

**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	RCS	BHA, Oelrich	Delete everything after	02/10 05:26 PM
732660	AA	S	RE	BHA, Oelrich	Delete L.13:	02/10 05:26 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	RCS	BHA, Richter	Delete L.122 - 184:	02/09 08:46 PM
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**CS/SB 616 by GO, Flores; (Similar to CS/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	RCS	BHA, Richter	Delete L.76 - 77:	02/13 10:01 AM
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**CS/CS/SB 820 by HR, EP, Dean (CO-INTRODUCERS) Evers; (Similar to CS/CS/CS/H 0999) Onsite Sewage Treatment and Disposal Systems**

The Florida Senate  
**COMMITTEE MEETING EXPANDED AGENDA**  
**BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN**  
**SERVICES APPROPRIATIONS**  
**Senator Negrón, Chair**  
**Senator Rich, Vice Chair**

**MEETING DATE:** Thursday, February 9, 2012

**TIME:** 8:30 —10:00 a.m.

**PLACE:** Toni Jennings Committee Room, 110 Senate Office Building

**MEMBERS:** Senator Negrón, 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	<b>SB 850</b> Oelrich (Compare CS/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 BHA 02/09/2012 Fav/CS BC	Fav/CS Yeas 6 Nays 1
3	SB 1658 passed on February 8, 2012		Not Considered
4	<b>CS/SB 1258</b> 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 BHA 02/09/2012 Favorable BC	Favorable Yeas 7 Nays 0

**COMMITTEE MEETING EXPANDED AGENDA**

Budget Subcommittee on Health and Human Services Appropriations  
 Thursday, February 9, 2012, 8:30 —10:00 a.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
5	<b>CS/CS/SB 682</b> 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 BHA 02/09/2012 Fav/CS BC	Fav/CS Yeas 7 Nays 0
6	<b>CS/SB 616</b> 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 BHA 02/09/2012 Favorable BC	Favorable Yeas 7 Nays 0

**COMMITTEE MEETING EXPANDED AGENDA**

Budget Subcommittee on Health and Human Services Appropriations  
Thursday, February 9, 2012, 8:30 —10:00 a.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
7	<b>CS/CS/SB 694</b> 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 BHA 02/09/2012 Fav/CS BC	Fav/CS Yeas 7 Nays 0
8	<b>CS/CS/SB 820</b> Health Regulation / Environmental Preservation and Conservation / Dean (Similar CS/H 999, Compare H 79, H 115, S 114, S 178, S 558, CS/CS/S 704)	Onsite Sewage Treatment and Disposal Systems; Providing for any permit issued and approved by the Department of Health for the installation, modification, or repair of an onsite sewage treatment and disposal system to transfer with the title of the property; providing circumstances in which an onsite sewage treatment and disposal system is not considered abandoned; providing for the validity of an onsite sewage treatment and disposal system permit if rules change before final approval of the constructed system, under certain conditions; providing that a system modification, replacement, or upgrade is not required unless a bedroom is added to a single-family home; requiring the Department of Environmental Protection to notify those counties or municipalities of the use of, and access to, certain state and federal program funds and to provide certain guidance and technical assistance upon request, etc.  EP 01/09/2012 Fav/CS HR 01/31/2012 Fav/CS BHA 02/09/2012 Favorable BC	Favorable Yeas 6 Nays 1

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		<b>Agency for Health Care Admin. (Base Budget)</b>	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		409,723	709,723		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		<b>Total Agency for Health Care Administration</b>	<b>1,671.00</b>	<b>4,944,858,474</b>	<b>4,936,299,865</b>	<b>8,558,609</b>	<b>4,587,598,529</b>	<b>12,983,364,725</b>	<b>22,515,821,728</b>		53
54											54
55		<b>Agency for Persons with Disabilities (Base Budget)</b>	<b>2,975.00</b>	<b>459,992,786</b>	<b>459,992,786</b>	<b>0</b>	<b>2,710,648</b>	<b>546,077,650</b>	<b>1,008,781,084</b>		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	<b>Total Agency for Persons with Disabilities</b>		<b>2,938.50</b>	<b>475,843,690</b>	<b>475,843,690</b>	<b>0</b>	<b>4,225,452</b>	<b>605,918,299</b>	<b>1,085,987,441</b>		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		<b>Dept. of Children &amp; Family Services (Base Budget)</b>	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**

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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		0					0	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

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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
124	33V7110	Community Adult Substance Abuse Program Reduction		(23,791,320)	(23,791,320)				(23,791,320)	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

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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
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	<b>Total Department of Children and Family Services</b>		<b>12,011.25</b>	<b>1,292,593,272</b>	<b>1,285,392,814</b>	<b>7,200,458</b>	<b>201,880,121</b>	<b>1,252,317,309</b>	<b>2,746,790,702</b>		164
165											165
166	<b>Department of Elder Affairs (Base Budget)</b>		<b>450.00</b>	<b>317,714,007</b>	<b>317,714,007</b>	<b>0</b>	<b>587,918</b>	<b>439,225,274</b>	<b>767,527,199</b>		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	<b>Total Department of Elder Affairs</b>		<b>446.00</b>	<b>320,244,682</b>	<b>320,244,682</b>	<b>0</b>	<b>587,918</b>	<b>465,877,952</b>	<b>786,710,552</b>		179
180											180
181	<b>Department of Health (Base Budget)</b>		<b>17,107.50</b>	<b>373,438,369</b>	<b>373,438,369</b>	<b>0</b>	<b>1,039,518,605</b>	<b>1,323,037,480</b>	<b>2,735,994,454</b>		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 Northwood 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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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
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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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
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		
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	<b>Total Department of Health</b>		<b>16,827.50</b>	<b>411,583,448</b>	<b>410,083,448</b>	<b>1,500,000</b>	<b>1,079,037,616</b>	<b>1,349,801,752</b>	<b>2,840,422,816</b>		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		<b>Department of Veterans' Affairs (Base Budget)</b>	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		<b>Total Department of Veterans' Affairs</b>	<b>1,082.00</b>	<b>6,976,434</b>	<b>6,976,434</b>	<b>0</b>	<b>52,816,993</b>	<b>22,555,341</b>	<b>82,348,768</b>		287
288											288
289		<b>Grand Total</b>	<b>34,976.25</b>	<b>7,452,100,000</b>	<b>7,434,840,933</b>	<b>17,259,067</b>	<b>5,926,146,629</b>	<b>16,679,835,379</b>	<b>30,058,082,007</b>		289

**Budget Subcommittee on Health and Human Services Appropriations**  
**Back of the Bill Sections**  
**Fiscal Year 2012-2013**

Line #	Dept.	Description	Comments
1	AHCA	Medicaid Program Cost	There is hereby appropriated \$47,345,174 in nonrecurring funds from the General Revenue Fund to the Agency for Health Care Administration to cover Fiscal Year 2011-12 Medicaid Program costs. This section shall take effect upon becoming law.
2	AHCA	ICD-10 Conversion Project - LBC Amendment	Requesting to transfer and release budget authority in the amount of \$4,603,525 in the Medical Care Trust Fund from the Qualified Expenditure Category- ICD-10 Conversion Project to operating categories within Executive Direction and Support Services to implement the federally required changes in Medicaid policy and billing procedures for the International Classification of Diseases (ICD)-9 to (ICD)-10 diagnosis coding. This section shall take effect upon becoming law.
3	APD	APD Waiver Deficit	There is appropriated to the Agency for Persons with Disabilities \$37,070,209 in nonrecurring funds from the General Revenue Fund, \$47,065,535 in nonrecurring funds from the Operations and Maintenance Trust Fund to cover Fiscal Year 2011-2012 Home and Community Based Services Waiver costs. This section shall take effect upon becoming law.
4	DCF	Florida Abuse Hotline Redesign - LBC Amendment	Requesting to transfer budget authority in the amount of \$4,500,000 in the Working Capital Trust Fund from the QEC- Florida Abuse Hotline Redesign category to Computer Related Expenses within the Information Technology budget entity, along with the transfer of authority in the amount of \$4,500,000 in the Operations and Maintenance Trust Fund from the same Qualified Expenditure Category to the DCF Data Center (double budget) to cover the redesign of the Florida Abuse Hotline and supporting business processes in accordance with General Appropriations Act proviso language and the recommendations of the project feasibility study. This section shall take effect upon becoming law.
5	DCF	Florida Supplemental Nutrition Assistance Education Program - LBC Amendment	Requesting to increase budget authority by \$449,483 in the Federal Grant Trust Fund, in the G/A-Contracted Services category, to fund the Federal share of the costs associated with the Florida Supplemental Nutrition Assistance Education Program (SNAP-Ed). This section shall take effect upon becoming law.
6	DOH	Transfer of funds to Florida Drug, Device and Cosmetic Trust Fund	The nonrecurring sum of \$563,752 shall be transferred from the Medical Quality Assurance Trust Fund in the Department of Health to the Florida Drug, Device and Cosmetic Trust Fund within Department of Business and Professional Regulation. The funds shall be used to meet the operating expenditures of the Drug, Device and Cosmetic program. This section shall take effect upon becoming law.
7	DOH	Brain and Spinal Cord Injury Program Trust Fund within Department of Health.	The nonrecurring sum of \$3,662,634 shall be transferred from the Medical Quality Assurance Trust Fund in the Department of Health to the Brain and Spinal Cord Injury Program Trust Fund within Department of Health. This section shall take effect upon becoming law.
8	DOH	CMS Data Project - LBC Amendment	Requesting to transfer and release budget authority in the amount of \$2,000,000 in the Federal Grants Trust Fund from the Qualified Expenditure Category- CMS Data Project to the Contracted Services operating category within Children's Medical Services to cover Infrastructure Development Project expenditures through June 30, 2012. This section shall take effect upon becoming law.

**Budget Subcommittee on Health and Human Services Appropriations**  
**Back of the Bill Sections**  
**Fiscal Year 2012-2013**

Line #	Dept.	Description	Comments
9	DOH	Increase in Federal Grants Trust Fund for new federal AIDS grants- LBC Amendment	Requesting to increase budget authority by \$7,705,823 in the Federal Grants Trust Fund in various categories within the Infectious Disease Control budget entity for a new federal AIDS grant. This section shall take effect upon becoming law.
10	DOH	WIC Data System Planning and Development to implement web-based data support system for the WIC Program's operations - LBC Amendment	Requesting to transfer and release budget authority in the amount of \$1,458,103 in the Federal Grants Trust Fund within Family Health Outpatient and Nutrition Services from the Qualified Expenditures Category- Women, Infants and Children (WIC) Data System Planning and Development to the G/A-Federal Nutrition Program and G/A-Contracted Services-ARRA 2009 categories to develop and implement a web-based data system to support the WIC program's operations. This section shall take effect upon becoming law.
11	DOH	ARRA Grant- Communities Putting Prevention to Work State Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System - LBC Amendment	ARRA – Requesting to increase budget authority by \$200,835 in the County Health Department Trust Fund and \$236,192 in the Federal Grants Trust Fund to support expenditures associated with the American Recovery and Reinvestment Act of 2009 (ARRA) Awards for four component awards from the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), ARRA Communities Putting Prevention to Work State Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System. This section shall take effect upon becoming law.
12	DOH	ARRA Grant – Expand access to vaccines and vaccination services to the public - LBC Amendment	ARRA – Requesting to increase budget authority by \$1,343,130 in the Federal Grants Trust Fund and \$692,089 in the County Health Department Trust Fund, in the American Recovery and Reinvestment Act of 2009 (ARRA) special categories, State Operations-ARRA 2009 and G/A-Contracted Services-ARRA 2009, for federal grants to expand access to vaccines and vaccination services to the public. This section shall take effect upon becoming law.
13	DOH	ARRA Grant – Information Technology (IT) Epidemiology and Laboratory Capacity (ELC) grant - LBC Amendment	ARRA – Requesting to increase budget authority by \$187,277 in the Federal Grants Trust Fund, in the G/A-Contracted Services-ARRA 2009, within Infectious Disease Control to support Information Technology (IT) Epidemiology and Laboratory Capacity (ELC) grant. This section shall take effect upon becoming law.
14	DOH	ARRA Grant - Florida's Cancer Registry - LBC Amendment	ARRA – Requesting to increase budget authority by \$163,042 in the Federal Grants Trust Fund, in the G/A-Contracted Services-ARRA 2009 special category, to support obligations associated with the Expansion Research Capability to Study Comparative Effectiveness in Complex Patients Award which focus on improving cancer information collected by the Florida Cancer Data System (FCDS), also known as Florida's Cancer Registry. This section shall take effect upon becoming law.
15	DOH	ARRA Grant- Putting Prevention to Work - LBC Amendment	ARRA – Requesting to increase budget authority by \$2,386,136 in the County Health Department Trust Fund to support Components A & B of the Communities Putting Prevention to Work ARRA funding to Miami-Dade County Health Department for increased physical activity, improved nutritional habits and increased health screenings in order to manage the prevalence of obesity among the under-served and under-insured population of the county and to the Orange County Health Department to expand smoke free environments to cover all of Orange County and municipal parks, reduce youth access to tobacco, and implement a tobacco use assessment by health care providers. This section shall take effect upon becoming law.



**Budget Subcommittee on Health and  
Human Services Appropriations**

**Current Year Proviso**

**February 9, 2012**

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Number	Proviso	Chairman's Proposal
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Agency for Health Care Administration		
1	<p>AGENCY/HEALTH CARE ADMIN G/A-CONTRAC SVCS-ARRA 2009</p> <p>From the funds in Specific Appropriation 144, \$283,611,508 from the Administrative Trust Fund is provided for incentive payments to Medicaid providers and hospitals from the adoption and meaningful use of certified electronic health records technology. Of these funds, \$212,708,631 shall be held in reserve. The agency is directed to submit a budget amendment in accordance with the provisions of chapter 216, Florida Statutes, requesting quarterly release of these funds based upon quarterly releases from the Centers for Medicare and Medicaid Services.</p>	Revise
2	<p>CHILDREN SPECIAL HLTH CARE</p> <p>Funds in Specific Appropriations 146 through 151 are provided to operate the Florida KidCare Program. The Executive Office of the Governor may authorize transfer of these resources between programs or agencies pursuant to chapter 216, Florida Statutes, based on projections from the Social Services Estimating Conference.</p>	Keep
3	<p>The agency is authorized to seek any necessary state plan amendment to implement additional Title XXI administrative claiming for school health services.</p>	Keep
4	<p>G/A-FL HEALTHY KIDS CORP</p> <p>Funds in Specific Appropriations 146 and 149 are provided to contract with the Florida Healthy Kids Corporation to provide comprehensive health insurance coverage, including dental services, to Title XXI children eligible under the Florida KidCare Program and pursuant to section 624.91, Florida Statutes. The corporation shall use local funds to serve non-Title XXI children that are eligible for the program pursuant to section 624.91(3)(b), Florida Statutes. The corporation shall return unspent local funds collected in Fiscal Year 2011-2012 to provide premium assistance for non-Title XXI eligible children based on a formula developed by the corporation.</p>	Revise
5	<p>Funds in Specific Appropriation 146 reflect a reduction of \$3,193,495 from the General Revenue Fund and \$7,185,104 from the Medical Care Trust Fund to reduce the per member per month rate adjustment for Florida Healthy Kids Corporation contracts for Fiscal Year 2011-2012. Average per member per month rates shall not exceed \$108.97 per member per month. The corporation shall amend its contracts, effective October 1, 2011, to achieve this reduction.</p>	Delete
6	<p>G/A-FL HEALTHY KIDS DENTAL</p> <p>Funds in Specific Appropriation 149 are provided for Florida Healthy Kids dental services to be paid a monthly premium of no more than \$11.99 per member per month.</p>	Revise
7	<p>MEDIKIDS</p> <p>Funds in Specific Appropriation 150 reflect a reduction of \$763,524 from the General Revenue Fund and \$1,715,343 from the Medical Care Fund to reflect the elimination of cost-based rate increases for Medicaid providers.</p>	Delete

Number	Proviso	Chairman's Proposal
8	<p>EXECUTIVE DIR/SUPPORT SVCS</p> <p>From the funds in Specific Appropriations 152 through 163, any requests pursuant to chapter 216, Florida Statutes, by the Agency for Health Care Administration to increase budget authority to expand existing programs using increased federal reimbursement through Low Income Pool (LIP) provisions and exemptions to hospital Medicaid rate ceilings shall be contingent upon the availability of state match from existing state funds or local sources that do not increase the current requirement for state general revenue or tobacco settlement funds. The agency is authorized to seek federal Medicaid waivers as necessary to implement this provision.</p>	Keep
9	<p>From the funds in Specific Appropriations 152 through 163, the agency is authorized to contract on a contingency fee basis for post-audit claims analyses to identify and recover overpayments for the Medicaid program. The state may pay the contractor a rate based on recoveries.</p>	Keep
10	<p>CONTRACTED SERVICES</p> <p>From the funds in Specific Appropriation 159, \$1,676,344 from the Medical Care Trust Fund is provided on a nonrecurring basis to continue the Medicaid Information Technology Architecture (MITA) self-assessment of the Medicaid program's fiscal agent operations.</p>	Delete
11	<p>From the funds in Specific Appropriation 159, \$600,000 in nonrecurring general revenue funds, \$400,000 in nonrecurring tobacco settlement trust funds, and \$1,000,000 in nonrecurring medical care trust funds are provided to the Agency for Health Care Administration to contract with a private consultant, by September 1, 2011, who has at least 15 years experience in the development of statewide managed care models in other states. Past experience must include projects to assist other states with managed care initiatives involving both medical assistance and long term care, working with states to modify and secure extensions of 1115 waivers, and helping states to execute a competitive procurement of managed care organizations to provide Medicaid services. The consultant shall assist the agency to secure necessary federal approvals, develop procurement documents, prepare contract materials, and any other preparations necessary for implementation of HB 7107 or similar legislation.</p>	Delete
12	<p>MEDICAID SERV/INDIVIDUALS CASE MANAGEMENT</p> <p>From the funds in Specific Appropriation 165, \$1,021,335 from the Medical Care Trust Fund is provided for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs under the Department of Health. This funding is contingent upon the availability of state matching funds in the Department of Health in Specific Appropriation 502.</p>	Revise
13	<p>From the funds in Specific Appropriations 165 and 192, upon approval of an amendment of the existing disease management waiver, the agency is authorized to develop Requests for Proposals or Invitations to Negotiate for State of Florida Medicaid beneficiaries residing in certain counties in the Agency for Health Care Administration's Areas 1 and 6 currently enrolled in Medipass. In both areas, qualified providers must meaningfully deploy health information technology for the provision of health care services and reimbursement for those services shall be on a per member per month basis based on the person's underlying disease state. In Area 1, the agency shall give preference to a non-profit consortium of hospitals that supports primary care in the community and whose member entities contribute health information to a regional health information organization. In Area 6, the agency shall give preference to</p>	Delete

Number	Proviso	Chairman's Proposal
	a federally qualified health care center using a Florida-based health information technology company with disease management functionality. The pilot programs shall be for a period of 36 months. The agency is authorized to seek any necessary state plan amendment or federal waiver to implement this provision.	
14	<p>COMMUNITY MENTAL HEALTH SV</p> <p>From the funds in Specific Appropriation 167, the agency is authorized to amend the Medicaid State Plan to include the following specialized substance abuse services: community based substance abuse intervention services and comprehensive community support services for substance abuse.</p>	Keep
15	<p>From the funds in Specific Appropriation 167, the agency is authorized to work with the Department of Children and Family Services and Florida county governments to develop a local match program to fund these Medicaid specialized substance abuse services using local county funds. The public funds required to match the Medicaid funds for these specialized substance abuse services are limited to those funds that are local public tax revenues and are made available to the state for this purpose. As required by Medicaid policy, participating counties shall make these services available to any qualified Florida Medicaid beneficiary regardless of county of residence. Payment for these services is contingent upon the local matching funds being provided by participating counties.</p>	Keep
16	<p>From the funds in Specific Appropriation 167, \$4,539,265 from the Medical Care Trust Fund is provided for Medicaid specialized mental health services. The agency is authorized to seek any necessary state plan amendment or federal waiver required to include mental health services for juveniles in the evidence based redirection program at the Department of Juvenile Justice. The agency is authorized to work with the department to develop a match program to fund Medicaid specialized mental health services using existing funding within the Department of Juvenile Justice. Payment for these services is contingent upon the availability of state matching funds in the Department of Juvenile Justice in Specific Appropriation 1089.</p>	Revise
17	<p>DEVEL EVAL &amp; INTERV/PART C</p> <p>Funds in Specific Appropriation 169 are contingent on the availability of state match being provided in Specific Appropriation 508.</p>	Keep
18	<p>EARLY/PERIOD SCREEN/CHILD</p> <p>From the funds in Specific Appropriation 170, \$24,684,204 from the General Revenue Fund, \$31,322,305 from the Medical Care Trust Fund, and \$64,577 from the Refugee Assistance Trust Fund are provided to increase reimbursement to dental providers for services provided to children.</p>	Delete
19	<p>G/A-RURAL HOSP FIN ASST</p> <p>Funds in Specific Appropriation 171 are provided for a federally matched Rural Hospital Disproportionate Share program and a state funded Rural Hospital Financial Assistance program as provided in section 409.9116, Florida Statutes.</p>	Keep

Number	Proviso	Chairman's Proposal
20	<p>From the funds in Specific Appropriation 171, the calculations of the Medicaid Supplemental Hospital Funding Programs for Medicaid Low Income Pool, Disproportionate Share Hospital, and Hospital Exemptions Programs for the 2011-2012 fiscal year are incorporated by reference in SB 2002. The calculations are the basis for the appropriations made in the General Appropriations Act.</p>	Keep
21	<p>G/A-SHANDS TEACHING HOSP</p> <p>The funds in Specific Appropriation 173, shall be primarily designated for transfer to the Agency for Health Care Administration's Grants and Donations Trust Fund for use in the Medicaid or Low Income Pool programs. Of these funds, up to \$3,820,670 in recurring funds and \$8,000,000 in nonrecurring funds may be used in the Low Income Pool program or as funding to buy back the Medicaid inpatient and outpatient trend adjustments applied to Shands Healthcare Systems' individual hospital rates and other Medicaid reductions to their rates up to the actual Medicaid inpatient and outpatient costs. The transfer of the funds from the Low Income Pool program is contingent upon another local government or healthcare taxing district providing an equivalent amount of funds to be used in the Low Income Pool program. Should the Agency for Health Care Administration be unable to use the full amount of these designated funds, remaining funds may be used secondarily for payments to Shands Teaching Hospital to continue the original purpose of providing health care services to indigent patients through Shands Healthcare System.</p>	Revise
22	<p>HOME HEALTH SERVICES</p> <p>From the funds in Specific Appropriation 175, the agency may implement accreditation requirements for Durable Medical Equipment and Consumable Medical Supply providers.</p>	Keep
23	<p>From the funds in Specific Appropriation 175, The Agency for Health Care Administration shall competitively procure a statewide managed disposable incontinence medical supply program in order to maximize efficiencies and savings in the Medicaid program. To maximize program efficiencies and cost savings within the Florida Medicaid program, incontinence medical supplies provided under this program shall be utilized by all Medicaid State Plan recipients. The agency shall competitively bid a contract for selection of a qualified organization to administer the comprehensive program and shall ensure that any contract awarded through this procurement provides for a minimum of twenty percent cost savings. Vendors shall submit their bid prices based on proposed discounts and cost savings measured against the agency's new standardized fee schedule for incontinence products. The contract for these services shall require the selected bidder to extend its bid pricing to Medicaid managed care plans, pursuant to the Medicaid reform plan, during the term of the contract for these services including any extension(s). The agency shall seek any federal Medicaid waivers or authority necessary to implement this provision. The Office of Program Policy Analysis and Government Accountability shall monitor program implementation and issue a progress report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by March 1, 2012.</p>	Delete
24	<p>HOSPICE SERVICES</p> <p>Funds in Specific Appropriation 176 reflect a reduction of \$6,821,163 from the General Revenue Fund and \$8,660,370 from the Medical Care Trust Fund as a result of adjusting nursing home rates.</p>	Delete

Number	Proviso	Chairman's Proposal
25	<p>From the funds in Specific Appropriation 176, \$14,290,140 from the Grants and Donations Trust Fund and \$18,143,224 from the Medical Care Trust Fund are provided to buy back hospice rate reductions, effective on or after January 1, 2008, and are contingent on the nonfederal share being provided through nursing home quality assessments. Authority is granted to buy back rate reductions up to, but not higher than, the amounts available under the budgeted authority in this line. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.</p>	Revise
26	<p>HOSPITAL INPATIENT SERVICE</p> <p>From the funds in Specific Appropriation 177, \$61,382,891 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration to fund services for children in the Statewide Inpatient Psychiatric Program. The program shall be designed to permit limits on services, prior authorization of services, and selective provider enrollment. The program must also include monitoring and quality assurance, as well as discharge planning and continuing stay reviews, of all children admitted to the program. The funding is contingent upon the availability of state matching funds in the Department of Children and Family Services in Specific Appropriations 305 and 324.</p>	Keep
27	<p>Funds in Specific Appropriation 177 reflect a reduction of \$173,477,299 from the General Revenue Fund, \$220,252,391 from the Medical Care Trust Fund, and \$1,199,158 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for inpatient hospital rates. The agency shall implement a recurring methodology in the Title XIX Inpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, before including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary; however, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but may not be reduced below the unit cost used in establishing the budget. Hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals, as defined in s. 395.602, Florida Statutes, are excluded from this reduction.</p>	Revise
28	<p>Funds in Specific Appropriation 177 reflect a reduction of \$5,538,621 from the General Revenue Fund, \$7,032,027 from the Medical Care Trust Fund, and \$38,289 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for inpatient hospital rates for hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in section 395.602, Florida Statutes. The agency shall implement a recurring methodology in the Title XIX Inpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p>	Revise

Number	Proviso	Chairman's Proposal
29	From the funds in Specific Appropriation 177, the calculations of the Medicaid Supplemental Hospital Funding Programs for Medicaid Low Income Pool, Disproportionate Share Hospital, and Hospital Exemptions Programs for the 2011-2012 fiscal year are incorporated by reference in SB 2002. The calculations are the basis for the appropriations made in the General Appropriations Act.	Keep
30	Funds in Specific Appropriation 177, are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. In the event the state share provided through grants and donations is not available to fund the removal of inpatient ceilings for hospitals, the Agency for Health Care Administration shall submit a revised hospital reimbursement plan to the Legislative Budget Commission for approval.	Revise
31	From the funds in Specific Appropriation 177, the Agency for Health Care Administration may establish a global fee for bone marrow transplants and the global fee payment shall be paid to approved bone marrow transplant providers that provide bone marrow transplants to Medicaid beneficiaries.	Keep
32	From the funds in Specific Appropriations 177 and 191, \$2,643,600 from the Grants and Donations Trust Fund and \$3,356,400 from the Medical Care Trust Fund are provided to make Medicaid payments for multi-visceral transplant and intestine transplants in Florida. The agency shall establish a reasonable global fee for these transplant procedures and the payments shall be used to pay approved multi-visceral transplant and intestine transplant facilities a global fee for providing transplant services to Medicaid beneficiaries. Payment of the global fee is contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision.	Revise
33	From the funds in Specific Appropriation 177, \$239,417,562 from the Grants and Donations Trust Fund and \$303,972,274 from the Medical Care Trust Fund are provided for public hospitals, including any leased public hospital determined to be covered under the state's sovereign immunity; teaching hospitals, as defined in s. 408.07 or s. 395.805, Florida Statutes, which have 70 or more full-time equivalent resident physicians; hospitals that have graduate medical education positions that do not otherwise qualify; and designated trauma hospitals to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. This section of proviso does not include the buy back of the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.	Revise



