed property pursuant to chapter 717.

1720 (h) If applicable to a licensed facility, a regional poison  
 1721 control center for purposes of treating a poison episode under  
 1722 evaluation, case management of poison cases, or compliance with  
 1723 data collection and reporting requirements of s. 395.1027 and  
 1724 the professional organization that certifies poison control  
 1725 centers in accordance with federal law.

1726 (3) The Department of Health may examine patient records of  
 1727 a licensed facility, whether held by the licensed facility or  
 1728 the agency, for the purpose of epidemiological investigations.  
 1729 The unauthorized release of information by agents of the  
 1730 department which would identify an individual patient is a  
 1731  misdemeanor of the first degree, punishable as provided in s.  
 1732 775.082 or s. 775.083.

1733 (4) Patient records shall contain information required for  
 1734 completion of birth, death, and fetal death certificates.

1735 (5)(a) If the content of any record of patient treatment is  
 1736 provided under this section, the recipient, if other than the  
 1737 patient or the patient's representative, may use such  
 1738 information only for the purpose provided and may not further  
 1739 disclose any information to any other person or entity, unless  
 1740 expressly permitted by the written consent of the patient. A

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1741 general authorization for the release of medical information is  
 1742 not sufficient for this purpose. The content of such patient  
 1743 treatment record is confidential and exempt from s. 119.07(1)  
 1744 and s. 24(a), Art. I of the State Constitution.

1745 (b) Absent a specific written release or authorization  
 1746 permitting utilization of patient information for solicitation  
 1747 or marketing the sale of goods or services, any use of that  
 1748 information for those purposes is prohibited.

1749 (6) Patient records at ambulatory surgical centers are  
 1750 exempt from disclosure under s. 119.07(1), except as provided in  
 1751 subsections (1)-(5).

1752 (7) A licensed facility may prescribe the content and  
 1753 custody of limited-access records which the facility may  
 1754 maintain on its employees. Such records shall be limited to  
 1755 information regarding evaluations of employee performance,  
 1756 including records forming the basis for evaluation and  
 1757 subsequent actions, and shall be open to inspection only by the  
 1758 employee and by officials of the licensed facility who are  
 1759 responsible for the supervision of the employee. The custodian  
 1760 of limited-access employee records shall release information  
 1761 from such records to other employers or only upon authorization  
 1762 in writing from the employee or upon order of a court of  
 1763 competent jurisdiction. Any licensed facility releasing such  
 1764 records pursuant to this chapter is considered to be acting in  
 1765 good faith and may not be held liable for information contained  
 1766 in such records, absent a showing that the facility maliciously  
 1767 falsified such records. Such limited-access employee records are  
 1768 exempt from s. 119.07(1) for a period of 5 years from the date  
 1769 such records are designated limited-access records.

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1770 (8) The home addresses, telephone numbers, and photographs  
 1771 of employees of any licensed facility who provide direct patient  
 1772 care or security services; the home addresses, telephone  
 1773 numbers, and places of employment of the spouses and children of  
 1774 such persons; and the names and locations of schools and day  
 1775 care facilities attended by the children of such persons are  
 1776 confidential and exempt from s. 119.07(1) and s. 24(a), Art. I  
 1777 of the State Constitution. However, any state or federal agency  
 1778 that is authorized to have access to such information by any  
 1779 provision of law shall be granted such access in the furtherance  
 1780 of its statutory duties, notwithstanding this subsection. The  
 1781 Department of Financial Services, or an agent, employee, or  
 1782 independent contractor of the department who is auditing for  
 1783 unclaimed property pursuant to chapter 717, shall be granted  
 1784 access to the name, address, and social security number of any  
 1785 employee owed unclaimed property.

1786 (9) The home addresses, telephone numbers, and photographs  
 1787 of employees of any licensed facility who have a reasonable  
 1788 belief, based upon specific circumstances that have been  
 1789 reported in accordance with the procedure adopted by the  
 1790 licensed facility, that release of the information may be used  
 1791 to threaten, intimidate, harass, inflict violence upon, or  
 1792 defraud the employee or any member of the employee's family; the  
 1793 home addresses, telephone numbers, and places of employment of  
 1794 the spouses and children of such persons; and the names and  
 1795 locations of schools and day care facilities attended by the  
 1796 children of such persons are confidential and exempt from s.  
 1797 119.07(1) and s. 24(a), Art. I of the State Constitution.  
 1798 However, any state or federal agency that is authorized to have

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1799 access to such information by any provision of law shall be  
 1800 granted such access in the furtherance of its statutory duties,  
 1801 notwithstanding this subsection. The licensed facility shall  
 1802 maintain the confidentiality of the personal information only if  
 1803 the employee submits a written request for confidentiality to  
 1804 the licensed facility.

1805 Section 25. Paragraph (d) of subsection (2) of section  
 1806 383.145, Florida Statutes, is amended to read:

1807 383.145 Newborn, infant, and toddler hearing screening.—  
 1808 (2) DEFINITIONS.—As used in this section, the term:  
 1809 (d) "Hospital" means a facility as defined in s. 395.002 ~~s.~~  
 1810 ~~395.002(13)~~ and licensed under chapter 395 and part II of  
 1811 chapter 408.

1812 Section 26. Paragraph (b) of subsection (4) of section  
 1813 383.50, Florida Statutes, is amended to read:

1814 383.50 Treatment of surrendered infant.—  
 1815 (4)  
 1816 (b) Each hospital of this state subject to s. 395.1041  
 1817 shall, and any other hospital may, admit and provide all  
 1818 necessary emergency services and care, as defined in s. 395.002  
 1819 ~~s. 395.002(9)~~, to any infant left with the hospital in  
 1820 accordance with this section. The hospital or any of its medical  
 1821 staff or licensed health care professionals shall consider these  
 1822 actions as implied consent for treatment, and a hospital  
 1823 accepting physical custody of an infant has implied consent to  
 1824 perform all necessary emergency services and care. The hospital  
 1825 or any of its medical staff or licensed health care  
 1826 professionals are immune from criminal or civil liability for  
 1827 acting in good faith in accordance with this section. This

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1828 subsection does not limit liability for negligence.

1829 Section 27. Subsection (2) of section 385.211, Florida  
 1830 Statutes, is amended to read:

1831 385.211 Refractory and intractable epilepsy treatment and  
 1832 research at recognized medical centers.—  
 1833 (2) Notwithstanding chapter 893, medical centers recognized  
 1834 pursuant to s. 381.925, or an academic medical research  
 1835 institution legally affiliated with a licensed children's  
 1836 specialty hospital as defined in s. 395.002 ~~s. 395.002(28)~~ that  
 1837 contracts with the Department of Health, may conduct research on  
 1838 cannabidiol and low-THC cannabis. This research may include, but  
 1839 is not limited to, the agricultural development, production,  
 1840 clinical research, and use of liquid medical derivatives of  
 1841 cannabidiol and low-THC cannabis for the treatment for  
 1842 refractory or intractable epilepsy. The authority for recognized  
 1843 medical centers to conduct this research is derived from 21  
 1844 C.F.R. parts 312 and 316. Current state or privately obtained  
 1845 research funds may be used to support the activities described  
 1846 in this section.

1847 Section 28. Subsection (8) of section 390.011, Florida  
 1848 Statutes, is amended to read:

1849 390.011 Definitions.—As used in this chapter, the term:  
 1850 (8) "Hospital" means a facility as defined in s. 395.002 ~~s.~~  
 1851 ~~395.002(12)~~ and licensed under chapter 395 and part II of  
 1852 chapter 408.

1853 Section 29. Subsection (7) of section 394.4787, Florida  
 1854 Statutes, is amended to read:

1855 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788, and  
 1856 394.4789.—As used in this section and ss. 394.4786, 394.4788,

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1857 and 394.4789:

1858 (7) "Specialty psychiatric hospital" means a hospital  
1859 licensed by the agency pursuant to s. 395.002 ~~s. 395.002(28)~~ and  
1860 part II of chapter 408 as a specialty psychiatric hospital.

1861 Section 30. Section 395.001, Florida Statutes, is amended  
1862 to read:

1863 395.001 Legislative intent.—It is the intent of the  
1864 Legislature to provide for the protection of public health and  
1865 safety in the establishment, construction, maintenance, and  
1866 operation of hospitals and ~~ambulatory surgical centers~~ by  
1867 providing for licensure of same and for the development,  
1868 establishment, and enforcement of minimum standards with respect  
1869 thereto.

1870 Section 31. Subsections (3), (10), (17), (23), and (28) of  
1871 section 395.002, Florida Statutes, are amended to read:

1872 395.002 Definitions.—As used in this chapter:

1873 ~~(3) "Ambulatory surgical center" means a facility, the~~  
1874 ~~primary purpose of which is to provide elective surgical care,~~  
1875 ~~in which the patient is admitted to and discharged from such~~  
1876 ~~facility within 24 hours, and which is not part of a hospital.~~  
1877 ~~However, a facility existing for the primary purpose of~~  
1878 ~~performing terminations of pregnancy, an office maintained by a~~  
1879 ~~physician for the practice of medicine, or an office maintained~~  
1880 ~~for the practice of dentistry may not be construed to be an~~  
1881 ~~ambulatory surgical center, provided that any facility or office~~  
1882 ~~which is certified or seeks certification as a Medicare~~  
1883 ~~ambulatory surgical center shall be licensed as an ambulatory~~  
1884 ~~surgical center pursuant to s. 395.003.~~

1885 (9) ~~(10)~~ "General hospital" means any facility which meets

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1886 the provisions of subsection (11) ~~(12)~~ and which regularly makes  
1887 its facilities and services available to the general population.

1888 (16) ~~(17)~~ "Licensed facility" means a hospital ~~or ambulatory~~  
1889 ~~surgical center~~ licensed in accordance with this chapter.

1890 (22) ~~(23)~~ "Premises" means those buildings, beds, and  
1891 equipment located at the address of the licensed facility and  
1892 all other buildings, beds, and equipment for the provision of  
1893 hospital ~~or ambulatory surgical~~ care located in such reasonable  
1894 proximity to the address of the licensed facility as to appear  
1895 to the public to be under the dominion and control of the  
1896 licensee. For any licensee that is a teaching hospital as  
1897 defined in s. 408.07, reasonable proximity includes any  
1898 buildings, beds, services, programs, and equipment under the  
1899 dominion and control of the licensee that are located at a site  
1900 with a main address that is within 1 mile of the main address of  
1901 the licensed facility; and all such buildings, beds, and  
1902 equipment may, at the request of a licensee or applicant, be  
1903 included on the facility license as a single premises.

1904 (27) ~~(28)~~ "Specialty hospital" means any facility which  
1905 meets the provisions of subsection (11) ~~(12)~~, and which  
1906 regularly makes available either:

1907 (a) The range of medical services offered by general  
1908 hospitals but restricted to a defined age or gender group of the  
1909 population;

1910 (b) A restricted range of services appropriate to the  
1911 diagnosis, care, and treatment of patients with specific  
1912 categories of medical or psychiatric illnesses or disorders; or

1913 (c) Intensive residential treatment programs for children  
1914 and adolescents as defined in subsection (15) ~~(16)~~.



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1915 Section 32. Subsection (1) and paragraph (d) of subsection  
1916 (5) of section 395.003, Florida Statutes, are amended to read:

1917 395.003 Licensure; denial, suspension, and revocation.—

1918 (1) (a) The requirements of part II of chapter 408 apply to  
1919 the provision of services that require licensure pursuant to ss.  
1920 395.001-395.1065 and part II of chapter 408 and to entities  
1921 licensed by or applying for such licensure from the Agency for  
1922 Health Care Administration pursuant to ss. 395.001-395.1065. A  
1923 license issued by the agency is required in order to operate a  
1924 hospital ~~or ambulatory surgical center~~ in this state.

1925 (b)1. It is unlawful for a person to use or advertise to  
1926 the public, in any way or by any medium whatsoever, any facility  
1927 as a "hospital" ~~or "ambulatory surgical center"~~ unless such  
1928 facility has first secured a license under this chapter part.

1929 2. This part does not apply to veterinary hospitals or to  
1930 commercial business establishments using the word "hospital" ~~or~~  
1931 ~~"ambulatory surgical center"~~ as a part of a trade name if no  
1932 treatment of human beings is performed on the premises of such  
1933 establishments.

1934 (5)

1935 (d) A hospital, ~~an ambulatory surgical center~~, a specialty  
1936 hospital, or an urgent care center shall comply with ss.  
1937 627.64194 and 641.513 as a condition of licensure.

1938 Section 33. Subsections (2), (3), and (9) of section  
1939 395.1055, Florida Statutes, are amended to read:

1940 395.1055 Rules and enforcement.—

1941 (2) Separate standards may be provided for general and  
1942 specialty hospitals, ~~ambulatory surgical centers~~, and statutory  
1943 rural hospitals as defined in s. 395.602.

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1944 ~~(3) The agency shall adopt rules that establish minimum~~  
1945 ~~standards for pediatric patient care in ambulatory surgical~~  
1946 ~~centers to ensure the safe and effective delivery of surgical~~  
1947 ~~care to children in ambulatory surgical centers. Such standards~~  
1948 ~~must include quality of care, nurse staffing, physician~~  
1949 ~~staffing, and equipment standards. Ambulatory surgical centers~~  
1950 ~~may not provide operative procedures to children under 18 years~~  
1951 ~~of age which require a length of stay past midnight until such~~  
1952 ~~standards are established by rule.~~

1953 (8)(9) The agency may not adopt any rule governing the  
1954 design, construction, erection, alteration, modification,  
1955 repair, or demolition of any public or private hospital or  
1956 intermediate residential treatment facility, ~~or ambulatory~~  
1957 ~~surgical center~~. It is the intent of the Legislature to preempt  
1958 that function to the Florida Building Commission and the State  
1959 Fire Marshal through adoption and maintenance of the Florida  
1960 Building Code and the Florida Fire Prevention Code. However, the  
1961 agency shall provide technical assistance to the commission and  
1962 the State Fire Marshal in updating the construction standards of  
1963 the Florida Building Code and the Florida Fire Prevention Code  
1964 which govern hospitals and, intermediate residential treatment  
1965 facilities, ~~and ambulatory surgical centers~~.

1966 Section 34. Subsection (3) of section 395.10973, Florida  
1967 Statutes, is amended to read:

1968 395.10973 Powers and duties of the agency.—It is the  
1969 function of the agency to:

1970 (3) Enforce the special-occupancy provisions of the Florida  
1971 Building Code which apply to hospitals and, intermediate  
1972 residential treatment facilities, ~~and ambulatory surgical~~

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1973 ~~centers~~ in conducting any inspection authorized by this chapter  
 1974 and part II of chapter 408.

1975 Section 35. Subsection (8) of section 395.3025, Florida  
 1976 Statutes, is amended to read:

1977 395.3025 Patient and personnel records; copies;  
 1978 examination.-

1979 (8) Patient records at hospitals ~~and ambulatory surgical~~  
 1980 ~~centers~~ are exempt from disclosure under s. 119.07(1), except as  
 1981 provided by subsections (1)-(5).

1982 Section 36. Subsection (3) of section 395.607, Florida  
 1983 Statutes, is amended to read:

1984 395.607 Rural emergency hospitals.-

1985 (3) Notwithstanding s. 395.002 ~~s. 395.002(12)~~, a rural  
 1986 emergency hospital is not required to offer acute inpatient care  
 1987 or care beyond 24 hours, or to make available treatment  
 1988 facilities for surgery, obstetrical care, or similar services in  
 1989 order to be deemed a hospital as long as it maintains its  
 1990 designation as a rural emergency hospital, and may be required  
 1991 to make such services available only if it ceases to be  
 1992 designated as a rural emergency hospital.

1993 Section 37. Paragraphs (b) and (c) of subsection (1) of  
 1994 section 395.701, Florida Statutes, are amended to read:

1995 395.701 Annual assessments on net operating revenues for  
 1996 inpatient and outpatient services to fund public medical  
 1997 assistance; administrative fines for failure to pay assessments  
 1998 when due; exemption.-

1999 (1) For the purposes of this section, the term:

2000 (b) "Gross operating revenue" or "gross revenue" means the  
 2001 sum of daily hospital service charges, ~~ambulatory service~~

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2002 ~~charges~~, ancillary service charges, and other operating revenue.

2003 (c) "Hospital" means a health care institution as defined  
 2004 in s. 395.202 ~~s. 395.002(12)~~, but does not include any hospital  
 2005 operated by a state agency.

2006 Section 38. Paragraph (b) of subsection (3) of section  
 2007 400.518, Florida Statutes, is amended to read:

2008 400.518 Prohibited referrals to home health agencies.-  
 2009 (3)

2010 (b) A physician who violates this section is subject to  
 2011 disciplinary action by the appropriate board under s. 458.331(2)  
 2012 or s. 459.015(2). A hospital ~~or ambulatory surgical center~~ that  
 2013 violates this section is subject to s. 395.0185(2). An  
 2014 ambulatory surgical center that violates this section is subject  
 2015 to s. 396.209.

2016 Section 39. Paragraph (h) of subsection (5) of section  
 2017 400.93, Florida Statutes, is amended to read:

2018 400.93 Licensure required; exemptions; unlawful acts;  
 2019 penalties.-

2020 (5) The following are exempt from home medical equipment  
 2021 provider licensure, unless they have a separate company,  
 2022 corporation, or division that is in the business of providing  
 2023 home medical equipment and services for sale or rent to  
 2024 consumers at their regular or temporary place of residence  
 2025 pursuant to the provisions of this part:

2026 (h) Hospitals licensed under chapter 395 and ambulatory  
 2027 surgical centers licensed under chapter 396 ~~395~~.

2028 Section 40. Paragraph (i) of subsection (1) of section  
 2029 400.9935, Florida Statutes, is amended to read:

2030 400.9935 Clinic responsibilities.-

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2031 (1) Each clinic shall appoint a medical director or clinic  
2032 director who shall agree in writing to accept legal  
2033 responsibility for the following activities on behalf of the  
2034 clinic. The medical director or the clinic director shall:

2035 (i) Ensure that the clinic publishes a schedule of charges  
2036 for the medical services offered to patients. The schedule must  
2037 include the prices charged to an uninsured person paying for  
2038 such services by cash, check, credit card, or debit card. The  
2039 schedule may group services by price levels, listing services in  
2040 each price level. The schedule must be posted in a conspicuous  
2041 place in the reception area of any clinic that is considered an  
2042 urgent care center as defined in s. 395.002 ~~s. 395.002(30)(b)~~  
2043 and must include, but is not limited to, the 50 services most  
2044 frequently provided by the clinic. The posting may be a sign  
2045 that must be at least 15 square feet in size or through an  
2046 electronic messaging board that is at least 3 square feet in  
2047 size. The failure of a clinic, including a clinic that is  
2048 considered an urgent care center, to publish and post a schedule  
2049 of charges as required by this section shall result in a fine of  
2050 not more than \$1,000, per day, until the schedule is published  
2051 and posted.

2052 Section 41. Paragraph (b) of subsection (2) of section  
2053 401.272, Florida Statutes, is amended to read:

2054 401.272 Emergency medical services community health care.—

2055 (2) Notwithstanding any other provision of law to the  
2056 contrary:

2057 (b) Paramedics and emergency medical technicians shall  
2058 operate under the medical direction of a physician through two-  
2059 way communication or pursuant to established standing orders or

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2060 protocols and within the scope of their training when a patient  
2061 is not transported to an emergency department or is transported  
2062 to a facility other than a hospital as defined in s. 395.002 ~~s.~~  
2063 ~~395.002(12)~~.

2064 Section 42. Subsections (4) and (5) of section 408.051,  
2065 Florida Statutes, are amended to read:

2066 408.051 Florida Electronic Health Records Exchange Act.—

2067 (4) EMERGENCY RELEASE OF IDENTIFIABLE HEALTH RECORD.—A  
2068 health care provider may release or access an identifiable  
2069 health record of a patient without the patient's consent for use  
2070 in the treatment of the patient for an emergency medical  
2071 condition, as defined in s. 395.002 ~~s. 395.002(8)~~, when the  
2072 health care provider is unable to obtain the patient's consent  
2073 or the consent of the patient representative due to the  
2074 patient's condition or the nature of the situation requiring  
2075 immediate medical attention. A health care provider who in good  
2076 faith releases or accesses an identifiable health record of a  
2077 patient in any form or medium under this subsection is immune  
2078 from civil liability for accessing or releasing an identifiable  
2079 health record.

2080 (5) HOSPITAL DATA.—A hospital as defined in s. 395.002 ~~s.~~  
2081 ~~395.002(12)~~ which maintains certified electronic health record  
2082 technology must make available admit, transfer, and discharge  
2083 data to the agency's Florida Health Information Exchange program  
2084 for the purpose of supporting public health data registries and  
2085 patient care coordination. The agency may adopt rules to  
2086 implement this subsection.

2087 Section 43. Subsection (6) of section 408.07, Florida  
2088 Statutes, is amended to read:

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2089 408.07 Definitions.—As used in this chapter, with the  
2090 exception of ss. 408.031-408.045, the term:

2091 (6) "Ambulatory surgical center" means a facility licensed  
2092 as an ambulatory surgical center under chapter 396 ~~395~~.

2093 Section 44. Subsection (9) of section 408.802, Florida  
2094 Statutes, is amended to read:

2095 408.802 Applicability.—This part applies to the provision  
2096 of services that require licensure as defined in this part and  
2097 to the following entities licensed, registered, or certified by  
2098 the agency, as described in chapters 112, 383, 390, 394, 395,  
2099 400, 429, 440, and 765:

2100 (9) Ambulatory surgical centers, as provided under ~~part I~~  
2101 ~~of~~ chapter 396 ~~395~~.

2102 Section 45. Subsection (9) of section 408.820, Florida  
2103 Statutes, is amended to read:

2104 408.820 Exemptions.—Except as prescribed in authorizing  
2105 statutes, the following exemptions shall apply to specified  
2106 requirements of this part:

2107 (9) Ambulatory surgical centers, as provided under ~~part I~~  
2108 ~~of~~ chapter 396 ~~395~~, are exempt from s. 408.810(7)-(10).

2109 Section 46. Subsection (8) of section 409.905, Florida  
2110 Statutes, is amended to read:

2111 409.905 Mandatory Medicaid services.—The agency may make  
2112 payments for the following services, which are required of the  
2113 state by Title XIX of the Social Security Act, furnished by  
2114 Medicaid providers to recipients who are determined to be  
2115 eligible on the dates on which the services were provided. Any  
2116 service under this section shall be provided only when medically  
2117 necessary and in accordance with state and federal law.

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2118 Mandatory services rendered by providers in mobile units to  
2119 Medicaid recipients may be restricted by the agency. Nothing in  
2120 this section shall be construed to prevent or limit the agency  
2121 from adjusting fees, reimbursement rates, lengths of stay,  
2122 number of visits, number of services, or any other adjustments  
2123 necessary to comply with the availability of moneys and any  
2124 limitations or directions provided for in the General  
2125 Appropriations Act or chapter 216.

2126 (8) NURSING FACILITY SERVICES.—The agency shall pay for 24-  
2127 hour-a-day nursing and rehabilitative services for a recipient  
2128 in a nursing facility licensed under part II of chapter 400 or  
2129 in a rural hospital, as defined in s. 395.602, or in a Medicare  
2130 certified skilled nursing facility operated by a hospital, as  
2131 defined in s. 395.002 ~~by s. 395.002(10)~~, that is licensed under  
2132 part I of chapter 395, and in accordance with provisions set  
2133 forth in s. 409.908(2)(a), which services are ordered by and  
2134 provided under the direction of a licensed physician. However,  
2135 if a nursing facility has been destroyed or otherwise made  
2136 uninhabitable by natural disaster or other emergency and another  
2137 nursing facility is not available, the agency must pay for  
2138 similar services temporarily in a hospital licensed under part I  
2139 of chapter 395 provided federal funding is approved and  
2140 available. The agency shall pay only for bed-hold days if the  
2141 facility has an occupancy rate of 95 percent or greater. The  
2142 agency is authorized to seek any federal waivers to implement  
2143 this policy.

