SB 850 by **Oelrich**; (Compare to CS/CS/H 0509) Pharmacists

741504	D	S	FAV	HR, Jones	Delete everything after	01/26 11:19 AM
348686	D	S		BHA, Oelrich	Delete everything after	02/07 05:28 PM
732660	AA	S		BHA, Oelrich	Delete L.13:	02/08 12:07 PM

SB 1658 by **Storms (CO-INTRODUCERS) Latvala**; (Similar to CS/H 1401) Public Assistance

453872	A	S		BHA, Oelrich	Delete L.54 - 76.	02/07 02:44 PM
796050	A	S	L RCS	BHA, Garcia	btw L.98 - 99:	02/08 07:13 PM

CS/SB 1258 by **HR, Benacquisto**; (Identical to H 4163) Education for Athletic Trainers and Massage Therapists

CS/CS/SB 682 by **GO, CF, Richter (CO-INTRODUCERS) Sachs, Latvala, Joyner, Bennett, Gibson, Dockery**; (Similar to CS/CS/H 0473) Alzheimer's Disease

516760	A	S		BHA, Richter	Delete L.122 - 184:	02/07 01:25 PM

CS/SB 616 by **GO, Flores**; (Compare to H 0655) Biomedical Research

CS/CS/SB 694 by **HR, CF, Fasano (CO-INTRODUCERS) Haridopolos, Norman, Sachs, Gaetz, Bullard, Garcia, Dockery**; (Similar to CS/H 0529) Adult Day Care Centers

520612	A	S		BHA, Richter	Delete L.76 - 77:	02/07 01:26 PM

The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

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

MEETING DATE: Wednesday, February 8, 2012
TIME: 3:45 —4:45 p.m.
PLACE: *Toni Jennings Committee Room,* 110 Senate Office Building

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

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Review and Discussion of Fiscal Year 2012-2013 Budget Issues Relating to: Agency for Health Care Administration Agency for Persons with Disabilities Department of Children and Family Services Department of Elder Affairs Department of Health Department of Veterans' Affairs		Discussed
2	**SB 850** Oelrich (Compare CS/H 509)	Pharmacists; Revising the types of vaccines that pharmacists are authorized to administer; authorizing pharmacy interns to administer the vaccines under certain circumstances; authorizing pharmacists and pharmacy interns to administer an epinephrine autoinjection under certain circumstances; revising protocol requirements for vaccine administration and the duties of supervising physicians under such protocols; revising requirements for training programs, certifications, and patient records related to vaccine administration, etc. HR 01/25/2012 Fav/1 Amendment BHA 02/08/2012 Not Considered BC	Not Considered

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
3	**SB 1658** Storms (Similar CS/H 1401)	Public Assistance; Restricting the use of an electronic benefit transfer card to prohibit accessing cash from outside the state and purchasing certain products; expanding the list of items that may not be purchased with the federal Supplemental Nutrition Assistance Program funds; prohibiting the use of benefits in restaurants; directing the Department of Children and Family Services to promote the benefits of healthy and nutritious eating habits; requiring the department to seek federal authorization or waiver when necessary; revising the method of payment of temporary cash assistance to include an electronic benefit transfer card; prohibiting a cash assistance recipient from accessing cash benefits through an electronic benefit transfer card from an automatic teller machine located in certain locations, etc. CF 01/25/2012 Favorable BHA 02/08/2012 Fav/CS BC	Fav/CS Yeas 4 Nays 3
4	**CS/SB 1258** Health Regulation / Benacquisto (Identical H 4163)	Education for Athletic Trainers and Massage Therapists; Repealing provisions relating to the requirement for athletic trainers and massage therapists to complete education on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome, etc. HR 01/25/2012 Fav/CS BHA 02/08/2012 Not Considered BC	Not Considered
5	**CS/CS/SB 682** Governmental Oversight and Accountability / Children, Families, and Elder Affairs / Richter (Similar CS/CS/H 473)	Alzheimer's Disease; Establishing the Purple Ribbon Task Force within the Department of Elderly Affairs; providing that members shall serve without compensation or reimbursement for per diem or travel expenses; requiring the department to provide administrative support; authorizing the task force to hold meetings by teleconference or other electronic means, or in person without compensation or reimbursement for per diem or travel expenses; requiring the task force to submit a report in the form of an Alzheimer's disease state plan to the Governor and Legislature, etc. CF 01/12/2012 Fav/CS GO 01/26/2012 Fav/CS BHA 02/08/2012 Not Considered BC	Not Considered

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
6	**CS/SB 616** Governmental Oversight and Accountability / Flores (Compare H 655, CS/H 657, Link CS/S 1856)	Biomedical Research; Revising the number of years that the balance of an appropriation from the Biomedical Research Trust Fund may be carried forward following the effective date of the original appropriation; revising the terms of appointment for certain members of the Biomedical Research Advisory Council within the Department of Health; deleting a provision that subjects meetings of the council and peer review panels to public records and public meetings requirements; specifying the name of an affiliate chapter of the American Heart Association as it relates to the membership of the advisory council within the Florida Center for Universal Research to Eradicate Disease, etc. HR 01/12/2012 Favorable GO 01/26/2012 Fav/CS BHA 02/08/2012 Not Considered BC	Not Considered
7	**CS/CS/SB 694** Health Regulation / Children, Families, and Elder Affairs / Fasano (Similar CS/H 529)	Adult Day Care Centers; Citing this act as the "Specialized Alzheimer's Services Adult Day Care Act."; prohibiting an adult day care center from claiming to be licensed or designated as a specialized Alzheimer's services adult day care center under certain circumstances; providing educational and experience requirements for the operator of an adult day care center seeking licensure designation as a specialized Alzheimer's services adult day care center; requiring that dementia-specific services be documented in a participant's file; requiring that the center coordinate and execute discharge procedures with a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder and the caregiver if the participant's enrollment in the center is involuntarily terminated, etc. CF 01/12/2012 Fav/CS HR 01/25/2012 Fav/CS BHA 02/08/2012 Not Considered BC	Not Considered

Other Related Meeting Documents

Senate Health and Human Services Appropriations Subcommittee Budget FY 2012-2013

Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
1	**Agency for Health Care Admin. (Base Budget)**		1,655.00	4,358,623,493	4,358,623,493	0	5,394,976,173	12,210,260,518	21,963,860,184		1
2	160E410	Realignment of Agency Spending Authority for Southwood Shared Resource Center - Deduct		0			(13,297)		(13,297)	Technical issue.	2
3	160E420	Realignment of Agency Spending Authority for Southwood Shared Resource Center - Add		0			13,297		13,297	Technical issue.	3
4	160F030	Realign Medicaid Fiscal Contract Budget Authority - Add		9,253	9,253		288,699	297,952	595,904	Technical issue.	4
5	160F040	Realign Medicaid Fiscal Contract Budget Authority - Deduct		(9,253)	(9,253)		(288,699)	(297,952)	(595,904)	Technical issue.	5
6	160M010	Back out of Lease or Lease Purchase of Equipment - Deduct		(44,511)	(44,511)		(398,853)	(115,311)	(558,675)	Technical issue.	6
7	160M020	Back out of Lease or Lease Purchase of Equipment - Add		44,511	44,511		398,853	115,311	558,675	Technical issue.	7
8	17C01C0	Deduct Agency Data Center Services Funding		0			(842,091)		(842,091)	Technical issue.	8
9	17C02C0	Add Services Provided by Primary Data Center		0			842,091		842,091	Technical issue.	9
10	1700040	Transfer Nursing Home Growth to Waiver Programs - Deduct		(26,087,968)	(26,087,968)			(35,629,486)	(61,717,454)	Savings from nursing home care associated with funding 1,762 new nursing home diversion slots. Tied to issue 1700050 on line 172.	10
11	1801200	Realignment of Agency Resources - Florida Center for Health Information - Add	43.00	0			3,993,521	10,639,782	14,633,303	Agency requested reorganization.	11
12	1801210	Realignment of Agency Resources - Florida Center for Health Information - Deduct	(43.00)	0			(4,028,254)	(10,605,049)	(14,633,303)	Agency requested reorganization.	12
13	2000050	Transfer Position from the Division of Operations to the Division of Medicaid - Add	1.00	0			19,602	19,604	39,206	Agency requested reorganization.	13
14	2000060	Transfer Position from the Division of Operations to the Division of Medicaid - Deduct	(1.00)	0			(39,206)		(39,206)	Agency requested reorganization.	14
15	2000070	Transfer Position from Legislative Affairs to Health Quality Assurance - Add	1.00	0			74,841		74,841	Agency requested reorganization.	15
16	2000080	Transfer Position from Legislative Affairs to Health Quality Assurance - Deduct	(1.00)	0			(74,841)		(74,841)	Agency requested reorganization.	16
17	2000100	Transfer Position from Inspector General to General Counsel - Add	1.00	0			37,696	37,698	75,394	Agency requested reorganization.	17
18	2000110	Transfer Position from Inspector General to General Counsel - Deduct	(1.00)	0			(37,696)	(37,698)	(75,394)	Agency requested reorganization.	18
19	2000120	Transfer Position within Quality Assurance - Add	1.00	0			62,734		62,734	Agency requested reorganization.	19
20	2000130	Transfer Position within Quality Assurance - Deduct	(1.00)	0			(62,734)		(62,734)	Agency requested reorganization.	20
21	2301510	Price Level - Institutional and Prescribed Drug Providers		44,792,533	44,792,533		(1,330,252)	74,695,163	118,157,444	Funded per Social Services Estimating Conference 1/4/12.	21
22	2503080	Direct Billing For Administrative Hearings		(10,734)	(10,734)		(68,780)	(10,734)	(90,248)		22

Senate Health and Human Services Appropriations Subcommittee Budget FY 2012-2013

Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
23	3000015	Consultant Costs for Development of Florida DRGs for Hospital Inpatient Services under Medicaid		408,609		408,609		558,058	966,667	Costs associated with development of Florida DRGs and one month of system changes for fiscal agent. Target date of implementation is 11/1/13.	23
24	3000110	Legal Representation from Attorney General		0			750,000	750,000	1,500,000		24
25	3000170	Expansion of Administrative Resources for Medipass to Managed Care	16.00	1,581,229	1,581,229		109,802	1,691,035	3,382,066	Agency resources needed to implement Medipass limitation. Tied to issue 33V0180 on line 29.	25
26	3001780	Children's Special Health Care (Kidcare)		(6,248,948)	(6,248,948)		5,537,536	5,327,598	4,616,186	Funded per Social Services Estimating Conference 1/4/12. Covers an additional 11,612 children.	26
27	3004500	Workload - Medicaid Services		812,057,063	812,057,063		(1,074,466,994)	448,955,488	186,545,557	Funded per Social Services Estimating Conference 1/4/12.	27
28	33V0110	Eliminate Payment for Preventable Hospital Errors		(718,194)	(718,194)		(435,128)	(1,578,621)	(2,731,943)	Savings associated with no longer reimbursing hospitals for preventable errors, effective 7/1/12, consistent with Medicare policy.	28
29	33V0180	Limitation on Medipass		(8,579,903)	(8,579,903)			(10,610,327)	(19,190,230)	Limits Medipass program to those counties with less than two managed care plan choices. Tied to issue 3000170 on line 25. Effective 10/1/12	29
30	33V0235	Reduction to Shands Teaching Hospital		(3,200,000)	(3,200,000)				(3,200,000)	$6 million remaining in category.	30
31	33V4570	Savings Associated with Expansion of the Telephony Project and the Comprehensive Care Management Program to Prevent Fraud		(6,054,414)	(6,054,414)			(8,269,311)	(14,323,725)	Expands project to reduce fraud to all counties for home health, private duty nursing, and personal care services 8/1/12. Tied to issue 4100700 on line 40.	31
32	33V5500	Limit Payment for ER Visits to 6 per year for Non-Pregnant Adults		(19,629,652)	(19,629,652)			(27,085,252)	(46,714,904)	Effective 8/1/12.	32
33	3403000	General Revenue to Grants and Donations Trust Fund - Add (in Prepaid Plans)		0			218,726,448		218,726,448	Provides additional trust fund authority to Medicaid prepaid plans to receive IGTs to support hospital rates. Tied to issue 3403100 on line 34. Effective 9/1/12. See Medicaid conforming bill.	33
34	3403100	General Revenue to Grants and Donations Trust Fund - Deduct (in Prepaid Plans)		(218,726,448)	(218,726,448)				(218,726,448)	Eliminates GR in Medicaid prepaid plans for hospital rate buy backs and self funded exemptions. Tied to issue 3403000 on line 33. Effective 9/1/12. See Medicaid conforming bill.	34
35	36375C0	Online Licensing and Reconciliation System		0			2,322,800		2,322,800	Continues project funded in current year.	35

Senate Health and Human Services Appropriations Subcommittee Budget FY 2012-2013

Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
36	36377C0	Money Follows the Person Rebalancing Demonstration Grant		0				2,142,704	2,142,704	Continues project funded in current year.	36
37	40S0170	Medicaid Electronic Health Record Incentive Program		0			288,502	237,573,665	237,862,167	Continues project funded in current year.	37
38	4100090	Medicaid Eligibility System Evaluation		350,000		350,000		350,000	700,000	Update DCF ACCESS system.	38
39	4100160	Planning for Diagnosis Code Conversion		0				8,523,257	8,523,257	Continues project funded in current year.	39
40	4100700	Expansion of the Telephony Project and the Comprehensive Care Management Program to Prevent Fraud		2,111,202	2,111,202			2,111,202	4,222,404	Costs associated with expansion of telephony project. Tied to issue 33V4570 on line 31.	40
41	4100750	Budget Authority for Background Screening Grant		0				1,176,019	1,176,019	Continues project funded in current year.	41
42	4105400	Establish Budget Authority for Medicaid Services		0			41,242,759	56,531,214	97,773,973	Technical issue to create budget authority for Medicaid waivers.	42
43	4100275	Establish Structured Family Caregiving Pilot Project		1,000,000	1,000,000				1,000,000		43
44	4100280	Storm Surge Protection for Mt. Sinai Medical Center		5,000,000		5,000,000			5,000,000		44
45	4100290	BRCA Analysis - High Risk Medicaid Patient Screening		290,606	290,606			396,894	687,500	Cancer screening for individuals at high risk.	45
46	4100295	Art in Health Care		100,000	100,000				100,000		46
47	4100300	Funding for Pediatric Cardiac Hybrid Operation Room at Joe DiMaggio Hospital		1,000,000		1,000,000			1,000,000		47
48	4100305	Putnam Community Medical Center		300,000		300,000			300,000		48
49	4100310	Lee Memorial Health System Children's Wing		1,500,000		1,500,000			1,500,000		49
50	4100530	Florida Health Kids Corporation Rate Increase to 85% Medical Loss Ratio		5,000,000	5,000,000			12,041,581	17,041,581		50
51	4100000	Increase Trust Fund Authority for Florida Medical Schools Quality Network		0				3,000,000	3,000,000		51
52											52
53	**Total Agency for Health Care Administration**		**1,671.00**	**4,944,858,474**	**4,936,299,865**	**8,558,609**	**4,587,598,529**	**12,982,955,002**	**22,515,412,005**		53
54											54
55	**Agency for Persons with Disabilities (Base Budget)**		2,975.00	459,992,786	459,992,786	0	2,710,648	546,077,650	1,008,781,084		55
56	160E410	Realignment of Agency Spending Authority for Southwood Shared Resource Center		0				(88,324)	(88,324)	Technical	56
57	160E460	Realignment of Agency Spending Authority for Northwest Regional Data Center		0				88,324	88,324	Technical	57
58	160S100	Correct Funding Source Identifier - Add		338,721	338,721				338,721	Technical	58
59	160S200	Correct Funding Source Identifier - Deduct		(338,721)	(338,721)				(338,721)	Technical	59

Senate Health and Human Services Appropriations Subcommittee Budget FY 2012-2013

Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
60	1700020	Transfer From The Agency For Health Care Administration Intermediate Care Facilities To The Agency For Persons With Disabilities - Waivers		100,000	100,000				100,000	Transfer persons in institutional settings to community based alternatives.	60
61	2000100	Realignment Of Administrative Expenditures - Deduct	(40.00)	(1,507,817)	(1,507,817)			(2,059,293)	(3,567,110)	Technical	61
62	2000200	Realignment Of Administrative Expenditures - Add	40.00	2,211,608	2,211,608			1,355,502	3,567,110	Technical	62
63	2000500	Alignment of Double Budget Authority		0				3,078,682	3,078,682	Reduction of unfunded budget	63
64	2503080	Direct Billing For Administrative Hearings		(17,070)	(17,070)			(281)	(17,351)	Budget realignment based on billing from the Division of Administrative Hearings.	64
65	3000610	Positions To Restructure Organization To Support Agency Initiatives	2.00	100,000	100,000		50,000		150,000	For positions to perform environmental and food inspections in assisted living and intermediate care facilities.	65
66	33V1620	Vacant Position Reductions	(38.50)	(1,000,765)	(1,000,765)			(765,878)	(1,766,643)	Positions vacant over 180 days. No Doctors, Nurses or Dentist positions were eliminated.	66
67	3300020	Administrative Reductions In Operations		(340,346)	(340,346)				(340,346)	Reductions to administrative categories.	67
68	33001C0	Reductions from Technology Service Consolidations		(97,810)	(97,810)		(123,196)	(150,256)	(371,262)	Reduction for Data Center Realignment	68
69	3300100	Delete Unfunded Budget		0				(1,991,660)	(1,991,660)	Deleting unfunded budget	69
70	3301000	Individual And Family Supports Category - General Revenue		(400,000)	(400,000)				(400,000)	Reduction based on reversions	70
71	3301100	Room And Board Category - General Revenue		(309,672)	(309,672)				(309,672)	Reduction based on reversions	71
72	3401470	Changes To Federal Financial Participation Rate - State		(16,218,114)	(16,218,114)				(16,218,114)	Realignment of FY 2012-13 FMAP Rate from 55.94% to 57.73%.	72
73	3401480	Changes To Federal Financial Participation Rate - Federal		0				16,218,114	16,218,114	Realignment of FY 2012-13 FMAP Rate from 55.94% to 57.73%.	73
74	4000310	Special Olympics Healthy Athletes Program		500,000	500,000				500,000	Special Olympics	74
75	4001140	Serving Persons With Disabilities - Loveland Center		500,000	500,000				500,000	Loveland Center	75
76	4009200	Resources to Address Waiver Deficit		32,330,890	32,330,890			44,155,719	76,486,609	Provides funding for the estimated expenditures in the Home and Community Based Services Waiver.	76
77	990M000	Maintenance And Repair		0			1,588,000		1,588,000	Projects determined to be critical by the agency.	77
78	**Total Agency for Persons with Disabilities**		**2,938.50**	**475,843,690**	**475,843,690**	**0**	**4,225,452**	**605,918,299**	**1,085,987,441**		78
79											79

Senate Health and Human Services Appropriations Subcommittee Budget FY 2012-2013

Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
80		**Dept. of Children & Family Services (Base Budget)**	12,282.75	1,390,644,343	1,390,644,343	0	191,434,933	1,160,157,337	2,742,236,613		80
81	160E410	Realignment of Agency Spending Authority for Southwood Shared Resource Center - Deduct		(2,564)	(2,564)		(14,561)		(17,125)	Technical	81
82	160E420	Realignment of Agency Spending Authority for Southwood Shared Resource Center - Add		2,564	2,564		14,561		17,125	Technical	82
83	160E450	Realignment of Agency Spending Authority for Northwest Regional Data Center - Deduct		(50,197)	(50,197)				(50,197)	Technical	83
84	160E460	Realignment of Agency Spending Authority for Northwest Regional Data Center - Add		50,197	50,197				50,197	Technical	84
85	160M100	Realignment of Lease or Lease Purchase Equipment - Add		1,277,792	1,277,792		22,002	1,265,063	2,564,857	Technical	85
86	160M110	Realignment of Lease or Lease Purchase Equipment - Deduct		(1,277,792)	(1,277,792)		(22,002)	(1,265,063)	(2,564,857)	Technical	86
87	1606340	Realign of Budget for Miami-Dade County Wraparound Project		0				161,826	161,826	Technical	87
88	1606350	Realign of Budget for Miami-Dade County Wraparound Project		0				(161,826)	(161,826)	Technical	88
89	1800110	Intra Agency Reorganizations IT Shared Services	(143.0)	(4,492,285)	(4,492,285)		(108,949)	(5,690,777)	(10,292,011)	Technical	89
90	1800120	Intra Agency Reorganizations IT Shared Services	143.0	4,492,285	4,492,285		4,710,183	11,381,554	20,584,022	Technical	90
91	2000120	Transfer Positions From Executive Direction to The Refugee Program	2.0	0				120,636	120,636	Technical	91
92	2000130	Transfer Positions From Executive Direction to The Refugee Program	(2.0)	0				(120,636)	(120,636)	Technical	92
93	2000140	Realignment of Children's Legal Services	10.0	401,212	401,212			703,733	1,104,945	Technical	93
94	2000150	Realignment of Children's Legal Services	(10.0)	(401,212)	(401,212)			(703,733)	(1,104,945)	Technical	94
95	2000160	Realignment of Dependency Case Monitoring		121,406	121,406				121,406	Technical	95
96	2000170	Realignment of Dependency Case Monitoring		(121,406)	(121,406)				(121,406)	Technical	96
97	2000460	Transfer Positions to Appropriate Program Component - Family Safety	14.0	268,042	268,042		13,225	573,295	854,562	Technical	97
98	2000470	Transfer Positions to Appropriate Program Component - Family Safety	(14.0)	(268,042)	(268,042)		(13,225)	(573,295)	(854,562)	Technical	98
99	2002070	Realignment of Child Protection Investigation (Citrus Co Sheriff)	(15.0)	(879,309)	(879,309)			(620,770)	(1,500,079)	Conforms the budget to policy decision made in 2011 session to provide Child Protective Services in Citrus County by the Department of Children and Families rather than the Citrus County Sheriff's Office.	99
100	2002080	Realignment of Child Protection Investigation (DCF)	15.0	879,309	879,309			620,770	1,500,079		100
101	2003010	Transfer Resources from District Administration to Assistant Secretary for Administration	19.0	1,455,375	1,455,375				1,455,375	Transfers positions and funding from District Administration to Headquarters to implement the	101

Senate Health and Human Services Appropriations Subcommittee Budget FY 2012-2013

Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
102	2003020	Transfer Resources from District Administration to Assistant Secretary for Administration	(19.0)	(1,455,375)	(1,455,375)				(1,455,375)	departmental Shared Services Organizational structure.	102
103	2500030	Adjustments to Cost Recovery Funds Adjustment to Balance to Office of IT		0			(9,819,095)	(2,254)	(9,821,349)	Technical issue to balance double budget authority for the departmental data center.	103
104	2503080	Adjustments to Administrative Hearings		(55,480)	(55,480)				(55,480)	Budget realignment based on billing from the Division of Administrative Hearings.	104
105	3000091	TANF Cash Assistance Estimating Conference Adjustment		(22,082,838)	(22,082,838)				(22,082,838)	Reduced based on workload decrease pursuant to the December 2011 Social Services Estimating Conference.	105
106	30010C0	Increased Workload for Primary Data Center to Support Agency		2,412,682		2,412,682			2,412,682	Increased workload for primary data center.	106
107	3201010	Eliminate Unfunded Budget		0				(3,882,521)	(3,882,521)	Eliminates unfunded budget.	107
108	33G0010	Administrative Efficiencies - Managing Entities	(11.0)	(3,727,851)	(3,727,851)				(3,727,851)	Savings are achieved through administrative and contract reductions realized from implementing the managing entity structure for Substance Abuse and Mental Health.	108
109	33G0220	Administrative Reduction - District Administration	(41.0)	(500,000)	(500,000)				(500,000)	Eliminates 41.0 unfunded positions and contractual services.	109
110	33V0040	Eliminate funding for Kimberly Godwin Relief Bill (Final Payment issued in FY 2011-12)		0			(760,000)		(760,000)	Eliminates funding for claims bill for Kimberly Godwin, final payment issued FY 2011-12.	110
111	33V0090	Transfer Forensic Community Beds from Florida State Hospital	(40.5)	(838,350)	(838,350)				(838,350)	Savings associated with the transfer of institutional forensic beds to "step down" beds in community placement. See Issue 4000630 on line 142.	111
112	33V0165	Reduce School of Social Work Stipends - Child Protection		(299,905)	(299,905)		(155,115)		(455,020)	Reduces college tuition stipends to students of social work.	112
113	33V0170	Contract Savings - Child Protection		(600,000)	(600,000)				(600,000)	Savings achieved from the reduction of systems enhancements to the Florida Safe Family Network (FSFN).	113
114	33V0180	Reduce Children's Mental Health Services Baker Act		(5,527,787)	(5,527,787)				(5,527,787)	Reduces excess capacity. Reduction will not impact services to clients.	114

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Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
115	33V0190	Reduce Economic Self Sufficiency Related to Technology Enhancements	(60.0)	(1,200,000)	(1,200,000)			(1,186,963)	(2,386,963)	Reduction due to technology enhancements to the Automated Community Connection to Economic Self Sufficiency (ACCESS) system.	115
116	33V0200	Reduce Economic Self Sufficiency Scanning Services Related to Technology Enhancements	(10.0)	(200,000)	(200,000)			(197,827)	(397,827)	Reduction due to outsourcing of mail distribution, scanning and indexing of eligibility documents into the Automated Community Connection to Economic Self Sufficiency (ACCESS) system.	116
117	33V0210	Reduce Economic Self Sufficiency Related to Technology Enhancements - Email Notification		(1,250,000)	(1,250,000)			(1,236,420)	(2,486,420)	Reduction due to technology enhancements through the delivery of client case action notices to applicants and recipients via e-mail and secure website access rather than postal services.	117
118	33V0220	Administrative Reductions to Economic Self Sufficiency		(1,000,000)	(1,000,000)			(989,136)	(1,989,136)	Reduction due to reduced least costs and the limitation of discretionary spending in the Economic Self Sufficiency program.	118
119	33V0230	Reduce Community Based Care Lead Agency Carry Forward		(7,462,444)	(7,462,444)				(7,462,444)	Reduces funding for Community Based Care Lead Agency by 20% of the carry forward balance. Recommended by the Governor.	119
120	33V1620	Eliminate Vacant Positions	(55.0)	(2,022,678)	(2,022,678)			(1,893,500)	(3,916,178)	Eliminates positions vacant in excess of 120 days. Exempts professional healthcare positions.	120
121	33V6020	Reduce Benefit Recovery Program	(50.0)	(1,504,978)	(1,504,978)			(1,504,978)	(3,009,956)	Reduction due to anticipated workload decrease.	121
122	33V6030	Reduce Electronic Benefit Transfer Program		(1,500,000)	(1,500,000)			(1,500,000)	(3,000,000)	Reduction due to anticipated workload decrease. Anticipated decrease of overpayments, fraud, and unintentional errors that require benefit recovery services.	122
123	33V7120	Community Adult Mental Health Program Reduction		(63,292,515)	(63,292,515)				(63,292,515)	Reduces non-forensic Adult Community Mental Health Services. No reduction to Civil and Forensic Institutions, crisis stabilization and community services for forensic clients.	123

Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
124	33V7110	Community Adult Substance Abuse Program Reduction		(23,207,336)	(23,207,336)				(23,207,336)	Reduces prevention and community services for Adult Community Substance Abuse. No reduction to funding for Detoxification.	124
125	3300100	Delete Unfunded Positions	(64.5)	0					0	Technical.	125
126	3300120	Reduce Excess Budget Authority - TANF		0				(3,880,766)	(3,880,766)	Aligns budget to expenditures.	126
127	3300200	Reduce Contract Professional Services		(1,500,000)	(1,500,000)				(1,500,000)	Contract savings due to the renegotiation of the Treasure Coast Flex Beds rates.	127
128	3301010	Eliminate Unfunded Budget		0			(387,101)	(7,077)	(394,178)	Eliminates unfunded budget.	128
129	3400100	Realign Funding For Title IV-E Waiver - Deduct		(5,003,921)	(5,003,921)				(5,003,921)	Reduction to General Revenue due to the increase of federal Title IV-E funds.	129
130	3400110	Realign Funding For Title IV-E Waiver - Add		0				5,003,921	5,003,921	Annual increase of federal Title IV-E funds.	130
131	3400220	FMAP Adjustment for Maintenance Adoption		(1,788,345)	(1,788,345)				(1,788,345)	Adjustment related to FMAP changes.	131
132	3400230	FMAP Adjustment for Maintenance Adoption		0				1,788,345	1,788,345	Adjustment related to FMAP changes.	132
133	3401470	FMAP Adjustment		(1,027,159)	(1,027,159)				(1,027,159)	Adjustment related to FMAP changes.	133
134	3401480	FMAP Adjustment		0				1,027,159	1,027,159	Adjustment related to FMAP changes.	134
135	36303C0	New Technology Solution for Florida's Public Assistance Eligibility System		0			6,618,512	59,566,603	66,185,115	Funding to address federal compliance issues for the FLORIDA System.	135
136	36306C0	Automatic Update of Eligibility Information Without Staff Intervention		0			371,173	1,051,227	1,422,400	Funding to enhance the FLORIDA System for system automation of eligibility determination for TANF, Medicaid, and SNAP funds.	136
137	36309C0	Child Dependency Information Management Redesign		0			1,960,000	7,040,000	9,000,000	Funding to address federal compliance issues to the Florida Safe Family Network (FSFN).	137
138	36309C0	Child Protective Investigators - IT Project		0				15,900,000	15,900,000	Technology Improvements for Child Protective Investigators.	138
139	4A01000	ADA Settlement Agreement		0			169,657		169,657	Provides funds to meet stipulations of settlement agreement that found the department had violated portions of the American with Disabilities Act (ADA).	139
140	4000200	Emergency Shelter Grant Increase		0				1,124,076	1,124,076	Federal grant for Emergency Shelter Grants for the homeless.	140