Number	Proviso	Chairman's Proposal
34	<p>From the funds in Specific Appropriation 177, \$126,286,934 from the Grants and Donations Trust Fund and \$160,337,974 from the Medical Care Trust Fund are provided for hospitals to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buy back of reductions to inpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.</p>	Revise
35	<p>From the funds in Specific Appropriation 177, \$187,198,756 from the Grants and Donations Trust Fund and \$237,673,591 from the Medical Care Trust Fund are provided for hospitals to allow for exemptions from inpatient reimbursement limitations for any hospital that has local funds available for intergovernmental transfers. The payments under this proviso are contingent upon the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buy back of exemptions to inpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds.</p>	Revise
36	<p>REGULAR DISPROP SHARE</p> <p>Funds in Specific Appropriation 178 shall be used for a Disproportionate Share Hospital Program as provided in sections 409.911, 409.9113, and 409.9119, Florida Statutes, and are contingent on the state share being provided through grants and donations from state, county, or other government entities.</p>	Keep
37	<p>From the funds in Specific Appropriation 178, the calculations of the Medicaid Supplemental Hospital Funding Programs for Medicaid Low Income Pool, Disproportionate Share Hospital, and Hospital Exemptions Programs for the 2011-2012 fiscal year are incorporated by reference in SB 2002. The calculations are the basis for the appropriations made in the General Appropriations Act.</p>	Keep
38	<p>LOW INCOME POOL</p> <p>From the funds in Specific Appropriation 179, the calculations of the Medicaid Supplemental Hospital Funding Programs for Medicaid Low Income Pool, Disproportionate Share Hospital, and Hospital Exemptions Programs for the 2011-2012 fiscal year are incorporated by reference in SB 2002. The calculations are the basis for the appropriations made in the General Appropriations Act.</p>	Keep
39	<p>From the funds in Specific Appropriation 179, the agency is authorized to transfer a hospital's low-income pool payments between the various low-income programs listed in this specific appropriation if it is required to obtain approval of the low-income pool payment methodology from the Centers for Medicare and Medicaid Services. Any transfer of funds, however, is contingent on the hospital's net low-income pool payments under the low-income pool plan remaining unchanged.</p>	Keep

Number	Proviso	Chairman's Proposal
40	<p>From the funds in Specific Appropriation 179, in the event that the amount of approved nonfederal share of matching funds is not provided by local governmental entities, the agency may re-allocate low-income pool funds between programs described within this specific appropriation as necessary to ensure sufficient nonfederal matching funds. No re-allocation, under this provision, of low-income pool funds may occur if the level of program increase for any provider access system exceeds the amount of the additional increases in the local nonfederal share match that their local governments transfer to the state Medicaid program, and for which the provider access system would have otherwise received.</p>	Keep
41	<p>From the funds in Specific Appropriation 179, the agency may make low-income pool Medicaid payments to hospitals in an accelerated manner that is more frequent than on a quarterly basis subject to the availability of state, local and federal funds.</p>	Keep
42	<p>Funds provided in Specific Appropriation 179, are contingent upon the nonfederal share being provided through grants and donations from state, county or other governmental funds. In the event the nonfederal share provided through grants and donations is not available to fund the Medicaid low-income payments for eligible Medicaid providers, known as provider access systems, the agency shall submit a revised low-income pool plan to the Legislative Budget Commission for approval. Distribution of such funds provided in Specific Appropriation 179 is contingent upon approval from the Centers for Medicare and Medicaid Services.</p>	Keep
43	<p>FREESTANDING DIALYSIS CTRS</p> <p>Funds in Specific Appropriation 180 are for the inclusion of freestanding dialysis clinics in the Medicaid program. The agency shall limit payment to \$100.00 per visit for each dialysis treatment. Freestanding dialysis facilities may obtain, administer and submit claims directly to the Medicaid program for End-Stage Renal Disease pharmaceuticals subject to coverage and limitations policy. All pharmaceutical claims for this purpose must include National Drug Codes (NDC) to permit the invoicing for federal and/or state supplemental rebates from manufacturers. Claims for drug products that do not include National Drug Code information are not payable by Florida Medicaid unless the drug product is exempt from federal rebate requirements.</p>	Keep
44	<p>From the funds in Specific Appropriation 180, the Agency for Health Care Administration shall work with dialysis providers, managed care organizations, and physicians to ensure that all Medicaid patients with End Stage Renal Disease (ESRD) are educated and assessed by their physician and dialysis provider to determine their suitability for peritoneal dialysis (PD) as a modality choice. Further, the agency shall consult with the dialysis community concerning suitable voluntary reporting to the state Medicaid program on members' PD suitability.</p>	Keep
45	<p>HOSPITAL OUTPATIENT SVCS</p> <p>From the funds in Specific Appropriation 182, the calculations of the Medicaid Supplemental Hospital Funding Programs for Medicaid Low Income Pool, Disproportionate Share Hospital, and Hospital Exemptions Programs for the 2011-2012 fiscal year are incorporated by reference in SB 2002. The calculations are the basis for the appropriations made in the General Appropriations Act.</p>	Keep

Number	Proviso	Chairman's Proposal
46	<p>Funds in Specific Appropriation 182 reflect a reduction of \$43,572,721 from the General Revenue Fund, \$55,321,338 from the Medical Care Trust Fund, and \$151,174 from the Refugee Assistance Trust Fund as a result of implementing a reduction in outpatient hospital reimbursement rates. The agency shall implement a recurring methodology in the Title XIX Outpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget. Hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in s. 395.602, Florida Statutes, are excluded from this reduction.</p>	Delete
47	<p>Funds in Specific Appropriation 182 reflect a reduction of \$1,709,835 from the General Revenue Fund, \$2,170,848 from the Medical Care Trust Fund, and \$5,919 from the Refugee Assistance Trust Fund as a result of implementing a reduction in outpatient hospital reimbursement rates for hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in section 395.602, Florida Statutes. The agency shall implement a recurring methodology in the Title XIX Outpatient Hospital Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p>	Delete
48	<p>Funds provided for the elimination of hospital outpatient ceilings in Specific Appropriation 182 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. The agency shall submit a revised hospital outpatient reimbursement plan to the Legislative Budget Commission for approval if the state share is not available to fund the removal of hospital outpatient ceilings or if the Centers for Medicare and Medicaid Services does not approve amendments to the Medicaid Hospital Outpatient Reimbursement Plan to eliminate the reimbursement ceilings for certain hospitals.</p>	Revise
49	<p>From the funds in Specific Appropriation 182, \$28,435,176 from the Grants and Donations Trust Fund and \$36,102,219 from the Medical Care Trust Fund are appropriated so that the agency may amend its current facility fees and physician services to allow for payments to hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 provided such hospital implements an emergency room diversion program so that non-emergent patients are triaged to lesser acute settings; or a public hospital assumed the fiscal and operating responsibilities for one or more primary care centers previously operated by the Florida Department of Health or the local county government. Any payments made to qualifying hospitals because of this change shall be contingent on the state share being provided through grants and donations from counties, local governments, public entities, or taxing districts, and federal matching funds. This provision shall be contingent upon federal approval of a state plan amendment.</p>	Keep

Number	Proviso	Chairman's Proposal
50	From the funds in Specific Appropriation 182, \$7,182,339 from the Grants and Donations Trust Fund and \$9,118,930 from the Medical Care Trust Fund program are provided to increase the outpatient cap for adults from \$1,000 to \$1,500 per year.	Revise
51	From the funds in Specific Appropriation 182, \$50,842,960 from the Grants and Donations Trust Fund and \$64,551,865 from the Medical Care Trust Fund are provided for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in s. 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, hospitals with graduate medical education positions that do not otherwise qualify, and designated trauma hospitals to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid outpatient trend adjustment applied to the individual state mental health hospitals.	Revise
52	From the funds in Specific Appropriation 182, \$35,251,305 from the Grants and Donations Trust Fund and \$44,756,197 from the Medical Care Trust Fund are provided for hospitals to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The payments under this proviso are contingent on the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buy back of reductions to outpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid outpatient trend adjustment applied to the individual state mental health hospitals.	Revise
53	From the funds in Specific Appropriation 182, \$30,193,650 from the Grants and Donations Trust Fund and \$38,334,835 from the Medical Care Trust Fund are provided for hospitals to allow for exemptions from outpatient reimbursement limitations for any hospital that has local funds available for intergovernmental transfers. The payments under this proviso are contingent upon the state share being provided through grants and donations from state, county, or other governmental funds. The agency shall not include the funds described in this paragraph for the buy back of exemptions to outpatient hospital rates in the calculation of capitation rates for Health Maintenance Organizations unless the nonfederal share is provided through grants and donations from state, county or other governmental funds. This section of proviso does not include the buy back of the Medicaid inpatient trend adjustment applied to the individual state mental health hospitals.	Revise
54	OTHER LAB & X-RAY SERVICES  From the funds in Specific Appropriation 186, the agency shall continue a program to assess HIV drug resistance for cost-effective management of anti-retroviral drug therapy.	Keep

Number	Proviso	Chairman's Proposal
55	<p>PERSONAL CARE SERVICES</p> <p>From the funds in Specific Appropriation 189, the Agency for Health Care Administration shall direct a beneficiary who is medically able to attend a prescribed pediatric extended care facility and whose needs can be met by such center, to a prescribed pediatric extended care facility for patient care within a reasonable distance from the pick-up or drop-off location for the child. Prescribed pediatric extended care facility services must be approved by the Medicaid program or its designee. Private duty nursing may be provided as a wrap around alternative for an individual needing additional services when a prescribed pediatric extended care facility is not available.</p>	Keep
56	<p>PHYSICIAN SERVICES</p> <p>From the funds in Specific Appropriation 191, the agency is authorized to continue the physician lock-in program for recipients who participate in the pharmacy lock-in program.</p>	Keep
57	<p>From the funds in Specific Appropriation 191, \$120,000,000 from the Medical Care Trust Fund is provided for special Medicaid payments for services provided by doctors of medicine and osteopathy employed by or under contract with a medical school in Florida. The expansion of existing programs to increase federal reimbursements through Upper Payment Limit (UPL) provisions, shall be contingent upon the availability of state match from existing state funds or local sources that do not increase the current requirement for state general revenue or tobacco settlement funds. The agency is authorized to seek a Florida Title XIX State Plan Amendment or waiver to include additional medical schools in Florida.</p>	Keep
58	<p>From the funds in Specific Appropriation 191, the Agency for Health Care Administration shall seek federal approval to implement a supplemental payment program for medical school faculty who provide services to Medicaid beneficiaries enrolled in capitated managed care plans so that such payments may be made directly to physicians employed by or under contract with the state's medical schools for costs associated with graduate medical education or their teaching mission. The agency shall amend its Medicaid policies as necessary to implement this program. Nothing herein shall be construed as requiring capitated managed care plans to fund the state share of the supplemental payments.</p>	Keep
59	<p>PREPAID HEALTH PLANS</p> <p>Funds in Specific Appropriation 192 include reductions of \$65,136,919 from the General Revenue Fund, \$82,699,947 from the Medical Care Trust Fund and \$573,664 from the Refugee Assistance Trust Fund to Health Maintenance Organization and Provider Service Network capitation payments as a result of reducing the reimbursement of inpatient and outpatient hospital rates, effective September 1, 2011.</p>	Delete
60	<p>Funds in Specific Appropriation 192, include reductions of 2,526,262 from the General Revenue Fund, \$3,207,423 from the Medical Care Trust Fund, and \$22,250 from the Refugee Assistance Trust Fund to Health Maintenance Organization and Provider Service Network capitation payments as a result of reducing the Medicaid reimbursement rates for clinic services, effective September 1, 2011.</p>	Delete

Number	Proviso	Chairman's Proposal
61	From the funds appropriated in Specific Appropriation 192, the agency is authorized to provide Medicaid children enrolled in the Medicaid Prepaid Dental Health Program in Miami-Dade County with a choice of at least three licensed managed care dental providers, who shall have experience in providing dental care to Medicaid or Title XXI enrollees, and who meet all standards and requirements of the agency.	Keep
62	From the funds in Specific Appropriation 192, the Agency for Health Care Administration shall contract on a prepaid or fixed-sum basis with appropriately-licensed prepaid dental health plans to provide dental services for a period not to exceed two years. The agency may contract with a single qualified entity to provide dental services on a regional or statewide basis that will result in greater efficiency to the state and will facilitate better access and outcomes for Medicaid beneficiaries. On a quarterly basis, the contracting entity shall report Medicaid beneficiary utilization data and encounter data by Current Dental Terminology (CDT) code to the agency. On an annual basis, the agency shall provide a report comparing the data provided by the contracting entity with available data from the pool of Medicaid recipients from previous years to the Speaker of the House, the Senate President and the Governor. The contract(s) shall be awarded through competitive procurement. The agency shall include in the contract(s), a provision that requires no less than 85 percent of the contracting fee be used to directly offset the cost of providing direct patient care as opposed to administrative costs. The agency may include in this contract dental services that are provided through the Medicaid fee for service and managed care delivery system, but shall exclude Miami-Dade County. If the agency includes the managed care delivery system, the agency may also include Medicaid reform counties. The agency is authorized to seek any necessary state plan amendments or federal waivers to implement this provision.	Delete
63	<p>PREScribed MEDICINE/DRUGS</p> <p>Funds in Specific Appropriation 193, reflect a reduction of \$9,786,889 from the General Revenue Fund, \$12,425,750 from the Medical Care Trust Fund, and \$48,976 from the Refugee Assistance Trust Fund as a result of modifying the prescribed drug reimbursement formula.</p>	Delete
64	<p>CLINIC SERVICES</p> <p>Funds in Specific Appropriation 201 reflect a reduction of \$6,268,079 from the General Revenue Fund, \$7,958,1546 from the Medical Care Trust Fund, and \$79,052 from the Refugee Assistance Trust Fund as a result of modifying the reimbursement for county health department rates. The agency shall implement a recurring methodology in the Title XIX County Health Department Reimbursement Plan to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p>	Delete

Number	Proviso	Chairman's Proposal
65	<p>From the funds in Specific Appropriation 201, \$28,241,182 from the Grants and Donations Trust Fund and \$35,855,917 from the Medical Care Trust Fund are provided to buy back clinic services rate adjustments, effective on or after July 1, 2008, and are contingent on the nonfederal share being provided through grants and donations from state, county or other governmental funds. Authority is granted to buy back rate reductions up to, but not higher than the amounts available under the authority appropriated in this line. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.</p>	Keep
66	<p>MEDICAID SCHOOL REFINANCE</p> <p>The Agency for Health Care Administration is authorized to seek a Medicaid state plan amendment to allow a Medicaid cost settlement program to maximize federal Medicaid funds through Medicaid claiming for school districts.</p>	Keep
67	<p>MEDICAID LONG TERM CARE ASSISTIVE CARE SERVICES</p> <p>Funds in Specific Appropriation 203 are provided to implement Medicaid coverage for Assistive Care Services and are contingent on the availability of state match being provided in Specific Appropriation 355.</p>	Keep
68	<p>HOME &amp; COMMUNITY BASED SVC</p> <p>Funds in Specific Appropriations 204 and 212 for the Developmental Services Waiver, the Aged and Disabled Waiver, the Project AIDS Care Waiver, and the Nursing Home Diversion Waiver may be used for reimbursement for services provided through agencies licensed pursuant to section 400.506, Florida Statutes.</p>	Keep
69	<p>From the funds in Specific Appropriation 204, the Agency for Health Care Administration, in cooperation with the Department of Children and Families (DCF), is authorized to seek federal approval to amend the Assisted Living for the Elderly (ALE) Waiver to allow for enrollment of those between the ages of 18 and 59 in addition to the currently eligible enrollees. The Department of Children and Families is authorized to use funds in Specific Appropriation line item 306 to serve adults with disabilities ages 18 to 59 under the Assisted Living for the Elderly (ALE) Waiver.</p>	Keep
70	<p>ICF/MR - SUNLAND CENTER</p> <p>From the funds in Specific Appropriations 206 and 207, the Agency for Health Care Administration, in consultation with the Agency for Persons with Disabilities, is authorized to transfer funds, in accordance with the provisions of chapter 216, Florida Statutes, to Specific Appropriation 231 for the Developmental Disabilities Home and Community based waiver, Tier 1 through 3; Family Supported Living Waiver (Tier 4); and the Developmental Disabilities Individual Budget Waiver; to transition the greatest number of appropriated eligible beneficiaries from ICF/DD to community based alternatives in order to maximize the reduction in Medicaid ICF/DD occupancy. Priority for the use of these funds will be given to the planning and services areas with the greatest potential for transition success.</p>	Keep

Number	Proviso	Chairman's Proposal
71	<p>ICF/DD COMMUNITY</p> <p>From the funds in Specific Appropriation 207, \$12,107,969 from the Grants and Donations Trust Fund and \$15,372,669 from the Medical Care Trust Fund are provided to buy back intermediate care facilities for the developmentally disabled rate reductions, effective on or after October 1, 2008 and are contingent on the nonfederal share being provided through intermediate care facilities for the developmentally disabled quality assessments. Authority is granted to buy back rate reductions up to, but not higher than, the amounts available under the budgeted authority in this line. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.</p>	Revise
72	<p>Funds in Specific Appropriation 207 reflect a reduction of \$2,774,662 from the General Revenue Fund and \$3,522,801 from the Medical Care Trust Fund as a result of modifying the reimbursement for intermediate care facilities for the developmentally disabled, effective October 1, 2011. The agency shall implement a recurring methodology in the Title XIX Intermediate Care Facility for the Mentally Retarded and Developmentally Disabled for Community Owned and Operated Facilities Reimbursement Plan to achieve this reduction.</p>	Revise
73	<p>NURSING HOME CARE</p> <p>From the funds in Specific Appropriation 208, \$2,301,250 from the Grants and Donations Trust Fund and \$2,921,742 from the Medical Care Trust Fund are provided for the purpose of maximizing federal revenues through the continuation of the Special Medicaid Payment Program for governmentally funded nursing homes. Any requests pursuant to chapter 216, Florida Statutes, by the Agency for Health Care Administration to increase budget authority to expand existing programs using increased federal reimbursement through these provisions, shall be contingent upon the availability of state match from existing state funds or local sources that do not increase the current requirement for state general revenue. The agency is authorized to seek federal Medicaid waivers as necessary to implement this provision.</p>	Revise
74	<p>Funds in Specific Appropriation 208 reflect a reduction of \$82,854,644 from the General Revenue Fund and \$104,897,016 from the Medical Care Trust Fund as a result of modifying the reimbursement for nursing home rates. The agency shall implement a recurring methodology in the Title XIX Nursing Home Reimbursement Plan to reduce nursing home rates to achieve this reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.</p>	Delete



Number	Proviso	Chairman's Proposal
75	From the funds in Specific Appropriation 208, the Agency for Health Care Administration, in consultation with the Department of Elder Affairs, the Department of Health, and the Department of Children and Families, is authorized to transfer funds, in accordance with the provisions of chapter 216, Florida Statutes, to Specific Appropriation 300 Home and Community Based Services Waiver, Specific Appropriation 376 Home and Community Based Services Waiver, Specific Appropriation 377 Assisted Living Facility Waiver, Specific Appropriation 382 Capitated Nursing Home Diversion Waiver, and Specific Appropriation 530 Brain and Spinal Cord Home and Community Based Services Waiver to transition the greatest number of appropriate eligible beneficiaries from skilled nursing facilities to community-based alternatives in order to maximize the reduction in Medicaid nursing home occupancy. Priority for the use of these funds will be given to the planning and service areas with the greatest potential for transition success.	Keep
76	From the funds in Specific Appropriation 208, \$366,813,288 from the Grants and Donations Trust Fund and \$465,718,004 from the Medical Care Trust Fund are provided to buy back nursing facility rate reductions, effective on or after January 1, 2008, and are contingent on the non federal share being provided through nursing home quality assessments. Authority is granted to buy back rate reductions up to, but not higher than the amounts available under the budgeted authority in this line. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.	Revise
<b>Agency for Persons with Disabilities</b>		
77	AGENCY/PERSONS WITH DISABL HOME & COMMUNITY SERVICES G/A-INDIVIDUAL & FAMILY  Funds in Specific Appropriation 227 expended for developmental training programs shall require a 12.5 percent match from local sources. In-kind match is acceptable provided there are no reductions in the number of persons served or level of services provided.	Keep
78	G/A-CONTRACTED SERVICES  From the funds in Specific Appropriations 230, \$650,000 in nonrecurring funds from the General Revenue Fund is provided for Quest Kids.	Delete
79	HOME/COMM SERVICES WAIVER  Funds from Specific Appropriation 231 shall not be used for administrative costs.	Keep
80	Funds in Specific Appropriation 231 for developmental training programs shall require a 12.5 percent match from local sources. In-kind match is acceptable provided there are no reductions in the number of persons served or level of services provided.	Keep
81	Funds in Specific Appropriation 231 reflect a reduction of \$16,020,216 from the General Revenue Fund and \$20,339,784 from the Operations and Maintenance Trust Fund as a result of reducing provider rates by 4.0 percent, effective July 1, 2011. The agency shall amend provider contracts, cost plans and rules as necessary to achieve this recurring reduction.	Delete

Number	Proviso	Chairman's Proposal
82	Funds in Specific Appropriation 231 reflect a reduction of \$2,422,464 from the General Revenue Fund and \$4,463,448 from the Operations and Maintenance Trust Fund as a result of continuing the Tier Waiver individual cost plan freeze in effect on April 1, 2011, pursuant to s.339.0661(8), F.S., from July 1, 2011, through June 30, 2012; until the agency implements an approved plan that contains expanding costs within the waiver; or until all clients are transferred into the iBudget, whichever comes first.	Delete
83	From the funds in Specific Appropriation 231, the Agency for Persons with Disabilities shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives monthly surplus-deficit reports projecting the total Medicaid Waiver program expenditures for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations in accordance with sections 393.0661 (7) and (8), Florida Statutes. Prior to the submission of the first report, the Social Services Estimating Conference shall approve the reporting format, as well as establish a baseline based on the appropriations contained herein. The adopted baseline shall serve as the sole basis of comparison for any projected surpluses or deficits reflected in the reports, and discrete adjustments shall be made with a separate entry showing each change.	Revise
84	From the funds in Specific Appropriation 231, the Agency for Persons with Disabilities shall work with the Agency for Health Care Administration and other stakeholders to develop a plan that will result in sufficient fiscal and operational controls to allow the Agency for Persons with Disabilities to manage Medicaid waiver spending within the legislative appropriation. The plan shall include, but not be limited to, increased oversight of individual cost plans; a clear definition of the roles of providers and waiver support coordinators in monitoring those cost plans; and a description of the services provided under each of the consolidated service titles or categories. The Agency for Persons with Disabilities shall submit the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than September 1, 2011.	Revise
<b>Department of Children and Family Services</b>		
85	<p>CHILDREN &amp; FAMILY SERVICES FL ABUSE HOTLINE REDESIGN</p> <p>From the funds in Specific Appropriation 269A, the nonrecurring sum of \$4,500,000 from the Operations and Maintenance Trust Funds is provided for the redesign of the Florida Abuse Hotline and supporting business processes. Upon completion of a feasibility study and requirement documents, the department is authorized to submit a distribution plan for these funds for approval by the Legislative Budget Commission pursuant to the provisions of chapter 216, Florida Statutes.</p>	Delete

Number	Proviso	Chairman's Proposal												
86	<p>COMPUTER RELATED EXPENSES</p> <p>From the funds in Specific Appropriation 270, the nonrecurring sum of \$1,000,000 from the Working Capital Trust Funds is provided for the Department of Children and Family Services to complete a feasibility study for the redesign of the Florida Abuse Hotline and supporting business processes. The feasibility study must comply with all requirements of a feasibility study as defined in the legislative budget request instructions pursuant to s. 216.023, Florida Statutes and must also include the identification of all business and functional requirements.</p> <p>From the funds in Specific Appropriation 280, the nonrecurring sum of \$1,000,000 from the Working Capital Trust Funds is provided for the Department of Children and Family Services to complete a feasibility study for the redesign of the Florida Abuse Hotline and supporting business processes. The feasibility study must comply with all requirements of a feasibility study as defined in the legislative budget request instructions pursuant to s. 216.023, Florida Statutes and must also include the identification of all business and functional requirements.</p>	Delete												
87	<p>FL ABUSE HOTLINE REDESIGN</p> <p>From the funds in Specific Appropriation 281A, the nonrecurring sum of \$4,500,000 from the Working Capital Trust Fund is provided for the redesign of the Florida Abuse Hotline and supporting business processes.</p> <p>Upon completion of a feasibility study and requirement documents the department is authorized to submit a distribution plan for these funds for approval by the Legislative Budget Commission pursuant to the provisions of chapter 216, Florida Statutes.</p>	Delete												
88	<p>CONTRACTED SERVICES</p> <p>From the funds in Specific Appropriation 297, the sum of \$100,000 from the General Revenue Fund is provided for the Myron Rolle Wellness and Leadership Academy.</p>	Keep												
89	<p>G/A-SHERIFFS PI GRANTS</p> <p>The funds in Specific Appropriation 298 shall be used by the Department of Children and Family Services to award grants to the sheriffs of Manatee, Pasco, Pinellas, Broward, Hillsborough and Seminole counties to conduct child protective investigations as mandated in section 39.3065, Florida Statutes. The funds shall be allocated as follows:</p> <table><tr><td>Manatee County Sheriff.....</td><td>3,410,532</td></tr><tr><td>Pasco County Sheriff.....</td><td>4,591,619</td></tr><tr><td>Pinellas County Sheriff.....</td><td>10,040,024</td></tr><tr><td>Broward County Sheriff.....</td><td>12,565,620</td></tr><tr><td>Hillsborough County Sheriff.....</td><td>12,054,683</td></tr><tr><td>Seminole County Sheriff.....</td><td>3,323,114</td></tr></table>	Manatee County Sheriff.....	3,410,532	Pasco County Sheriff.....	4,591,619	Pinellas County Sheriff.....	10,040,024	Broward County Sheriff.....	12,565,620	Hillsborough County Sheriff.....	12,054,683	Seminole County Sheriff.....	3,323,114	Keep
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Seminole County Sheriff.....	3,323,114													