2144 Section 47. Subsection (3) of section 409.906, Florida  
2145 Statutes, is amended to read:

2146 409.906 Optional Medicaid services.—Subject to specific

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2147 appropriations, the agency may make payments for services which  
 2148 are optional to the state under Title XIX of the Social Security  
 2149 Act and are furnished by Medicaid providers to recipients who  
 2150 are determined to be eligible on the dates on which the services  
 2151 were provided. Any optional service that is provided shall be  
 2152 provided only when medically necessary and in accordance with  
 2153 state and federal law. Optional services rendered by providers  
 2154 in mobile units to Medicaid recipients may be restricted or  
 2155 prohibited by the agency. Nothing in this section shall be  
 2156 construed to prevent or limit the agency from adjusting fees,  
 2157 reimbursement rates, lengths of stay, number of visits, or  
 2158 number of services, or making any other adjustments necessary to  
 2159 comply with the availability of moneys and any limitations or  
 2160 directions provided for in the General Appropriations Act or  
 2161 chapter 216. If necessary to safeguard the state's systems of  
 2162 providing services to elderly and disabled persons and subject  
 2163 to the notice and review provisions of s. 216.177, the Governor  
 2164 may direct the Agency for Health Care Administration to amend  
 2165 the Medicaid state plan to delete the optional Medicaid service  
 2166 known as "Intermediate Care Facilities for the Developmentally  
 2167 Disabled." Optional services may include:

2168 (3) AMBULATORY SURGICAL CENTER SERVICES.—The agency may pay  
 2169 for services provided to a recipient in an ambulatory surgical  
 2170 center licensed under ~~part I of~~ chapter 396 395, by or under the  
 2171 direction of a licensed physician or dentist.

2172 Section 48. Paragraph (b) of subsection (1) of section  
 2173 409.975, Florida Statutes, is amended to read:

2174 409.975 Managed care plan accountability.—In addition to  
 2175 the requirements of s. 409.967, plans and providers

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2176 participating in the managed medical assistance program shall  
 2177 comply with the requirements of this section.

2178 (1) PROVIDER NETWORKS.—Managed care plans must develop and  
 2179 maintain provider networks that meet the medical needs of their  
 2180 enrollees in accordance with standards established pursuant to  
 2181 s. 409.967(2)(c). Except as provided in this section, managed  
 2182 care plans may limit the providers in their networks based on  
 2183 credentials, quality indicators, and price.

2184 (b) Certain providers are statewide resources and essential  
 2185 providers for all managed care plans in all regions. All managed  
 2186 care plans must include these essential providers in their  
 2187 networks. Statewide essential providers include:

2188 1. Faculty plans of Florida medical schools.

2189 2. Regional perinatal intensive care centers as defined in  
 2190 s. 383.16(2).

2191 3. Hospitals licensed as specialty children's hospitals as  
 2192 defined in s. 395.002 ~~s. 395.002(28)~~.

2193 4. Accredited and integrated systems serving medically  
 2194 complex children which comprise separately licensed, but  
 2195 commonly owned, health care providers delivering at least the  
 2196 following services: medical group home, in-home and outpatient  
 2197 nursing care and therapies, pharmacy services, durable medical  
 2198 equipment, and Prescribed Pediatric Extended Care.

2199 5. Florida cancer hospitals that meet the criteria in 42  
 2200 U.S.C. s. 1395ww(d)(1)(B)(v).

2201  
 2202 Managed care plans that have not contracted with all statewide  
 2203 essential providers in all regions as of the first date of  
 2204 recipient enrollment must continue to negotiate in good faith.

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2205 Payments to physicians on the faculty of nonparticipating  
 2206 Florida medical schools shall be made at the applicable Medicaid  
 2207 rate. Payments for services rendered by regional perinatal  
 2208 intensive care centers shall be made at the applicable Medicaid  
 2209 rate as of the first day of the contract between the agency and  
 2210 the plan. Except for payments for emergency services, payments  
 2211 to nonparticipating specialty children's hospitals, and payments  
 2212 to nonparticipating Florida cancer hospitals that meet the  
 2213 criteria in 42 U.S.C. s. 1395ww(d)(1)(B)(v), shall equal the  
 2214 highest rate established by contract between that provider and  
 2215 any other Medicaid managed care plan.

2216 Section 49. Subsection (5) of section 456.041, Florida  
 2217 Statutes, is amended to read:

2218 456.041 Practitioner profile; creation.—

2219 (5) The Department of Health shall include the date of a  
 2220 hospital or ambulatory surgical center disciplinary action taken  
 2221 by a licensed hospital or an ambulatory surgical center, in  
 2222 accordance with the requirements of s. 395.0193 and s. 396.212,  
 2223 in the practitioner profile. The department shall state whether  
 2224 the action related to professional competence and whether it  
 2225 related to the delivery of services to a patient.

2226 Section 50. Paragraph (n) of subsection (3) of section  
 2227 456.053, Florida Statutes, is amended to read:

2228 456.053 Financial arrangements between referring health  
 2229 care providers and providers of health care services.—

2230 (3) DEFINITIONS.—For the purpose of this section, the word,  
 2231 phrase, or term:

2232 (n) "Referral" means any referral of a patient by a health  
 2233 care provider for health care services, including, without

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2234 limitation:

2235 1. The forwarding of a patient by a health care provider to  
 2236 another health care provider or to an entity which provides or  
 2237 supplies designated health services or any other health care  
 2238 item or service; or

2239 2. The request or establishment of a plan of care by a  
 2240 health care provider, which includes the provision of designated  
 2241 health services or other health care item or service.

2242 3. The following orders, recommendations, or plans of care  
 2243 do shall not constitute a referral by a health care provider:

2244 a. By a radiologist for diagnostic-imaging services.

2245 b. By a physician specializing in the provision of  
 2246 radiation therapy services for such services.

2247 c. By a medical oncologist for drugs and solutions to be  
 2248 prepared and administered intravenously to such oncologist's  
 2249 patient, as well as for the supplies and equipment used in  
 2250 connection therewith to treat such patient for cancer and the  
 2251 complications thereof.

2252 d. By a cardiologist for cardiac catheterization services.

2253 e. By a pathologist for diagnostic clinical laboratory  
 2254 tests and pathological examination services, if furnished by or  
 2255 under the supervision of such pathologist pursuant to a  
 2256 consultation requested by another physician.

2257 f. By a health care provider who is the sole provider or  
 2258 member of a group practice for designated health services or  
 2259 other health care items or services that are prescribed or  
 2260 provided solely for such referring health care provider's or  
 2261 group practice's own patients, and that are provided or  
 2262 performed by or under the supervision of such referring health

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2263 care provider or group practice if such supervision complies  
 2264 with all applicable Medicare payment and coverage rules for  
 2265 services; provided, however, a physician licensed pursuant to  
 2266 chapter 458, chapter 459, chapter 460, or chapter 461 or an  
 2267 advanced practice registered nurse registered under s. 464.0123  
 2268 may refer a patient to a sole provider or group practice for  
 2269 diagnostic imaging services, excluding radiation therapy  
 2270 services, for which the sole provider or group practice billed  
 2271 both the technical and the professional fee for or on behalf of  
 2272 the patient, if the referring physician or advanced practice  
 2273 registered nurse registered under s. 464.0123 has no investment  
 2274 interest in the practice. The diagnostic imaging service  
 2275 referred to a group practice or sole provider must be a  
 2276 diagnostic imaging service normally provided within the scope of  
 2277 practice to the patients of the group practice or sole provider.  
 2278 The group practice or sole provider may accept no more than 15  
 2279 percent of their patients receiving diagnostic imaging services  
 2280 from outside referrals, excluding radiation therapy services.  
 2281 However, the 15 percent limitation of this sub-subparagraph and  
 2282 the requirements of subparagraph (4)(a)2. do not apply to a  
 2283 group practice entity that owns an accountable care organization  
 2284 or an entity operating under an advanced alternative payment  
 2285 model according to federal regulations if such entity provides  
 2286 diagnostic imaging services and has more than 30,000 patients  
 2287 enrolled per year.

2288 g. By a health care provider for services provided by an  
 2289 ambulatory surgical center licensed under chapter 396 ~~395~~.

2290 h. By a urologist for lithotripsy services.

2291 i. By a dentist for dental services performed by an

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2292 employee of or health care provider who is an independent  
 2293 contractor with the dentist or group practice of which the  
 2294 dentist is a member.

2295 j. By a physician for infusion therapy services to a  
 2296 patient of that physician or a member of that physician's group  
 2297 practice.

2298 k. By a nephrologist for renal dialysis services and  
 2299 supplies, except laboratory services.

2300 l. By a health care provider whose principal professional  
 2301 practice consists of treating patients in their private  
 2302 residences for services to be rendered in such private  
 2303 residences, except for services rendered by a home health agency  
 2304 licensed under chapter 400. For purposes of this sub-  
 2305 subparagraph, the term "private residences" includes patients'  
 2306 private homes, independent living centers, and assisted living  
 2307 facilities, but does not include skilled nursing facilities.

2308 m. By a health care provider for sleep-related testing.

2309 Section 51. Subsection (3) of section 456.056, Florida  
 2310 Statutes, is amended to read:

2311 456.056 Treatment of Medicare beneficiaries; refusal,  
 2312 emergencies, consulting physicians.—

2313 (3) If treatment is provided to a beneficiary for an  
 2314 emergency medical condition as defined in s. 395.002 ~~or~~  
 2315 ~~395.002(8)(a)~~, the physician must accept Medicare assignment  
 2316 provided that the requirement to accept Medicare assignment for  
 2317 an emergency medical condition does shall not apply to treatment  
 2318 rendered after the patient is stabilized, ~~or the treatment that~~  
 2319 is unrelated to the original emergency medical condition. For  
 2320 the purpose of this subsection "stabilized" is defined to mean

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2321 with respect to an emergency medical condition, that no material  
 2322 deterioration of the condition is likely within reasonable  
 2323 medical probability.

2324 Section 52. Subsection (3) of section 458.3145, Florida  
 2325 Statutes, is amended to read:

2326 458.3145 Medical faculty certificate.—

2327 (3) The holder of a medical faculty certificate issued  
 2328 under this section has all rights and responsibilities  
 2329 prescribed by law for the holder of a license issued under s.  
 2330 458.311, except as specifically provided otherwise by law. Such  
 2331 responsibilities include compliance with continuing medical  
 2332 education requirements as set forth by rule of the board. A  
 2333 hospital or ambulatory surgical center licensed under chapter  
 2334 396 ~~395~~, health maintenance organization certified under chapter  
 2335 641, insurer as defined in s. 624.03, multiple-employer welfare  
 2336 arrangement as defined in s. 624.437, or any other entity in  
 2337 this state, in considering and acting upon an application for  
 2338 staff membership, clinical privileges, or other credentials as a  
 2339 health care provider, may not deny the application of an  
 2340 otherwise qualified physician for such staff membership,  
 2341 clinical privileges, or other credentials solely because the  
 2342 applicant is a holder of a medical faculty certificate under  
 2343 this section.

2344 Section 53. Subsection (2) of section 458.320, Florida  
 2345 Statutes, is amended to read:

2346 458.320 Financial responsibility.—

2347 (2) Physicians who perform surgery in an ambulatory  
 2348 surgical center licensed under chapter 396 ~~395~~ and, as a  
 2349 continuing condition of hospital staff privileges, physicians

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2350 who have staff privileges must also establish financial  
 2351 responsibility by one of the following methods:

2352 (a) Establishing and maintaining an escrow account  
 2353 consisting of cash or assets eligible for deposit in accordance  
 2354 with s. 625.52 in the per claim amounts specified in paragraph  
 2355 (b). The required escrow amount set forth in this paragraph may  
 2356 not be used for litigation costs or attorney ~~attorney's~~ fees for  
 2357 the defense of any medical malpractice claim.

2358 (b) Obtaining and maintaining professional liability  
 2359 coverage in an amount not less than \$250,000 per claim, with a  
 2360 minimum annual aggregate of not less than \$750,000 from an  
 2361 authorized insurer as defined under s. 624.09, from a surplus  
 2362 lines insurer as defined under s. 626.914(2), from a risk  
 2363 retention group as defined under s. 627.942, from the Joint  
 2364 Underwriting Association established under s. 627.351(4),  
 2365 through a plan of self-insurance as provided in s. 627.357, or  
 2366 through a plan of self-insurance which meets the conditions  
 2367 specified for satisfying financial responsibility in s. 766.110.  
 2368 The required coverage amount set forth in this paragraph may not  
 2369 be used for litigation costs or attorney ~~attorney's~~ fees for the  
 2370 defense of any medical malpractice claim.

2371 (c) Obtaining and maintaining an unexpired irrevocable  
 2372 letter of credit, established pursuant to chapter 675, in an  
 2373 amount not less than \$250,000 per claim, with a minimum  
 2374 aggregate availability of credit of not less than \$750,000. The  
 2375 letter of credit must be payable to the physician as beneficiary  
 2376 upon presentment of a final judgment indicating liability and  
 2377 awarding damages to be paid by the physician or upon presentment  
 2378 of a settlement agreement signed by all parties to such



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 2379 agreement when such final judgment or settlement is a result of  
 2380 a claim arising out of the rendering of, or the failure to  
 2381 render, medical care and services. The letter of credit may not  
 2382 be used for litigation costs or ~~attorney~~ attorney's fees for the  
 2383 defense of any medical malpractice claim. The letter of credit  
 2384 must be nonassignable and nontransferable. The letter of credit  
 2385 must be issued by any bank or savings association organized and  
 2386 existing under the laws of this state or any bank or savings  
 2387 association organized under the laws of the United States which  
 2388 has its principal place of business in this state or has a  
 2389 branch office that is authorized under the laws of this state or  
 2390 of the United States to receive deposits in this state.

2391  
 2392 This subsection shall be inclusive of the coverage in subsection  
 2393 (1).

2394 Section 54. Paragraph (f) of subsection (4) of section  
 2395 458.351, Florida Statutes, is amended to read:

2396 458.351 Reports of adverse incidents in office practice  
 2397 settings.—

2398 (4) For purposes of notification to the department pursuant  
 2399 to this section, the term "adverse incident" means an event over  
 2400 which the physician or licensee could exercise control and which  
 2401 is associated in whole or in part with a medical intervention,  
 2402 rather than the condition for which such intervention occurred,  
 2403 and which results in the following patient injuries:

2404 (f) Any condition that required the transfer of a patient  
 2405 to a hospital licensed under chapter 395 from an ambulatory  
 2406 surgical center licensed under chapter 396 ~~395~~ or any facility  
 2407 or any office maintained by a physician for the practice of

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 2408 medicine which is not licensed under chapter 395.

2409 Section 55. Subsection (2) of section 459.0085, Florida  
 2410 Statutes, is amended to read:

2411 459.0085 Financial responsibility.—

2412 (2) Osteopathic physicians who perform surgery in an  
 2413 ambulatory surgical center licensed under chapter 396 ~~395~~ and,  
 2414 as a continuing condition of hospital staff privileges,  
 2415 osteopathic physicians who have staff privileges must also  
 2416 establish financial responsibility by one of the following  
 2417 methods:

2418 (a) Establishing and maintaining an escrow account  
 2419 consisting of cash or assets eligible for deposit in accordance  
 2420 with s. 625.52 in the per-claim amounts specified in paragraph

2421 (b). The required escrow amount set forth in this paragraph may  
 2422 not be used for litigation costs or ~~attorney~~ attorney's fees for  
 2423 the defense of any medical malpractice claim.

2424 (b) Obtaining and maintaining professional liability  
 2425 coverage in an amount not less than \$250,000 per claim, with a  
 2426 minimum annual aggregate of not less than \$750,000 from an  
 2427 authorized insurer as defined under s. 624.09, from a surplus  
 2428 lines insurer as defined under s. 626.914(2), from a risk  
 2429 retention group as defined under s. 627.942, from the Joint  
 2430 Underwriting Association established under s. 627.351(4),  
 2431 through a plan of self-insurance as provided in s. 627.357, or  
 2432 through a plan of self-insurance that meets the conditions  
 2433 specified for satisfying financial responsibility in s. 766.110.  
 2434 The required coverage amount set forth in this paragraph may not  
 2435 be used for litigation costs or ~~attorney~~ attorney's fees for the  
 2436 defense of any medical malpractice claim.

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2437 (c) Obtaining and maintaining an unexpired, irrevocable  
 2438 letter of credit, established pursuant to chapter 675, in an  
 2439 amount not less than \$250,000 per claim, with a minimum  
 2440 aggregate availability of credit of not less than \$750,000. The  
 2441 letter of credit must be payable to the osteopathic physician as  
 2442 beneficiary upon presentment of a final judgment indicating  
 2443 liability and awarding damages to be paid by the osteopathic  
 2444 physician or upon presentment of a settlement agreement signed  
 2445 by all parties to such agreement when such final judgment or  
 2446 settlement is a result of a claim arising out of the rendering  
 2447 of, or the failure to render, medical care and services. The  
 2448 letter of credit may not be used for litigation costs or  
 2449 attorney ~~attorney's~~ fees for the defense of any medical  
 2450 malpractice claim. The letter of credit must be nonassignable  
 2451 and nontransferable. The letter of credit must be issued by any  
 2452 bank or savings association organized and existing under the  
 2453 laws of this state or any bank or savings association organized  
 2454 under the laws of the United States which has its principal  
 2455 place of business in this state or has a branch office that is  
 2456 authorized under the laws of this state or of the United States  
 2457 to receive deposits in this state.

2458  
 2459 This subsection shall be inclusive of the coverage in subsection  
 2460 (1).

2461 Section 56. Paragraph (f) of subsection (4) of section  
 2462 459.026, Florida Statutes, is amended to read:

2463 459.026 Reports of adverse incidents in office practice  
 2464 settings.—

2465 (4) For purposes of notification to the department pursuant

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2466 to this section, the term "adverse incident" means an event over  
 2467 which the physician or licensee could exercise control and which  
 2468 is associated in whole or in part with a medical intervention,  
 2469 rather than the condition for which such intervention occurred,  
 2470 and which results in the following patient injuries:

2471 (f) Any condition that required the transfer of a patient  
 2472 to a hospital licensed under chapter 395 from an ambulatory  
 2473 surgical center licensed under chapter 396 ~~395~~ or any facility  
 2474 or any office maintained by a physician for the practice of  
 2475 medicine which is not licensed under chapter 395.

2476 Section 57. Paragraph (e) of subsection (1) of section  
 2477 465.0125, Florida Statutes, is amended to read:

2478 465.0125 Consultant pharmacist license; application,  
 2479 renewal, fees; responsibilities; rules.—

2480 (1) The department shall issue or renew a consultant  
 2481 pharmacist license upon receipt of an initial or renewal  
 2482 application that conforms to the requirements for consultant  
 2483 pharmacist initial licensure or renewal as adopted by the board  
 2484 by rule and a fee set by the board not to exceed \$250. To be  
 2485 licensed as a consultant pharmacist, a pharmacist must complete  
 2486 additional training as required by the board.

2487 (e) For purposes of this subsection, the term "health care  
 2488 facility" means a ~~an ambulatory surgical center or~~ hospital  
 2489 licensed under chapter 395, an ambulatory surgical center  
 2490 licensed under chapter 396, an alcohol or chemical dependency  
 2491 treatment center licensed under chapter 397, an inpatient  
 2492 hospice licensed under part IV of chapter 400, a nursing home  
 2493 licensed under part II of chapter 400, an ambulatory care center  
 2494 as defined in s. 408.07, or a nursing home component under

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2495 chapter 400 within a continuing care facility licensed under  
 2496 chapter 651.

2497 Section 58. Paragraph (1) of subsection (1) of section  
 2498 468.505, Florida Statutes, is amended to read:

2499 468.505 Exemptions; exceptions.—

2500 (1) Nothing in this part may be construed as prohibiting or  
 2501 restricting the practice, services, or activities of:

2502 (1) A person employed by a nursing facility exempt from  
 2503 licensing under s. 395.002 ~~s. 395.002(12)~~, or a person exempt  
 2504 from licensing under s. 464.022.

2505 Section 59. Paragraph (h) of subsection (4) of section  
 2506 627.351, Florida Statutes, is amended to read:

2507 627.351 Insurance risk apportionment plans.—

2508 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT; ASSOCIATION  
 2509 CONTRACTS AND PURCHASES.—

2510 (h) As used in this subsection:

2511 1. "Health care provider" means hospitals licensed under  
 2512 chapter 395; physicians licensed under chapter 458; osteopathic  
 2513 physicians licensed under chapter 459; podiatric physicians  
 2514 licensed under chapter 461; dentists licensed under chapter 466;  
 2515 chiropractic physicians licensed under chapter 460; naturopaths  
 2516 licensed under chapter 462; nurses licensed under part I of  
 2517 chapter 464; midwives licensed under chapter 467; physician  
 2518 assistants licensed under chapter 458 or chapter 459; physical  
 2519 therapists and physical therapist assistants licensed under  
 2520 chapter 486; health maintenance organizations certificated under  
 2521 part I of chapter 641; ambulatory surgical centers licensed  
 2522 under chapter 396 ~~395~~; other medical facilities as defined in  
 2523 subparagraph 2.; blood banks, plasma centers, industrial

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2524 clinics, and renal dialysis facilities; or professional  
 2525 associations, partnerships, corporations, joint ventures, or  
 2526 other associations for professional activity by health care  
 2527 providers.

2528 2. "Other medical facility" means a facility the primary  
 2529 purpose of which is to provide human medical diagnostic services  
 2530 or a facility providing nonsurgical human medical treatment, to  
 2531 which facility the patient is admitted and from which facility  
 2532 the patient is discharged within the same working day, and which  
 2533 facility is not part of a hospital. However, a facility existing  
 2534 for the primary purpose of performing terminations of pregnancy  
 2535 or an office maintained by a physician or dentist for the  
 2536 practice of medicine may not be construed to be an "other  
 2537 medical facility."

2538 3. "Health care facility" means any hospital licensed under  
 2539 chapter 395, health maintenance organization certificated under  
 2540 part I of chapter 641, ambulatory surgical center licensed under  
 2541 chapter 396 ~~395~~, or other medical facility as defined in  
 2542 subparagraph 2.

2543 Section 60. Paragraph (b) of subsection (1) of section  
 2544 627.357, Florida Statutes, is amended to read:

2545 627.357 Medical malpractice self-insurance.—

2546 (1) DEFINITIONS.—As used in this section, the term:

2547 (b) "Health care provider" means any:

2548 1. Hospital licensed under chapter 395.

2549 2. Physician licensed, or physician assistant licensed,  
 2550 under chapter 458.

2551 3. Osteopathic physician or physician assistant licensed  
 2552 under chapter 459.

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2553 4. Podiatric physician licensed under chapter 461.  
 2554 5. Health maintenance organization certificated under part  
 2555 I of chapter 641.  
 2556 6. Ambulatory surgical center licensed under chapter 396  
 2557 ~~395~~.  
 2558 7. Chiropractic physician licensed under chapter 460.  
 2559 8. Psychologist licensed under chapter 490.  
 2560 9. Optometrist licensed under chapter 463.  
 2561 10. Dentist licensed under chapter 466.  
 2562 11. Pharmacist licensed under chapter 465.  
 2563 12. Registered nurse, licensed practical nurse, or advanced  
 2564 practice registered nurse licensed or registered under part I of  
 2565 chapter 464.  
 2566 13. Other medical facility.  
 2567 14. Professional association, partnership, corporation,  
 2568 joint venture, or other association established by the  
 2569 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,  
 2570 10., 11., and 12. for professional activity.  
 2571 Section 61. Section 627.6056, Florida Statutes, is amended  
 2572 to read:  
 2573 627.6056 Coverage for ambulatory surgical center service.—  
 2574 An ~~No~~ individual health insurance policy providing coverage on  
 2575 an expense-incurred basis or individual service or indemnity-  
 2576 type contract issued by a nonprofit corporation, of any kind or  
 2577 description, may not ~~shall~~ be issued unless coverage provided  
 2578 for any service performed in an ambulatory surgical center, as  
 2579 defined in s. 396.202 ~~s. 395.002~~, is provided if such service  
 2580 would have been covered under the terms of the policy or  
 2581 contract as an eligible inpatient service.