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141	4000530	FMAP Adjustment - Medicaid		(1,246,282)	(1,246,282)				(1,246,282)	Adjustment related to FMAP changes.	141
142	4000630	Increase Forensic Community Beds From Florida State Hospital		1,589,940	1,589,940				1,589,940	Provides funding for 36 new Forensic Residential Level 1 Beds.	142
143	400XXX	Pinellas Receiving Facility Community Mental Health		250,000	250,000				250,000	Provides funding for adult community mental health services.	143
144	400XXX	Increase Indigent Psychiatric Medication Program		500,000	500,000				500,000	Funding increase for medication assisted treatment.	144
145	4003010	Restore Healthy Families Program		0			2,000,000		2,000,000	Restores funding for the Healthy Families Program.	145
146	4003090	Restore Children's Substance Abuse		6,960,000	6,960,000				6,960,000	Restores funding for Children's Substance Abuse.	146
147	4003300	Restore Children's Mental Health		3,584,380	3,584,380				3,584,380	Restores funding for Children's Mental Health.	147
148	4003120	Adult Emergency Stabilization Services		400,000	400,000				400,000	Funds four additional crisis stabilization unit beds to serve the mentally ill in Hillsborough County.	148
149	4003320	Restore Community Adult MH Services (Camillus House 250k and Citrus 525k)		775,000	775,000				775,000	Restores funding for non-forensic Adult Community Mental Health Services.	149
150	4004310	Marissa Amora Relief Bill Annual Request		0			1,700,000		1,700,000	Pursuant to Chapter 2008-258, Laws of Florida, provides nonrecurring funds for Marissa Amora.	150
151	4004950	Adult Mental Health Florida Assertive Community Treatment Team Increase		680,000	680,000				680,000	Florida Assertive Community Treatment (FACT) team in Bay County.	151
152	400XXXX	Child Welfare Case Management Staff Overtime - Settlement		750,000		750,000			750,000	Settlement based on Federal Labor Standards Act.	152
153	4006050	Child Abuse Coordination and CPI Redesign	20.0	9,865,406	9,427,630	437,776			9,865,406	Provides recurring funds to increase child protective investigator salaries and to develop a career path to mitigate high turnover rates.	153
154	4007100	Restore Funding for Programs Supported by Administrative Earnings		0				8,108,249	8,108,249	Continues funding for district administration by replacing declining federal indirect earnings with agency cash to support region and circuit administration.	154

Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
155	4007110	Violent Sexual Predator Program Increase in Facility Operations		0			1,722,356		1,722,356	Provides additional funds for facility operations due to the growth of caseloads in the Violent Sexual Predator program. Release contingent upon documentation of need.	155
156	4008750	Automated Community Connection to Economic Self Sufficiency Asset Verification		0			1,668,750	1,668,750	3,337,500	Provides nonrecurring funds to implement a federal requirement that states provide an automated Asset Verification System (AVS) that verifies Medicaid applicants and recipients do not have undisclosed assets.	156
157	4400990	Equipment for Community Partners - ACCESS		0			154,817	140,933	295,750	Provides funding for regional, community partners to purchase technology that scans and uploads eligibility documents to the ACCESS system.	157
158	4409000	Restore Maintenance Adoption Subsidies		15,665,024	15,665,024			331,374	15,996,398	Restores funding for maintenance adoption subsidies.	158
159	4603010	Lauren's Kids - Victim Services		1,500,000		1,500,000			1,500,000	Provides funding for education and prevention of child sexual abuse.	159
160	460XXXX	Florida Council Against Sexual Violence		1,500,000		1,500,000			1,500,000	Provides funding for certified rape crisis centers.	160
161	460XXXX	Richmond Heights Resource Center		100,000	100,000				100,000	Provides funding to assist adults, children, elderly and families to achieve self sufficiency.	161
162	460XXXX	Substance Abuse Treatment for Pregnant Women		1,400,000	1,400,000		600,000		2,000,000	Provides funding for treatment and recovery for drug addicted pregnant women.	162
163	990G000	Grants And Aids - Fixed Capital Outlay		600,000		600,000			600,000	Provides nonrecurring funds for a multipurpose therapeutic and occupational wellness center for children's mental health services.	163
164	**Total Department of Children and Family Services**		**11,970.75**	**1,292,338,906**	**1,285,138,448**	**7,200,458**	**201,880,121**	**1,252,317,309**	**2,746,536,336**		164
165											165
166	**Department of Elder Affairs (Base Budget)**		450.00	317,714,007	317,714,007	0	587,918	439,225,274	757,527,199		166
167	160E410	Realignment of Agency Spending Authority for Southwood Shared Resource Center - Deduct		(43,710)	(43,710)			(409,737)	(453,447)	Technical	167
168	160E420	Realignment of Agency Spending Authority for Southwood Shared Resource Center - Add		43,710	43,710			409,737	453,447	Technical	168
169	160M100	Realignment of Lease or Lease Purchase Equipment - Deduct		(46,581)	(46,581)		(91)	(37,384)	(84,056)	Realigns funding for lease or lease-purchased equipment to the appropriate category.	169

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Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
170	160M110	Realignment of Lease or Lease Purchase Equipment - Add		46,581	46,581		91	37,384	84,056	Realigns funding for lease or lease-purchased equipment to the appropriate category.	170
171	2503080	Adjustments to Administrative Hearings		13,630	13,630				13,630	Budget realignment based on billing from the Division of Administrative Hearings.	171
172	1700050	Transfer Nursing Home Growth to Waiver Programs - Add		12,691,348	12,691,348			17,333,132	30,024,480	Funds 1,762 Nursing Home Diversion slots to divert growth in nursing home placements. Tied to issue 1700040 on line 10.	172
173	33V1620	Vacant Position Reduction	(4.0)	(69,344)	(69,344)			(76,643)	(145,987)	Eliminates positions vacant in excess of 120 days. Exempts professional healthcare positions.	173
174	3330300	Budget Reduction to Match Actual Expenditures		(604,258)	(604,258)			0	(604,258)	Reduces department's OPS and expenses	174
175	3301475	Savings from Sunset of the Adult Day Health Care Waiver		(822,937)	(822,937)			(1,123,921)	(1,946,858)	Savings from the sunset of the Adult Day Health Care Waiver, which will sunset on 3/30/12.	175
176	3401470	Adjustment Related to FMAP Changes - State Expenses for Waiver Programs		(9,456,524)	(9,456,524)				(9,456,524)	Average FMAP for state fiscal year 2012-13 reduces state percentage to 42.27%.	176
177	3401480	Adjustment Related to FMAP Changes - Federal Expenses for Waiver Programs		0				9,456,524	9,456,524	Average FMAP for state fiscal year 2012-13 increases federal percentage to 57.73%.	177
178	4300750	PACE Expansion - Add		778,760	778,760			1,063,586	1,842,346	Funding to support the expansion of the PACE program. 100 new enrollee slots for Miami-Dade County, effective 7/1/12.	178
179	**Total Department of Elder Affairs**		**446.00**	**320,244,682**	**320,244,682**	**0**	**587,918**	**465,877,952**	**786,710,552**		179
180											180
181	**Department of Health (Base Budget)**		17,107.50	373,438,369	373,438,369	0	1,039,518,605	1,323,037,480	2,735,994,454		181
182	160E410	Realignment of Agency Spending Authority For Southwood Shared Resource Center - Deduct		(95,996)	(95,996)			(1,036,011)	(1,132,007)	Technical	182
183	160E420	Realignment of Agency Spending Authority For Southwood Shared Resource Center - Add		0			1,132,007		1,132,007	Technical	183
184	160E430	Realignment of Agency Spending Authority For Northwood Shared Resource Center - Deduct		0			(127,670)		(127,670)	Technical	184
185	160E440	Realignment of Agency Spending Authority For North\wood Shared Resource Center - Add		0			127,670		127,670	Technical	185
186	160E450	Realignment of Agency Spending Authority For Northwest Regional Data Center - Deduct		0			(50,116)		(50,116)	Technical	186

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Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
187	160E460	Realignment of Agency Spending Authority for Northwest Regional Data Center - Add		0			50,116		50,116	Technical	187
188	160M010	Realignment Of Lease Or Lease-Purchase Equipment - Deduct		(135,979)	(135,979)		(3,564,722)	(313,834)	(4,014,535)	Technical	188
189	160M020	Realignment Of Lease Or Lease-Purchase Equipment - Add		135,979	135,979		3,564,722	313,834	4,014,535	Technical	189
190	17C01C0	Deduct Agency Data Center Services Funding		0				(376,995)	(376,995)	Technical	190
191	17C02C0	Add Services Provided by Primary Data Center		0				376,995	376,995	Technical	191
192	1802340	Evaluation And Justification Review Restructure Current Programs - Administrative Consolidation Of County Health Departments - Deduct	(31.00)	0			(1,577,202)		(1,577,202)	Transfers positions from CHDs to Administrative Services for consolidating administrative functions for some county health departments .	192
193	1802350	Evaluation And Justification Review Restructure Current Programs - Administrative Consolidation Of County Health Departments - Add	31.00	0				1,577,202	1,577,202	Transfers positions from CHDs to Administrative Services for consolidating administrative functions for some county health departments .	193
194	2000280	Realignment Of Planning And Evaluation Trust Fund - Deduct		0			(98,943)		(98,943)	Technical	194
195	2000290	Realignment Of Planning And Evaluation Trust Fund - Add		0			98,943		98,943	Technical	195
196	2000320	Realignment Of Federal Grants Trust Fund Expenditures - Deduct		0				(2,021,862)	(2,021,862)	Technical	196
197	2000330	Realignment Of Federal Grants Trust Fund Expenditures - Add		0				2,021,862	2,021,862	Technical	197
198	2000360	Realignment Of General Revenue Expenditures - Deduct		(840,125)	(840,125)			0	(840,125)	Technical	198
199	2000370	Realignment Of General Revenue Expenditures - Add		840,125	840,125			0	840,125	Technical	199
200	2401500	Replacement Of Motor Vehicles		0			133,968		133,968	Replaces 8 vehicles in Medical Quality Assurance pursuant to Department of Management Services guidelines.	200
201	2503080	Direct Billing For Administrative Hearings		0			(63,091)	(7,544)	(70,635)	Adjusts the budget for payments for the Division of Administrative Hearings.	201
202	33B0610	Nova University Nursing Tuition Assistance Program		(194,159)	(194,159)				(194,159)	Eliminates Nova University Nursing Tuition Assistance Program Funding.	202
203	33V0080	Children's Medical Services Network		(500,000)	(500,000)				(500,000)	Reductions based on reversions.	203

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204	33V0130	School Health		(118,570)	(118,570)				(118,570)	Agency reduction.	204
205	33V0420	Vacant Position Reductions - Over 180 Days Less Than 365 Days	(280.00)	(4,410,932)	(4,410,932)		(6,969,806)	(365,155)	(11,745,893)	Vacant Position Reductions	205
206	3300010	Delete Unfunded Budget		0			(631,135)		(631,135)	Deletes unfunded budget.	206
207	3300200	Administrative Reductions		(685,615)	(685,615)				(685,615)	Reductions to administrative categories.	207
208	3400050	Transfer Position And Related Funding Between Trust Funds - Deduct	(2.00)	0				(86,473)	(86,473)	Technical Trust Fund Realignment	208
209	3400060	Transfer Position And Related Funding Between Trust Funds - Add	2.00	0			86,473		86,473	Technical Trust Fund Realignment	209
210	3400320	Transfer Program Funding Between Funds - Volunteer Health Care Provider Program - Deduct		(503,859)	(503,859)				(503,859)	Shifts expenditures from General Revenue to Administrative TF.	210
211	3400330	Transfer Program Funding Between Funds - Volunteer Health Care Provider Program - Add		0			503,859		503,859	Shifts expenditures from General Revenue to Administrative TF.	211
212	3400340	Transfer Federal Grants Trust Fund Authority To Grants And Donations Trust Fund - Deduct		0				(2,051,077)	(2,051,077)	Technical Trust Fund Realignment	212
213	3400350	Transfer Federal Grants Trust Fund Authority To Grants And Donations Trust Fund - Add		0			2,051,077		2,051,077	Technical Trust Fund Realignment	213
214	3400360	Transfer Federal Grants Trust Fund Authority To United States Trust Fund - Deduct		0				(74,714)	(74,714)	Technical Trust Fund Realignment	214
215	3400370	Transfer Federal Grants Trust Fund Authority To United States Trust Fund - Add		0				74,714	74,714	Technical Trust Fund Realignment	215
216	3400380	Transfer Vehicle Replacement Budget From Administrative Trust Fund To Radiation Protection Trust Fund - Deduct		0			(80,000)		(80,000)	Technical Trust Fund Realignment	216
217	3400390	Transfer Vehicle Replacement Budget From Administrative Trust Fund To Radiation Protection Trust Fund - Add		0			80,000		80,000	Technical Trust Fund Realignment	217
218	3400540	Transfer From Administrative Trust Fund To Emergency Medical Services Trust Fund - Deduct		0			(2,500,000)		(2,500,000)	Technical Trust Fund Realignment	218
219	3400550	Transfer From Administrative Trust Fund To Emergency Medical Services Trust Fund - Add		0			2,500,000		2,500,000	Technical Trust Fund Realignment	219
220	3400560	Transfer From Administrative Trust Fund To Planning And Evaluation Trust Fund - Deduct		0			(50,820)	(1)	(50,821)	Technical Trust Fund Realignment	220

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221	3400570	Transfer From Administrative Trust Fund To Planning And Evaluation Trust Fund - Add		0			50,820	1	50,821	Technical Trust Fund Realignment	221
222	3401470	Changes To Federal Financial Participation Rate - State		(382,905)	(382,905)				(382,905)	Technical adjustment related FMAP change from 55.94% to 57.73%.	222
223	3401480	Changes To Federal Financial Participation Rate - Federal		0				382,905	382,905	Technical adjustment related FMAP change from 55.94% to 57.73%.	223
224	36303C0	Children's Medical Services Development and Integration Project		0				831,171	831,171	Year 3 of CMS new claims processing and data management system.	224
225	36304C0	Women, Infants And Children (WIC) Data System Planning And Development		0				3,932,141	3,932,141	Continue with Phase 2 of the new WIC Data System implementation project.	225
226	40S3030	American Recovery And Reinvestment Act (ARRA) - Behavioral Risk Factor Surveillance, Diabetes Prevention, Healthy Community, Tobacco		0				308,820	308,820	Federal Grants Trust Fund authority to support the final quarter of the ARRA Grants.	226
227	40S3050	American Recovery And Reinvestment Act (ARRA) - Epidemiology And Laboratory Capacity (ELC)		0				23,915	23,915	Federal Grants Trust Fund authority to support the final quarter of the ARRA Grants.	227
228	40S3060	American Recovery And Reinvestment Act (ARRA) - Expansion Of Research Capability To Study Comparative Effectiveness In Complex Patients		0				160,058	160,058	Federal Grants Trust Fund authority to support the final quarter of the ARRA Grants.	228
229	4000500	Cystic Fibrosis Waiver		325,000	325,000			443,867	768,867	Increase funding to the Cystic Fibrosis Waiver	229
230	4000520	Training for Rural Clinics Leon and Western Panhandle		1,600,000	1,600,000				1,600,000	The FAMU/UF collaboration to provide training opportunities for dentists in 2 rural clinics the Panhandle area.	230
231	4000530	Change in Medicaid FMAP		(177,565)	(177,565)				(177,565)	Technical adjustment related FMAP change from 55.94% to 57.73%.	231
232	4000600	Visionquest		750,000	750,000				750,000	Funding for free comprehensive eye examinations and eyeglasses to indigent school children who have no other source for vision care.	232
233	4000620	Birth Defects Registry		450,000	450,000				450,000	Birth Defects Registry for the March of Dimes	233
234	4000630	Crohn's And Colitis Center - University Of Miami		1,700,000	1,700,000				1,700,000	To establish a Crohn's and Colitis Center (Center) at the University of Miami Leonard M. Miller School of Medicine.	234
235	4000700	Department Of Health Community Projects - Midwifery Services for the Treasure Coast		360,000	360,000				360,000		235

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236	4000700	Department Of Health Community Projects - Seminole State College		1,000,000	1,000,000				1,000,000	Funding to support faculty, staff, and nursing students.	236
237	4000700	Department Of Health Community Projects - La Liga-League Against Cancer		117,173	117,173				117,173	Restore prior year reduction	237
238	4000700	Department of Health Community Projects - Apopka Family Health Center		500,000		500,000			500,000		
239	4100090	Additional Funding for Child Protection Teams		706,250	706,250				706,250	Restore prior year reduction, less efficiencies.	239
240	4100440	Healthy Start Coalition Funding Restoration		5,400,000	5,400,000			0	5,400,000	Restores prior year reduction.	240
241	4200010	Restore Special Projects - Fetal Alcohol Clinic in Sarasota		100,000	100,000				100,000	Restores funding reduces last year for the Fetal Alcohol Clinic in Sarasota.	241
242	4208090	Adjust Lump Sum Positions	(58.75)	0					0	Technical	242
243	4208100	Correct Lump Sum Position Issue From The 2011-2012 General Appropriations Act (GAA)	58.75	0					0	Technical	243
244	4300010	Biomedical Research Program		0			25,000,000		25,000,000	Provides funding pursuant to s. 215.5602, F.S., James/Esther King - $5 m, Bankhead/Coley - $5 m, H. Lee Moffitt - $5 m, Shands Cancer Hospital - $5 m, Sylvester Cancer Center - $5 m.	244
245	4300060	Collaborative Medical Research		3,500,000	3,500,000				3,500,000	Provides funding for the DOH and Sanford-Burnham Medical Research Institute for biomedical research.	245
246	4300220	Brain and Spinal Cord Research		400,000	400,000				400,000	Funding for research at the University of Miami.	246
247	43XXXXX	Diaphragmatic Pacing Demonstration Project at Broward Children's Center		500,000	500,000				500,000		247
248	43XXXXX	Autism Center of Miami		100,000	100,000				100,000		248
249	4300240	Brain And Spinal Cord Injury Medicaid Waiver Program		2,400,000	2,400,000			3,277,786	5,677,786	Funding to support the deficit in the Brain & Spinal Cord Injury Program.	249
250	4300260	HB 325 Pass Through Funding		0			2,775,000		2,775,000	Provides funding from traffic infraction (red light cameras) to qualified trauma centers statewide.	250
251	4307030	Aids Drug Assistance Program		5,000,000	5,000,000				5,000,000	To reduce the waiting list.	251

Senate Health and Human Services Appropriations Subcommittee Budget FY 2012-2013

Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
252	4309000	Tobacco Constitutional Amendment		0			2,002,621		2,002,621	Adjustment for the Statewide Tobacco Education and Use Prevention Program per the State Constitution.	252
253	4800140	Additional Federal Grants Trust Fund Authority For The Home Visiting Program		0				8,500,000	8,500,000	Provides additional budget authority for the Maternal, Infant, and Early Childhood Home Visiting program grant funds.	253
254	5300150	Additional Funding For Individuals With Disabilities Education Act (Idea) Part C - Developmental Evaluation And Intervention		6,861,026	6,861,026			0	6,861,026	Funding to ensure Entitlement under Individuals with Disabilities Education Act.	254
255	5800080	Nitrogen Reduction Strategies		0			1,500,000		1,500,000	Funding to continue the Nitrogen Reduction Strategies project.	255
256	5900020	911 Public Safety Telecommunicator Examination		0			187,500		187,500	To implement the 911 Public Safety Telecommunicator certification program.	256
257	6200600	Expansion Of Newborn Screening Program For Severe Combined Immunodeficiency Disease (SCID)		0			624,938	1,250,062	1,875,000	Provide testing for Severe Combined Immunodeficiency Disease (SCID) in all newborns.	257
258	6200620	Newborn Screening Follow Up For Severe Combined Immunodeficiency Disease (SCID)		0			86,450		86,450	Funds three CMS Referral Centers to provide evaluation and diagnostic services for newborns with positive Severe Combined Immune Deficiency (SCID) screening tests.	258
259	6400100	Provide Temporary Assistance To Needy Families (TANF) Funding		0			1,900,000		1,900,000	Restores nonrecurring funding for Ounce of Prevention.	259
260	6400120	Provide Temporary Assistance To Needy Families (TANF) Funding For Early Steps Program		3,600,000	3,600,000				3,600,000	Restores nonrecurring funding for the Early Steps Program.	260
261	6400180	Children's Medical Services - Replace Contract Staff With Full Time Equivalent Positions - Deduct	(8.00)	(371,760)	(371,760)		(78,911)	(107,935)	(558,606)	Provides for continued operations within the Children's Medical Office after contracts with the University of Florida cease.	261
262	6400190	Children's Medical Services - Replace Contract Staff With Full Time Equivalent Positions - Add	8.00	371,760	371,760		356	186,490	558,606	Provides for continued operations within the Children's Medical Office after contracts with the University of Florida cease.	262
263	6400460	Additional Budget Authority For A.G. Holley Hospital - Operations	0.00	0				1,230,192	1,230,192	To support direct patient care services at the A. G. Holly Tuberculosis Hospital.	263

Senate Health and Human Services Appropriations Subcommittee Budget FY 2012-2013

Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
264	6400520	Children's Medical Services - Newborn Screening Program Replace Contract Staff With Full Time Equivalent Positions - Deduct	(8.00)	0				(502,343)	(502,343)	Provides for continued operations within the Children's Medical Office when contracts with Pro Med and Information Systems cease.	264
265	6400530	Children's Medical Services - Newborn Screening Program Replace Contract Staff With Full Time Equivalent Positions - Add	8.00	0				502,343	502,343	Provides for continued operations within the Children's Medical Office when contracts with Pro Med and Information Systems cease.	265
266	6400700	Replace Contract Staff With Full Time Equivalent Positions - Deduct	(6.00)	(74,451)	(74,451)		(64,027)	(236,910)	(375,388)	Provides for continued operations within the Department when the contracts with Tallahassee Community College cease.	266
267	6400710	Replace Contract Staff With Full Time Equivalent Positions - Add	6.00	74,451	74,451		64,027	236,910	375,388	Provides for continued operations within the Department when the contracts with Tallahassee Community College cease.	267
268	6400720	Transfer Budget Authority Between Budget Entities - Deduct		(600,000)	(600,000)			0	(600,000)	Technical	268
269	6400730	Transfer Budget Authority Between Budget Entities - Add		600,000	600,000			0	600,000	Technical	269
270	6700070	Restore Funding Identified As Nonrecurring In The Fiscal Year 2011-12 General Appropriations Act		8,845,231	8,845,231			0	8,845,231	Restores funding for Minority Health Initiative - $.5m, Traumatic Brain Injury - $.3 m, Poison Control Prog. - $.3 m, Primary Care Prog. - $2.8 m, Drugs, Vaccines, Biol. - $2.6 m, Child Protection Teams - $2.3 m.	270
271	6700110	Budget Authority For The Tenant Broker Commission Category		0			1,584,000		1,584,000	Funds tenant broker payments pursuant to s. 255.25, F.S.	271
272	990G000	Grants And Aids - Fixed Capital Outlay		0				8,313,858	8,313,858	Authorizes use of federal grant to build a new facility for Osceola County Health Department.	272
273	990M000	Maintenance And Repair		0			7,533,960		7,533,960	For ongoing maintenance and repair to county health department facilities statewide.	273
274	990S000	Special Purpose - Marion County CMS Facility		1,000,000		1,000,000			1,000,000		274
275	990S000	Special Purpose		0			1,736,947		1,736,947	FCO Projects funded include: Jacksonville Lab $1,586,947, Pensacola Lab $150,000.	275
276	**Total Department of Health**		**16,827.50**	**411,583,448**	**410,083,448**	**1,500,000**	**1,079,037,616**	**1,349,801,752**	**2,840,422,816**		276
277											277

Senate Health and Human Services Appropriations Subcommittee Budget FY 2012-2013

Line	Issue Code	Issue	FTE	Total General Revenue	Recur. General Revenue	Non-Recur. General Revenue	State Trust Fund	Federal Trust Fund	All Funds	Comments	Line
278	**Department of Veterans' Affairs (Base Budget)**		1,122.00	7,013,643	7,013,643	0	51,098,140	22,135,512	80,247,295		278
279	160E410	Realignment of Agency Spending Authority For Southwood Shared Resource Center - Deduct		(9,984)	(9,984)			0	(9,984)	Technical - Data Center Realignment	279
280	160E420	Realignment of Agency Spending Authority for Southwood Shared Resource Center - Add		9,984	9,984			0	9,984	Technical - Data Center Realignment	280
281	2401710	State Nursing Home Replacement Equipment		0			494,453	199,829	694,282	Funding for the replacement of equipment throughout all state veterans' homes.	281
282	33V1620	Vacant Position Reductions	(1.00)	(37,209)	(37,209)			0	(37,209)	Eliminates 1 FTE vacant in excess of 500 days.	282
283	3300020	Delete Unfunded Positions	(39.00)	0					0	FTE have never been formally established due to lack of funding source.	283
284	3400500	Operations and Maintenance Trust Fund and Federal Grants Trust Fund - Add	7.00	0				625,746	625,746	Technical issue to realign funding with the appropriate trust fund source.	284
285	3400550	Operations and Maintenance Trust Fund and Federal Grants Trust Fund - Deduct	(7.00)	0				(625,746)	(625,746)	Technical issue to realign funding with the appropriate trust fund source.	285
286	990M000	Maintenance And Repair		0			1,224,400	220,000	1,444,400	Maintenance, repair, and replacement of fixed capital outlay at state veterans' facilities.	286
287	**Total Department of Veterans' Affairs**		**1,082.00**	**6,976,434**	**6,976,434**	**0**	**52,816,993**	**22,555,341**	**82,348,768**		287
288											288
289	**Grand Total**		**34,935.75**	**7,451,845,634**	**7,434,586,567**	**17,259,067**	**5,926,146,629**	**16,679,425,656**	**30,057,417,918**		289

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL:	SB 850
INTRODUCER:	Senator Oelrich
SUBJECT:	Pharmacists
DATE:	February 2, 2012
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Davlantes	Stovall	HR	**Fav/1 amendment**
2.	Bradford	Hendon	BHA	**Pre-meeting**
3.			BC	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

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

I. Summary:

This bill expands the types of vaccines that may be administered by a pharmacist and authorizes a pharmacy intern having proper certification and working under a pharmacist's supervision to also administer such vaccines. The bill also authorizes a pharmacist or a supervised and certified pharmacy intern to administer epinephrine autoinjections.

In order to administer a vaccine or an epinephrine autoinjection, the pharmacist and pharmacy intern must:

- Follow a written protocol during administration of the vaccine or epinephrine autoinjection, which must be approved by an allopathic or osteopathic physician and by the owner of the pharmacy employing the pharmacist;
- Maintain at least $200,000 of professional liability insurance (pharmacist only);
- Maintain and make available patient records for a minimum of 5 years;
- Be certified to administer the vaccines or epinephrine autoinjection pursuant to a certification program approved by the Board of Pharmacy (board);
- Have a supervising physician review the administration of the vaccine or epinephrine autoinjection; and

- Submit to the board a copy of the protocol to administer the vaccines or epinephrine autoinjection (pharmacist only).

This bill also amends the definition of the term "practice of the profession of pharmacy" to include the administration of certain vaccines and epinephrine autoinjections to adults.

The department estimates that the costs for the first year will be $22,955, but the revenues generated from the $55 initial application fee from the pharmacy interns will be about $151,000.

This bill substantially amends the following sections of the Florida Statutes: 465.189 and 465.003.

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

II. Present Situation:

Pharmacists and Pharmacy Interns

Pharmacists and pharmacy interns are regulated under ch. 465, F.S., the Florida Pharmacy Act (Act), by the board within the Department of Health (DOH). A "pharmacist" is any person licensed under the Act to practice the profession of pharmacy.[1] A "pharmacy intern" is a person who is currently registered in and attending a duly accredited college or school of pharmacy, or who is a graduate of such a school or college of pharmacy, and who is duly and properly registered with the DOH as provided for under the DOH's rules.[2]

The practice of the profession of pharmacy includes: compounding, dispensing, and consulting concerning contents, therapeutic values, and uses of any medicinal drug; consulting concerning therapeutic values and interactions of patent or proprietary preparations, whether pursuant to prescriptions or in the absence and entirely independent of such prescriptions or orders; and other pharmaceutical services. Other pharmaceutical services include the monitoring of a patient's drug therapy, assisting the patient in the management of his or her drug therapy, and review of the patient's drug therapy and communication with the patient's prescribing health care provider or the provider's agent or other persons as specifically authorized by the patient, regarding the drug therapy. However, a person practicing pharmacy is not authorized to alter a prescriber's directions, diagnoses or treat any disease, initiate any drug therapy, or practice medicine or osteopathic medicine, unless specifically permitted by law. A pharmacist is authorized to transmit information from persons authorized to prescribe medicinal drugs to their patients. The practice of the profession of pharmacy also includes the administration of influenza virus immunizations to adults.[3]

Any person desiring to be licensed as a pharmacist must apply to the DOH to take the licensure examination. The DOH must examine each applicant who the board certifies has:

- Completed an application form and remitted an examination fee set by the board not to exceed $100 plus the actual per-applicant cost to the DOH for purchase of portions of the

[1] Section 465.003(10), F.S.
[2] Section 465.003(12), F.S.
[3] Section 465.003(13), F.S.

examination from the National Association of Boards of Pharmacy or a similar national organization.
- Submitted satisfactory proof that the applicant is not less than 18 years of age and is a recipient of a degree from a school or college of pharmacy accredited by an accrediting agency recognized and approved by the United States Office of Education; or is a graduate of a 4-year undergraduate pharmacy program of a school or college of pharmacy located outside the United States, has demonstrated proficiency in English by passing two English-speaking competency tests, has passed the Foreign Pharmacy Graduate Equivalency Examination that is approved by rule of the board, and has completed a minimum of 500 hours in a supervised work activity program within Florida under the supervision of a pharmacist licensed by the DOH, which program is approved by the board.
- Submitted satisfactory proof that the applicant has completed an internship program approved by the board, which must not exceed 2,080 hours.

The passing of the examination does not automatically confer rights or privileges upon the applicant in connection with the practice of pharmacy in Florida. To obtain such rights or privileges, the DOH must issue a license to practice pharmacy to the applicant who successfully completed the examination.

For pharmacy interns, the board may refuse to certify to the DOH or may revoke the registration of any intern for good cause, including grounds enumerated in ch. 465, F.S., for revocation of pharmacists' licenses. A pharmacy student or graduate is required to be registered by the DOH before being employed as an intern in a pharmacy in Florida. An intern may not perform any acts relating to the filing, compounding, or dispensing of medicinal drugs unless it is done under the direct and immediate personal supervision of a person actively licensed to practice pharmacy in Florida.[4]

Pharmacies utilized for the obtaining of internship experience must meet the following minimum requirements:
- The pharmacy must hold a current license or permit issued by the state in which it is operating and must have available all necessary equipment for professional services, including necessary reference works, official standards, and current professional journals.
- The pharmacy must be operated at all times under the supervision of a pharmacist and must be willing to train persons desiring to obtain professional experience.
- The pharmacy must establish to the program's satisfaction that the pharmacy fills, compounds, and dispenses a sufficient number, kind, and variety of prescriptions during the course of a year so as to afford to an intern a broad experience in the filling, compounding, and dispensing of prescription drugs.
- The pharmacy must have a clear record as to observance of federal, state, and municipal laws and ordinances covering any phase of activity in which it is engaged.
- A pharmacist may not be responsible for the supervision of more than one intern at any one time.[5]

[4] Rule 64B16-26.2032, F.A.C.
[5] *Id.*

Administration of Influenza Virus Immunizations by Pharmacists

In Florida, pharmacists may administer influenza virus immunizations to adults within the framework of an established protocol under a supervisory practitioner who is an allopathic or osteopathic physician. Each protocol must contain specific procedures for addressing any unforeseen allergic reaction to influenza virus immunizations.[6]

A pharmacist may not enter into a protocol unless he or she maintains at least $200,000 of professional liability insurance and has completed training in influenza virus immunizations.