Number	Proviso	Chairman's Proposal
90	<p>G/A-DOMESTIC VIOLENCE PRG</p> <p>From the funds in Specific Appropriation 299, \$4,164,596 from the General Revenue Fund, \$6,965,397 from the Domestic Violence Trust Fund, \$10,395,627 from the Federal Grants Trust Fund and \$7,750,000 from the Welfare Transition Trust Fund shall be provided to the Florida Coalition Against Domestic Violence to implement statutory directives contained in Chapter 39, Florida Statutes related to the domestic violence programs.</p>	Keep
91	<p>From the funds provided in Specific Appropriation 299, \$266,663 from the Federal Grants Trust Funds, Violence Against Women Act STOP Formula Grant will be provided to the Florida Council Against Sexual Violence for the provision of training and technical assistance to certified rape crisis programs and allied professions.</p>	Keep
92	<p>G/A-FAMILY FOSTER CARE</p> <p>From the funds in Specific Appropriation 305, the department shall transfer \$4,000,000 from the General Revenue Fund to the Agency for Health Care Administration to provide Medicaid coverage for children in the Statewide Inpatient Psychiatric Program (SIPP) and Residential Group Care beds.</p>	Keep
93	<p>MENTAL HEALTH SERVICES G/A-LOCAL MATCHING GRANT</p> <p>From the funds in Specific Appropriation 314A, the nonrecurring sum of \$2,250,000 from the General Revenue Fund is provided for the Public Safety, Mental Health, and Substance Abuse Local Matching Grant Program.</p>	Delete
94	<p>G/A-CHILD MENTAL HEALTH SV</p> <p>From the funds in Specific Appropriation 315, the recurring sum of \$240,000 from the General Revenue Fund is provided to the New Horizons Children's Crisis Unit of Martin, St. Lucie, Okeechobee, and Indian River counties to fund two additional indigent beds for children and adolescents in crisis.</p>	Keep
95	<p>CONTRACTED SERVICES</p> <p>From the funds in Specific Appropriation 318, the sum of \$900,000 from the General Revenue Fund is provided to the Beaver Street Enterprise Center.</p>	Keep
96	<p>G/A-CONTRACTED SERVICES</p> <p>From the funds in Specific Appropriation 319, the department may pay the contracted provider of operations at the Florida Civil Commitment Center (FCCC) a fixed-price unit rate of \$55.00 per bed day based on the midnight census to cover housing costs provided by the DeSoto County Sheriff. Eligible payments are for residents of FCCC that are in the DeSoto County Sheriff's custody after being arrested and charged for having committed a crime at the FCCC facility.</p>	Keep

Number	Proviso	Chairman's Proposal				
97	<p>G/A-PRTS EMO DIS CHI/YOUTH</p> <p>From the funds in Specific Appropriation 324, the department may transfer up to \$16,607,860 from the General Revenue Fund to the Agency for Health Care Administration to provide Medicaid coverage for children in the Statewide Inpatient Psychiatric Program (SIPP) and Residential Group Care beds. The department must transfer funds up to this amount to cover all services provided to Medicaid eligible children through the Statewide Inpatient Psychiatric Program and Residential Group Care beds. The remaining funds shall be used to provide residential services to non-Medicaid eligible children.</p>	Revise				
98	<p>G/A-FED EMER SHELTER PGRM</p> <p>From the funds in Specific Appropriation 345, the Department of Children and Families may accept and administer funding allocated to the State of Florida by the U.S. Department of Urban Development (HUD) for the Emergency Shelter Grant (ESG) Program. The ESG Program will be administered by the Department of Children and Families in accordance with HUD rules and regulations. This funding may be granted by the state to local governments in the state, which may include cities and counties that are ESG grantees, or to private nonprofit organizations, if the local government where the project is located certifies its approval of the project. Initial preference will be given to local governments and nonprofit organizations in areas of the state where local governments do not receive funding directly from HUD. Grant applications will be ranked competitively based on grant application requirements and criteria published by the Department of Children and Family Services.</p>	Keep				
Department of Elder Affairs						
99	<p>ELDER AFFAIRS, DEPT OF G/A-ALZHEIMER'S RESP/PROJ</p> <p>From the funds in Specific Appropriation 370, the following projects are provided in addition to the existing projects:</p> <table><tr><td>Alzheimer's Community Care Association.....</td><td>849,730</td></tr><tr><td>Alzheimer's Mobile Clinic.....</td><td>100,000</td></tr></table>	Alzheimer's Community Care Association.....	849,730	Alzheimer's Mobile Clinic.....	100,000	Delete
Alzheimer's Community Care Association.....	849,730					
Alzheimer's Mobile Clinic.....	100,000					
100	<p>G/A-COMMUNITY CARE/ELDERLY</p> <p>Funds in Specific Appropriation 371 appropriated for Aging Resource Centers shall be equally allocated to each Aging Resource Center at the beginning of the fiscal year. The department may re-allocate funds during the fiscal year based on negotiations with the Aging Resource Centers.</p>	Keep				
101	<p>HOME/COMM SERVICES WAIVER</p> <p>From the funds in Specific Appropriation 376, \$2,514,067 from the Operations and Maintenance Trust Fund and \$3,191,936 from the General Revenue Fund are provided for the department to serve elders in the Aged and Disabled Adult Home and Community Based Services Waiver. The department shall first enroll individuals from the waitlist who are assessed at a priority score of 4 or higher.</p>	Revise				

Number	Proviso	Chairman's Proposal
102	<p>NURSNG HOME DIVRSN WAIVER</p> <p>From the funds in Specific Appropriation 382, \$7,861,055 from the General Revenue Fund and \$9,980,650 from the Operations and Maintenance Trust Fund are provided to expand the current Nursing Home Diversion program by an additional 1,000 slots, effective July 1, 2011. The department shall first enroll individuals from the waitlist who are assessed at a priority score of 4 or higher.</p>	Revise
103	<p>PROG CARE FOR THE ELDERLY</p> <p>From the funds in Specific Appropriation 383, \$1,192,369 from the General Revenue Fund and \$1,513,868 from the Operations and Maintenance Trust Fund are provided to increase the Program for All Inclusive Care for the Elderly (PACE) by 275 slots; 75 PACE slots are provided for Pinellas County effective July 1, 2011, 50 PACE slots are provided for Lee County effective January 1, 2012, and 150 PACE slots are provided for Polk, Highlands, and Hardee Counties, effective April 1, 2012.</p>	Delete
<b>Department of Health</b>		
104	<p>G/A-RURAL PRIMARY CARE</p> <p>From the funds in Specific Appropriation 429A, \$3,000,000 from the General Revenue Fund is provided for a rural primary care residency expansion initiative available to hospital based and non hospital based osteopathic and allopathic graduate medical education programs. Such programs must be engaged in developing new or expanding existing graduate medical education primary care positions or programs. The department shall develop specific criteria, which shall include, but not be limited to: minimum program requirements, evaluation requirements which shall be requirements that funds be utilized for graduate medical education initiatives in rural primary care physician specialties as defined in s. 381.0403, Florida Statutes. On or before September 1, 2011, qualified programs may apply to the department for funding with the objective of initiating or expanding existing or adding new rural primary care residency positions or programs by July 2012.</p>	Keep
105	<p>SCHOOL HEALTH SERVICES</p> <p>From the funds in Specific Appropriation 430 and 439, \$5,000,000 from the Federal Grants Trust Fund is provided for school health services using Title XXI administrative funding. The Agency for Health Care Administration is authorized to seek a state plan amendment necessary to implement this provision.</p>	Keep
106	<p>G/A-OUNCE OF PREVENTION</p> <p>From the funds in Specific Appropriation 431A, Ounce of Prevention shall identify, fund, and evaluate innovative prevention programs for at-risk children and families, and \$250,000 shall be used for statewide public education campaigns on television and radio to educate the public on critical prevention issues facing Florida's at-risk children and families. The Ounce of Prevention shall contract with a not-for-profit corporation that provides matching funds in a three to one ratio.</p>	Keep

Number	Proviso	Chairman's Proposal
107	<p>CRISIS COUNSELING</p> <p>From the funds in Specific Appropriation 432, a minimum of 85 percent of the appropriated funds shall be spent on direct client services, direct service provider certification and Option Line.</p> <p>The department shall award a contract to a current Florida Pregnancy Support Services Program (FPSSP) contract management provider that is a Florida non-profit corporation and recognized as tax exempt by the IRS under code section 501 (c)(3) for this Specific Appropriation. The contract shall provide for the development and implementation of certification standards and to provide the required contract management of all sub-contracted direct service providers, OptionLine and FPSSP website.</p> <p>The department shall pay the non-profit contract management provider no less than \$380 per month per sub-contracted direct service provider for contract management and an FPSSP website.</p> <p>The department is authorized to spend no more than \$50,000 for agency program oversight activities.</p>	Keep
108	<p>G/A-CONTRACTED SERVICES</p> <p>From the funds in Specific Appropriation 434, \$500,000 in recurring funds from the General Revenue Fund is provided to the Florida Heiken Children's Vision Program to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for vision care.</p>	Keep
109	<p>From the funds in Specific Appropriation 434, \$500,000 in nonrecurring funds from the Tobacco Settlement Trust Fund is provided to Vision Quest to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for vision care.</p>	Keep
110	<p>From the funds in Specific Appropriation 434, \$316,584 from the General Revenue Fund, of which \$34,545 is nonrecurring, is provided to the Palm Beach County Rape Crisis Treatment Center.</p>	Delete
111	<p>From the funds in Specific Appropriation 434, \$1,950,000 in recurring funds from the General Revenue Fund is provided to the Nova Southeastern University to support the assignment of students enrolled in Osteopathic Medicine, Pharmacy, Dentistry, and Nursing in medical/clinical rotations at health care clinics and hospitals, and Federally Qualified Health Centers located in rural and underserved areas of the state.</p>	Keep
112	<p>G/A-RYAN WHITE CONSORTIA</p> <p>Funds in Specific Appropriation 446 from the Federal Grants Trust Fund are contingent upon sufficient state matching funds being identified to qualify for the federal Ryan White grant award. The Department of Health and the Department of Corrections shall collaborate in determining the amount of general revenue funds expended by the Department of Corrections for AIDS-related activities and services that qualify as state matching funds for the Ryan White grant.</p>	Keep

Number	Proviso	Chairman's Proposal																						
113	<p>ENVIRONMENTAL HEALTH SVCS</p> <p>From the funds in Specific Appropriation 465, \$2,725,000 in nonrecurring funds from the Grants and Donations Trust Fund is provided to the department to complete phase II and phase III and complete the study authorized in Specific Appropriation 1682 of chapter 2008-152, Laws of Florida. The report shall include recommendations on passive strategies for nitrogen reduction that complement use of conventional onsite wastewater treatment systems. The department shall submit an interim report of the completion of phase II and progress on phase III on February 1, 2012, a subsequent status report on May 16, 2012, and a final report upon completion of phase III to the Governor, the President of the Senate, and the Speaker of the House of Representatives prior to proceeding with any nitrogen reduction activities.</p>	Revise																						
114	<p>COMMUNITY HLTH INITIATIVES CNST/RENO/EQUIP-CHU</p> <p>From the funds in Specific Appropriation 482C, the following projects are funded from nonrecurring funds in the County Health Department Trust Fund:</p> <table><tr><td>Volusia County Health Department.....</td><td>4,440,100</td></tr><tr><td>Palm Beach County Health Department.....</td><td>3,918,800</td></tr><tr><td>Washington County Health Department.....</td><td>500,000</td></tr><tr><td>Jackson County Health Department.....</td><td>850,000</td></tr><tr><td>Brevard County Health Department.....</td><td>2,400,000</td></tr><tr><td>Pinellas County Health Department.....</td><td>1,034,600</td></tr><tr><td>Baker County Health Department.....</td><td>2,000,000</td></tr><tr><td>Miami-Dade County Health Department.....</td><td>15,000,700</td></tr><tr><td>Miami County Health Department (ARRA Grant).....</td><td>1,287,783</td></tr><tr><td>Lake County Health Department.....</td><td>689,000</td></tr><tr><td>Walton County Health Department.....</td><td>800,000</td></tr></table>	Volusia County Health Department.....	4,440,100	Palm Beach County Health Department.....	3,918,800	Washington County Health Department.....	500,000	Jackson County Health Department.....	850,000	Brevard County Health Department.....	2,400,000	Pinellas County Health Department.....	1,034,600	Baker County Health Department.....	2,000,000	Miami-Dade County Health Department.....	15,000,700	Miami County Health Department (ARRA Grant).....	1,287,783	Lake County Health Department.....	689,000	Walton County Health Department.....	800,000	Delete
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Lake County Health Department.....	689,000																							
Walton County Health Department.....	800,000																							
115	<p>DRUGS/VACCINES/BIOLOGICALS</p> <p>Funds in Specific Appropriation 491 from the Federal Grants Trust Fund are contingent upon sufficient state matching funds being identified to qualify for the federal Ryan White grant award. The Department of Health and the Department of Corrections shall collaborate in determining the amount of state general revenue funds expended by the Department of Corrections for AIDS-related activities and services that qualify as state matching funds for the Ryan White grant.</p>	Keep																						
116	<p>JAMES &amp; ESTHER KING BIO R</p> <p>From the funds in Specific Appropriation 492, \$5,000,000 in nonrecurring funds from the Biomedical Research Trust Fund is provided to the James and Esther King Biomedical Research Program.</p>	Keep																						
117	<p>FAMILY HEALTH OUTPATIENT AND NUTRITION SERVICES</p> <p>The Florida Hospital/Sanford-Burnham Translational Research Institute is designed as a State of Florida Resource for research in diabetes diagnosis, prevention and treatment. The Florida Hospital/Sanford-Burnham Translational Research Institute may coordinate with the Department of Health with activities and grant opportunities in relation to research in diabetes, prevention and treatment.</p>	Keep																						
118	<p>BANKHEAD/COLEY/CANCER RES</p> <p>From the funds provided in Specific Appropriation 492A, \$5,000,000 in nonrecurring funds from the General Revenue Fund and \$5,000,000 in</p>	Revise																						



Number	Proviso	Chairman's Proposal
	nonrecurring funds from the Biomedical Research Trust Fund is provided to the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program.	
119	MOFFITT CANCER CENTER  From the funds in Specific Appropriation 492B, \$5,000,000 in nonrecurring funds from the Biomedical Research Trust Fund is provided to the H. Lee Moffitt Cancer Center and Research Institute.	Keep
120	BIOMEDICAL RESEARCH  From the funds in Specific Appropriation 492C, \$5,000,000 in nonrecurring funds from the Biomedical Research Trust Fund is provided to the Shands Cancer Hospital, and \$5,000,000 in nonrecurring funds from the Biomedical Research Trust Fund is provided to the Sylvester Cancer Center at the University of Miami.	Keep
121	HEALTH FACILITIES REPAIR AND MAINTENANCE - STATEWIDE  From the funds in Specific Appropriations 497C, the following projects areFunded from nonrecurring funds in the Planning and Evaluation Trust Fund:  Miami Lab - electrical switch gear and distribution..... 1,300,000 Miami, Lantana, Tampa Labs - building backup generators..... 1,000,000 Pensacola Lab-HVAC renovation/boiler replacement..... 325,000	Revise
122	CHILD SPECL HLTH CARE G/A-CMS NETWORK  Funds in Specific Appropriation 502 shall not be used to support continuing education courses or training for health professionals or staff employed by the Children's Medical Services (CMS) Network or under contract with the department. This limitation shall include but not be limited to: classroom instruction, train the trainer, or web-based continuing education courses that may be considered professional development, or that results in continuing education credits that may be applied towards the initial or subsequent renewal of a health professional's license. This does not preclude the CMS Network from providing information on treatment methodologies or best practices to appropriate CMS network health professionals, staff, or contractors.	Keep
123	From the funds in Specific Appropriation 502, the department shall transfer an amount not to exceed \$450,000 from the General Revenue Fund to the Agency for Health Care Administration for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs.	Keep
124	G/A-DEI SERVICES/PART C  From the funds in Specific Appropriation 508, \$2,893,818 from the General Revenue Fund is provided as the state match for Medicaid reimbursable early intervention services in Specific Appropriation 169.	Revise
125	From the funds in Specific Appropriation 508, \$4,217,257 from the Federal Grants Trust Fund is provided for Early Steps-IDEA Part C as a result of federal funding received from the American Recovery and Reinvestment Act of 2009.	Delete
126	COMMUNITY HEALTH RES	Keep

Number	Proviso	Chairman's Proposal														
	From the funds in Specific Appropriation 520, \$307,894 and four positions are provided to implement the Comprehensive Statewide Tobacco Education and Prevention Program in accordance with Section 27, Article X of the State Constitution.															
127	<p>BRAIN/SPINAL CORD WAIVER</p> <p>From the funds in Specific Appropriation 530, an additional \$6,808,897 from the from the Brain and Spinal Cord Injury Rehabilitation Trust Fund are provided to expand the current Brain and Spinal Cord and Spinal Cord Home and Community Based Services Waiver program. The department shall work with the Agency for Health Care Administration to seek approval for the expansion.</p>	Revise														
128	<p>TOBACCO PREVENTION</p> <p>Funds in Specific Appropriation 535 shall be used to implement the Comprehensive Statewide Tobacco Education and Prevention Program in accordance with Section 27, Article X of the State Constitution as adjusted annually for inflation, using the Consumer Price Index as published by the United States Department of Labor. The appropriation shall be allocated as follows:</p> <table><tr><td>State &amp; Community Interventions.....</td><td>11,130,288</td></tr><tr><td>State &amp; Community Interventions - AHEC.....</td><td>6,000,000</td></tr><tr><td>Health Communications Interventions.....</td><td>20,860,636</td></tr><tr><td>Cessation Interventions.....</td><td>12,021,181</td></tr><tr><td>Cessation Interventions - AHEC.....</td><td>4,000,000</td></tr><tr><td>Surveillance &amp; Evaluation.....</td><td>5,440,709</td></tr><tr><td>Administration &amp; Management.....</td><td>2,821,201</td></tr></table> <p>From the funds in Specific Appropriation *****, the department may use nicotine replacements and other treatments approved by the Federal Food and Drug Administration as part of smoking cessation interventions.</p>	State & Community Interventions.....	11,130,288	State & Community Interventions - AHEC.....	6,000,000	Health Communications Interventions.....	20,860,636	Cessation Interventions.....	12,021,181	Cessation Interventions - AHEC.....	4,000,000	Surveillance & Evaluation.....	5,440,709	Administration & Management.....	2,821,201	Revise
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Surveillance & Evaluation.....	5,440,709															
Administration & Management.....	2,821,201															
129	<p>FLORIDA A&amp;M CRESTVIEW CNTR</p> <p>From the funds in Specific Appropriation 536, \$1,500,000 from the General Revenue Fund is provided for the Department of Health to transfer to the Florida Agricultural and Mechanical University (FAMU) to continue the FAMU Crestview Education Center project.</p>	Keep														

## **New Proviso**

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

#### **Agency for Health Care Administration**

1. Provides for the Central Precocious Puberty Pilot Program.
2. Provides for the Technical Advisory Workgroup on Life Insurance Policies and Long Term Care.
3. Provides for Federally Qualified Health Centers (FQHC) reimbursements.
4. Provides for IT Enhancements to the FLORIDA System to address federal compliance issues and automate eligibility determination for TANF, Medicaid and SNAP funds.
5. Provides \$218,726,448 from the Grants and Donations Trust Funds to the Medicaid Prepaid Health plans contingent on the receipt of Intergovernmental Transfers from state, county, or other governmental funds.
6. Directs the transition of individuals from Intermediate Care Facilities for the Developmental Disabled (ICF/DD) into community based alternatives.

#### **Agency for Persons with Disabilities**

7. Directs the transition of individuals from Intermediate Care Facilities for the Developmental Disabled (ICF/DD) into community based alternatives.
8. Provides resources for environmental and food service inspections in Assisted Living Facilities (ALF) and Intermediate Care Facilities for the Developmental Disabled (ICF/DD).

#### **Department of Children and Families**

9. Provides for IT Enhancements to the FLORIDA System to address federal compliance issues and automate eligibility determination for TANF, Medicaid and SNAP funds.
10. Provides for IT Enhancements to the Florida Safe Family Network to address federal compliance and provide technology enhancements for Child Protective Investigators.
11. Requires the Northwood Shared Resource Center and the Department of Children and Families to work to reduce data center costs.
12. Requires documentation on the Sexual Violent Predator Program prior to release of increased funds.

13. Adult Community Mental Health Issues: Increased funding for Florida Assertive Community Treatment Team; provides funds for 36 new forensic beds in the community; and provides funds for 4 new crisis stabilization beds in Hillsborough County.
14. Children's Mental Health – provides guidance in the reduction of Crisis Stabilization (CSU) beds.

**Department of Health**

15. From the funds in Specific Appropriation \*\*\*\*\*, \$500,000 is provided to maintain the statewide Brain Tumor Registry Program at the McKnight Brain Institute.

### **Summary of Senate LIP Model**

- The LIP Council recommendations for the most part continue the current LIP Model.
- With few exceptions, the Senate LIP Model follows the recommendations of the LIP Council.
- Increases primary care initiatives began in the current year under the direction of Senate President Haridopolos
- Follows CMS requirements for \$50 million additional funding for primary care solutions.
- Starts new primary care projects and enhances existing primary care projects emphasizing the most needed new services, expanding patient capacity, and extended hours of services to reduce the inappropriate use of Emergency Care.

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

Line No.	Ch. 2011-47 section	Description	F.S. Cited	History	Chairman's Proposal
1	6	<b>DCF / FORENSIC MENTAL HEALTH.</b> Amends s. 394.908, F.S. to authorize the Department of Children and Families (DCF) to allocate funds appropriated for forensic mental health treatment services to the areas of the state with the greatest service demand and capacity. Provides that additional funds appropriated for substance abuse and mental health services from funds available through the Community Based Medicaid Administrative Claiming Program shall be allocated as provided in the 2011-2012 GAA and in proportion to contributed provider earnings.	394.908(b) & (c)	2007-73(3) 2008-153(3) 2009-82(12) 2010-153(13) 2011-47(6)	Delete
2	7	<b>DOH / NITROGEN.</b> Provides requirements to govern the completion of Phases 2 and 3 of the Department of Health's Florida Onsite Sewage Nitrogen Strategies Study. Prohibits state agencies from implementing regulations with higher standards than those currently in place until Phase 3 of the Department of Health's Florida Onsite Sewage Nitrogen Reduction Strategies Study is completed.	None	2009-82(37) 2010-153(14) 2011-47(7)	Keep
3	8	<b>DCF REORGANIZATION.</b> Extends repeal of chapter 2007-174, Laws of Florida relating to the sunset review of the agency.	ch. 2007-174, LOF	2009-82(16) 2010-153(15) 2011-47(8)	Delete
4	9	<b>LOW INCOME POOL.</b> Incorporates by reference document entitled "Medicaid Hospital Funding-Low Income Pool, Disproportionate Share Hospital and Hospital Exemptions Programs,"	None	2011-47(9)	Keep
5	10	<b>FAMU CRESTVIEW CENTER.</b> Provides authority for the department of Health to transfer funding to the FAMU for the Crestview Center through the budget amendment process.	None	2010-153(16) 2011-47(10)	Keep
6	11 & 12	<b>HOSPITAL RATES.</b> Modifies language in GAA relating to hospital inpatient and outpatient services.	None	2011-47(11-12)	Delete

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

Line No.	Ch. 2011-47 section	Description	F.S. Cited	History	Chairman's Proposal
7	13	<b>ONSITE SEWAGE DISPOSAL SYSTEMS.</b> Prohibits the Department of Health from implementing the onsite sewage treatment and disposal program described in s. 381.0065, Florida Statutes, until the department submits a plan to the Legislative Budget Commission and the plan is approved.	None	2011-47(13)	Delete
8	NEW	<b>MENTAL HEALTH AND SUBSTANCE ABUSE.</b> Funds appropriated for adult community mental health shall be first used to fund crisis stabilization services and forensic mental health treatment services. Funds for adult substance abuse shall first fund detoxification services. The remaining funds shall be allocated by region and shall be awarded to providers as ranked by the Department of Children and Family Services as having achieved the highest performance.	20.04	n/a	Add

**Senate Health and Human Services Appropriations Subcommittee Budget FY 2012-2013**  
**Medicaid Conforming Bill**

Bill Section	Statute	Subsections	Subject	Issue
1	383.15	n/a	RPICCs (regional perinatal intensive care centers)	Conforms this statute to the repeal of the unused disproportionate share for RPICCs program under Section 6 of the bill.
2	409.902	(2) thru (4)	Designated single state agency; program requirements	Development of a new Internet-based eligibility system for Medicaid and Kidcare, if funds are appropriated.
3	409.905	(5)	Mandatory Medicaid services	Limits the number of paid hospital ER visits to 6 per year for non-pregnant adults.
		(5)(c)	Mandatory Medicaid services	Allows approval by the LBC for hospital rates to be adjusted when needed based on intergovernmental transfer (IGT) collections.
		(5)(f)	Mandatory Medicaid services	Speeds-up conversion to "diagnosis related group" (DRG) system of hospital reimbursement.
4	409.908	(1)	Reimbursement of Medicaid providers	Changes how intergovernmental transfer (IGT) contributions for hospital costs may be used for fee-for-service payments related to exemptions and buy-backs. Also conforms this statute to the repeal of the unused DSH for RPICCs program under Section 6 of the bill.
		(4)	Reimbursement of Medicaid providers	Changes how prepaid health plan capitations are calculated to account for hospital costs. Allows AHCA to collect IGT contributions for funding hospital costs related to exemptions and buy-backs that are embedded in prepaid health plan capitations.
		(21)	Reimbursement of Medicaid providers	Technical issue to relocate a statutory provision currently within 409.9122 that would be better situated in 409.908.
5	409.911	(2)(a), (4)(d)	DSH	Annual update of dates within statute to properly administer the DSH program. Also conforms this statute to the repeal of the unused DSH for RPICCs program under Section 6 of the bill.
6	409.9112	all	DSH - RPICCs	This statute is repealed. Currently this section of statute creates and maintains the unused DSH for RPICCs program. FY 2004-05 was the last year that statute allowed any payments under the program.
7	409.9113	intro	DSH - teaching hospitals	Annual update of dates to properly administer the DSH program for teaching hospitals. Also conforms this statute to repeal of the unused DSH for RPICCs program under Section 6 of the bill.



