

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Young, Chair
Senator Passidomo, Vice Chair

MEETING DATE: Tuesday, January 24, 2017**TIME:** 10:00 a.m.—12:00 noon**PLACE:** Pat Thomas Committee Room, 412 Knott Building**MEMBERS:** Senator Young, Chair; Senator Passidomo, Vice Chair; Senators Book, Hukill, Hutson, Montford, and Powell

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 58 Grimsley (Similar H 59)	Adult Cardiovascular Services; Establishing additional criteria that must be included by the Agency for Health Care Administration in rules relating to adult cardiovascular services at hospitals seeking licensure for a Level I program, etc. HP 01/24/2017 Favorable AHS AP RC	Favorable Yeas 5 Nays 0
2	SB 62 Bean	Pediatric Cardiac Care in the Children's Medical Services Program; Creating the Pediatric Cardiac Care Advisory Council within the Department of Health; requiring the State Surgeon General to designate certain facilities as Pediatric and Congenital Cardiovascular Centers of Excellence; requiring that the council provide an annual report to the Governor, the Legislature, and the State Surgeon General, etc. HP 01/24/2017 Favorable GO AHS AP	Favorable Yeas 5 Nays 0
Consideration of proposed bill:			
3	SPB 7004	OGSR/Peer Review Panels/Department of Health; Amending provisions relating to exemptions from public records and public meetings requirements for specified portions of meetings of certain peer review panels appointed by the Department of Health, for specified records generated by such peer review panels, and for research grant applications provided to such peer review panels; removing the scheduled repeal of the exemptions, etc.	Submitted as Committee Bill Yeas 5 Nays 0
Consideration of proposed bill:			

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Tuesday, January 24, 2017, 10:00 a.m.—12:00 noon

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	SPB 7006	Prescription Drug Monitoring Program; Abrogating the repeal of provisions authorizing the Department of Health to establish a direct-support organization for the prescription drug monitoring program, etc.	Submitted as Committee Bill Yeas 5 Nays 0

Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 58

INTRODUCER: Senator Grimsley

SUBJECT: Adult Cardiovascular Services

DATE: January 17, 2017

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Stovall	HP	Favorable
2.			AHS	
3.			AP	
4.			RC	

I. Summary:

SB 58 amends s. 408.0361, F.S., to require that Agency for Healthcare Administration (AHCA) licensure rules for hospitals providing Level I adult cardiovascular services include, at a minimum, a requirement that nursing and technical staff have demonstrated experience in handling acutely ill patients in dedicated cardiac interventional laboratories or surgical centers. The bill also specifies performance requirements that must be met by a dedicated cardiac interventional laboratory at a hospital without an approved adult open-heart-surgery program in order for a staff member's work experience at that dedicated cardiac interventional laboratory to qualify.

The bill takes effect on July 1, 2017.

II. Present Situation:

Percutaneous cardiac intervention (PCI), also commonly known as coronary angioplasty or angioplasty, is a nonsurgical technique for treating obstructive coronary artery disease, including unstable angina, acute myocardial infarction, and multi-vessel coronary artery disease.¹

PCI uses a catheter to insert a small structure called a stent to reopen blood vessels in the heart that have been narrowed by plaque build-up, a condition known as atherosclerosis. Using a special type of X-ray called fluoroscopy, the catheter is threaded through blood vessels into the heart where the coronary artery is narrowed. When the tip is in place, a balloon tip covered with a stent is inflated. The balloon tip compresses the plaque and expands the stent. Once the plaque

¹ Medscape: Percutaneous cardiac intervention, <http://emedicine.medscape.com/article/161446-overview>, (last visited Jan. 17, 2017).

is compressed and the stent is in place, the balloon is deflated and withdrawn. The stent stays in the artery, holding it open.²

Hospital Licensure and Regulation

Hospitals are regulated by the AHCA under ch. 395, F.S., and the general licensure provisions of part II of ch. 408, F.S. Hospitals are subject to the certificate of need (CON) provisions in part I of ch. 408, F.S. A CON is a written statement issued by the AHCA evidencing community need for a new, converted, expanded, or otherwise significantly modified health care facility or health service.³