A pharmacist administering influenza virus immunizations must maintain and make available patient records using the same standards for confidentiality and maintenance of such records as those that are imposed on health care practitioners under s. 456.057, F.S. These records are required to be maintained for a minimum of 5 years.[7]

The decision by a supervisory practitioner to enter into a protocol is a professional decision on the part of the practitioner, and a person may not interfere with a supervisory practitioner's decision as to entering into such a protocol. A pharmacist may not enter into a protocol that is to be performed while acting as an employee without the written approval of the owner of the pharmacy.[8]

Any pharmacist seeking to administer influenza virus immunizations to adults must be certified to administer influenza virus immunizations pursuant to a certification program approved by the board in consultation with the Board of Medicine and the Board of Osteopathic Medicine. The certification program must, at a minimum, require that the pharmacist attend at least 20 hours of continuing education classes approved by the board and the program must have a curriculum of instruction concerning the safe and effective administration of influenza virus immunizations, including, but not limited to, potential allergic reactions to influenza virus immunizations.[9] The fee for influenza immunization certification is $55.[10]

The written protocol between the pharmacist and supervising physician must include particular terms and conditions imposed by the supervising physician upon the pharmacist, relating to the administration of influenza virus immunizations by the pharmacist. Supervising physicians are required to review the administration of influenza virus immunizations by the pharmacists under such physician's supervision pursuant to the written protocol, and this review must take place as outlined in the written protocol. The pharmacist must submit to the board a copy of his or her protocol or written agreement to administer influenza virus immunizations.[11]

[6] Section 465.189, F.S.
[7] *Id.*
[8] *Id.*
[9] *Id.*
[10] Rule 64B16-26.1001, F.A.C.
[11] *Supra* fn. 6.

Vaccines and Epinephrine Autoinjections

All 50 states authorize pharmacists to vaccinate people.[12] Therefore, the most accessible healthcare provider can positively impact public health and prevent disease by making vaccinations more readily available and less expensive.

Although every state allows pharmacists to administer immunizations, each state approaches immunizations differently. Some states require specific education or certification. Some limit the types of immunizations that can be administered, while other states limit the age of patients. Some states require pharmacists to have a prescription before administering an immunization, while others allow administration pursuant to protocol. Finally, some states limit the routes of immunization administration.[13]

Before being permitted to administer immunizations, most states require pharmacists to receive education in immunization administration. The most common educational requirements include completing state-specific courses in immunization administration, certificate programs in immunization administration, and immunization administration continuing education. Most states also require basic life support or cardiopulmonary resuscitation certification. Some states require ongoing continuing education and list specific timeframes for completion of the education, while other states require continuing education but give no specific guidelines for completion. Other states do not require any continuing education.[14]

The formulary of vaccines that can be administered by pharmacists also varies by state. Many states limit the formulary to the influenza and pneumococcal vaccines. Other states, such as Delaware, allow pharmacists to administer any injectable immunization or biologic contained in the *Orange Book*[15] that is administered in accordance with its Food and Drug Administration-approved indications. Still other states expand the scope of administration to include other routes of administration in addition to injection, such as oral or intranasal administration, while others allow pharmacists to administer immunizations by all routes of administration. Many states' laws limit administration to subcutaneous injection.[16]

Another variance between states is the minimum age restriction for which patients may receive the immunization in the protocol for a specific immunization. New York law allows pharmacists to administer the influenza or pneumococcal vaccines to patients 18 years of age or older. Oregon allows pharmacists to administer a large formulary of vaccines to patients older than 11 years of age. Some states do not set a minimum age limit.[17]

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[12] Immunization Action Coalition, *Vaccination Information for Healthcare Professionals*, July 21, 2009, available at: http://www.immunize.org/laws/pharm.asp (Last visited on December 8, 2011).
[13] Laura Carpenter, RPh, JD; *Pharmacist-administered immunizations: Trends in state laws*; September 2009, available at: http://www.cedrugstorenews.com/userapp//lessons/page_view_ui.cfm?lessonuid=&pageid=B923321F24938AEE0854C1225838355F (Last visited on December 8, 2011).
[14] *Id.*
[15] The Electronic Orange Book for Approved Drug Products with Therapeutic Equivalence Evaluations is available on the U.S. Food and Drug Administration's website at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm (Last visited on December 8, 2011).
[16] *Supra* fn. 12.
[17] *Id.*

Influenza Vaccine

There are two types of vaccines to protect people from influenza (the flu):

- The "flu shot" — an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.
- The nasal-spray flu vaccine —a vaccine made with live, weakened flu viruses that do not cause the flu is approved for use in healthy people 2 to 49 years of age who are not pregnant.[18]

The seasonal flu vaccine protects against three influenza viruses that research indicates will be most common during the upcoming season.[19] The viruses in the vaccine change each year based on international surveillance and scientists' estimations about which types and strains of viruses will circulate in a given year. About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

Varicella-Zoster Vaccine

Varicella-zoster virus is one of eight herpes viruses known to infect humans. The initial infection of any person with this virus leads to varicella, or chickenpox. Once infected, the person carries the virus in his or her body for life, although this often does not lead to any further symptoms. As a person's immune system declines either from normal aging or disease, however, the virus can reactivate to cause zoster, or shingles, a condition in which painful sores erupt on the skin over a person's rib cage. Although these diseases are two forms of the same virus, they are treated differently and have different vaccines.

The varicella vaccine is the best way to prevent chickenpox and can be administered to patients of any age. Vaccination not only protects vaccinated persons, it also reduces the risk for exposure in the community for persons unable to be vaccinated because of illness or other conditions, including those who may be at greater risk for severe disease. While no vaccine is 100 percent effective in preventing disease, the chickenpox vaccine is very effective: about 8 to 9 of every 10 people who are vaccinated are completely protected from chickenpox. In addition, the vaccine almost always prevents severe disease. If a vaccinated person does get chickenpox, it is usually a very mild case lasting only a few days and involving fewer skin lesions (usually less than 50), mild or no fever, and few other symptoms.[20]

Almost one out of every three people in the United States will develop shingles. There are an estimated 1 million cases each year in the United States, about half of which occur among men and women 60 years old or older.[21] The only way to reduce the risk of developing shingles and

[18] Centers for Disease Control and Prevention (CDC), *Seasonal Influenza (Flu)*, available at: http://www.cdc.gov/flu/protect/keyfacts.htm (Last visited on December 8, 2011).
[19] CDC, *Vaccine Selection for the 2011-2012 Influenza Season*, available at: http://www.cdc.gov/flu/about/qa/vaccine-selection.htm (Last visited on December 8, 2011).
[20] CDC, *Varicella (Chickenpox) Vaccination*, available at: http://www.cdc.gov/vaccines/vpd-vac/varicella/default.htm (Last visited on December 8, 2011).
[21] CDC, *Shingles (Herpes Zoster): Overview*, available at: http://www.cdc.gov/shingles/about/overview.html (Last visited on December 8, 2011).

the long-term pain that can follow shingles is to get the zoster vaccine. The vaccine is licensed for persons aged 60 years and older.[22]

The zoster vaccine is approximately 14 times as powerful as the varicella vaccine, and the two cannot be interchanged.[23]

Pneumococcal Vaccine

Pneumococcal disease is an infection caused by a type of bacteria called *Streptococcus pneumoniae* (pneumococcus). The bacteria can lead to various types of disease, depending on what part of the body is infected and the state of the person's immune system. Diseases that can be caused by pneumococcus include lung infections (pneumonia), blood infections (bacteremia), ear infections (otitis media), and brain infections (meningitis). Pneumococcus is in many people's noses and throats and is spread by coughing, sneezing, or contact with respiratory secretions. Why it suddenly invades the body and causes disease is unknown.[24]

The symptoms of pneumococcal pneumonia include fever, cough, shortness of breath, and chest pain. The symptoms of pneumococcal meningitis include stiff neck, fever, mental confusion and disorientation, and visual sensitivity to light (photophobia). The symptoms of pneumococcal bacteremia may be similar to some of the symptoms of pneumonia and meningitis, along with joint pain and chills. The symptoms of otitis media typically include a painful ear, a red or swollen eardrum, and sometimes sleeplessness, fever and irritability.[25]

Pneumococcal vaccine is very good at preventing severe disease, hospitalization, and death. However, it is not guaranteed to prevent infection and symptoms in all people. The pneumococcal vaccine is recommended for certain categories of children, all adults over age 65, and people between ages 2 and 65 who have long-term health problems.[26]

Epinephrine Autoinjection

Epinephrine may be administered by a one-dose autoinjector, known as an EpiPen or Twinject. Epinephrine is used in emergencies to treat very serious allergic reactions (anaphylactic reactions) to insect stings or bites, foods, drugs, or other substances. Epinephrine acts quickly to improve breathing, stimulate the heart, raise a dropping blood pressure, reverse hives, and reduce swelling of the face, lips, and throat.[27]

Epinephrine autoinjectors should be only used on the thigh, through clothing if necessary. To avoid injecting into a vein, which would cause a dangerous reaction, the medicine should be injected into the front outer thigh and never into the buttocks. The effects of epinephrine are

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[22] CDC, *Shingles (Herpes Zoster): Prevention and Treatment*, available at: http://www.cdc.gov/shingles/about/prevention-treatment.html (Last visited on December 8, 2011).
[23] CDC, *Herpes Zoster Vaccination for Health Care Professionals*, available at: http://www.cdc.gov/vaccines/vpd-vac/shingles/hcp-vaccination.htm (Last visited on December 9, 2011).
[24] CDC, *Vaccines and Immunizations: Pneumococcal Disease In-Short*, available at: http://www.cdc.gov/vaccines/vpd-vac/pneumo/in-short-both.htm (December 8, 2011).
[25] *Id.*
[26] *Id.*
[27] MedicineNet.com, *Epinephrine Auto-Injector*, available at: http://www.medicinenet.com/epinephrine_auto-injector/article.htm (Last visited on December 8, 2011).

rapid, but not long-lasting. After injecting epinephrine, a person should seek immediate medical attention.[28]

III. Effect of Proposed Changes:

This bill authorizes a pharmacist or a pharmacy intern, having proper certification and working under a pharmacist's supervision, to administer within the framework of an established protocol under a supervising physician licensed under ch. 458, F.S. (allopathic physician) or licensed under ch. 459, F.S. (osteopathic physician) the following:

- Influenza vaccines to adults 18 years of age or older. (The bill authorizes a pharmacy intern to administer the influenza vaccine since pharmacists already may administer influenza vaccines.)
- Varicella zoster vaccines to adults 60 years of age or older.
- Pneumococcal vaccines to adults 65 years of age or older.
- Epinephrine using an autoinjector delivery system to adults 18 years of age or older who are suffering from an anaphylactic reaction.

However, in order to administer a vaccine or an epinephrine autoinjection, the pharmacist and pharmacy intern must:

- Maintain at least $200,000 of professional liability insurance (pharmacist only);
- Maintain and make available patient records for a minimum of 5 years, using the same standards for confidentiality and maintenance of such records as those that are imposed on health care practitioners under s. 456.057, F.S.;
- Be certified to administer the vaccines or epinephrine autoinjection pursuant to a certification program approved by the board, and proof of such certification must be shown to the supervising physician. The program must require that the pharmacist or pharmacy intern attend at least 20 hours of continuing education classes approved by the board and must include instruction concerning the safe and effective administration of the influenza, varicella zoster, and pneumococcal vaccines and the epinephrine autoinjection, including potential adverse reactions; and
- Have a supervising physician review the administration of the vaccines or epinephrine autoinjections.

The pharmacist or pharmacy intern must also follow a written protocol for the administration of vaccines or epinephrine autoinjections. The protocol must include particular terms and conditions imposed by a supervising allopathic or osteopathic physician, which must be appropriate to the pharmacist's or the pharmacy intern's training and certification for the vaccine or epinephrine autoinjection; include specific categories and conditions among patients for whom the supervising physician authorizes the pharmacist or pharmacy intern to administer a vaccine or epinephrine autoinjection; be approved by the owner of the pharmacy employing the pharmacist; and contain specific procedures for addressing any unforeseen adverse reaction to the vaccine or epinephrine autoinjection. The pharmacist must submit to the board a copy of the protocol to administer the vaccines or epinephrine autoinjections.

[28] *Id.*

This bill also amends the definition of the term "practice of the profession of pharmacy" to include the administration of influenza, varicella zoster, and pneumococcal vaccines and the epinephrine autoinjection to adults.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

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

B. Public Records/Open Meetings Issues:

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

C. Trust Funds Restrictions:

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

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Pharmacies may generate additional revenue because they will be able to offer more vaccination services to customers. Pharmacy interns will be able to administer certain vaccines and epinephrine autoinjections.

C. Government Sector Impact:

The board will experience a recurring increase in workload related to processing certifications for the administration of vaccines or epinephrine autoinjections from pharmacists and pharmacy interns. Licensed pharmacists who are already certified to provide influenza vaccines will be able to provide additional vaccines and epinephrine autoinjections for no additional fee upon completion of a board-approved training course. A $55 fee is required for initial vaccine administration certification, and the board will experience a positive fiscal impact related to this as pharmacy interns apply for certification.

Estimated processing costs will be $22,955 in the first fiscal year after implementation and $3,122 in the second year, although these costs do not include processing of extended

certifications for pharmacists already permitted to administer influenza vaccines. Estimated fee revenues are $151,041 for the first fiscal year after implementation and $20,544 for the second.[29]

VI. Technical Deficiencies:

The term "varicella zoster vaccine" in lines 30-31 is incorrect. The varicella vaccine and the zoster vaccine are two separate entities and cannot be combined or interchanged. The varicella vaccine is recommended for all persons who have not had chickenpox, while the zoster vaccine is recommended for persons over age 60.

The term "supervision" is used in lines 24, 86, 96, and 104 to require a pharmacist to supervise a pharmacy intern. It is not clear whether the pharmacist is required to provide "direct supervision." Rule 64B16-26.2032, F.A.C., relating to pharmacy interns, requires an intern to perform certain acts under the "direct and immediate personal supervision" of a pharmacist. If the intent of the bill is to require direct supervision by a pharmacist over a pharmacy intern, the language in this rule should be used for consistency.

VII. Related Issues:

It is unclear in lines 32-33 why the bill authorizes pharmacists and pharmacy interns to provide pneumococcal vaccines only to adults aged 65 and older when this vaccine is also recommended for adults under age 65 with certain chronic medical conditions.

The relationship between the physician and the pharmacy intern is unclear. For example, is the pharmacy intern required to enter into a protocol with the supervising physician? The pharmacy intern is not required to maintain professional liability insurance, and it is not clear whether the intern would be covered under the pharmacist's policy or the physician's policy.

Similarly, there is no statute or rule which states how the supervising physician is to supervise the pharmacist. It is unclear whether direct or indirect supervision is required and whether the pharmacist or the supervising physician will ultimately be held liable for adverse events related to vaccine administration.

Issues concerning amendment barcode 741504:
Anaphylactic reactions are medical emergencies which can lead to the death of patients within minutes. Obtaining a prescription before a pharmacist administers an epinephrine autoinjection might be impracticable.

Physician assistants and nurse practitioners are also authorized to prescribe vaccines, but no provision is made to accept their prescriptions in this bill. Vaccines are an important element of primary care, and physician assistants and nurse practitioners constitute a large proportion of the primary care providers in the state.

[29] Department of Health, *Bill Analysis, Economic Statement, and Fiscal Note for SB 850*. A copy is on file with the Senate Health Regulation Committee.

VIII. Additional Information:

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

None.

B. Amendments:

Barcode 741504 by Health Regulation on January 25, 2012:
This amendment removes all reference to pharmacy interns from the bill and corrects a technical error in the name of one of the vaccines. The amendment also requires pharmacists may only administer vaccines or epinephrine autoinjections pursuant to a prescription from a licensed allopathic or osteopathic physician. Provisions concerning vaccine and epinephrine autoinjection administration certification programs are changed to require completion of a ten-hour program offered by a statewide professional organization of physicians which is accredited as AMA PRA Category 1.

This amendment would remove all fiscal impact relating to the pharmacy interns. The department estimates that the mailing cost of notifying providers of the remaining changes would cost about $17,530.

348686

LEGISLATIVE ACTION

Senate . House

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Subsections (2) through (7) of section 465.189, Florida Statutes, are renumbered as subsections (4) through (9), respectively, and new subsections (1), (2), and (3) are added to that section, to read:

465.189 Administration of vaccines and epinephrine autoinjection ~~influenza virus immunizations~~.—

(1) In accordance with guidelines of the Centers for Disease Control and Prevention for each recommended immunization

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or vaccine, a pharmacist may administer the following vaccines within the framework of an established protocol under a supervising physician licensed under chapter 458 or chapter 459:

(a) Influenza vaccine.

(b) Pneumococcal vaccine.

(2) In accordance with guidelines of the Centers for Disease Control and Prevention, a pharmacist may administer the shingles vaccine within the framework of an established protocol and pursuant to a written or electronic prescription issued to the patient by a physician licensed under chapter 458 or chapter 459.

(3) In order to address any unforeseen allergic reaction, a pharmacist may administer epinephrine using an autoinjector delivery system within the framework of an established protocol under a supervising physician licensed under chapter 458 or chapter 459.

~~(1) Pharmacists may administer influenza virus immunizations to adults within the framework of an established protocol under a supervisory practitioner who is a physician licensed under chapter 458 or chapter 459. Each protocol shall contain specific procedures for addressing any unforeseen allergic reaction to influenza virus immunizations.~~

(4) ~~(2)~~ A pharmacist may not enter into a protocol unless he or she maintains at least $200,000 of professional liability insurance and has completed training in administering vaccines authorized under ~~influenza virus immunizations as provided in~~ this section.

(5) ~~(3)~~ A pharmacist administering vaccines under this section ~~influenza virus immunizations~~ shall maintain and make

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available patient records using the same standards for confidentiality and maintenance of such records as those that are imposed on health care practitioners under s. 456.057. These records shall be maintained for a minimum of 5 years.

(6) ~~(4)~~ The decision by a supervising physician licensed under chapter 458 or chapter 459 ~~supervisory practitioner~~ to enter into a protocol under this section is a professional decision on the part of the practitioner, and a person may not interfere with a physician's ~~supervisory practitioner's~~ decision as to entering into such a protocol. A pharmacist may not enter into a protocol that is to be performed while acting as an employee without the written approval of the owner of the pharmacy. Pharmacists shall forward vaccination ~~immunization~~ records to the department for inclusion in the state registry of immunization information.

(7) ~~(5)~~ Any pharmacist seeking to administer vaccines ~~influenza virus immunizations~~ to adults under this section must be certified to administer such vaccines ~~influenza virus immunizations~~ pursuant to a certification program approved by the Board of Pharmacy in consultation with the Board of Medicine and the Board of Osteopathic Medicine. The certification program shall, at a minimum, require that the pharmacist attend at least 20 hours of continuing education classes approved by the board. The program shall have a curriculum of instruction concerning the safe and effective administration of such vaccines ~~influenza virus immunizations~~, including, but not limited to, potential allergic reactions to such vaccines ~~influenza virus immunizations~~.

(8) ~~(6)~~ The written protocol between the pharmacist and

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supervising physician under this section must include particular terms and conditions imposed by the supervising physician upon the pharmacist relating to the administration of vaccines ~~influenza virus immunizations~~ by the pharmacist pursuant to this section. The written protocol shall include, at a minimum, specific categories and conditions among patients for whom the supervising physician authorizes the pharmacist to administer such vaccines ~~influenza virus immunizations~~. The terms, scope, and conditions set forth in the written protocol between the pharmacist and the supervising physician must be appropriate to the pharmacist's training and certification for administering such vaccines ~~immunization~~. Pharmacists who have been delegated the authority to administer vaccines under this section ~~influenza virus immunizations~~ by the supervising physician under the protocol shall provide evidence of current certification by the Board of Pharmacy to the supervising physician. A supervising physician ~~physicians~~ shall review the administration of such vaccines ~~influenza virus immunizations~~ by the pharmacist ~~pharmacists under such physician's supervision~~ pursuant to the written protocol between them, and this review shall take place as outlined in the written protocol. The process and schedule for the review shall be outlined in the written protocol between the pharmacist and the supervising physician.

(9) ~~(7)~~ The pharmacist shall submit to the Board of Pharmacy a copy of his or her protocol or written agreement to administer vaccines under this section ~~influenza virus immunizations~~.

Section 2. Subsection (13) of section 465.003, Florida Statutes, is amended to read:

465.003 Definitions.—As used in this chapter, the term:

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(13) "Practice of the profession of pharmacy" includes compounding, dispensing, and consulting concerning contents, therapeutic values, and uses of any medicinal drug; consulting concerning therapeutic values and interactions of patent or proprietary preparations, whether pursuant to prescriptions or in the absence and entirely independent of such prescriptions or orders; and other pharmaceutical services. For purposes of this subsection, "other pharmaceutical services" means the monitoring of the patient's drug therapy and assisting the patient in the management of his or her drug therapy, and includes review of the patient's drug therapy and communication with the patient's prescribing health care provider as licensed under chapter 458, chapter 459, chapter 461, or chapter 466, or similar statutory provision in another jurisdiction, or such provider's agent or such other persons as specifically authorized by the patient, regarding the drug therapy. However, nothing in this subsection may be interpreted to permit an alteration of a prescriber's directions, the diagnosis or treatment of any disease, the initiation of any drug therapy, the practice of medicine, or the practice of osteopathic medicine, unless otherwise permitted by law. "Practice of the profession of pharmacy" also includes any other act, service, operation, research, or transaction incidental to, or forming a part of, any of the foregoing acts, requiring, involving, or employing the science or art of any branch of the pharmaceutical profession, study, or training, and shall expressly permit a pharmacist to transmit information from persons authorized to prescribe medicinal drugs to their patients. The practice of the profession of pharmacy also includes the administration of <u>vaccines</u> ~~influenza virus~~

348686

~~immunizations~~ to adults pursuant to s. 465.189.

Section 3. Effective October 1, 2012, subsection (6) is added to section 465.009, Florida Statutes, to read:

465.009 Continuing professional pharmaceutical education.—

(6) Notwithstanding subsections (1)-(5):

(a) Each pharmacist certified to administer a vaccine or epinephrine autoinjection under s. 465.189 must complete a 3-hour continuing education course, which shall be offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award (AMA PRA) Category 1 credit, on the safe and effective administration of vaccines and epinephrine autoinjection as part of biennial relicensure or recertification. This course may be offered in a distance-learning format and must be included in the 30 hours of continuing professional pharmaceutical education specified in subsection (1).

(b) Each pharmacist must submit confirmation of having completed the course specified in paragraph (a) on a form provided by the board when submitting fees for license renewal.

(c) Failure to comply with paragraphs (a) and (b) results in the revocation of the authorization for a pharmacist to administer a vaccine or epinephrine autoinjection under s. 465.189. Such authorization may be restored upon completion of such requirements.

Section 4. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2012.

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

And the title is amended as follows:

Delete everything before the enacting clause and insert:

A bill to be entitled

An act relating to pharmacy; amending s. 465.189, F.S.; revising the types of vaccines that pharmacists may administer under certain circumstances; authorizing pharmacists to administer an influenza vaccine, an epinephrine autoinjection, or a shingles vaccine within the framework of an established protocol under certain circumstances; amending s. 465.003, F.S.; revising the definition of the term "practice of the profession of pharmacy" to conform to changes made by the act; amending s. 465.009, F.S.; revising continuing professional pharmaceutical educational requirements with respect to administering such vaccines or autoinjection; providing effective dates.

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LEGISLATIVE ACTION

Senate . House

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

Senate Amendment to Amendment (348686)

Delete line 13

and insert:

or vaccine, a pharmacist may administer the following vaccines to an adult

By Senator Oelrich

14-00799-12 2012850__

A bill to be entitled

An act relating to pharmacists; amending s. 465.189, F.S.; revising the types of vaccines that pharmacists are authorized to administer; authorizing pharmacy interns to administer the vaccines under certain circumstances; authorizing pharmacists and pharmacy interns to administer an epinephrine autoinjection under certain circumstances; revising protocol requirements for vaccine administration and the duties of supervising physicians under such protocols; revising requirements for training programs, certifications, and patient records related to vaccine administration; amending s. 465.003, F.S.; revising terminology to conform to changes made by the act; providing an effective date.

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

Section 1. Section 465.189, Florida Statutes, is amended to read:

465.189 Administration of vaccines and epinephrine autoinjection ~~influenza virus immunizations~~.—

(1) A pharmacist, and a pharmacy intern having proper certification and working under the pharmacist's supervision, ~~Pharmacists~~ may administer, ~~influenza virus immunizations to adults~~ within the framework of an established protocol under a supervising ~~supervisory practitioner who is a~~ physician licensed under chapter 458 or chapter 459, the following:

(a) Influenza vaccine to an adult 18 years of age or older.

14-00799-12 2012850__

(b) Varicella zoster vaccine to an adult 60 years of age or older.

(c) Pneumococcal vaccine to an adult 65 years of age or older.

(d) Epinephrine using an autoinjector delivery system to an adult 18 years of age or older who is suffering an anaphylactic reaction.

The ~~Each~~ protocol must ~~shall~~ contain specific procedures for addressing any unforeseen adverse ~~allergic~~ reaction to the vaccine or epinephrine autoinjection ~~influenza virus immunizations~~.

(2) A pharmacist may not enter into a protocol unless he or she maintains at least $200,000 of professional liability insurance and has completed training on the vaccines and epinephrine autoinjection ~~in influenza virus immunizations~~ as provided in this section.

(3) A pharmacist who administers, or whose pharmacy intern administers, a vaccine or epinephrine autoinjection must ~~administering influenza virus immunizations shall~~ maintain and make available patient records using the same standards for confidentiality and maintenance of such records as those that are imposed on health care practitioners under s. 456.057. These records must ~~shall~~ be maintained for a minimum of 5 years.

(4) The decision by a supervising physician ~~supervisory practitioner~~ to enter into a protocol under this section is a professional decision on the part of the physician ~~practitioner~~, and a person may not interfere with a supervising physician's ~~supervisory practitioner's~~ decision to enter ~~as to entering~~ into

such a protocol. A pharmacist may not enter into a protocol that is to be performed while acting as an employee without the written approval of the owner of the pharmacy. Pharmacists shall forward immunization records to the department for inclusion in the state registry of immunization information.

(5) Any pharmacist or pharmacy intern seeking to administer a vaccine or epinephrine autoinjection ~~influenza virus immunizations to adults~~ under this section must be certified to administer the vaccine or epinephrine autoinjection ~~influenza virus immunizations~~ pursuant to a certification program approved by the Board of Pharmacy in consultation with the Board of Medicine and the Board of Osteopathic Medicine. The certification program shall, at a minimum, require that the pharmacist or pharmacy intern attend at least 20 hours of continuing education classes approved by the board. The program shall have a curriculum of instruction concerning the safe and effective administration of the vaccines listed in subsection (1) and epinephrine autoinjection ~~influenza virus immunizations~~, including, but not limited to, potential adverse ~~allergic~~ reactions to the vaccines or epinephrine autoinjection ~~influenza virus immunizations~~.

(6) The written protocol between the pharmacist and supervising physician must include particular terms and conditions imposed by the supervising physician upon the pharmacist relating to the administration of a vaccine or epinephrine autoinjection ~~influenza virus immunizations~~ by the pharmacist or pharmacy intern working under the pharmacist's supervision. The written protocol must ~~shall~~ include, at a minimum, specific categories and conditions among patients for

whom the supervising physician authorizes the pharmacist or pharmacy intern to administer a vaccine or epinephrine autoinjection ~~influenza virus immunizations~~. The terms, scope, and conditions set forth in the written protocol between the pharmacist and the supervising physician must be appropriate to the pharmacist's or pharmacy intern's training and certification for the vaccine or epinephrine autoinjection ~~immunization~~. A pharmacist, or pharmacy intern working under the pharmacist's supervision, ~~Pharmacists~~ who is ~~have been~~ delegated the authority to administer a vaccine or epinephrine autoinjection ~~influenza virus immunizations~~ by the supervising physician must ~~shall~~ provide evidence of current certification by the Board of Pharmacy to the supervising physician. A supervising physician must ~~physicians shall~~ review the administration of the vaccine or epinephrine autoinjection ~~influenza virus immunizations~~ by the pharmacist, or a pharmacy intern working under the pharmacist's supervision, ~~pharmacists~~ under such physician's supervision pursuant to the written protocol, and this review shall take place as outlined in the written protocol. The process and schedule for the review shall be outlined in the written protocol between the pharmacist and the supervising physician.

(7) The pharmacist shall submit to the Board of Pharmacy a copy of his or her protocol or written agreement to administer the vaccine or epinephrine autoinjection ~~influenza virus immunizations~~.

Section 2. Subsection (13) of section 465.003, Florida Statutes, is amended to read:

465.003 Definitions.—As used in this chapter, the term:

(13) "Practice of the profession of pharmacy" includes compounding, dispensing, and consulting concerning contents, therapeutic values, and uses of any medicinal drug; consulting concerning therapeutic values and interactions of patent or proprietary preparations, whether pursuant to prescriptions or in the absence and entirely independent of such prescriptions or orders; and other pharmaceutical services. For purposes of this subsection, "other pharmaceutical services" means the monitoring of the patient's drug therapy and assisting the patient in the management of his or her drug therapy, and includes review of the patient's drug therapy and communication with the patient's prescribing health care provider as licensed under chapter 458, chapter 459, chapter 461, or chapter 466, or similar statutory provision in another jurisdiction, or such provider's agent or such other persons as specifically authorized by the patient, regarding the drug therapy. However, ~~nothing in~~ this subsection does not ~~may be interpreted to~~ permit an alteration of a prescriber's directions, the diagnosis or treatment of any disease, the initiation of any drug therapy, the practice of medicine, or the practice of osteopathic medicine, unless otherwise permitted by law. The term "practice of the profession of pharmacy" ~~also~~ includes any other act, service, operation, research, or transaction incidental to, or forming a part of, any of the foregoing acts, requiring, involving, or employing the science or art of any branch of the pharmaceutical profession, study, or training, and shall expressly permit a pharmacist to transmit information from persons authorized to prescribe medicinal drugs to their patients. The term ~~practice of the profession of pharmacy~~ also includes the administration

of certain vaccines and epinephrine autoinjection ~~influenza virus immunizations~~ to adults pursuant to s. 465.189.