**Senate Health and Human Services Appropriations Subcommittee Budget FY 2012-2013**  
**Medicaid Conforming Bill**

Bill Section	Statute	Subsections	Subject	Issue
8	409.9117	all	DSH - primary care	This statute is repealed. Currently this section of statute creates and maintains the unused DSH for primary care program. FY 2004-05 was the last year that statute allowed any payments under the program.
9	409.912	(4)(b), (4)(d)	Medicaid cost-effective purchasing	Technical. Conforms an auto-assignment issue in 409.912 to changes made in MediPass under Section 11 of the bill.
10	409.9121	n/a	Legislative findings and intent	Technical. Conforms with Medipass reduction issue under Section 11 of the bill.
11	409.9122	(1), (2), (4), (5), (12)	Medicaid managed care enrollment	Removes Medipass as a managed care option in counties containing 2 or more managed care plans. Also conforms to changes being made under Section 4 of the bill.
12	409.9123	n/a	Quality of care reporting	Technical. Conforms with Medipass reduction issue under Section 11 of the bill.
13	409.9126	(1)	CMS networks	Technical. Reenacts current law in 409.9126 to ensure changes made in 409.9122 do not have unintended consequences for the CMS program. The 2 statutes are linked by reference.
14	409.915	(4) thru (10)	County contributions to Medicaid	Specifies how county responsibility is determined based on address information and modifies the method for billing and collecting county contributions.
15	409.979	(2)	Eligibility (for long-term managed care)	Removes from statute references to the Adult Day Health Care Waiver, which is expiring and not being renewed.
16	430.04	(15)	Duties of Dept of Elder Affairs	Removes from statute references to the Adult Day Health Care Waiver, which is expiring and not being renewed.
17	409.9132		Pilot project to monitor home health services	Codifies the telephony project for home health care services and expands the pilot statewide.
18	409.9133		Pilot project for home health management	Codifies and expands the home health management pilot project to include private duty nursing and personal care services, and expands the pilot statewide.
19	n/a		Program of All-inclusive Care for the Elderly (PACE), Broward	Authorizes expansion of PACE services in Southeast Florida into Broward County with 150 new slots.
20			Effective date	Effective date: July 1, 2012

## Agency for Person's with Disabilities Conforming Bill

Food and Environmental Inspections - Prior to July, 1, 2010, Florida county health departments performed annual Food Service Inspections and Environmental Health Inspections. After the close of the 2010 legislative session, Department of Health (DOH) staff notified the Agency for Persons with Disabilities (APD) that due to the statutory revisions in HB 5311, DOH no longer has the authority to perform inspections of any of APDs licensed facilities. Pursuant to sections 381.006(16) and 381.0072, Florida Statutes, DOH is still required to inspect assisted living facilities and intermediate care facilities for persons with developmental disabilities. These facilities are very similar to APDs licensed facilities and many of APDs clients reside in these facilities. The responsibility for Food Service Inspections and Environmental Health Inspections is still undecided. The issue resurfaced in the Spring of 2011 after APD found that DOH was still not performing health inspections. The agency is requesting budget to conduct the inspections.

iBudget - APD shall determine a client's iBudget by comparing the client's algorithm allocation to the client's existing annual cost plan and the amount for the client's extraordinary needs. A client's allocation is the amount determined by the algorithm, adjusted to the APD's appropriation, and any necessary set-asides, such as funding for extraordinary needs. A client's extraordinary needs shall be the annualized sum of any of the following services authorized on the client's cost plan in the amount, duration, frequency, intensity, and scope determined by the agency to be necessary for the client's health and safety.

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

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

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BILL: CS/SB 850

INTRODUCER: Budget Subcommittee on Health and Human Services Appropriations and Senator Oelrich

SUBJECT: Pharmacists

DATE: February 9, 2012

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

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Davlantes</u>	<u>Stovall</u>	<u>HR</u>	<u>Fav/1 amendment</u>
2.	<u>Bradford</u>	<u>Hendon</u>	<u>BHA</u>	<u>Fav/CS</u>
3.	<u>                    </u>	<u>                    </u>	<u>BC</u>	<u>                    </u>
4.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
5.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
6.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

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

- |                              |                                     |   |
|------------------------------|-------------------------------------|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="" type="checkbox"/> | Statement of Substantial Changes        |
| B. AMENDMENTS.....           | <input type="checkbox"/>            | Technical amendments were recommended   |
|                              | <input type="checkbox"/>            | Amendments were recommended             |
|                              | <input checked="" type="checkbox"/> | Significant amendments were recommended |

**I. Summary:**

This bill expands the types of vaccines that may be administered by a pharmacist. The bill also authorizes a pharmacist to administer epinephrine autoinjections.

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

- Follow a written protocol during administration of the vaccines 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 vaccines or epinephrine autoinjection; and
- Submit to the board a copy of the protocol to administer the vaccines or epinephrine autoinjection (pharmacist only).

This bill 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 bill also requires each pharmacist certified to administer a vaccine or epinephrine autoinjection to complete a three hour continuing education course on the safe and effective administration of such as part of the biennial relicensure or recertification process.

Estimated processing costs will be insignificant which the department states can be absorbed within existing resources.

This bill substantially amends the following sections of the Florida Statutes: 465.189, 465.003 and 465.009.

The effective date of this legislation is July 1, 2012 except Section 3 which has an October 1, 2012 effective date.

## **II. Present Situation:**

### **Pharmacists**

Pharmacists 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.<sup>1</sup>

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.<sup>2</sup>

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

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<sup>1</sup> Section 465.003(10), F.S.

<sup>2</sup> 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.

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.

### **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.<sup>3</sup>

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

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<sup>3</sup> Section 465.189, F.S.

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.<sup>4</sup>

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.<sup>5</sup>

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.<sup>6</sup> The fee for influenza immunization certification is \$55.<sup>7</sup>

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.<sup>8</sup>

### **Vaccines and Epinephrine Autoinjections**

All 50 states authorize pharmacists to vaccinate people.<sup>9</sup> 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.<sup>10</sup>

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<sup>4</sup> *Id.*

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

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

<sup>7</sup> Rule 64B16-26.1001, F.A.C.

<sup>8</sup> *Supra* fn. 6.

<sup>9</sup> 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).

<sup>10</sup> 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](http://www.cedrugstorenews.com/userapp/lessons/page_view_ui.cfm?lessonuid=&pageid=B923321F24938AEE0854C1225838355F) (Last visited on December 8, 2011).

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.<sup>11</sup>

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*<sup>12</sup> 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.<sup>13</sup>

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.<sup>14</sup>

### ***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.<sup>15</sup>

The seasonal flu vaccine protects against three influenza viruses that research indicates will be most common during the upcoming season.<sup>16</sup> The viruses in the vaccine change each year based on international surveillance and scientists' estimations about which types and strains of viruses

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<sup>11</sup> *Id.*

<sup>12</sup> 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).

<sup>13</sup> *Supra* fn. 12.

<sup>14</sup> *Id.*

<sup>15</sup> 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).

<sup>16</sup> 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).

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.<sup>17</sup>

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.<sup>18</sup> The only way to reduce the risk of developing shingles and 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.<sup>19</sup>

The zoster vaccine is approximately 14 times as powerful as the varicella vaccine, and the two cannot be interchanged.<sup>20</sup>

### ***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

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<sup>17</sup> CDC, *Varicella (Chickenpox) Vaccination*, available at: <http://www.cdc.gov/vaccines/vpd-vac/varicella/default.htm> (Last visited on December 8, 2011).

<sup>18</sup> CDC, *Shingles (Herpes Zoster): Overview*, available at: <http://www.cdc.gov/shingles/about/overview.html> (Last visited on December 8, 2011).

<sup>19</sup> CDC, *Shingles (Herpes Zoster): Prevention and Treatment*, available at: <http://www.cdc.gov/shingles/about/prevention-treatment.html> (Last visited on December 8, 2011).

<sup>20</sup> 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).



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.<sup>21</sup>

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.<sup>22</sup>

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.<sup>23</sup>

### ***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.<sup>24</sup>

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 rapid, but not long-lasting. After injecting epinephrine, a person should seek immediate medical attention.<sup>25</sup>

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

Section 1. This bill authorizes a pharmacist having proper certification 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.
- Shingles 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 must:

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<sup>21</sup> 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).

<sup>22</sup> *Id.*

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

<sup>24</sup> MedicineNet.com, *Epinephrine Auto-Injector*, available at: [http://www.medicinenet.com/epinephrine\\_auto-injector/article.htm](http://www.medicinenet.com/epinephrine_auto-injector/article.htm) (Last visited on December 8, 2011).

<sup>25</sup> *Id.*

- 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 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, shingles, 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 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 training and certification for the vaccine or epinephrine autoinjection; include specific categories and conditions among patients for whom the supervising physician authorizes the pharmacist 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.

Section 2. This bill also amends the definition of the term "practice of the profession of pharmacy" to include the administration of vaccines and the epinephrine autoinjection to adults.

Section 3. The bill also requires each pharmacist certified to administer a vaccine or epinephrine autoinjection to complete a three hour continuing education course on the safe and effective administration of such as part of the biennial relicensure or recertification process.

The bill provides an effective date of July 1, 2012 except for Section 3 which has an effective date of October 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.

**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. 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.

Estimated processing costs will be minimal which the department states can be absorbed within existing resources.

**VI. Technical Deficiencies:**

N/A

**VII. Related Issues:**

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.

**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 9, 2012:**

The CS removes all reference to pharmacy interns from the bill; states that the pharmacists administering vaccines or epinephrine autoinjections must work within a framework of an established protocol under a supervising physician; expands the vaccines that can be administered by a pharmacist to include shingles, pneumococcal and allows for administering epinephrine using an autoinjector; provides for an expanded definition of the “Practice of the profession of pharmacy”; and requires a 3-hour continuing education course on the safe and effective administration of vaccines and epinephrine autoinjection.

- B. **None.**



348686

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/10/2012	.	
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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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42 available patient records using the same standards for  
43 confidentiality and maintenance of such records as those that  
44 are imposed on health care practitioners under s. 456.057. These  
45 records shall be maintained for a minimum of 5 years.

46 (6)~~(4)~~ The decision by a supervising physician licensed  
47 under chapter 458 or chapter 459 ~~supervisory practitioner~~ to  
48 enter into a protocol under this section is a professional  
49 decision on the part of the practitioner, and a person may not  
50 interfere with a physician's ~~supervisory practitioner's~~ decision  
51 as to entering into such a protocol. A pharmacist may not enter  
52 into a protocol that is to be performed while acting as an  
53 employee without the written approval of the owner of the  
54 pharmacy. Pharmacists shall forward vaccination ~~immunization~~  
55 records to the department for inclusion in the state registry of  
56 immunization information.

57 (7)~~(5)~~ Any pharmacist seeking to administer vaccines  
58 ~~influenza virus immunizations~~ to adults under this section must  
59 be certified to administer such vaccines ~~influenza virus~~  
60 ~~immunizations~~ pursuant to a certification program approved by  
61 the Board of Pharmacy in consultation with the Board of Medicine  
62 and the Board of Osteopathic Medicine. The certification program  
63 shall, at a minimum, require that the pharmacist attend at least  
64 20 hours of continuing education classes approved by the board.  
65 The program shall have a curriculum of instruction concerning  
66 the safe and effective administration of such vaccines ~~influenza~~  
67 ~~virus immunizations~~, including, but not limited to, potential  
68 allergic reactions to such vaccines ~~influenza virus~~  
69 ~~immunizations~~.

70 (8)~~(6)~~ The written protocol between the pharmacist and



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71 supervising physician under this section must include particular  
72 terms and conditions imposed by the supervising physician upon  
73 the pharmacist relating to the administration of vaccines  
74 ~~influenza virus immunizations~~ by the pharmacist pursuant to this  
75 section. The written protocol shall include, at a minimum,  
76 specific categories and conditions among patients for whom the  
77 supervising physician authorizes the pharmacist to administer  
78 such vaccines ~~influenza virus immunizations~~. The terms, scope,  
79 and conditions set forth in the written protocol between the  
80 pharmacist and the supervising physician must be appropriate to  
81 the pharmacist's training and certification for administering  
82 such vaccines ~~immunization~~. Pharmacists who have been delegated  
83 the authority to administer vaccines under this section  
84 ~~influenza virus immunizations~~ by the supervising physician under  
85 the protocol shall provide evidence of current certification by  
86 the Board of Pharmacy to the supervising physician. A  
87 supervising physician ~~physicians~~ shall review the administration  
88 of such vaccines ~~influenza virus immunizations~~ by the pharmacist  
89 ~~pharmacists under such physician's supervision~~ pursuant to the  
90 written protocol between them, and this review shall take place  
91 as outlined in the written protocol. The process and schedule  
92 for the review shall be outlined in the written protocol between  
93 the pharmacist and the supervising physician.

94 (9)(7) The pharmacist shall submit to the Board of Pharmacy  
95 a copy of his or her protocol or written agreement to administer  
96 vaccines under this section ~~influenza virus immunizations~~.

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

99 465.003 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 vaccines ~~influenza virus~~



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~~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 =====



348686

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.



732660

LEGISLATIVE ACTION

Senate	.	House
Comm: RE	.	
02/10/2012	.	
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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.

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(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 ~~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

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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

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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:

14-00799-12

2012850

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

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

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2012850

146 of certain vaccines and epinephrine autoinjection ~~influenza~~  
 147 ~~virus immunizations~~ to adults pursuant to s. 465.189.  
 148 Section 3. This act shall take effect July 1, 2012.

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



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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71 conditions imposed by the supervising physician upon the  
72 pharmacist relating to the administration of a vaccine or  
73 epinephrine autoinjection ~~influenza virus immunizations~~ by the  
74 pharmacist. The written protocol must ~~shall~~ include, at a  
75 minimum, specific categories and conditions among patients for  
76 whom the supervising physician authorizes the pharmacist to  
77 administer a vaccine or epinephrine autoinjection ~~influenza~~  
78 ~~virus immunizations~~. The terms, scope, and conditions set forth  
79 in the written protocol between the pharmacist and the  
80 supervising physician must be appropriate to the pharmacist's  
81 training and certification for the vaccine or epinephrine  
82 autoinjection ~~immunization~~. ~~A pharmacist~~ Pharmacists who is ~~have~~  
83 ~~been~~ delegated the authority to administer a vaccine or  
84 epinephrine autoinjection ~~influenza virus immunizations~~ by the  
85 supervising physician must ~~shall~~ provide evidence of current  
86 certification by the Board of Pharmacy to the supervising  
87 physician. A supervising physician must ~~physicians shall~~ review  
88 the administration of the vaccine or epinephrine autoinjection  
89 ~~influenza virus immunizations~~ by the pharmacist ~~pharmacists~~  
90 under such physician's supervision pursuant to the written  
91 protocol, and this review shall take place as outlined in the  
92 written protocol. The process and schedule for the review shall  
93 be outlined in the written protocol between the pharmacist and  
94 the supervising physician.

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

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



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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.

**SB 1658 by Storms – Public Assistance**

**Bill passed on February 8, 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.)

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

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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	<b>Fav/CS</b>
2.	Bradford	Hendon	BHA	<b>Favorable</b>
3.			BC	
4.				
5.				
6.				

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

- |                              |  |   |
|------------------------------|--|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="checked" type="checkbox"/> | Statement of Substantial Changes        |
| B. AMENDMENTS.....           | <input type="checkbox"/>                   | Technical amendments were recommended   |
|                              | <input type="checkbox"/>                   | Amendments were recommended             |
|                              | <input type="checkbox"/>                   | 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.<sup>1</sup> According to the CDC, the annual number of AIDS cases and deaths declined substantially after 1994; and stabilized during the period 1999-2004.<sup>2</sup> Florida ranks third<sup>3</sup> among the states in the cumulative number of reported AIDS cases, with 123,112 cases reported through August 2011.<sup>4</sup>

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.<sup>5</sup>

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).<sup>6</sup> 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.<sup>7</sup>

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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<sup>1</sup> *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](http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/pdf/us_overview.pdf)> (Last visited on January 20, 2011).

<sup>2</sup> 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).

<sup>3</sup> Florida – 2010 Profile. Found at: <[http://www.cdc.gov/nchhstp/stateprofiles/pdf/florida\\_profile.pdf](http://www.cdc.gov/nchhstp/stateprofiles/pdf/florida_profile.pdf)> (Last visited on January 20, 2011).

<sup>4</sup> 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](http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2011/MSR0911b.pdf)> (Last visited on January 20, 2011).

<sup>5</sup> 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).

<sup>6</sup> 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).

<sup>7</sup> 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](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).<sup>8</sup>

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.<sup>9</sup> 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.<sup>10</sup>

### **Athletic Trainers, Standards and Certification**

Athletic training is the recognition, prevention, and treatment of athletic injuries.<sup>11</sup> An athletic injury is an injury sustained during an athletic activity which affects the athlete's ability to participate or perform.<sup>12</sup> 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.<sup>13</sup>

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.<sup>14</sup> Athletic trainers are regulated by the Florida Department of Health (DOH), Division of Medical Quality Assurance and the Board of Athletic Training.<sup>15</sup> There are 1,488 active, licensed athletic trainers in Florida.<sup>16</sup>

An applicant seeking licensure as an athletic trainer must:<sup>17</sup>

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

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<sup>8</sup> 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).

<sup>9</sup> 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).

<sup>10</sup> 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).

<sup>11</sup> S. 468.701(5), F.S.

<sup>12</sup> S. 468.701(3), F.S.

<sup>13</sup> S. 468.701(2), F.S.

<sup>14</sup> S. 320, ch. 94-119; s 468.70, F.S.

<sup>15</sup> S. 468.701(8), F.S.; S. 468.701(6), F.S.

<sup>16</sup> 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).

<sup>17</sup> 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.<sup>18</sup>

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.<sup>19</sup>

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.<sup>20</sup>

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

### **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.<sup>22</sup> Massage therapists are regulated by the Florida Department of Health, Division of Medical Quality Assurance and the Board of Massage Therapy.<sup>23</sup> There

<sup>18</sup> 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](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.

<sup>19</sup> 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.

<sup>20</sup> S. 456.034, F.S., and Rule 64B33-2.003, F.A.C.

<sup>21</sup> *Supra* fn. 20.

<sup>22</sup> S. 480.033(3), F.S.

<sup>23</sup> S. 480.033(1), F.S. and S. 480.033(2), F.S.

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

Currently, an individual is qualified for an active license as a massage therapist in Florida if the individual:<sup>26</sup>

- 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.<sup>27</sup> The courses must focus on massage therapy techniques, the prevention of medical errors, professional ethics, and laws and rules of massage therapy.<sup>28</sup> 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.<sup>29</sup>

### **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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<sup>24</sup> 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).

<sup>25</sup> Rule 64B7-28.001, F.A.C.

<sup>26</sup> S. 480.041, F.S., and Rule 64B7-25.0012, F.A.C.

<sup>27</sup> S. 456.034, F.S.; Rules 64B7-28.001 and 64B7-28.009, F.A.C.

<sup>28</sup> Rule 64B7-28.009(3)(a)-(c), F.A.C.

<sup>29</sup> *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.

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

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By the Committee on Health Regulation; and Senator Benacquisto

588-02376-12

20121258c1

1                   A bill to be entitled  
2       An act relating to education for athletic trainers and  
3       massage therapists; repealing s. 456.034, F.S.,  
4       relating to the requirement for athletic trainers and  
5       massage therapists to complete education on the modes  
6       of transmission, infection control procedures,  
7       clinical management, and prevention of human  
8       immunodeficiency virus and acquired immune deficiency  
9       syndrome; providing an effective date.

10  
11   Be It Enacted by the Legislature of the State of Florida:

12  
13       Section 1. Section 456.034, Florida Statutes, is repealed.  
14       Section 2. 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.)

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

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BILL: CS/CS/CS/SB 682

INTRODUCER: Budget Subcommittee on Health and Human Services Appropriations, Governmental Oversight and Accountability Committee, Children, Families, and Elder Affairs Committee, Senator Richter and others

SUBJECT: Alzheimer's Disease

DATE: February 9, 2012

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

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Daniell	Farmer	CF	<b>Fav/CS</b>
2.	Jenkins	Roberts	GO	<b>Fav/CS</b>
3.	Brown	Hendon	BHA	<b>Fav/CS</b>
4.			BC	
5.				
6.				

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

- |                              |  |   |
|------------------------------|--|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="checked" type="checkbox"/> | Statement of Substantial Changes        |
| B. AMENDMENTS.....           | <input type="checkbox"/>                   | Technical amendments were recommended   |
|                              | <input type="checkbox"/>                   | Amendments were recommended             |
|                              | <input type="checkbox"/>                   | 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.<sup>1</sup>

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.<sup>2</sup>

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.<sup>3</sup> 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.<sup>4</sup> That number is expected to rise to 959,000 new cases of Alzheimer's disease by 2050, a 130 percent increase from 2000.<sup>5</sup> 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.<sup>6</sup>

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.<sup>7</sup> 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.<sup>8</sup> The total Medicaid spending for people with Alzheimer's disease (and other dementia) was estimated to be \$37 billion in 2011.<sup>9</sup>

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<sup>1</sup> Alzheimer's Foundation of America, *About Alzheimer's, Definition of Alzheimer's*, <http://www.alzfdn.org/AboutAlzheimers/definition.html> (last visited Aug. 2, 2011).

<sup>2</sup> Michael Plontz, *A Brief History of Alzheimer's Disease*, TODAY'S CAREGIVER, [http://www.caregiver.com/channels/alz/articles/a\\_brief\\_history.htm](http://www.caregiver.com/channels/alz/articles/a_brief_history.htm) (last visited Aug. 2, 2011).

<sup>3</sup> 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](http://www.alz.org/documents_custom/2011_Facts_Figures_Fact_Sheet.pdf) (last visited Aug. 3, 2011).

<sup>4</sup> 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](http://www.alz.org/downloads/Facts_Figures_2011.pdf) (last visited Jan. 10, 2012).

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

<sup>6</sup> *Id.* at 18.

<sup>7</sup> *Id.* at 35.

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

<sup>9</sup> *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.<sup>10</sup> In 2010, there were 960,037 caregivers in Florida with an estimated value of unpaid care reaching nearly \$13.5 million.<sup>11</sup>

### **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.<sup>12</sup> There are 15 memory disorder clinics throughout the state, 13 of which are state funded.<sup>13</sup> 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.<sup>14</sup> 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.<sup>15</sup>

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.<sup>16</sup>

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

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<sup>10</sup> 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.

<sup>11</sup> *Id.* at 32.

<sup>12</sup> Fla. Dep't of Elder Affairs, *Alzheimer's Disease Initiative*, <http://elderaffairs.state.fl.us/english/alz.php> (last visited Aug. 16, 2011).

<sup>13</sup> *Id.*

<sup>14</sup> Section 430.502(2), F.S.

<sup>15</sup> 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](http://elderaffairs.state.fl.us/english/pubs/pubs/sops2011/Files/2011_SOPS_full%20web.pdf) (last visited Aug. 16, 2011).

<sup>16</sup> *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.<sup>17</sup>

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.<sup>18</sup> In addition 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.<sup>19</sup>

### **Alzheimer's Disease State Plans<sup>20</sup>**

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.<sup>21</sup> 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.

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<sup>17</sup> Fla. Dep't of Elder Affairs, *supra* note 12.

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

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

<sup>20</sup> Alzheimer's Assn., *Issue Kit: State Government Alzheimer's Disease Plans*, 4 (on file with the Senate Committee on Children, Families, and Elder Affairs).

<sup>21</sup> 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;
- Assess the current and future impact of Alzheimer's disease and related forms of dementia on the state of Florida;
- 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.<sup>22</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

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<sup>22</sup> 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 by Budget Subcommittee on Health and Human Services Appropriations on February 9, 2012:**

The committee substitute adds to the task force's charge the duty to assess the current and future impact of Alzheimer's disease and related forms of dementia on the state of Florida.

**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.



516760

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/09/2012	.	
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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



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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

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1 A bill to be entitled  
2 An act relating to Alzheimer's disease; establishing  
3 the Purple Ribbon Task Force within the Department of  
4 Elderly Affairs; providing for membership; providing  
5 that members shall serve without compensation or  
6 reimbursement for per diem or travel expenses;  
7 requiring the department to provide administrative  
8 support; providing duties of the task force;  
9 authorizing the task force to hold meetings by  
10 teleconference or other electronic means, or in person  
11 without compensation or reimbursement for per diem or  
12 travel expenses; requiring the task force to submit a  
13 report in the form of an Alzheimer's disease state  
14 plan to the Governor and Legislature; providing for  
15 termination of the task force; providing an effective  
16 date.  
17  
18 WHEREAS, Alzheimer's disease is a slow, progressive  
19 disorder of the brain that results in loss of memory and other  
20 cognitive functions and eventually death, and  
21 WHEREAS, because Alzheimer's disease is accompanied by  
22 memory loss, poor judgment, changes in personality and behavior,  
23 and a tendency to wander or become lost, a person with this  
24 disease is at an increased risk for accidental injury, abuse,  
25 neglect, and exploitation, and  
26 WHEREAS, approximately one in eight Americans 65 years of  
27 age or older and almost half of Americans 85 years of age or  
28 older develop Alzheimer's disease or a related form of dementia,  
29 and

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

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30 WHEREAS, there are 459,806 probable cases of Alzheimer's  
31 disease in this state in 2011, which population is expected to  
32 triple by the year 2050, and  
33 WHEREAS, Alzheimer's disease takes an enormous toll on  
34 family members, with an estimated one in four family members  
35 providing caregiving support for individuals with the disease,  
36 and  
37 WHEREAS, caregivers for persons having Alzheimer's disease  
38 witness the deteriorating effects of the disease and often  
39 suffer more emotional stress, depression, and health problems  
40 than caregivers of people having other illnesses, which can  
41 negatively affect such caregivers' employment, income, and  
42 financial security, and  
43 WHEREAS, younger-onset Alzheimer's disease is a form of  
44 Alzheimer's disease that strikes a person who is younger than 65  
45 years of age when symptoms first appear, but younger-onset  
46 Alzheimer's disease can strike persons as early as 30, 40, or 50  
47 years of age, with new data showing that there may be as many as  
48 500,000 Americans under the age of 65 who have dementia or  
49 cognitive impairment at a level of severity consistent with  
50 dementia, and  
51 WHEREAS, the state needs to assess the current and future  
52 impact of Alzheimer's disease on Floridians and the state's  
53 health care system, programs, resources, and services to ensure  
54 the continued development and implementation of a more  
55 inclusive, integrated, comprehensive, coordinated, and current  
56 strategy to address the needs of the growing number of  
57 Floridians having Alzheimer's disease or a related form of  
58 dementia and the corresponding needs of their caregivers, NOW,

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59 THEREFORE,

60  
61 Be It Enacted by the Legislature of the State of Florida:

62  
63 Section 1. The Purple Ribbon Task Force.—The Purple Ribbon  
64 Task Force is established within the Department of Elderly  
65 Affairs.

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

71 (a) A member of the House of Representatives.

72 (b) A member of the Senate.

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

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

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

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

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

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

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

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

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

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

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

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

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

102 (p) A representative from a memory disorder clinic.

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

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

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

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

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

116 (5) The task force shall:

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(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

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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,

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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.)

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

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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	<b>Favorable</b>
2. Jenkins	Roberts	GO	<b>Fav/CS</b>
3. Bradford	Hendon	BHA	<b>Favorable</b>
4. _____	_____	BC	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

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

- |                              |  |   |
|------------------------------|--|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="checked" type="checkbox"/> | Statement of Substantial Changes        |
| B. AMENDMENTS.....           | <input type="checkbox"/>                   | Technical amendments were recommended   |
|                              | <input type="checkbox"/>                   | Amendments were recommended             |
|                              | <input type="checkbox"/>                   | 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<sup>1</sup> (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.<sup>2</sup> 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<sup>3</sup> 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.

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<sup>1</sup> 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.).