Adult cardiovascular services (ACS), including PCI, were previously regulated through the CON program.⁴ However, in 2004, the Legislature established a licensure process for adult interventional cardiology services (the predecessor terminology for ACS), dependent upon rulemaking, in lieu of the CON procedure.⁵ Among other things, that law required the rules to establish two hospital program licensure levels: a Level I program authorizing the performance of adult primary PCI for emergency patients without on-site cardiac surgery, and a Level II program authorizing the performance of PCI with on-site cardiac surgery.⁶ Additionally the rules must require compliance with the most recent guidelines of the American College of Cardiology and American Heart Association guidelines for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient-selection criteria to ensure quality and safety.⁷

The AHCA adopted rules for Level I ACS⁸ and Level II ACS.⁹ Staffing rules for both levels require the nursing and technical catheterization laboratory staff to meet the following:

- Be experienced in handling acutely ill patients requiring intervention or balloon pump;
- Have at least 500 hours of previous experience in dedicated cardiac interventional laboratories at a hospital with a Level II ACS program;¹⁰
- Be skilled in all aspects of interventional cardiology equipment; and
- Participate in a 24-hour-per-day, 365 day-per-year call schedule;

One of the authoritative sources referenced in the AHCA's rulemaking is The American College of Cardiology/American Heart Association Task Force on Practice Guidelines' report:

² Heart and Stroke Foundation, <https://www.heartandstroke.ca/heart/treatments/surgery-and-other-procedures/percutaneous-coronary-intervention>, (last visited Jan. 17, 2017).

³ Section 408.032(3), F.S.

⁴ See s. 408.036(3)(m) and (n), F.S., allowing for an exemption from the full review process for certain adult open-heart services and PCI services.

⁵ Ch. 2004-383, s. 7, Laws of Fla.

⁶ Level I and Level II ACS programs may also perform adult diagnostic cardiac catheterization in accordance with Rule 59A-3.2085(13), F.A.C. Adult diagnostic cardiac catheterization involves the insertion of a catheter into one or more heart chambers for the purpose of diagnosing cardiovascular diseases.

⁷ See s. 408.0361(3), F.S.

⁸ Rule 59A-3.2085(16), F.A.C.

⁹ Rule 59A-3.2085(17), F.A.C.

¹⁰ The standard in the CON exemption in s. 408.036(3)(n), F.S., for providing PCI in a hospital without an approved adult open-heart-surgery program required previous experience in dedicated interventional laboratories or surgical centers.

ACC/AHA/SCAI 2005 Guideline Update for PCI.¹¹ Table 15 in that report provides criteria for the performance of primary PCI at hospitals without on-site cardiac surgery. It states:

The nursing and technical catheterization laboratory staff must be experience in handling acutely ill patients and must be comfortable within interventional equipment. They must have acquired experience in dedicated interventional laboratories at a surgical center.

In 2014, the Society for Cardiovascular Angiography and Interventions, the American College of Cardiology Foundation, and the American Heart Association, Inc., issued the SCAI/ACC/AHA Expert Consensus Document: 2014 Update on PCI Without On-Site Surgical Backup.¹² That report acknowledged advances and best practices in PCI performed in hospitals without on-site surgery. Table IV in that report addresses personnel requirements for PCI programs without on-site surgery. It recommends the program have experienced nursing and technical laboratory staff with training in interventional laboratories. The report does not reference a requirement that the training or experience should occur in a dedicated interventional laboratory at a surgical center.

As of January 17, 2017, there are 54 Florida hospitals providing Level I ACS services and 77 Florida hospitals providing Level II ACS services.¹³

III. Effect of Proposed Changes:

The bill expands the locations where nursing and technical staff may acquire experience handling acutely ill patients who require PCI.