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2582 Section 62. Subsection (3) of section 627.6405, Florida  
 2583 Statutes, is amended to read:  
 2584 627.6405 Decreasing inappropriate utilization of emergency  
 2585 care.—  
 2586 (3) As a disincentive for insureds to inappropriately use  
 2587 emergency department services for nonemergency care, health  
 2588 insurers may require higher copayments for urgent care or  
 2589 primary care provided in an emergency department and higher  
 2590 copayments for use of out-of-network emergency departments.  
 2591 Higher copayments may not be charged for the utilization of the  
 2592 emergency department for emergency care. For the purposes of  
 2593 this section, the term "emergency care" has the same meaning as  
 2594 the term "emergency services and care" as defined in s. 395.002  
 2595 ~~s. 395.002(9)~~ and includes services provided to rule out an  
 2596 emergency medical condition.  
 2597 Section 63. Paragraph (b) of subsection (1) of section  
 2598 627.64194, Florida Statutes, is amended to read:  
 2599 627.64194 Coverage requirements for services provided by  
 2600 nonparticipating providers; payment collection limitations.—  
 2601 (1) As used in this section, the term:  
 2602 (b) "Facility" means a licensed facility as defined in s.  
 2603 395.002 ~~s. 395.002(17)~~ and an urgent care center as defined in  
 2604 s. 395.002.  
 2605 Section 64. Section 627.6616, Florida Statutes, is amended  
 2606 to read:  
 2607 627.6616 Coverage for ambulatory surgical center service.—A  
 2608 ~~No~~ group health insurance policy providing coverage on an  
 2609 expense-incurred basis, or group service or indemnity-type  
 2610 contract issued by a nonprofit corporation, or self-insured

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2611 group health benefit plan or trust, of any kind or description,  
 2612 ~~may not shall~~ be issued unless coverage provided for any service  
 2613 performed in an ambulatory surgical center, as defined in s.  
 2614 396.202 ~~s. 395.002~~, is provided if such service would have been  
 2615 covered under the terms of the policy or contract as an eligible  
 2616 inpatient service.

2617 Section 65. Paragraph (a) of subsection (1) of section  
 2618 627.736, Florida Statutes, is amended to read:

2619 627.736 Required personal injury protection benefits;  
 2620 exclusions; priority; claims.—

2621 (1) REQUIRED BENEFITS.—An insurance policy complying with  
 2622 the security requirements of s. 627.733 must provide personal  
 2623 injury protection to the named insured, relatives residing in  
 2624 the same household unless excluded under s. 627.747, persons  
 2625 operating the insured motor vehicle, passengers in the motor  
 2626 vehicle, and other persons struck by the motor vehicle and  
 2627 suffering bodily injury while not an occupant of a self-  
 2628 propelled vehicle, subject to subsection (2) and paragraph  
 2629 (4) (e), to a limit of \$10,000 in medical and disability benefits  
 2630 and \$5,000 in death benefits resulting from bodily injury,  
 2631 sickness, disease, or death arising out of the ownership,  
 2632 maintenance, or use of a motor vehicle as follows:

2633 (a) *Medical benefits.*—Eighty percent of all reasonable  
 2634 expenses for medically necessary medical, surgical, X-ray,  
 2635 dental, and rehabilitative services, including prosthetic  
 2636 devices and medically necessary ambulance, hospital, and nursing  
 2637 services if the individual receives initial services and care  
 2638 pursuant to subparagraph 1. within 14 days after the motor  
 2639 vehicle accident. The medical benefits provide reimbursement

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2640 only for:

2641 1. Initial services and care that are lawfully provided,  
 2642 supervised, ordered, or prescribed by a physician licensed under  
 2643 chapter 458 or chapter 459, a dentist licensed under chapter  
 2644 466, a chiropractic physician licensed under chapter 460, or an  
 2645 advanced practice registered nurse registered under s. 464.0123  
 2646 or that are provided in a hospital or in a facility that owns,  
 2647 or is wholly owned by, a hospital. Initial services and care may  
 2648 also be provided by a person or entity licensed under part III  
 2649 of chapter 401 which provides emergency transportation and  
 2650 treatment.

2651 2. Upon referral by a provider described in subparagraph  
 2652 1., follow-up ~~followup~~ services and care consistent with the  
 2653 underlying medical diagnosis rendered pursuant to subparagraph  
 2654 1. which may be provided, supervised, ordered, or prescribed  
 2655 only by a physician licensed under chapter 458 or chapter 459, a  
 2656 chiropractic physician licensed under chapter 460, a dentist  
 2657 licensed under chapter 466, or an advanced practice registered  
 2658 nurse registered under s. 464.0123, or, to the extent permitted  
 2659 by applicable law and under the supervision of such physician,  
 2660 osteopathic physician, chiropractic physician, or dentist, by a  
 2661 physician assistant licensed under chapter 458 or chapter 459 or  
 2662 an advanced practice registered nurse licensed under chapter  
 2663 464. Follow-up ~~Followup~~ services and care may also be provided  
 2664 by the following persons or entities:

2665 a. A hospital or ambulatory surgical center licensed under  
 2666 chapter 396 ~~395~~.

2667 b. An entity wholly owned by one or more physicians  
 2668 licensed under chapter 458 or chapter 459, chiropractic

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2669 physicians licensed under chapter 460, advanced practice  
 2670 registered nurses registered under s. 464.0123, or dentists  
 2671 licensed under chapter 466 or by such practitioners and the  
 2672 spouse, parent, child, or sibling of such practitioners.  
 2673 c. An entity that owns or is wholly owned, directly or  
 2674 indirectly, by a hospital or hospitals.  
 2675 d. A physical therapist licensed under chapter 486, based  
 2676 upon a referral by a provider described in this subparagraph.  
 2677 e. A health care clinic licensed under part X of chapter  
 2678 400 which is accredited by an accrediting organization whose  
 2679 standards incorporate comparable regulations required by this  
 2680 state, or  
 2681 (I) Has a medical director licensed under chapter 458,  
 2682 chapter 459, or chapter 460;  
 2683 (II) Has been continuously licensed for more than 3 years  
 2684 or is a publicly traded corporation that issues securities  
 2685 traded on an exchange registered with the United States  
 2686 Securities and Exchange Commission as a national securities  
 2687 exchange; and  
 2688 (III) Provides at least four of the following medical  
 2689 specialties:  
 2690 (A) General medicine.  
 2691 (B) Radiography.  
 2692 (C) Orthopedic medicine.  
 2693 (D) Physical medicine.  
 2694 (E) Physical therapy.  
 2695 (F) Physical rehabilitation.  
 2696 (G) Prescribing or dispensing outpatient prescription  
 2697 medication.

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2698 (H) Laboratory services.  
 2699 3. Reimbursement for services and care provided in  
 2700 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician  
 2701 licensed under chapter 458 or chapter 459, a dentist licensed  
 2702 under chapter 466, a physician assistant licensed under chapter  
 2703 458 or chapter 459, or an advanced practice registered nurse  
 2704 licensed under chapter 464 has determined that the injured  
 2705 person had an emergency medical condition.  
 2706 4. Reimbursement for services and care provided in  
 2707 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a  
 2708 provider listed in subparagraph 1. or subparagraph 2. determines  
 2709 that the injured person did not have an emergency medical  
 2710 condition.  
 2711 5. Medical benefits do not include massage therapy as  
 2712 defined in s. 480.033 or acupuncture as defined in s. 457.102,  
 2713 regardless of the person, entity, or licensee providing massage  
 2714 therapy or acupuncture, and a licensed massage therapist or  
 2715 licensed acupuncturist may not be reimbursed for medical  
 2716 benefits under this section.  
 2717 6. The Financial Services Commission shall adopt by rule  
 2718 the form that must be used by an insurer and a health care  
 2719 provider specified in sub-subparagraph 2.b., sub-subparagraph  
 2720 2.c., or sub-subparagraph 2.e. to document that the health care  
 2721 provider meets the criteria of this paragraph. Such rule must  
 2722 include a requirement for a sworn statement or affidavit.  
 2723  
 2724 Only insurers writing motor vehicle liability insurance in this  
 2725 state may provide the required benefits of this section, and  
 2726 such insurer may not require the purchase of any other motor

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2727 vehicle coverage other than the purchase of property damage  
 2728 liability coverage as required by s. 627.7275 as a condition for  
 2729 providing such benefits. Insurers may not require that property  
 2730 damage liability insurance in an amount greater than \$10,000 be  
 2731 purchased in conjunction with personal injury protection. Such  
 2732 insurers shall make benefits and required property damage  
 2733 liability insurance coverage available through normal marketing  
 2734 channels. An insurer writing motor vehicle liability insurance  
 2735 in this state who fails to comply with such availability  
 2736 requirement as a general business practice violates part IX of  
 2737 chapter 626, and such violation constitutes an unfair method of  
 2738 competition or an unfair or deceptive act or practice involving  
 2739 the business of insurance. An insurer committing such violation  
 2740 is subject to the penalties provided under that part, as well as  
 2741 those provided elsewhere in the insurance code.

2742 Section 66. Paragraph (a) of subsection (1) of section  
 2743 627.912, Florida Statutes, is amended to read:

2744 627.912 Professional liability claims and actions; reports  
 2745 by insurers and health care providers; annual report by office.-

2746 (1) (a) Each self-insurer authorized under s. 627.357 and  
 2747 each commercial self-insurance fund authorized under s. 624.462,  
 2748 authorized insurer, surplus lines insurer, risk retention group,  
 2749 and joint underwriting association providing professional  
 2750 liability insurance to a practitioner of medicine licensed under  
 2751 chapter 458, to a practitioner of osteopathic medicine licensed  
 2752 under chapter 459, to a podiatric physician licensed under  
 2753 chapter 461, to a dentist licensed under chapter 466, to a  
 2754 hospital licensed under chapter 395, to a crisis stabilization  
 2755 unit licensed under part IV of chapter 394, to a health

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2756 maintenance organization certificated under part I of chapter  
 2757 641, to clinics included in chapter 390, or to an ambulatory  
 2758 surgical center as defined in s. 396.202 ~~s. 395.002~~, and each  
 2759 insurer providing professional liability insurance to a member  
 2760 of The Florida Bar shall report to the office as set forth in  
 2761 paragraph (c) any written claim or action for damages for  
 2762 personal injuries claimed to have been caused by error,  
 2763 omission, or negligence in the performance of such insured's  
 2764 professional services or based on a claimed performance of  
 2765 professional services without consent.

2766 Section 67. Subsection (2) of section 765.101, Florida  
 2767 Statutes, is amended to read:

2768 765.101 Definitions.—As used in this chapter:

2769 (2) "Attending physician" means the physician who has  
 2770 primary responsibility for the treatment and care of the patient  
 2771 while the patient receives such treatment or care in a hospital  
 2772 as defined in s. 395.002 ~~s. 395.002(12)~~.

2773 Section 68. Paragraph (a) of subsection (1) of section  
 2774 766.101, Florida Statutes, is amended to read:

2775 766.101 Medical review committee, immunity from liability.—

2776 (1) As used in this section:

2777 (a) The term "medical review committee" or "committee"  
 2778 means:

2779 1.a. A committee of a hospital or ambulatory surgical  
 2780 center licensed under chapter 396 ~~395~~ or a health maintenance  
 2781 organization certificated under part I of chapter 641;

2782 b. A committee of a physician-hospital organization, a  
 2783 provider-sponsored organization, or an integrated delivery  
 2784 system;

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2785 c. A committee of a state or local professional society of  
 2786 health care providers;

2787 d. A committee of a medical staff of a licensed hospital or  
 2788 nursing home, provided the medical staff operates pursuant to  
 2789 written bylaws that have been approved by the governing board of  
 2790 the hospital or nursing home;

2791 e. A committee of the Department of Corrections or the  
 2792 Correctional Medical Authority as created under s. 945.602, or  
 2793 employees, agents, or consultants of either the department or  
 2794 the authority or both;

2795 f. A committee of a professional service corporation formed  
 2796 under chapter 621 or a corporation organized under part I of  
 2797 chapter 607 or chapter 617, which is formed and operated for the  
 2798 practice of medicine as defined in s. 458.305(3), and which has  
 2799 at least 25 health care providers who routinely provide health  
 2800 care services directly to patients;

2801 g. A committee of the Department of Children and Families  
 2802 which includes employees, agents, or consultants to the  
 2803 department as deemed necessary to provide peer review,  
 2804 utilization review, and mortality review of treatment services  
 2805 provided pursuant to chapters 394, 397, and 916;

2806 h. A committee of a mental health treatment facility  
 2807 licensed under chapter 394 or a community mental health center  
 2808 as defined in s. 394.907, provided the quality assurance program  
 2809 operates pursuant to the guidelines that have been approved by  
 2810 the governing board of the agency;

2811 i. A committee of a substance abuse treatment and education  
 2812 prevention program licensed under chapter 397 provided the  
 2813 quality assurance program operates pursuant to the guidelines

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2814 that have been approved by the governing board of the agency;

2815 j. A peer review or utilization review committee organized  
 2816 under chapter 440;

2817 k. A committee of the Department of Health, a county health  
 2818 department, healthy start coalition, or certified rural health  
 2819 network, when reviewing quality of care, or employees of these  
 2820 entities when reviewing mortality records; or

2821 l. A continuous quality improvement committee of a pharmacy  
 2822 licensed pursuant to chapter 465,  
 2823  
 2824 which committee is formed to evaluate and improve the quality of  
 2825 health care rendered by providers of health service, to  
 2826 determine that health services rendered were professionally  
 2827 indicated or were performed in compliance with the applicable  
 2828 standard of care, or that the cost of health care rendered was  
 2829 considered reasonable by the providers of professional health  
 2830 services in the area; or

2831 2. A committee of an insurer, self-insurer, or joint  
 2832 underwriting association of medical malpractice insurance, or  
 2833 other persons conducting review under s. 766.106.

2834 Section 69. Subsection (3) of section 766.110, Florida  
 2835 Statutes, is amended to read:  
 2836 766.110 Liability of health care facilities.—  
 2837 (3) In order to ensure comprehensive risk management for  
 2838 diagnosis of disease, a health care facility, including a  
 2839 hospital or ambulatory surgical center, as defined in chapter  
 2840 396 ~~395~~, may use scientific diagnostic disease methodologies  
 2841 that use information regarding specific diseases in health care  
 2842 facilities and that are adopted by the facility's medical review



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 2843 committee.  
 2844 Section 70. Paragraph (d) of subsection (3) of section  
 2845 766.1115, Florida Statutes, is amended to read:  
 2846 766.1115 Health care providers; creation of agency  
 2847 relationship with governmental contractors.—  
 2848 (3) DEFINITIONS.—As used in this section, the term:  
 2849 (d) "Health care provider" or "provider" means:  
 2850 1. A birth center licensed under chapter 383.  
 2851 2. An ambulatory surgical center licensed under chapter 396  
 2852 ~~395~~.  
 2853 3. A hospital licensed under chapter 395.  
 2854 4. A physician or physician assistant licensed under  
 2855 chapter 458.  
 2856 5. An osteopathic physician or osteopathic physician  
 2857 assistant licensed under chapter 459.  
 2858 6. A chiropractic physician licensed under chapter 460.  
 2859 7. A podiatric physician licensed under chapter 461.  
 2860 8. A registered nurse, nurse midwife, licensed practical  
 2861 nurse, or advanced practice registered nurse licensed or  
 2862 registered under part I of chapter 464 or any facility which  
 2863 employs nurses licensed or registered under part I of chapter  
 2864 464 to supply all or part of the care delivered under this  
 2865 section.  
 2866 9. A midwife licensed under chapter 467.  
 2867 10. A health maintenance organization certificated under  
 2868 part I of chapter 641.  
 2869 11. A health care professional association and its  
 2870 employees or a corporate medical group and its employees.  
 2871 12. Any other medical facility the primary purpose of which

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 2872 is to deliver human medical diagnostic services or which  
 2873 delivers nonsurgical human medical treatment, and which includes  
 2874 an office maintained by a provider.  
 2875 13. A dentist or dental hygienist licensed under chapter  
 2876 466.  
 2877 14. A free clinic that delivers only medical diagnostic  
 2878 services or nonsurgical medical treatment free of charge to all  
 2879 low-income recipients.  
 2880 15. Any other health care professional, practitioner,  
 2881 provider, or facility under contract with a governmental  
 2882 contractor, including a student enrolled in an accredited  
 2883 program that prepares the student for licensure as any one of  
 2884 the professionals listed in subparagraphs 4.-9.  
 2885  
 2886 The term includes any nonprofit corporation qualified as exempt  
 2887 from federal income taxation under s. 501(a) of the Internal  
 2888 Revenue Code, and described in s. 501(c) of the Internal Revenue  
 2889 Code, which delivers health care services provided by licensed  
 2890 professionals listed in this paragraph, any federally funded  
 2891 community health center, and any volunteer corporation or  
 2892 volunteer health care provider that delivers health care  
 2893 services.  
 2894 Section 71. Subsection (4) and paragraph (b) of subsection  
 2895 (6) of section 766.118, Florida Statutes, are amended to read:  
 2896 766.118 Determination of noneconomic damages.—  
 2897 (4) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF  
 2898 PRACTITIONERS PROVIDING EMERGENCY SERVICES AND CARE.—  
 2899 Notwithstanding subsections (2) and (3), with respect to a cause  
 2900 of action for personal injury or wrongful death arising from

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2901 medical negligence of practitioners providing emergency services  
 2902 and care, as defined in s. 395.002 ~~s. 395.002(9)~~, or providing  
 2903 services as provided in s. 401.265, or providing services  
 2904 pursuant to obligations imposed by 42 U.S.C. s. 1395dd to  
 2905 persons with whom the practitioner does not have a then-existing  
 2906 health care patient-practitioner relationship for that medical  
 2907 condition:

2908 (a) Regardless of the number of such practitioner  
 2909 defendants, noneconomic damages may ~~shall~~ not exceed \$150,000  
 2910 per claimant.

2911 (b) Notwithstanding paragraph (a), the total noneconomic  
 2912 damages recoverable by all claimants from all such practitioners  
 2913 may ~~shall~~ not exceed \$300,000.

2914

2915 The limitation provided by this subsection applies only to  
 2916 noneconomic damages awarded as a result of any act or omission  
 2917 of providing medical care or treatment, including diagnosis that  
 2918 occurs prior to the time the patient is stabilized and is  
 2919 capable of receiving medical treatment as a nonemergency  
 2920 patient, unless surgery is required as a result of the emergency  
 2921 within a reasonable time after the patient is stabilized, in  
 2922 which case the limitation provided by this subsection applies to  
 2923 any act or omission of providing medical care or treatment which  
 2924 occurs prior to the stabilization of the patient following the  
 2925 surgery.

2926 (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF A  
 2927 PRACTITIONER PROVIDING SERVICES AND CARE TO A MEDICAID  
 2928 RECIPIENT.—Notwithstanding subsections (2), (3), and (5), with  
 2929 respect to a cause of action for personal injury or wrongful

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2930 death arising from medical negligence of a practitioner  
 2931 committed in the course of providing medical services and  
 2932 medical care to a Medicaid recipient, regardless of the number  
 2933 of such practitioner defendants providing the services and care,  
 2934 noneconomic damages may not exceed \$300,000 per claimant, unless  
 2935 the claimant pleads and proves, by clear and convincing  
 2936 evidence, that the practitioner acted in a wrongful manner. A  
 2937 practitioner providing medical services and medical care to a  
 2938 Medicaid recipient is not liable for more than \$200,000 in  
 2939 noneconomic damages, regardless of the number of claimants,  
 2940 unless the claimant pleads and proves, by clear and convincing  
 2941 evidence, that the practitioner acted in a wrongful manner. The  
 2942 fact that a claimant proves that a practitioner acted in a  
 2943 wrongful manner does not preclude the application of the  
 2944 limitation on noneconomic damages prescribed elsewhere in this  
 2945 section. For purposes of this subsection:

2946 (b) The term "practitioner," in addition to the meaning  
 2947 prescribed in subsection (1), includes a any hospital or  
 2948 ~~ambulatory surgical center~~ as defined and licensed under chapter  
 2949 395 or an ambulatory surgical center as defined and licensed  
 2950 under chapter 396.

2951 Section 72. Subsection (4) of section 766.202, Florida  
 2952 Statutes, is amended to read:

2953 766.202 Definitions; ss. 766.201-766.212.—As used in ss.  
 2954 766.201-766.212, the term:

2955 (4) "Health care provider" means a any hospital or  
 2956 ~~ambulatory surgical center~~ as defined and licensed under chapter  
 2957 395; an ambulatory surgical center as defined and licensed under  
 2958 chapter 396; a birth center licensed under chapter 383; any

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2959 person licensed under chapter 458, chapter 459, chapter 460,  
 2960 chapter 461, chapter 462, chapter 463, part I of chapter 464,  
 2961 chapter 466, chapter 467, part XIV of chapter 468, or chapter  
 2962 486; a health maintenance organization certificated under part I  
 2963 of chapter 641; a blood bank; a plasma center; an industrial  
 2964 clinic; a renal dialysis facility; or a professional association  
 2965 partnership, corporation, joint venture, or other association  
 2966 for professional activity by health care providers.

2967 Section 73. Section 766.316, Florida Statutes, is amended  
 2968 to read:

2969 766.316 Notice to obstetrical patients of participation in  
 2970 the plan.—Each hospital with a participating physician on its  
 2971 staff and each participating physician, other than residents,  
 2972 assistant residents, and interns deemed to be participating  
 2973 physicians under s. 766.314(4)(c), under the Florida Birth-  
 2974 Related Neurological Injury Compensation Plan shall provide  
 2975 notice to the obstetrical patients as to the limited no-fault  
 2976 alternative for birth-related neurological injuries. Such notice  
 2977 shall be provided on forms furnished by the association and  
 2978 shall include a clear and concise explanation of a patient's  
 2979 rights and limitations under the plan. The hospital or the  
 2980 participating physician may elect to have the patient sign a  
 2981 form acknowledging receipt of the notice form. Signature of the  
 2982 patient acknowledging receipt of the notice form raises a  
 2983 rebuttable presumption that the notice requirements of this  
 2984 section have been met. Notice need not be given to a patient  
 2985 when the patient has an emergency medical condition as defined  
 2986 in s. 395.002 ~~s. 395.002(8)(b)~~ or when notice is not  
 2987 practicable.

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2988 Section 74. Paragraph (b) of subsection (2) of section  
 2989 812.014, Florida Statutes, is amended to read:

2990 812.014 Theft.—

2991 (2)

2992 (b)1. If the property stolen is valued at \$20,000 or more,  
 2993 but less than \$100,000;

2994 2. If the property stolen is cargo valued at less than  
 2995 \$50,000 that has entered the stream of interstate or intrastate  
 2996 commerce from the shipper's loading platform to the consignee's  
 2997 receiving dock;

2998 3. If the property stolen is emergency medical equipment,  
 2999 valued at \$300 or more, that is taken from a facility licensed  
 3000 under chapter 395 or from an aircraft or vehicle permitted under  
 3001 chapter 401; or

3002 4. If the property stolen is law enforcement equipment,  
 3003 valued at \$300 or more, that is taken from an authorized  
 3004 emergency vehicle, as defined in s. 316.003,

3005  
 3006 the offender commits grand theft in the second degree,  
 3007 punishable as a felony of the second degree, as provided in s.  
 3008 775.082, s. 775.083, or s. 775.084. Emergency medical equipment  
 3009 means mechanical or electronic apparatus used to provide  
 3010 emergency services and care as defined in s. 395.002 ~~s.~~  
 3011 ~~395.002(9)~~ or to treat medical emergencies. Law enforcement  
 3012 equipment means any property, device, or apparatus used by any  
 3013 law enforcement officer as defined in s. 943.10 in the officer's  
 3014 official business. However, if the property is stolen during a  
 3015 riot or an aggravated riot prohibited under s. 870.01 and the  
 3016 perpetration of the theft is facilitated by conditions arising

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3017 from the riot; or within a county that is subject to a state of  
 3018 emergency declared by the Governor under chapter 252, the theft  
 3019 is committed after the declaration of emergency is made, and the  
 3020 perpetration of the theft is facilitated by conditions arising  
 3021 from the emergency, the theft is a felony of the first degree,  
 3022 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.  
 3023 As used in this paragraph, the term "conditions arising from the  
 3024 riot" means civil unrest, power outages, curfews, or a reduction  
 3025 in the presence of or response time for first responders or  
 3026 homeland security personnel and the term "conditions arising  
 3027 from the emergency" means civil unrest, power outages, curfews,  
 3028 voluntary or mandatory evacuations, or a reduction in the  
 3029 presence of or response time for first responders or homeland  
 3030 security personnel. A person arrested for committing a theft  
 3031 during a riot or an aggravated riot or within a county that is  
 3032 subject to a state of emergency may not be released until the  
 3033 person appears before a committing magistrate at a first  
 3034 appearance hearing. For purposes of sentencing under chapter  
 3035 921, a felony offense that is reclassified under this paragraph  
 3036 is ranked one level above the ranking under s. 921.0022 or s.  
 3037 921.0023 of the offense committed.

3038 Section 75. Paragraph (b) of subsection (1) of section  
 3039 945.6041, Florida Statutes, is amended to read:

3040 945.6041 Inmate medical services.—

3041 (1) As used in this section, the term:

3042 (b) "Health care provider" means:

3043 1. A hospital licensed under chapter 395.