<sup>2</sup> Section 215.5602, F.S.

<sup>3</sup> 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%202009-10.pdf](http://forms.floridabiomed.com/jek_call/King%20Call%202009-10.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<sup>4</sup> within the following three categories:

- Investigator-initiated research grants;
- Institutional research grants; and
- Predoctoral and postdoctoral research fellowships.<sup>5</sup>

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.<sup>6</sup>

### **The William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program**

The 2006 Legislature created the Bankhead-Coley Program within the department.<sup>7</sup> 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<sup>8</sup> 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.<sup>9</sup>

### **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.<sup>10</sup>

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<sup>4</sup> 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](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](http://archive.flsenate.gov/data/Publications/2010/Senate/reports/interim_reports/pdf/2010-219hr.pdf) (Last visited on January 12, 2012).

<sup>5</sup> Section 215.5602(5)(b), F.S.

<sup>6</sup> Chapter 2010-161, L.O.F.

<sup>7</sup> Section 381.922, F.S., (ch. 2006-182, L.O.F.).

<sup>8</sup> *Supra* fn. 5.

<sup>9</sup> Chapter 2010-161, L.O.F.

<sup>10</sup> 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.<sup>11</sup>

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.<sup>12</sup>

Within the FL CURED is a 15-member advisory council that meets at least annually.<sup>13</sup>

### **Program Funding**

Initially, the King Program was funded with income from \$150 million of principal in the Lawton Chiles Endowment Fund.<sup>14</sup> 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.<sup>15</sup> 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.<sup>16</sup> 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.<sup>17</sup>

In 2010, when the Legislature reenacted the King Program, it continued funding for the King Program with an annual appropriation of \$20 million.<sup>18</sup> 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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<sup>11</sup> 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).

<sup>12</sup> Section 381.855, F.S.

<sup>13</sup> *Id.*

<sup>14</sup> 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.

<sup>15</sup> Chapter 2006-182, L.O.F.

<sup>16</sup> Chapter 2009-5, L.O.F.

<sup>17</sup> Chapter 2009-58, L.O.F.

<sup>18</sup> *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.<sup>19</sup> 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.<sup>20</sup> 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.<sup>21</sup>

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.<sup>22</sup>

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<sup>23</sup> and Peer Review Panel<sup>24</sup>**

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.<sup>25</sup> 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

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<sup>19</sup> Section 381.922(5), F.S.

<sup>20</sup> Chapter 2009-5, L.O.F.

<sup>21</sup> Chapter 2009-58, L.O.F.

<sup>22</sup> *Supra* fn. 11.

<sup>23</sup> Section 215.5602(3), F.S.

<sup>24</sup> Section 215.5602(6) and (7), and s. 381.922(3)(b), F.S.

<sup>25</sup> 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”<sup>26</sup> priority score.<sup>27</sup> 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.<sup>28</sup>

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

The *GrantEase*<sup>TM</sup> 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

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<sup>26</sup> 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.

<sup>27</sup> 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.

<sup>28</sup> James & Esther King Biomedical Research Program, *Annual Report 2010*, available at: <http://forms.floridabiomed.com/AnnualReports/Annual10.pdf> (Last visited on January 13, 2012).

<sup>29</sup> Section 215.5602(9), F.S.

<sup>30</sup> See <http://www.doh.state.fl.us/ExecStaff/biomed/ophrsitemap.html>, (Last visited on January 13, 2012).

Association.<sup>31</sup> 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

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<sup>31</sup> 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](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.<sup>32</sup>

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.<sup>33</sup>

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.<sup>34</sup> If the advisory body conducts only fact-finding and has no decision-making function, then it may be exempt from the Sunshine Law.<sup>35</sup>

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<sup>36</sup> 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

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<sup>32</sup> Government-in-the-Sunshine Manual, Volume 33, 2011 Edition, p. 3.

<sup>33</sup> *Id.*

<sup>34</sup> *Id.* at p. 6.

<sup>35</sup> *Id.* at p. 7.

<sup>36</sup> 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.<sup>37</sup>

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.<sup>38</sup>

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.

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

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<sup>37</sup> FLA. CONST. art. I, s. 24(c).

<sup>38</sup> Section 119.15(4)(a), F.S.

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

585-02459-12

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1 A bill to be entitled  
2 An act relating to biomedical research; amending s.  
3 20.435, F.S.; revising the number of years that the  
4 balance of an appropriation from the Biomedical  
5 Research Trust Fund may be carried forward following  
6 the effective date of the original appropriation;  
7 amending s. 215.5602, F.S.; revising a reference to an  
8 affiliate chapter of the American Heart Association;  
9 revising the terms of appointment for certain members  
10 of the Biomedical Research Advisory Council within the  
11 Department of Health; revising the responsibilities of  
12 the council; requiring that the department, rather  
13 than the State Surgeon General, in consultation with  
14 the council, appoint a peer review panel of  
15 independent, scientifically qualified individuals to  
16 review the scientific merit of each proposal and  
17 establish its scientific priority score under the  
18 James and Esther King Biomedical Research Program;  
19 providing that certain types of applications may be  
20 considered for funding by the James and Esther King  
21 Biomedical Research Program; deleting a provision that  
22 subjects meetings of the council and peer review  
23 panels to public records and public meetings  
24 requirements; providing that grant programs under the  
25 purview of the advisory council are exempt from  
26 rulemaking authority; requiring that the council  
27 submit an annual progress report for each fiscal year  
28 on programs under its purview to certain entities by a  
29 specified date; revising the required content of the

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

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30 report; amending s. 381.855, F.S.; specifying the name  
31 of an affiliate chapter of the American Heart  
32 Association as it relates to the membership of the  
33 advisory council within the Florida Center for  
34 Universal Research to Eradicate Disease; amending s.  
35 381.922, F.S.; requiring that the department, rather  
36 than the State Surgeon General, in consultation with  
37 the council, appoint a peer review panel of  
38 independent, scientifically qualified individuals  
39 award grants under the William G. "Bill" Bankhead,  
40 Jr., and David Coley Cancer Research Program;  
41 providing that certain types of applications may be  
42 considered for funding in the William G. "Bill"  
43 Bankhead, Jr., and David Coley Cancer Research  
44 Program; requiring that the department, rather than  
45 the State Surgeon General, without the consultation of  
46 the council, appoint a peer review panel of  
47 independent, scientifically qualified individuals to  
48 review the scientific merit of each proposal for  
49 research funding and establish its priority score;  
50 deleting a provision that subjects meetings of the  
51 council and peer review panels to public records and  
52 public meetings requirements; deleting the requirement  
53 that the department submit to the Governor and the  
54 Legislature a report that indicates progress toward  
55 the program's mission and makes recommendations that  
56 further its purpose; providing an effective date.  
57  
58 Be It Enacted by the Legislature of the State of Florida:

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



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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

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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.

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

(i)(j) ~~(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.

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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

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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

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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

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

243 1. Investigator-initiated research grants.

244 2. Institutional research grants.

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

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

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

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

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

272 (4)(5) The William G. "Bill" Bankhead, Jr., and David Coley  
 273 Cancer Research Program is funded pursuant to s. 215.5602(12).  
 274 Funds appropriated for the William G. "Bill" Bankhead, Jr., and  
 275 David Coley Cancer Research Program shall be distributed  
 276 pursuant to this section to provide grants to researchers  
 277 seeking cures for cancer and cancer-related illnesses, with  
 278 emphasis given to the goals enumerated in this section. From the  
 279 total funds appropriated, an amount of up to 10 percent may be  
 280 used for administrative expenses. From funds appropriated to  
 281 accomplish the goals of this section, up to \$250,000 shall be  
 282 available for the operating costs of the Florida Center for  
 283 Universal Research to Eradicate Disease.

284 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.)

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

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**BILL:** CS/CS/CS/SB 694

**INTRODUCER:** Budget Subcommittee on Health and Human Services Appropriations, Health Regulation Committee; Children, Families, and Elder Affairs Committee; and Senator Fasano and others

**SUBJECT:** Adult Day Care Centers

**DATE:** February 9, 2012

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

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Daniell	Farmer	CF	<b>Fav/CS</b>
2.	O'Callaghan	Stovall	HR	<b>Fav/CS</b>
3.	Brown	Hendon	BHA	<b>Fav/CS</b>
4.			BC	
5.				
6.				

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

- |                              |  |   |
|------------------------------|--|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="checked" type="checkbox"/> | Statement of Substantial Changes        |
| B. AMENDMENTS.....           | <input type="checkbox"/>                   | Technical amendments were recommended   |
|                              | <input type="checkbox"/>                   | Amendments were recommended             |
|                              | <input type="checkbox"/>                   | Significant amendments were recommended |

**I. Summary:**

This bill creates the Josephine Corcoran 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.<sup>1</sup>

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.<sup>2</sup>

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.<sup>3</sup> As the life expectancy for Americans has

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<sup>1</sup> Alzheimer's Foundation of America, *About Alzheimer's, Definition of Alzheimer's*, <http://www.alzfdn.org/AboutAlzheimers/definition.html> (last visited January 22, 2012).

<sup>2</sup> Michael Plontz, *A Brief History of Alzheimer's Disease*, TODAY'S CAREGIVER, [http://www.caregiver.com/channels/alz/articles/a\\_brief\\_history.htm](http://www.caregiver.com/channels/alz/articles/a_brief_history.htm) (last visited January 22, 2012).

<sup>3</sup> 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](http://www.alz.org/documents_custom/2011_Facts_Figures_Fact_Sheet.pdf) (last visited January 22, 2012).

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.<sup>4</sup> That number is expected to rise to 959,000 new cases of Alzheimer's disease by 2050, a 130 percent increase from 2000.<sup>5</sup> 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.<sup>6</sup>

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.<sup>7</sup> 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.<sup>8</sup> The total Medicaid spending for people with Alzheimer's disease (and other dementia) was estimated to be \$37 billion in 2011.<sup>9</sup>

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.<sup>10</sup> In 2010, there were 960,037 caregivers in Florida with an estimated value of unpaid care reaching nearly \$13.5 million.<sup>11</sup>

### **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.”<sup>12</sup> The AHCA currently licenses 202 adult day care centers throughout the state.<sup>13</sup>

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<sup>4</sup> 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](http://www.alz.org/downloads/Facts_Figures_2011.pdf) (last visited January 22, 2012).

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

<sup>6</sup> *Id.* at 18.

<sup>7</sup> *Id.* at 35.

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

<sup>9</sup> *Id.* at 44.

<sup>10</sup> 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.

<sup>11</sup> *Id.* at 32.

<sup>12</sup> Section 429.901(1), F.S.

<sup>13</sup> 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<sup>14</sup> 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.<sup>15</sup> 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.<sup>16</sup>

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.<sup>17</sup> 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.<sup>18</sup>

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.<sup>19</sup> 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.<sup>20</sup> 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.<sup>21</sup>

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<sup>14</sup> 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."

<sup>15</sup> Agency for Health Care Admin., *supra* note 13.

<sup>16</sup> Rule 58A-6.006, F.A.C.

<sup>17</sup> Rule 58A-6.008, F.A.C.

<sup>18</sup> Rule 58A-6.006, F.A.C.

<sup>19</sup> Section 429.917(2), F.S.

<sup>20</sup> Section 429.917(1), F.S.

<sup>21</sup> 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.<sup>22</sup> 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

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<sup>22</sup> 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/CS by Budget Subcommittee on Health and Human Services Appropriations on February 9, 2012:**

The committee substitute specifies that, upon becoming law, the act may be cited as the “Josephine Corcoran Specialized Alzheimer’s Services Adult Day Care Act.”

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

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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/13/2012	.	
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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

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1 A bill to be entitled  
2 An act relating to adult day care centers; amending s.  
3 429.917, F.S.; prohibiting an adult day care center  
4 from claiming to be licensed or designated as a  
5 specialized Alzheimer's services adult day care center  
6 under certain circumstances; creating s. 429.918,  
7 F.S.; providing a short title; providing definitions;  
8 providing for the licensure designation of adult day  
9 care centers that provide specialized Alzheimer's  
10 services by the Agency for Health Care Administration;  
11 providing for the denial or revocation of such  
12 designation under certain circumstances; requiring an  
13 adult day care center seeking such designation to meet  
14 specified criteria; providing educational and  
15 experience requirements for the operator of an adult  
16 day care center seeking licensure designation as a  
17 specialized Alzheimer's services adult day care  
18 center; providing criteria for staff training and  
19 supervision; requiring the Department of Elderly  
20 Affairs to approve the staff training; requiring the  
21 department to adopt rules; requiring that the employee  
22 be issued a certificate upon completion of the staff  
23 training; providing requirements for staff  
24 orientation; providing requirements for admission into  
25 such an adult day care center; requiring that a  
26 participant's file include a data sheet, which shall  
27 be completed within a certain timeframe; requiring  
28 that certain information be included in the data  
29 sheet; requiring that dementia-specific services be

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

50  
51 Be It Enacted by the Legislature of the State of Florida:

52  
53 Section 1. Subsection (2) of section 429.917, Florida  
54 Statutes, is amended to read:

55 429.917 Patients with Alzheimer's disease or other related  
56 disorders; staff training requirements; certain disclosures.-

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

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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

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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

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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.

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(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.

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(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

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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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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291 (8) (a) An ADRD participant's file must include a data  
 292 sheet, which must be completed within 45 days before or within  
 293 24 hours after admission to an adult day care center having a  
 294 license designated under this section. The data sheet must  
 295 contain:

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

299 2. A current photograph of the ADRD participant.

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

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

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

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

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

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

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

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

337 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.)

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

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BILL: CS/CS/SB 820

INTRODUCER: Health Regulation Committee, Environmental Preservation and Conservation Committee, and Senator Dean

SUBJECT: Onsite Sewage Treatment and Disposal Systems

DATE: February 6, 2012

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

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Uchino	Yeatman	EP	<b>Fav/CS</b>
2.	O'Callaghan	Stovall	HR	<b>Fav/CS</b>
3.	Bradford	Hendon	BHA	<b>Favorable</b>
4.			BC	
5.				
6.				

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

- |                              |  |   |
|------------------------------|--|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="checked" type="checkbox"/> | Statement of Substantial Changes        |
| B. AMENDMENTS.....           | <input type="checkbox"/>                   | Technical amendments were recommended   |
|                              | <input type="checkbox"/>                   | Amendments were recommended             |
|                              | <input type="checkbox"/>                   | Significant amendments were recommended |

**I. Summary:**

The bill repeals the state-wide onsite sewage treatment and disposal system (septic system) evaluation program, including program requirements, and the Department of Health's (DOH) rulemaking authority to implement the program.

The bill requires a county or municipality with a first magnitude spring to develop and adopt by local ordinance a septic system evaluation and assessment program, unless the county or municipality opts out. All other counties and municipalities may opt in. Existing septic system inspection programs are grandfathered-in unless they contain a mandatory inspection at the point of sale in a real estate transaction.

If an evaluation program is adopted by a county or municipality by ordinance, the bill requires:

- A pump out and evaluation of a septic system to be performed every 5 years, unless an exception applies;
- Only authorized persons to perform the pump out and evaluation;
- Notice to be given to septic system owners at least 60 days before the septic system is due for an evaluation;

- Penalties for qualified contractors and septic system owners who do not comply with the requirements of the evaluation program;
- Certain evaluation and assessment procedures to be followed during the inspection of a septic system;
- The DOH to allow county health departments and qualified contractors access to the environmental health database to track relevant information and assimilate data from assessment and evaluation reports of the overall condition of onsite sewage treatment and disposal systems. The database is required to include certain information and allow for notification of homeowners when evaluations are due;
- A county or municipality to notify the Secretary of Environmental Protection upon the adoption of the ordinance establishing the program; and
- The Department of Environmental Protection (DEP), within existing resources, to notify a county or municipality of potential funding under the Clean Water Act or Clean Water State Revolving Fund and assist such counties or municipalities to model and establish low-interest loan programs.

The bill provides that a local ordinance may authorize the assessment of reasonable fees to cover the costs of administering the evaluation program.

The bill repeals the grant program for low-income residents to repair and replace septic systems.

The bill also:

- Defines “bedroom”;
- Provides that a permit issued by the DOH for the installation, modification, or repair of a septic system transfers with title to the property. A title is not encumbered when the title is transferred if new permit requirements are in place at the time of transfer;
- Provides for the reconnection of properly functioning septic systems, and clarifies that such systems are not considered “abandoned”;
- Clarifies that if there is a rule change within 5 years after approval for construction, the rules in place at the time of initial approval apply at the time of final approval under certain circumstances;
- Clarifies that a modification, replacement, or upgrade of a septic system is not required for a remodeling addition to a single-family home if a bedroom is not added;
- Reduces the annual operating permit fee for waterless, incinerating, or organic waste composting toilets to \$15-30 from \$50-150;
- Repeals various obsolete provisions; and
- Fixes several cross-references and other technical errors.

The DOH analysis indicates a need for \$190 thousand in General Revenue Funds and 3 positions to cover costs related to changes to the septic system database and ongoing maintenance of the system. The CS allows for fees to be collected by the counties that opt into the program. These fees would cover costs of the program.

Owners of septic systems subject to the evaluation program will have to pay for septic system evaluations, including pump outs, every 5 years at an estimated cost between \$75 and \$200 for



inspections and \$75 to over \$300 for pump outs depending on the size of the tank and local disposal options.

The bill substantially amends ss. 381.0065 and 381.0066 of the Florida Statutes.

The bill repeals section 381.00656 of the Florida Statutes.

The bill creates section 381.00651 of the Florida Statutes.

The bill takes effect upon becoming law.

## **II. Present Situation:**

### **The Department of Health's Regulation of Septic Tanks**

The DOH oversees an environmental health program as part of fulfilling the state's public health mission. The purpose of this program is to detect and prevent disease caused by natural and manmade factors in the environment. One component of the program is administration of septic systems.<sup>1</sup>

An "onsite sewage treatment and disposal system" is a system that contains a standard subsurface, filled, or mound drainfield system; an aerobic treatment unit; a graywater system tank; a laundry wastewater system tank; a septic tank; a grease interceptor; a pump tank; a solid or effluent pump; a waterless, incinerating, or organic waste-composting toilet; or a sanitary pit privy that is installed or proposed to be installed beyond the building sewer on land of the owner or on other land to which the owner has the legal right to install a system. The term includes any item placed within, or intended to be used as a part of or in conjunction with, the system. The term does not include package sewage treatment facilities and other treatment works regulated under ch. 403, F.S.<sup>2</sup>

The DOH estimates there are approximately 2.67 million septic tanks in use statewide.<sup>3</sup> The DOH's Bureau of Onsite Sewage (bureau) develops statewide rules and provides training and standardization for county health department employees responsible for permitting the installation and repair of septic systems within the state. The bureau also licenses septic system contractors, approves continuing education courses and courses provided for septic system contractors, funds a hands-on training center, and mediates septic system contracting complaints. The bureau manages a state-funded research program, prepares research grants, and reviews and approves innovative products and septic system designs.<sup>4</sup>

In 2008, the Legislature directed the DOH to submit a report to the Executive Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives by no

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<sup>1</sup> See s. 381.006, F.S.

<sup>2</sup> Section 381.0065(2)(j), F.S.

<sup>3</sup> Florida Dep't of Health, Bureau of Onsite Sewage, *Home*, <http://www.myfloridaeh.com/ostds/index.html> (last visited January 29, 2012).

<sup>4</sup> Florida Dep't of Health, Bureau of Onsite Sewage, *OSTDS Description*, <http://www.myfloridaeh.com/ostds/OSTDSdescription.html> (last visited January 29, 2012).

later than October 1, 2008, which identifies the range of costs to implement a mandatory statewide 5-year septic tank inspection program to be phased in over 10 years pursuant to the DOH's procedure for voluntary inspection, including use of fees to offset costs.<sup>5</sup> This resulted in the "Report on Range of Costs to Implement a Mandatory Statewide 5-Year Septic Tank Inspection Program" (report).<sup>6</sup> According to the report, three Florida counties, Charlotte, Escambia and Santa Rosa, have implemented mandatory septic tank inspections at a cost of \$83.93 to \$215 per inspection.

The report stated that 99 percent of septic tanks in Florida are not under any management or maintenance requirements. Also, the report found that while these systems were designed and installed in accordance with the regulations at the time of construction and installation, many are aging and may be under-designed by today's standards. The DOH's statistics indicate that approximately 2 million septic systems are 20 years or older, which is the average lifespan of a septic system in Florida.<sup>7</sup> Because repairs of septic systems were not regulated or permitted by the DOH until March 1992, some septic systems may have been unlawfully repaired, modified or replaced. Furthermore, 1.3 million septic systems were installed prior to 1983. Pre-1983 septic systems were required to have a 6-inch separation from the bottom of the drainfield to the estimated seasonal high water table. The standard since 1983 for drainfield separation is 24 inches and is based on the 1982 Water Quality Assurance Act and on research findings compiled by the DOH that indicate for septic tank effluent, the presence of at least 24 inches of unsaturated fine sandy soil is needed to provide a relatively high degree of treatment for pathogens and most other septic system effluent constituents.<sup>8</sup> Therefore, Florida's pre-1983 septic systems and any illegally repaired, modified or installed septic systems may not provide the same level of protection expected from systems permitted and installed under current construction standards.<sup>9</sup>

### **Flow and Septic System Design Determinations**

For residences, domestic sewage flows are calculated using the number of bedrooms and the building area as criteria for consideration, including existing structures and any proposed additions.<sup>10</sup> Depending on the estimated sewage flow, the septic system may or may not be approved by the DOH. For example, a current three bedroom, 1,300 square foot home is able to add building area to have a total of 2,250 square feet of building area with no change in their approved system, provided no additional bedrooms are added.<sup>11</sup>

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<sup>5</sup> See ch. 2008-152, Laws of Fla.

<sup>6</sup> Florida Dep't of Health, Bureau of Onsite Sewage, *Report on Range of Costs to Implement a Mandatory Statewide 5-Year Septic Tank Inspection Program*, October 1, 2008, available at <http://www.doh.state.fl.us/environment/ostds/pdfiles/forms/MSIP.pdf> (last visited January 29, 2012).

<sup>7</sup> Florida Dep't of Health, Bureau of Onsite Sewage, *Onsite Sewage Treatment and Disposal Systems in Florida* (2010), available at <http://www.doh.state.fl.us/Environment/ostds/statistics/newInstallations.pdf> (last visited January 29, 2012). See also Florida Dep't of Health, Bureau of Onsite Sewage, *What's New?*, available at <http://www.doh.state.fl.us/environment/ostds/New.htm> (last visited on January 29, 2012).

<sup>8</sup> Florida Dep't of Health, Bureau of Onsite Sewage, *Bureau of Onsite Sewage Programs Introduction*, available at <http://www.doh.state.fl.us/Environment/learning/hses-intro-transcript.htm> (last visited January 29, 2012).

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

<sup>10</sup> Rule 64E-6.001, F.A.C.

<sup>11</sup> *Id.*

Minimum required treatment capacities for septic systems serving any structure, building or group of buildings are based on estimated daily sewage flows as determined below.<sup>12</sup>

TABLE OF AEROBIC SYSTEMS PLANT SIZING RESIDENTIAL		
Number of Bedrooms	Building Area (ft <sup>2</sup> )	Minimum Required Treatment Capacity (gallons per day)
1 or 2	Up to 1200	400
3	1201-2250	500
4	2251-3300	600

Minimum design flows for septic systems serving any structure, building or group of buildings are based on the estimated daily sewage flow. For residences, the flows are based on the number of bedrooms and square footage of building area. For a single- or multiple-family dwelling unit, the estimated sewage flows are: for 1 bedroom with 750 square feet or less building area, 100 gallons; for two bedrooms with 751-1,200 square feet, 200 gallons; for three bedrooms with 1,201-2,250 square feet, 300 gallons; and for four bedrooms with 2,251-3,300 square feet, 400 gallons. For each additional bedroom or each additional 750 square feet of building area or fraction thereof in a dwelling unit, system sizing is to be increased by 100 gallons.<sup>13</sup>

### Current Status of Evaluation Program

In 2010, SB 550 was signed into law, which became ch. 2010-205, Laws of Florida. This law provides for additional legislative intent on the importance of properly managing septic tanks and creates a septic system evaluation program. The DOH was to implement the evaluation program beginning January 1, 2011, with full implementation by January 1, 2016.<sup>14</sup> The evaluation program:

- Requires all septic tanks to be evaluated for functionality at least once every 5 years;
- Directs the DOH to provide proper notice to septic owners that their evaluations are due;
- Ensures proper separations from the wettest-season water table; and
- Specifies the professional qualifications necessary to carry out an evaluation.

The law also establishes a grant program under s. 381.00656, F.S., for owners of septic systems earning less than or equal to 133 percent of the federal poverty level. The grant program is to provide funding for inspections, pump-outs, repairs, or replacements. The DOH is authorized under the law to adopt rules to establish the application and award process for grants.

Finally, ch. 2010-205, Laws of Florida, amends s. 381.0066, F.S., establishing a minimum and maximum evaluation fee that the DOH may collect. No more than \$5 of each evaluation fee may be used to fund the grant program. The State Surgeon General, in consultation with the Revenue Estimating Conference, must determine a revenue neutral evaluation fee.

<sup>12</sup> Table adapted from Rule 64E-6.012, F.A.C.

<sup>13</sup> Rule 64E-6.008, F.A.C.

<sup>14</sup> However, implementation was delayed until July 1, 2011, by the Legislature's enactment of SB 2-A (2010). *See also* ch. 2010-283, L.O.F.

Several bills were introduced during the 2011 Regular Session aimed at either eliminating the inspection program or scaling it back. Although none passed, language was inserted into a budget implementing bill that prohibited the DOH from expending funds to implement the inspection program until it submitted a plan to the Legislative Budget Commission (LBC).<sup>15</sup> If approved, the DOH would then be able to expend funds to begin implementation. Currently, the DOH has not submitted a plan to the LBC for approval.

### **Springs in Florida**

Florida has more than 700 recognized springs. It also has 33 historical first magnitude springs in 19 counties that discharge more than 64 million gallons of water per day.<sup>16</sup> First magnitude springs are those that discharge 100 cubic feet of water per second or greater. Spring discharges, primarily from the Floridan Aquifer, are used to determine ground water quality and the degree of human impact on the spring's recharge area. Rainfall, surface conditions, soil type, mineralogy, the composition and porous nature of the aquifer system, flow, and length of time in the aquifer all contribute to ground water chemistry. Springs are historically low nitrogen systems. The DEP recently submitted numeric nutrient standards to the Legislature for ratification that include a nitrate-nitrite (variants of nitrogen) limit of 0.35 milligrams per liter for springs. For comparison, the U.S. Environmental Protection Agency's drinking water standard for nitrite is 1.0 milligrams per liter; for nitrate, 10 milligrams per liter.<sup>17</sup>

### **Local Government Powers and Legislative Preemption**

The Florida Constitution grants counties or municipalities broad home rule authority. Specifically, non-charter county governments may exercise those powers of self-government that are provided by general or special law.<sup>18</sup> Those counties operating under a county charter have all powers of self-government not inconsistent with general law, or special law approved by the vote of the electors.<sup>19</sup> Likewise, municipalities have those governmental, corporate, and proprietary powers that enable them to conduct municipal government, perform their functions and provide services, and exercise any power for municipal purposes, except as otherwise provided by law.<sup>20</sup> Section 125.01, F.S., enumerates the powers and duties of all county governments, unless preempted on a particular subject by general or special law.