The bill requires AHCA licensure rules for hospitals providing Level I ACS to include, at a minimum, a requirement that all nursing and technical staff have demonstrated experience in handling acutely ill patients requiring PCI in dedicated cardiac interventional laboratories or surgical centers. The bill states that, if a staff member's previous experience was in a dedicated cardiac interventional laboratory at a hospital that did not have an approved adult open-heart-surgery program, the laboratory must meet the following criteria in order for the staff member's experience to qualify. The laboratory must have:

- Had an annual volume of 500 or more PCI procedures;
- Achieved a demonstrated success rate of 95 percent or higher for PCI;
- Experienced a complication rate of less than 5 percent for PCI; and

¹¹Smith SC Jr, Feldman TE, Hirshfeld JW Jr, Jacobs AK, Kern MJ, King SB III, Morrison DA, O'Neill WW, Schaff HV, Whitlow PL, Williams DO. ACC/AHA/SCAI 2005 guideline update for percutaneous coronary intervention: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (ACC/AHA/SCAI Writing Committee to Update the 2001 Guidelines for Percutaneous Coronary Intervention). the Society for Cardiovascular Angiography and Interventions Web Site. Available at: http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwizrYy2zubKAhUBfSYKHafZCiAQFggvMAI&url=http%3A%2F%2Fwww.scai.org%2Fasset.axd%3Fid%3Da1d96b40-b6c7-42e7-9b71-1090e581b58c%26t%3D634128854999430000&usg=AFQjCNF0t0334L9yMm_XLA5rl0pXoCvPDw (last visited Jan. 17, 2017).

¹² Gregory J. Dehmer, et.al, available at <http://circ.ahajournals.org/content/129/24/2610.full.pdf+html> (last visited Jan. 17, 2017).

¹³ See The AHCA FloridaHealthFinder.gov available at <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx>, (last visited Jan. 17, 2017).

- Performed diverse cardiac procedures, including, but not limited to, balloon angioplasty atheroma remodeling, and procedures relating to left ventricular support capability.

The bill creates an effective date of July 1, 2017.

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:

The bill may have a positive fiscal impact on hospitals providing Level I ACS by expanding the number of programs where their nursing and technical staff may be trained as well as potentially allowing such hospitals to provide the required training at their own facilities.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 408.0361 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

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

By Senator Grimsley

26-00099-17

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A bill to be entitled

An act relating to adult cardiovascular services; amending s. 408.0361, F.S.; establishing additional criteria that must be included by the Agency for Health Care Administration in rules relating to adult cardiovascular services at hospitals seeking licensure for a Level I program; providing an effective date.

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

Section 1. Paragraph (b) of subsection (3) of section 408.0361, Florida Statutes, is amended to read:

408.0361 Cardiovascular services and burn unit licensure.—

(3) In establishing rules for adult cardiovascular services, the agency shall include provisions that allow for:

(b) For a hospital seeking a Level I program, demonstration that, for the most recent 12-month period as reported to the agency, it has provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac catheterizations or, for the most recent 12-month period, has discharged or transferred at least 300 inpatients with the principal diagnosis of ischemic heart disease and that it has a formalized, written transfer agreement with a hospital that has a Level II program, including written transport protocols to ensure safe and efficient transfer of a patient within 60 minutes. However, a hospital located more than 100 road miles from the closest Level II adult cardiovascular services program does not need to meet the 60-minute transfer time protocol if the hospital demonstrates that it has a formalized, written transfer agreement with a hospital that has a Level II program. The agreement must include written transport protocols to ensure the safe and efficient transfer of a patient, taking into consideration the patient's clinical and

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physical characteristics, road and weather conditions, and viability of ground and air ambulance service to transfer the patient. At a minimum, the rules for adult cardiovascular services must require nursing and technical staff to have demonstrated experience in handling acutely ill patients requiring percutaneous cardiac intervention in dedicated cardiac interventional laboratories or surgical centers. If a staff member's previous experience was in a dedicated cardiac interventional laboratory at a hospital that did not have an approved adult open-heart-surgery program, the staff member's previous experience does not qualify unless, at the time the staff member acquired his or her experience, the dedicated cardiac interventional laboratory:

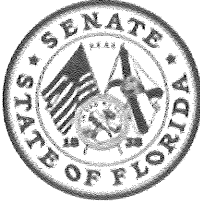
1. Had an annual volume of 500 or more percutaneous cardiac intervention procedures;

2. Achieved a demonstrated success rate of 95 percent or greater for percutaneous cardiac intervention procedures;

3. Experienced a complication rate of less than 5 percent for percutaneous cardiac intervention procedures; and

4. Performed diverse cardiac procedures, including, but not limited to, balloon angioplasty and stenting, rotational atherectomy, cutting balloon atheroma remodeling, and procedures relating to left ventricular support capability.