3044 2. A physician or physician assistant licensed under  
 3045 chapter 458.

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3046 3. An osteopathic physician or physician assistant licensed  
 3047 under chapter 459.  
 3048 4. A podiatric physician licensed under chapter 461.  
 3049 5. A health maintenance organization certificated under  
 3050 part I of chapter 641.  
 3051 6. An ambulatory surgical center licensed under chapter 396  
 3052 ~~395~~.  
 3053 7. A professional association, partnership, corporation,  
 3054 joint venture, or other association established by the  
 3055 individuals set forth in subparagraphs 2., 3., and 4. for  
 3056 professional activity.  
 3057 8. An other medical facility.  
 3058 a. As used in this subparagraph, the term "other medical  
 3059 facility" means:  
 3060 (I) A facility the primary purpose of which is to provide  
 3061 human medical diagnostic services, or a facility providing  
 3062 nonsurgical human medical treatment which discharges patients on  
 3063 the same working day that the patients are admitted; and  
 3064 (II) A facility that is not part of a hospital.  
 3065 b. The term does not include a facility existing for the  
 3066 primary purpose of performing terminations of pregnancy, or an  
 3067 office maintained by a physician or dentist for the practice of  
 3068 medicine.  
 3069 Section 76. Paragraph (a) of subsection (1) of section  
 3070 985.6441, Florida Statutes, is amended to read:  
 3071 985.6441 Health care services.—  
 3072 (1) As used in this section, the term:  
 3073 (a) "Health care provider" means:  
 3074 1. A hospital licensed under chapter 395.

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3075 2. A physician or physician assistant licensed under  
 3076 chapter 458.

3077 3. An osteopathic physician or physician assistant licensed  
 3078 under chapter 459.

3079 4. A podiatric physician licensed under chapter 461.

3080 5. A health maintenance organization certificated under  
 3081 part I of chapter 641.

3082 6. An ambulatory surgical center licensed under chapter 396  
 3083 ~~395~~.

3084 7. A professional association, partnership, corporation,  
 3085 joint venture, or other association established by the  
 3086 individuals set forth in subparagraphs 2.-4. for professional  
 3087 activity.

3088 8. An other medical facility.

3089 a. As used in this subparagraph, the term "other medical  
 3090 facility" means:

3091 (I) A facility the primary purpose of which is to provide  
 3092 human medical diagnostic services, or a facility providing  
 3093 nonsurgical human medical treatment which discharges patients on  
 3094 the same working day that the patients are admitted; and

3095 (II) A facility that is not part of a hospital.

3096 b. The term does not include a facility existing for the  
 3097 primary purpose of performing terminations of pregnancy, or an  
 3098 office maintained by a physician or dentist for the practice of  
 3099 medicine.

3100 Section 77. (1) It is the intent of the Legislature to  
 3101 bifurcate all fees applicable to ambulatory surgical centers  
 3102 authorized and imposed under chapter 395, Florida Statutes  
 3103 (2024), and transfer them to chapter 396, Florida Statutes, as

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3104 created by this act. The Agency for Health Care Administration  
 3105 may maintain its current fees for ambulatory surgical centers  
 3106 and may adopt rules to codify such fees in rule to conform to  
 3107 changes made by this act.

3108 (2) It is further the intent of the Legislature to  
 3109 bifurcate any exemptions from public records and public meetings  
 3110 requirements applicable to ambulatory surgical centers under  
 3111 chapter 395, Florida Statutes (2024), and preserve such  
 3112 exemptions under chapter 396, Florida Statutes, as created by  
 3113 this act.

3114 Section 78. This act shall take effect July 1, 2025.



# 2025 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

## BILL INFORMATION

|                        |                             |
|------------------------|-----------------------------|
| <b>BILL NUMBER:</b>    | SB 1370                     |
| <b>BILL TITLE:</b>     | Ambulatory Surgical Centers |
| <b>BILL SPONSOR:</b>   | Sen. Trumbull               |
| <b>EFFECTIVE DATE:</b> | 7/1/2025                    |

## COMMITTEES OF REFERENCE

|   |
|---|
| 1) Senate Health Policy   |
| 2) Senate Appropriations Committee on Health and Human Services |
| 3) Senate Rules   |
| 4)  |
| 5)  |

## CURRENT COMMITTEE

Senate Health Policy

## SIMILAR BILLS

|                     |               |
|---------------------|---------------|
| <b>BILL NUMBER:</b> | HB 475        |
| <b>SPONSOR:</b>     | Rep. Esposito |

## PREVIOUS LEGISLATION

|                     |  |
|---------------------|--|
| <b>BILL NUMBER:</b> |  |
| <b>SPONSOR:</b>     |  |
| <b>YEAR:</b>        |  |
| <b>LAST ACTION:</b> |  |

## IDENTICAL BILLS

|                     |     |
|---------------------|-----|
| <b>BILL NUMBER:</b> | N/A |
| <b>SPONSOR:</b>     | N/A |

Is this bill part of an agency package?

Y \_\_\_ N X

## BILL ANALYSIS INFORMATION

|                               |              |
|-------------------------------|--------------|
| <b>DATE OF ANALYSIS:</b>      | 3/7/2025     |
| <b>LEAD AGENCY ANALYST:</b>   | Jack Plagge  |
| <b>ADDITIONAL ANALYST(S):</b> | Susan Lowery |
| <b>LEGAL ANALYST:</b>         |              |
| <b>FISCAL ANALYST:</b>        |              |

# POLICY ANALYSIS

## 1. EXECUTIVE SUMMARY

The bill proposes to move ambulatory surgical center (ASC) licensure from Chapter 395, Part I, Florida Statutes (F.S.) to Chapter 396, F.S. The separation of hospital and ASC licensure requirements into their own statutes will have little to no effect on the daily operations of the Agency for Health Care Administration (Agency or AHCA) or providers. Doing so may ease interpretation and minimize the risk of new legislation being applied to hospitals and ASCs when it may only be intended for one or the other.

The Agency will need to make technical changes to Florida Administrative Code (F.A.C.) and update ASC applications/forms, form letters, guidance documents, survey regulations, and webpage links that reference the statutes. The bill has an effective date of July 1, 2025.

## 2. SUBSTANTIVE BILL ANALYSIS

### 1. PRESENT SITUATION:

Chapter 395, Part I, F.S. contains 51 sections establishing regulations for administrative, operational, and service-specific processes for the licensure of ASCs and hospitals. See Table 2 for details. Four sections are informational or directives to state agencies, 22 are applicable to hospitals only, and 25, by using the term licensed facility are applicable to both hospitals and ASCs. Some sections applicable to both have subsections for hospitals only.

Hospitals provide services 24 hours per day 7 days per week without cessation unless the safety and well-being of patients and staff cannot be maintained. Each hospital must have a comprehensive emergency management plan approved by their local emergency operations center detailing actions the hospital will take during foreseeable emergency events (hurricane, flood, power outage, broken water main, gas leak, etc.), including securing supplies for continued operation. Hospitals may need to move patients internally or evacuate, depending on the conditions and their plan. Licensure divides hospitals into 5 classes based on the services provided. See Table 1. Class I and II hospitals may apply for additional license designations such as stroke center, cardiovascular services, burn unit, transplant center, neonatal intensive care, and teaching hospital (statutory, behavioral health, family practice).

The primary purpose of an ASC is to provide surgical services that can be safely performed on an outpatient basis. The types of procedures and hours of operation are set by the ASC's governing board, except patients must be discharged within 24 hours after admission. ASCs must have a comprehensive emergency management plan similar to hospitals. Their services are expected to cease during local or regional emergency events.

ASC services may be specific such as endoscopy or eye surgery or may be general. The services performed in an ASC are not recorded by licensure as part of the facility record and no special licensure designations are utilized. There is no list of allowed or disallowed procedures in the ASC licensure regulations. The Centers for Medicare and Medicaid Services provides requirements and restrictions on reimbursable procedures through the [Medicare Claims Processing Manual, publication 100-04](#). ASCs may provide services to persons under the age of 18 years of age. If so, the ASC must meet the additional pediatric services requirements per Rule 59A-5.0085, F.A.C.

Table 1. Count of Licensed Facilities per Chapter 395, Part I, F.S. as of 02/13/2025

| License Type/Classification                                | Current Licenses |
|--|------------------|
| <b>Ambulatory Surgical Center</b>                          | <b>532</b>       |
| Class I General Acute Care Hospital                        | 206              |
| Class I Long Term Care Hospital                            | 27               |
| Class I Rural Hospital                                     | 24               |
| Class II Children's Hospital                               | 4                |
| Class II Women's Hospital                                  | 0                |
| Class III Psychiatric Hospital                             | 35               |
| Class III Rehabilitation Hospital                          | 39               |
| Class III Special Medical Hospital                         | 2                |
| Class III Substance Use Hospital                           | 0                |
| Class IV Intensive Residential Treatment Facility Hospital | 2                |
| Class V Rural Emergency Hospital                           | 0                |
| <b>Hospital Total</b>                                      | <b>339</b>       |
| <b>Licensed Facility Total</b>                             | <b>871</b>       |

### 2. EFFECT OF THE BILL:

The act of moving ASC licensing statutes to a new chapter will have little effect on the Agency's day-to-day operations, including reviewing facilities for compliance with Florida Building Code and Guidelines, evaluating licensure applications, and performing inspections. The existing language applicable to ASCs is copied almost word-for-word to new chapter, 396, F.S. No new requirements are being added, therefore licensed ASCs are currently compliant. Any pending applications on or after the effective date of this bill will continue to be processed.

The Agency has no concerns with the amendments to chapter 395, Part I that remove ASC requirements. Additional obsolete definitions should be removed from s. 395.002:

- ◆ (15) "Initial denial determination"
- ◆ (19) "Managing employee"
- ◆ (24) "Private review agent"
- ◆ (31) "Utilization review"
- ◆ (32) "Utilization review plan"

There is a concern with section 37 amending section 395.701, F.S. This section is in Part IV of the statute regarding the Public Medical Assistance Trust Fund (PMATF). The PMATF assesses a tax on hospitals based on net operating revenue. The rate is 1.5% of net operating revenues for inpatient services and 1% on the net operating revenue for outpatient services. Section 37 strikes "ambulatory service charges" from the definition of gross operating revenue. This is not related to the transfer of ASC regulations to chapter 396, F.S. and could be interpreted as a change to the PMATF calculation, eliminating the outpatient portion.

The Agency can enforce chapter 396, F.S. since it was copied from chapter 395, F.S. There are concerns with the following sections:

- ◆ 396.202: remove definition for managing employee and copy premises from 395.002(23). Managing employee is outdated, not used in this chapter, and has been replaced with administrator as described at s. 408.806(1)(a)2, F.S. The term premises is important to determine what is and what is not the ASC.
- ◆ 396.203(2): The option to request a single license for facilities on separate premises has been reserved for multi-hospital systems and is related to Medicare provider-based status per 42 CFR 413.65. ASCs do not have a provider-based option.
- ◆ 396.203(3): This subsection includes Public Medical Assistance Trust Fund. This fund is not applicable to ASCs.
- ◆ 395.203(5)(b): This paragraph regarding a part of a license on separate premises is not applicable to ASCs.
- ◆ 396.206(1): Emergency access complaints are applicable to hospitals only. There are no state-operated ASCs and it is unlikely to have future applicants.
- ◆ 396.212(6): This subsection references 395.1065(2)(b). It should be 396.219(2)(b).
- ◆ 396.213(12): This subsection references 395.1065(2)(b). It should be 396.219(2)(b).
- ◆ 396.213(16): This subsection includes an unnecessary reference to chapter 390.
- ◆ 396.215: The reference to 42 CFR 482.21 should be 42 CFR 416.43.
- ◆ 396.218(1): Paragraph (c) addresses rule components for the comprehensive emergency management plan that are not applicable to ASCs such as sheltering arrangements, food, water, transportation, identification of residents. Paragraph (e) references standards as specified by the department (DOH), which should be the Agency. Paragraph (f) references a quality improvement program designed according to standards established by its accrediting organization. Many ASCs are not accredited, and quality assurance and performance improvement programs are state and federal regulatory requirements.
- ◆ 396.221(2): This is an outdated requirement. Reference to 395.0197 should be 396.213.
- ◆ 396.222(1): There are no state-owned ASCs to exempt from this section. The language is more in line with hospital billing. ASCs provide elective, non-emergency services. Payment for services (co-insurance, copay, deductible for insured patients) are due at time of service. ASCs generally bill bundled services that are not further itemized (not unbundled). An itemized bill does not have the same meaning at an ASC compared to a hospital.
- ◆ 396.222(3): the reference to 395.3025(1) should be 396.225(1).
- ◆ 396.223(1)(c): The scenario of a patient with an outstanding bill presenting to an ASC for medically necessary care is unlikely and more in line with a hospital requirement.
- ◆ 396.225: This section contains outdated or unnecessary language more appropriate for hospital regulation. Subsection (2)(c) refers to health care cost containment. This is not a function of the Agency. Subsection (3) references patient medical records held by the Agency. The Agency does not maintain patient records. Subsection (4) mentions information required to complete birth and fetal death certificates, neither of which is likely to occur in an ASC.

Additional concerns with an omission from this bill and several conforming changes were identified.

A change is necessary to 400.9905(4) (a)-(d), F.S. so ASCs are not excluded from their long-standing exemption from the Health Care Clinic Act. Suggested changes to the subparagraphs are:

- (a) Entities licensed or registered by the state under chapters 395 **or 396**;



- (b) Entities that own, directly or indirectly, entities licensed or registered by the state pursuant to chapters 395 [or 396](#);
- (c) Entities that are owned, directly or indirectly, by an entity licensed or registered by the state pursuant to chapters 395 [or 396](#);
- (d) Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state pursuant to chapters 395 [or 396](#);

Bill section 63 amends 627.64194 Coverage requirements for services provided by 2599 nonparticipating providers; payment collection limitations. The term “Facility” previously included hospitals and ASCs. The change will eliminate ASCs.

The following bill sections contain a coding error or inconsistency with other conforming changes that may be corrected by inserting licensed under chapter 395 after the word hospital.

| Bill Section | Statute  | Section Title                                       | Bill Line numbers |
|--------------|----------|---|-------------------|
| Section 52   | 458.3145 | Medical faculty certificate                         | 2333-2334         |
| Section 65   | 627.736  | Required personal injury protection benefits<br>... | 2665-2666         |
| Section 68   | 766.101  | Medical review committee                            | 2779-2780         |
| Section 69   | 766.11   | Liability of health care facilities                 | 2839-2840         |

A possible coding error may be on lines 3008-3011 of the bill, section 74, statute 812.014 Theft. It may be the intent to omit ASCs from this section since they do not operate emergency departments. The definition of emergency medical equipment includes to treat medical emergencies. A medical emergency may occur in an ASC and equipment (crash cart supplies) must be available. If applicable, suggest inserting “and 396” after chapter 395.

The primary actions to be take by the Agency to implement this bill will be updating statutory references.

- ◆ Applications and forms.
  - AHCA Form 3130-2001 licensure application
  - AHCA Form 3130-2001OL online licensing application
  - AHCA Form 3130-2003 emergency management planning criteria
- ◆ Florida Administrative Code (technical changes to referenced statutes).
  - Chapter 59A-5
  - Chapter 59A-10
  - Chapter 59A-35
  - Chapter 59B-9
- ◆ Form letters
  - Accreditation
  - Voluntary termination
  - Unlicensed activity
  - Various enforcement letters
- ◆ ASC State Regulation Set and Interpretive Guidance
- ◆ Webpages with links to statutes
  - [ASC licensure page](#)
  - [Risk Management reporting](#)
- ◆ Updates to the survey process
  - Training to survey staff
  - Provider education regarding new regulation set

Table 2. Statute Section Crosswalk Chapter 395, Part I to Chapter 396

| Ch. 395 Applicability | Ch. 395 Section Number | Section Titles (same for both chapters)        | Ch. 396 Section Numbers |
|-----------------------|------------------------|--|-------------------------|
| AHCA                  | 395.001                | Legislative intent.                            | 396.201                 |
| Both                  | 395.002                | Definitions.                                   | 396.202                 |
| Both                  | 395.003                | Licensure; denial, suspension, and revocation. | 396.203                 |
| Both                  | 395.004                | Application for license; fees.                 | 396.204                 |
| Hospital              | 395.0056               | Litigation notice requirement.                 | N/A                     |

|          |           |  |         |
|----------|-----------|--|---------|
| Both     | 395.009   | Minimum standards for clinical laboratory test results and diagnostic X-ray results; prerequisite for issuance or renewal of license.    | 396.205 |
| Hospital | 395.0091  | Alternate-site testing.  | N/A     |
| Both     | 395.0161  | Licensure inspection.  | 396.206 |
| Both     | 395.0162  | Inspection reports.  | 396.207 |
| Both     | 395.0163  | Construction inspections; plan submission and approval; fees.  | 396.208 |
| Both     | 395.0185  | Rebates prohibited; penalties.   | 396.209 |
| Both     | 395.0191  | Staff membership and clinical privileges.  | 396.211 |
| Hospital | 395.0192  | Duty to notify physicians.   | N/A     |
| Both     | 395.0193  | Licensed facilities; peer review; disciplinary powers; agency or partnership with physicians.  | 396.212 |
| Hospital | 395.0195  | Access of chiropractic physicians to diagnostic reports.   | N/A     |
| Both     | 395.0197  | Internal risk management program.  | 396.213 |
| Both     | 395.1011  | Identification, segregation, and separation of biomedical waste.   | 396.214 |
| Both     | 395.1012  | Patient safety.  | 396.215 |
| Both     | 395.1021  | Treatment of sexual assault victims.   | N/A     |
| Both     | 395.1023  | Child abuse and neglect cases; duties.   | 396.216 |
| Both     | 395.1024  | Patients consenting to adoptions; protocols.   | N/A     |
| Both     | 395.1025  | Infectious diseases; notification.   | N/A     |
| Both     | 395.1027  | Regional poison control centers.   | N/A     |
| Hospital | 395.1031  | Emergency medical services; communication.   | N/A     |
| Hospital | 395.1041  | Access to and ensurance of emergency services; transfers; patient rights; diversion programs; reports of controlled substance overdoses. | N/A     |
| Both     | 395.1051  | Duty to notify patients.   | 396.217 |
| Hospital | 395.1052  | Patient access to primary care and specialty providers; notification.  | N/A     |
| Hospital | 395.1053  | Postpartum education.  | N/A     |
| Hospital | 395.1054  | Birthing quality improvement initiatives.  | N/A     |
| Both     | 395.1055  | Rules and enforcement.   | 396.218 |
| Hospital | 395.1056  | Plan components addressing a hospital's response to terrorism; public records exemption; public meetings exemption.                      | N/A     |
| Hospital | 395.1057  | Patients' right to choose COVID-19 treatment alternatives.   | N/A     |
| Hospital | 395.106   | Risk pooling by certain hospitals and hospital systems.  | N/A     |
| Hospital | 395.1061  | Professional liability coverage.   | N/A     |
| Both     | 395.1065  | Criminal and administrative penalties; moratorium.   | 396.219 |
| Hospital | 395.107   | Facilities; publishing and posting schedule of charges; penalties.   | N/A     |
| AHCA     | 395.10973 | Powers and duties of the agency.   | 396.221 |
| Hospital | 395.205   | Routine inquiry for organ and tissue donation; certification for procurement activities; death records review.                           | N/A     |
| Both     | 395.301   | Price transparency; itemized patient statement or bill; patient admission status notification.   | 396.222 |
| Both     | 395.3011  | Billing and collection activities.   | 369.223 |
| Hospital | 395.3015  | Patient records; form and content.   | N/A     |
| Both     | 395.302   | Patient records; penalties for alteration.   | 396.224 |
| Both     | 395.3025  | Patient and personnel records; copies; examination.  | 396.225 |
| Hospital | 395.3027  | Patient immigration status data collection.  | N/A     |
| Hospital | 395.3035  | Confidentiality of hospital records and meetings.  | N/A     |
| Hospital | 395.3036  | Confidentiality of records and meetings of entities that lease public hospitals or other public health care facilities.                  | N/A     |
| AHCA     | 395.3037  | Definitions.   | N/A     |

|          |           |   |     |
|----------|-----------|---|-----|
| Hospital | 395.3038  | State-listed stroke centers; notification of hospitals.   | N/A |
| Hospital | 395.30381 | Statewide stroke registry.  | N/A |
| Hospital | 395.3039  | Advertising restrictions.   | N/A |
| DOH      | 395.3041  | Emergency medical services providers; triage and transportation of stroke victims to a stroke center. | N/A |

**3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y \_\_\_ N X \_\_\_**

|  |                  |
|--|------------------|
| If yes, explain:   | N/A              |
| Is the change consistent with the agency's core mission? | Y <u>X</u> N ___ |
| Rule(s) impacted (provide references to F.A.C., etc.):   | 59A-5            |

**4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?**

|                                     |         |
|-------------------------------------|---------|
| Proponents and summary of position: | Unknown |
| Opponents and summary of position:  | Unknown |

**5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y \_\_\_ N X \_\_\_**

|                                |     |
|--------------------------------|-----|
| If yes, provide a description: | N/A |
| Date Due:                      | N/A |
| Bill Section Number(s):        | N/A |

**6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC.? REQUIRED BY THIS BILL? Y \_\_\_ N X \_\_\_**

|                         |     |
|-------------------------|-----|
| Board:                  | N/A |
| Board Purpose:          | N/A |
| Who Appointments:       | N/A |
| Appointee Term:         | N/A |
| Changes:                | N/A |
| Bill Section Number(s): | N/A |

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**FISCAL ANALYSIS**

---

**1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y \_\_\_ N X \_\_\_**

|   |      |
|---|------|
| Revenues:   | None |
| Expenditures:   | None |
| Does the legislation increase local taxes or fees? If yes, explain. | No   |

|   |     |
|---|-----|
| If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase? | N/A |
|---|-----|

**2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT?** Y \_\_\_ N \_\_\_ X \_\_\_

|  |      |
|--|------|
| Revenues:  | None |
| Expenditures:  | None |
| Does the legislation contain a State Government appropriation? | No   |
| If yes, was this appropriated last year?                       | N/A  |

**3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR?** Y \_\_\_ N \_\_\_ X \_\_\_

|               |     |
|---------------|-----|
| Revenues:     | N/A |
| Expenditures: | N/A |
| Other:        | N/A |

**4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES?** Y \_\_\_ N \_\_\_ X \_\_\_

|                         |      |
|-------------------------|------|
| If yes, explain impact. | N/A/ |
| Bill Section Number:    | N/A  |

**TECHNOLOGY IMPACT**

**1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)?** Y \_\_\_ N \_\_\_ X \_\_\_

|  |     |
|--|-----|
| If yes, describe the anticipated impact to the agency including any fiscal impact. | N/A |
|--|-----|

**FEDERAL IMPACT**

**1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)?** Y \_\_\_ N \_\_\_ X \_\_\_

|  |     |
|--|-----|
| If yes, describe the anticipated impact including any fiscal impact. | N/A |
|--|-----|

**ADDITIONAL COMMENTS**

There is a concern with section 37 amending section 395.701, F.S. This section is in Part IV of the statute regarding the Public Medical Assistance Trust Fund (PMATF). The PMATF assesses a tax on hospitals based on net operating revenue. The rate is 1.5% of net operating revenues for inpatient services and 1% on the net operating revenue for outpatient services. Section 37 strikes “ambulatory service charges” from the definition of gross operating revenue. This is not related to the transfer of ASC regulations to chapter 396, F.S. and could be interpreted as a change to the PMATF calculation, eliminating the outpatient portion.