Under its broad home rule powers, a municipality or a charter county may legislate concurrently with the Legislature on any subject which has not been expressly preempted to the State.<sup>21</sup> Express preemption of a municipality's power to legislate requires a specific statement; preemption cannot be made by implication or by inference.<sup>22</sup> A county or municipality cannot

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<sup>15</sup> See ch. 2011-047, s. 13, Laws of Fla.

<sup>16</sup> Florida Geological Survey, Bulletin No. 66, *Springs of Florida*, available at <http://www.dep.state.fl.us/geology/geologictopics/springs/bulletin66.htm> (last visited Dec. 19, 2011).

<sup>17</sup> U.S. Environmental Protection Agency, *National Primary Drinking Water Regulations*, available at <http://water.epa.gov/drink/contaminants/upload/mcl-2.pdf> (last visited January 29, 2012).

<sup>18</sup> FLA. CONST. art. VIII, s. 1(f).

<sup>19</sup> FLA. CONST. art. VIII, s. 1(g).

<sup>20</sup> FLA. CONST. art. VIII, s. 2(b); see also s. 166.021, F.S.

<sup>21</sup> See, e.g., *City of Hollywood v. Mulligan*, 934 So. 2d 1238 (Fla. 2006); *Phantom of Clearwater, Inc. v. Pinellas County*, 894 So. 2d 1011 (Fla. 2d DCA 2005).

<sup>22</sup> *Id.*

forbid what legislature has expressly licensed, authorized or required, nor may it authorize what legislature has expressly forbidden.<sup>23</sup> The Legislature can preempt a county's broad authority to enact ordinances and may do so either expressly or by implication.<sup>24</sup>

### III. Effect of Proposed Changes:

**Section 1** amends s. 381.0065, F.S.

The bill repeals the state-wide septic system evaluation program, including program requirements, and the DOH's rulemaking authority to implement the program. It repeals legislative intent regarding the DOH's administration of a state-wide septic system evaluation program and an obsolete reporting requirement regarding the land application of septage.

The bill defines "bedroom" as a room that can be used for sleeping that, for site-built dwellings, has a minimum 70 square feet of conditioned space; or for manufactured homes, constructed to HUD standards having a minimum of 50 square feet of floor area. The room must be located along an exterior wall, have a closet and a door or an entrance where a door could be reasonably installed. It also must have an emergency means of escape and rescue opening to the outside. A room may not be considered a bedroom if it is used to access another room, unless the room that is accessed is a bathroom or closet. The term does not include a hallway, bathroom, kitchen, living room, family room, dining room, den, breakfast nook, pantry, laundry room, sunroom, recreation room, media/video room, or exercise room. It also fixes two cross-references. One is related to research fees collected to fund hands-on training centers for septic systems. The other relates to determining the mean annual flood line.

The bill provides that a permit issued and approved by the DOH for the installation, modification, or repair of a septic system transfers with the title to the property. A title is not encumbered when transferred by new permit requirements that differ from the original permit requirements in effect when the septic system was permitted, modified or repaired. It also prohibits a government entity from requiring a septic system inspection at the point of sale in a real estate transaction.

The bill specifies a septic system serving a foreclosed property is not considered abandoned. It also specifies a septic system is not considered "abandoned" if it was properly functioning when disconnected from a structure made unusable or destroyed following a disaster, and the septic system was not adversely affected by the disaster. The septic system may be reconnected to a rebuilt structure if:

- Reconnection of the septic system is to the same type of structure that existed prior to the disaster;
- Has the same number of bedrooms or less than the structure that existed prior to the disaster;
- Is within 110 percent of the size of the structure that existed prior to the disaster;
- The septic system is not a sanitary nuisance; and
- The septic system has not been altered without prior authorization.

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<sup>23</sup> *Rinzler v. Carson*, 262 So. 2d 661 (Fla. 1972); *Phantom of Clearwater, Inc. v. Pinellas County*, 894 So. 2d 1011 (Fla. 2d DCA 2005).

<sup>24</sup> *Phantom of Clearwater, Inc. v. Pinellas County*, 894 So. 2d 1011 (Fla. 2d DCA 2005).

The bill provides that if a rule change occurs within 5 years after approval for construction, the rules applicable and in effect at the time of approval for construction apply at the time of the final approval of the septic system, but only if fundamental site conditions have not changed between the time of construction approval and final approval.

The bill provides that a modification, replacement, or upgrade of a septic system is not required for a remodeling addition to a single-family home if a bedroom is not added.

**Section 2** creates s. 381.00651, F.S.

A county or municipality containing a first magnitude spring within its boundary must develop and adopt by ordinance a local septic system evaluation and assessment program meeting the requirements of this section within all or part of its geographic area by January 1, 2013, unless it opts out. All other counties and municipalities may opt in but otherwise are not required to take any affirmative action. Evaluation programs adopted before July 1, 2011, and that do not contain a mandatory septic system inspection at the point of sale in a real estate transaction are not affected by this bill. Existing evaluation programs that require point of sale inspections are preempted by the bill regardless of when the program was adopted.

A county or municipality may opt out by majority plus one vote of the local elected body before January 1, 2013, by adopting a separate resolution. The resolution must be filed with the Secretary of State. Absent an interlocal agreement or county charter provision to the contrary, a municipality may elect to opt out of the requirements of this section notwithstanding the decision of the county in which it is located. A county or municipality may subsequently adopt an ordinance imposing a septic system evaluation and assessment program if the program meets the requirements of this section. The bill preempts counties' and municipalities' authority to adopt more stringent requirements for a septic system evaluation program than those contained in the bill.

Local ordinances must provide for the following:

- An evaluation of a septic system, including drainfield, every 5 years to assess the fundamental operational condition of the system and to identify system failures. The ordinance may not mandate an evaluation at the point of sale in a real estate transaction or a soil examination. The location of the system shall be identified;
- May not require a septic system inspection at the point of sale in a real estate transaction;
- May not require a soil examination;
- Each evaluation must be performed by:
  - A septic tank contractor or master septic tank contractor registered under part III of ch. 489, F.S.,
  - A professional engineer having wastewater treatment system experience and licensed pursuant to ch. 471, F.S.,
  - An environmental health professional certified under ch 381, F.S., in the area of septic system evaluation, or
  - An authorized employee working under the supervision of any of the above four listed individuals. Soil samples may only be conducted by certified individuals.

Evaluation forms must be written or electronically signed by a qualified contractor.

The local ordinance may not require a repair, modification or replacement of a septic system as a result of an evaluation unless the evaluation identifies a failure. The term “system failure” is defined as:

- A condition existing within a septic system that results in the discharge of untreated or partially treated wastewater onto the ground surface or into surface water; or
- Results in a sanitary nuisance caused by the failure of building plumbing to discharge properly.

A system is not a failure if an obstruction in a sanitary line or an effluent screen or filter prevents effluent from flowing into a drainfield. The bill specifies that a drainfield not achieving the minimum separation distance from the bottom of the drainfield to the wettest season water table contained in current law is not a system failure.

The local ordinance may not require more than the least costly remedial measure to resolve the system failure. The homeowner may choose the remedial measure to fix the system. There may be instances in which a pump out is sufficient to resolve a system failure. Remedial measures to resolve a system failure must meet, to the extent possible, the requirements in effect at the time the repair is made, subject to the exceptions specified in s. 381.0065(4)(g), F.S. This allows certain older septic systems to be repaired instead of replaced if they cannot be repaired to operate to current code. An ordinance may not require an engineer-designed performance-based system as an alternative septic system to remediate a failure of a conventional septic system.

The bill specifies that the following systems are exempt from inclusion in a septic system evaluation program:

- A septic system that is required to obtain an operating permit or that is inspected by the department on an annual basis pursuant to ch. 513, F.S., related to mobile home and recreational vehicle parks;. and
- A septic system serving a residential dwelling unit on a lot with a ratio of one bedroom per acre or greater. For example, if a person has a four-bedroom house served by a septic system on a four-acre or larger lot, that septic system is exempt.

An ordinance may also exempt or grant an extension of time for a septic system serving a structure that will soon be connected to a sewer system if the connection is available, imminent and written arrangements have been made for payment of connection fees or assessments by the septic system owner.

The bill requires the owner of a septic system subject to an evaluation program to have it pumped out and evaluated at least once every 5 years. A pump out is not required if the owner can provide documentation to show a pump out has been performed or there has been a permitted new installation, repair or modification of the septic system within the previous 5 years. The documentation must show both the capacity and that the condition of the tank is structurally sound and watertight.

If a tank, in the opinion of the qualified contractor, is in danger of being damaged by leaving the tank empty after inspection, the tank must be refilled before concluding the inspection. Replacing broken or damaged lids or manholes does not require a repair permit.

In addition to a pump out, the evaluation procedures require an assessment of the apparent structural condition and watertightness of the tank and an estimation of its size. A visual inspection of a tank is required when the tank is empty to detect cracks, leaks or other defects. The baffles or tees must be checked to ensure that they are intact and secure.<sup>25</sup> The evaluation must note the presence and condition of:

- Outlet devices;
- Effluent filters;
- Compartment walls;
- Any structural defect in the tank; and
- The condition and fit of the tank lid, including manholes.

The bill also requires a drainfield evaluation and requires certain assessments to be performed when a system contains pumps, siphons or alarms. The drainfield evaluation must include a determination of the approximate size and location of the drainfield. The evaluation must contain a statement noting whether there is any visible effluent on the ground or discharging to a ditch or water body and identifying the location of any downspout or other source of water near the drainfield.

If the septic system contains pumps, siphons or alarms, the following information may be provided:

- An assessment of dosing tank integrity, including the approximate volume and the type of material used in construction;
- Whether the pump is elevated off of the bottom of the chamber and its operational status;
- Whether the septic system has a check valve and purge hole; and
- Whether there is a high-water alarm, including whether the type of alarm is audio, visual or both, the location of the alarm, its operational condition and whether the electrical connections appears satisfactory.

The bill provides that if a homeowner does not request information about the system's pumps, siphons, or alarms, the qualified contractor and its employee are not liable for any damages directly relating from a failure of the system's pumps, siphons, or alarms. The evaluation report completed by the contractor must include a statement on the front cover that provides notice of the exclusion of such liability.

The reporting procedures provided for in the bill require:

- The qualified contractor to document all the evaluation procedures used;

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<sup>25</sup> The septic tank baffle or tee is a device on the inlet or outlet of a septic tank which prevents sewage back-flow into the inlet or outlet pipe. The device may be made of concrete, steel, plastic, or other materials, but in all cases the septic tank tee or baffle forms a barrier between the septic tank and the inlet or outlet pipes to or from the septic tank. InspectAPedia, *Encyclopedia of Building & Environmental Inspection, Testing, Diagnosis, Repair*, available at <http://www.inspectapedia.com/septic/tanktees.htm> (last visited January 29, 2012).



- The qualified contractor to provide a copy of a written, signed evaluation report to the property owner and the county health department within 30 days after the evaluation;
- The name and license number of the company providing the report;
- The local county health department to retain a copy of the evaluation report for a minimum of 5 years and until a subsequent report is filed;
- The front cover of the report to identify any system failure and include a clear and conspicuous notice to the owner that the owner has a right to have any remediation performed by a contractor other than the contractor performing the evaluation;
- The report to identify tank defects, improper fit or other defects in the tank, manhole or lid, and any other missing component of the septic system;
- Noting if any sewage or effluent is present on the ground or discharging to a ditch or surface water body;
- Stating if any downspout, stormwater or other source of water is directed onto or towards the septic system;
- Identification of any maintenance need or condition that has the potential to interfere with or restrict any future repair or modification to the existing septic system; and
- Conclude with an overall assessment of the fundamental operational condition of the septic system.

The county health department will be responsible for administering the program on behalf of a county or municipality. A county or municipality may develop a reasonable fee schedule in consultation with a county health department. The fee must only be used to pay for the costs of administering the program and must be revenue neutral. The fee schedule must be included in the adopted ordinance for a septic system evaluation program. The fee shall be assessed to the septic system owner, collected by the qualified contractor and remitted to the county health department.

The county health department in a jurisdiction where a septic system evaluation program is adopted must:

- Provide a notice to a septic system owner at least 60 days before the septic system is due for an evaluation;
- In consultation with the DOH, provide for uniform disciplinary procedures and penalties for qualified contractors who do not comply with the requirements of the adopted ordinance; and
- Be the sole entity to assess penalties against a septic tank owner who fails to comply with the requirements of an adopted ordinance.

The bill requires the DOH to allow county health departments and qualified contractors to access the environmental health database to track relevant information and assimilate data from assessment and evaluation reports of the overall condition of onsite sewage treatment and disposal systems. The database must be used by qualified contractors to report service evaluations and by county health departments to notify septic system owners that their evaluations are due.

The bill requires a county or municipality that adopts a septic system evaluation and assessment program to notify the Secretary of Environmental Protection, the DOH and the requisite county health department. Once the DEP receives notice a county or municipality has adopted an evaluation program, it must, within existing resources, notify the county or municipality of the

potential availability of Clean Water Act or Clean Water State Revolving Fund funds. If a county or municipality requests, the DEP must, within existing resources, provide guidance in the application process to access the abovementioned funding sources and provide advice and technical assistance on how to establish a low-interest revolving loan program or how to model a revolving loan program after the low-interest loan program of the Clean Water State Revolving Fund. The DEP is not required to provide any money to fund such programs. The bill specifically prohibits the DOH from adopting any rule that alters the provisions contained in the bill.

The bill specifies that it does not derogate or limit county and municipal home rule authority to act outside the scope of the evaluation program created in this bill. The bill clarifies it does not repeal or affect any other law relating to the subject matter of this section. It does not prohibit a county or municipality that has adopted an evaluation program pursuant to this section from:

- Enforcing existing ordinances or adopting new ordinances if such ordinances do not repeal, suspend or alter the requirements or limitations of this section; or
- Exercising its independent and existing authority to use and meet the requirements of s. 381.00655, F.S. (relating to connection to central sewer systems).

**Section 3** repeals s. 381.00656, F.S., related to a low-income grant program to assist residents with costs associated from a septic system evaluation program and any necessary repairs or replacements.

**Section 4** amends s. 381.0066, F.S., related to septic system fees. The bill deletes the existing fees for the 5-year evaluation report. The bill also reduces the annual operating permit fee for waterless, incinerating or organic waste composting toilets from not less than \$50 to not less than \$15 and from not more than \$150 to not more than \$30.

The bill repeals an obsolete provision related to setting a revenue neutral fee schedule for a state-wide septic system inspection program.

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

**Other Potential Implications:**

The bill prohibits local ordinances from requiring repairs, modifications or system replacements unless a septic system is found to be failing. Septic system problems that do not rise to the level of a system failure cannot be required to be remedied under an ordinance. The septic system owner will have the option to repair or modify a septic system found to have problems. A county or municipality is preempted from requiring more stringent repair guidelines in its ordinance.

The bill prohibits counties and municipalities from acting outside the requirements and limitations of the bill to address public health and safety or provide for pollution abatement measures for water quality improvements. This prohibition may directly conflict with existing laws to address these issues. In addition, a local county or municipality may be required to take future action to comply with a future determination that an area within its jurisdiction is contributing to violations of water quality standards but may be prohibited from doing so by the provisions in this bill.

**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 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:**

The bill allows a county or municipality to assess a reasonable fee to cover the costs of administering the evaluation program. The fee will likely vary from jurisdiction to jurisdiction.

The bill reduces the fees for annual operating permits for waterless, incinerating, or organic waste composting toilets from not less than \$50 to not less than \$15 and from not more than \$150 to not more than \$30.

**B. Private Sector Impact:**

Owners of septic systems subject to the evaluation program will have to pay for septic system evaluations, including pump outs, every 5 years. The owners will also be responsible for the cost of required repairs, modifications or replacements of the septic system if it is found to be “failing.” Although owners are responsible under current law for repairing failing septic systems, they may be unaware of the failing condition or unwilling or unable to pay for repairs or replacements.

A survey of septic contractors has not been completed to determine costs for inspections; however, anecdotal evidence has demonstrated a cost between \$75 and \$200, depending on the area of the state.

Current costs for pump outs range as low as \$75 to over \$300 depending on the size of the tank and local disposal options. Evaluation costs would be set by private contractors. Septic system owners would pay for any necessary remediation, including permit fees. Repair costs will vary from minor repairs to full system replacements and will only be available on a case-by-case basis. Whether or not demand for septic system contractor service increases is dependent on how many counties or municipalities implement

inspection programs. Therefore, the impact of supply and demand on pricing trends cannot be determined at this time.

Therefore, adding in all potential costs not including repairs or replacements required under current law or the local administrative fee, a septic system owner can expect to pay between \$150 and \$500 every 5 years. It should be noted that in June 2010, the DOH and the Revenue Estimating Conference settled on a \$50 fee per inspection report to cover programmatic costs of implementing a state-wide program.

The DOH estimates a cost savings to the public of \$2,500 to \$7,500 per system through preventive maintenance, thus eliminating the need for costly repairs associated with neglected, failing or improperly functioning systems.

#### C. Government Sector Impact:

The cost to counties or municipalities adopting evaluation programs is indeterminate as it depends on how large an area is covered by the evaluation program and how many septic systems are included.<sup>26</sup> Counties or municipalities with first magnitude springs will be required to expend funds to implement the provisions of this bill unless they opt out.

The DOH may incur costs associated with reprogramming the environmental health database to support the information reported by contractors and to be used by county health departments to notify owners when system evaluations are due. The DOH is in the process of determining whether there is a fiscal impact associated with reprogramming the database.

The DEP is required to take certain actions if and when it is notified of an ordinance that implements a local septic system evaluation program but only within existing resources.

### VI. Technical Deficiencies:

The bill references “system” and “conventional system” to be understood in context as an “onsite sewage treatment and disposal system;” however, these terms are not defined in the bill. The bill may need to be amended to define a “system” or a “conventional system” as an “onsite sewage treatment and disposal system” if a shortened variant is warranted. Otherwise those instances that refer to “system” or “conventional system” should be changed to “onsite sewage treatment and disposal system” to be consistent with the existing definition.

The bill explicitly provides that it does not affect certain home rule authority. The provisions may be construed to conflict with the preemptions contained in this bill for both existing and potentially future septic system evaluation programs. For example, lines 671-672 provide that the bill does not “repeal or affect” laws related to septic systems; however, the bill explicitly preempts, in lines 217-219, existing septic system evaluation ordinances that require a point of sale inspection in a real estate transaction. These potential inconsistencies should be clarified.

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<sup>26</sup> There are 19 counties with first magnitude springs: Alachua, Bay, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Madison, Marion, Suwannee, Volusia and Wakulla.

**VII. Related Issues:**

None.

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

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

**CS by Health Regulation on January 31, 2012:**

- Specifies that if a rule change occurs within 5 years after approval for construction, the rules applicable and in effect at the time of approval for construction apply at the time of the final approval of the septic system.
- Exempts contractors from liability from damages relating to a failure of a sewage system's pumps, siphons, or alarms, if a homeowner does not request specific information about such devices during an evaluation. The exclusion from liability must be stated on the front cover of the evaluation report.
- Deletes the requirement that county health departments develop their own databases to track evaluations and evaluation programs and instead allows the county health departments and qualified contractors to access the Department of Health's environmental health database to track such information.

**CS by Environmental Preservation and Conservation on January 9, 2012:**

- Fixes cross-references;
- Prohibits a government entity from mandating point of sale inspections for septic systems in a real estate transaction;
- Clarifies the types and sizes of rebuilt structures that can be reconnected to an existing septic system after a disaster;
- Eliminates the requirement that exempted geographic areas from a septic system evaluation program not lead to additional or continued degradation of a first magnitude spring;
- Requires a majority plus one vote of a local governing body for counties or municipalities containing a first magnitude spring to opt out;
- Specifies existing evaluation programs are grandfathered in if they were in existence prior to July 1, 2011;
- Preempts any existing septic system evaluation program if it includes a point of sale inspection requirement;
- Removes impacts "groundwater" from the "system failure" definition;
- Removes the requirement that qualified contractors note the state of surface vegetation;
- Specifies a drainfield that does not achieve the required minimum separation distance between the bottom of the drainfield and the wettest season water table is not considered a system failure;
- Prohibits ordinances from requiring engineer-designed performance-based systems to remediate system failures for conventional septic systems;
- Allows development of a "reasonable" administrative fee for programmatic costs;

- Clarifies that only the county health department may assess penalties against a septic system owner;
- Expands the use of database and tracking system for recording information related to service evaluations;
- Prohibits the DOH from adopting rules that alter the provisions of the CS;
- Clarifies home rule authority as it relates to a local septic system evaluation program;
- Specifies the CS does not repeal or affect any existing law relating to septic systems;
- Limits a county or municipality from continuing to enforce existing ordinances or adopting new ones to address public health or safety if such ordinances affect the programmatic requirements contained in this CS;
- Limits a county or municipality from adopting pollution abatement measures for water quality improvements if such measures affect the programmatic requirements contained in this CS; and
- Allows a county or municipality to exercise its independent and existing authority to use and meet the requirements of s. 381.00655, F.S., related to connection to central sewer systems.

**B. Amendments:**

None.

By the Committees on Health Regulation; and Environmental  
Preservation and Conservation; and Senator Dean

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1 A bill to be entitled  
2 An act relating to onsite sewage treatment and  
3 disposal systems; amending s. 381.0065, F.S.; deleting  
4 legislative intent; defining the term "bedroom";  
5 conforming cross-references; providing for any permit  
6 issued and approved by the Department of Health for  
7 the installation, modification, or repair of an onsite  
8 sewage treatment and disposal system to transfer with  
9 the title of the property; providing circumstances in  
10 which an onsite sewage treatment and disposal system  
11 is not considered abandoned; providing for the  
12 validity of an onsite sewage treatment and disposal  
13 system permit if rules change before final approval of  
14 the constructed system, under certain conditions;  
15 providing that a system modification, replacement, or  
16 upgrade is not required unless a bedroom is added to a  
17 single-family home; deleting provisions requiring the  
18 department to administer an evaluation and assessment  
19 program of onsite sewage treatment and disposal  
20 systems and requiring property owners to have such  
21 systems evaluated at least once every 5 years;  
22 deleting obsolete provisions; creating s. 381.00651,  
23 F.S.; requiring a county or municipality containing a  
24 first magnitude spring to adopt by ordinance, under  
25 certain circumstances, the program for the periodic  
26 evaluation and assessment of onsite sewage treatment  
27 and disposal systems; requiring the county or  
28 municipality to notify the Secretary of State of the  
29 ordinance; authorizing a county or municipality, in

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30 specified circumstances, to opt out by a majority plus  
31 one vote of certain requirements by a specified date;  
32 authorizing a county or municipality to adopt or  
33 repeal, after a specified date, an ordinance creating  
34 an evaluation and assessment program, subject to  
35 notification of the Secretary of State; providing  
36 criteria for evaluations, qualified contractors, and  
37 repair of systems; providing for certain procedures  
38 and exemptions in special circumstances; defining the  
39 term "system failure"; requiring that certain  
40 procedures be used for conducting tank and drainfield  
41 evaluations; providing for certain procedures in  
42 special circumstances; providing for contractor  
43 immunity from liability under certain conditions;  
44 providing for assessment procedures; providing  
45 requirements for county health departments; requiring  
46 the Department of Health to allow county health  
47 departments and qualified contractors to access the  
48 state database to track data and evaluation reports;  
49 requiring counties and municipalities to notify the  
50 Secretary of Environmental Protection and the  
51 Department of Health when an evaluation program  
52 ordinance is adopted; requiring the Department of  
53 Environmental Protection to notify those counties or  
54 municipalities of the use of, and access to, certain  
55 state and federal program funds and to provide certain  
56 guidance and technical assistance upon request;  
57 prohibiting the adoption of certain rules by the  
58 Department of Health; providing for applicability;

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repealing s. 381.00656, F.S., relating to a grant program for the repair of onsite sewage treatment and disposal systems; amending s. 381.0066, F.S.; lowering the fees imposed by the department for certain permits; conforming cross-references; providing an effective date.

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

Section 1. Subsections (1), (5), (6), and (7) of section 381.0065, Florida Statutes, are amended, paragraphs (b) through (p) of subsection (2) of that section are redesignated as paragraphs (c) through (q), respectively, a new paragraph (b) is added to that subsection, paragraph (j) of subsection (3) and paragraph (n) of subsection (4) of that section are amended, and paragraphs (w) through (z) are added to subsection (4) of that section, to read:

381.0065 Onsite sewage treatment and disposal systems; regulation.—

(1) LEGISLATIVE INTENT.—

(a) It is the intent of the Legislature that proper management of onsite sewage treatment and disposal systems is paramount to the health, safety, and welfare of the public. ~~It is further the intent of the Legislature that the department shall administer an evaluation program to ensure the operational condition of the system and identify any failure with the system.~~

~~(b)~~ It is the intent of the Legislature that where a publicly owned or investor-owned sewerage system is not

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available, the department shall issue permits for the construction, installation, modification, abandonment, or repair of onsite sewage treatment and disposal systems under conditions as described in this section and rules adopted under this section. It is further the intent of the Legislature that the installation and use of onsite sewage treatment and disposal systems not adversely affect the public health or significantly degrade the groundwater or surface water.

(2) DEFINITIONS.—As used in ss. 381.0065-381.0067, the term:

(b)1. "Bedroom" means a room that can be used for sleeping and that:

a. For site-built dwellings, has a minimum of 70 square feet of conditioned space;

b. For manufactured homes, is constructed according to standards of the United States Department of Housing and Urban Development and has a minimum of 50 square feet of floor area;

c. Is located along an exterior wall;

d. Has a closet and a door or an entrance where a door could be reasonably installed; and

e. Has an emergency means of escape and rescue opening to the outside.

2. A room may not be considered a bedroom if it is used to access another room except a bathroom or closet.

3. "Bedroom" does not include a hallway, bathroom, kitchen, living room, family room, dining room, den, breakfast nook, pantry, laundry room, sunroom, recreation room, media/video room, or exercise room.

(3) DUTIES AND POWERS OF THE DEPARTMENT OF HEALTH.—The



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department shall:

(j) Supervise research on, demonstration of, and training on the performance, environmental impact, and public health impact of onsite sewage treatment and disposal systems within this state. Research fees collected under s. 381.0066(2)(k) ~~381.0066(2)(l)~~ must be used to develop and fund hands-on training centers designed to provide practical information about onsite sewage treatment and disposal systems to septic tank contractors, master septic tank contractors, contractors, inspectors, engineers, and the public and must also be used to fund research projects which focus on improvements of onsite sewage treatment and disposal systems, including use of performance-based standards and reduction of environmental impact. Research projects shall be initially approved by the technical review and advisory panel and shall be applicable to and reflect the soil conditions specific to Florida. Such projects shall be awarded through competitive negotiation, using the procedures provided in s. 287.055, to public or private entities that have experience in onsite sewage treatment and disposal systems in Florida and that are principally located in Florida. Research projects shall not be awarded to firms or entities that employ or are associated with persons who serve on either the technical review and advisory panel or the research review and advisory committee.