Section 2. This act shall take effect July 1, 2017.



The Florida Senate Committee Agenda Request

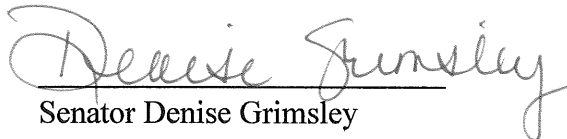
To: Senator Dana D. Young
Committee on Health Policy

Subject: Committee Agenda Request

Date: December 13th, 2016

I respectfully request that **Senate Bill #58**, relating to Adult Cardiovascular Services, be placed on the:

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



Senator Denise Grimsley
Florida Senate, District 26

THE FLORIDA SENATE
APPEARANCE RECORD

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

1-24-17
Meeting Date

SB-58
Bill Number (if applicable)

Topic Adult Cardiovascular Services

Amendment Barcode (if applicable)

Name Marnie George

Job Title Sr Advisor - Buchanan Ingersoll & Rooney

Address 101 N. Monroe St
Tallahassee FL 32303
City State Zip

Phone 850-510-8866
Email marnie.george@bipe.com

Speaking: ☐ For ☐ Against ☐ Information

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

Representing FL Chapter, Am College of Cardiology

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

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

1-24-2017

Meeting Date

58

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Brian Pitts

Job Title Trustee

Address 1119 Newton Ave S
Street

Phone 727/897-9291

St. Petersburg FL 33705
City State Zip

Email justice2jesus@yahoo.com

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Justice-2-Jesus

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

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

1/24/17
Meeting Date

58
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Chris Noland

Job Title _____

Address 1000 Riverside Ave
Street

Phone 904-233-3051

Jax FL 32204
City State Zip

Email nolandlaw@aol.com

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Florida Society of Thoracic & Cardiovascular Surgeons

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 62

INTRODUCER: Senator Bean

SUBJECT: Pediatric Cardiac Care in the Children's Medical Services Program

DATE: January 19, 2017

REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Lloyd	Stovall	HP	Favorable
2. _____	_____	GO	_____
3. _____	_____	AHS	_____
4. _____	_____	AP	_____

I. Summary:

SB 62 creates the Pediatric Cardiac Care Advisory Council within the Department of Health (department) for the purpose of advising the department on the delivery of cardiac services to children and adults with congenital heart disease. The bill specifies the duties and composition of the Pediatric Cardiac Care Advisory Council.

The bill creates the "Pediatric and Congenital Centers of Excellence" designation for facilities that meet standards established by the council and approved by the Director of Children's Medical Services and the State Surgeon General utilizing state and national professional standards.

Beginning January 1, 2019, the bill requires the council to submit an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Surgeon General. The report must summarize the council's activities for the preceding fiscal year, including specified data and performance measures of cardiac facilities participating in the Children's Medical Services Network, and recommend policy and procedural changes.

Additionally, the bill provides that rules relating to pediatric cardiac services and facilities in effect on October 1, 2015, are re-authorized and remain in effect.

The bill takes effect upon becoming law.

II. Present Situation:

Children's Medical Services

Children's Medical Services (CMS) is a group of programs that serve children with special health care needs under the supervision of the department. Within CMS, individual services or programs are designed to address specific conditions or family needs such as the newborn screening program, early intervention screenings, or its managed medical assistance plan. CMS is created under Chapter 391 of the Florida Statutes and divided into three parts: Part I (General Provisions), Part II (Children's Medical Services Councils and Panels), and Part III (Developmental Evaluation and Intervention Programs).