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

741504

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
01/26/2012	.	
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The Committee on Health Regulation (Jones) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Section 465.189, Florida Statutes, is amended to read:

465.189 Administration of vaccines and epinephrine autoinjection ~~influenza virus immunizations~~.—

(1) A pharmacist ~~Pharmacists~~ may administer, pursuant to a written or electronic prescription issued to the patient by a physician licensed under chapter 458 or chapter 459, the following ~~influenza virus immunizations to adults~~ within the

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framework of an established protocol under a supervising ~~supervisory practitioner who is a~~ physician licensed under chapter 458 or chapter 459:

(a) Influenza vaccine to an adult 18 years of age or older.

(b) Shingles vaccine to an adult 60 years of age or older.

(c) Pneumococcal vaccine to an adult 65 years of age or older.

(d) Epinephrine using an autoinjector delivery system to an adult 18 years of age or older who is suffering an anaphylactic reaction.

The ~~Each~~ protocol must ~~shall~~ contain specific procedures for addressing any unforeseen adverse ~~allergic~~ reaction to the vaccine or epinephrine autoinjection ~~influenza virus immunizations~~.

(2) A pharmacist may not enter into a protocol unless he or she maintains at least $200,000 of professional liability insurance and has completed training on administration of the vaccines and epinephrine autoinjection ~~in influenza virus immunizations~~ as provided in this section.

(3) A pharmacist who administers a vaccine or epinephrine autoinjection must ~~administering influenza virus immunizations shall~~ maintain and make available patient records using the same standards for confidentiality and maintenance of such records as those that are imposed on health care practitioners under s. 456.057. These records must ~~shall~~ be maintained for a minimum of 5 years.

(4) The decision by a supervising physician ~~supervisory practitioner~~ to enter into a protocol under this section is a

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professional decision on the part of the physician ~~practitioner~~, and a person may not interfere with a supervising physician's ~~supervisory practitioner's~~ decision to enter ~~as to entering~~ into such a protocol. A pharmacist may not enter into a protocol that is to be performed while acting as an employee without the written approval of the owner of the pharmacy. Pharmacists shall forward immunization records to the department for inclusion in the state registry of immunization information.

(5) Any pharmacist seeking to administer a vaccine or epinephrine autoinjection ~~influenza virus immunizations to adults~~ under this section must first complete a 10-hour certification program on the administration of vaccines and epinephrine autoinjection offered by a statewide professional association of physicians in this state which is accredited to provide educational activities designated for AMA PRA Category 1 credit ~~be certified to administer influenza virus immunizations pursuant to a certification program approved by the Board of Pharmacy in consultation with the Board of Medicine and the Board of Osteopathic Medicine~~. The certification program must ~~shall, at a minimum, require that the pharmacist attend at least 20 hours of continuing education classes approved by the board. The program shall~~ have a curriculum of instruction concerning the safe and effective administration of the vaccines and epinephrine autoinjection listed in subsection (1) ~~influenza virus immunizations~~, including, but not limited to, potential adverse ~~allergic~~ reactions to the vaccines or epinephrine autoinjection ~~influenza virus immunizations~~.

(6) The written protocol between the pharmacist and supervising physician must include particular terms and

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conditions imposed by the supervising physician upon the pharmacist relating to the administration of a vaccine or epinephrine autoinjection ~~influenza virus immunizations~~ by the pharmacist. The written protocol must ~~shall~~ include, at a minimum, specific categories and conditions among patients for whom the supervising physician authorizes the pharmacist to administer a vaccine or epinephrine autoinjection ~~influenza virus immunizations~~. The terms, scope, and conditions set forth in the written protocol between the pharmacist and the supervising physician must be appropriate to the pharmacist's training and certification for the vaccine or epinephrine autoinjection ~~immunization~~. A pharmacist ~~Pharmacists~~ who is ~~have been~~ delegated the authority to administer a vaccine or epinephrine autoinjection ~~influenza virus immunizations~~ by the supervising physician must ~~shall~~ provide evidence of current certification by the Board of Pharmacy to the supervising physician. A supervising physician must ~~physicians shall~~ review the administration of the vaccine or epinephrine autoinjection ~~influenza virus immunizations~~ by the pharmacist ~~pharmacists~~ under such physician's supervision pursuant to the written protocol, and this review shall take place as outlined in the written protocol. The process and schedule for the review shall be outlined in the written protocol between the pharmacist and the supervising physician.

(7) The pharmacist shall submit to the Board of Pharmacy a copy of his or her protocol or written agreement to administer the vaccine or epinephrine autoinjection ~~influenza virus immunizations~~.

Section 2. Subsection (13) of section 465.003, Florida

741504

Statutes, is amended to read:

465.003 Definitions.—As used in this chapter, the term:

(13) "Practice of the profession of pharmacy" includes compounding, dispensing, and consulting concerning contents, therapeutic values, and uses of any medicinal drug; consulting concerning therapeutic values and interactions of patent or proprietary preparations, whether pursuant to prescriptions or in the absence and entirely independent of such prescriptions or orders; and other pharmaceutical services. For purposes of this subsection, "other pharmaceutical services" means the monitoring of the patient's drug therapy and assisting the patient in the management of his or her drug therapy, and includes review of the patient's drug therapy and communication with the patient's prescribing health care provider as licensed under chapter 458, chapter 459, chapter 461, or chapter 466, or similar statutory provision in another jurisdiction, or such provider's agent or such other persons as specifically authorized by the patient, regarding the drug therapy. However, ~~nothing in~~ this subsection does not ~~may be interpreted to~~ permit an alteration of a prescriber's directions, the diagnosis or treatment of any disease, the initiation of any drug therapy, the practice of medicine, or the practice of osteopathic medicine, unless otherwise permitted by law. The term "practice of the profession of pharmacy" ~~also~~ includes any other act, service, operation, research, or transaction incidental to, or forming a part of, any of the foregoing acts, requiring, involving, or employing the science or art of any branch of the pharmaceutical profession, study, or training, and shall expressly permit a pharmacist to transmit information from persons authorized to

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prescribe medicinal drugs to their patients. The term ~~practice of the profession of pharmacy~~ also includes the administration of certain vaccines and epinephrine autoinjection ~~influenza virus immunizations~~ to adults pursuant to s. 465.189.

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

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

And the title is amended as follows:

Delete everything before the enacting clause and insert:

A bill to be entitled

An act relating to pharmacy; amending s. 465.189, F.S.; allowing pharmacists to administer certain vaccines or an epinephrine autoinjection pursuant to a prescription from a licensed physician; revising the types of vaccines that pharmacists may administer; authorizing pharmacists to administer an epinephrine autoinjection under certain circumstances; revising protocol requirements for vaccine administration and the duties of supervising physicians under such protocols; revising requirements for training programs, certifications, and patient records related to vaccine administration; amending s. 465.003, F.S.; conforming terminology; providing an effective date.

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL:	CS/SB 1658
INTRODUCER:	Budget Subcommittee on Health and Human Services Appropriations and Senator Storms
SUBJECT:	Public Assistance
DATE:	February 9, 2012 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Daniell	Farmer	CF	**Favorable**
2.	Pigott	Hendon	BHA	**Fav/CS**
3.			BC	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

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

I. Summary:

This bill prohibits a recipient from using his or her electronic benefit transfer (EBT) card to access cash benefits outside this state, to purchase alcohol or tobacco products, or to access automated teller machines located in gambling and adult entertainment establishments. The bill also provides a list of establishments inside the state that a cash assistance recipient may not access cash benefits through an EBT card from an automated teller machine (ATM).

Additionally, the bill requires the Department of Children and Family Services (DCF or department) to add nonstaple, unhealthy foods to the list of items that may not be purchased with federal Supplemental Nutrition Assistance Program funds. The bill also prohibits the use of benefits at restaurants.

The bill will require programming changes to the EBT System to implement the prohibitions. The department analysis indicates costs are minimal and can be absorbed with existing resources. The bill would require the department to procure programming changes in FY 2011-12 prior to the implementation date of July 1, 2012.

Finally, the bill creates the "Healthy Foods Retail Act" and makes legislative findings regarding obstacles to a healthy diet, obesity resulting from a poor diet, the effect of inadequate access to retailers selling healthy, affordable foods, and the resulting impact on the health of low income families, children, and elderly people. The bill requires the Department of Agriculture and Consumer Services (DACS) to establish a financing program, to the extent funds are available, to fund healthy food retailers and it sets guidelines for participation, funding limitations, determination of eligible projects, types of expenditures authorized, requirements to be met by applicant, basis for setting the amount of funding, establishment of controls and compliance monitoring, and legislative reporting. The bill authorizes funding to be leveraged with other funding and it provides rule making authority for the DACS to administer this program.

The DACS analysis indicates implementing and administering the program would require additional resources. The establishment of the program will depend upon a reallocation of existing department funds. The bill does not provide an appropriation.

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

This bill amends sections 402.82 and 414.095, Florida Statutes. This bill creates unnumbered sections in the Florida Statutes.

II. Present Situation:

History of the Supplemental Nutrition Assistance Program

The idea of the federal government providing food subsidies to low-income families began as early as 1933 when the Roosevelt administration established the Federal Surplus Relief Corporation (FSRC) to "expand markets for agricultural products, and to purchase, store, and process surplus agricultural products so as to relieve the hardship and suffering caused by unemployment."[1] In 1939, the United States Department of Agriculture (USDA) initiated an experimental food stamp program as a way to help low-income families buy healthy food.[2]

The Food Stamp Act of 1964 authorized a food stamp program to provide eligible households an opportunity to obtain a nutritionally adequate diet through the issuance of coupons.[3] The goal of the program is to "alleviate hunger and malnutrition . . . by increasing food purchasing power for all eligible households who apply for participation."[4] The Hunger Prevention Law of 1988 authorized pilot programs to test whether the use of benefit cards or other electronic benefit delivery systems could enhance the effectiveness of the food stamp program.[5] In 1996, federal

[1] Dennis Roth, Social Science Analyst, *Food Stamps: 1932-1937: From Provisional to Pilot Programs to Permanent Policy*, http://www.nal.usda.gov/ric/ricpubs/foodstamps.htm (last visited Jan. 23, 2012).
[2] *Id*.; *see also* Food and Nutrition Serv., United States Dep't of Agriculture, *Supplemental Nutrition Assistance Program, A Short History of SNAP*, http://www.fns.usda.gov/snap/rules/Legislation/about.htm (last visited Jan. 23, 2012) [hereinafter *A Short History of SNAP*].
[3] Food and Nutrition Serv., United States Dep't of Agriculture, *Supplemental Nutrition Assistance Program, Legislative History*, http://www.fns.usda.gov/snap/rules/Legislation/history/PL_88-525.htm (last visited Jan. 23, 2012).
[4] Food Research and Action Ctr., *SNAP/Food Stamps*, http://frac.org/federal-foodnutrition-programs/snapfood-stamps/ (last visited Jan. 23, 2012) (as stated in the Food Stamp Act of 1977).
[5] *A Short History of SNAP, supra* note 2.

law mandated that states implement electronic benefit transfer (EBT) systems by 2002.[6] The EBT system "allows a recipient to authorize transfer of their government benefits from a Federal account to a retailer account to pay for products received."[7] Food assistance benefits are deposited into a food assistance account each month and an EBT card, much like a bank card, is used to buy food.[8]

In 2008, the Food, Conservation, and Energy Act replaced the Food Stamp Act of 1977 and increased the commitment to Federal food assistance programs.[9] As of November 2011, the program serves over 40 million low-income individuals each month.[10] The bill also changed the name of the Federal food stamp program to the Supplemental Nutrition Assistance Program (SNAP), and changed the name of the Food Stamp Act to the Food and Nutrition Act of 2008.[11] According to the USDA, the new name reflects the department's focus on nutrition, putting health food within reach for low income households, and improvement in accessibility.[12] While states are permitted to name the program on their own, the federal government has encouraged states to change the name to SNAP, or another alternative name, as an opportunity to fight stigma and promote messages about healthy eating to consumers.[13] As of March 2011, 29 states had changed the name of their program to SNAP and eight states had changed the name of the program to an alternate name.[14] Seven states were still using the name Food Stamp Program.[15]

Food and Nutrition Act of 2008

The Food and Nutrition Act (act) defines "eligible food" as "any food or food product intended for human consumption except alcoholic beverages, tobacco, and hot foods and hot food products prepared for immediate consumption."[16] The term also includes seeds and plants to grow foods for personal consumption, as well as some additional exceptions to allow for hot food products ready for consumption in certain circumstances.[17] For example, eligible food products include:

- Breads and cereals;
- Fruits and vegetables;
- Meats, fish, and poultry;
- Dairy products; and

[6] *Id*.
[7] *Id*.
[8] *Id*.
[9] *Id*.
[10] Food and Nutrition Serv., United States Dep't of Agriculture, *Supplemental Nutrition Assistance Program*, http://www.fns.usda.gov/snap/snap.htm (last visited Jan. 23, 2012).
[11] *A Short History of SNAP*, *supra* note 2
[12] Food and Nutrition Serv., *supra* note 10.
[13] *Id*.
[14] Supplemental Nutrition Assistance Program, United States Dep't of Agriculture, *From Food Stamps to SNAP: State Name Change Tracking Chart*, http://www.fns.usda.gov/snap/roll-out/state-chart.pdf (last visited Jan. 23, 2012).
[15] *Id*.
[16] 7 C.F.R. s. 271.2.
[17] *Id*.

- Seeds and plants to grow and product food for the household to eat.[18]

Households may not use food assistance benefits to buy:

- Beer, wine, liquor, cigarettes, or tobacco;
- Pet food, soaps, paper products; or household supplies;
- Vitamins and other medicines;
- Food that will be eaten in the store; and
- Hot foods.[19]

Soft drinks, candy, cookies, crackers, ice cream, bakery cakes, and certain energy drinks are eligible for purchase with SNAP benefits under the current definition of "eligible foods."[20]

Since the definition of "eligible foods" is part of a federal act, in order to change the definition it would require federal legislation. Under current law, the Administrator of the Food and Nutrition Service (administrator) may grant a waiver to a state to deviate from specific regulatory provisions of the act. Waivers may only be granted in the following situations:

- The specific regulatory provision cannot be implemented due to extraordinary temporary situations;
- The Food and Nutrition Service (FNS) determines that the waiver would result in a more effective and efficient administration of the program; or
- Unique geographic or climatic conditions within a state preclude effective implementation of the specific regulatory provision and require an alternate procedure.[21]

The administrator may not approve requests for waivers when the waiver would be inconsistent with the provisions of the act or the waiver would result in material impairment of any statutory or regulatory rights of participants or potential participants.[22]

In 2004, Minnesota submitted a request for a waiver of the definition of eligible foods in order to prohibit the purchase of candy and soft drinks with SNAP (at the time, they were still called food stamp) benefits. The request was denied because the act defines food in a certain manner and the proposed change to the definition of food would be in direct conflict with the statute.[23] Additional concerns related to the waiver included:

- A uniform food stamp program allows FNS and states to implement interoperability. Allowing conflicting definitions of eligible food items would introduce obstacles to

[18] Food and Nutrition Serv., U.S. Dep't of Agriculture, *Supplemental Nutrition Assistance Program*, http://www.fns.usda.gov/snap/retailers/eligible.htm (last visited Jan. 26, 2012).
[19] *Id*.
[20] *Id*.
[21] 7 C.F.R. s. 272.3(c).
[22] *Id*.
[23] Correspondence from Ollice C. Holden, Regional Admin., Food and Nutrition Servs., U.S. Dep't of Agriculture, to Maria Gomez, Assistant Commissioner, Minnesota Dep't of Human Servs. (May 4, 2004) (on file with the Senate Committee on Children, Families, and Elder Affairs).

continuing interoperability and would undermine the significant benefits that interoperability provides to program recipients;
- Approval of such a waiver could include the reintroduction of a stigma to participants and would perpetuate the myth that participants do not make wise purchasing decisions; and
- Administrative difficulties ranging from what penalties would be brought against retailers for noncompliance and what entity – the state or the USDA – would be responsible for monitoring compliance.[24]

While there is evidence that SNAP benefits may increase the availability of some nutrients in the home food supply, there is little research that addresses the effect of SNAP participation on nutrition-related health outcomes such as height and weight.[25]

According to the USDA, Congress has considered placing limits on the types of foods eligible for purchase with SNAP benefits in the past. However, Congress concluded that designating foods as "luxury or non-nutritious" would be administratively costly and burdensome.[26]

Healthy Foods Initiatives

Let's Move is a comprehensive initiative aimed at solving the problem of obesity. At its launch in February, 2010, the President of the United States signed a Presidential Memorandum creating a Task Force on Childhood Obesity. Let's Move reports that one in three children in America is overweight or obese and likely to suffer from diabetes at some point in their lives as well as other obesity-related health problems like heart disease, high blood pressure, cancer and asthma.[27] Among other suggestions, the organization has outlined actions to foster healthier food choices in school and recommendations for providing access to healthy, affordable food. In connection with this initiative, the nation's leading health foundations have created the Partnership for a Healthier America to facilitate partnerships with States, communities, and the non-profit and private sectors to address childhood obesity.[28]

It is estimated that more than 23 million Americans, more than one-fourth of them being children, live in low-income urban and rural neighborhoods that are more than a mile from a supermarket with access to affordable, quality, and nutritious foods, resulting in many children not eating recommended levels of fruits, vegetables, and whole grains.[29]

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[24] *Id*.
[25] Office of Analysis, Nutrition, and Evaluation, Food and Nutrition Serv., U.S. Dep't of Agriculture, *Making America Stronger: A Profile of the Food Stamp Program*, 21 (Sept. 2005), *available at* http://www.fns.usda.gov/ora/menu/Published/snap/FILES/Other/FSPProfile.pdf (last visited Jan. 23, 2012).
[26] Food and Nutrition Serv., *supra* note 18. In 2007, the USDA issued a detailed report relating to the challenges of restricting the use of SNAP benefits. *See* U.S. Dep't of Agriculture, *Implications of Restricting the Use of Food Stamp Benefits* (Mar. 1, 2007), *available at* http://www.fns.usda.gov/ora/menu/Published/snap/FILES/ProgramOperations/FSPFoodRestrictions.pdf (last visited Jan. 26, 2012).
[27] See Let's Move!, http://www.letsmove.gov (last visited Feb. 9, 2012).
[28] See Partnership for a Healthier America, http://www.ahealthieramerica.org (last visited Feb. 9, 2012).
[29] Press Release, The White House, *First Lady Michelle Obama Launches Let's Move: America's Move to Raise a Healthier Generation of Kids* (Feb. 9, 2010), *available at* http://www.whitehouse.gov/the-press-office/first-lady-michelle-obama-launches-lets-move-americas-move-raise-a-healthier-genera (last visited Feb. 9, 2012).

PolicyLink is a national research and action institute that was founded in 1999 for the purpose of advancing economic and social equity with a focus on low income communities and communities of color by relying on the experience of and sharing findings and analysis with national and local policymakers.[30] In a publication issued July 20, 2011, Policy Link followed up on a prior report prepared by PolicyLink and The California Endowment, a private health foundation, in 2005.[31] The publication highlights the relationship between obesity and lack of access to healthy, fresh food, and particularly the problem it poses for low-income children and children of color, who face some of the highest rates of obesity. It found the situation to exist in both urban and rural communities. Strategies suggested by the report to develop new healthy food retail opportunities include: create financing sources to develop new grocery stores in low-income neighborhoods; improve small stores; start and sustain farmers' markets; and connect local farmers to low-income consumers. In summary, the PolicyLink report maintains that better access contributes to healthier eating which contributes to lower rates of obesity and diet-related disease. The Policy Link, in conjunction with the Food Trust,[32] reported similar findings in a publication issued March 15, 2010[33] emphasizing that the lack of access to healthy and affordable foods in low-income communities has created "food deserts" due to the abundance of convenience stores and fast food restaurants that sell cheap, high-fat, high-sugar, processed foods while offering few healthy options, with a corresponding high presence of obesity, diabetes, and other diet-related diseases. There is a general agreement about the consequences of the lack of access to healthy foods and suggested solutions range from developing and expanding retail outlets to removing transportation barriers to allow for better access.

At the federal level, the Healthy, Hunger Free Kids Act of 2010[34] reauthorizes expiring provisions of the Richard B. Russell National School Lunch Act and the Child Nutrition Act of 1966 to provide funding for federal school meal and child nutrition programs and increase access to healthy food for low-income children. One of its aims is to ensure that more local foods are used in the school setting by helping communities establish local farm to school networks. On November 30, 2011, bipartisan bills were introduced in both the United States Senate and House to establish a Healthy Food Financing Initiative (HFFI)[35] which will, if it becomes law, appropriate $125 million to improve access to healthy foods in underserved areas by providing loans and grants to eligible fresh, healthy food retailers as administered by a National Fund Manager in partnership with local groups, and state and municipal governments.

[30] See Policy Link, http://policylink.org (last visited Feb. 9, 2012).
[31] Rebecca Flournoy, Policy Link, *Healthy Food, Healthy Communities: Promising Strategies to Improve Access to Fresh, Healthy Foods and Transform Communities* (2011), *available at* http://www.policylink.org/atf/cf/%7B97c6d565-bb43-406d-a6d5-eca3bbf35af0%7D/HFHC_FULL_FINAL_20120110.PDF (last visited Feb. 9, 2012).
[32] The Food Trust was founded in 1992 as a non-profit entity whose goal is to make affordable, healthy food available to all. See The Food Trust, *Who We Are*, http://thefoodtrust.org (last visited Feb. 9, 2012).
[33] Sarah Treuhaft and Allison Karpyn, T*he Grocery Gap: Who Has Access to Healthy Foods and Why It Matters* (March 15, 2012), *available at* http://www.policylink.org/atf/cf/%7B97C6D565-BB43-406D-A6D5-ECA3BBF35AF0%7D/FINALGroceryGap.pdf (last visited Feb. 9, 2012).
[34] Public Law 111-296 (Dec 13, 2010), *available at* http://www.gpo.gov/fdsys/pkg/PLAW-111publ296/pdf/PLAW-111publ296.pdf (last visited Feb. 9, 2012).
[35] S.B. 1926 and H.R. 3525.

Several states have adapted financing initiatives aimed at facilitating access to healthy foods in underserved areas.[36] Louisiana adopted the first statewide Healthy Food Retail Act in 2009 contingent upon funding by the state.[37] While there has been no appropriation to fund this program on a statewide basis, the National Policy & Legal Analysis Network to Prevent Childhood Obesity cites the city of New Orleans' use of Community Development Grant Money as a creative way to fund the state's Healthy Food Retail program.[38]

The Department of Agriculture and Consumer Services (DACS) has created the Florida "Farm to School" program to bring nutritious, fresh fruits and vegetables from local farms to schools. DACS is not intended to be a party to any agreement but a source of information to promote opportunities for schools and growers to work together to increase the volume of locally grown produce that is served in school cafeterias and dining halls.[39]

The Junior League of Greater Orlando (League) is a community service organization that created HIP kids (Healthy Informed Playful Kids) to address immediate and long term challenges faced by hungry children. As an outgrowth of that cause, the Chair of the Public Affairs Committee researched nationwide programs aimed at bringing healthy foods into food deserts, defined for their purposes as low-income communities whose closest grocery store or market is at least 1-5 miles from that community resulting in little to no access to fresh fruits and vegetables and other healthy foods.[40] Examples of successful efforts were found in several states. A result was that this bill, which is modeled after the Louisiana Healthy Food Retail Act of 2009, was filed.

III. Effect of Proposed Changes:

This bill provides that the electronic benefit transfer system shall prevent a recipient from using the electronic benefit transfer (EBT) card to access cash benefits outside this state, to purchase alcohol or tobacco products, or to access automatic teller machines (ATMs) located in gambling and adult entertainment establishments. The bill does provide that it does not prohibit the use of an EBT card to access federal Supplemental Nutrition Assistance Program (SNAP) benefits in any manner authorized by federal law. Essentially, the intent of the bill is to prohibit the use of state dollars through the electronic benefit transfer system in certain circumstances, but that an individual may still be able to use federal SNAP funds under the same circumstances if allowed by federal law.

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[36] See Pennsylvania, http://www.thefoodtrust.org/php/programs/fffi.php (last visited Feb. 9, 2012); Illinois, http://www.rwjf.org/publichealth/digest.jsp?id=10962 (last visited Feb. 9, 2012); New York, http://www.esd.ny.gov/BusinessPrograms/HealthyFoodHealthyCommunities.html (last visited Feb. 9, 2012); *see also* The University of North Carolina at Chapel Hill, *Healthy Retail and Dining Initiatives*, http://americanindianhealthyeating.unc.edu/tools-for-healthy-tribes/food-retail/ (last visited Feb. 9, 2012).

[37] Chapter 3-D. Healthy Food Retail Act, available at http://legis.state.la.us/lss/newWin.asp?doc=670617 (last visited Feb. 9, 2012).

[38] Manel Kappagoda, Nat'l Policy & Legal Analysis Network to Prevent Childhood Obesity, *Financing Healthy Food Retail & Promoting Physical Activity Opportunities* (April 9, 2010), *available at* http://www.ncsl.org/portals/1/documents/health/MKappagodaSF10.pdf (last visited Feb. 9, 2012).

[39] Fla. Dep't of Agriculture and Consumer Servs., *Florida "Farm to School" Program*, http://www.florida-agriculture.com/FarmToSchool/ (last visited Feb. 9, 2012).

[40] Telephone conversation with Katherine Martin, Chairperson, and professional staff of the Senate Committee on Agriculture (Dec. 3, 2012).

The bill requires the Department of Children and Family Services (DCF or department) to:

- Add nonstaple, unhealthy foods to the list of items that may not be purchased with federal SNAP funds.
- Prohibit the use of benefits at restaurants, including fast-food restaurants; and
- Use culturally sensitive campaigns to promote the modifications made pursuant to the bill, as well as the benefits of healthy and nutritious eating habits.

The bill specifies certain foods that are to be added to the list of items that may not be purchased with federal SNAP funds. These foods include:

- Foods containing trans fats;
- Sweetened beverages, including sodas;
- Jello;
- Candy;
- Ice cream;
- Pudding;
- Popsicles;
- Muffins;
- Sweet rolls;
- Cakes;
- Cupcakes;
- Pies;
- Cobblers;
- Pastries;
- Doughnuts;
- Corn-based salty snacks;
- Pretzels;
- Party mix;
- Popcorn; and
- Potato chips.

The department is authorized to collaborate with any public or nongovernmental organization that promotes the health and well-being of all residents of the state. The department is required to seek all necessary federal approvals to implement this bill.

Finally, the bill provides that a cash assistance recipient may not access cash benefits through an EBT card from an ATM in this state located in:

- An adult entertainment establishment;[41]
- A pari-mutuel facility;[42]

[41] An "adult entertainment establishment" means an adult bookstore, adult theater, special cabaret, and unlicensed massage establishment. Section 847.001, F.S.
[42] A "pari-mutuel facility" is defined as a racetrack, fronton, or other facility used by a permitholder for the conduct of pari-mutuel wagering. Section 550.002(23), F.S.

- A gaming facility authorized under a tribal-state gaming compact;
- A commercial bingo facility that is not an authorized bingo establishment;[43]
- A store or establishment in which the principal business is the sale of firearms; and
- A retail establishment licensed to sell malt, vinous, or spirituous liquors under the Beverage law.

The bill also creates unnumbered sections of law that may be cited as the "Healthy Foods Retail Act" (act).

The bill suggests the following legislative findings:

- Low income families, children, and elderly people face obstacles to a healthy diet when fresh fruits and vegetables and other healthy foods aren't readily available or affordable. National research indicates that these types of residents are most often affected by inadequate access to supermarkets and other retailers that sell healthy foods as well as by high rates of obesity.
- Obesity, resulting from poor diet and physical inactivity, is the fastest growing cause of disease and death in the United States and especially puts adults and children at risk for developing serious health problems.
- People who have better access to retail food outlets that sell fresh fruits, vegetables, and other healthy food tend to have healthier diets and lower levels of obesity according to studies.
- The development of quality retail food outlets creates jobs, expands markets for farmers, and supports economic vitality in underserved communities.
- The purpose is to establish a program to:
    - Provide a source of financing for food retailers in underserved communities;
    - Increase access to affordable healthy food;
    - Promote sale and consumption of fresh fruits and vegetables, especially those that are locally grown; and
    - Support expanded economic opportunities in low-income and rural communities.

The bill provides the following definitions for this act:

- "Department" means the Department of Agriculture and Consumer Services.
- "Funding" means grants, loans, or a combination of grants and loans.
- "Healthy food retailers" means for-profit or not-for-profit retailers that sell high-quality fresh fruits and vegetables at competitive prices.
- "Program" means a public-private partnership administered by the department to provide a dedicated source of financing for food retailers that provide increased access to the supply of healthy food contemplated by this act.
- "Underserved community" means a geographic area located in a lower income or high-poverty area with limited access to healthy food retailers.

The bill directs the Department of Agriculture and Consumer Services (DACS) to establish a financing program, to the extent funds are available to fund healthy food retailers that provide

[43] Section 849.0931, F.S., provides that charitable, nonprofit, or veteran's associations may conduct bingo games or instant bingo under certain conditions.

access to affordable healthy food in underserved communities in accordance with the following guidelines:

- The DACS may contract with qualified nonprofit organizations or community development financial institutions to administer the program, raise matching funds, provide marketing support, evaluate applicants, make award decisions, underwrite loans, and monitor compliance and impact as well as coordinate with complementary nutrition assistance and educational programs.
- Funding shall be provided on a competitive, one-time basis for eligible projects.
- Types of projects that may be funded by the program are:
    - New construction of supermarkets and grocery stores;
    - Store renovations and expansion and infrastructure upgrades that improve availability and quality of fresh produce;
    - Marketing and distribution outlets that enable food retailers in underserved communities to regularly obtain fresh produce; and
    - Other projects that meet the intent of this act to create or improve access to healthy food retailers.
- Specific purposes for which funds may be used, excluding any use for a restaurant, are:
    - Site acquisition and preparation;
    - Construction costs;
    - Equipment and furnishings;
    - Workforce training;
    - Security;
    - Predevelopment costs such as market studies and appraisals; and
    - Working capital for first-time inventory and start-up costs.
- For-profit or not-for-profit entities, both private and public, may apply for funding.
- Applicants must meet the following criteria:
    - The project must benefit an underserved community;
    - A meaningful commitment to sell fresh fruits and vegetables must be demonstrated that will be measured by standards developed by the department;
    - Vouchers issued by SNAP must be accepted and clients of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) must be served. For program applicants that are not eligible to be included in either of these two categories, the DACS shall establish standards to measure a meaningful commitment to serve low-income households.
- The amount of funding shall be based on the following criteria:
    - A demonstrated capacity to successfully implement the project, including relevant experience and likelihood of self-sustainability;
    - The ability of applicant to repay debt;
    - The degree to which the project requires public funding and the level of need in the area to be served. Consideration may be given to factors that indicate accessibility to retail outlets for low-income residents, such as proximity to public transit lines;
    - The degree to which the project will promote sales of fresh produce, especially locally grown;

    - The degree to which the project will have a positive impact on the underserved community, including job creation or retention for local residents; and
    - Other criteria consistent with this act as determined by the DACS.
- The DACS shall establish benchmarks and reporting requirements to make certain the program benefits both rural and urban communities, in addition to establishing monitoring and accountability mechanisms, such as tracking fruit and vegetable sales data.
- The DACS shall prepare an annual report for the Legislature for any projects funded.