(4) PERMITS; INSTALLATION; AND CONDITIONS.—A person may not construct, repair, modify, abandon, or operate an onsite sewage treatment and disposal system without first obtaining a permit approved by the department. The department may issue permits to carry out this section, but shall not make the issuance of such

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permits contingent upon prior approval by the Department of Environmental Protection, except that the issuance of a permit for work seaward of the coastal construction control line established under s. 161.053 shall be contingent upon receipt of any required coastal construction control line permit from the Department of Environmental Protection. A construction permit is valid for 18 months from the issuance date and may be extended by the department for one 90-day period under rules adopted by the department. A repair permit is valid for 90 days from the date of issuance. An operating permit must be obtained prior to the use of any aerobic treatment unit or if the establishment generates commercial waste. Buildings or establishments that use an aerobic treatment unit or generate commercial waste shall be inspected by the department at least annually to assure compliance with the terms of the operating permit. The operating permit for a commercial wastewater system is valid for 1 year from the date of issuance and must be renewed annually. The operating permit for an aerobic treatment unit is valid for 2 years from the date of issuance and must be renewed every 2 years. If all information pertaining to the siting, location, and installation conditions or repair of an onsite sewage treatment and disposal system remains the same, a construction or repair permit for the onsite sewage treatment and disposal system may be transferred to another person, if the transferee files, within 60 days after the transfer of ownership, an amended application providing all corrected information and proof of ownership of the property. There is no fee associated with the processing of this supplemental information. A person may not contract to construct, modify, alter, repair, service,

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abandon, or maintain any portion of an onsite sewage treatment and disposal system without being registered under part III of chapter 489. A property owner who personally performs construction, maintenance, or repairs to a system serving his or her own owner-occupied single-family residence is exempt from registration requirements for performing such construction, maintenance, or repairs on that residence, but is subject to all permitting requirements. A municipality or political subdivision of the state may not issue a building or plumbing permit for any building that requires the use of an onsite sewage treatment and disposal system unless the owner or builder has received a construction permit for such system from the department. A building or structure may not be occupied and a municipality, political subdivision, or any state or federal agency may not authorize occupancy until the department approves the final installation of the onsite sewage treatment and disposal system. A municipality or political subdivision of the state may not approve any change in occupancy or tenancy of a building that uses an onsite sewage treatment and disposal system until the department has reviewed the use of the system with the proposed change, approved the change, and amended the operating permit.

(n) Evaluations for determining the seasonal high-water table elevations or the suitability of soils for the use of a new onsite sewage treatment and disposal system shall be performed by department personnel, professional engineers registered in the state, or such other persons with expertise, as defined by rule, in making such evaluations. Evaluations for determining mean annual flood lines shall be performed by those persons identified in paragraph (2)(j) ~~(2)(i)~~. The department

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shall accept evaluations submitted by professional engineers and such other persons as meet the expertise established by this section or by rule unless the department has a reasonable scientific basis for questioning the accuracy or completeness of the evaluation.

(w) Any permit issued and approved by the department for the installation, modification, or repair of an onsite sewage treatment and disposal system shall transfer with the title to the property in a real estate transaction. A title may not be encumbered at the time of transfer by new permit requirements by a governmental entity for an onsite sewage treatment and disposal system which differ from the permitting requirements in effect at the time the system was permitted, modified, or repaired. No inspection of a system shall be mandated by any governmental entity at the point of sale in a real estate transaction.

(x)1. An onsite sewage treatment and disposal system is not considered abandoned if the system is disconnected from a structure that was made unusable or destroyed following a disaster and was properly functioning at the time of disconnection and not adversely affected by the disaster. The onsite sewage treatment and disposal system may be reconnected to a rebuilt structure if:

a. The reconnection of the system is to the same type of structure which contains the same number of bedrooms or less, provided the square footage of the structure is less than or equal to 110 percent of the original square footage of the structure that existed prior to the disaster;

b. The system is not a sanitary nuisance; and

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233 c. The system has not been altered without prior  
 234 authorization.

235 2. An onsite sewage treatment and disposal system that  
 236 serves a property that is foreclosed upon is not considered  
 237 abandoned.

238 (y) If an onsite sewage treatment and disposal system  
 239 permittee receives, relies upon, and undertakes construction of  
 240 a system based upon a validly issued construction permit under  
 241 rules applicable at the time of construction but a change to a  
 242 rule occurs within 5 years after the approval of the system for  
 243 construction but before the final approval of the system, the  
 244 rules applicable and in effect at the time of construction  
 245 approval apply at the time of final approval if fundamental site  
 246 conditions have not changed between the time of construction  
 247 approval and final approval.

248 (z) A modification, replacement, or upgrade of an onsite  
 249 sewage treatment and disposal system is not required for a  
 250 remodeling addition to a single-family home if a bedroom is not  
 251 added.

252 ~~(5) EVALUATION AND ASSESSMENT.—~~

253 ~~(a) Beginning July 1, 2011, the department shall administer~~  
 254 ~~an onsite sewage treatment and disposal system evaluation~~  
 255 ~~program for the purpose of assessing the fundamental operational~~  
 256 ~~condition of systems and identifying any failures within the~~  
 257 ~~systems. The department shall adopt rules implementing the~~  
 258 ~~program standards, procedures, and requirements, including, but~~  
 259 ~~not limited to, a schedule for a 5-year evaluation cycle,~~  
 260 ~~requirements for the pump-out of a system or repair of a failing~~  
 261 ~~system, enforcement procedures for failure of a system owner to~~

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262 ~~obtain an evaluation of the system, and failure of a contractor~~  
 263 ~~to timely submit evaluation results to the department and the~~  
 264 ~~system owner. The department shall ensure statewide~~  
 265 ~~implementation of the evaluation and assessment program by~~  
 266 ~~January 1, 2016.~~

267 ~~(b) Owners of an onsite sewage treatment and disposal~~  
 268 ~~system, excluding a system that is required to obtain an~~  
 269 ~~operating permit, shall have the system evaluated at least once~~  
 270 ~~every 5 years to assess the fundamental operational condition of~~  
 271 ~~the system, and identify any failure within the system.~~

272 ~~(c) All evaluation procedures must be documented and~~  
 273 ~~nothing in this subsection limits the amount of detail an~~  
 274 ~~evaluator may provide at his or her professional discretion. The~~  
 275 ~~evaluation must include a tank and drainfield evaluation, a~~  
 276 ~~written assessment of the condition of the system, and, if~~  
 277 ~~necessary, a disclosure statement pursuant to the department's~~  
 278 ~~procedure.~~

279 ~~(d) 1. Systems being evaluated that were installed prior to~~  
 280 ~~January 1, 1983, shall meet a minimum 6-inch separation from the~~  
 281 ~~bottom of the drainfield to the wettest season water table~~  
 282 ~~elevation as defined by department rule. All drainfield repairs,~~  
 283 ~~replacements or modifications to systems installed prior to~~  
 284 ~~January 1, 1983, shall meet a minimum 12-inch separation from~~  
 285 ~~the bottom of the drainfield to the wettest season water table~~  
 286 ~~elevation as defined by department rule.~~

287 ~~2. Systems being evaluated that were installed on or after~~  
 288 ~~January 1, 1983, shall meet a minimum 12-inch separation from~~  
 289 ~~the bottom of the drainfield to the wettest season water table~~  
 290 ~~elevation as defined by department rule. All drainfield repairs,~~

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291 ~~replacements or modification to systems developed on or after~~  
 292 ~~January 1, 1983, shall meet a minimum 24-inch separation from~~  
 293 ~~the bottom of the drainfield to the wettest season water table~~  
 294 ~~elevation.~~

295 ~~(e) If documentation of a tank pump-out or a permitted new~~  
 296 ~~installation, repair, or modification of the system within the~~  
 297 ~~previous 5 years is provided, and states the capacity of the~~  
 298 ~~tank and indicates that the condition of the tank is not a~~  
 299 ~~sanitary or public health nuisance pursuant to department rule,~~  
 300 ~~a pump-out of the system is not required.~~

301 ~~(f) Owners are responsible for paying the cost of any~~  
 302 ~~required pump-out, repair, or replacement pursuant to department~~  
 303 ~~rule, and may not request partial evaluation or the omission of~~  
 304 ~~portions of the evaluation.~~

305 ~~(g) Each evaluation or pump-out required under this~~  
 306 ~~subsection must be performed by a septic tank contractor or~~  
 307 ~~master septic tank contractor registered under part III of~~  
 308 ~~chapter 489, a professional engineer with wastewater treatment~~  
 309 ~~system experience licensed pursuant to chapter 471, or an~~  
 310 ~~environmental health professional certified under chapter 381 in~~  
 311 ~~the area of onsite sewage treatment and disposal system~~  
 312 ~~evaluation.~~

313 ~~(h) The evaluation report fee collected pursuant to s.~~  
 314 ~~381.0066(2)(b) shall be remitted to the department by the~~  
 315 ~~evaluator at the time the report is submitted.~~

316 ~~(i) Prior to any evaluation deadline, the department must~~  
 317 ~~provide a minimum of 60 days' notice to owners that their~~  
 318 ~~systems must be evaluated by that deadline. The department may~~  
 319 ~~include a copy of any homeowner educational materials developed~~

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320 ~~pursuant to this section which provides information on the~~  
 321 ~~proper maintenance of onsite sewage treatment and disposal~~  
 322 ~~systems.~~

323 (5)(6) ENFORCEMENT; RIGHT OF ENTRY; CITATIONS.—

324 (a) Department personnel who have reason to believe  
 325 noncompliance exists, may at any reasonable time, enter the  
 326 premises permitted under ss. 381.0065-381.0066, or the business  
 327 premises of any septic tank contractor or master septic tank  
 328 contractor registered under part III of chapter 489, or any  
 329 premises that the department has reason to believe is being  
 330 operated or maintained not in compliance, to determine  
 331 compliance with the provisions of this section, part I of  
 332 chapter 386, or part III of chapter 489 or rules or standards  
 333 adopted under ss. 381.0065-381.0067, part I of chapter 386, or  
 334 part III of chapter 489. As used in this paragraph, the term  
 335 "premises" does not include a residence or private building. To  
 336 gain entry to a residence or private building, the department  
 337 must obtain permission from the owner or occupant or secure an  
 338 inspection warrant from a court of competent jurisdiction.

339 (b)1. The department may issue citations that may contain  
 340 an order of correction or an order to pay a fine, or both, for  
 341 violations of ss. 381.0065-381.0067, part I of chapter 386, or  
 342 part III of chapter 489 or the rules adopted by the department,  
 343 when a violation of these sections or rules is enforceable by an  
 344 administrative or civil remedy, or when a violation of these  
 345 sections or rules is a misdemeanor of the second degree. A  
 346 citation issued under ss. 381.0065-381.0067, part I of chapter  
 347 386, or part III of chapter 489 constitutes a notice of proposed  
 348 agency action.

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2. A citation must be in writing and must describe the particular nature of the violation, including specific reference to the provisions of law or rule allegedly violated.

3. The fines imposed by a citation issued by the department may not exceed \$500 for each violation. Each day the violation exists constitutes a separate violation for which a citation may be issued.

4. The department shall inform the recipient, by written notice pursuant to ss. 120.569 and 120.57, of the right to an administrative hearing to contest the citation within 21 days after the date the citation is received. The citation must contain a conspicuous statement that if the recipient fails to pay the fine within the time allowed, or fails to appear to contest the citation after having requested a hearing, the recipient has waived the recipient's right to contest the citation and must pay an amount up to the maximum fine.

5. The department may reduce or waive the fine imposed by the citation. In determining whether to reduce or waive the fine, the department must consider the gravity of the violation, the person's attempts at correcting the violation, and the person's history of previous violations including violations for which enforcement actions were taken under ss. 381.0065-381.0067, part I of chapter 386, part III of chapter 489, or other provisions of law or rule.

6. Any person who willfully refuses to sign and accept a citation issued by the department commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

7. The department, pursuant to ss. 381.0065-381.0067, part

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I of chapter 386, or part III of chapter 489, shall deposit any fines it collects in the county health department trust fund for use in providing services specified in those sections.

8. This section provides an alternative means of enforcing ss. 381.0065-381.0067, part I of chapter 386, and part III of chapter 489. This section does not prohibit the department from enforcing ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489, or its rules, by any other means. However, the department must elect to use only a single method of enforcement for each violation.

(6)(7) LAND APPLICATION OF SEPTAGE PROHIBITED.—Effective January 1, 2016, the land application of septage from onsite sewage treatment and disposal systems is prohibited. By February 1, 2011, the department, in consultation with the Department of Environmental Protection, shall provide a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives, recommending alternative methods to establish enhanced treatment levels for the land application of septage from onsite sewage and disposal systems. The report shall include, but is not limited to, a schedule for the reduction in land application, appropriate treatment levels, alternative methods for treatment and disposal, enhanced application site permitting requirements including any requirements for nutrient management plans, and the range of costs to local governments, affected businesses, and individuals for alternative treatment and disposal methods. The report shall also include any recommendations for legislation or rule authority needed to reduce land application of septage.

Section 2. Section 381.00651, Florida Statutes, is created

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407 to read:

408 381.00651 Periodic evaluation and assessment of onsite  
 409 sewage treatment and disposal systems.-

410 (1) For the purposes of this section, the term "first  
 411 magnitude spring" means a spring that has a median water  
 412 discharge of greater than or equal to 100 cubic feet per second  
 413 for the period of record, as determined by the Department of  
 414 Environmental Protection.

415 (2) A county or municipality that contains a first  
 416 magnitude spring shall, by no later than January 1, 2013,  
 417 develop and adopt by local ordinance an onsite sewage treatment  
 418 and disposal system evaluation and assessment program that meets  
 419 the requirements of this section. The ordinance may apply within  
 420 all or part of its geographic area. Those counties or  
 421 municipalities containing a first magnitude spring which have  
 422 already adopted an onsite sewage treatment and disposal system  
 423 evaluation and assessment program and which meet the  
 424 grandfathering requirements contained in this section, or have  
 425 chosen to opt out of this section in the manner provided herein,  
 426 are exempt from the requirement to adopt an ordinance  
 427 implementing an evaluation and assessment program. The governing  
 428 body of a local government that chooses to opt out of this  
 429 section, by a majority plus one vote of the members of the  
 430 governing board, shall do so by adopting a resolution that  
 431 indicates an intent on the part of such local government not to  
 432 adopt an onsite sewage treatment and disposal system evaluation  
 433 and assessment program. Such resolution shall be addressed and  
 434 transmitted to the Secretary of State. Absent an interlocal  
 435 agreement or county charter provision to the contrary, a

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436 municipality may elect to opt out of the requirements of this  
 437 section, by a majority plus one vote of the members of the  
 438 governing board, notwithstanding a contrary decision of the  
 439 governing body of a county. Any local government that has  
 440 properly opted out of this section but subsequently chooses to  
 441 adopt an evaluation and assessment program may do so only  
 442 pursuant to the requirements of this section and may not deviate  
 443 from such requirements.

444 (3) Any county or municipality that does not contain a  
 445 first magnitude spring may at any time develop and adopt by  
 446 local ordinance an onsite sewage treatment and disposal system  
 447 evaluation and assessment program, provided such program meets  
 448 and does not deviate from the requirements of this section.

449 (4) Notwithstanding any other provision in this section, a  
 450 county or municipality that has adopted a program before July 1,  
 451 2011, may continue to enforce its current program without having  
 452 to meet the requirements of this section, provided such program  
 453 does not require an evaluation at the point of sale in a real  
 454 estate transaction.

455 (5) Any county or municipality may repeal an ordinance  
 456 adopted pursuant to this section only if the county or  
 457 municipality notifies the Secretary of State by letter of the  
 458 repeal. No county or municipality may adopt an onsite sewage  
 459 treatment and disposal system evaluation and assessment program  
 460 except pursuant to this section.

461 (6) The requirements for an onsite sewage treatment and  
 462 disposal system evaluation and assessment program are as  
 463 follows:

464 (a) Evaluations.-An evaluation of each onsite sewage

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465 treatment and disposal system within all or part of the county's  
 466 or municipality's jurisdiction must take place once every 5  
 467 years to assess the fundamental operational condition of the  
 468 system and to identify system failures. The ordinance may not  
 469 mandate an evaluation at the point of sale in a real estate  
 470 transaction and may not require a soil examination. The location  
 471 of the system shall be identified. A tank and drainfield  
 472 evaluation and a written assessment of the overall condition of  
 473 the system pursuant to the assessment procedure prescribed in  
 474 subsection (7) are required.

475 (b) *Qualified contractors.*—Each evaluation required under  
 476 this subsection must be performed by a qualified contractor, who  
 477 may be a septic tank contractor or master septic tank contractor  
 478 registered under part III of chapter 489, a professional  
 479 engineer having wastewater treatment system experience and  
 480 licensed under chapter 471, or an environmental health  
 481 professional certified under this chapter in the area of onsite  
 482 sewage treatment and disposal system evaluation. Evaluations and  
 483 pump-outs may also be performed by an authorized employee  
 484 working under the supervision of an individual listed in this  
 485 paragraph; however, all evaluation forms must be signed by a  
 486 qualified contractor in writing or by electronic signature.

487 (c) *Repair of systems.*—The local ordinance may not require  
 488 a repair, modification, or replacement of a system as a result  
 489 of an evaluation unless the evaluation identifies a system  
 490 failure. For purposes of this subsection, the term "system  
 491 failure" means a condition existing within an onsite sewage  
 492 treatment and disposal system which results in the discharge of  
 493 untreated or partially treated wastewater onto the ground

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494 surface or into surface water or that results in the failure of  
 495 building plumbing to discharge properly and presents a sanitary  
 496 nuisance. A system is not in failure if the system does not have  
 497 a minimum separation distance between the drainfield and the  
 498 wettest season water table or if an obstruction in a sanitary  
 499 line or an effluent screen or filter prevents effluent from  
 500 flowing into a drainfield. If a system failure is identified and  
 501 several allowable remedial measures are available to resolve the  
 502 failure, the system owner may choose the least costly allowable  
 503 remedial measure to fix the system. There may be instances in  
 504 which a pump-out is sufficient to resolve a system failure.  
 505 Allowable remedial measures to resolve a system failure are  
 506 limited to what is necessary to resolve the failure and must  
 507 meet, to the maximum extent practicable, the requirements of the  
 508 repair code in effect when the repair is made, subject to the  
 509 exceptions specified in s. 381.0065(4)(g). An engineer-designed  
 510 performance-based treatment system to reduce nutrients may not  
 511 be required as an alternative remediation measure to resolve the  
 512 failure of a conventional system.

513 (d) *Exemptions.*—

514 1. The local ordinance shall exempt from the evaluation  
 515 requirements any system that is required to obtain an operating  
 516 permit pursuant to state law or that is inspected by the  
 517 department pursuant to the annual permit inspection requirements  
 518 of chapter 513.

519 2. The local ordinance may provide for an exemption or an  
 520 extension of time to obtain an evaluation and assessment if  
 521 connection to a sewer system is available, connection to the  
 522 sewer system is imminent, and written arrangements for payment

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of any utility assessments or connection fees have been made by the system owner.

3. An onsite sewage treatment and disposal system serving a residential dwelling unit on a lot with a ratio of one bedroom per acre or greater is exempt from the requirements of this section and may not be included in any onsite sewage treatment and disposal system inspection program.

(7) The following procedures shall be used for conducting evaluations:

(a) Tank evaluation.—The tank evaluation shall assess the apparent structural condition and watertightness of the tank and shall estimate the size of the tank. The evaluation must include a pump-out. However, an ordinance may not require a pump-out if there is documentation indicating that a tank pump-out or a permitted new installation, repair, or modification of the system has occurred within the previous 5 years, identifying the capacity of the tank, and indicating that the condition of the tank is structurally sound and watertight. Visual inspection of the tank must be made when the tank is empty to detect cracks, leaks, or other defects. Baffles or tees must be checked to ensure that they are intact and secure. The evaluation shall note the presence and condition of outlet devices, effluent filters, and compartment walls; any structural defect in the tank; the condition and fit of the tank lid, including manholes; whether surface water can infiltrate the tank; and whether the tank was pumped out. If the tank, in the opinion of the qualified contractor, is in danger of being damaged by leaving the tank empty after inspection, the tank shall be refilled before concluding the inspection. Broken or damaged lids or

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manholes shall be replaced without obtaining a repair permit.

(b) Drainfield evaluation.—The drainfield evaluation must include a determination of the approximate size and location of the drainfield. The evaluation shall state whether there is any sewage or effluent visible on the ground or discharging to a ditch or other water body and the location of any downspout or other source of water near or in the vicinity of the drainfield.

(c) Special circumstances.—If the system contains pumps, siphons, or alarms, the following information may be provided at the request of the homeowner:

1. An assessment of dosing tank integrity, including the approximate volume and the type of material used in the tank's construction;

2. Whether the pump is elevated off the bottom of the chamber and its operational status;

3. Whether the system has a check valve and purge hole; and

4. Whether the system has a high-water alarm, and if so whether the alarm is audio or visual or both, the location and operational condition of the alarm, and whether the electrical connections to the alarm appear satisfactory.

If the homeowner does not request this information, the qualified contractor and its employee are not liable for any damages directly relating from a failure of the system's pumps, siphons, or alarms. This exclusion of liability must be stated on the front cover of the report required under paragraph (d).

(d) Assessment procedure.—All evaluation procedures used by a qualified contractor shall be documented in the environmental health database of the Department of Health. The qualified



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581 contractor shall provide a copy of a written, signed evaluation  
 582 report to the property owner upon completion of the evaluation  
 583 and to the county health department within 30 days after the  
 584 evaluation. The report shall contain the name and license number  
 585 of the company providing the report. A copy of the evaluation  
 586 report shall be retained by the local county health department  
 587 for a minimum of 5 years and until a subsequent inspection  
 588 report is filed. The front cover of the report must identify any  
 589 system failure and include a clear and conspicuous notice to the  
 590 owner that the owner has a right to have any remediation of the  
 591 failure performed by a qualified contractor other than the  
 592 contractor performing the evaluation. The report must further  
 593 identify any crack, leak, improper fit, or other defect in the  
 594 tank, manhole, or lid, and any other damaged or missing  
 595 component; any sewage or effluent visible on the ground or  
 596 discharging to a ditch or other surface water body; any  
 597 downspout, stormwater, or other source of water directed onto or  
 598 toward the system; and any other maintenance need or condition  
 599 of the system at the time of the evaluation which, in the  
 600 opinion of the qualified contractor, would possibly interfere  
 601 with or restrict any future repair or modification to the  
 602 existing system. The report shall conclude with an overall  
 603 assessment of the fundamental operational condition of the  
 604 system.

605 (8) The county health department shall administer any  
 606 evaluation program on behalf of a county, or a municipality  
 607 within the county, that has adopted an evaluation program  
 608 pursuant to this section. In order to administer the evaluation  
 609 program, the county or municipality, in consultation with the

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610 county health department, may develop a reasonable fee schedule  
 611 to be used solely to pay for the costs of administering the  
 612 evaluation program. Such a fee schedule shall be identified in  
 613 the ordinance that adopts the evaluation program. When arriving  
 614 at a reasonable fee schedule, the estimated annual revenues to  
 615 be derived from fees may not exceed reasonable estimated annual  
 616 costs of the program. Fees shall be assessed to the system owner  
 617 during an inspection and separately identified on the invoice of  
 618 the qualified contractor. Fees shall be remitted by the  
 619 qualified contractor to the county health department. The county  
 620 health department's administrative responsibilities include the  
 621 following:

622 (a) Providing a notice to the system owner at least 60 days  
 623 before the system is due for an evaluation. The notice may  
 624 include information on the proper maintenance of onsite sewage  
 625 treatment and disposal systems.

626 (b) In consultation with the Department of Health,  
 627 providing uniform disciplinary procedures and penalties for  
 628 qualified contractors who do not comply with the requirements of  
 629 the adopted ordinance, including, but not limited to, failure to  
 630 provide the evaluation report as required in this subsection to  
 631 the system owner and the county health department. Only the  
 632 county health department may assess penalties against system  
 633 owners for failure to comply with the adopted ordinance,  
 634 consistent with existing requirements of law.

635 (9) (a) A county or municipality that adopts an onsite  
 636 sewage treatment and disposal system evaluation and assessment  
 637 program pursuant to this section shall notify the Secretary of  
 638 Environmental Protection, the Department of Health, and the

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639 applicable county health department upon the adoption of its  
 640 ordinance establishing the program.

641 (b) Upon receipt of the notice under paragraph (a), the  
 642 Department of Environmental Protection shall, within existing  
 643 resources, notify the county or municipality of the potential  
 644 use of, and access to, program funds under the Clean Water State  
 645 Revolving Fund or s. 319 of the Clean Water Act, provide  
 646 guidance in the application process to receive such moneys, and  
 647 provide advice and technical assistance to the county or  
 648 municipality on how to establish a low-interest revolving loan  
 649 program or how to model a revolving loan program after the low-  
 650 interest loan program of the Clean Water State Revolving Fund.  
 651 This paragraph does not obligate the Department of Environmental  
 652 Protection to provide any county or municipality with money to  
 653 fund such programs.

654 (c) The Department of Health may not adopt any rule that  
 655 alters the provisions of this section.

656 (d) The Department of Health must allow county health  
 657 departments and qualified contractors access to the  
 658 environmental health database to track relevant information and  
 659 assimilate data from assessment and evaluation reports of the  
 660 overall condition of onsite sewage treatment and disposal  
 661 systems. The environmental health database must be used by  
 662 contractors to report each service and evaluation event and by a  
 663 county health department to notify owners of onsite sewage  
 664 treatment and disposal systems when evaluations are due. Data  
 665 and information must be recorded and updated as service and  
 666 evaluations are conducted and reported.

667 (10) This section does not:

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668 (a) Limit county and municipal home rule authority to act  
 669 outside the scope of the evaluation and assessment program set  
 670 forth in this section;

671 (b) Repeal or affect any other law relating to the subject  
 672 matter of onsite sewage treatment and disposal systems; or

673 (c) Prohibit a county or municipality from:

674 1. Enforcing existing ordinances or adopting new ordinances  
 675 relating to onsite sewage treatment facilities to address public  
 676 health and safety if such ordinances do not repeal, suspend, or  
 677 alter the requirements or limitations of this section.

678 2. Adopting local environmental and pollution abatement  
 679 ordinances for water quality improvement as provided for by law  
 680 if such ordinances do not repeal, suspend, or alter the  
 681 requirements or limitations of this section.

682 3. Exercising its independent and existing authority to  
 683 meet the requirements of s. 381.0065.