Statewide Children's Medical Services Network Advisory Council

The State Surgeon General has the discretion under s. 391.221, F.S., to appoint a 12-member Statewide Children's Medical Services Network Advisory Council to serve as an advisory body to the department. The council's duties shall include, but are not limited to:

- Recommending standards and credentialing requirements for health care providers in the CMS Network;
- Making recommendations to the director of CMS concerning the selection of CMS providers;
- Providing input to the CMS program on the policies governing the CMS Network;
- Reviewing the financial reports and financial status of the network and making recommendations concerning the methods of payment and costs controls for the network;
- Reviewing and recommending the scope of benefits for the network; and
- Reviewing network performance measures and outcomes and making recommendations for improvements to the network and its maintenance and collection of data and information.

Council members represent the private health care provider sector, families of children with special health care needs, AHCA, the Chief Financial Officer, the Florida Chapter of the American Academy of Pediatrics, an academic pediatric program, and the health insurance industry.¹ The four-year terms were initially staggered and no member can be appointed for more than two consecutive terms. Members do not receive any compensation for their appointment except they are reimbursed for per diem and travel in accordance with s. 112.061, F.S.² No meetings of the council are currently scheduled.

Cardiac Technical Advisory Panel

The State Surgeon General also has general authority under s. 391.223, F.S., to establish technical advisory panels to assist with the development of specific policies and procedures for the Children's Medical Services program. On October 21, 2013, then-State Surgeon General John Armstrong created the Children's Medical Services Cardiac Technical Advisory Panel (CTAP) to provide both programmatic and technical advice to the department and its CMS program.³ The enabling document provides several charges to the panel:

¹ Section 391.221(2), F.S.

² Section 391.221 (3), F.S.

³ Florida Dep't of Health, *Creation of the Children's Medical Services Cardiac Technical Advisory Panel* (October 2013) available at <http://www.cmsctap.com/files/documents/CTAP-Creation.pdf> (last visited Jan. 19, 2017).

- Developing recommended standards for personnel and facilities rendering pediatric congenital cardiac services as well as heart disease;
- Developing recommendations for legislative initiatives, including appropriation items, related to the cardiac program and developing rules;
- Developing recommendations for statewide cardiac initiatives, including identifying panel members who will collaborate with other department councils or committees or state agencies;
- Assisting AHCA, or as requested by individual hospitals, or as outlined in their individual contract with CMS, with the ongoing evaluation and development of congenital cardiovascular programs;
- Making a priority weight control programs and their implementation in all pediatric cardiovascular centers and clinics; and
- Developing recommendations to the department and AHCA for congenital heart disease quality improvement to improve patient care and health and decrease the cost of care.⁴

The CTAP membership is appointed by the State Surgeon General, in consultation with the Deputy Secretary of Children's Medical Services and the Director of the Division of Children's Medical Services. Eleven members are designated in the creation document. They represent pediatric cardiologists or cardiovascular surgeons from specific pediatric cardiovascular children's hospitals across the state and include two at-large physicians and a community physician who are not affiliated with one of the named facilities. Non-voting advisory members may also be named by the State Surgeon General who may deliberate, but not vote, with the panel. Alternate members for each representative of the cardiovascular children's hospitals must also be named.

Under the creation document, CTAP members select their Chairperson and Vice Chairperson through majority vote every two years. Meetings of the CMS CTAP are upon the call of the Chairperson, at the request of the State Surgeon General, the Deputy Secretary of CMS, the Director of the Division of CMS, or the majority of the voting members.⁵

Members are reimbursed for per diem and travel expenses for required attendance at in-person or video conference committee meetings or CMS site visits in accordance with s. 112.061, F.S.⁶ The panel last met on May 4, 2015, and no additional meetings are currently scheduled.⁷

Children's Medical Services Managed Care Plan Technical Advisory Panel

State Surgeon General Celeste Philip created the Children's Medical Services Managed Care Plan Technical Advisory Council under this same general authority to assist with the transition of the CMS membership from a direct services network to a managed care plan. The panel was created in September 2015, and includes representation by pediatricians, health care providers, parents of enrollees, CMS staff, and Medicaid managed care plan staff.⁸

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

⁷ E-Mail from Brian Wendel, Florida Dep't of Health (Jan. 20, 2017) (on file with the Senate Committee on Health Policy).

⁸ Florida Dep't of Health, *Creation of the Children's Medical Services Managed Care Plan Technical Advisory Panel* (September 2015) available at <http://www.floridahealth.gov/documents/cms-plan-tap.pdf> (last visited Jan. 19, 2017).