To the extent practicable, funds described in this act may be leveraged with other funding, including, but not limited to, the New Markets Tax Credits Program, federal and foundation grants, incentives available to Empowerment Zones or Renewal Communities, operator equity, and funding from private sector financial institutions under the federal Community Reinvestment Act of 1977.

The DACS may adopt rules as necessary to administer this section.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

This bill increases the list of foods that may not be purchased using federal Supplemental Nutrition Assistance Program (SNAP) funds. Accordingly, individuals would be required to use private funds to purchase the items listed in the bill.

Private entities and public-private partnerships will benefit to the extent they are awarded grants and may further benefit from loans and loan terms that facilitate or accelerate the growth or expansion of business opportunities.

C. Government Sector Impact:

According to the Department of Children and Family Services (DCF or department), the bill may have an impact on temporary cash assistance recipients regarding successful administration of the Relocation Assistance Program. Pursuant to rule, DCF currently authorizes temporary cash assistance benefits to continue for one month following the month of departure from the state if the recipient requests the extension.[44] This bill restricts the use of out-of-state access to cash benefits, which would require DCF to amend its rule.[45]

The bill will require programming changes to the EBT System to implement the prohibitions. The department analysis indicates costs are estimated at $35,000 and can be absorbed with existing resources.

The Department of Agriculture and Consumer Services (DACS) is charged with implementing and administering this program and it estimates that it would incur expenditures as shown in the table below. This impact may be offset by an anticipated application fee but the amount of revenue from this source is unknown at this time.

Expenditures		FY 11-12	FY 12-13	FY 13-14
Recurring				
FTEs (3)		$141,430	$141,430	$141,430
Support		$ 15,000	$ 7,500	$ 7,500
Total recurring		$156,430	$148,930	$148,930

The bill provides that the financing program proposed will be established to the extent funds are available. As there is no dedicated appropriation of funds for the program, the establishment of the program will depend upon a reallocation in an undetermined amount of existing department funds.

VI. Technical Deficiencies:

The bill directs the Department of Children and Family Services (DCF or department) to add nonstaple, unhealthy foods to the list of items that may not be purchased with federal SNAP funds. Although the bill provides a list of some items that are prohibited, the bill does not define "nonstaple, unhealthy foods," nor does it provide any guidelines for determining what is unhealthy. It is unclear how the department will determine what is or is not unhealthy for purposes of using SNAP funds.

According to DCF, the cash transaction set does not provide identification codes for business types other than financial institutions. Accordingly, there is currently no standardized or accurate way to gather merchant identification data based on the transaction set data that currently exists in the industry. Any data gathering is reliant on Third Party Processors and terminal operators to provide. The department recommends

[44] Rule 65A-4.220(6), F.A.C.
[45] Dep't of Children and Families, *Staff Analysis and Economic Impact, SB 1658* (Jan. 11, 2012) (on file with the Senate Committee on Children, Families, and Elder Affairs).

that effective exclusion of certain terminals would be best managed by the Third Party Processors.[46]

On line 34, the bill provides that the electronic benefit transfer system designed and implemented pursuant to this *chapter* shall prevent a recipient from using the electronic benefit transfer (EBT) card in certain locations. The electronic benefit transfer system is created in s. 402.82, F.S., so the bill may need to be amended to use the term "section" rather than "chapter."

VII. Related Issues:

In 2010, California – through executive order – restricted cash access with the EBT card at certain establishments. These establishments included:

- Bail bonds.
- Bingo halls.
- Cannabis shops.
- Cruise ships.
- Gun and ammunition stores.
- Liquor stores.
- Night clubs, saloons, and taverns.
- Psychic readers.
- Race tracks.
- Smoking shops.
- Spa and massage salons.
- Tattoo and piercing shops.[47]

Throughout the process, the state learned:

- ATM blocking is an inexact process.
- Some locations that should be blocked will be missed.
- Some locations that have been blocked should be active.
- Blocking ATMs solely by category is impossible because all ATMs use the same Financial Institution Category Code.
- Intense effort for contractor and state to determine exact locations to be blocked.
- Monitoring is extremely difficult.
- Reactivations due to new processor occur frequently.
- Changes in location name.[48]

[46] *Id*.
[47] *Id*.
[48] *Id*.

VIII. Additional Information:

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

CS by Budget Subcommittee on Health and Human Services Appropriations on February 8, 2012:
The committee substitute creates the "Health Foods Retail Act" (act). The committee substitute establishes legislative findings relating to the act and requires the Department of Agriculture and Consumer Services (DACS) to establish a financing program to fund healthy food retailers. The committee substitute sets guidelines for participation, funding limitations, determination of eligible projects, types of expenditures authorized, requirements to be met by applicant, basis for setting the amount of funding, establishment of controls and compliance monitoring, and legislative reporting.

B. Amendments:

None.

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LEGISLATIVE ACTION

Senate . House

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

Senate Amendment (with title amendment)

Delete lines 54 - 76.

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

And the title is amended as follows:

Delete lines 6 - 12.

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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/08/2012	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Between lines 98 and 99

insert:

Section 3. Healthy Foods Retail Act.—

(1) This section may be cited as the "Healthy Foods Retail Act."

(2) The Legislature finds that:

(a) When fresh fruits and vegetables and other healthy foods are not easily available or affordable, people, particularly low-income families, children, and the elderly, face serious barriers to eating a healthful diet. National

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research indicates that residents of low-income, minority, and rural communities are most often affected by inadequate access to supermarkets and other retailers selling healthy food, as well as by high rates of obesity.

(b) Obesity, which results from poor diet and physical inactivity, is the fastest growing cause of disease and death in the United States, putting growing numbers of adults and children at risk for developing heart disease, type 2 diabetes, hypertension, certain cancers, and other health problems.

(c) Increasing access to retail food outlets that sell fresh fruits, vegetables, and other healthy food is an important strategy for fighting the obesity epidemic and improving health. Studies have shown that people who have better access to supermarkets and fresh produce tend to have healthier diets and lower levels of obesity.

(d) Developing quality retail food outlets also creates jobs, expands markets for farmers, and supports economic vitality in underserved communities.

(e) The program established pursuant to this section is intended to provide a dedicated source of financing for food retailers operating in underserved communities in this state, in both urban and rural areas; to increase access to affordable healthy food in order to improve diets and health; to promote the sale and consumption of fresh fruits and vegetables, particularly those that are locally grown; and to support expanded economic opportunities in low-income and rural communities.

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

(a) "Department" means the Department of Agriculture and

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Consumer Services.

(b) "Funding" means grants, loans, or a combination of grants and loans.

(c) "Healthy food retailers" means for-profit or not-for-profit retailers that sell high-quality fresh fruits and vegetables at competitive prices, including, but not limited to, supermarkets, grocery stores, and farmers' markets.

(d) "Program" means a public-private partnership established under this section and administered by the department to provide a dedicated source of financing for food retailers that provide increased access to fresh fruits and vegetables and other affordable healthy food for state residents.

(e) "Underserved community" means a geographic area that has limited access to healthy food retailers and is located in a lower income or high-poverty area, or an area that is otherwise found to have serious limitations on access to healthy food.

(4) To the extent funds are available, the department, in cooperation with public and private sector partners, shall establish a financing program that provides funding to healthy food retailers that provide increased access to fresh fruits and vegetables and other affordable healthy food in underserved communities.

(a) The department may contract with one or more qualified nonprofit organizations or community development financial institutions to administer the program, raise matching funds, provide for marketing the program statewide, evaluate applicants, make award decisions, underwrite loans, and monitor compliance and impact. The department and its partners shall

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coordinate with complementary nutrition assistance and education programs.

(b) The program shall provide funding on a competitive, one-time basis as appropriate for eligible projects.

(c) The program may provide funding for projects such as:

1. New construction of supermarkets and grocery stores.

2. Store renovations, store expansion, and infrastructure upgrades that improve the availability and quality of fresh produce.

3. Farmers' markets and public markets, food cooperatives, mobile markets and delivery projects, and distribution projects that enable food retailers in underserved communities to regularly obtain fresh produce.

4. Other projects that create or improve access to healthy food retailers and meet the intent of this section as determined by the department.

(d) Funding made available for projects may be used for the following purposes:

1. Site acquisition and preparation.

2. Construction costs.

3. Equipment and furnishings.

4. Workforce training.

5. Security.

6. Predevelopment costs such as market studies and appraisals.

7. Working capital for first-time inventory and startup costs.

A restaurant is not eligible for funding under this section.


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(e) An applicant for funding may be a for-profit or not-for-profit entity, including, but not limited to, a sole proprietorship, partnership, limited liability company, corporation, cooperative, nonprofit organization, nonprofit community development entity, university, or governmental entity.

(f) In order to be considered for funding, an applicant must meet the following criteria:

1. The project for which the applicant seeks funding must benefit an underserved community.

2. The applicant must demonstrate a meaningful commitment to sell fresh fruits and vegetables, according to a measurable standard established by the department.

3. Generally, the applicant must accept vouchers issued by the federal Supplemental Nutrition Assistance Program and be able to serve clients of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). For categories of program applicants that are not eligible to accept vouchers issued under the federal Supplemental Nutrition Assistance Program or to serve WIC clients, the department shall establish an alternative standard for demonstrating a meaningful commitment to making healthy food affordable to low-income households.

(g) In order to determine the amount of funding to award, the department shall evaluate project applicants on the following criteria:

1. Demonstrated capacity to successfully implement the project, including the applicant’s relevant experience, and the likelihood that the project will be economically self-

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sustaining.

2. The ability of the applicant to repay debt.

3. The degree to which the project requires an investment of public funding to move forward, create impact, or be competitive, and the level of need in the area to be served. The department may also take into account additional factors, such as proximity to public transit lines, which will improve or preserve retail access for low-income residents.

4. The degree to which the project will promote sales of fresh produce, particularly locally grown fruits and vegetables.

5. The degree to which the project will have a positive economic impact on the underserved community, including creating or retaining jobs for local residents.

6. Other criteria that the department determines to be consistent with the purposes of this section.

(h) The department shall establish program benchmarks and reporting processes to make certain that the program benefits both rural and urban communities. The department shall also establish monitoring and accountability mechanisms for projects receiving funding, such as tracking fruit and vegetable sales data.

(i) The department shall prepare and submit an annual report to the Legislature, including outcome data, on any projects funded.

(5) To the extent practicable, funds described in this section may be used to leverage other funding, including, but not limited to, the new markets tax credit program, federal and foundation grants, incentives available to federally designated empowerment zones or renewal communities, operator equity, and

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funding from private sector financial institutions under the federal Community Reinvestment Act of 1977.

(6) The department may adopt rules as necessary to administer this section.

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

And the title is amended as follows:

Delete lines 2 - 18

and insert:

An act relating to underserved communities; amending s. 402.82, F.S.; restricting the use of an electronic benefit transfer card to prohibit accessing cash from outside the state and purchasing certain products; expanding the list of items that may not be purchased with the federal Supplemental Nutrition Assistance Program funds; prohibiting the use of benefits in restaurants; directing the Department of Children and Family Services to promote the benefits of healthy and nutritious eating habits; requiring the department to seek federal authorization or waiver when necessary; amending s. 414.095, F.S.; revising the method of payment of temporary cash assistance to include an electronic benefit transfer card; prohibiting a cash assistance recipient from accessing cash benefits through an electronic benefit transfer card from an automatic teller machine located in certain locations; creating the Healthy Foods Retail Act; providing legislative findings; providing definitions; directing the Department of Agriculture and Consumer Services to


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establish a financing program to help fund projects that increase access to fresh fruits and vegetables in underserved communities; authorizing the department to contract with other organizations to administer the program; specifying how the funding is to be used; providing who is eligible for funding; providing criteria for project funding and evaluation; requiring an annual report to the Legislature; authorizing available funds to be used to leverage other funding; authorizing the department to adopt rules;

By Senator Storms

10-01432B-12 20121658__

A bill to be entitled

An act relating to public assistance; amending s. 402.82, F.S.; restricting the use of an electronic benefit transfer card to prohibit accessing cash from outside the state and purchasing certain products; expanding the list of items that may not be purchased with the federal Supplemental Nutrition Assistance Program funds; prohibiting the use of benefits in restaurants; directing the Department of Children and Family Services to promote the benefits of healthy and nutritious eating habits; requiring the department to seek federal authorization or waiver when necessary; amending s. 414.095, F.S.; revising the method of payment of temporary cash assistance to include an electronic benefit transfer card; prohibiting a cash assistance recipient from accessing cash benefits through an electronic benefit transfer card from an automatic teller machine located in certain locations; providing an effective date.

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

Section 1. Section 402.82, Florida Statutes, is amended to read:

402.82 Electronic benefit transfer program; federal Supplemental Nutrition Assistance Program.—

(1) The Department of Children and Family Services shall establish an electronic benefit transfer program for the dissemination of food assistance benefits and temporary cash

10-01432B-12 20121658__

assistance payments, including refugee cash assistance payments, asylum applicant payments, and child support disregard payments. Except to the extent prohibited by federal law, the electronic benefit transfer system designed and implemented pursuant to this chapter shall prevent a recipient from using the electronic benefit transfer card to access cash benefits outside this state, to purchase alcohol or tobacco products, or to access automatic teller machines located in gambling establishments and adult entertainment establishments. This section does not prohibit the use of an electronic benefit transfer card to access federal Supplemental Nutrition Assistance Program (SNAP) benefits in any manner authorized by federal law.

(2) If the Federal Government does not enact legislation or regulations providing for dissemination of supplemental security income by electronic benefit transfer, the state may include supplemental security income in the electronic benefit transfer program.

(3) ~~(2)~~ The department shall, in accordance with applicable federal laws and regulations, develop minimum program requirements and other policy initiatives for the electronic benefit transfer program.

(4) ~~(3)~~ The department shall enter into public-private contracts for all provisions of electronic transfer of public assistance benefits.

(5) The department shall, in accordance with applicable federal laws and regulations:

(a) Add to the list of items that may not be purchased with federal Supplemental Nutrition Assistance Program funds nonstaple, unhealthy foods. Such prohibited items include, but

are not limited to, foods containing trans fats; sweetened beverages, including sodas; sweets, such as jello, candy, ice cream, pudding, popsicles, muffins, sweet rolls, cakes, cupcakes, pies, cobblers, pastries, and doughnuts; and salty snack foods, such as corn-based salty snacks, pretzels, party mix, popcorn, and potato chips.

(b) Prohibit the use of benefits at restaurants, including fast-food restaurants.

(c) Use culturally sensitive campaigns to promote the modifications made pursuant to this section as well as the benefits of healthy and nutritious eating habits.

(6) For purposes of implementing this section, the department may collaborate with any public or nongovernmental organization that promotes the health and well-being of all residents of this state. The department shall seek all necessary federal approvals to implement this section, which may include a waiver of federal law from the United States Department of Agriculture.

Section 2. Paragraph (a) of subsection (13) of section 414.095, Florida Statutes, is amended to read:

414.095 Determining eligibility for temporary cash assistance.—

(13) METHODS OF PAYMENT OF TEMPORARY CASH ASSISTANCE.— Temporary cash assistance may be paid as follows:

(a) Direct payment through state warrant, electronic transfer of temporary cash assistance, electronic benefit transfer card, or voucher. A cash assistance recipient may not access cash benefits through an electronic benefit transfer card from automated teller machines in this state located in:

1. An adult entertainment establishment as defined in s. 847.001.

2. A pari-mutuel facility as defined in s. 550.002.

3. A gaming facility authorized under a tribal-state gaming compact under part II of chapter 285.

4. A commercial bingo facility that operates outside the provisions of s. 849.0931.

5. A store or establishment in which the principal business is the sale of firearms.

6. A retail establishment licensed to sell malt, vinous, or spirituous liquors under the Beverage Law.

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

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL:	CS/SB 1258
INTRODUCER:	Health Regulation Committee and Senator Benacquisto
SUBJECT:	Continuing Education for Athletic Trainers and Massage Therapists
DATE:	February 2, 2012 REVISED:

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

Please see Section VIII. for Additional Information:

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

I. Summary:

This bill repeals s. 456.034, F.S., to delete the requirement for a massage therapist or an athletic trainer to complete an educational course in HIV/AIDS as part of the initial application for licensure and continuing education in HIV/AIDS as part of licensure renewal.

This bill has no fiscal impact on the Department of Health. Massage therapists and athletic trainers may see a reduction in course fees related to the elimination of the specific course requirements.

This bill repeals the following sections of the Florida Statutes: 456.034.

II. Present Situation:

Acquired Immune Deficiency Syndrome (AIDS) is a disorder that results in the irreparable degradation of a patient's immune system. It is caused by a retrovirus known as the Human Immunodeficiency Virus (HIV). HIV and AIDS remain leading causes of illness and death in the United States.

The Centers for Disease Control and Prevention (CDC) estimated that at the end of 2006, over one million persons in the United States were living with HIV or AIDS.[1] According to the CDC, the annual number of AIDS cases and deaths declined substantially after 1994; and stabilized during the period 1999-2004.[2] Florida ranks third[3] among the states in the cumulative number of reported AIDS cases, with 123,112 cases reported through August 2011.[4]

HIV can be transmitted through certain body fluids (blood, semen, vaginal secretions, and breast milk) from an HIV-infected person. These specific fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to possibly occur. In the United States, HIV is most commonly transmitted through specific sexual behaviors (anal or vaginal sex) or sharing needles with an infected person.[5]

The risk of healthcare workers acquiring HIV on the job is very low, especially if they carefully follow universal precautions (e.g., using protective practices and personal protective equipment to prevent HIV and other blood-borne infections).[6] The greatest risk of exposure is from an injury, such as a cut from a contaminated sharp object, but can also occur from a splash to the eyes, nose, or mouth; contact on non-intact (broken or cracked) skin; or a human bite. HIV is not transmitted through normal skin contact.[7]

According to the CDC, implementation of "Standard Precautions" constitutes the primary strategy for the prevention of health care-associated transmission of infectious agents among patients and health care personnel. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which health care is delivered. These include hand hygiene; use of gloves, gowns, masks, eye protection, or face shields, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, contain heavily soiled

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[1] *HIV in the United States: An Overview*, Revised July 2010, CDC. Available at: <http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/pdf/us_overview.pdf> (Last visited on January 20, 2011).
[2] CDC Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings. MMWR (Morbidity and Mortality Weekly Report), September 22, 2006; 55(RR 14):1-17. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm> (Last visited on January 20, 2011).
[3] Florida – 2010 Profile. Found at: <http://www.cdc.gov/nchhstp/stateprofiles/pdf/florida_profile.pdf> (Last visited on January 20, 2011).
[4] The Florida Department of Health, Division of Disease Control, *Monthly Surveillance Report* (Hepatitis, HIV/AIDS, STD and TB), September 2011, p. 16. Available at: <http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2011/MSR0911b.pdf> (Last visited on January 20, 2011).
[5] CDC, HIV Transmission, *How is HIV passed from one person to another?* Found at: <http://www.cdc.gov/hiv/resources/qa/transmission.htm> (Last visited on January 20, 2011).
[6] Paul J. Kaprocki, *HIV/AIDS: Information for Massage Therapists*, 1 Edt., January 2011. Available at: <http://www.body-balancing.com/CEU%20Documents/CEU%20Document%20-%20HIV%20Aids%20for%20Massage%20Therapists.pdf > (Last visited on January 20, 2012); Center for Disease Control and Prevention. *HIV Transmission*. Available at: <http://www.cdc.gov/hiv/resources/qa/transmission.htm> (Last visited on January 20, 2012).
[7] Australasian College of Dermatologists. *A-Z of Skin: HIV and the Skin*. Available at: <http://www.dermcoll.asn.au/public/a-z_of_skin-hiv_and_the_skin.asp> (Last visited on January 20, 2012).

equipment, and properly clean and disinfect or sterilize reusable equipment before use on another patient).[8]

The CDC and state health departments have been investigating cases of HIV infection in health care personnel without identified risk factors since the early days of the AIDS epidemic. There have been no confirmed cases of occupational HIV transmission to health care workers in the United States since 1999.[9] Of those health care professionals in the "other healthcare occupation" category for whom case investigations were completed from 1981 to 2010 there were six *possible* cases of professionals having acquired HIV infection through occupational exposure, but no documented cases.[10]

Athletic Trainers, Standards and Certification

Athletic training is the recognition, prevention, and treatment of athletic injuries.[11] An athletic injury is an injury sustained during an athletic activity which affects the athlete's ability to participate or perform.[12] An athletic activity includes the participation in an event that is conducted by an educational institution, a professional athletic organization, or an amateur athletic organization, involving exercises, sports, games, or recreation requiring any of the physical attributes of strength, agility, flexibility, range of motion, speed, and stamina.[13]

In 1994, the Florida Legislature began licensing and fully regulating athletic trainers to protect the public and ensure that athletes are assisted by individuals adequately trained to recognize, prevent, and treat physical injuries sustained during athletic activities.[14] Athletic trainers are regulated by the Florida Department of Health (DOH), Division of Medical Quality Assurance and the Board of Athletic Training.[15] There are 1,488 active, licensed athletic trainers in Florida.[16]

An applicant seeking licensure as an athletic trainer must:[17]

- Complete the application form and remit the required fees;
- Be at least 21 years of age;

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[8] Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee, CDC, *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, p. 66. Available at: <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf> (Last visited on January 20, 2011).

[9] Center for Disease Control and Prevention. *Occupational HIV Transmission and Prevention among Health Care Workers*. Aug. 2011. Available at: <http://www.cdc.gov/hiv/resources/factsheets/PDF/hcw.pdf> (Last visited on January 20, 2011).

[10] CDC, *Surveillance of Occupationally Acquired HIV/AIDS in Healthcare Personnel, as of December 2010*, updated May, 2011. Available at: <http://www.cdc.gov/HAI/organisms/hiv/Surveillance-Occupationally-Acquired-HIV-AIDS.html> (Last visited on January 20, 2011).

[11] S. 468.701(5), F.S.

[12] S. 468.701(3), F.S.

[13] S. 468.701(2), F.S.

[14] S. 320, ch. 94-119; s 468.70, F.S.

[15] S. 468.701(8), F.S.; S. 468.701(6), F.S.

[16] Florida Department of Health, Division of Medical Quality Assurance, Athletic Training: Application & Licensure Requirements. Available at: <http://www.doh.state.fl.us/mqa/Publications/10-11mqa-ara.pdf > (Last visited on January 20, 2011).

[17] S. 468.707, F.S.

- Possess a baccalaureate degree from a college or university accredited by the United States Department of Education (U.S. DOE) or the Commission on Recognition of Postsecondary Accreditation (Commission), or from a program approved by the board;
- Complete an approved athletic training curriculum from a college or university accredited by an accrediting agency recognized and approved by the U.S. DOE or the Commission, or approved by the board;
- Be certified in cardiopulmonary resuscitation (CPR) from the American Red Cross, the American Heart Association, or an equivalent certification entity as determined by the board;
- Submit proof of taking a 2-hour course on the prevention of medical errors;
- Submit a certified copy of the National Athletic Trainers Association Board of Certification certificate or a notarized copy of examination results; and
- Submit a certificate of completion for a 1-hour course on HIV/AIDS.[18]

Licensed athletic trainers are required to complete 24 hours of continuing education courses biennially, including a minimum of 1 hour in HIV/AIDS, a 2-hour course in prevention of medical errors, and current certification in CPR with an automated external defibrillator (AED) at the professional rescue level. According to the DOH, HIV/AIDS is covered in the CPR-AED Professional Rescuer course and the medical errors course that must be taken every 2 years by athletic trainers.[19]

The additional hours of continuing education must focus on the prevention of athletic injuries; recognition, evaluation, and immediate care of athletic injuries; rehabilitation and reconditioning of athletic injuries; health care administration; or professional development and responsibility of athletic trainers.[20]

The Board of Athletic Training unanimously approved deletion of the biennial HIV/AIDS requirement at its board meeting on April 8, 2011.[21]

Massage Therapists, Standards and Certification

Massage is the manipulation of the soft tissues of the human body with the hand, foot, arm, or elbow, whether or not such manipulation is aided by hydrotherapy, including colonic irrigation, or thermal therapy; any electrical or mechanical device; or the application to the human body of a chemical or herbal preparation.[22] Massage therapists are regulated by the Florida Department of Health, Division of Medical Quality Assurance and the Board of Massage Therapy.[23] There

[18] Florida Department of Health, Division of Medical Quality Assurance, Athletic Training: Application & Licensure Requirements. Available at: <http://www.doh.state.fl.us/mqa/athtrain/info_AT_Lic_req.pdf> (Last visited on January 20, 2011). *See also* Rule 64B33-2.002, F.A.C.
[19] Department of Health *Bill Analysis, Economic State and Fiscal Note* for SB 1258 (dated January 12, 2012), on file with the Senate Health Regulation Committee.
[20] S. 456.034, F.S., and Rule 64B33-2.003, F.A.C.
[21] *Supra* fn. 20.
[22] S. 480.033(3), F.S.
[23] S. 480.033(1), F.S. and S. 480.033(2), F.S.

are 30,323 active, licensed massage therapists in Florida.[24] All massage therapists are required to renew their licenses biennially on or before August 31.[25]

Currently, an individual is qualified for an active license as a massage therapist in Florida if the individual:[26]

- Completes the application form and remits the required fees;
- Is at least 18 years of age or possesses a high school diploma or graduate equivalency diploma;
- Has completed a course of study at a board-approved massage school or completed an apprenticeship program that meets the standards adopted by the board;
- Received a passing grade on the national examination administered by the DOH, and
- Completes a 3-hour educational course that has been approved by the board on HIV/AIDS.

Finally, licensed massage therapists are required to complete one continuing education hour for each month or part of a month that has elapsed since the issuance of the license for which renewal is sought, up to a maximum of 24 hours.[27] The courses must focus on massage therapy techniques, the prevention of medical errors, professional ethics, and laws and rules of massage therapy.[28] In addition, the licensee must complete a 1-hour continuing education course on HIV/AIDS for biennial licensure renewal.

The Board of Massage Therapy unanimously approved deletion of the biennial HIV/AIDS requirement at its board meeting on May 23, 2011.[29]

III. Effect of Proposed Changes:

This bill repeals s. 456.034, F.S., to delete the requirement for a massage therapist or athletic trainer to complete an educational course in HIV/AIDS as part of the initial application for licensure and continuing education in HIV/AIDS as part of their biennial licensure renewals. The corresponding rulemaking authority in this section is also repealed.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

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

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[24] Florida Department of Health, Division of Medical Quality Assurance, Athletic Training: Application & Licensure Requirements. Available at: <http://www.doh.state.fl.us/mqa/Publications/10-11mqa-ara.pdf > (Last visited on January 20, 2011).
[25] Rule 64B7-28.001, F.A.C.
[26] S. 480.041, F.S., and Rule 64B7-25.0012, F.A.C.
[27] S. 456.034, F.S.; Rules 64B7-28.001 and 64B7-28.009, F.A.C.
[28] Rule 64B7-28.009(3)(a)-(c), F.A.C.
[29] *Supra* fn. 20.

B. Public Records/Open Meetings Issues:

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

C. Trust Funds Restrictions:

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

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

There would be an impact to the providers of both initial and continuing education courses for instruction on HIV/AIDS awareness. Massage therapists and athletic trainers may see a reduction in course fees related to the elimination of the specific course requirements.

C. Government Sector Impact:

The Boards of Athletic Training and Massage Therapy will need to repeal or amend current rules relating to the educational requirements. The department indicates that there is no fiscal impact related to this legislation.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

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

CS by Health Regulation Committee on January 25, 2012:
The title was revised to remove references to "continuing education," because the bill concerns both continuing education and initial training.

B. Amendments:

None.

By the Committee on Health Regulation; and Senator Benacquisto

588-02376-12 20121258c1

A bill to be entitled

An act relating to education for athletic trainers and massage therapists; repealing s. 456.034, F.S., relating to the requirement for athletic trainers and massage therapists to complete education on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome; providing an effective date.

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

Section 1. Section 456.034, Florida Statutes, is repealed.

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

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

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL:	CS/CS/SB 682
INTRODUCER:	Governmental Oversight and Accountability Committee, Children, Families, and Elder Affairs Committee, Senator Richter and others
SUBJECT:	Alzheimer's Disease
DATE:	February 2, 2012 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Daniell	Farmer	CF	**Fav/CS**
2.	Jenkins	Roberts	GO	**Fav/CS**
3.	Brown	Hendon	BHA	**Pre-meeting**
4.			BC	
5.				
6.				

Please see Section VIII. for Additional Information:

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

I. Summary:

This bill creates the Purple Ribbon Task Force within the Department of Elder Affairs to develop a comprehensive state plan to address the needs of individuals with Alzheimer's disease and their caregivers.

The purpose of the task force is to: assess the current and future impact of Alzheimer's disease on Florida; examine the existing industries, services, and resources in place that address the needs of individuals with Alzheimer's disease; examine the needs of persons of all cultural backgrounds having Alzheimer's disease; develop a strategy to mobilize a state response to the Alzheimer's disease epidemic; hold public meetings; and provide additional information.

The task force shall consist of 18 members appointed by the Governor, President of the Senate, and Speaker of the House of Representatives, and the task force must submit a report and its recommendations for an Alzheimer's disease state strategy by August 1, 2013.

The bill has no fiscal impact on government.

The bill creates an unnumbered section of the Florida Statutes.

The bill takes effect upon becoming a law.