Additional obsolete definitions should be removed from s. 395.002:

- ◆ (15) “Initial denial determination”
- ◆ (19) “Managing employee”
- ◆ (24) “Private review agent”
- ◆ (31) “Utilization review”
- ◆ (32) “Utilization review plan”

There are concerns with the following sections:

- ◆ 396.202: remove definition for managing employee and copy premises from 395.002(23). Managing employee is outdated, not used in this chapter, and has been replaced with administrator as described at s. 408.806(1)(a)2, F.S. The term premises is important to determine what is and what is not the ASC.
- ◆ 396.203(2): The option to request a single license for facilities on separate premises has been reserved for multi-hospital systems and is related to Medicare provider-based status per 42 CFR 413.65. ASCs do not have a provider-based option.
- ◆ 396.203(3): This subsection includes Public Medical Assistance Trust Fund. This fund is not applicable to ASCs.
- ◆ 395.203(5)(b): This paragraph regarding a part of a license on separate premises is not applicable to ASCs.
- ◆ 396.206(1): Emergency access complaints are applicable to hospitals only. There are no state-operated ASCs and it is unlikely to have future applicants.
- ◆ 396.212(6): This subsection references 395.1065(2)(b). It should be 396.219(2)(b).
- ◆ 396.213(12): This subsection references 395.1065(2)(b). It should be 396.219(2)(b).
- ◆ 396.213(16): This subsection includes an unnecessary reference to chapter 390.
- ◆ 396.215: The reference to 42 CFR 482.21 should be 42 CFR 416.43.
- ◆ 396.218(1): Paragraph (c) addresses rule components for the comprehensive emergency management plan that are not applicable to ASCs such as sheltering arrangements, food, water, transportation, identification of residents. Paragraph (e) references standards as specified by the department (DOH), which should be the Agency. Paragraph (f) references a quality improvement program designed according to standards established by its accrediting organization. Many ASCs are not accredited, and quality assurance and performance improvement programs are state and federal regulatory requirements.
- ◆ 396.221(2): This is an outdated requirement. Reference to 395.0197 should be 396.213.
- ◆ 396.222(1): There are no state-owned ASCs to exempt from this section. The language is more in line with hospital billing. ASCs provide elective, non-emergency services. Payment for services (co-insurance, copay, deductible for insured patients) are due at time of service. ASCs generally bill bundled services that are not further itemized (not unbundled). An itemized bill does not have the same meaning at an ASC compared to a hospital.
- ◆ 396.222(3): the reference to 395.3025(1) should be 396.225(1).
- ◆ 396.223(1)(c): The scenario of a patient with an outstanding bill presenting to an ASC for medically necessary care is unlikely and more in line with a hospital requirement.
- ◆ 396.225: This section contains outdated or unnecessary language more appropriate for hospital regulation. Subsection (2)(c) refers to health care cost containment. This is not a function of the Agency. Subsection (3) references patient medical records held by the Agency. The Agency does not maintain patient records. Subsection (4) mentions information required to complete birth and fetal death certificates, neither of which is likely to occur in an ASC.

Additional concerns with an omission from this bill and several conforming changes were identified.

A change is necessary to 400.9905(4) (a)-(d), F.S. so ASCs are not excluded from their long-standing exemption from the Health Care Clinic Act. Suggested changes to the subparagraphs are:

- (a) Entities licensed or registered by the state under chapters 395 or 396;
- (b) Entities that own, directly or indirectly, entities licensed or registered by the state pursuant to chapters 395 or 396;
- (c) Entities that are owned, directly or indirectly, by an entity licensed or registered by the state pursuant to chapters 395 or 396;
- (d) Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state pursuant to chapters 395 or 396;

Bill section 63 amends 627.64194 Coverage requirements for services provided by 2599 nonparticipating providers; payment collection limitations. The term "Facility" previously included hospitals and ASCs. The change will eliminate ASCs.

The following bill sections contain a coding error or inconsistency with other conforming changes that may be corrected by inserting licensed under chapter 395 after the word hospital.

| Bill Section | Statute  | Section Title                                       | Bill Line numbers |
|--------------|----------|---|-------------------|
| Section 52   | 458.3145 | Medical faculty certificate                         | 2333-2334         |
| Section 65   | 627.736  | Required personal injury protection benefits<br>... | 2665-2666         |
| Section 68   | 766.101  | Medical review committee                            | 2779-2780         |
| Section 69   | 766.11   | Liability of health care facilities                 | 2839-2840         |

A possible coding error may be on lines 3008-3011 of the bill, section 74, statute 812.014 Theft. It may be the intent to omit ASCs from this section since they do not operate emergency departments. The definition of emergency medical equipment includes to treat medical emergencies. A medical emergency may occur in an ASC and equipment (crash cart supplies) must be available. If applicable, suggest inserting "and 396" after chapter 395.

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**LEGAL – GENERAL COUNSEL’S OFFICE REVIEW**

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|                           |  |
|---------------------------|--|
| Issues/concerns/comments: |  |
|---------------------------|--|

The Florida Senate

APPEARANCE RECORD

3/26

Meeting Date

1370

Bill Number or Topic

Deliver both copies of this form to Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name EDWARD TENNANT

Phone (813) 245-9675

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Email EDWARD.TENNANT@SUGGON7 VENTURES.COM

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Speaking: [X] For [ ] Against [ ] Information OR Waive Speaking: [ ] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[X] I am appearing without compensation or sponsorship.

[ ] I am a registered lobbyist, representing:

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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

S-001 (08/10/2021)

**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.)

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

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BILL: CS/CS/SB 1626

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

SUBJECT: Child Welfare

DATE: March 28, 2025

REVISED: \_\_\_\_\_

|    | ANALYST      | STAFF DIRECTOR   | REFERENCE  | ACTION        |
|----|--------------|------------------|------------|---------------|
| 1. | <u>Rao</u>   | <u>Tuszynski</u> | <u>CF</u>  | <u>Fav/CS</u> |
| 2. | <u>Sneed</u> | <u>McKnight</u>  | <u>AHS</u> | <u>Fav/CS</u> |
| 3. | _____        | _____            | <u>FP</u>  | _____         |

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/CS/SB 1626 creates a new section of law to require the Department of Children and Families (DCF) to enter into agreements with the federal Family Advocacy Program to conduct child protective investigations at military institutions located in Florida.

The bill amends current law to include children that are the subject of a court order to take the child into the custody of the DCF in the definition of “missing child,” allowing the Florida Department of Law Enforcement to deploy additional resources to locate the child. The bill also assigns agency jurisdictions in situations in which a child is the subject of a court order to take the child into custody of the DCF.

The bill allows the DCF to administer provisional licenses for new domestic violence centers and waive operational experience requirements if there is an emergency need for a new domestic violence center and no other viable option is available.

The bill revises the requirements for Governor’s appointees to councils on children services. The bill provides the DCF the ability to grant limited exemptions to disqualification from background screenings due to certain disqualifying offenses, and limits individuals who receive the exemption to working with specific populations.



The bill increases the licensure extension period for certain child care facilities from 30 days to 90 days. The bill requires the DCF to establish a methodology for determining daily room and board rates for residential child-caring agencies.

The bill exempts a subcontractor of a Community-Based Care (CBC) lead agency that is a direct provider of foster care and related services from liability due to the acts or omissions of the lead agency; the DCF; or the officers of the lead agency or the DCF. The bill deems any conflicting provision in a contract between a subcontractor and lead agency is void and unenforceable.

The bill clarifies fire suppression requirements for child-caring agencies.

The bill has no fiscal impact on state expenditures or revenues. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2025, except otherwise stated in the bill.

## **II. Present Situation:**

The present situation is presented in Section III under the Effect of Proposed Changes.

## **III. Effect of Proposed Changes:**

### **Background**

#### ***The Dependency System Process***

Chapter 39, F.S., creates Florida's dependency system charged with protecting children who have been abused, abandoned, or neglected. Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations. The Department of Children and Families (DCF) and community-based care lead agencies (CBCs) work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.<sup>1</sup>

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<sup>1</sup> See, Chapter 39, F.S.

### ***Central Abuse Hotline***

The DCF is required to operate and maintain a central abuse hotline (hotline)<sup>2</sup> to receive reports of known or suspected instances of child abuse,<sup>3</sup> abandonment,<sup>4</sup> or neglect,<sup>5</sup> or instances when a child does not have a parent, legal custodian, or adult relative available to provide supervision and care.<sup>6</sup> The hotline must operate 24 hours a day, 7 days a week, and accept reports through a single statewide toll-free telephone number or through electronic reporting.<sup>7</sup>

### ***Child Protective Investigations***

If the hotline determines a report meets the statutory criteria for child abuse, abandonment, or neglect, a DCF child protective investigator must complete a child protective investigation.<sup>8</sup> Through face-to-face interviews with the child and family members, and assessments of the immediate safety of the children in the home, the CPI determines further actions. The CPI must either implement a safety plan for the child, which allows the child to remain in the home with in-home services or take the child into custody. If the child cannot safely remain in the home with a safety plan, the DCF must file a shelter petition and remove the child from his or her current home and temporarily place them in out-of-home care.<sup>9</sup>

When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place that child in an out-of-home placement, adjudicate the child dependent, and if necessary, terminate parental rights and free the child for adoption. Steps in the dependency process usually include:

- A report to the Florida Abuse Hotline.
- A child protective investigation to determine the safety of the child.
- The court finding the child dependent.
- Case planning for the parents to address the problems resulting in the child's dependency.

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<sup>2</sup> Hereinafter cited as "hotline." The "Florida Abuse Hotline" is the DCF's central abuse reporting intake assessment center, which receives and processes reports of known or suspected child abuse, neglect or abandonment 24 hours a day, seven days a week. Chapter 65C-30.001, F.A.C. and Section 39.101, F.S.

<sup>3</sup> Section 39.01(2), F.S., defines "abuse" as any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired.

<sup>4</sup> Section 39.01(1), F.S., defines "abandoned" or "abandonment" as a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child's care and maintenance or has made no significant contribution to the child's care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. "Establish or maintain a substantial and positive relationship" means, in part, frequent and regular contact with the child, and the exercise of parental rights and responsibilities.

<sup>5</sup> Section 39.01(53), F.S., states "neglect" occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired, except when such circumstances are caused primarily by financial inability unless services have been offered and rejected by such person.

<sup>6</sup> Section 39.201(1), F.S.

<sup>7</sup> Section 39.101(1), F.S.

<sup>8</sup> Prior to July 1, 2023, seven counties allowed the local sheriff's office to perform child protective investigations. The 2023 legislative session transitioned this responsibility fully back to the Department after changes in Florida's child welfare system aimed to integrate child protective investigations within existing crisis-oriented systems the DCF maintains. *See generally*: Laws of Fla. 2023-77.

<sup>9</sup> Section 39.301, F.S.

- Placement in out-of-home care, if necessary.
- Reunification with the child’s parent or another option to establish permanency, such as adoption after termination of parental rights.<sup>10</sup>

| Dependency Proceeding                            | Description of Process   | Controlling Statute(s)             |
|--|--|------------------------------------|
| <b>Removal</b>                                   | The DCF may remove a child from his or her home if there is probable cause to believe the child has been abused, neglected, or abandoned, or that the parent or legal custodian of the child is unable or unavailable to care for the child.   | s. 39.401, F.S.                    |
| <b>Shelter Hearing</b>                           | The court must hold a shelter hearing within 24 hours after removal. At this hearing, the judge determines whether the child can return to his or her home upon receiving DCF services, or keep the child in out-of-home care if services do not eliminate the need for removal.   | s. 39.401, F.S.<br>s. 39.402, F.S. |
| <b>Petition for Dependency</b>                   | The DCF must file a petition for dependency within 21 days of the shelter hearing. This petition seeks to find the child dependent, generally meaning the child has been abandoned, abused, or neglected by his or her parent’s or legal custodians, or has no parent or legal custodian that can provide supervision or care.   | s. 39.501, F.S.<br>s. 39.01, F.S.  |
| <b>Arraignment Hearing and Shelter Review</b>    | The court must hold an arraignment and shelter review within 28 days of the shelter hearing. The hearing allows the parent to admit, deny, or consent to the allegations within the petition for dependency and allows the court to review any previous shelter placement.   | s. 39.506, F.S.                    |
| <b>Adjudicatory Trial</b>                        | If the parent or legal custodian denies any allegations of the petition during the arraignment hearing, the court must hold an adjudicatory trial within 30 days of arraignment. The judge determines whether a child is dependent during this trial.  | s. 39.507, F.S.                    |
| <b>Disposition Hearing</b>                       | If, at the arraignment hearing, the parent or legal custodian consents to any allegations of the dependency petition, the court must hold a disposition hearing within 15 days of arraignment. If, at the adjudicatory trial, the court finds the child dependent, the disposition hearing must be held within 30 days after the adjudicatory hearing. At the disposition hearing, the judge reviews the case plan and placement of the child and orders if the current case plan and placement should continue or be changed. | s. 39.506, F.S.<br>s. 39.521, F.S. |
| <b>Postdisposition Change of Custody Hearing</b> | The court may change the temporary out-of-home placement of a child at a postdisposition hearing any time after disposition but before the child is residing in the permanent placement approved at a permanency hearing. The DCF or the current caregiver can file for this postdisposition change of custody.  | s. 39.522, F.S.                    |

<sup>10</sup> The state has a compelling interest in providing stable and permanent homes for adoptive children in a prompt manner, in preventing the disruption of adoptive placements, and in holding parents accountable for meeting the needs of children. See Section 63.022, F.S.

| Dependency Proceeding                              | Description of Process   | Controlling Statute(s)  |
|--|--|---|
| <b>Judicial Review Hearings</b>                    | After the initial judicial review hearing held within 90 days of the disposition hearing or approval of the case plan, the court must hold additional hearings to review the child’s case plan and placement at least every 6 months, or upon motion of a party.   | s. 39.701, F.S.   |
| <b>Permanency Hearings</b>                         | The courts are required to conduct a permanency hearing within 12 months after a child is removed from his or her home. At this hearing, the judge will evaluate the progress of achieving the permanency goal, and determine if another permanency option needs to be pursued.  | s. 39.621, F.S.   |
| <b>Petition for Termination of Parental Rights</b> | If the DCF determines that reunification is no longer a viable goal and termination of parental rights is in the best interest of the child, and other requirements are met, a petition for termination of parental rights is filed. The DCF, the child’s Guardian ad Litem, and any person knowledgeable about the facts of the case is able to file this petition. | s. 39.802, F.S.<br>s. 39.8055, F.S.<br>s. 39.806, F.S.<br>s. 39.810, F.S. |
| <b>Advisory Hearing</b>                            | The court must hold an advisory hearing as soon as possible after all parties have been served with the petition for termination of parental rights. The hearing allows the parent to admit, deny, or consent to the allegations within the petition for termination of parental rights.   | s. 39.808, F.S.   |
| <b>Adjudicatory Hearing</b>                        | The court must hold an adjudicatory trial within 45 days after the advisory hearing. The judge determines whether to terminate parental rights to the child at this trial.   | s. 39.809, F.S.   |

A child is found to be dependent if he or she is found by the court to be:

- Abandoned, abused, or neglected by the child’s parent or parents or legal custodians;
- Surrendered to the DCF, the former Department of Health and Rehabilitative Services, or a licensed child-placing agency for purpose of adoption;
- Voluntarily placed with a licensed child-caring agency, a licensed child-placing agency, an adult relative, the DCF, or the former Department of Health and Rehabilitative Services, after which placement, under the requirements of this chapter, a case plan has expired and the parent or parents or legal custodians have failed to substantially comply with the requirements of the plan;
- Without a parent or legal custodian capable of providing supervision and care;
- At substantial risk of imminent abuse, abandonment, or neglect by the parent or parents or legal custodians; or
- Sexually exploited and to have no parent, legal custodian, or responsible adult relative currently known and capable of providing the necessary and appropriate supervision and care.<sup>11</sup>

A petition for dependency may be filed by an attorney for the DCF or another person who has knowledge of the facts alleged or is informed of them and believes they are true.<sup>12</sup> At an

<sup>11</sup> Section 39.01(15), F.S.

<sup>12</sup> Section 39.501, F.S.

adjudicatory hearing, a judge will determine whether or not the facts support the allegations stated in the petition for dependency.<sup>13</sup> A preponderance of evidence in the petition for dependency is required to establish the child as dependent.<sup>14</sup>

## **Child Protective Investigations on Military Installations**

### ***Present Situation***

#### Federal Consultations with States

Federal law requires the states to report information regarding the abuse of a child at the hands of a family member that is in the U.S. military.<sup>15</sup> The states have memorandums of understanding (MOUs) to create precedence of information sharing.<sup>16</sup>

#### Family Advocacy Program

Family Advocacy Programs (FAP) are congressionally mandated programs that aim to prevent and respond to reports of child abuse in military families.<sup>17</sup> They are located at every military installation that houses families, both within and outside the United States.<sup>18</sup>

In Federal Fiscal Year (FFY) 2023, FAP received 11,854 reports of suspected child abuse and neglect.<sup>19</sup> Of the total reports, 5,812 reports met the criteria for child abuse and neglect.<sup>20</sup> Upon a substantiated claim of child abuse in a military family, FAP staff will ensure the child's safety and well-being as well as notify the necessary law enforcement and child welfare services.<sup>21</sup>

### ***Effect of Proposed Changes***

**Section 1** creates s. 39.3011, F.S., to require the DCF to enter into an agreement for child protective investigations within U.S. military installations. This change codifies current practice in Florida. The bill requires the DCF to enter into an agreement with the Family Advocacy Program, or any successor program, for each military institution located in Florida.

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<sup>13</sup> Section 39.01(4), F.S.

<sup>14</sup> Section 39.507, F.S.

<sup>15</sup> 10 U.S.C. Ch. 88

<sup>16</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 9, on file with the Senate Committee on Children, Families, and Elder Affairs.

<sup>17</sup> U.S. Department of Defense, *Family Advocacy Program: Addressing Domestic Abuse*, available at:

<https://dacowits.defense.gov/Portals/48/Documents/General%20Documents/RFI%20Docs/Sept2019/FAP%20RFI%208.pdf> (last visited 3/9/25).

<sup>18</sup> U.S. Department of Defense, *Family Advocacy Program: Addressing Domestic Abuse*, available at:

<https://dacowits.defense.gov/Portals/48/Documents/General%20Documents/RFI%20Docs/Sept2019/FAP%20RFI%208.pdf> (last visited 3/9/25).

<sup>19</sup> U.S. Department of Defense, *Report to the Committees on Armed Services of the Senate and the House of Representatives, Report on Child Abuse and Neglect and Domestic Abuse in the Military for FFY 2023*, available at:

<https://download.militaryonesource.mil/12038/MOS/Reports/DOD-Child-Abuse-and-Neglect-and-Domestic-Abuse-Report-FY2023.pdf> (last visited 3/9/25).

<sup>20</sup> *Id.*

<sup>21</sup> U.S. Department of Defense Military One Source, *How to Report Child Abuse or Neglect in the Military*, available at:

<https://www.militaryonesource.mil/relationships/prevent-violence-abuse/how-to-report-child-abuse-as-a-member-of-the-military/> (last visited 3/9/25).

The bill requires each agreement to include procedures for the following:

- Identifying the military personnel alleged to have committed the child abuse, abandonment, or neglect.
- Notifying and sharing information with the military installation when a child protective investigation implicating military personnel has been initiated.
- Maintaining confidentiality as required under state and federal law.

### **Taking a Child Alleged to be Dependent into Custody**

#### ***Present Situation***

A law enforcement officer or authorized agent of the DCF may take a child alleged to be dependent into custody if the officer or authorized agent has probable cause to support a finding<sup>22</sup>:

- That the child has been abused, neglected, or abandoned, or is suffering from, or is in imminent danger of, illness or injury as a result of abuse, neglect, or abandonment;
- That the parent or legal custodian of the child has materially violated a condition of placement imposed by the court; or
- That the child has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.

The court may also issue an order to take a child into custody of the DCF upon a demonstration of reasonable cause that a child is abused, abandoned, or neglected.<sup>23</sup> This may happen upon the DCF's determination that an investigation into the allegations of abuse or neglect are founded, but the parent makes the child unavailable to the DCF.<sup>24</sup>

A dependency judge may also issue an order for a law enforcement officer or authorized agent to take the child into the custody of the DCF if a parent violates an existing custody or visitation court order.<sup>25</sup> These orders are often referred to as Take Into Custody Orders (TICO) and allow law enforcement to assist the DCF in executing the court order.

#### ***Effect of Proposed Changes***

**Section 2** amends s. 39.401, F.S., to clarify when a law enforcement officer or authorized agent of the DCF can take a child into custody of the DCF. The bill allows the officer or authorized agent to take a child into DCF custody if there is probable cause to support a finding that the child is the subject of a court order to take the child into custody of the DCF.

**Section 11** amends s. 937.0201, F.S., to include children that are the subject of a court order to take the child into custody of the DCF in the definition of "missing child." This change expands the resources available to find a child that the DCF cannot locate, by requiring the Florida Department of Law Enforcement to deploy its resources to locate the child, such as an Amber Alert.

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<sup>22</sup> Section 39.401, F.S.

<sup>23</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 5, on file with the Senate Committee on Children, Families, and Elder Affairs.

<sup>24</sup> *Id.*

<sup>25</sup> *Id.*

**Section 12** amends s. 937.021, F.S., to assign agency jurisdiction in situations in which a child is the subject of a court order to take the child into the custody of the DCF and jurisdiction cannot be determined. The bill requires the sheriff's office of the county in which the court order was entered to take jurisdiction.

## **Domestic Violence Centers**

### *Present Situation*

Florida law recognizes the importance of providing victims of domestic violence and their dependents access to safe emergency shelters, advocacy, and crisis intervention services.<sup>26</sup> The DCF is responsible for operating the state's domestic violence program, which includes the certification of domestic violence centers and promoting the involvement of domestic violence centers in the coordination, development, and planning of domestic violence programming throughout the state.<sup>27</sup>

Domestic violence centers must provide minimum services that include, but are not limited to:

- Information and referral services.
- Counseling and case management services.
- Temporary emergency shelter for more than 24 hours.
- A 24-hour hotline.
- Nonresidential outreach services.
- Training for law enforcement personnel.
- Assessment and appropriate referral of resident children.
- Educational services for community awareness relating to the prevention of domestic violence, and the services available to victims of domestic violence.<sup>28</sup>

The DCF sets certification standards for domestic violence shelters in administrative rule. A domestic violence center must:

- Be a not-for-profit corporation created for the purpose of operating a domestic violence center with a primary mission of the provision of services to victims of domestic violence.
- Demonstrate the unmet need in a service area when seeking certification within the service area of an existing certified center.
- Must have 18 consecutive months of operational experience, with 12 months operation as an emergency shelter.
- Must demonstrate an ability to operate, garner community support, and maintain solvency by providing proof of required safety and financial standards.<sup>29</sup>

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<sup>26</sup> Section 39.901, F.S.

<sup>27</sup> Section 39.903, F.S.

<sup>28</sup> Section 39.905, F.S.

<sup>29</sup> 65H-1.012, F.A.C.

There are currently 41 certified domestic violence centers throughout Florida.<sup>30</sup> Certification allows a domestic violence shelter to receive state funds<sup>31</sup>, if applicable, and utilize victim advocates who can provide advice, counseling, or assistance to victims of domestic violence under the confidential communication protections of current law.<sup>32</sup>

In FFY 2023-24, there were 12,543 individuals that received emergency shelter at a certified domestic violence center.<sup>33</sup> However, individuals may experience a disruption in service delivery if a domestic violence center abruptly shuts down or loses certification and there is no other domestic violence center in that service area. Current law would restrict the ability of a new domestic violence center to open in that area, due to the required 18 months of operational experience.

### *Effect of Proposed Changes*

**Section 3** amends s. 39.905, F.S., to allow the DCF to waive operational experience requirements and issue a provisional certification for a new domestic violence center to ensure the provision of services. The bill allows the DCF to issue a provisional certification if there is an emergency need for a new domestic violence center, and there are no other viable options to ensure continuity of services.

The domestic violence center that receives a provisional certification under this section must meet all other criteria, except operational experience, that are required by law.

The bill gives the DCF rulemaking authority to provide minimum standards for a provisional certificate, including increased monitoring and site visits, and the length of time a provisional certificate is valid.

### **Council on Children Services**

#### *Present Situation*

Counties can create independent special districts that provide funding for children's services throughout the county.<sup>34</sup> These councils may use property taxes to meet the needs of the children and families living in their community.<sup>35</sup> The number of members of the council is either 10 or 33, depending on the county's regulations.<sup>36</sup>

The Governor is responsible for appointing either 5 members of the council (in a 10-person council) or 7 members of the council (in a 33-person council).<sup>37</sup> Current law requires the

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<sup>30</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 6, on file with the Senate Committee on Children, Families, and Elder Affairs.

<sup>31</sup> Section 39.903, F.S.

<sup>32</sup> Section 90.5036, F.S.

<sup>33</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 6, on file with the Senate Committee on Children, Families, and Elder Affairs.

<sup>34</sup> Section 125.901, F.S.

<sup>35</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 8, on file with the Senate Committee on Children, Families, and Elder Affairs.

<sup>36</sup> Section 125.901, F.S., and Section 125.011, F.S.

<sup>37</sup> Section 125.901, F.S.