684 Section 3. Section 381.00656, Florida Statutes, is  
 685 repealed.

686 Section 4. Subsection (2) of section 381.0066, Florida  
 687 Statutes, is amended to read:

688 381.0066 Onsite sewage treatment and disposal systems;  
 689 fees.—

690 (2) The minimum fees in the following fee schedule apply  
 691 until changed by rule by the department within the following  
 692 limits:

693 (a) Application review, permit issuance, or system  
 694 inspection, including repair of a subsurface, mound, filled, or  
 695 other alternative system or permitting of an abandoned system: a  
 696 fee of not less than \$25, or more than \$125.

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697 ~~(b) A 5-year evaluation report submitted pursuant to s.~~  
 698 ~~381.0065(5): a fee not less than \$15, or more than \$30. At least~~  
 699 ~~\$1 and no more than \$5 collected pursuant to this paragraph~~  
 700 ~~shall be used to fund a grant program established under s.~~  
 701 ~~381.00656.~~

702 (b)(e) Site evaluation, site reevaluation, evaluation of a  
 703 system previously in use, or a per annum septage disposal site  
 704 evaluation: a fee of not less than \$40, or more than \$115.

705 (c)(d) Biennial Operating permit for aerobic treatment  
 706 units or performance-based treatment systems: a fee of not more  
 707 than \$100.

708 (d)(e) Annual operating permit for systems located in areas  
 709 zoned for industrial manufacturing or equivalent uses or where  
 710 the system is expected to receive wastewater which is not  
 711 domestic in nature: a fee of not less than \$150, or more than  
 712 \$300.

713 (e)(f) Innovative technology: a fee not to exceed \$25,000.

714 (f)(g) Septage disposal service, septage stabilization  
 715 facility, portable or temporary toilet service, tank  
 716 manufacturer inspection: a fee of not less than \$25, or more  
 717 than \$200, per year.

718 (g)(h) Application for variance: a fee of not less than  
 719 \$150, or more than \$300.

720 (h)(i) Annual operating permit for waterless, incinerating,  
 721 or organic waste composting toilets: a fee of not less than \$15  
 722 ~~\$50~~, or more than \$30 ~~\$150~~.

723 (i)(j) Aerobic treatment unit or performance-based  
 724 treatment system maintenance entity permit: a fee of not less  
 725 than \$25, or more than \$150, per year.

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726 (j)(k) Reinspection fee per visit for site inspection after  
 727 system construction approval or for noncompliant system  
 728 installation per site visit: a fee of not less than \$25, or more  
 729 than \$100.

730 (k)(l) Research: An additional \$5 fee shall be added to  
 731 each new system construction permit issued to be used to fund  
 732 onsite sewage treatment and disposal system research,  
 733 demonstration, and training projects. Five dollars from any  
 734 repair permit fee collected under this section shall be used for  
 735 funding the hands-on training centers described in s.  
 736 381.0065(3) (j).

737 (l)(m) Annual operating permit, including annual inspection  
 738 and any required sampling and laboratory analysis of effluent,  
 739 for an engineer-designed performance-based system: a fee of not  
 740 less than \$150, or more than \$300.

741  
 742 ~~On or before January 1, 2011, the Surgeon General, after~~  
 743 ~~consultation with the Revenue Estimating Conference, shall~~  
 744 ~~determine a revenue neutral fee schedule for services provided~~  
 745 ~~pursuant to s. 381.0065(5) within the parameters set in~~  
 746 ~~paragraph (b). Such determination is not subject to the~~  
 747 ~~provisions of chapter 120.~~ The funds collected pursuant to this  
 748 subsection must be deposited in a trust fund administered by the  
 749 department, to be used for the purposes stated in this section  
 750 and ss. 381.0065 and 381.00655.

751 Section 5. This act shall take effect upon becoming a law.



# THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:  
Judiciary, *Chair*  
Budget  
Budget - Subcommittee on Education Pre-K - 12  
Appropriations  
Commerce and Tourism  
Communications, Energy, and Public Utilities  
Governmental Oversight and Accountability  
Reapportionment  
Rules

**SENATOR ANITERE FLORES**

*Majority Whip*  
38th District

February 1, 2012

The Honorable Joe Negron  
Chair of Budget Subcommittee on Health and Human Services Appropriations  
306 Senate Office Building  
404 South Monroe Street  
Tallahassee, FL 32399-1100

Dear Chairman Negron:

I respectfully request that you place SB 616, regarding the Biomedical Research Trust Fund, on the next Budget Subcommittee on Health and Human Services agenda. This proposed legislation revises 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. In the previous committee of reference, Committee on Government Oversight and Accountability, this legislation passed unanimously.

I look forward to presenting this bill before your committee.

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

Sincerely,

*Anitere Flores*

Anitere Flores

*Bobkin*

CC: Mr. Claude Hendon, Staff Director, Committee on Budget Subcommittee on Health and Human Services Appropriations, 201 The Capitol

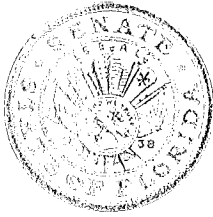
REPLY TO:

- ☐ 10691 North Kendall Drive, Suite 309, Miami, Florida 33176 (305) 270-6550
- ☐ 316 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5130

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

**MIKE HARIDOPOLOS**  
President of the Senate

**MICHAEL S. "MIKE" BENNETT**  
President Pro Tempore



# THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

## COMMITTEES:

Environmental Preservation and Conservation,  
*Chair*  
 Criminal Justice, *Vice Chair*  
 Budget - Subcommittee on Transportation, Tourism,  
 and Economic Development Appropriations  
 Governmental Oversight and Accountability  
 Reapportionment  
 Regulated Industries

**SENATOR CHARLES S. DEAN, SR.**

3rd District

February 6, 2012

The Honorable Joe Negron  
 306 Senate Office Building  
 404 South Monroe Street  
 Tallahassee, FL 32399-1100

Dear Mr. Chairman:

I respectfully request you place Senate Bill 820, relating to Onsite Sewage Treatment and Disposal Systems, on your Budget Subcommittee on Health and Human Services Appropriations agenda at your earliest convenience.

If you have any concerns, please do not hesitate to contact me personally.

Sincerely,

Charles S. Dean  
 State Senator District 3

cc: Claude Hendon, Staff Director

SENATE APPROPRIATIONS  
 RECEIVED  
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 STAFF DIR. STAFF

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- ☐ 405 Tompkins Street, Inverness, Florida 34450 (352) 860-5175
- ☐ Post Office Box 2558, Ocala, Florida 34478-2558 (352) 873-6513
- ☐ 302 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5017

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MIKE HARIDOPOLOS  
 President of the Senate

MICHAEL S. "MIKE" BENNETT  
 President Pro Tempore

# CourtSmart Tag Report

**Room:** EL 110

**Case:**

**Caption:** Budget Subcommittee on Health and Human Services Appropriations

**Type:**

**Judge:**

**Started:** 2/9/2012 8:34:31 AM

**Ends:** 2/9/2012 10:03:55 AM

**Length:** 01:29:25

8:34:33 AM Meeting called to order  
8:35:09 AM Tab 7 - CS/CS/SB 694 by Senator Fasano  
8:35:22 AM Roll call (7 Yeas, 0 Nays)  
8:35:40 AM Bill will be reported Favorable  
8:36:03 AM Tab 4 - CS/SB 1258  
8:36:11 AM Presented by Lynda Fino, Legislative Aide  
8:37:59 AM Roll call (7 Yeas, 0 Nays) - Bill will be reported Favorable  
8:38:23 AM Tab 8 - CS/CS/SB 820  
8:38:46 AM Senator Dean  
8:44:01 AM Roll call (6 Yeas, 1 Nay)  
8:45:22 AM Bill will be reported Favorable  
8:45:34 AM Tab 5 - CS/CS/SB 682  
8:45:36 AM Senator Richter  
8:45:47 AM Barcode 516760 (Richter) - Favorable  
8:46:10 AM Public Testimony:  
8:46:11 AM Brian Pitts, Justice-2-Jesus  
8:47:12 AM Motion to CS - Garcia - Favorable  
8:47:17 AM Roll call (7 Yeas, 0 Nays)  
8:48:48 AM Bill will be reported Fav/CS  
8:48:57 AM Tab 2 - SB 850  
8:49:22 AM Senator Oelrich  
8:49:29 AM Barcode 732660 (Amendment to Amendment) 348686 - Oelrich  
8:49:32 AM Favorable  
8:49:50 AM Barcode 348686 - Oelrich  
8:50:49 AM Favorable  
8:50:54 AM Barcode 348686 as amended  
8:53:45 AM Favorable  
8:53:47 AM Public Testimony  
8:58:03 AM Motion to CS - Garcia (Favorable)  
8:58:24 AM Roll call (6 Yeas, 1 Nay)  
8:58:47 AM Bill will be reported as CS  
8:59:00 AM Tab 6 - CS/SB 616  
8:59:07 AM Presented by Patricia Flor, Legislative Aide  
8:59:56 AM Public Testimony:  
9:00:04 AM Brian Pitts, Justice-2-Jesus  
9:02:01 AM Roll call (7 Yeas, 0 Nays)  
9:03:04 AM Bill will be reported Favorable  
9:03:05 AM Tab 1 - Review and Discussion of Fiscal Year 2012-13 Budget Issues Relating to:  
9:03:37 AM Public testimony:  
9:04:32 AM Michael Garner, Ph.D., Florida Association of Health Plans  
9:06:55 AM Motion by Senator Garcia to vote yeas after roll call - SB 1258 - Fav  
9:07:17 AM Mark Fontaine, Executive Director, Florida Alcohol and Drug Abuse Association  
9:15:22 AM David Beesley, CEO, First Step of Sarasota  
9:16:46 AM Julia Wright  
9:18:00 AM Shari Goranson, Brooks Rehab Hospital  
9:19:55 AM Tammy Sleeper Herald, RN, Baptist Hospital  
9:27:07 AM Christina Spudeas, Executive Director, FI Children First (FI Youth Shine)  
9:29:06 AM Tammie Davis-Dye, RN, Baptist Hospital  
9:31:15 AM Miriam Cohen  
9:35:21 AM Terrie Howell, Brooks Rehab Hospital  
9:38:51 AM Sam Bell  
9:40:49 AM Jack McRay, AARP

<b>9:43:36 AM</b>	Bob Sharpe, CEO, Florida Council for Community Mental Health
<b>9:45:57 AM</b>	Paul Belcher, Senior Vice President, FI Hospital Association
<b>9:49:18 AM</b>	Jim Zingale, Safety Net Hospital Alliance of Florida
<b>9:50:42 AM</b>	Dr. Thomas Buckley
<b>9:52:30 AM</b>	Chairman gave overview of packet materials:
<b>9:53:52 AM</b>	Spreadsheet
<b>9:53:56 AM</b>	Back of the bill
<b>9:54:02 AM</b>	Current Proviso
<b>9:54:15 AM</b>	New Proviso
<b>9:54:20 AM</b>	Implementing Bill
<b>9:54:24 AM</b>	Medicaid Conforming Bill
<b>9:57:51 AM</b>	Closing remarks
<b>10:02:45 AM</b>	Adjourned

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

2 / 9 / 2012

*Meeting Date*

Topic \_\_\_\_\_

Bill Number 694  
*(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

*City*

*State*

*Zip*

E-mail JUSTICE2JESUS@YAHOO.COM

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.*

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

S-001 (10/20/11)



THE FLORIDA SENATE

APPEARANCE RECORD

W

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

2/9/12  
Meeting Date

Topic On Site Sewage Systems

Bill Number 820  
(if applicable)

Name Dan Peterson

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title Executive Director

Address 2289 S. Osceola Ave  
Street  
Orlando FL 32806  
City State Zip

Phone 407 758 2491

E-mail danpeterson@  
prop rights.com

Speaking: ☒ For ☐ Against ☐ Information

Representing Coalition for Property Rights

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)

W

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

                      
Meeting Date

Topic ONSITE SEPTIC

Bill Number SB 820  
(if applicable)

Name Bob Himschoot

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title Pres, CREWS ENVIRONMENTAL

Address PO Box 27

Phone 239-478-0759

Street

FORT MYERS, FL

State

33902

Zip

E-mail BOB.H@CREWSENVIRONMENTAL.COM

Speaking: ☒ For ☐ Against ☐ Information

Representing FLORIDA ONSITE WASTEWATER ASSOCIATION

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/20/11)

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**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

2/9/12

*Meeting Date*

Topic SEPTIC TANKS

Bill Number SB 820  
*(if applicable)*

Name KEYNA CORY

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title SENIOR LOBBYIST

Address 110 E. COLLEGE AVE

Phone 850 681-1065

*Street*

TALLAHASSEE FL 32301

*City*

*State*

*Zip*

E-mail Keynacorg@paconsultants.com

Speaking: ☒ For ☐ Against ☐ Information

Representing ASSOCIATED INDUSTRIES OF FL (AIF)

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/20/11)

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THE FLORIDA SENATE

APPEARANCE RECORD

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

2-9-12

Meeting Date

Topic Septic Tanks

Bill Number 820  
(if applicable)

Name John Rothell

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title Dir of Political Operations

Address 200 S. Monroe St.

Phone 224-1400

Street

Tallahassee, FL 32301

City

State

Zip

E-mail johnr@floridarealtors.org

Speaking: ☒ For ☐ Against ☐ Information

Representing Florida Realtors

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)

2/9/12

Meeting Date

Topic

Septic Tanks

Bill Number

820

(if applicable)

Name

Keith Hetrick

Amendment Barcode

(if applicable)

Job Title

OF Counsel Broad & Cassel

Address

215 So Monroe

Phone

681-6810

Street

Tall. FL 32301

E-mail

kh Hetrick@

City

State

Zip

broadandcassel.com

Speaking:

☐ For

☐ Against

☒ Information

Representing

FL Home Builders Assoc.

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**

W

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

2/9/12

Meeting Date

Topic Alzheimer's Disease

Bill Number 682  
(if applicable)

Name Laura Cantwell

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title \_\_\_\_\_

Address 200 W College Av. Suite 304

Phone 577-5163

Street

Tallahassee FL 32301

City

State

Zip

E-mail lcantwell@oarp.org

Speaking: ☒ For ☐ Against ☐ Information

Representing AARP

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/20/11)

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**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

2/9/12

Meeting Date

Topic ALZHEIMER'S

Bill Number 682  
(if applicable)

Name Ken Pruitt

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title \_\_\_\_\_

Address 3032 SW Collier Dr  
Street

Phone 772-971-5760

Pt. St. Lucie FL 34953  
City State Zip

E-mail Ken@thePSGroup.com

Speaking: ☒ For ☐ Against ☐ Information

Representing ALZHEIMER'S Community Care

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/20/11)

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**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 Adult Day Care Bill Number 694  
Name FELY CURVA Amendment Barcode \_\_\_\_\_  
Job Title Partner, Curva & Associates LLC (if applicable)  
Address 1212 Piedmont Dr. Phone (850) 508-2256  
Street City State Zip E-mail curva@mindspring.com  
Tallahassee FL 32312  
Speaking: ☒ For ☐ Against ☐ Information  
Representing Alzheimer's Foundation of America  
Appearing at request of Chair: ☐ Yes ☒ No Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/20/11)



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**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 ALZHEIMER STATE PLAN

Bill Number 682  
(if applicable)

Name NATALIE KELLY

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title \_\_\_\_\_

Address PO Box 923  
Street

Phone 850-570-5747

Tallahassee, FL 32302  
City State Zip

E-mail NATALIE@  
ACCLAIMSTRATEGIES.  
NET

Speaking: ☒ For ☐ Against ☐ Information

Representing ALZHEIMER'S 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)

2 / 9 / 2012

*Meeting Date*

Topic \_\_\_\_\_

Bill Number 682  
*(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

*City*

*State*

*Zip*

E-mail JUSTICE2JESUS@YAHOO.COM

Speaking: ☒ For ☐ Against ☒ Information

Representing JUSTICE-2-JESUS

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/20/11)

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**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

2/9/2012

Meeting Date

Topic Immunizations

Bill Number 850  
(if applicable)

Name Sally West

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title Director, Government Affairs

Address \_\_\_\_\_  
Street

Phone 850-222-4082

City

State

Zip

E-mail sally@fif.org

Speaking: ☒ For ☐ Against ☐ Information

Representing Florida Retail Federation

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/20/11)

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**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

2/9/2012

*Meeting Date*

Topic PHARMACIST IMMUNIZATION

Bill Number SB 850  
*(if applicable)*

Name MICHAEL JACKSON

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title VP & CEO

Address 610 N. ADAMS ST

Phone (850) 222-2400

*Street*

TALLAHASSEE

FL

32301

*City*

*State*

*Zip*

E-mail MJACKSON@PHARMVIEW.COM

Speaking: ☒ For ☐ Against ☐ Information

Representing FLORIDA PHARMACY 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

W

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

2/9/12

Meeting Date

Topic Immunization Bill

Bill Number 850  
(if applicable)

Name Dr. Jonathan Hickman

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title Pharmacist

Address 321 Milestone Dr.

Phone 904-655-6385

Street

Tallahassee

FL

State

32312

Zip

E-mail DrJmH7@aol.com

City

Speaking: ☒ For ☐ Against ☐ Information

Representing Walgreens

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/20/11)

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**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

2.9.12

Meeting Date

Topic Pharmacists / vaccines

Bill Number 850  
(if applicable)

Name Rebecca O'hara

Amendment Barcode on amendments  
(if applicable)

Job Title VP of Governmental Affairs

Address PO BOX 100209  
Street

Phone 224-104910

Tallahassee, FL 32302  
City State Zip

E-mail \_\_\_\_\_

Speaking: ☒ For ☐ Against ☐ Information

\* OELRICH AMENDMENTS \*

Representing FL Medical Association (FMA)

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

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

2-8-2012

Date

SB 850

Bill Number

Barcode

Name STEPHEN R. WINN

Phone 878-7364

Address 2007 APACHE PARKWAY

E-mail

Street TALLAHASSEE, FL 32301

Job Title EX. DIR.

City

State

Zip

Speaking: ☒ For ☐ Against ☐ Information

Appearing at request of Chair ☐

Subject PHARMACISTS

Representing FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Lobbyist registered with Legislature: ☒ Yes ☐ No

Pursuant to s. 11.061, *Florida Statutes*, state, state university, or community college employees are required to file the first copy of this form with the Committee, unless appearance has been requested by the Chair as a witness or for informational purposes.

If designated employee: Time: from \_\_\_\_\_ .m. to \_\_\_\_\_ .m.

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

2 / 9 / 2012

*Meeting Date*

Topic \_\_\_\_\_

Bill Number 616  
*(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  
*City State Zip*

E-mail JUSTICE2JESUS@YAHOO.COM

Speaking: ☐ For ☒ Against ☒ Information

Representing JUSTICE-2-JESUS

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**

W

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

2/9/12

*Meeting Date*

Topic Biomedical Research

Bill Number 616  
*(if applicable)*

Name Jo Morris

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Government Analyst

Address 4052 Bald Cypress Way Bldg # A-100  
*Street*

Phone 850-245-4006

Tallahassee FL 32399  
*City State Zip*

E-mail \_\_\_\_\_

Speaking: ☒ For ☐ Against ☐ Information

Representing DOH

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

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2/9/12

W



Meeting Date

Topic BIOMEDICAL RESEARCH

Bill Number 616  
(if applicable)

Name PAUL HULL

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title VIP, ADVOCACY + PUBLIC POLICY

Address 3709 W. JETTON AVE.

Phone 813-382-9235

Street  
City TAMPA, FL State FL Zip 33629

E-mail PAUL.HULL@CANCER.ORG

Speaking: ☐ For ☐ Against ☐ Information

Representing AMERICAN CANCER SOCIETY

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 9, 2012  
Meeting Date

Topic Budget proposal

Bill Number Budget  
(if applicable)

Name Michael W. Garner, Ph.D.

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title President & CEO

Address 200 W. College Ave., Suite 104  
1139 Sandler Ridge  
Street

Phone (850) 445-6552

Tallahassee FL 32301  
City State Zip

E-mail michael@pehpinc

Speaking: ☒ For ☐ Against ☐ Information

Representing Florida Association of Health Plans

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)

*Meeting Date* \_\_\_\_\_

Topic Substance Abuse Funding

Bill Number Tab 1  
*(if applicable)*

Name MARK P. FONTAINE

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title EXECUTIVE DIRECTOR

Address 2868 MAHAN DRIVE  
*Street*

Phone 878-2196

TALLAHASSEE FL 32308  
*City State Zip*

E-mail \_\_\_\_\_

Speaking: ☐ For ☐ Against ☐ Information

Representing FLORIDA Alcohol + Drug Abuse 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)

2-9-12  
Meeting Date

Topic \_\_\_\_\_

Bill Number \_\_\_\_\_  
(if applicable)

Name David Beesley

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title C.E.O. - First Step of Sarasota

Address 1970 Main St. 5th fl  
Street

Phone 941-552-2059

Sarasota FL 34236  
City State Zip

E-mail dbeesley@fsos.org

Speaking: ☒ For ☐ Against ☐ Information

Representing Substance Abuse Treatment

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**

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*Meeting Date* \_\_\_\_\_

Topic Substance Abuse

Bill Number \_\_\_\_\_  
(if applicable)

Name Julia Wyatt

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title Client

Address 5059 Lake way

Phone \_\_\_\_\_

*Street*

Sarasota FL 34293

*City*

*State*

*Zip*

E-mail \_\_\_\_\_

Speaking: ☐ For ☐ Against ☒ Information

Representing myself

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)

2/9/12  
Meeting Date

Topic Senate Budget

Bill Number \_\_\_\_\_  
(if applicable)

Name Shari Goranson

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title Case Mgr

Address 3599 University Blvd S  
Street

Phone 904-345-7756

JAX FL 32216  
City State Zip

E-mail shari.goranson@brookshealth.org

Speaking: ☐ For ☐ Against ☐ Information

Representing Brooks Rehab Hospital

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)

2-9-12

Meeting Date

Topic School Budget

Bill Number \_\_\_\_\_  
(if applicable)

Name Tammy Sleeper Herald

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title RN

Address 800 Prudential Dr - Howard 411

Phone 904 202 4295

Street

Jacksonville

City

FL

State

32207

Zip

71

E-mail Tammy.sleeper@bmcjcd.com

Speaking: ☐ For ☐ Against ☐ Information

Representing Baptist Health

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/20/11)



Spd-da-ds

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

2-9-12

Meeting Date

Topic Independent living - Foster care / Thank you

Bill Number \_\_\_\_\_  
(if applicable)

Name Christina Spudeas

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title Ex. Dir.

Address 1801 N. University Drive, Ste 33

Phone \_\_\_\_\_

Street

Cord Springs FL 33071

City

State

Zip

E-mail \_\_\_\_\_

Speaking: \* ☒ For ☐ Against ☐ Information

\* THANK YOU FOR NOT cutting funds

Representing Florida's Children First (FLA. Youth SHINE)

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)

2/9/2012  
Meeting Date

Topic Senate Budget

Bill Number \_\_\_\_\_  
(if applicable)

Name Tammie Davis-Dye

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title R.N.

Address 453 Island View Circle  
Street

Phone 904-819-5901

St. Augustine FL 32095  
City State Zip

E-mail dyehouse97@gmail.com

Speaking: ☒ For ☐ Against ☐ Information

Representing Baptist Health

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)

2-8-2012

*Meeting Date*

Topic Senate budgets

Bill Number \_\_\_\_\_  
*(if applicable)*

Name Miriam Cohen

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title mother

Address 8450 Gate Parkway W # 404  
*Street*

Phone 904-553-9909

Jacksonville FL 32216  
*City State Zip*

E-mail MiriamCohenRN@  
gmail.com

Speaking: ☒ For ☐ Against ☐ Information

Representing \_\_\_\_\_

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/20/11)

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**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

\_\_\_\_\_  
*Meeting Date*

Topic Senate Budget

Bill Number \_\_\_\_\_  
*(if applicable)*

Name Cyndy Jackman

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Director of NSG

Address 800 Prudential Dr  
*Street*

Phone 904-202-8390

Jax FL  
*City State Zip*

E-mail Cyndy.JACKMAN@BMCJAX.COM

Speaking: ☐ For ☒ Against ☐ Information

Representing Wolfson Children's

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

Meeting Date

Topic Senate Budget

Bill Number \_\_\_\_\_  
(if applicable)

Name Terrie Howell

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title \_\_\_\_\_

Address 1252 Keystone Ct.

Phone \_\_\_\_\_

*Street*

Auburndale, FL 33823  
City State Zip

E-mail \_\_\_\_\_

City

*State*

Zip

Speaking: ☐ For ☐ Against ☐ Information

Representing Brooks Rehab

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)

2/9/12

Meeting Date

Topic Substance Abuse & Mental Health

Bill Number \_\_\_\_\_  
(if applicable)

Name SAM BELL

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title \_\_\_\_\_

Address 1298 MILLSTREAM

Phone 222-3533

Street

TALL

City

FL

State

33312

Zip

E-mail \_\_\_\_\_

Speaking: ☐ For ☐ Against ☐ Information

Representing Stewart Murchison Act

Substance Abuse & Mental

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)

2/9/12  
Meeting Date

Topic Budget

Bill Number \_\_\_\_\_  
(if applicable)

Name JACK McRAY

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title \_\_\_\_\_

Address 200 W. COLLEGE ST. #304  
Street

Phone 850-577-5787

TLH FL 32751  
City State Zip

E-mail jmcray@aarp.org

Speaking: ☐ For ☐ Against ☒ Information

Representing AARP

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)

2/9/12

Meeting Date

Topic HHS BUDGET Bill Number \_\_\_\_\_ (if applicable)

Name BOB SHARPE Amendment Barcode \_\_\_\_\_ (if applicable)

Job Title CEO, FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH

Address 316 E. PARK AVE. Phone 850-224-6048

Street City TALLAHASSEE FL State FL Zip 32301 E-mail bsharpe@fccm.org

Speaking: ☐ For ☒ Against ☐ Information

Representing BUDGET CUTS FLORIDA COUNCIL

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)

2/9/12  
Meeting Date

Topic SENATE BUDGET RECS

Bill Number \_\_\_\_\_  
(if applicable)

Name PAUL BELCHER

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title SR. VICE PRES.

Address 304 E. COLL

Phone 222-9800

Street  
TALL. FLA. 32309  
City State Zip

E-mail PAUL@FHA.ORG

Speaking: ☐ For ☐ Against ☒ Information

Representing FLORIDA Hosp. ASSO<sup>c</sup>

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)

2/9/12

Meeting Date

Topic HOSPITAL FUNDING

Bill Number Budget  
(if applicable)

Name JIM ZINGALE

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title \_\_\_\_\_

Address 101 N CADSDEN  
Street

Phone 850-251-7557

TALL FL 32301  
City State Zip

E-mail JZINGALE@SNAF.NET

Speaking: ☐ For ☒ Against ☐ Information

Representing SAFETY NET HOSPITAL ALLIANCE OF FLORIDA

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

*Meeting Date*

Topic

Bill Number

Name

Amendment Barcode

Job Title

Address

Phone

Street#

E-mail

Speaking:

## Representing

Appearing at request of Chair:

Lobbyist registered with Legislature:

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