II. Present Situation:

Alzheimer's Disease

Alzheimer's disease is a progressive, degenerative disorder that attacks the brain's nerve cells and results in loss of memory, thinking, and language skills, and behavioral changes.[1] Alzheimer's disease was named after Dr. Alois Alzheimer, a German physician, who in the early 1900's cared for a 51-year-old woman suffering from severe dementia. Upon the woman's death, Dr. Alzheimer conducted a brain autopsy and found bundles of neurofibers and plaques in her brain, which are distinguishing characteristics of what we call Alzheimer's disease today.[2]

There are approximately 5.4 million Americans currently living with Alzheimer's disease, and that number is projected to rise to 16 million by 2050.[3] As the life expectancy for Americans has continued to rise, so has the number of new cases of Alzheimer's disease. For instance, in 2000 there were an estimated 411,000 new cases of Alzheimer's disease in the United States, and in 2010 that number was estimated to be 454,000 – a 10 percent increase.[4] That number is expected to rise to 959,000 new cases of Alzheimer's disease by 2050, a 130 percent increase from 2000.[5] Specifically in Florida, approximately 360,000 people age 65 or older had Alzheimer's disease in 2000 and in 2010 that number had risen to 450,000.[6]

As the number of people with Alzheimer's disease increases, so does the cost of caring for these individuals. In 2011, the aggregate cost for health care, long-term care, and hospice for persons with Alzheimer's and other dementias was estimated to be $183 billion. That number is projected to be $1.1 trillion by 2050.[7] A major contributing factor to the cost of care for persons with Alzheimer's is that these individuals have more hospital stays, skilled nursing home stays, and home healthcare visits than older persons who do not have Alzheimer's. Research shows that 22 percent of individuals with Alzheimer's disease who have Medicare also have Medicaid coverage, which pays for nursing home care and other long-term care services.[8] The total Medicaid spending for people with Alzheimer's disease (and other dementia) was estimated to be $37 billion in 2011.[9]

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[1] Alzheimer's Foundation of America, *About Alzheimer's, Definition of Alzheimer's,* http://www.alzfdn.org/AboutAlzheimers/definition.html (last visited Aug. 2, 2011).
[2] Michael Plontz, *A Brief History of Alzheimer's Disease*, TODAY'S CAREGIVER, http://www.caregiver.com/channels/alz/articles/a_brief_history.htm (last visited Aug. 2, 2011).
[3] Alzheimer's Assn., *Fact Sheet: 2011 Alzheimer's Disease Facts and Figures* (March 2011), *available at* http://www.alz.org/documents_custom/2011_Facts_Figures_Fact_Sheet.pdf (last visited Aug. 3, 2011).
[4] Alzheimer's Assn., *2011 Alzheimer's Disease Facts and Figures*, 7 ALZHEIMER'S & DEMENTIA (Issue 2) at 17, *available at* http://www.alz.org/downloads/Facts_Figures_2011.pdf (last visited Jan. 10, 2012).
[5] *Id*.
[6] *Id*. at 18.
[7] *Id*. at 35.
[8] *Id*.
[9] *Id*. at 44.

In addition to the cost of health care, there is a significant cost associated with unpaid caregivers. An unpaid caregiver is primarily a family member, but can also be other relatives or friends. Such caregivers often provide assistance with daily activities, such as shopping for groceries, preparing meals, bathing, dressing, grooming, assisting with mobility, helping the person take medications, making arrangements for medical care, and performing other household chores. In 2010, nearly 15 million unpaid caregivers provided an estimated 17 billion hours of unpaid care, valued at $202.6 billion.[10] In 2010, there were 960,037 caregivers in Florida with an estimated value of unpaid care reaching nearly $13.5 million.[11]

Alzheimer's Disease Initiative

In 1985, the Florida Legislature put into place the Alzheimer's Disease Initiative (ADI or Initiative). The Initiative has four objectives: (1) to provide supportive services; (2) to establish memory disorder clinics; (3) to provide model day care programs to test new care alternatives; and (4) to establish a research database and brain bank to support research.[12] There are 15 memory disorder clinics throughout the state, 13 of which are state funded.[13] The purpose of these clinics is to conduct research related to diagnostic technique, therapeutic interventions, and supportive services for persons with Alzheimer's disease and to develop caregiver-training materials.[14] According to ADI, the memory disorder clinics are required to:

- Provide services to persons suspected of having Alzheimer's disease or other related dementia;
- Provide four hours of in-service training during the contract year to all ADI respite and model day care service providers and develop and disseminate training models to service providers and the Department of Elder Affairs;
- Develop training materials and educational opportunities for lay and professional caregivers and provide specialized training for caregivers and caregiver organizations;
- Conduct service-related applied research;
- Establish a minimum of one annual contact with each respite care and model day care service provider to discuss, plan, develop, and conduct service-related research projects; and
- Plan for the public dissemination of research findings through professional papers and to the general public.[15]

Individuals diagnosed with or suspected of having Alzheimer's disease are eligible for memory disorder clinic services. In fiscal year 2009-2010, Florida's memory disorder clinics received nearly $3 million in state funds and served just over 5,000 clients.[16]

Model day care programs have been established in conjunction with memory disorder clinics to test therapeutic models and provide day care services. These programs provide a safe

[10] This number was established by using an average of 21.9 hours of care a week with a value of $11.93 per hour. *Id.* at 27.
[11] *Id*. at 32.
[12] Fla. Dep't of Elder Affairs, *Alzheimer's Disease Initiative*, http://elderaffairs.state.fl.us/english/alz.php (last visited Aug. 16, 2011).
[13] *Id*.
[14] Section 430.502(2), F.S.
[15] Fla. Dep't of Elder Affairs, *Summary of Programs and Services*, 87-88 (Feb. 2011), *available at* http://elderaffairs.state.fl.us/english/pubs/pubs/sops2011/Files/2011_SOPS_full%20web.pdf (last visited Aug. 16, 2011).
[16] *Id*. at 91.

environment where Alzheimer's patients can socialize with each other, as well as receive therapeutic interventions designed to maintain or improve their cognitive functioning. Model day care programs also provide training for health care and social service personnel in the care of individuals with Alzheimer's disease or related memory disorders. There are currently four model day care programs in the state.[17]

The ADI also includes respite care services, which includes in-home, facility-based, emergency and extended care respite for caregivers who serve individuals with memory disorders.[18] In additional to respite care services, caregivers and consumers may receive supportive services essential to maintaining individuals with Alzheimer's disease or related dementia in their own homes. The supportive services may include caregiver training and support groups, counseling, consumable medical supplies, and nutritional supplements. Services are authorized by a case manager based on a comprehensive assessment. Alzheimer's Respite Care programs are established in all of Florida's 67 counties.[19]

Alzheimer's Disease State Plans[20]

Currently, 30 states and the District of Columbia have developed, or are in the process of developing, state plans to deal with the Alzheimer's disease epidemic. In 2009, the Alzheimer's Study Group (ASG), an 11 member blue ribbon panel, released a report outlining recommendations to deal with Alzheimer's disease related issues and policy. These recommendations included:

- Expanding the type, pace, and level of funding of Alzheimer's research;
- Instituting value-based payments to reimburse providers who care for individuals with Alzheimer's; and
- Creating an Alzheimer's Solutions Project Office within the federal government to coordinate and oversee implementation of Alzheimer's-related issues and policy.

In response to the ASG report, Congress passed the National Alzheimer's Project Act (NAPA). NAPA requires the federal Department of Health and Human Services to create a national strategic plan to coordinate Alzheimer's disease efforts across the federal government.

Florida does not currently have a state plan in place to deal with the Alzheimer's disease crisis. Developing and implementing a state plan is a four-phase process.[21] The first phase is a state mandate that puts the weight of state government behind the development of an Alzheimer's disease state plan through the creation of a state plan task force. This bill would accomplish the first phase of the state plan process.

[17] Fla. Dep't of Elder Affairs, *supra* note 12.
[18] *Id*.
[19] *Id*.
[20] Alzheimer's Assn., *Issue Kit: State Government Alzheimer's Disease Plans*, 4 (on file with the Senate Committee on Children, Families, and Elder Affairs).
[21] The first phase involves creating a state task force to develop an Alzheimer's disease state plan. The second phase involves the development of the state plan as mandated by the task force. Phase three is translating the vision of the state plan into actual public policy. Phase four focuses on executing the programs and enforcement of the policies outlined in the state plan. *Id*. at 5.

III. Effect of Proposed Changes:

This bill creates the Purple Ribbon Task Force within the Department of Elder Affairs (DOEA) to develop a comprehensive state plan to address the needs of individuals with Alzheimer's disease and their caregivers.

The bill requires the task force to:

- Submit an interim study regarding state trends with respect to persons having Alzheimer's disease or a related form of dementia and their needs to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 30, 2013;
- Examine the existing industries, services, and resources addressing the needs of persons having Alzheimer's disease or a related form of dementia and their family caregivers;
- Examine the needs of persons of all cultural backgrounds having Alzheimer's disease or a related form of dementia and how their lives are affected by the disease from younger-onset, through mid-stage, to late-stage;
- Develop a strategy to mobilize a state response to Alzheimer's disease; and
- Hold public meetings and employ technological means to gather feedback on the recommendations submitted by persons having Alzheimer's disease or a related form of dementia and their family caregivers and by the general public.

Additionally, the bill requires the task force to provide information regarding state trends with respect to people with Alzheimer's disease or a related form of dementia and their needs, including, but not limited to:

- The role of the state in providing community-based care, long-term care, family caregiver support, and assistance to persons who are in the early stages of Alzheimer's disease, who have younger-onset Alzheimer's disease, or who have a related form of dementia;
- The development of state policy with respect to persons having Alzheimer's disease or a related form of dementia;
- Surveillance of persons having Alzheimer's disease or a related form of dementia for the purpose of accurately estimating the number of such persons in the state;
- Existing services, resources, and capacity;
- The type, cost, and availability of dementia services in the state;
- Policy requirements and effectiveness for dementia-specific training for professionals providing care;
- Quality care measures employed by providers of care;
- The capability of public safety workers and law enforcement officers to respond to persons having Alzheimer's disease or a related form of dementia;
- The availability of home and community-based services and respite care for persons having Alzheimer's disease or a related form of dementia and education and support services to assist their families and caregivers;
- An inventory of long-term care facilities and community-based services serving persons having Alzheimer's disease or a related form of dementia;
- The adequacy and appropriateness of geriatric-psychiatric units for persons having behavior disorders associated with Alzheimer's disease or other dementia;
- Residential assisted living options for persons having Alzheimer's disease or a related form of dementia;

- The level of preparedness of service providers before, during, and after a catastrophic emergency involving a person having Alzheimer's disease or a related form of dementia; and
- Needed state policies or responses.

The task force shall consist of 18 volunteer, culturally diverse members, six of whom shall be appointed by the Governor, six appointed by the President of the Senate, and six appointed by the Speaker of the House of Representatives. The members of the task force shall be as follows:

- A member of the House of Representatives;
- A member of the Senate;
- A representative from the Alzheimer's Association;
- At least one person having Alzheimer's disease or a related form of dementia;
- At least one family caregiver or former family caregiver of a person having Alzheimer's disease or a related form of dementia;
- A representative from the Alzheimer's Disease Advisory Committee;
- A representative of law enforcement with knowledge about the disappearance, abuse, exploitation, and suicide of persons having Alzheimer's disease or a related form of dementia;
- A representative who has knowledge of and experience with the Baker Act and its impact on persons having Alzheimer's disease or a related form of dementia;
- An expert on disaster preparedness and response for persons having Alzheimer's disease or a related form of dementia;
- A representative of a health care facility or hospice that serves persons with Alzheimer's disease;
- A representative of the adult day care services industry;
- A representative of health care practitioners specializing in the treatment of persons having Alzheimer's disease or related dementias;
- A Florida board-certified elder law attorney;
- A representative of the area agencies on aging or aging and disability resource centers;
- A person who is an Alzheimer's disease researcher;
- A representative from a memory disorder clinic;
- A representative of the assisted living facility industry; and
- A representative of the skilled nursing facility industry.

Task force appointments must be made by July 1, 2012, and members of the task force are to serve without compensation and may not receive reimbursement for per diem or travel expenses.

Finally, the task force must submit final date-specific recommendations in the form of an Alzheimer's disease state plan to the Governor and Legislature by August 1, 2013. The task force will terminate on the earlier of the date the report is submitted or August 1, 2013.

The bill shall take effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

This bill creates the Purple Ribbon Task Force, comprising 18 members. These members are to serve on the task force without compensation and may not receive reimbursement for per diem or travel expenses. Accordingly, costs that may be incurred as a result of participating on the task force will be borne by each individual member.

C. Government Sector Impact:

The bill creates the Purple Ribbon Task Force within the Department of Elder Affairs (DOEA or department) and provides that the department shall provide any necessary administrative support for the task force. This bill should have an insignificant impact on DOEA because any potential fiscal impact is expected to be absorbed with existing resources.[22]

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

[22] Health & Human Services. Access Subcommittee, The Florida House of Representatives, *HB 473, Alzheimer's Disease*, 6, *available at* http://www.flsenate.gov/Session/Bill/2012/0473/Analyses/YluJKpGJQ1ZB6M7smYBwSel=PL=rCo=%7C11/Public/Bills/0400-0499/0473/Analysis/h0473a.HSAS.PDF (last visited Jan. 9, 2012).

VIII. 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 Government Oversight and Accountability on January 26, 2012:
The committee substitute:

- Provides that the task force shall consist of 18 volunteer, culturally diverse members.
- Adds a requirement that the task force to submit an interim study regarding state trends with respect to persons having Alzheimer's disease or a related form of dementia and their needs to the Governor, Speaker of the House of Representatives, and the President of the Senate by January 30, 2013.

CS by Children, Families, and Elder Affairs on January 12, 2012:
The committee substitute:

- Specifies additional members of the task force (a representative from a memory disorder clinic, the assisted living facility industry, and the skilled nursing facility industry) and provides hospice and Aging and Disability Resource Centers the opportunity to be represented;
- Requires the task force to examine the needs of persons of all cultural backgrounds having Alzheimer's disease or a related form of dementia;
- Includes reference to alternative avenues of care, such as community-based care, respite, adult day care, and hospice services;
- Clarifies that task force meetings may be held in person (not just electronically or by teleconference);
- Provides in the whereas clauses the most current numbers on the Alzheimer's disease population in the state;
- Changes the effective date from July 1, 2012, to upon becoming a law; and
- Makes technical changes.

B. Amendments:

None.

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LEGISLATIVE ACTION

Senate . House

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

Senate Amendment

Delete lines 122 - 184
and insert:
(b) Assess the current and future impact of Alzheimer's disease and related forms of dementia on the state.
(c) Examine the existing industries, services, and resources addressing the needs of persons having Alzheimer's disease or a related form of dementia and their family caregivers.
(d) Examine the needs of persons of all cultural backgrounds having Alzheimer's disease or a related form of

dementia and how their lives are affected by the disease from younger-onset, through mid-stage, to late-stage.

(e) Develop a strategy to mobilize a state response to this public health crisis.

(f) Provide information regarding:

1. State trends with respect to persons having Alzheimer's disease or a related form of dementia and their needs, including, but not limited to:

a. The role of the state in providing community-based care, long-term care, and family caregiver support, including respite, education, and assistance to persons who are in the early stages of Alzheimer's disease, who have younger-onset Alzheimer's disease, or who have a related form of dementia.

b. The development of state policy with respect to persons having Alzheimer's disease or a related form of dementia.

c. The surveillance of persons having Alzheimer's disease or a related form of dementia for the purpose of accurately estimating the number of such persons in the state at present and projected population levels.

2. Existing services, resources, and capacity, including, but not limited to:

a. The type, cost, and availability of dementia-specific services throughout the state.

b. Policy requirements and effectiveness for dementia-specific training for professionals providing care.

c. Quality care measures employed by providers of care, including providers of respite, adult day care, assisted living facility, skilled nursing facility, and hospice services.

d. The capability of public safety workers and law


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enforcement officers to respond to persons having Alzheimer's disease or a related form of dementia, including, but not limited to, responding to their disappearance, search and rescue, abuse, elopement, exploitation, or suicide.

e. The availability of home and community-based services and respite care for persons having Alzheimer's disease or a related form of dementia and education and support services to assist their families and caregivers.

f. An inventory of long-term care facilities and community-based services serving persons having Alzheimer's disease or a related form of dementia.

g. The adequacy and appropriateness of geriatric-psychiatric units for persons having behavior disorders associated with Alzheimer's disease or a related form of dementia.

h. Residential assisted living options for persons having Alzheimer's disease or a related form of dementia.

i. The level of preparedness of service providers before, during, and after a catastrophic emergency involving persons having Alzheimer's disease or a related form of dementia and their caregivers and families.

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

(g) Hold public meetings and employ technological means to

By the Committees on Governmental Oversight and Accountability; and Children, Families, and Elder Affairs; and Senators Richter, Sachs, Latvala, Joyner, Bennett, Gibson, and Dockery

585-02457-12 2012682c2

A bill to be entitled

An act relating to Alzheimer's disease; establishing the Purple Ribbon Task Force within the Department of Elderly Affairs; providing for membership; providing that members shall serve without compensation or reimbursement for per diem or travel expenses; requiring the department to provide administrative support; providing duties of the task force; authorizing the task force to hold meetings by teleconference or other electronic means, or in person without compensation or reimbursement for per diem or travel expenses; requiring the task force to submit a report in the form of an Alzheimer's disease state plan to the Governor and Legislature; providing for termination of the task force; providing an effective date.

WHEREAS, Alzheimer's disease is a slow, progressive disorder of the brain that results in loss of memory and other cognitive functions and eventually death, and

WHEREAS, because Alzheimer's disease is accompanied by memory loss, poor judgment, changes in personality and behavior, and a tendency to wander or become lost, a person with this disease is at an increased risk for accidental injury, abuse, neglect, and exploitation, and

WHEREAS, approximately one in eight Americans 65 years of age or older and almost half of Americans 85 years of age or older develop Alzheimer's disease or a related form of dementia, and

585-02457-12 2012682c2

WHEREAS, there are 459,806 probable cases of Alzheimer's disease in this state in 2011, which population is expected to triple by the year 2050, and

WHEREAS, Alzheimer's disease takes an enormous toll on family members, with an estimated one in four family members providing caregiving support for individuals with the disease, and

WHEREAS, caregivers for persons having Alzheimer's disease witness the deteriorating effects of the disease and often suffer more emotional stress, depression, and health problems than caregivers of people having other illnesses, which can negatively affect such caregivers' employment, income, and financial security, and

WHEREAS, younger-onset Alzheimer's disease is a form of Alzheimer's disease that strikes a person who is younger than 65 years of age when symptoms first appear, but younger-onset Alzheimer's disease can strike persons as early as 30, 40, or 50 years of age, with new data showing that there may be as many as 500,000 Americans under the age of 65 who have dementia or cognitive impairment at a level of severity consistent with dementia, and

WHEREAS, the state needs to assess the current and future impact of Alzheimer's disease on Floridians and the state's health care system, programs, resources, and services to ensure the continued development and implementation of a more inclusive, integrated, comprehensive, coordinated, and current strategy to address the needs of the growing number of Floridians having Alzheimer's disease or a related form of dementia and the corresponding needs of their caregivers, NOW,

THEREFORE,

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

Section 1. The Purple Ribbon Task Force.—The Purple Ribbon Task Force is established within the Department of Elderly Affairs.

(1) The task force shall consist of 18 volunteer, culturally diverse members, of whom six shall be appointed by the Governor, six shall be appointed by the Speaker of the House of Representatives, and six shall be appointed by the President of the Senate, as follows:

(a) A member of the House of Representatives.

(b) A member of the Senate.

(c) A representative from the Alzheimer's Association.

(d) At least one person having Alzheimer's disease or a related form of dementia.

(e) At least one family caregiver or former family caregiver of a person having Alzheimer's disease or a related form of dementia.

(f) A representative from the Alzheimer's Disease Advisory Committee.

(g) A representative of law enforcement with knowledge about the disappearance and recovery, self-neglect, abuse, exploitation, and suicide of persons having Alzheimer's disease or a related form of dementia.

(h) A representative who has knowledge of and experience with the Baker Act and its impact on persons having Alzheimer's disease or a related form of dementia.

(i) An expert on disaster preparedness and response for persons having Alzheimer's disease or a related form of dementia.

(j) A representative of a health care facility or hospice that serves persons with Alzheimer's disease.

(k) A representative of the adult day care services industry.

(l) A representative of health care practitioners specializing in the treatment of persons having Alzheimer's disease or a related form of dementia.

(m) A Florida board-certified elder law attorney.

(n) A representative of the area agencies on aging or aging and disability resource centers.

(o) A person who is an Alzheimer's disease researcher.

(p) A representative from a memory disorder clinic.

(q) A representative of the assisted living facility industry.

(r) A representative of the skilled nursing facility industry.

(2) Initial appointments to the task force shall be made by July 1, 2012. A vacancy on the task force shall be filled for the unexpired portion of the term in the same manner as the original appointment.

(3) Members shall serve on the task force without compensation and may not receive reimbursement for per diem or travel expenses.

(4) The Department of Elderly Affairs shall convene the task force and provide necessary administrative support.

(5) The task force shall:

(a) Submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 30, 2013, an interim study regarding state trends with respect to persons having Alzheimer's disease or a related form of dementia and their needs.

(b) Examine the existing industries, services, and resources addressing the needs of persons having Alzheimer's disease or a related form of dementia and their family caregivers.

(c) Examine the needs of persons of all cultural backgrounds having Alzheimer's disease or a related form of dementia and how their lives are affected by the disease from younger-onset, through mid-stage, to late-stage.

(d) Develop a strategy to mobilize a state response to this public health crisis.

(e) Provide information regarding:

1. State trends with respect to persons having Alzheimer's disease or a related form of dementia and their needs, including, but not limited to:

a. The role of the state in providing community-based care, long-term care, and family caregiver support, including respite, education, and assistance to persons who are in the early stages of Alzheimer's disease, who have younger-onset Alzheimer's disease, or who have a related form of dementia.

b. The development of state policy with respect to persons having Alzheimer's disease or a related form of dementia.

c. Surveillance of persons having Alzheimer's disease or a related form of dementia for the purpose of accurately estimating the number of such persons in the state at present

and projected population levels.

2. Existing services, resources, and capacity, including, but not limited to:

a. The type, cost, and availability of dementia-specific services throughout the state.

b. Policy requirements and effectiveness for dementia-specific training for professionals providing care.

c. Quality care measures employed by providers of care, including providers of respite, adult day care, assisted living facility, skilled nursing facility, and hospice services.

d. The capability of public safety workers and law enforcement officers to respond to persons having Alzheimer's disease or a related form of dementia, including, but not limited to, responding to their disappearance, search and rescue, abuse, elopement, exploitation, or suicide.

e. The availability of home and community-based services and respite care for persons having Alzheimer's disease or a related form of dementia and education and support services to assist their families and caregivers.

f. An inventory of long-term care facilities and community-based services serving persons having Alzheimer's disease or a related form of dementia.

g. The adequacy and appropriateness of geriatric-psychiatric units for persons having behavior disorders associated with Alzheimer's disease or a related form of dementia.

h. Residential assisted living options for persons having Alzheimer's disease or a related form of dementia.

i. The level of preparedness of service providers before,

during, and after a catastrophic emergency involving a person having Alzheimer's disease or a related form of dementia and their caregivers and families.

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

(f) Hold public meetings and employ technological means to gather feedback on the recommendations submitted by persons having Alzheimer's disease or a related form of dementia, their caregivers and families, and the general public. Meetings of the task force may be held in person without compensation or reimbursement for travel expenses, by teleconference, or by other electronic means.

(6) The task force shall submit a report of its findings and date-specific recommendations in the form of an Alzheimer's disease state plan to the Governor, the Speaker of the House of Representatives, and the President of the Senate no later than August 1, 2013. The task force shall terminate on the earlier of the date the report is submitted or August 1, 2013.

Section 2. This act shall take effect upon becoming a law.

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL:	CS/SB 616
INTRODUCER:	Governmental Oversight and Accountability Committee and Senator Flores
SUBJECT:	Biomedical Research
DATE:	February 2, 2012 REVISED:

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

Please see Section VIII. for Additional Information:

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

I. Summary:

This bill revises provisions related to the James and Esther King Biomedical Research Program (King Program) and the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley Program).

The bill:

- Carries forward for 2 additional years the balance of any appropriation from the Biomedical Research Trust Fund, which is obligated but not disbursed;
- Renames a member of the Biomedical Research Advisory Council (Council) and the advisory council of the Florida Center for Universal Research to Eradicate Disease (FL CURED);
- Staggers the terms of service for members of the Council;
- Removes the Council's responsibility for developing, supervising, and consulting in the appointment of research peer review panels;
- Clarifies conflict of interest provisions concerning certain councils and peer review panels;
- Removes provisions regarding the public's access to the meetings of certain peer review panels;
- Exempts grant programs under the purview of the Council from rulemaking authority;

- Revises the Council's annual reporting requirement;
- Revises by whom grants are awarded under the Bankhead-Coley Program; and
- Makes the consideration of certain types of applications for grants by the Department of Health (department) discretionary.

There should be no fiscal impact resulting from this legislation.

This bill amends the following sections of the Florida Statutes: 20.435, 215.5602, 381.855, and 381.922.

II. Present Situation:

The James and Esther King Biomedical Research Program

The purpose of the James and Esther King Biomedical Research Program[1] (King Program) is to provide an annual and perpetual source of funding to support research initiatives that address the health care problems of Floridians in the areas of tobacco-related cancer, cardiovascular disease, stroke, and pulmonary disease.[2] The long-term goals of the program are to:

- Improve the health of Floridians by researching better prevention, diagnoses, treatments, and cures for cancer, cardiovascular disease, stroke, and pulmonary disease;
- Expand the foundation of biomedical knowledge relating to the prevention, diagnosis, treatment, and cure of diseases related to tobacco use;
- Improve the quality of the state's academic health centers by bringing the advances of biomedical research into the training of physicians and other health care providers;
- Increase the state's per capita funding for research by undertaking new initiatives in public health and biomedical research that will attract additional funding from outside of Florida; and
- Stimulate economic activity in the state in areas related to biomedical research, such as the research and production of pharmaceuticals, biotechnology, and medical devices.

The King Program offers competitive grants to researchers throughout Florida. Grant applications from any university or established research institute[3] in Florida will be considered for biomedical research funding. All qualified investigators in the state, regardless of institutional affiliation, have equal access and opportunity to compete for the research funding.

[1] The Florida Legislature created the Florida Biomedical Research Program in 1999 within the department (ch. 99-167, L.O.F.). The Florida Biomedical Research Program was renamed the James and Esther King Biomedical Research Program during Special Session B of the 2003 Legislature (ch. 2003-414, L.O.F.).
[2] Section 215.5602, F.S.
[3] An "established research institute" is any Florida non-profit or foreign non-profit corporation covered under ch. 617, F.S., with a physical location in Florida, whose stated purpose and power is scientific, biomedical or biotechnological research or development and is legally registered with the Florida Department of State, Division of Corporations. This includes the federal government and non-profit medical and surgical hospitals, including veterans' administration hospitals. *See* James & Esther King Biomedical Research Program, *Call for Grant Applications: Biomedical, Biotechnological, and Social Scientific Research and Development, Fiscal Year 2009-2010*, page 7, available at: http://forms.floridabiomed.com/jek_call/King%20Call%2009-10.pdf (Last visited on January 12, 2012).

The State Surgeon General, after consultation with the Council, is authorized to award grants and fellowships on the basis of scientific merit[4] within the following three categories:

- Investigator-initiated research grants;
- Institutional research grants; and
- Predoctoral and postdoctoral research fellowships.[5]

The King Program was to expire on January 1, 2011, pursuant to s. 215.5602, F.S. However, the Legislature continued the program in 2010 by enacting HB 5311.[6]

The William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program

The 2006 Legislature created the Bankhead-Coley Program within the department.[7] The purpose of the program is to advance progress toward cures for cancer through grants awarded for cancer research.

Applications for funding cancer research from any university or established research institute in the state will be considered under the Bankhead-Coley Program. All qualified investigators in the state, regardless of institutional affiliation, have equal access and opportunity to compete for the research funding. The State Surgeon General, after consultation with the Council, is authorized to award grants and fellowships on the basis of scientific merit[8] within the following three categories:

- Investigator-initiated research grants;
- Institutional research grants; and
- Collaborative research grants, including those that advance the finding of cures through basic or applied research.

As with the King Program, the Bankhead-Coley Program was to expire on January 1, 2011, pursuant to s. 215.5602, F.S. However, the Legislature also continued this program in 2010 when it enacted HB 5311.[9]

Florida Center for Universal Research to Eradicate Disease

The purpose of the Florida Center for Universal Research to Eradicate Disease (FL CURED) is to coordinate, improve, expand, and monitor all biomedical research programs within Florida; facilitate funding opportunities; and foster improved technology transfer of research findings into clinical trials and widespread public use.[10]

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[4] *See* the "Grant Application Review and Processing" section of Senate Interim Report 2010-219, page 7, for more http://archive.flsenate.gov/data/Publications/2010/Senate/reports/interim_reports/pdf/2010-219hr.pdf information about assessing scientific merit. The report is available at: http://archive.flsenate.gov/data/Publications/2010/Senate/reports/interim_reports/pdf/2010-219hr.pdf (Last visited on January 12, 2012).
[5] Section 215.5602(5)(b), F.S.
[6] Chapter 2010-161, L.O.F.
[7] Section 381.922, F.S., (ch. 2006-182, L.O.F.).
[8] *Supra* fn. 5.
[9] Chapter 2010-161, L.O.F.
[10] *See* s. 381.855, F.S.

The Legislature intended that the FL CURED would help Florida:

- Strive to become the nation's leader in biomedical research;
- Commit to finding cures for the most deadly and widespread diseases;
- Coordinate efforts among the state's public and private universities and research institutes, and the biomedical/biotechnology industry in Florida; and
- Expand the economy by attracting biomedical researchers and biotechnology businesses to the state.[11]

Responsibilities of the FL CURED are to hold an annual biomedical technology summit in Florida, encourage clinical trials in Florida, facilitate research partnerships, encourage agricultural colleges and agricultural businesses in Florida to be active in the search for cures and in providing information to the public about disease prevention, encourage the discovery and production in Florida of vaccines that prevent disease, monitor the supply and demand needs of researchers relating to stem cell research and other types of human tissue research, serve as a registry for all biomedical grants, and maintain a website with links to peer-reviewed biomedical research.[12]

Within the FL CURED is a 15-member advisory council that meets at least annually.[13]

Program Funding

Initially, the King Program was funded with income from $150 million of principal in the Lawton Chiles Endowment Fund.[14] In 2004, the Legislature appropriated additional funding, through a distribution from alcoholic beverage surcharge taxes. In 2006, the Legislature substituted a $6 million dollar annual appropriation commitment from the General Revenue Fund to fund the Biomedical Research Trust Fund within the DOH for the purposes of the King Program.[15] However, in the January 2009 Special Session A, for fiscal year 2008-2009 and each fiscal year thereafter, the annual appropriation from the General Revenue Fund to the Biomedical Research Trust Fund for purposes of the King Program was reduced to $4.5 million.[16] During the regular session in 2009, the Legislature eliminated the general revenue appropriation and provided that 2.5 percent of the revenue generated from the additional cigarette surcharge enacted in 2009, not to exceed $25 million, was to be transferred into the Biomedical Research Trust Fund for the King Program for the 2009-2010 fiscal year.[17]

In 2010, when the Legislature reenacted the King Program, it continued funding for the King Program with an annual appropriation of $20 million.[18] Of the funds appropriated for the King Program, up to $250,000 per year is designated to operate the FL CURED.