Panel members are charged with the development of long range planning, quality improvement initiatives, health education and wellness and other recommendations for the CMS Managed Care Plan. The panel's purpose is to recommend activities and strategies that will maintain the plan's accreditation status and improve care coordination and service delivery in all CMS Plan provider sites.⁹

Meetings of this panel are upon the call of the Surgeon General, CMS Plan President, or CMS Plan Chief Executive Officer. Any recommendations made by the panel are forwarded to the State Surgeon General. The panel's last meeting was October 30, 2015.

Department of Health's Proposed Repeal of Rule 64C-4.003, F.A.C.

Rule 64C-4.003, F.A.C., establishes and incorporates by reference quality assurance standards and criteria for the approval and operation of CMS pediatric cardiac facilities.

On October 12, 2015, the department held a rule hearing regarding the proposed repeal of the standards for pediatric cardiac facilities, Rule 64C-4.003, F.A.C. Following that hearing, the department determined it had no statutory authority to establish the standards, inspect facilities, or prepare inspection reports for the technical advisory panel to review. A group of CMS beneficiaries who require cardiac care services were concerned that repeal of Rule 64C-4.003, F.A.C., would reduce the quality of care that would be available to them within the CMS program and challenged the department's actions through the Division of Administrative Hearings.¹⁰

A final hearing was held on November 20 and 23, 2015, before an administrative law judge and a Final Order was issued on December 16, 2015.¹¹ The petitioners filed an appeal with the First District Court of Appeal in December, 2015. A motion for voluntary dismissal of the case was made in January, 2016 and the cause was dismissed at the First District Court of Appeal on February 15, 2016.

On January 9, 2017, the department published *A Notice of Disposition* in the *Florida Administrative Register* adopting the DOAH Final Order, noticing that in the case of *W.D., C.V., K.E., and K.M., vs. Department of Health, Case No. 15-6009RP; Rule 64C-4.003, F.A.C.*, that Petitioners had lacked standing to challenge the proposed repeal of a rule that would deregulate certain cardiac facilities, because no real or immediate injury was shown, and because common good such as quality health care is not within the zone of interest.¹² Rule 64C-4.003, F.A.C., remains in effect. The department has taken no further action to advance the rule's repeal.

⁹ *Id.*

¹⁰ *W.D., C.V., K.E., and K.M., v. Dep't of Health, Case No. 15-6009RP (Fla. DOAH 2015).*

¹¹ *Id.*

¹² Vol. 43 Fla. Admin. Register 145 (Jan. 9, 2017).

Cardiac Advisory Council

Prior to the 2001 Regular Session, a Cardiac Advisory Council in the Division of Children's Medical Services existed.¹³ The council was appointed by the secretary of the department and included eight members with technical expertise in cardiac medicine who were charged with:

- Recommending standards for personnel and facilities rendering cardiac services;
- Receiving reports of the periodic review of cardiac personnel and facilities to determine if established standards for cardiac care are met;
- Making recommendations to the director as to the approval or disapproval of reviewed personnel and facilities; and
- Providing input on all aspects of the Children's Medical Services cardiac program, including the rulemaking process.¹⁴

The statute was repealed effective June 30, 2001, as part of an exhaustive review of more than three dozen boards, committees, commissions, and councils to determine whether to continue or abolish each entity.¹⁵ The department recommended the repeal of the council and indicated it would absorb the functions of the council in 2001.¹⁶

Statutory Organization: Advisory Councils

Chapter 20, F.S., authorizes the creation of a number of different types of entities to assist state government in the efficient performance of its duties and functions. Under s. 20.03(7), F.S., a "council" or "advisory council" is defined as:

an advisory body created by specific statutory enactment and appointed to function on a continuing basis for the study of the problems arising in a specified functional or program area of state government and to provide recommendations and policy alternatives.