Governor's appointees to represent the geographic and demographic diversity of the county's population, to the extent possible.<sup>38</sup>

Currently, the following counties have created councils on children services<sup>39</sup>:

- Alachua;
- Broward;
- Escambia;
- Duval;
- Leon;
- Hillsborough;
- Manatee;
- Martin;
- Miami-Dade;
- Okeechobee;
- Palm Beach;
- Pinellas; and
- St. Lucie.

All the councils on children services, except for Duval and Manatee, have an "independent" taxing authority to ensure that a dedicated funding source is available for children's programs and services.<sup>40</sup> Duval county is a dependent district and relies on funding from different sources, and Manatee County has a hybrid system.<sup>41</sup>

### *Effect of Proposed Changes*

**Section 4** amends s. 125.901, F.S., to revise the requirements for the selection and removal of the Governor's appointees to the Councils on Children's Services. Specifically, the bill:

- Changes the DCF employee who is responsible for being on the Council on Children's Services from the district administrator to a representative of the DCF.
- Revises the requirement for the Governor's appointees to represent the demographic makeup of the county's population.
- Allows the county governing body to submit recommendations to the Governor for vacant positions on the council.
- Allows the governing body to select an interim appointment for each vacant position from the list of recommendations submitted to the Governor if the Governor fails to make an appointment within the required 45-day period.
- Requires all members recommended by the county governing body and appointed by the Governor to have been residents of the county for the previous 24-month period.

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<sup>38</sup> Section 125.901, F.S.

<sup>39</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 8, on file with the Senate Committee on Children, Families, and Elder Affairs.

<sup>40</sup> *Id.*

<sup>41</sup> *Id.*

## Background Screening and Limited Exemptions

### *Present Situation*

The DCF is responsible for the licensing and regulation of programs for children and vulnerable adults.<sup>42</sup> A Level II background screening is included in the regulation process. This background screening includes, but is not limited to<sup>43</sup>:

- Fingerprinting for statewide criminal history records checks through the Department of Law Enforcement.
- National criminal history records checks through the Federal Bureau of Investigation.
- Local criminal history records checks may be included through local law enforcement agencies.

In Fiscal Year 2023-24, the DCF screened 278,894 individuals for employment in child care facilities, CBC agencies, foster families, group homes, summer camps, substance abuse treatment facilities, and mental health treatment facilities.<sup>44</sup>

Level II background screenings ensure an individual does not have any disqualifying offenses on his or her record, such as burglary or the fraudulent sale of controlled substances.<sup>45</sup> A full list of disqualifying offenses is included in statute.<sup>46</sup>

An individual that has a disqualifying offense may apply for an exemption from disqualification depending on their disqualifying offense.<sup>47</sup> The applicant must provide evidence of rehabilitation from the circumstances of the disqualifying offense when seeking an exemption.<sup>48</sup> Florida law lists certain offenses that may not be exempted from disqualification for individuals seeking to be child care personnel.<sup>49</sup>

In Fiscal Year 2023-24, the DCF received 1,544 requests for exemptions from disqualification for individuals seeking employment with vulnerable populations.<sup>50</sup> There are different qualifications for working with every population the DCF serves.

There is limited flexibility in granting exemptions from disqualification. Current law phrases exemptions as all-or-nothing; meaning, the DCF Secretary must either reject the exemption all together or allow the individual to work in all roles that work with a vulnerable population.<sup>51</sup>

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<sup>42</sup> Florida Department of Children and Families, *Background Screening*, available at: <https://www.myflfamilies.com/services/background-screening> (last visited 3/9/25).

<sup>43</sup> Section 435.04, F.S.

<sup>44</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 7, on file with the Senate Committee on Children, Families, and Elder Affairs.

<sup>45</sup> Section 435.04(2), F.S.

<sup>46</sup> *Id.*

<sup>47</sup> Section 435.07, F.S.

<sup>48</sup> Florida Department of Children and Families, *Apply for Exemption from Disqualification*, available at: <https://www.myflfamilies.com/services/background-screening/apply-exemption-disqualification> (last visited 3/9/25).

<sup>49</sup> Section 435.07(2)(c), F.S.

<sup>50</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 7, on file with the Senate Committee on Children, Families, and Elder Affairs.

<sup>51</sup> *Id.*

Current law does not allow the DCF Secretary to make exemptions with restrictions, such as restricting an applicant to working with adult populations only.<sup>52</sup>

### *Effect of Proposed Changes*

**Section 5** amends s. 402.305, F.S., to provide the DCF with more oversight of instances in which an individual seeking employment as child care personnel can receive an exemption from a background screening despite a disqualifying offense.

The bill allows the DCF to grant limited exemptions that authorize a person seeking employment to work in a specified role or with a specified population, if the individual has a disqualifying offense in his or her background screening.

**Section 7** amends s. 409.175, F.S., to grant limited exemptions authorizing a person who wishes to work in a family foster home, residential child-caring agency, and child-placing agency.

### **License Extensions**

#### *Present Situation*

The DCF provides licensure for family foster homes, residential child-caring agencies, and child-placing agencies.<sup>53</sup> There are different licensure requirements based on the levels of licensed care associated with family foster homes, residential child-caring agencies, and child placing agencies housed in administrative rule.<sup>54</sup> In Fiscal Year 2023-2024, the DCF licensed 9,316 child-caring agencies and foster homes.<sup>55</sup> The DCF is not allowed to issue provisional licenses under federal law for providers that fall into noncompliance.<sup>56</sup> To allow providers to come into compliance and follow federal standards, the DCF has the ability to provide a one-time 30-day extension to the provider.<sup>57</sup> The 30-day extension may not give the provider the adequate time needed to correct a licensure violation regardless of the provider's steps to correct the violation.<sup>58</sup>

#### *Effect of Proposed Changes*

**Section 7** amends s. 409.175, F.S., to extend the length of time the DCF can extend a license expiration date for family foster homes, residential child-caring agencies, and child-placing agencies from 30 days to 90 days. This change is intended to allow the provider enough time to implement corrective measures that may be out of the provider's control.

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<sup>52</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 7, on file with the Senate Committee on Children, Families, and Elder Affairs.

<sup>53</sup> Section 409.175, F.S.

<sup>54</sup> Section 409.175(5), F.S.

<sup>55</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 7, on file with the Senate Committee on Children, Families, and Elder Affairs.

<sup>56</sup> *Id.*

<sup>57</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 7, on file with the Senate Committee on Children, Families, and Elder Affairs.

<sup>58</sup> *Id.*

## Community-Based Care Lead Agencies

### *Present Situation*

The DCF contracts with Community-Based Care (CBC) lead agencies to administer a system of care<sup>59</sup> to children and families that must focus on:

- Prevention of separation of children from their families;
- Intervention to allow children to remain safely in their own homes;
- Reunification of families who have had their children removed their care;
- Safety for children who are separated from their families;
- Promoting the well-being of children through emphasis on educational stability and timely health care;
- Permanency, including providing adoption and postadoption services; and
- Transition to independence and self-sufficiency.<sup>60</sup>

The CBCs must give priority to services that are evidence-based and trauma informed.<sup>61</sup> The CBCs contract with a number of subcontractors for case management and direct care services to children and their families. There are 16 CBCs statewide, which together serve the state's 20 judicial circuits.<sup>62</sup>

### *Effect of Proposed Changes*

**Section 8** amends s. 409.993, F.S., to exempt subcontractors of CBC lead agencies that are a direct provider of foster care and related services from liability for the actions or omissions of the lead agency; the DCF or the officers, agents, or employees of the CBC lead agency or DCF. This change will reduce subcontractor's hesitancy to enter contracts with CBC lead agencies, as they will not be held liable for the actions and omissions of the lead agency.

## Group Care

### *Present Situation*

Group homes are a part of the DCF's licensed placement array for children in out-of-home care and provide staffed 24-hour care for children under the licensure of the DCF.<sup>63</sup> Group homes place a child in a single family or multi-family community with no greater than 14 children to meet the physical, emotional, and social needs of the child.<sup>64</sup>

The CBC lead agencies contract with group home providers and negotiate room and board rates in the regions the CBC lead agencies serve.<sup>65</sup> This has led to a significant increase in the cost of group homes and a wide variation in the room and board rates throughout the state. The

<sup>59</sup> Section 409.145(1), F.S.

<sup>60</sup> *Id.* Also see generally s. 409.988, F.S.

<sup>61</sup> Section 409.988(3), F.S.

<sup>62</sup> The DCF, Lead Agency Information, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited 3/11/25).

<sup>63</sup> Section 409.175, F.S.

<sup>64</sup> 65C-14.001, F.A.C.

<sup>65</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 8, on file with the Senate Committee on Children, Families, and Elder Affairs.

following chart shows that the cost of group care has risen in recent years, while the number of children in group care has decreased.<sup>66</sup>

| <b>Group Care Cost versus Group Care Placement</b> |                 |                 |                 |                 |                 |                 |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>Total Cost</b>                                  | <b>FY 18-19</b> | <b>FY 19-20</b> | <b>FY 20-21</b> | <b>FY 21-22</b> | <b>FY 22-23</b> | <b>FY 23-24</b> |
| Statewide  | \$116,808,722   | \$118,243,424   | \$114,783,908   | \$126,063,837   | \$157,688,554   | \$174,223,084   |
| <b>Placement</b>                                   | <b>6/30/19</b>  | <b>6/30/20</b>  | <b>6/30/21</b>  | <b>6/30/22</b>  | <b>6/30/23</b>  | <b>6/30/24</b>  |
| Statewide  | 1,909           | 1,620           | 1,506           | 1,494           | 1,608           | 1,726           |

***Effect of Proposed Changes***

**Section 6** amends s. 409.145, F.S., to require the DCF to establish a methodology to determine a daily room and board rates for children in out-of-home care who are placed in a residential child-caring agency. The bill requires the DCF to coordinate with its providers to develop a methodology, which may produce different payment rates based on factors including, but not limited to, the acuity level of the child being placed and the geographic location of the residential child-caring agency.

The bill provides the DCF rulemaking authority to implement this section.

**Building Code Regulation for Child-Caring Agencies**

***Present Situation***

Fire Prevention and Control

State law requires all municipalities, counties, and special districts with fire safety responsibilities to enforce the Fire Code as the minimum fire prevention code to operate uniformly among local governments and in conjunction with the Building Code. Each county, municipality, and special district with fire safety enforcement responsibilities must employ or contract with a fire safety inspector (certified by the State Fire Marshal) to conduct all fire safety inspections required by law.<sup>67</sup>

A “fire protection system” is a system individually designed to protect the interior or exterior of a specific building or buildings, structure, or other special hazard from fire. A fire protection system includes, but is not limited to:<sup>68</sup>

- Water sprinkler systems;
- Water spray systems;
- Foam-water sprinkler systems;
- Foam-water spray systems;
- Carbon dioxide systems;
- Foam extinguishing systems;

<sup>66</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 8, on file with the Senate Committee on Children, Families, and Elder Affairs.

<sup>67</sup> Section 633.202, F.S.

<sup>68</sup> Section 633.102(11), F.S.

- Dry chemical systems; and
- Halon and other chemical systems used for fire protection use.

Fire protection systems also include any tanks and pumps connected to fire sprinkler systems, overhead and underground fire mains, fire hydrants and hydrant mains, standpipes and hoses connected to sprinkler systems, sprinkler tank heaters, air lines, and thermal systems used in connection with fire sprinkler systems.<sup>69</sup>

Fire protection systems must be installed in accordance with the Fire Code and the Building Code. Current law requires local governments to enforce the Fire Code and the Building Code including the permitting, inspecting, and approving the installation of a fire protection system.<sup>70</sup> Owners of fire protection systems must contract with a certified fire protection system contractor to regularly inspect such systems.<sup>71</sup>

The Division of the State Fire Marshal follows the standards of the National Fire Protection Association to create fire safety standards with respect to residential child care facilities that provide full-time residence to five or fewer children.<sup>72</sup> The DCF has reported there to be disagreement in the intended purpose of this rule, which has caused some group homes to purchase costly fire suppression systems when one was not required.<sup>73</sup>

### *Effect of Proposed Changes*

**Section 9** amends s. 553.73, F.S., to prohibit the Florida Building Commission from mandating the installation of fire sprinklers or a fire suppression system in a residential child-caring agency licensed by the DCF which operates in a single-family residential property that is licensed for a capacity of five or fewer children who are unrelated to the licensee.

**Section 10** amends s. 633.208, F.S., to prohibit the fire marshal from requiring a residential child-caring agency licensed by the DCF which operates in a single-family residential property that is licensed for a capacity of five or fewer children who are unrelated to the licensee from installing fire sprinklers or a fire suppression system. This prohibition is contingent upon the licensee meeting the requirements for portable fire extinguishers, fire alarms, and smoke detectors.

### *Other*

**Sections 13, 14, and 15** of the bill make conforming and cross reference changes to align statute with the substantive changes in the bill.

**Section 16** provides an effective date of July 1, 2025, except for section 6, which has an effective date of January 1, 2026.

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<sup>69</sup> Section 633.102(11), F.S.

<sup>70</sup> See generally chs. 553 and 633, F.S.; Florida Fire Prevention Code 8<sup>th</sup> Edition (NFPA Standard 1), available at [florida-fire-prevention-code-8th-edition-nfpa-101-fl-sp.pdf](https://www.floridafire.com/wp-content/uploads/2018/07/florida-fire-prevention-code-8th-edition-nfpa-101-fl-sp.pdf) (last visited Mar. 4, 2025).

<sup>71</sup> Section 633.312, F.S.

<sup>72</sup> 69A-41.007, F.A.C. and 69A-41.101, F.A.C.

<sup>73</sup> Florida Department of Children and Families, *2025 Agency Analysis*, pg. 9, on file with the Senate Committee on Children, Families, and Elder Affairs.

**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 bill has no fiscal impact on state expenditures or revenues.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 39.401, 39.905, 125.901, 402.305, 402.30501, 409.145, 409.175, 409.993, 553.73, 633.208, 937.0201, 937.021, 1002.57, and 1002.59.

This bill creates the following sections of the Florida Statutes: 39.3011.

**IX. Additional Information:**

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

**CS/CS by Appropriations Committee on Health and Human Services on March 26, 2025:**

The committee substitute:

- Removes language related to unaccompanied alien children (UAC) and special immigrant juvenile status (SIJ). Specifically, the amendment
  - Deletes sections 1, 2, and 6, related to the creation and implementation of a UAC reporting system; and
  - Deletes section 5 related to the filing of petitions in dependency court seeking SIJ status.
- Requires the DCF to establish a methodology to determine daily room and board rates rather than establishing a fee schedule.

**CS by Children, Families, and Elder Affairs on March 12, 2025:**

The committee substitute:

- Removes section of the original bill language related to the false reporting of child abuse, abandonment, and neglect, and the civil lawsuit a person who had a false report filed against them may file against the false reporter.
- Updates language surrounding the appointments to Councils on Children’s Services including:
  - Changes the DCF employee who is responsible for being on the Council on Children’s Services from the district administrator to a representative of the DCF.
  - Allows the governing body to select an interim appointment for each vacant position from the list of recommendations submitted to the Governor if the Governor fails to make an appointment within the required 45-day period.
  - Requires all members recommended by the county governing body and appointed by the Governor to have been residents of the county for the previous 24-month period.
- Provides that a subcontractor of a CBC lead agency is not liable for the acts or omissions of a lead agency; the DCF; or the officers, agents, employees of a lead agency or the DCF. Provides that any contractual provision in conflict with this requirement is void and unenforceable.
- Removes section of the original bill related to zoning requirements for community residential homes.
- Revises the changes made to take into custody orders by removing the provision related to “reasonable force.”

- 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.

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LEGISLATIVE ACTION

| Senate     | . | House |
|------------|---|-------|
| Comm: RCS  | . |       |
| 03/28/2025 | . |       |
|            | . |       |
|            | . |       |
|            | . |       |

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The Appropriations Committee on Health and Human Services  
(Grall) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 91 - 339

and insert:

Section 1. Section 39.3011, Florida Statutes, is created to  
read:

39.3011 Protective investigations involving military  
families.—

(1) For purposes of this section, the term "Family Advocacy  
Program" means the program established by the United States



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11 Department of Defense to address child abuse, abandonment, and  
12 neglect in military families.

13 (2) The department shall enter into an agreement for child  
14 protective investigations involving military families with the  
15 Family Advocacy Program, or any successor program, of each  
16 United States military installation located in this state. Such  
17 agreement must include procedures for all of the following:

18 (a) Identifying the military personnel alleged to have  
19 committed the child abuse, neglect, or domestic abuse.

20 (b) Notifying and sharing information with the military  
21 installation when a child protective investigation implicating  
22 military personnel has been initiated.

23 (c) Maintaining confidentiality as required under state and  
24 federal law.

25 Section 2. Subsection (1) of section 39.401, Florida  
26 Statutes, is amended to read:

27 39.401 Taking a child alleged to be dependent into custody;  
28 law enforcement officers and authorized agents of the  
29 department.—

30 (1) A child may only be taken into custody:

31 (a) Pursuant to the provisions of this part, based upon  
32 sworn testimony, either before or after a petition is filed; or

33 (b) By a law enforcement officer, or an authorized agent of  
34 the department, if the officer or authorized agent has probable  
35 cause to support a finding that the:

36 1. ~~That the~~ Child has been abused, neglected, or abandoned,  
37 or is suffering from or is in imminent danger of illness or  
38 injury as a result of abuse, neglect, or abandonment;

39 2. Child is the subject of a court order to take the child



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40 into the custody of the department;

41 3.2. ~~That the~~ Parent or legal custodian of the child has  
42 materially violated a condition of placement imposed by the  
43 court; or

44 4.3. ~~That the~~ Child has no parent, legal custodian, or  
45 responsible adult relative immediately known and available to  
46 provide supervision and care.

47  
48 ===== T I T L E A M E N D M E N T =====

49 And the title is amended as follows:

50 Delete lines 2 - 45

51 and insert:

52 An act relating to child welfare; creating s. 39.3011,  
53 F.S.; defining the term "Family Advocacy Program";  
54 requiring the Department of Children and Families to  
55 enter into agreements with certain military  
56 installations for child protective investigations  
57 involving military families; providing requirements  
58 for such agreements; amending s. 39.401, F.S.;  
59 authorizing a law enforcement officer or an authorized  
60 agent of the department to take a child into custody  
61 who is the subject of a specified court order;  
62 amending s.



318066

LEGISLATIVE ACTION

| Senate     | . | House |
|------------|---|-------|
| Comm: RCS  | . |       |
| 03/28/2025 | . |       |
|            | . |       |
|            | . |       |
|            | . |       |

---

The Appropriations Committee on Health and Human Services  
(Grall) recommended the following:

- 1       **Senate Amendment to Amendment (567020)**
- 2
- 3       Delete line 19
- 4       and insert:
- 5       committed the child abuse, abandonment, or neglect.



145300

LEGISLATIVE ACTION

| Senate     | . | House |
|------------|---|-------|
| Comm: RCS  | . |       |
| 03/28/2025 | . |       |
|            | . |       |
|            | . |       |
|            | . |       |

---

The Appropriations Committee on Health and Human Services  
(Grall) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 609 - 612  
and insert:  
with its providers, establish a methodology to determine  
daily room and board rates for children in out-of-home care who  
are placed in a residential child-caring agency as defined in s.  
409.175(2)(1). The methodology may produce different payment  
rates based on



145300

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

12 And the title is amended as follows:

13       Delete line 59

14 and insert:

15       department to establish a methodology to determine

16       daily room

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

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1 A bill to be entitled  
2 An act relating to child welfare; amending s. 16.56,  
3 F.S.; authorizing the Office of Statewide Prosecution  
4 in the Department of Legal Affairs to investigate and  
5 prosecute specified violations; amending s. 39.01,  
6 F.S.; revising the definition of the term "child who  
7 is found to be dependent"; defining the term "legal  
8 custodian"; creating s. 39.3011, F.S.; defining the  
9 term "Family Advocacy Program"; requiring the  
10 Department of Children and Families to enter into  
11 agreements with certain military installations for  
12 child protective investigations involving military  
13 families; providing requirements for such agreements;  
14 amending s. 39.401, F.S.; authorizing a law  
15 enforcement officer or an authorized agent of the  
16 department to take a child into custody who is the  
17 subject of a specified court order; amending s.  
18 39.5075, F.S.; authorizing, rather than requiring, the  
19 department or a community-based care provider to  
20 petition the court for a specified order; providing  
21 that a certain order may be issued only if a certain  
22 petition is filed by specified entities; creating s.  
23 39.5077, F.S.; defining the term "unaccompanied alien  
24 child"; requiring any natural person who meets certain  
25 criteria to report certain information to the  
26 department; requiring that such report be submitted  
27 within a specified time period; requiring any natural  
28 person who meets certain criteria to verify his or her  
29 relationship with an unaccompanied alien child in

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30 certain ways; requiring the person verifying his or  
31 her relationship with such child to pay for DNA  
32 testing; requiring such person to verify his or her  
33 relationship within a specified time period; requiring  
34 certain entities to submit a specified report to the  
35 department within a specified time period; requiring a  
36 specified attestation; providing criminal penalties  
37 and civil fines; requiring the department to notify  
38 certain persons or entities of certain requirements;  
39 requiring the department to notify local law  
40 enforcement, the Office of Refugee Resettlement, and  
41 United States Immigration and Customs Enforcement  
42 under certain circumstances; authorizing the  
43 department to adopt certain rules; requiring certain  
44 persons or entities to submit a report to the central  
45 abuse hotline under certain circumstances; amending s.  
46 39.905, F.S.; authorizing the department to waive a  
47 specified requirement if there is an emergency need  
48 for a new domestic violence center, to issue a  
49 provisional certification to such center under certain  
50 circumstances, and to adopt rules relating to  
51 provisional certifications; amending s. 125.901, F.S.;  
52 revising membership requirements for certain  
53 independent special districts; authorizing the county  
54 governing board to select an interim appointment for a  
55 vacancy under certain circumstances; amending s.  
56 402.305, F.S.; authorizing the department to grant  
57 certain exemptions from disqualification for certain  
58 persons; amending s. 409.145, F.S.; requiring the

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59 department to establish a fee schedule for daily room  
 60 and board rates for certain children by a date  
 61 certain, which may include different rates based on a  
 62 child's acuity level or the geographic location of the  
 63 residential child-caring agency; requiring the  
 64 department to adopt rules; amending s. 409.175, F.S.;  
 65 authorizing the department to grant certain exemptions  
 66 from disqualification for certain persons; authorizing  
 67 the department to extend the expiration date of a  
 68 license by a specified amount of time for a certain  
 69 purpose; amending s. 409.993, F.S.; specifying that  
 70 subcontractors of lead agencies that are direct  
 71 providers of foster care and related services are not  
 72 liable for certain acts or omissions; providing that  
 73 certain contract provisions are void and  
 74 unenforceable; amending s. 553.73, F.S.; prohibiting  
 75 the Florida Building Commission from mandating the  
 76 installation of fire sprinklers or a fire suppression  
 77 system in certain agencies licensed by the department;  
 78 amending s. 633.208, F.S.; providing that certain  
 79 residential child-caring agencies are not required to  
 80 install fire sprinklers or a fire suppression system  
 81 under certain circumstances; amending s. 937.0201,  
 82 F.S.; revising the definition of the term "missing  
 83 child"; amending s. 937.021, F.S.; specifying the  
 84 entity with jurisdiction for accepting missing child  
 85 reports under certain circumstances; amending ss.  
 86 402.30501, 1002.57, and 1002.59, F.S.; conforming  
 87 cross-references; providing effective dates.