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[11] Florida Center for Universal Research to Eradicate Disease, FL CURED, *2010 Annual Report*, p. V, Executive Summary, available at: http://flcured.org/docs/AnnualReport2010.pdf (Last visited on January 12, 2012).
[12] Section 381.855, F.S.
[13] *Id.*
[14] Section 215.5601, F.S. The Lawton Chiles Endowment Fund's principal originated from a portion of the state settlement received from its lawsuit with tobacco companies.
[15] Chapter 2006-182, L.O.F.
[16] Chapter 2009-5, L.O.F.
[17] Chapter 2009-58, L.O.F.
[18] *Supra* fn. 11.

The Bankhead-Coley Program was established with a commitment for an appropriation of $9 million per year from the General Revenue Fund.[19] However, in the January 2009 Special Session A, for fiscal year 2008-2009 and each fiscal year thereafter, the annual appropriation from the General Revenue Fund to the Biomedical Research Trust Fund for purposes of the Bankhead-Coley Program was reduced to $6.75 million.[20] During the regular session in 2009, the Legislature eliminated the general revenue appropriation and provided that 2.5 percent of the revenue generated from the additional cigarette surcharge enacted in 2009, not to exceed $25 million, was to be transferred into the Biomedical Research Trust Fund for the Bankhead-Coley Program.[21]

Chapter 2009-58, Laws of Florida, provided that five percent of the revenue deposited into the Health Care Trust Fund pursuant to s. 210.011(9), F.S., related to the cigarette surcharge and s. 210.276(7), F.S., related to the surcharge on tobacco products, are to be reserved for research of tobacco-related or cancer-related illnesses. The sum of the revenue reserved, however, may not exceed $50 million in any fiscal year. The Legislature did not specify an amount to be appropriated annually, after the 2009-2010 fiscal year, for the King Program or the Bankhead-Coley Program from these reserves. However, in 2010, when the Legislature reenacted the Bankhead-Coley Program along with the King Program, it continued funding for the Bankhead-Coley Program with an annual appropriation of $20 million.[22]

Any cash balance in the Biomedical Research Trust Fund at the end of a fiscal year remains in the trust fund to be available for carrying out the purposes of the trust fund. In addition, any balance of an appropriation from the Biomedical Research Trust Fund which has not been disbursed, but which is obligated, may be used for up to 3 years from the effective date of the original appropriation.

Biomedical Research Advisory Council[23] and Peer Review Panel[24]

The purpose of the Council is to advise the State Surgeon General as to the direction and scope of the King Program. The Council is also required to consult with the State Surgeon General concerning grant awards for cancer research through the Bankhead-Coley Program.[25] Currently there are 11 members on the council, authorized to serve no more than two consecutive, 3-year terms.

In order to ensure that proposals for research funding within the King Program and the Bankhead-Coley Program are appropriate and evaluated fairly on the basis of scientific merit, a peer review panel of independent, scientifically qualified individuals is appointed to review the

[19] Section 381.922(5), F.S.
[20] Chapter 2009-5, L.O.F.
[21] Chapter 2009-58, L.O.F.
[22] *Supra* fn. 11.
[23] Section 215.5602(3), F.S.
[24] Section 215.5602(6) and (7), and s. 381.922(3)(b), F.S.
[25] Section 381.922(3)(a), F.S. However, s. 215.5602(11), F.S., contains an inconsistency with respect to the responsibility of the Council concerning awarding grants for cancer research.

scientific content of each proposal to establish a "scientific"[26] priority score.[27] To eliminate conflicts of interest, peer reviewers come from outside the state of Florida. Reviewers are experts in their fields from universities, government agencies, and private industry who are matched according to application topic and area of expertise. The priority scores must be considered by the Council in determining which proposals will be recommended for funding to the State Surgeon General.

Meetings of the Council and the peer review panel are subject to ch. 119, F.S., relating to public records; s. 286.011, F.S., relating to public meetings; and s. 24, Art. I of the State Constitution relating to access to public meetings and records.

Program Administration and Grant Management

The Office of Public Health Research within the DOH manages both the King Program and the Bankhead-Coley Program with support from the Council and Lytmos Group, LLC (Lytmos), pursuant to contract.[28]

The law authorizes, but does not require, the department, after consultation with the Council, to adopt rules as necessary to implement these programs.[29] The department has not adopted rules to implement these programs. Instead, the department publishes, on its website, the procedures for implementing these two programs.[30]

The *GrantEase*™ online system is used by grantees to access grant information and submit progress reports, invoices, financial reports, and change requests during the life of the grant. At least once during the grant period, the grantee is subjected to on-site monitoring for both scientific and administrative purposes.

III. Effect of Proposed Changes:

Section 1 amends s. 20.435, F.S., to extend the time, from 3 years to 5 years, that any balance of any appropriation from the Biomedical Research Trust Fund, which is not disbursed but which is obligated pursuant to a contract or committed to be expended, may be carried forward after the effective date of the original appropriation.

Section 2 amends s. 215.5602, F.S., to replace the member of the Council, who is the chief executive officer of the Florida/Puerto Rico Affiliate of the American Heart Association, with the chief executive officer of the Greater Southeast Affiliate of the American Heart

[26] The King Program requires a *scientific* priority score in s. 215.5602(6), F.S. The Bankhead-Coley Program requires a priority score in s. 381.922(3)(b), F.S.
[27] A Bridge Grant application is ranked solely by the priority score or percentile assigned to its qualifying federal proposal in an eligible federal review process.
[28] James & Esther King Biomedical Research Program, *Annual Report 2010*, available at: http://forms.floridabiomed.com/AnnualReports/Annual10.pdf (Last visited on January 13, 2012).
[29] Section 215.5602(9), F.S.
[30] *See* http://www.doh.state.fl.us/ExecStaff/biomed/ophrsitemap.html, (Last visited on January 13, 2012).

Association.[31] This section also provides for staggered terms of members on the Council by requiring the first two appointments by the Governor and the first appointment by the President of the Senate and the Speaker of the House of Representatives on or after July 1, 2012, to be for a term of 2 years.

In this section, the Council's authority to develop and supervise research peer review panels is removed. Furthermore, the department, rather than the Surgeon General, is no longer required to consult with the Council prior to appointing peer review panels to review the scientific *merit* of research proposals.

This section clarifies that a member of the Council or peer review panel may not participate in any discussion or decision *of the Council or panel*, with respect to a research proposal by an entity with which the member is associated, employed, or contracted, to avoid a conflict of interest.

This section removes the provision that specifies that meetings of the council and peer review panels are subject to Florida's public records laws. However, by operation of ch. 119, F.S., s. 286.011, F.S., and s. 24, Art. I of the State Constitution, the council and peer review panels would still be subject to such public record laws.

This section also exempts grant programs under the purview of the Council from rulemaking authority under ch. 120, F.S., and removes the department's rulemaking authority to implement the section.

This section amends the Council's requirement to submit an annual progress report to the Governor, the State Surgeon General, and the Legislature to require the report to review, for each fiscal year, all programs under the Council's purview. The report is required to be submitted annually by December 15, instead of by February 1. The reporting requirement is also changed to require the Council to include in its annual report the state ranking from the National Institutes of Health, rather than a broader requirement for the total amount of biomedical research funding currently flowing into the state from any source; the progress toward the program's goals; and recommendations that further the program's mission.

Section 3 amends s. 381.855, F.S., to specify that the member of the advisory council of the FL CURED from the American Heart Association must be from the Greater Southeast Affiliate.

Section 4 amends s. 381.922, F.S., to require grants to be awarded by the department, instead of the State Surgeon General.

This section authorizes, rather than requires, the department to consider certain types of applications for funding. This section clarifies that peer review panels are to review the scientific

[31] The following states and territories are part of the Greater Southeast Affiliate: Alabama, Florida, Georgia, Louisiana, Mississippi, Puerto Rico, and Tennessee. American Heart Association, *Who We Are: Greater Southeast Affiliate*, available at: http://www.heart.org/HEARTORG/Affiliate/Who-We-Are-Greater-Southeast-Affiliate_UCM_303250_SubHomePage.jsp (Last visited on January 13, 2012).

merit, not content, of each research proposal and establish its priority score for the Council to consider.

This section clarifies that a member of the Council or peer review panel may not participate in any discussion or decision *of the Council or panel*, with respect to a research proposal by an entity with which the member is associated, employed, or contracted, to avoid a conflict of interest.

This section removes the provision that specifies that meetings of the council and peer review panels are subject to Florida's public records laws. However, by operation of ch. 119, F.S., s. 286.011, F.S., and s. 24, Art. I of the State Constitution, it is likely that the peer review panels would still be subject to such open meetings and public records laws.

This section deletes the department's annual reporting requirement to the Governor and Legislature, which requires the department to report the progress toward the Bankhead-Coley Program's mission and make recommendations to further the program's purpose. Instead, this requirement is added to section 2 of the bill.

Section 5 provides an effective date of July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

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

B. Public Records/Open Meetings Issues:

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

C. Trust Funds Restrictions:

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

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Although lines 157-159 and 254-256 delete the affirmative statement that meetings of the council and the peer review panels are subject to Florida's public record laws, such meetings are likely to be subject to Florida's open meetings and public records laws by operation of law, notwithstanding striking this provision.

Florida's Government in the Sunshine Law (Sunshine Law), under s. 286.011, F.S., is equally applicable to elected and appointed boards and applies to any gathering of two or more members of the same board to discuss some matter which will foreseeably come before that board for action. [32]

The three basic requirements of s. 286.011, F.S., are that meetings of public boards or commissions must be open to the public, reasonable notice of such meetings must be given, and minutes of the meetings must be taken. Under s. 24, Art. I of the Florida Constitution, virtually all collegial public bodies are covered by the open meetings mandate, with the exception of the judiciary and the state Legislature.[33]

Advisory bodies created pursuant to law are subject to the Sunshine Law, even though their recommendations are not binding upon the entities that create them.[34] If the advisory body conducts only fact-finding and has no decision-making function, then it may be exempt from the Sunshine Law.[35]

The bill requires the department and the State Surgeon General to each appoint peer review panels and each panel is required to prioritize research proposals to recommend the funding of such proposals. Because the panels are created by law, appointed by an agency, and do more than merely fact-finding, it is likely that the panels would be deemed subject to Florida's Sunshine Law.

As for the peer review panels' meeting materials and records, they are likely to be subject to Florida's public records law under ch. 119, F.S., because all materials made or received by an agency[36] in connection with official business, which are used to perpetuate, communicate, or formalize knowledge are required to be open to public inspection unless the Legislature specifically exempts them from disclosure. Omitting the peer review panel meetings from the

[32] Government-in-the-Sunshine Manual, Volume 33, 2011 Edition, p. 3.
[33] *Id.*
[34] *Id.* at p. 6.
[35] *Id.* at p. 7.
[36] Advisory boards or committees have been interpreted in case law and by the Attorney General's Office to be subject to the public records law. Government-in-the-Sunshine Manual, Volume 33, 2011 Edition, p. 59.

statement that such meetings are subject to Florida's open meetings and public records laws is not likely to constitute an exemption by the Legislature. The Legislature must pass a separate bill by a two-thirds vote of each house to enact a public records or public meeting exemption, and the law must state with specificity the public necessity justifying the exemption, which must be no broader than necessary to accomplish the stated purpose of the law.[37]

SB 1856 has been filed, which also removes the provision that specifies that meetings of peer review panels are subject to Florida's public records laws, and provides a public necessity statement. However, in order for a bill to exempt a record or meeting from the public records or meetings laws it must state that the record or meeting is:

- Exempt from s. 24, Art. I of the State Constitution;
- Exempt from s. 119.07(1) or s. 286.011, F.S.; and
- Repealed at the end of 5 years and that the exemption must be reviewed by the Legislature before the scheduled repeal date.[38]

Therefore, SB 1856, is likely still not sufficient to make meetings or records of the peer review panels confidential and exempt from Florida's public records and meetings laws.

VIII. Additional Information:

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

CS by Governmental Oversight and Accountability on January 26, 2012:
The committee substitute:

- Provides that the Council may develop guidelines (rather than administrative procedures) relating to solicitation, review, and award of research grants and fellowships;
- Requires the task force to appoint multiple peer review panels, as opposed to just one peer review panel, of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish its scientific priority score;
- Omits language providing that meetings of the council are subject to chapter 119, s. 286.011, and s. 24, Art I of the State Constitution.
- Removes a requirement that the State Surgeon General, in consultation with the Council, is to appoint a peer review panel, so that the bill consistently provides that the department shall appoint peer review panels; and
- Makes technical changes.

B. Amendments:

None.

[37] FLA. CONST. art. I, s. 24(c).
[38] Section 119.15(4)(a), F.S.

By the Committee on Governmental Oversight and Accountability; and Senator Flores

585-02459-12 2012616c1

A bill to be entitled

An act relating to biomedical research; amending s. 20.435, F.S.; revising the number of years that the balance of an appropriation from the Biomedical Research Trust Fund may be carried forward following the effective date of the original appropriation; amending s. 215.5602, F.S.; revising a reference to an affiliate chapter of the American Heart Association; revising the terms of appointment for certain members of the Biomedical Research Advisory Council within the Department of Health; revising the responsibilities of the council; requiring that the department, rather than the State Surgeon General, in consultation with the council, appoint a peer review panel of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish its scientific priority score under the James and Esther King Biomedical Research Program; providing that certain types of applications may be considered for funding by the James and Esther King Biomedical Research Program; deleting a provision that subjects meetings of the council and peer review panels to public records and public meetings requirements; providing that grant programs under the purview of the advisory council are exempt from rulemaking authority; requiring that the council submit an annual progress report for each fiscal year on programs under its purview to certain entities by a specified date; revising the required content of the

585-02459-12 2012616c1

report; amending s. 381.855, F.S.; specifying the name of an affiliate chapter of the American Heart Association as it relates to the membership of the advisory council within the Florida Center for Universal Research to Eradicate Disease; amending s. 381.922, F.S.; requiring that the department, rather than the State Surgeon General, in consultation with the council, appoint a peer review panel of independent, scientifically qualified individuals award grants under the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program; providing that certain types of applications may be considered for funding in the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program; requiring that the department, rather than the State Surgeon General, without the consultation of the council, appoint a peer review panel of independent, scientifically qualified individuals to review the scientific merit of each proposal for research funding and establish its priority score; deleting a provision that subjects meetings of the council and peer review panels to public records and public meetings requirements; deleting the requirement that the department submit to the Governor and the Legislature a report that indicates progress toward the program's mission and makes recommendations that further its purpose; providing an effective date.

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

Section 1. Paragraph (c) of subsection (8) of section 20.435, Florida Statutes, is amended to read:

20.435 Department of Health; trust funds.—The following trust funds shall be administered by the Department of Health:

(8) Biomedical Research Trust Fund.

(c) Notwithstanding s. 216.301 and pursuant to s. 216.351, any balance of any appropriation from the Biomedical Research Trust Fund which is not disbursed but which is obligated pursuant to contract or committed to be expended may be carried forward for up to 5 ~~3~~ years following the effective date of the original appropriation.

Section 2. Paragraph (a) of subsection (3), subsection (4), paragraph (b) of subsection (5), and subsections (6), (7), (9), and (10) of section 215.5602, Florida Statutes, are amended to read:

215.5602 James and Esther King Biomedical Research Program.—

(3) There is created within the Department of Health the Biomedical Research Advisory Council.

(a) The council shall consist of 11 members, including: the chief executive officer of the Florida Division of the American Cancer Society, or a designee; the chief executive officer of the Greater Southeast ~~Florida/Puerto Rico~~ Affiliate of the American Heart Association, or a designee; and the chief executive officer of the American Lung Association of Florida, or a designee. The remaining 8 members of the council shall be appointed as follows:

1. The Governor shall appoint four members, two members

with expertise in the field of biomedical research, one member from a research university in the state, and one member representing the general population of the state.

2. The President of the Senate shall appoint two members, one member with expertise in the field of behavioral or social research and one representative from a cancer program approved by the American College of Surgeons.

3. The Speaker of the House of Representatives shall appoint two members, one member from a professional medical organization and one representative from a cancer program approved by the American College of Surgeons.

In making these appointments, the Governor, the President of the Senate, and the Speaker of the House of Representatives shall select primarily, but not exclusively, Floridians with biomedical and lay expertise in the general areas of cancer, cardiovascular disease, stroke, and pulmonary disease. The appointments shall be for a 3-year term and shall reflect the diversity of the state's population. An appointed member may not serve more than two consecutive terms. The first two appointments by the Governor and the first appointment by the President of the Senate and the Speaker of the House of Representatives on or after July 1, 2012, shall be for a term of 2 years.

(4) The council shall advise the State Surgeon General as to the direction and scope of the biomedical research program. The responsibilities of the council may include, but are not limited to:

(a) Providing advice on program priorities and emphases.

(b) Providing advice on the overall program budget.

(c) Participating in periodic program evaluation.

(d) Assisting in the development of guidelines to ensure fairness, neutrality, and adherence to the principles of merit and quality in the conduct of the program.

(e) Assisting in the development of appropriate linkages to nonacademic entities, such as voluntary organizations, health care delivery institutions, industry, government agencies, and public officials.

(f) Developing criteria and standards for the award of research grants.

(g) Developing guidelines ~~administrative procedures~~ relating to solicitation, review, and award of research grants and fellowships, to ensure an impartial, high-quality peer review system.

~~(h) Developing and supervising research peer review panels.~~

(h) ~~(i)~~ Reviewing reports of peer review panels and making recommendations for research grants and fellowships.

(i) ~~(j)~~ Developing and providing oversight regarding mechanisms for the dissemination of research results.

(5)

(b) Grants and fellowships shall be awarded by the State Surgeon General, after consultation with the council, on the basis of scientific merit, as determined by the competitively ~~an~~ open, peer-reviewed ~~competitive peer review~~ process to ensure ~~that ensures~~ objectivity, consistency, and high quality. The following types of applications may ~~shall~~ be considered for funding:

1. Investigator-initiated research grants.

2. Institutional research grants.

3. Predoctoral and postdoctoral research fellowships.

(6) To ensure that all proposals for research funding are appropriate and are evaluated fairly on the basis of scientific merit, the department ~~State Surgeon General, in consultation with the council,~~ shall appoint ~~a~~ peer review panels ~~panel~~ of independent, scientifically qualified individuals to review the scientific merit ~~content~~ of each proposal and establish its scientific priority score. The priority scores shall be forwarded to the council and must be considered in determining which proposals shall be recommended for funding.

(7) The council and the peer review panel shall establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflict of interest. A member of the council or panel may not participate in any discussion or decision of the council or panel with respect to a research proposal by any firm, entity, or agency with which the member is associated as a member of the governing body or as an employee, or with which the member has entered into a contractual arrangement. ~~Meetings of the council and the peer review panels shall be subject to the provisions of chapter 119, s. 286.011, and s. 24, Art. I of the State Constitution.~~

(9) The grant programs under the purview of the council are exempt from rulemaking authority under chapter 120 ~~department, after consultation with the council, may adopt rules as necessary to implement this section~~.

(10) The council shall submit an annual progress report for each fiscal year on programs under its purview ~~on the state of biomedical research in this state~~ to the Florida Center for

Universal Research to Eradicate Disease and to the Governor, the State Surgeon General, the President of the Senate, and the Speaker of the House of Representatives by December 15 ~~February 1~~. The report must include:

(a) A list of research projects supported by grants or fellowships awarded under the program.

(b) A list of recipients of program grants or fellowships.

(c) A list of publications in peer reviewed journals involving research supported by grants or fellowships awarded under the program.

(d) The state ranking and total amount of biomedical research funding currently flowing into the state from the National Institutes of Health.

(e) New grants for biomedical research which were funded based on research supported by grants or fellowships awarded under the program.

(f) Progress towards programmatic goals, particularly in the prevention, diagnosis, treatment, and cure of diseases related to tobacco use, including cancer, cardiovascular disease, stroke, and pulmonary disease.

(g) Recommendations that further the missions of the programs.

Section 3. Paragraph (a) of subsection (5) of section 381.855, Florida Statutes, is amended to read:

381.855 Florida Center for Universal Research to Eradicate Disease.—

(5) There is established within the center an advisory council that shall meet at least annually.

(a) The council shall consist of one representative from a

Florida not-for-profit institution engaged in basic and clinical biomedical research and education which receives more than $10 million in annual grant funding from the National Institutes of Health, to be appointed by the State Surgeon General from a different institution each term, and one representative from and appointed by each of the following entities:

1. Enterprise Florida, Inc.
2. BioFlorida.
3. The Biomedical Research Advisory Council.
4. The Florida Medical Foundation.
5. Pharmaceutical Research and Manufacturers of America.
6. The American Cancer Society, Florida Division, Inc.
7. The American Heart Association, Greater Southeast Affiliate.
8. The American Lung Association of Florida.
9. The American Diabetes Association, South Coastal Region.
10. The Alzheimer's Association.
11. The Epilepsy Foundation.
12. The National Parkinson Foundation.
13. The Florida Public Health Institute, Inc.
14. The Florida Research Consortium.

Section 4. Subsections (3), (4), and (5) of section 381.922, Florida Statutes, are amended to read:

381.922 William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program.—

(3)(a) Applications for funding for cancer research may be submitted by any university or established research institute in the state. All qualified investigators in the state, regardless of institutional affiliation, shall have equal access and

opportunity to compete for the research funding. Collaborative proposals, including those that advance the program's goals enumerated in subsection (2), may be given preference. Grants shall be awarded by the department ~~State Surgeon General~~, after consultation with the Biomedical Research Advisory Council, on the basis of scientific merit, as determined by the competitively ~~an~~ open, peer-reviewed ~~competitive peer review~~ process to ensure ~~that ensures~~ objectivity, consistency, and high quality. The following types of applications may ~~shall~~ be considered for funding:

1. Investigator-initiated research grants.

2. Institutional research grants.

3. Collaborative research grants, including those that advance the finding of cures through basic or applied research.

(b) In order to ensure that all proposals for research funding are appropriate and are evaluated fairly on the basis of scientific merit, the department ~~State Surgeon General, in consultation with the council,~~ shall appoint ~~a~~ peer review panels ~~panel~~ of independent, scientifically qualified individuals to review the scientific merit ~~content~~ of each proposal and establish its priority score. The priority scores shall be forwarded to the council and must be considered in determining which proposals shall be recommended for funding.

(c) The council and the peer review panel shall establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflicts of interest. A member of the council or panel may not participate in any discussion or decision of the council or panel with respect to a research proposal by any firm, entity, or agency with which the member is

associated as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement. ~~Meetings of the council and the peer review panels are subject to chapter 119, s. 286.011, and s. 24, Art. I of the State Constitution.~~

~~(4) By December 15 of each year, the Department of Health shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives a report indicating progress towards the program's mission and making recommendations that further its purpose.~~

(4)~~(5)~~ The William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program is funded pursuant to s. 215.5602(12). Funds appropriated for the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program shall be distributed pursuant to this section to provide grants to researchers seeking cures for cancer and cancer-related illnesses, with emphasis given to the goals enumerated in this section. From the total funds appropriated, an amount of up to 10 percent may be used for administrative expenses. From funds appropriated to accomplish the goals of this section, up to $250,000 shall be available for the operating costs of the Florida Center for Universal Research to Eradicate Disease.

Section 5. This act shall take effect July 1, 2012.

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL:	CS/CS/SB 694
INTRODUCER:	Health Regulation Committee; Children, Families, and Elder Affairs Committee; and Senator Fasano and others
SUBJECT:	Adult Day Care Centers
DATE:	February 2, 2012 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Daniell	Farmer	CF	**Fav/CS**
2.	O'Callaghan	Stovall	HR	**Fav/CS**
3.	Brown	Hendon	BHA	**Pre-meeting**
4.			BC	
5.				
6.				

Please see Section VIII. for Additional Information:

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

I. Summary:

This bill creates the Specialized Alzheimer's Services Adult Day Care Act (Act), which allows an adult day care center to apply to the Agency for Health Care Administration (AHCA) for a designation on its license as a "specialized Alzheimer's services adult day care center." The bill provides heightened requirements that an adult day care center seeking such licensure designation must follow.

The operator, and the operator's designee, hired on or after July 1, 2012, by an adult day care center that has a license designated under the Act must meet certain education or experience requirements. In addition, an adult day care center having a license designated under the Act must have a registered or licensed practical nurse on site daily for at least 75 percent of the time that the center is open to Alzheimer's disease or a dementia-related disorder (ADRD) participants, and certain staff must have additional hours of dementia-specific training and receive and review an orientation plan.

In order for a person to be admitted to an adult day care center with a designated license, the person must require ongoing supervision and may not actively demonstrate aggressive behavior.

In addition, the adult day care center participant or the participant's caregiver must provide certain medical documentation signed by a licensed physician, licensed physician assistant, or a licensed advanced registered nurse practitioner.

The bill provides requirements for an ADRD participant's plan of care and additional requirements that an adult day care center having a licensure designation must follow. The bill requires a center to coordinate and execute appropriate discharge procedures if the center involuntarily terminates an ADRD participant's enrollment in the center for medical or behavioral reasons.

The bill specifies that an adult day care center that chooses not to have a licensure designation may still provide adult day care services to persons who have Alzheimer's disease or other dementia-related disorders. However, an adult day care center may not claim to have a license or licensure designation to provide specialized Alzheimer's services unless it has received such licensure designation.

The bill provides rulemaking authority to the Department of Elderly Affairs (DOEA or Department) to administer the newly created section of law.

The bill has no fiscal impact on state government.

This bill amends section 429.917, Florida Statutes. The bill creates section 429.918, Florida Statutes.

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

II. Present Situation:

Alzheimer's Disease

Alzheimer's disease is a progressive, degenerative disorder that attacks the brain's nerve cells and results in loss of memory, thinking, and language skills, and behavioral changes.[1] Alzheimer's disease was named after Dr. Alois Alzheimer, a German physician, who in the early 1900's cared for a 51-year-old woman suffering from severe dementia. Upon the woman's death, Dr. Alzheimer conducted a brain autopsy and found bundles of neurofibers and plaques in her brain, which are distinguishing characteristics of what we call Alzheimer's disease today.[2]

There are approximately 5.4 million Americans currently living with Alzheimer's disease, and that number is projected to rise to 16 million by 2050.[3] As the life expectancy for Americans has continued to rise, so has the number of new cases of Alzheimer's disease. For instance, in 2000 there were an estimated 411,000 new cases of Alzheimer's disease in the United States, and in

[1] Alzheimer's Foundation of America, *About Alzheimer's, Definition of Alzheimer's,* http://www.alzfdn.org/AboutAlzheimers/definition.html (last visited January 22, 2012).
[2] Michael Plontz, *A Brief History of Alzheimer's Disease*, TODAY'S CAREGIVER, http://www.caregiver.com/channels/alz/articles/a_brief_history.htm (last visited January 22, 2012).
[3] Alzheimer's Assn., *Fact Sheet: 2011 Alzheimer's Disease Facts and Figures* (March 2011), *available at* http://www.alz.org/documents_custom/2011_Facts_Figures_Fact_Sheet.pdf (last visited January 22, 2012).

2010 that number was estimated to be 454,000 – a 10 percent increase.[4] That number is expected to rise to 959,000 new cases of Alzheimer's disease by 2050, a 130 percent increase from 2000.[5] Specifically in Florida, approximately 360,000 people age 65 or older had Alzheimer's disease in 2000 and in 2010 that number had risen to 450,000.[6]

As the number of people with Alzheimer's disease increases, so does the cost of caring for these individuals. In 2011, the aggregate cost for health care, long-term care, and hospice for persons with Alzheimer's and other dementias was estimated to be $183 billion. That number is projected to be $1.1 trillion by 2050.[7] A major contributing factor to the cost of care for persons with Alzheimer's is that these individuals have more hospital stays, skilled nursing home stays, and home healthcare visits than older persons who do not have Alzheimer's disease. Research shows that 22 percent of individuals with Alzheimer's disease who have Medicare also have Medicaid coverage, which pays for nursing home care and other long-term care services.[8] The total Medicaid spending for people with Alzheimer's disease (and other dementia) was estimated to be $37 billion in 2011.[9]

In addition to the cost of health care, there is a significant cost associated with unpaid caregivers. An unpaid caregiver is primarily a family member, but can also be other relatives or friends. Such caregivers often provide assistance with daily activities, such as shopping for groceries, preparing meals, bathing, dressing, grooming, assisting with mobility, helping the person take medications, making arrangements for medical care, and performing other household chores. In 2010, nearly 15 million unpaid caregivers provided an estimated 17 billion hours of unpaid care, valued at $202.6 billion.[10] In 2010, there were 960,037 caregivers in Florida with an estimated value of unpaid care reaching nearly $13.5 million.[11]

Adult Day Care Centers

The AHCA is authorized by statute to regulate and develop, establish, and enforce basic standards for adult day care centers (centers). An adult day care center is defined as "any building, buildings, or part of a building, whether operated for profit or not, in which is provided through its ownership or management, for a part of a day, basic services to three or more persons who are 18 years of age or older, who are not related to the owner or operator by blood or marriage, and who require such services."[12] The AHCA currently licenses 202 adult day care centers throughout the state.[13]

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[4] Alzheimer's Assn., *2011 Alzheimer's Disease Facts and Figures*, 7 ALZHEIMER'S & DEMENTIA (Issue 2) at 17, *available at* http://www.alz.org/downloads/Facts_Figures_2011.pdf (last visited January 22, 2012).
[5] *Id*.
[6] *Id*. at 18.
[7] *Id*. at 35.
[8] *Id*.
[9] *Id*. at 44.
[10] This number was established by using an average of 21.9 hours of care a week with a value of $11.93 per hour. *Id.* at 27.
[11] *Id*. at 32.
[12] Section 429.901(1), F.S.
[13] Agency for Health Care Administration, *2012 Bill Analysis & Economic Impact Statement, CS/SB 694* (on file with the Senate Committee on Health Regulation).