Advisory bodies, commissions and boards may only be created by statute in furtherance of a public purpose¹⁷ and meet a statutorily defined purpose.¹⁸ Such advisory bodies, commissions and boards must be terminated by the Legislature once the body, commission or board notifies the Legislature when it is no longer necessary and beneficial to the furtherance of a public purpose.¹⁹ The Legislature and the public must be kept informed of the numbers, purposes, memberships, activities, and expenses of advisory bodies, commissions and boards.²⁰ Members of such bodies are appointed for staggered, four-year terms and unless otherwise provided in the

¹³ See s. 391.222, F.S. (2000).

¹⁴ *Id.*

¹⁵ Chapter 2001-89, s. 27, Laws of Fla.

¹⁶ Senate Committee on Governmental Oversight and Productivity, *CS/SB 1410 Staff Analysis and Economic Impact*, p. 9 (Mar. 28, 2001) available at <http://archive.flsenate.gov/data/session/2001/Senate/bills/analysis/pdf/2001s1410.go.pdf> (last visited Jan. 19, 2017).

¹⁷ Section 20.052(1), F.S.

¹⁸ Section 20.052(4)(a), F.S.

¹⁹ Section 20.052(2), F.S.

²⁰ Section 20.052(3), F.S.

State Constitution,²¹ serve without compensation, but are authorized to receive reimbursement for per diem and travel as provided in s. 112.061, F.S.²²

Private citizen appointees to an advisory body that is adjunct to an executive agency must be appointed by the Governor, the head of the department, the executive director of the department, or a Cabinet officer.²³ Private citizen appointees to a board or commission that is adjunct to an executive agency must be appointed by the Governor, unless otherwise provided by law, confirmed by the Senate, and are subject to dual office holding provisions of s. 5(a), Art. II of the State Constitution.²⁴

Unless exempted, all meetings of advisory bodies, boards and commissions are subject to public meetings requirements under s. 286.011, F.S., and minutes must be maintained for all meetings.²⁵

Technical advisory panels are not separately defined in statute.

Agency for Health Care Administration

AHCA is responsible for the licensure, certification, and regulation of 40 different types of health care providers, including hospitals, nursing homes, assisted living facilities, and home health agencies through its Division of Health Quality Assurance.²⁶ Under its Bureau of Health Facility Regulation, AHCA reviews applications for new facilities and specialty services at hospitals through the certificate of need (CON) process.²⁷ Currently, pediatric cardiac standards only exist in the CON process and there is no authority to maintain compliance with pediatric cardiology standards as a condition of licensure.²⁸ Also, the Bureau of Health Facility Regulation conducts periodic and complaint-based inspections of hospitals.

Rulemaking

Rulemaking is required by Florida's Administrative Procedure Act (APA) whenever a government agency has express authority to make rules, and must resort to rulemaking in order to implement, interpret, or prescribe law, policy, or requirements,²⁹ including mandatory forms.³⁰ Rulemaking is not discretionary under the APA.³¹

²¹ Section 20.052(4)(c), F.S.

²² Section 20.052(4)(d), F.S.

²³ Section 20.052(5)(a), F.S.

²⁴ Section 20.052(5)(b), F.S.

²⁵ Section 20.052(5)(c), F.S.

²⁶ See <http://ahca.myflorida.com/MCHQ/index.shtml> (last visited on Jan. 19, 2017).

²⁷ See http://ahca.myflorida.com/MCHQ/CON_FA/index.shtml (last visited on Jan. 19, 2017). Also, see Agency for Health Care Administration, *Certificate of Need Publications* http://ahca.myflorida.com/MCHQ/CON_FA/Publications/index.shtml

²⁸ Agency for Health Care Administration, *Senate Bill 62 Agency Analysis* (Nov. 30, 2016) (on file with the Senate Committee on Health Policy) (last visited: Jan. 19, 2017).

³⁰ *Dep't of Bus. Reg., Div. of Alcoholic Bev. & Tobacco v. Martin County Liquors, Inc.*, 574 So.2d 170 (Fla. 1st DCA 1991).

³¹ Section 120.54(1)(a), F.S.

III. Effect of Proposed Changes:

Section 1 creates s. 391.224, F.S., and the Pediatric Care Cardiac Advisory Council (council) under the Department of Health (department) for the purpose of continued coordination of pediatric cardiac care in this state. The department and its cardiac consultants and the Agency for Health Care Administration (AHCA) are directed to maintain their existing, long-standing inter-agency terms and agreements for the delivery of pediatric cardiac services.