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88  
 89 Be It Enacted by the Legislature of the State of Florida:  
 90  
 91 Section 1. Effective January 1, 2026, paragraph (a) of  
 92 subsection (1) of section 16.56, Florida Statutes, is amended to  
 93 read:  
 94 16.56 Office of Statewide Prosecution.—  
 95 (1) There is created in the Department of Legal Affairs an  
 96 Office of Statewide Prosecution. The office shall be a separate  
 97 "budget entity" as that term is defined in chapter 216. The  
 98 office may:  
 99 (a) Investigate and prosecute the offenses of:  
 100 1. Bribery, burglary, criminal usury, extortion, gambling,  
 101 kidnapping, larceny, murder, prostitution, perjury, robbery,  
 102 carjacking, home-invasion robbery, and patient brokering;  
 103 2. Any crime involving narcotic or other dangerous drugs;  
 104 3. Any violation of the Florida RICO (Racketeer Influenced  
 105 and Corrupt Organization) Act, including any offense listed in  
 106 the definition of racketeering activity in s. 895.02(8) (a),  
 107 providing such listed offense is investigated in connection with  
 108 a violation of s. 895.03 and is charged in a separate count of  
 109 an information or indictment containing a count charging a  
 110 violation of s. 895.03, the prosecution of which listed offense  
 111 may continue independently if the prosecution of the violation  
 112 of s. 895.03 is terminated for any reason;  
 113 4. Any violation of the Florida Anti-Fencing Act;  
 114 5. Any violation of the Florida Antitrust Act of 1980, as  
 115 amended;  
 116 6. Any crime involving, or resulting in, fraud or deceit

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117 upon any person;

118 7. Any violation of s. 847.0135, relating to computer

119 pornography and child exploitation prevention, or any offense

120 related to a violation of s. 847.0135 or any violation of

121 chapter 827 where the crime is facilitated by or connected to

122 the use of the Internet or any device capable of electronic data

123 storage or transmission;

124 8. Any violation of chapter 815;

125 9. Any violation of chapter 825;

126 10. Any criminal violation of part I of chapter 499;

127 11. Any violation of the Florida Motor Fuel Tax Relief Act

128 of 2004;

129 12. Any criminal violation of s. 409.920 or s. 409.9201;

130 13. Any criminal violation of the Florida Money Laundering

131 Act;

132 14. Any criminal violation of the Florida Securities and

133 Investor Protection Act;

134 15. Any violation of chapter 787, as well as any and all

135 offenses related to a violation of chapter 787; ~~or~~

136 16. Any criminal violation of chapter 24, part II of

137 chapter 285, chapter 546, chapter 550, chapter 551, or chapter

138 849; or

139 17. Any violation of s. 39.5077;

140

141 or any attempt, solicitation, or conspiracy to commit any of the

142 crimes specifically enumerated above. The office shall have such

143 power only when any such offense is occurring, or has occurred,

144 in two or more judicial circuits as part of a related

145 transaction, or when any such offense is connected with an

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146 organized criminal conspiracy affecting two or more judicial

147 circuits. Informations or indictments charging such offenses

148 shall contain general allegations stating the judicial circuits

149 and counties in which crimes are alleged to have occurred or the

150 judicial circuits and counties in which crimes affecting such

151 circuits or counties are alleged to have been connected with an

152 organized criminal conspiracy.

153 Section 2. Subsection (15) of section 39.01, Florida

154 Statutes, is amended to read:

155 39.01 Definitions.—When used in this chapter, unless the

156 context otherwise requires:

157 (15) "Child who is found to be dependent" means a child

158 who, pursuant to this chapter, is found by the court:

159 (a) To have been abandoned, abused, or neglected by the

160 child's parent or parents or legal custodians;

161 (b) To have been surrendered to the department, the former

162 Department of Health and Rehabilitative Services, or a licensed

163 child-placing agency for purpose of adoption;

164 (c) To have been voluntarily placed with a licensed child-

165 caring agency, a licensed child-placing agency, an adult

166 relative, the department, or the former Department of Health and

167 Rehabilitative Services, after which placement, under the

168 requirements of this chapter, a case plan has expired and the

169 parent or parents or legal custodians have failed to

170 substantially comply with the requirements of the plan;

171 (d) To have been voluntarily placed with a licensed child-

172 placing agency for the purposes of subsequent adoption, and a

173 parent or parents have signed a consent pursuant to the Florida

174 Rules of Juvenile Procedure;

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- 175 (e) To have no parent or legal custodians capable of  
176 providing supervision and care;
- 177 (f) To be at substantial risk of imminent abuse,  
178 abandonment, or neglect by the parent or parents or legal  
179 custodians; or
- 180 (g) To have been sexually exploited and to have no parent,  
181 legal custodian, or responsible adult relative currently known  
182 and capable of providing the necessary and appropriate  
183 supervision and care.

184

185 For purposes of this subsection, the term "legal custodian"  
186 includes a sponsor to whom an unaccompanied alien child, as  
187 defined in s. 39.5077(1), has been released by the Office of  
188 Refugee Resettlement of the Department of Health and Human  
189 Services. Notwithstanding any other provision of law, an  
190 unaccompanied alien child may not be found to have been  
191 abandoned, abused, or neglected based solely on allegations of  
192 abandonment, abuse, or neglect that occurred before placement in  
193 this state or by a parent who is not in the United States.

194 Section 3. Section 39.3011, Florida Statutes, is created to  
195 read:

196 39.3011 Protective investigations involving military  
197 families.—

198 (1) For purposes of this section, the term "Family Advocacy  
199 Program" means the program established by the United States  
200 Department of Defense to address child abuse, abandonment, and  
201 neglect in military families.

202 (2) The department shall enter into an agreement for child  
203 protective investigations involving military families with the

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- 204 Family Advocacy Program, or any successor program, of each  
205 United States military installation located in this state. Such  
206 agreement must include procedures for all of the following:
- 207 (a) Identifying the military personnel alleged to have  
208 committed the child abuse, neglect, or domestic abuse.
- 209 (b) Notifying and sharing information with the military  
210 installation when a child protective investigation implicating  
211 military personnel has been initiated.
- 212 (c) Maintaining confidentiality as required under state and  
213 federal law.

214 Section 4. Subsection (1) of section 39.401, Florida  
215 Statutes, is amended to read:

216 39.401 Taking a child alleged to be dependent into custody;  
217 law enforcement officers and authorized agents of the  
218 department.—

219 (1) A child may only be taken into custody:

- 220 (a) Pursuant to the provisions of this part, based upon  
221 sworn testimony, either before or after a petition is filed; or  
222 (b) By a law enforcement officer, or an authorized agent of  
223 the department, if the officer or authorized agent has probable  
224 cause to support a finding that the:

225 1. ~~That the~~ Child has been abused, neglected, or abandoned,  
226 or is suffering from or is in imminent danger of illness or  
227 injury as a result of abuse, neglect, or abandonment;

228 2. Child is the subject of a court order to take the child  
229 into the custody of the department;

230 ~~3.2. That the~~ Parent or legal custodian of the child has  
231 materially violated a condition of placement imposed by the  
232 court; or

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233 ~~4.3-~~ That the Child has no parent, legal custodian, or  
 234 responsible adult relative immediately known and available to  
 235 provide supervision and care.

236 Section 5. Subsection (4) of section 39.5075, Florida  
 237 Statutes, is amended to read:

238 39.5075 Citizenship or residency status for immigrant  
 239 children who are dependents.—

240 (4) If the child may be eligible for special immigrant  
 241 juvenile status, the department or community-based care provider  
 242 may shall petition the court for an order finding that the child  
 243 meets the criteria for special immigrant juvenile status. The  
 244 ruling of the court on this petition must include findings as to  
 245 the express wishes of the child, if the child is able to express  
 246 such wishes, and any other circumstances that would affect  
 247 whether the best interests of the child would be served by  
 248 applying for special immigrant juvenile status. An order finding  
 249 that a child meets the criteria for special immigrant juvenile  
 250 status may be issued only upon a petition filed by the  
 251 department or a community-based care provider under this  
 252 section.

253 Section 6. Effective January 1, 2026, section 39.5077,  
 254 Florida Statutes, is created to read:

255 39.5077 Unaccompanied alien children.—

256 (1) For purposes of this section, the term “unaccompanied  
 257 alien child” means a child who has no lawful immigration status  
 258 in the United States, who has not attained 18 years of age, and  
 259 with respect to whom:

260 (a) There is no parent or legal guardian in the United  
 261 States; or

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262 (b) No parent or legal guardian in the United States is  
 263 available to provide care and physical custody.

264 (2) (a) Any natural person who obtains or has obtained  
 265 physical custody of an unaccompanied alien child through a  
 266 corporation, public or private agency other than the department,  
 267 or person other than the child’s biological or adoptive parent,  
 268 legal guardian, or court-appointed custodian; who retains such  
 269 physical custody of the child for 10 or more consecutive days;  
 270 and who is not the biological or adoptive parent, legal  
 271 guardian, or court-appointed custodian of the child, must report  
 272 such physical custody to the department and initiate proceedings  
 273 under chapter 63, chapter 744, or chapter 751 to determine legal  
 274 custody of the child.

275 (b)1. A person who obtains custody of an unaccompanied  
 276 alien child on or after January 1, 2026, must comply with this  
 277 subsection within 30 days after obtaining physical custody of  
 278 such child.

279 2. A person who obtains custody of an unaccompanied alien  
 280 child before January 1, 2026, must comply with this subsection  
 281 within 90 days after January 1, 2026.

282 (3) (a) Any natural person who obtains or has obtained  
 283 physical custody of an unaccompanied alien child through a  
 284 corporation, a public or private agency other than the  
 285 department, or any other person and who is the biological or  
 286 adoptive parent, legal guardian, or court-appointed custodian of  
 287 the child must verify his or her relationship to the child by  
 288 submitting to the department a DNA test or other adequate  
 289 documentation as determined by the department. The cost of DNA  
 290 testing is borne by the person verifying his or her relationship

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291 to the child.

292 (b)1. A person who obtains custody of an unaccompanied  
 293 alien child on or after January 1, 2026, must comply with this  
 294 subsection within 30 days after obtaining physical custody of  
 295 such child.

296 2. A person who obtains custody of an unaccompanied alien  
 297 child before January 1, 2026, must comply with this subsection  
 298 within 90 days after January 1, 2026.

299 (4) An entity that takes placement of or transfers, or  
 300 assists in the transfer of, physical custody of an unaccompanied  
 301 alien child to any natural person or entity must report to the  
 302 department within 30 days after such placement or transfer all  
 303 identifying information of the unaccompanied alien child and the  
 304 natural person or entity that received such placement or  
 305 transfer of physical custody of the child. An entity that takes  
 306 placement of or transfers, or assists in the transfer of,  
 307 physical custody of an unaccompanied alien child must attest to  
 308 notifying the natural person or entity obtaining physical  
 309 custody of the child of all applicable requirements of this  
 310 section.

311 (5) A natural person or an entity that willfully violates  
 312 subsections (2) and (3) commits a felony of the third degree,  
 313 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.  
 314 If the natural person or entity is convicted, the court shall  
 315 impose a fine of \$1,000 on the natural person or a fine of  
 316 \$10,000 on the entity.

317 (6) If the department believes that a natural person or an  
 318 entity has failed to report as required by this section, the  
 319 department must notify in writing such person or entity of the

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320 obligation to report and the requirements of this section.

321 (7) The department shall notify local law enforcement, the  
 322 Office of Refugee Resettlement, and United States Immigration  
 323 and Customs Enforcement if a natural person or an entity fails  
 324 to report information required under this section within 30 days  
 325 after receipt of the written notification required in subsection  
 326 (6).

327 (8) The department may adopt rules to implement this  
 328 section, including rules relating to:

329 (a) The specific information that must be reported to the  
 330 department.

331 (b) Verifying biological or adoptive parentage, legal  
 332 guardianship, or court-appointed custody as required under  
 333 subsections (2) and (3).

334 (c) The creation of forms for all reports required under  
 335 this section.

336 (9) A natural person or an entity that is involved with or  
 337 interacts with an unaccompanied alien child and suspects abuse,  
 338 abandonment, or neglect of such child must immediately submit a  
 339 report to the central abuse hotline.

340 Section 7. Paragraph (h) of subsection (1) of section  
 341 39.905, Florida Statutes, is amended to read:

342 39.905 Domestic violence centers.—

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

345 (h) Demonstrate local need and ability to sustain  
 346 operations through a history of 18 consecutive months' operation  
 347 as a domestic violence center, including 12 months' operation of  
 348 an emergency shelter as provided in paragraph (c), and a

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349 business plan which addresses future operations and funding of  
 350 future operations. The department may waive this requirement if  
 351 there is an emergency need for a new domestic violence center to  
 352 provide services in an area and no other viable options exist to  
 353 ensure continuity of services. If there is an emergency need,  
 354 the department may issue a provisional certification to the  
 355 domestic violence center as long as the center meets all other  
 356 criteria in this subsection. The department may adopt rules to  
 357 provide minimum standards for a provisional certificate,  
 358 including increased monitoring and site visits and the time  
 359 period that such certificate is valid.

360 Section 8. Paragraphs (a) and (b) of subsection (1) of  
 361 section 125.901, Florida Statutes, are amended to read:

362 125.901 Children's services; independent special district;  
 363 council; powers, duties, and functions; public records  
 364 exemption.-

365 (1) Each county may by ordinance create an independent  
 366 special district, as defined in ss. 189.012 and 200.001(8)(e),  
 367 to provide funding for children's services throughout the county  
 368 in accordance with this section. The boundaries of such district  
 369 shall be coterminous with the boundaries of the county. The  
 370 county governing body shall obtain approval at a general  
 371 election, as defined in s. 97.021, by a majority vote of those  
 372 electors voting on the question, to annually levy ad valorem  
 373 taxes which shall not exceed the maximum millage rate authorized  
 374 by this section. Any district created pursuant to the provisions  
 375 of this subsection shall be required to levy and fix millage  
 376 subject to the provisions of s. 200.065. Once such millage is  
 377 approved by the electorate, the district shall not be required

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378 to seek approval of the electorate in future years to levy the  
 379 previously approved millage. However, a referendum to increase  
 380 the millage rate previously approved by the electors must be  
 381 held at a general election, and the referendum may be held only  
 382 once during the 48-month period preceding the effective date of  
 383 the increased millage.

384 (a) The governing body of the district shall be a council  
 385 on children's services, which may also be known as a juvenile  
 386 welfare board or similar name as established in the ordinance by  
 387 the county governing body. Such council shall consist of 10  
 388 members, including the superintendent of schools; a local school  
 389 board member; a representative ~~the district administrator~~ from  
 390 the appropriate district of the Department of Children and  
 391 Families, or his or her designee who is a member of the Senior  
 392 Management Service or of the Selected Exempt Service; one member  
 393 of the county governing body; and the judge assigned to juvenile  
 394 cases who shall sit as a voting member of the board, except that  
 395 said judge shall not vote or participate in the setting of ad  
 396 valorem taxes under this section. If there is more than one  
 397 judge assigned to juvenile cases in a county, the chief judge  
 398 shall designate one of said juvenile judges to serve on the  
 399 board. The remaining five members shall be appointed by the  
 400 Governor, and shall, to the extent possible, represent the  
 401 demographic makeup diversity of the population of the county.  
 402 After soliciting recommendations from the public, the county  
 403 governing body shall submit to the Governor recommendations ~~the~~  
 404 ~~names of at least three persons~~ for each vacancy occurring among  
 405 the five members appointed by the Governor, and the Governor may  
 406 ~~shall~~ appoint members to the council from the candidates

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407 nominated by the county governing body. The Governor shall make  
 408 a selection within a 45-day period, but if the Governor fails to  
 409 make an appointment within the 45-day period, the county  
 410 governing body may select an interim appointment for each  
 411 vacancy from the recommendations submitted to the Governor ~~or~~  
 412 ~~request a new list of candidates~~. All members recommended by the  
 413 county governing body and appointed by the Governor ~~must shall~~  
 414 have been residents of the county for the previous 24-month  
 415 period. Such members shall be appointed for 4-year terms, except  
 416 that the length of the terms of the initial appointees shall be  
 417 adjusted to stagger the terms. The Governor may remove a member  
 418 for cause or upon the written petition of the county governing  
 419 body. If any of the members of the council required to be  
 420 appointed by the Governor under ~~the provisions of this~~  
 421 subsection resigns, dies, or is ~~shall resign, die, or be~~ removed  
 422 from office, the vacancy thereby created shall, as soon as  
 423 practicable, be filled by appointment by the Governor, using the  
 424 same method as the original appointment, and such appointment to  
 425 fill a vacancy shall be for the unexpired term of the person who  
 426 resigns, dies, or is removed from office.

427 (b) However, any county as defined in s. 125.011(1) may  
 428 instead have a governing body consisting of 33 members,  
 429 including the superintendent of schools, or his or her designee;  
 430 two representatives of public postsecondary education  
 431 institutions located in the county; the county manager or the  
 432 equivalent county officer; the district administrator from the  
 433 appropriate district of the Department of Children and Families,  
 434 or the administrator's designee who is a member of the Senior  
 435 Management Service or the Selected Exempt Service; the director

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436 of the county health department or the director's designee; the  
 437 state attorney for the county or the state attorney's designee;  
 438 the chief judge assigned to juvenile cases, or another juvenile  
 439 judge who is the chief judge's designee and who shall sit as a  
 440 voting member of the board, except that the judge may not vote  
 441 or participate in setting ad valorem taxes under this section;  
 442 an individual who is selected by the board of the local United  
 443 Way or its equivalent; a member of a locally recognized faith-  
 444 based coalition, selected by that coalition; a member of the  
 445 local chamber of commerce, selected by that chamber or, if more  
 446 than one chamber exists within the county, a person selected by  
 447 a coalition of the local chambers; a member of the early  
 448 learning coalition, selected by that coalition; a representative  
 449 of a labor organization or union active in the county; a member  
 450 of a local alliance or coalition engaged in cross-system  
 451 planning for health and social service delivery in the county,  
 452 selected by that alliance or coalition; a member of the local  
 453 Parent-Teachers Association/Parent-Teacher-Student Association,  
 454 selected by that association; a youth representative selected by  
 455 the local school system's student government; a local school  
 456 board member appointed by the chair of the school board; the  
 457 mayor of the county or the mayor's designee; one member of the  
 458 county governing body, appointed by the chair of that body; a  
 459 member of the state Legislature who represents residents of the  
 460 county, selected by the chair of the local legislative  
 461 delegation; an elected official representing the residents of a  
 462 municipality in the county, selected by the county municipal  
 463 league; and 4 members-at-large, appointed to the council by the  
 464 majority of sitting council members. The remaining seven members

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465 shall be appointed by the Governor in accordance with procedures  
 466 set forth in paragraph (a), except that the Governor may remove  
 467 a member for cause or upon the written petition of the council.  
 468 Appointments by the Governor must, to the extent reasonably  
 469 possible, represent the geographic and demographic makeup  
 470 ~~diversity~~ of the population of the county. Members who are  
 471 appointed to the council by reason of their position are not  
 472 subject to the length of terms and limits on consecutive terms  
 473 as provided in this section. The remaining appointed members of  
 474 the governing body shall be appointed to serve 2-year terms,  
 475 except that those members appointed by the Governor shall be  
 476 appointed to serve 4-year terms, and the youth representative  
 477 and the legislative delegate shall be appointed to serve 1-year  
 478 terms. A member may be reappointed; however, a member may not  
 479 serve for more than three consecutive terms. A member is  
 480 eligible to be appointed again after a 2-year hiatus from the  
 481 council.

482 Section 9. Subsection (2) of section 402.305, Florida  
 483 Statutes, is amended to read:

484 402.305 Licensing standards; child care facilities.—

485 (2) PERSONNEL.—Minimum standards for child care personnel  
 486 shall include minimum requirements as to:

487 (a) Good moral character based upon screening as defined in  
 488 s. 402.302(15). This screening shall be conducted as provided in  
 489 chapter 435, using the level 2 standards for screening set forth  
 490 in that chapter, and include employment history checks, a search  
 491 of criminal history records, sexual predator and sexual offender  
 492 registries, and child abuse and neglect registry of any state in  
 493 which the current or prospective child care personnel resided

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494 during the preceding 5 years.

495 (b) Fingerprint submission for child care personnel, which  
 496 shall comply with s. 435.12.

497 (c) ~~The department may grant exemptions from~~  
 498 ~~disqualification from working with children or the~~  
 499 ~~developmentally disabled as provided in s. 435.07.~~

500 ~~(d)~~ Minimum age requirements. Such minimum standards shall  
 501 prohibit a person under the age of 21 from being the operator of  
 502 a child care facility and a person under the age of 16 from  
 503 being employed at such facility unless such person is under  
 504 direct supervision and is not counted for the purposes of  
 505 computing the personnel-to-child ratio.

506 (d) ~~(e)~~ Minimum training requirements for child care  
 507 personnel.

508 1. Such minimum standards for training shall ensure that  
 509 all child care personnel take an approved 40-clock-hour  
 510 introductory course in child care, which course covers at least  
 511 the following topic areas:

512 a. State and local rules and regulations which govern child  
 513 care.

514 b. Health, safety, and nutrition.

515 c. Identifying and reporting child abuse and neglect.

516 d. Child development, including typical and atypical  
 517 language, cognitive, motor, social, and self-help skills  
 518 development.

519 e. Observation of developmental behaviors, including using  
 520 a checklist or other similar observation tools and techniques to  
 521 determine the child's developmental age level.

522 f. Specialized areas, including computer technology for

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523 professional and classroom use and early literacy and language  
 524 development of children from birth to 5 years of age, as  
 525 determined by the department, for owner-operators and child care  
 526 personnel of a child care facility.

527 g. Developmental disabilities, including autism spectrum  
 528 disorder and Down syndrome, and early identification, use of  
 529 available state and local resources, classroom integration, and  
 530 positive behavioral supports for children with developmental  
 531 disabilities.

532  
 533 Within 90 days after employment, child care personnel shall  
 534 begin training to meet the training requirements. Child care  
 535 personnel shall successfully complete such training within 1  
 536 year after the date on which the training began, as evidenced by  
 537 passage of a competency examination. Successful completion of  
 538 the 40-clock-hour introductory course shall articulate into  
 539 community college credit in early childhood education, pursuant  
 540 to ss. 1007.24 and 1007.25. Exemption from all or a portion of  
 541 the required training shall be granted to child care personnel  
 542 based upon educational credentials or passage of competency  
 543 examinations. Child care personnel possessing a 2-year degree or  
 544 higher that includes 6 college credit hours in early childhood  
 545 development or child growth and development, or a child  
 546 development associate credential or an equivalent state-approved  
 547 child development associate credential, or a child development  
 548 associate waiver certificate shall be automatically exempted  
 549 from the training requirements in sub-subparagraphs b., d., and  
 550 e.

551 2. The introductory course in child care shall stress, to

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552 the extent possible, an interdisciplinary approach to the study  
 553 of children.

554 3. The introductory course shall cover recognition and  
 555 prevention of shaken baby syndrome; prevention of sudden infant  
 556 death syndrome; recognition and care of infants and toddlers  
 557 with developmental disabilities, including autism spectrum  
 558 disorder and Down syndrome; and early childhood brain  
 559 development within the topic areas identified in this paragraph.

560 4. On an annual basis in order to further their child care  
 561 skills and, if appropriate, administrative skills, child care  
 562 personnel who have fulfilled the requirements for the child care  
 563 training shall be required to take an additional 1 continuing  
 564 education unit of approved inservice training, or 10 clock hours  
 565 of equivalent training, as determined by the department.

566 5. Child care personnel shall be required to complete 0.5  
 567 continuing education unit of approved training or 5 clock hours  
 568 of equivalent training, as determined by the department, in  
 569 early literacy and language development of children from birth  
 570 to 5 years of age one time. The year that this training is  
 571 completed, it shall fulfill the 0.5 continuing education unit or  
 572 5 clock hours of the annual training required in subparagraph 4.

573 6. Procedures for ensuring the training of qualified child  
 574 care professionals to provide training of child care personnel,  
 575 including onsite training, shall be included in the minimum  
 576 standards. It is recommended that the state community child care  
 577 coordination agencies (central agencies) be contracted by the  
 578 department to coordinate such training when possible. Other  
 579 district educational resources, such as community colleges and  
 580 career programs, can be designated in such areas where central

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581 agencies may not exist or are determined not to have the  
582 capability to meet the coordination requirements set forth by  
583 the department.

584 7. Training requirements shall not apply to certain  
585 occasional or part-time support staff, including, but not  
586 limited to, swimming instructors, piano teachers, dance  
587 instructors, and gymnastics instructors.

588 8. The child care operator shall be required to take basic  
589 training in serving children with disabilities within 5 years  
590 after employment, either as a part of the introductory training  
591 or the annual 8 hours of inservice training.

592 ~~(e)(f)~~ Periodic health examinations.

593 ~~(f)(g)~~ A credential for child care facility directors. The  
594 credential shall be a required minimum standard for licensing.

595

596 The department may grant limited exemptions authorizing a person  
597 to work in a specified role or with a specified population.

598 Section 10. Paragraph (e) is added to subsection (3) of  
599 section 409.145, Florida Statutes, to read:

600 409.145 Care of children; "reasonable and prudent parent"  
601 standard.—The child welfare system of the department shall  
602 operate as a coordinated community-based system of care which  
603 empowers all caregivers for children in foster care to provide  
604 quality parenting, including approving or disapproving a child's  
605 participation in activities based on the caregiver's assessment  
606 using the "reasonable and prudent parent" standard.