Section 429.90, F.S., assures the implementation of a program that provides therapeutic social and health activities and services to adults in an adult day care center. A participant[14] in an adult day care center must have functional impairments and be in need of a protective environment where therapeutic social and health activities and services are provided.[15] Centers are prohibited from accepting participants who require medication during the time spent at the center and who are incapable of self-administration of medications, unless there is a person licensed to administer medications at the center.[16]

Every adult day care center must offer a planned program of varied activities and services promoting and maintaining the health of participants and encouraging leisure activities, interaction, and communication among participants on a daily basis. Centers are required to make these activities and services available during at least 60 percent of the time the center is open.[17] A center is required to have one staff member for every six participants, but at no time may a center have less than two staff members present, one of whom is certified in first aid and CPR.[18]

Section 429.917, F.S., provides specific requirements for centers that offer care to persons with Alzheimer's disease or other related disorders. Current law authorizes an adult day care center to advertise and promote that it provides special care for persons with Alzheimer's disease or other related disorders. In order to do so, the center must disclose in its advertisements or in a separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons.[19] These centers must provide staff with written information on interacting with participants with Alzheimer's disease or dementia-related disorders. Additionally, staff who have direct contact with participants who have Alzheimer's disease or a dementia-related disorder must complete training of at least 1 hour within the first 3 months after employment, and staff who provide direct care to those same participants must complete an additional 3 hours of training within nine months after employment.[20] The training for staff who have direct contact with participants must include an overview of dementias and must provide instruction in basic skills for communicating with persons who have dementia. The training for staff who provide direct care to participants must include the management of problem behaviors, information about promoting the participant's independence in activities of daily living, and instruction in skills for working with families and caregivers.

The AHCA is authorized to license facilities requesting licensure as an adult day care center. There are no additional requirements placed on a center wishing to hold itself out as an adult day care center providing specialized services in any particular field.[21]

[14] Section 429.901(8), F.S., defines a participant as "a recipient of basic services or of supportive and optional services provided by an adult day care center."
[15] Agency for Health Care Admin., *supra* note 13.
[16] Rule 58A-6.006, F.A.C.
[17] Rule 58A-6.008, F.A.C.
[18] Rule 58A-6.006, F.A.C.
[19] Section 429.917(2), F.S.
[20] Section 429.917(1), F.S.
[21] Agency for Health Care Admin., *supra* note 13.

III. Effect of Proposed Changes:

This bill creates the Specialized Alzheimer's Services Adult Day Care Act (Act), which allows an adult day care center to seek licensure designation as an adult day care center that specializes in Alzheimer's disease and dementia-related disorder services.

The bill defines the term "ADRD participant" as "a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a licensed physician, licensed physician assistant, or a licensed advanced registered nurse practitioner. The bill also defines the terms "dementia," "specialized Alzheimer's services," and "therapeutic activity."

An adult day care center seeking licensure designation as a "specialized Alzheimer's services adult day care center" must provide advance notice to the AHCA that the adult day care center is seeking such designation. The notice must be provided at least 30 days prior to initial licensure of the adult day care center, or if the center is already licensed, at least 6 months prior to expiration of the center's license.

The bill requires the AHCA to issue the licensure designation to an adult day care center that has sought the designation and that meets the requirements of the bill. However, the issuance of the designation may only be made at the time of initial licensure or at licensure renewal.

The bill authorizes the AHCA to deny the request for the designation or revoke a designation of the adult day care center's license if the adult day care center:

- Commits an intentional or negligent act materially affecting the health or safety of center participants.
- Commits a violation of part III of ch. 429, F.S., relating to adult day care centers, or of any standard or rule under that part or part II of ch. 408, F.S., relating to health care licensing.
- Fails to comply with background screening standards.
- Fails to follow the criteria and procedures provided under part I of ch. 394, F.S., relating to the transportation, voluntary admission, and involuntary examination of participants.
- Commits multiple or repeated violations of part III of ch. 429, F.S., or of any standard or rule adopted under that part or part II of ch. 408, F.S.

Furthermore, the bill authorizes the AHCA to revoke, at any time, the licensure designation if the adult day care center fails to maintain the requirements under the bill.

To be eligible for licensure designation, the adult day care center must:

- Have a mission statement that includes a commitment to providing dementia-specific services and disclose in the center's advertisements or in a separate document, made available to the public upon request, the services that distinguish the care as being suitable for a person who has Alzheimer's disease or a dementia-related disorder.
- Provide a program for dementia-specific, therapeutic activities.
- Maintain at all times a minimum staff-to-participant ratio of one staff member who provides direct services for every five ADRD participants.
- Provide a program for therapeutic activity at least 70 percent of the time.

- Provide ADRD participants with hands-on assistance with activities of daily living, inclusive of the provision of urinary and bowel incontinence care.
- Use assessment tools that identify the ADRD participant's cognitive deficits and identify the specialized and individualized needs of the ADRD participant and the caregiver. This assessment must be updated when the ADRD participant experiences a significant change, but no less frequently than annually.
- Create an individualized plan of care for each ADRD participant, which addresses the identified, dementia-specific needs of the ADRD participant and the caregiver. The plan of care must be reviewed quarterly.
- Conduct a monthly health assessment of each ADRD participant, which includes the ADRD participant's weight, vital signs, and level of assistance needed with activities of daily living.
- Complete a monthly update in the ADRD participant's file regarding the ADRD participant's status or progress toward meeting goals indicated on the plan of care.
- Assist in the referral or coordination of other dementia-specific services and resources needed by the ADRD participant or caregiver.
- Offer, facilitate, or provide referrals to a support group for persons who are caregivers.
- Provide dementia-specific educational materials regularly to ADRD participants and their caregivers.
- Routinely conduct and document a count of all ADRD participants present in the center.
- Be a secured unit or have working alarm or security devices installed on every door that is accessible to the ADRD participants and provides egress from the center or areas of the center designated for the provision of adult day care – specialized Alzheimer's services.
- Not allow an ADRD participant to administer his or her own medication.
- Condition the ADRD participant's eligibility for admission on whether the ADRD participant has a coordinated mode of transportation to and from the center.

All operators, and the operator's designee, hired on or after July 1, 2012, by an adult day care center having a licensure designation, must:

- Have at least a bachelor's degree in health care services, social services, or a related field, one year of staff supervisory experience in a social services or health care services setting, and a minimum of 1 year of experience in providing dementia-specific services;
- Be a registered or practical nurse licensed in Florida, have one year of staff supervisory experience in a social services or health care services setting, and a minimum of 1 year of experience in providing dementia-specific services; or
- Have 5 years of staff supervisory experience in a social services or health care services setting and a minimum of 3 years of experience in providing dementia-specific services.

The bill requires that a registered nurse, or licensed practical nurse who must be supervised in accordance with existing law, be on site daily for at least 75 percent of the time the center is open to ADRD participants.

Upon beginning employment with a center, each employee must receive and review basic written information about interacting with ADRD participants. Additionally, every employee hired on or after July 1, 2012, who has direct contact with ADRD participants, must complete four hours of dementia-specific training within the first 3 months after employment, and employees hired on or after July 1, 2012, who provide direct care to participants, must complete an additional four

hours of dementia-specific training within 6 months after employment. Upon completing this training, the employee will be issued a certificate that includes the name of the training provider, the topics covered in the training, and the date and signature of the training provider. The DOEA must approve the training required under the Act.

The training requirements for staff in this bill are more extensive than the current training requirements for staff at an adult day care center that provides care to persons with Alzheimer's disease. Accordingly, it appears that staff at any adult day care center that provides care to persons with Alzheimer's would continue to follow the requirements provided for in s. 429.917, F.S., and if a center opts to have a license designated under the Act, then staff at that center would be required to meet the additional requirements provided for in this bill.

The bill requires that each employee hired on or after July 1, 2012, who provides direct care to ADRD participants, receive and review an orientation plan, which must include:

- Procedures to locate an ADRD participant who has wandered from the center. These procedures must be reviewed regularly with all direct care staff.
- Information on the Silver Alert program.
- Information regarding available products or programs used to identify ADRD participants or prevent them from wandering away from the center, their home, or other locations.

In order for a person to be admitted to an adult day care center with a license designated under the Act, the person must:

- Require ongoing supervision to maintain the highest level of medical or custodial functioning and have a documented need for a responsible party to oversee his or her care.
- Not actively demonstrate aggressive behavior that places himself, herself, or others at risk for harm.

In addition, the person admitted to the adult day care center, or the person's caregiver, must provide certain medical documentation signed by a licensed physician, licensed physician assistant, or a licensed advanced registered nurse practitioner.

Also, before admitting a person as an ADRD participant, the adult day care center must determine whether the medical, psychological, or behavioral support and intervention required by the person can be provided by the center, and whether the resources required to assist with the person's acuity of care and support can be provided or coordinated by the center.

The bill requires certain documentation to be placed in an ADRD participant's file. First, the file must contain a data sheet, which must be completed within 45 days before or within 24 hours after admission to an adult day care center with a licensure designation. The data sheet must contain information regarding the status of the ADRD participant's enrollment in an identification or wandering-prevention program and a current photograph of the ADRD participant. Second, all dementia-specific services must be documented in the ADRD participant's file. The bill requires that an ADRD participant's plan of care be reviewed at least quarterly and notes regarding the services provided to the ADRD participant and the ADRD participant's activities be entered at least monthly in the ADRD participant's file. An ADRD participant, or the caregiver, is required to update the participant's medical documentation at least annually and the center must place that documentation in the ADRD participant's file.

The bill requires an adult day care center with a licensure designation to provide certain information to each person who enrolls as an ADRD participant in the center or to that person's caregiver. Additionally, if the ADRD participant's enrollment in the center is involuntarily terminated due to medical or behavioral reasons, the center must coordinate and execute appropriate discharge procedures, which are to be established by DOEA in rule.

The bill specifies that an adult day care center that chooses not to have its license designated under the Act may still provide adult day care services to persons who have Alzheimer's disease or other dementia-related disorders. However, an adult day care center may not claim to have a license or designated licensed to provide specialized Alzheimer's services unless it has received such licensure designation from the AHCA.

Finally, the bill provides rule-making authority to DOEA to administer the provisions of the bill.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

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

B. Public Records/Open Meetings Issues:

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

C. Trust Funds Restrictions:

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

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

This bill requires an adult day care center that has a designated licensed under the Specialized Alzheimer's Services Adult Day Care Act (Act) to maintain a staff-to-participant ratio of one staff member for every five ADRD participants. Currently, adult day care centers must maintain a staff-to-participant ratio of one staff member for every six participants.[22] Accordingly, adult day care centers having a licensure designation under the Act may incur additional expenses due to the need to hire additional staff to

[22] Rule 58A-6.006, F.A.C.

meet the required staffing ratios. Since the bill prohibits an ADRD participant from administering his or her own medication, a center must have staff who are authorized by law to administer medication.

Additionally, this bill requires that certain staff have additional dementia-specific training if working in an adult day care center with a license designated under the Act. The bill does not specify the cost associated with the training or who is responsible for paying for the training.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

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

CS/CS by Health Regulation on January 25, 2012:
The committee substitute, for committee substitute (CS/CS), removes a licensure requirement and provides for the license of an adult day care center meeting requirements under the CS/CS to be *designated* as a specialized Alzheimer's services adult day care center. In addition, the CS/CS:

- Revises the definition of "ADRD participant," relating to who diagnoses the participant with Alzheimer's disease or a dementia-related disorder.
- Defines the term "therapeutic activity."
- Clarifies that an adult day care center applies to the AHCA for the designation at initial licensure or licensure renewal.
- Provides the AHCA with certain disciplinary authority.
- Provides that a document that discloses the specialty services provided by the adult day care center which relate to Alzheimer's disease or a dementia-related disorder must be made available to the public upon request.
- Conditions the participant's admission on whether transportation to and from the day care has been arranged for the participant.
- Clarifies that "supervisory experience" means "staff supervisory experience."
- Requires the owner of the licensee to sign an affidavit that he or she has verified education and experience requirements have been completed by the operator or operator's designee.

- Requires staff, upon employment at an adult day care center with a specialty designation, to not only receive, but also review written information about interacting with adult day care center participants.
- Requires staff of an adult day care center with a specialty licensure designation to not only receive an orientation plan, but also review the plan.
- Clarifies that the caregiver is responsible for providing medical documentation about the participant to the adult day care center.
- Deletes redundant language in the bill requiring a review a participant's plan of care.

CS by Children, Families, and Elder Affairs on January 12, 2012:
The committee substitute:

- Prohibits an adult day care center from claiming to be licensed to provide specialized Alzheimer's services unless it has been licensed under the Specialized Alzheimer's Services Adult Day Care Act created by the bill;
- Changes the short title of the bill from the Alzheimer's Adult Day Care Dignity Act to the Specialized Alzheimer's Services Adult Day Care Act;
- Defines the term "ADRD participant";
- States that the licensure created by the bill is voluntary;
- Requires an adult day care center licensed under the bill to provide ADRD participants with hands-on assistance with activities of daily living, inclusive of the provision of urinary and bowel incontinence care;
- Provides that only operators hired on or after July 1, 2012, have to meet the specified educational and experience requirements;
- Provides that a registered nurse or licensed practical nurse must be on site daily for at least 75 percent of the time, rather than during all hours of operation;
- Provides that only staff hired on or after July 1, 2012, have to complete the additional training requirements;
- Requires the DOEA to approve the training required under the bill and provides rulemaking authority to the DOEA to do so;
- Provides that employees must receive a certificate upon completion of the required training;
- Requires every employee to receive basic written information about interacting with ADRD participants;
- Clarifies that the bill does not prohibit an adult day care center that chooses not to become licensed from providing adult day care services to persons who have Alzheimer's disease or other dementia-related disorders;
- Removes certain redundant or overly-specific provisions of the bill;
- Changes several of the timing requirements in the bill so they are less burdensome; and
- Makes technical changes.

B. Amendments:

None.

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LEGISLATIVE ACTION

Senate . House

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

Senate Amendment

Delete lines 76 - 77

and insert:

(1) This act may be cited as the "Josephine Corcoran Specialized Alzheimer's Services Adult Day Care Act."

By the Committees on Health Regulation; and Children, Families, and Elder Affairs; and Senators Fasano, Haridopolos, Norman, Sachs, Gaetz, Bullard, Garcia, and Dockery

588-02374B-12 2012694c2

A bill to be entitled

An act relating to adult day care centers; amending s. 429.917, F.S.; prohibiting an adult day care center from claiming to be licensed or designated as a specialized Alzheimer's services adult day care center under certain circumstances; creating s. 429.918, F.S.; providing a short title; providing definitions; providing for the licensure designation of adult day care centers that provide specialized Alzheimer's services by the Agency for Health Care Administration; providing for the denial or revocation of such designation under certain circumstances; requiring an adult day care center seeking such designation to meet specified criteria; providing educational and experience requirements for the operator of an adult day care center seeking licensure designation as a specialized Alzheimer's services adult day care center; providing criteria for staff training and supervision; requiring the Department of Elderly Affairs to approve the staff training; requiring the department to adopt rules; requiring that the employee be issued a certificate upon completion of the staff training; providing requirements for staff orientation; providing requirements for admission into such an adult day care center; requiring that a participant's file include a data sheet, which shall be completed within a certain timeframe; requiring that certain information be included in the data sheet; requiring that dementia-specific services be

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documented in a participant's file; requiring that a participant's plan of care be reviewed quarterly; requiring that certain notes be entered into a participant's file; requiring the participant, or caregiver, to provide the adult day care center with updated medical documentation; requiring the center to give each person who enrolls as a participant, or the caregiver, a copy of the participant's plan of care and safety information; requiring that the center coordinate and execute discharge procedures with a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder and the caregiver if the participant's enrollment in the center is involuntarily terminated; providing that the act does not prohibit a licensed adult day care center that does not receive such a designation from providing adult day care services to persons who have Alzheimer's disease or other dementia-related disorders; authorizing the Department of Elderly Affairs to adopt rules; providing an effective date.

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

Section 1. Subsection (2) of section 429.917, Florida Statutes, is amended to read:

429.917 Patients with Alzheimer's disease or other related disorders; staff training requirements; certain disclosures.—

(2) A center licensed under this part which claims that it provides special care for persons who have Alzheimer's disease

or other related disorders must disclose in its advertisements or in a separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons. The center must give a copy of all such advertisements or a copy of the document to each person who requests information about the center and must maintain a copy of all such advertisements and documents in its records. The agency shall examine all such advertisements and documents in the center's records as part of the license renewal procedure. An adult day care center may not claim to be licensed or designated to provide specialized Alzheimer's services unless the adult day care center's license has been designated as such pursuant to s. 429.918.

Section 2. Section 429.918, Florida Statutes, is created to read:

429.918 Licensure designation as a specialized Alzheimer's services adult day care center.—

(1) This act may be cited as the "Specialized Alzheimer's Services Adult Day Care Act."

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

(a) "ADRD participant" means a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a licensed physician, licensed physician assistant, or a licensed advanced registered nurse practitioner.

(b) "Dementia" means the loss of at least two intellectual functions, such as thinking, remembering, and reasoning, which is severe enough to interfere with a person's daily function. The term does not describe a disease, but describes a group of

symptoms that may accompany certain diseases or physical conditions.

(c) "Specialized Alzheimer's services" means therapeutic, behavioral, health, safety, and security interventions; clinical care; support services; and educational services that are customized for the specialized needs of a participant's caregiver and the participant who is affected by Alzheimer's disease or an irreversible, degenerative condition resulting in dementia.

(d) "Therapeutic activity" means an individual or group activity that is intended to promote, maintain, or enhance the ADRD participant's physical, cognitive, social, spiritual, or emotional health.

(3) An adult day care center may apply to the agency to have its license issued under s. 429.907, designated as a "specialized Alzheimer's services adult day care center," if the requirements under this section have been met.

(a) The adult day care center must notify the agency at least 30 days prior to initial licensure under s. 429.907 or, if already licensed, at least 6 months prior to the expiration of a license issued under s. 429.907, that the adult day care center is seeking a designation as a specialized Alzheimer's services adult day care center.

(b) The agency, after receiving the notification pursuant to paragraph (a), may make a determination at an initial licensure inspection or at a licensure renewal inspection as to whether the adult day care center meets the requirements of this section to be designated as a specialized Alzheimer's services adult day care center. If the agency determines that the adult

day care center meets the requirements of this section it must designate the adult day care center as a specialized Alzheimer's services adult day care center at the time of initial licensure or at licensure renewal.

(c) If the agency, during the initial or renewal inspection, determines that the adult day care center has committed an act under s. 429.911(2), the agency may deny the request for the designation or revoke such designation.

(d) The agency may at any time revoke the designation if the adult day care center fails to maintain the requirements under this section.

(4) To obtain or maintain the designation under this section, an adult day care center must:

(a) Have a mission statement that includes a commitment to providing dementia-specific services and disclose in the center's advertisements or in a separate document, which must be made available to the public upon request, the services that distinguish the care as being suitable for a person who has Alzheimer's disease or a dementia-related disorder.

(b) Provide ADRD participants with a program for dementia-specific, therapeutic activities, including, but not limited to, physical, cognitive, and social activities appropriate for the ADRD participant's age, culture, and level of function.

(c) Maintain at all times a minimum staff-to-participant ratio of one staff member who provides direct services for every five ADRD participants.

(d) Provide ADRD participants with a program for therapeutic activity at least 70 percent of the time that the center is open.

(e) Provide ADRD participants with hands-on assistance with activities of daily living, inclusive of the provision of urinary and bowel incontinence care.

(f) Use assessment tools that identify the ADRD participant's cognitive deficits and identify the specialized and individualized needs of the ADRD participant and the caregiver. This assessment shall be conducted when the ADRD participant is initially admitted into the center and shall be updated when the ADRD participant experiences a significant change, but no less frequently than annually.

(g) Create an individualized plan of care for each ADRD participant which addresses the identified, dementia-specific needs of the ADRD participant and the caregiver. The plan of care shall be established when the ADRD participant is initially admitted into the center and reviewed at least quarterly.

(h) Conduct a monthly health assessment of each ADRD participant which includes, but is not limited to, the ADRD participant's weight, vital signs, and level of assistance needed with activities of daily living.

(i) Complete a monthly update in each ADRD participant's file regarding the ADRD participant's status or progress toward meeting the goals indicated on the individualized plan of care.

(j) Assist in the referral or coordination of other dementia-specific services and resources needed by the ADRD participant or the caregiver, such as medical services, counseling, medical planning, legal planning, financial planning, safety and security planning, disaster planning, driving assessment, transportation coordination, or wandering prevention.

(k) Offer, facilitate, or provide referrals to a support group for persons who are caregivers to ADRD participants.

(l) Provide dementia-specific educational materials regularly to ADRD participants, as appropriate, and their caregivers.

(m) Routinely conduct and document a count of all ADRD participants present in the center throughout each day. This count must be compared to each ADRD participant's attendance record in order to ensure that an ADRD participant is not missing from the center.

(n) Be a secured unit or have working alarm or security devices installed on every door that is accessible to the ADRD participant and provides egress from the center or areas of the center designated for the provision of adult day care - specialized Alzheimer's services.

(o) Not allow an ADRD participant to administer his or her own medication.

(p) Condition the ADRD participant's eligibility for admission on whether the ADRD participant has a coordinated mode of transportation to and from the adult day care center, to ensure that the participant does not drive to or from the center.

(5)(a) The operator of an adult day care center having a license designated under this section, and the operator's designee, as applicable, hired on or after July 1, 2012, shall:

1. Have at least a bachelor's degree in health care services, social services, or a related field, 1 year of staff supervisory experience in a social services or health care services setting, and a minimum of 1 year of experience in

providing services to persons who have dementia;

2. Be a registered or practical nurse licensed in this state, have 1 year of staff supervisory experience in a social services or health care services setting, and have a minimum of 1 year of experience in providing services to persons who have dementia; or

3. Have 5 years of staff supervisory experience in a social services or health care services setting and a minimum of 3 years of experience in providing services to persons who have dementia.

(b) The owner must sign an affidavit under penalty of perjury stating that he or she has verified that the operator, and the operator's designee, if any, has completed the education and experience requirements of this subsection.

(6)(a) An adult day care center having a license designated under this section must provide the following staff training and supervision:

1. A registered nurse or licensed practical nurse must be on site daily for at least 75 percent of the time that the center is open to ADRD participants. Each licensed practical nurse who works at the center must be supervised in accordance with chapter 464.

2. Upon beginning employment with the center, each employee must receive and review basic written information about interacting with ADRD participants.

3. In addition to the information provided in subparagraph 2., every employee hired on or after July 1, 2012, who has direct contact with ADRD participants shall complete 4 hours of dementia-specific training within 3 months after employment.

4. In addition to the requirements of subparagraphs 2. and 3., each employee hired on or after July 1, 2012, who provides direct care to ADRD participants shall complete an additional 4 hours of dementia-specific training within 6 months after employment.

(b) The Department of Elderly Affairs or its designee shall approve the training required under this section. The department shall adopt rules to establish standards for employees who are subject to this training, for trainers, and for the training required in this section.

(c) Upon completing any training described in this section, the employee shall be issued a certificate that includes the name of the training provider, the topics covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topics, and the employee is not required to repeat training in those topics if the employee changes employment to a different adult day care center.

(d) Each employee hired on or after July 1, 2012, who provides direct care to ADRD participants, must receive and review an orientation plan that includes, at a minimum:

1. Procedures to locate an ADRD participant who has wandered from the center. These procedures shall be reviewed regularly with all direct care staff.

2. Information on the Silver Alert program in this state.

3. Information regarding available products or programs used to identify ADRD participants or prevent them from wandering away from the center, their home, or other locations.

(7)(a) An ADRD participant admitted to an adult day care

center having a license designated under this section, or the caregiver when applicable, must:

1. Require ongoing supervision to maintain the highest level of medical or custodial functioning and have a demonstrated need for a responsible party to oversee his or her care.

2. Not actively demonstrate aggressive behavior that places himself, herself, or others at risk of harm.

3. Provide the following medical documentation signed by a licensed physician, licensed physician assistant, or a licensed advanced registered nurse practitioner:

a. Any physical, health, or emotional conditions that require medical care.

b. A listing of the ADRD participant's current prescribed and over-the-counter medications and dosages, diet restrictions, mobility restrictions, and other physical limitations.

4. Provide documentation signed by a health care provider licensed in this state which indicates that the ADRD participant is free of the communicable form of tuberculosis and free of signs and symptoms of other communicable diseases.

(b) Before admitting an ADRD participant to an adult day care center that has a license designated under this section, the center shall determine whether:

1. The medical, psychological, safety, and behavioral support and intervention required by the ADRD participant can be provided by the center.

2. The resources required to assist with the ADRD participant's acuity level of care and support needed can be provided or coordinated by the center.

(8)(a) An ADRD participant's file must include a data sheet, which must be completed within 45 days before or within 24 hours after admission to an adult day care center having a license designated under this section. The data sheet must contain:

1. Information regarding the status of the ADRD participant's enrollment in an identification or wandering-prevention program, including the name of the program; and

2. A current photograph of the ADRD participant.

(b) Dementia-specific services shall be documented in the ADRD participant's file.

(c) Notes regarding services provided to the ADRD participant must be entered at least monthly in the ADRD participant's file, and must indicate the ADRD participant's status or progress toward achieving identified goals. Additional notes must be entered more frequently if indicated by the ADRD participant's condition.

(d) An ADRD participant, or the participant's caregiver, shall annually provide the center with updated medical documentation required under subparagraphs (7)(a)3. and 4., and the center must place that documentation in the ADRD participant's file.

(9) An adult day care center having a license designated under this section must give to each person who enrolls as an ADRD participant in the center, or the caregiver, a copy of the ADRD participant's plan of care, as well as information regarding resources to assist in ensuring the safety and security of the ADRD participant, which must include, but need not be limited to, information pertaining to driving for those

persons affected by dementia, available technology on wandering-prevention devices and identification devices, the Silver Alert program in this state, and dementia-specific safety interventions and strategies that can be used in the home setting.

(10) If an ADRD participant's enrollment in the center is involuntarily terminated due to medical or behavioral reasons, the center shall coordinate and execute appropriate discharge procedures, to be determined by rule, with the ADRD participant and the caregiver.

(11) This section does not prohibit an adult day care center that is licensed pursuant to s. 429.907, and without a designation under this section, from providing adult day care services to persons who have Alzheimer's disease or other dementia-related disorders.

(12) The Department of Elderly Affairs may adopt rules to administer this section.

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

THE FLORIDA SENATE

APPEARANCE RECORD

(W)

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

2/8/12
Meeting Date

Topic SNAP Benefits

Bill Number 1658 *(if applicable)*

Name Martha Harbin

Amendment Barcode _____ *(if applicable)*

Job Title Executive Director

Address PO Box 4307 *Street*

Phone (850) 251-2803

Tallahassee, FL 32315-4307 *City State Zip*

E-mail marthaa@flabev.org

Speaking: ☐ For ☒ Against ☐ Information

Representing Florida Beverage Association

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

2 / 8 /2012
Meeting Date

Topic _____ Bill Number 1658 *(if applicable)*

Name BRIAN PITTS Amendment Barcode _____ *(if applicable)*

Job Title TRUSTEE

Address 1119 NEWTON AVNUE SOUTH Phone 727-897-9291
Street

SAINT PETERSBURG FLORIDA 33705 E-mail JUSTICE2JESUS@YAHOO.COM
City *State* *Zip*

Speaking: ☑ For ☐ Against ☑ Information

Representing JUSTICE-2-JESUS

Appearing at request of Chair: ☐ Yes ☑ No Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

8 Feb 12
Meeting Date

Topic SNAP

Bill Number 1658 *(if applicable)*

Name John Rogers

Amendment Barcode _____ *(if applicable)*

Job Title Sr. V.P. + General Counsel

Address 2271 S. Adams
Street

Phone 222-4082

TLH FL 32301
City *State* *Zip*

E-mail John@frf.org

Speaking: ☐ For ☐ Against ☐ Information

Representing FRF Retail Federation

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

W

2/08/12
Meeting Date

Topic PUBLIC ASSISTANCE

Bill Number 1658 *(if applicable)*

Name TODD STEIBLY

Amendment Barcode _____ *(if applicable)*

Job Title GOVERNMENT CONSULTANT

Address 301 S. BRONOUGH ST. *Street*

Phone (850) 577-9090

TALLAHASSEE FL 32311 *City State Zip*

E-mail _____

Speaking: ☐ For ☑ Against ☐ Information

Representing FL PETROLEUM MARKETERS & CONVENIENCE STORE ASSOCIATION

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

Feb-8-2012
Meeting Date

Topic Funding line item for Child Protection in Citrus Co.

Bill Number Tab 1 *(if applicable)*

Name David Wyllie

Amendment Barcode *(if applicable)*

Job Title Lieutenant

Address 1 Martin Luther King Blvd
Street

Inverness FL 34450
City *State* *Zip*

Phone 352 422-4350

E-mail dwyllie@sheriffcitrus.org

Speaking: ☒ For ☐ Against ☐ Information

Representing Citrus Co Sheriffs office

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

2/8/12
Meeting Date

Topic Budget — Bill Number Tab 1 *(if applicable)*

Name Judge Jonathan Sjostrom — Amendment Barcode _____ *(if applicable)*

Job Title Circuit Judge, 2nd Circuit

Address Leon County Courthouse — Phone 850-875-3626
Street

Tallahassee FL 32301 — E-mail _____
City *State* *Zip*

Speaking: ☐ For ☐ Against ☐ Information

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No — Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/20/11)

CourtSmart Tag Report

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

Started: 2/8/2012 3:46:27 PM
Ends: 2/8/2012 4:47:16 PM Length: 01:00:50

3:46:31 PM	Meeting called to order
3:46:34 PM	Roll call
3:47:03 PM	Opening remarks - Chairman
3:47:19 PM	Tab 3 - SB 1658 Public Assistance - Senator Storms
3:48:16 PM	Amendment 796050 (Late-filed) - Garcia
3:52:56 PM	Fav
3:53:08 PM	Public Testimony:
3:53:36 PM	Brian Pitts, Justice-2-Jesus
3:55:18 PM	John Rogers, Florida Retail Federation
4:13:22 PM	Roll call (4 Yeas, 3 Nays)
4:13:41 PM	Bill will be reported Fav/CS
4:14:02 PM	Tab 1 - Review and Discussion of Fiscal Year 2012-2013 Budget Issues Relating to:
4:16:15 PM	Chairman Negron - went through spreadsheet
4:40:50 PM	Public Testimony:
4:40:50 PM	David Wyllie, Lieutenant, Citrus County Sheriff's Office
4:42:41 PM	Judge Jonathan Sjostrom, Circuit Judge, 2nd Circuit, Tallahassee, FL
4:46:11 PM	Closing Remarks/Adjourned