607 (3) ROOM AND BOARD RATES.—

608 (e) By July 1, 2026, the department shall, in coordination  
609 with its providers, establish a fee schedule for daily room and

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610 board rates for children in out-of-home care who are placed in a  
611 residential child-caring agency as defined in s. 409.175(2)(1).  
612 The fee schedule may include different payment rates based on  
613 factors including, but not limited to, the acuity level of the  
614 child being placed and the geographic location of the  
615 residential child-caring agency. The department shall adopt  
616 rules to implement this paragraph.

617 Section 11. Paragraph (b) of subsection (5), subsection  
618 (7), and paragraph (e) of subsection (14) of section 409.175,  
619 Florida Statutes, are amended to read:

620 409.175 Licensure of family foster homes, residential  
621 child-caring agencies, and child-placing agencies; public  
622 records exemption.—

623 (5) The department shall adopt and amend rules for the  
624 levels of licensed care associated with the licensure of family  
625 foster homes, residential child-caring agencies, and child-  
626 placing agencies. The rules may include criteria to approve  
627 waivers to licensing requirements when applying for a child-  
628 specific license.

629 (b) The requirements for licensure and operation of family  
630 foster homes, residential child-caring agencies, and child-  
631 placing agencies shall include:

632 1. The operation, conduct, and maintenance of these homes  
633 and agencies and the responsibility which they assume for  
634 children served and the evidence of need for that service.

635 2. The provision of food, clothing, educational  
636 opportunities, services, equipment, and individual supplies to  
637 assure the healthy physical, emotional, and mental development  
638 of the children served.

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639 3. The appropriateness, safety, cleanliness, and general  
640 adequacy of the premises, including fire prevention and health  
641 standards, to provide for the physical comfort, care, and well-  
642 being of the children served.

643 4. The ratio of staff to children required to provide  
644 adequate care and supervision of the children served and, in the  
645 case of family foster homes, the maximum number of children in  
646 the home.

647 5. The good moral character based upon screening,  
648 education, training, and experience requirements for personnel  
649 and family foster homes.

650 ~~6. The department may grant exemptions from~~  
651 ~~disqualification from working with children or the~~  
652 ~~developmentally disabled as provided in s. 435.07.~~

653 ~~7.~~ The provision of preservice and inservice training for  
654 all foster parents and agency staff.

655 ~~7.8.~~ Satisfactory evidence of financial ability to provide  
656 care for the children in compliance with licensing requirements.

657 ~~8.9.~~ The maintenance by the agency of records pertaining to  
658 admission, progress, health, and discharge of children served,  
659 including written case plans and reports to the department.

660 ~~9.10.~~ The provision for parental involvement to encourage  
661 preservation and strengthening of a child's relationship with  
662 the family.

663 ~~10.11.~~ The transportation safety of children served.

664 ~~11.12.~~ The provisions for safeguarding the cultural,  
665 religious, and ethnic values of a child.

666 ~~12.13.~~ Provisions to safeguard the legal rights of children  
667 served.

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668 ~~13.14.~~ Requiring signs to be conspicuously placed on the  
669 premises of facilities maintained by child-caring agencies to  
670 warn children of the dangers of human trafficking and to  
671 encourage the reporting of individuals observed attempting to  
672 engage in human trafficking activity. The signs must advise  
673 children to report concerns to the local law enforcement agency  
674 or the Department of Law Enforcement, specifying the appropriate  
675 telephone numbers used for such reports. The department shall  
676 specify, at a minimum, the content of the signs by rule.

677  
678 The department may grant limited exemptions authorizing a person  
679 to work in a specified role or with a specified population.

680 (7) The department may extend a license expiration date  
681 once for a period of up to 90 ~~30~~ days to allow for the  
682 implementation of corrective measures. However, the department  
683 may not extend a license expiration date more than once during a  
684 licensure period.

685 (14)

686 (e)1. In addition to any other preservice training required  
687 by law, foster parents, as a condition of licensure, and agency  
688 staff must successfully complete preservice training related to  
689 human trafficking which must be uniform statewide and must  
690 include, but need not be limited to, all of the following:

691 a. Basic information on human trafficking, such as an  
692 understanding of relevant terminology, and the differences  
693 between sex trafficking and labor trafficking. ~~+~~

694 b. Factors and knowledge on identifying children at risk of  
695 human trafficking. ~~+~~ ~~and~~

696 c. Steps that should be taken to prevent at-risk youths

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697 from becoming victims of human trafficking.

698 2. Foster parents, before licensure renewal, and agency  
699 staff, during each full year of employment, must complete  
700 inservice training related to human trafficking to satisfy the  
701 training requirement under subparagraph (5)(b)6 ~~(5)(b)7~~.

702 Section 12. Present paragraph (b) of subsection (3) of  
703 section 409.993, Florida Statutes, is redesignated as paragraph  
704 (c), a new paragraph (b) is added to that subsection, and  
705 paragraph (a) of that subsection is amended, to read:

706 409.993 Lead agencies and subcontractor liability.—

707 (3) SUBCONTRACTOR LIABILITY.—

708 (a) A subcontractor of an eligible community-based care  
709 lead agency that is a direct provider of foster care and related  
710 services to children and families, and its employees or  
711 officers, except as otherwise provided in paragraph (c) ~~(b)~~,  
712 must, as a part of its contract, obtain a minimum of \$1 million  
713 per occurrence with a policy period aggregate limit of \$3  
714 million in general liability insurance coverage. The  
715 subcontractor of a lead agency must also require that staff who  
716 transport client children and families in their personal  
717 automobiles in order to carry out their job responsibilities  
718 obtain minimum bodily injury liability insurance in the amount  
719 of \$100,000 per person in any one automobile accident, and  
720 subject to such limits for each person, \$300,000 for all damages  
721 resulting from any one automobile accident, on their personal  
722 automobiles. In lieu of personal motor vehicle insurance, the  
723 subcontractor's casualty, liability, or motor vehicle insurance  
724 carrier may provide nonowned automobile liability coverage. This  
725 insurance provides liability insurance for automobiles that the

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726 subcontractor uses in connection with the subcontractor's  
727 business but does not own, lease, rent, or borrow. This coverage  
728 includes automobiles owned by the employees of the subcontractor  
729 or a member of the employee's household but only while the  
730 automobiles are used in connection with the subcontractor's  
731 business. The nonowned automobile coverage for the subcontractor  
732 applies as excess coverage over any other collectible insurance.  
733 The personal automobile policy for the employee of the  
734 subcontractor shall be primary insurance, and the nonowned  
735 automobile coverage of the subcontractor acts as excess  
736 insurance to the primary insurance. The subcontractor shall  
737 provide a minimum limit of \$1 million in nonowned automobile  
738 coverage. In a tort action brought against such subcontractor or  
739 employee, net economic damages shall be limited to \$2 million  
740 per liability claim and \$200,000 per automobile claim,  
741 including, but not limited to, past and future medical expenses,  
742 wage loss, and loss of earning capacity, offset by any  
743 collateral source payment paid or payable. In a tort action  
744 brought against such subcontractor, noneconomic damages shall be  
745 limited to \$400,000 per claim. A claims bill may be brought on  
746 behalf of a claimant pursuant to s. 768.28 for any amount  
747 exceeding the limits specified in this paragraph. Any offset of  
748 collateral source payments made as of the date of the settlement  
749 or judgment shall be in accordance with s. 768.76.

750 (b) A subcontractor of a lead agency that is a direct  
751 provider of foster care and related services is not liable for  
752 the acts or omissions of the lead agency; the department; or the  
753 officers, agents, or employees of the lead agency or the  
754 department. Any provision in a contract between a subcontractor

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755 and a lead agency which is in conflict with this paragraph is  
 756 void and unenforceable.

757 Section 13. Paragraph (c) is added to subsection (20) of  
 758 section 553.73, Florida Statutes, to read:

759 553.73 Florida Building Code.—

760 (20) The Florida Building Commission may not:

761 (c) Mandate the installation of fire sprinklers or a fire  
 762 suppression system in a residential child-caring agency licensed  
 763 by the Department of Children and Families under s. 409.175  
 764 which operates in a single-family residential property that is  
 765 licensed for a capacity of five or fewer children who are  
 766 unrelated to the licensee.

767 Section 14. Subsection (12) is added to section 633.208,  
 768 Florida Statutes, to read:

769 633.208 Minimum firesafety standards.—

770 (12) Notwithstanding subsection (8), a residential child-  
 771 caring agency licensed by the Department of Children and  
 772 Families under s. 409.175 which operates in a single-family  
 773 residential property that is licensed for a capacity of five or  
 774 fewer children who are unrelated to the licensee is not required  
 775 to install fire sprinklers or a fire suppression system as long  
 776 as the licensee meets the requirements for portable fire  
 777 extinguishers, fire alarms, and smoke detectors under this  
 778 chapter.

779 Section 15. Subsection (3) of section 937.0201, Florida  
 780 Statutes, is amended to read:

781 937.0201 Definitions.—As used in this chapter, the term:

782 (3) "Missing child" means a person younger than 18 years of  
 783 age whose temporary or permanent residence is in, or is believed

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784 to be in, this state, whose location has not been determined,  
 785 and who has been reported as missing to a law enforcement  
 786 agency. The term includes a child who is the subject of a court  
 787 order to take the child into the custody of the Department of  
 788 Children and Families.

789 Section 16. Subsection (3) of section 937.021, Florida  
 790 Statutes, is amended to read:

791 937.021 Missing child and missing adult reports.—

792 (3) A report that a child or adult is missing must be  
 793 accepted by and filed with the law enforcement agency having  
 794 jurisdiction in the county or municipality in which the child or  
 795 adult was last seen. The filing and acceptance of the report  
 796 imposes the duties specified in this section upon the law  
 797 enforcement agency receiving the report. This subsection does  
 798 not preclude a law enforcement agency from accepting a missing  
 799 child or missing adult report when agency jurisdiction cannot be  
 800 determined. If agency jurisdiction cannot be determined for  
 801 cases in which there is a child who is the subject of a court  
 802 order to take the child into the custody of the Department of  
 803 Children and Families, the sheriff's office of the county in  
 804 which the court order was entered must take jurisdiction.

805 Section 17. Section 402.30501, Florida Statutes, is amended  
 806 to read:

807 402.30501 Modification of introductory child care course  
 808 for community college credit authorized.—The Department of  
 809 Children and Families may modify the 40-clock-hour introductory  
 810 course in child care under s. 402.305 or s. 402.3131 to meet the  
 811 requirements of articulating the course to community college  
 812 credit. Any modification must continue to provide that the

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813 course satisfies the requirements of s. 402.305(2)(d) ~~s-~~  
 814 ~~402.305(2)(e)~~.

815 Section 18. Subsections (3) and (4) of section 1002.57,  
 816 Florida Statutes, are amended to read:

817 1002.57 Prekindergarten director credential.—

818 (3) The prekindergarten director credential must meet or  
 819 exceed the requirements of the Department of Children and  
 820 Families for the child care facility director credential under  
 821 s. 402.305(2)(f) ~~s. 402.305(2)(g)~~, and successful completion of  
 822 the prekindergarten director credential satisfies these  
 823 requirements for the child care facility director credential.

824 (4) The department shall, to the maximum extent  
 825 practicable, award credit to a person who successfully completes  
 826 the child care facility director credential under s.  
 827 402.305(2)(f) ~~s. 402.305(2)(g)~~ for those requirements of the  
 828 prekindergarten director credential which are duplicative of  
 829 requirements for the child care facility director credential.

830 Section 19. Subsection (1) of section 1002.59, Florida  
 831 Statutes, is amended to read:

832 1002.59 Emergent literacy and performance standards  
 833 training courses.—

834 (1) The department, in collaboration with the Just Read,  
 835 Florida! Office, shall adopt minimum standards for courses in  
 836 emergent literacy for prekindergarten instructors. Each course  
 837 must consist of 5 clock hours and provide instruction in  
 838 strategies and techniques to address the age-appropriate  
 839 progress of prekindergarten students in developing emergent  
 840 literacy skills, including oral communication, knowledge of  
 841 print and letters, phonological and phonemic awareness,

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842 vocabulary and comprehension development, and foundational  
 843 background knowledge designed to correlate with the content that  
 844 students will encounter in grades K-12, consistent with the  
 845 evidence-based content and strategies grounded in the science of  
 846 reading identified pursuant to s. 1001.215(7). The course  
 847 standards must be reviewed as part of any review of subject  
 848 coverage or endorsement requirements in the elementary, reading,  
 849 and exceptional student educational areas conducted pursuant to  
 850 s. 1012.586. Each course must also provide resources containing  
 851 strategies that allow students with disabilities and other  
 852 special needs to derive maximum benefit from the Voluntary  
 853 Prekindergarten Education Program. Successful completion of an  
 854 emergent literacy training course approved under this section  
 855 satisfies requirements for approved training in early literacy  
 856 and language development under ss. 402.305(2)(d)5. ~~ss-~~  
 857 ~~402.305(2)(e)5-~~, 402.313(6), and 402.3131(5).

858 Section 20. Except as otherwise expressly provided in this  
 859 act, this act shall take effect July 1, 2025.



The Florida Senate

## Committee Agenda Request

**To:** Senator Jay Trumbull, Chair  
Appropriations Committee on Health and Human Services

**Subject:** Committee Agenda Request

**Date:** March 12, 2025

---

I respectfully request that **Senate Bill #1626**, relating to Child Welfare, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in blue ink that reads "Erin K. Grall".

---

Senator Erin Grall  
Florida Senate, District 29

The Florida Senate

APPEARANCE RECORD

3.26.25

Meeting Date

1626

Bill Number or Topic

HHS Approps

Committee

Deliver both copies of this form to Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name David Daniel

Phone

Address 311 EAST PARK AVENUE

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Email

ddaniel@SBPartners.com

TALLAHASSEE

City

FL

State

32301

Zip

Speaking:  For  Against  Information OR Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

CHILDRENS HOME SOCIETY

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf \(flsenate.gov\)](#)

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03.26.2025

Meeting Date

# The Florida Senate APPEARANCE RECORD

SB 1626

Bill Number or Topic

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Appropriation on Health

Committee

Amendment Barcode (if applicable)

Name Laura Munoz

Phone 305 680 6640

Address 413 S K St

Email

Street

Lake Worth FL 33460

City

State

Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

### PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules. pdf (flsenate.gov)

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3/26/2025

Meeting Date

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SB1626

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Beatrice Massie

Phone

Address

Street

Email

City

State

Zip

Speaking:

For

Against

Information

**OR**

Waive Speaking:

In Support

Against

### PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without  
compensation or sponsorship.

I am a registered lobbyist,  
representing:

I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf flsenate.gov](#)

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S-001 (08/10/2021)

The Florida Senate

# APPEARANCE RECORD

3-26-25

Meeting Date

SB 1626

Bill Number or Topic

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Committee

Amendment Barcode (if applicable)

Name WADIE HOOD

Phone 407 496 0029

Address 2019 STRYKER ST  
Street

Email

ORLANDO  
City

FL  
State

32805  
Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

*While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf flsenate.gov](https://www.flsenate.gov/legistics/2022/joint-rules)*

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The Florida Senate

APPEARANCE RECORD

03-26-2025

Meeting Date

SB 1626

Bill Number or Topic

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Committee

Amendment Barcode (if applicable)

Name

Mary Platt

Phone

Address

Street

Winter Garden

City

State

Zip

34787

Email

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf flsenate.gov](#)

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03-26-2025

Meeting Date

# The Florida Senate APPEARANCE RECORD

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SB 1626

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Esperanza Sanchez

Phone

Address

Street

Sanit cloud 34771

City

State

Zip

Email

Speaking:

For

Against

Information

**OR**

Waive Speaking:

In Support

Against

### PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without  
compensation or sponsorship.

I am a registered lobbyist,  
representing:

I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, 2020-2022 [JointRules.pdf flsenate.gov](https://www.flsenate.gov)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

March 26, 2025

Meeting Date

SB 1626

Bill Number or Topic

Appropriations Health + HS

Committee

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Amendment Barcode (if applicable)

Name Tiffany Hankins Phone

Address 561 NE 79th St. Suite 400 Email tiffany@flic.org

Street

Miami FL 33138

City

State

Zip

Speaking: [ ] For [X] Against [ ] Information OR Waive Speaking: [ ] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[ ] I am appearing without compensation or sponsorship.

[X] I am a registered lobbyist, representing:

Florida Immigrant Coalition

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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

The Florida Senate  
**APPEARANCE RECORD**

Deliver both copies of this form to  
Senate professional staff conducting the meeting

SB 1626

Bill Number or Topic

3/26/2025

Meeting Date

APPROPS HEALTH

Committee

Name

THOMAS KENNEDY

Phone

786.346.0819

Amendment Barcode (if applicable)

Address

1351 NE 191 ST

Email

TKENNEDY191@GMAIL.COM

Street

Miami

FL

33179

City

State

Zip

Speaking:

For



Against

Information

**OR**

Waive Speaking:

In Support

Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

3/26/25

Meeting Date

SB1626

Bill Number or Topic

Appropriations for human services

Committee

Amendment Barcode (if applicable)

Name YARELIZ MEIVIDEZ-JAMORA

Phone

Address

Street

Email

33025

City

State

Zip

Speaking: [ ] For [X] Against [ ] Information OR Waive Speaking: [ ] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[ ] I am appearing without compensation or sponsorship.

[ ] I am a registered lobbyist, representing:

[X] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.),

sponsored by: American Friends for Fertile Committee.

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf flsenate.gov

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# CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Appropriations Committee on Health and Human Services

Judge:

Started: 3/26/2025 1:03:35 PM

Ends: 3/26/2025 2:24:37 PM

Length: 01:21:03

1:03:43 PM Sen. Trumbull (Chair)  
1:04:33 PM TAB 1 - Review and Discussion of Fiscal Year 2025-2026 Budget  
1:04:45 PM Sen. Trumbull  
1:09:43 PM S 152  
1:09:47 PM Sen. Davis  
1:10:26 PM Sen. Trumbull  
1:10:40 PM Meghan Moroney, Board Member, Florida Nurses Association  
1:11:51 PM Saundra Falk  
1:13:32 PM Jack Cory, Florida Nurses Association (waives in support)  
1:13:38 PM Geoffrey Becker, Lobbyist, Medtronic (waives in support)  
1:13:47 PM Laura Molina, Florida Association of Nurse Anesthesiology (waives in support)  
1:13:52 PM Sen. Trumbull  
1:14:01 PM Sen. Davis  
1:14:17 PM Sen. Trumbull  
1:14:48 PM S 958  
1:14:57 PM Sen. Bernard  
1:15:25 PM Sen. Trumbull  
1:15:29 PM Am. 970238  
1:15:32 PM Sen. Bernard  
1:15:46 PM Sen. Trumbull  
1:15:57 PM Sen. Bernard  
1:15:58 PM Sen. Trumbull  
1:16:04 PM S 958 (cont.)  
1:16:12 PM Gary Hunter, Lobbyist, Sanofi Pharmaceuticals (waives in support)  
1:16:15 PM Sen. Trumbull  
1:16:18 PM Sen. Harrell  
1:16:54 PM Sen. Trumbull  
1:16:59 PM Sen. Bernard  
1:17:21 PM Sen. Trumbull  
1:18:02 PM S 170  
1:18:08 PM Sen. Burton  
1:19:57 PM Sen. Trumbull  
1:20:01 PM Am. 255870  
1:20:05 PM Sen. Burton  
1:21:40 PM Sen. Trumbull  
1:21:55 PM Sen. Burton  
1:21:57 PM Sen. Trumbull  
1:22:04 PM S 170 (cont.)  
1:22:09 PM Sen. Rouson  
1:22:25 PM Sen. Burton  
1:22:41 PM Sen. Rouson  
1:22:54 PM Sen. Burton  
1:23:28 PM Sen. Rouson  
1:24:00 PM Sen. Burton  
1:24:27 PM Sen. Trumbull  
1:24:32 PM Sen. Berman  
1:24:54 PM Sen. Burton  
1:25:13 PM Sen. Trumbull  
1:25:24 PM Tom Parker, Lobbyist, Florida Health Care Association (waives in support)  
1:25:29 PM Ivonne Fernandez, Lobbyist, American Association of Retired Persons (waives in support)  
1:25:33 PM Sen. Trumbull  
1:25:42 PM Sen. Burton

1:25:57 PM Sen. Trumbull  
1:26:23 PM S 738  
1:26:31 PM Sen. Burton  
1:27:25 PM Sen. Trumbull  
1:27:35 PM David Daniel, Lobbyist, Florida Association for Child Care Management (waives in support)  
1:27:41 PM Eric Carr, Lobbyist, Florida Chamber of Commerce (waives in support)  
1:27:44 PM Sen. Trumbull  
1:27:53 PM Sen. Davis  
1:28:21 PM Sen. Trumbull  
1:28:26 PM Sen. Burton  
1:29:14 PM Sen. Trumbull  
1:29:43 PM S 1356  
1:29:50 PM Sen. Burton  
1:31:42 PM Sen. Trumbull  
1:31:47 PM Sen. Davis  
1:32:11 PM Sen. Burton  
1:32:31 PM Sen. Trumbull  
1:32:41 PM Dr. Pradeep Bhide (waives in support)  
1:32:49 PM Shira Kastan Goldstein, Nicklaus Children's Hospital (waives in support)  
1:32:54 PM Leslie Dughi, Lobbyist, BioFlorida (waives in support)  
1:32:58 PM Lina Rojas, Lobbyist, Florida State University (waives in support)  
1:33:07 PM Robby Holroyd, Lobbyist, Biotechnology Innovation Organization (waives in support)  
1:33:13 PM Sen. Trumbull  
1:33:16 PM Sen. Harrell  
1:34:00 PM Sen. Trumbull  
1:34:08 PM Sen. Burton  
1:34:56 PM Sen. Trumbull  
1:35:28 PM Sen. Davis (Chair)  
1:35:40 PM S 1370  
1:35:44 PM Sen. Trumbull  
1:36:13 PM Sen. Davis  
1:36:33 PM Edward Tennant, Operations Executive, Florida Society of Ambulatory Surgical Centers  
1:38:03 PM Sen. Davis  
1:38:13 PM Sen. Trumbull  
1:38:17 PM Sen. Davis  
1:38:50 PM Sen. Trumbull (Chair)  
1:39:06 PM Recording Paused  
2:10:23 PM Recording Resumed  
2:10:30 PM Sen. Trumbull  
2:11:04 PM S 1626  
2:11:15 PM Sen. Grall  
2:11:22 PM Sen. Trumbull  
2:11:26 PM Am. 567020  
2:11:32 PM Sen. Grall  
2:11:40 PM Sen. Trumbull  
2:12:00 PM Sen. Garcia  
2:12:07 PM Sen. Trumbull  
2:12:09 PM Sen. Grall  
2:12:11 PM Sen. Trumbull  
2:12:43 PM Am. 318066  
2:12:47 PM Sen. Grall  
2:13:01 PM Sen. Trumbull  
2:13:13 PM Sen. Grall  
2:13:16 PM Sen. Trumbull  
2:13:21 PM Am. 567020 (cont.)  
2:13:32 PM Sen. Trumbull  
2:13:38 PM Am. 145300  
2:13:41 PM Sen. Grall  
2:13:51 PM Sen. Trumbull  
2:13:56 PM Sen. Grall  
2:13:58 PM Sen. Trumbull  
2:14:04 PM S 1626 (cont.)

2:14:09 PM Sen. Grall  
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2:18:34 PM Sen. Grall  
2:19:10 PM Sen. Davis  
2:19:30 PM Sen. Grall  
2:20:04 PM Sen. Trumbull  
2:20:18 PM Yareliz Mendez-Zamora, American Friends Service Committee (waives in opposition)  
2:20:42 PM Thomas Kennedy (waives in opposition)  
2:21:23 PM Tiffany Hankins, Lobbyist, Florida Immigrant Coalition  
2:22:50 PM Esperanza Sanchez (waives in opposition)  
2:23:00 PM Mary Plato (waives in opposition)  
2:23:10 PM Wadie Hood (waives in opposition)  
2:23:15 PM Beatrice Massie (waives in opposition)  
2:23:19 PM Laura Munoz (waives in opposition)  
2:23:24 PM David Daniel, Lobbyist, Children's Home Society (waives in support)  
2:23:32 PM Sen. Trumbull  
2:23:40 PM Sen. Grall  
2:23:50 PM Sen. Trumbull  
2:24:19 PM Sen. Gruters  
2:24:26 PM Sen. Trumbull