The advisory council shall be composed of no more than 13 voting members with expertise in cardiac medicine and who will serve staggered four-year terms. Membership is comprised of the following:

- Eight members who are either pediatric cardiologists or pediatric cardiovascular surgeons who must be nominated by the chief executive officers of designated health care systems with pediatric cardiac certificates of need and have met state and national standards as recommended by the council following an onsite visit and then appointed by the Surgeon General;
- Two members who are pediatric cardiologists or pediatric cardiovascular surgeons with expertise in congenital heart disease; who are not associated with a facility that is otherwise represented by a voting member of the council; and who are appointed by the Surgeon General in consultation with the Deputy Secretary for Children's Medical Services and the Director of Children's Medical Services;
- A member who is a community physician with a special interest in treating children with heart disease and who is not associated with one of the facilities already represented; or who is a community-based internist who experience treating adults with congenital heart disease; and who will be appointed by the Surgeon General in consultation with the Deputy Secretary for Children's Medical Services and the Director of Children's Medical Services;

The State Surgeon General is also authorized to select additional non-voting, advisory members, with expertise in pediatric cardiology or adults with congenital heart disease who are not associated with one of the designated facilities in consultation with the Deputy Secretary for Children's Medical Services and the Director of Children's Medical Services. Advisory members may participate in discussions and subcommittees of the council, but do not vote.

The voting privilege of a voting member of the advisory council must be suspended if the facility he or she represents no longer meets state and national standards as adopted by the council. Such individual may remain a member of the council in an advisory capacity but shall relinquish voting privileges until his or her facility meets required standards.

The bill requires the council to meet at least quarterly. Meetings may also be called by the Chair, two or more voting members, or the State Surgeon General. An employee of the department or a contracted consultant paid by the department is not eligible to serve as a member or ex-officio member and no member may serve more than two consecutive terms.

Council members do not receive compensation; however, they are entitled to reimbursement in accordance with s. 112.061, F.S., for per diem and travel. Council meetings must be conducted via teleconference where that capability is available.

The council's duties include, but are not limited to:

- Recommending standards for personnel and facilities rendering cardiac services to clients, and facilities that provide services to clients of the department and the program and for the diagnosis of cardiac conditions;
- Analyzing reports on the periodic review of cardiac personnel, facilities, and diagnoses to determine if established standards for the cardiac services are met;
- Making recommendations to the Director of Children's Medical Services as to whether reviewed cardiac care personnel, clinics, facilities, and diagnoses meet established state and national standards;
- Making recommendations to the Director of Children's Medical Services as to the intervals for re-inspection of approved personnel, clinics, facilities; and diagnoses meeting established state and national standards;
- Reviewing and inspecting hospitals upon the request of the hospital, the department, or AHCA to determine compliance with established state and national standards for cardiac services;
- Advising the department and the AHCA on all aspects of the provision of cardiac care under the program, including rulemaking, and all components of providing care to adults and children with congenital heart disease and children with acquired heart disease;
- Reviewing and analyzing compliance by cardiac care personnel, clinics, and facilities with the recognized state and national professional standards of care for children with heart disease;
- Making recommendations to the State Surgeon General for legislation and appropriations for pediatric cardiac services; and
- Providing advisory opinions to AHCA before AHCA approves a certificate of need for pediatric cardiac services.

The bill also authorizes the creation of the "Pediatric and Congenital Centers of Excellence" designation. The designation shall be awarded to facilities by the Surgeon General at the recommendation of the council and the Director of Children's Medical Services utilizing state and national professional standards approved by the council. The designation shall be withdrawn automatically if a facility no longer meets those standards.

The council shall also develop and recommend to the State Surgeon General evaluation tools for measuring the goals and performance standards for the facilities seeking and receiving the designation.

Beginning in January 2019, the council must submit an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the State Surgeon General. This report must summarize the council's activities for the preceding fiscal year and include data and performance measures on surgical morbidity and mortality for all pediatric cardiac facilities that participated in the program. The annual report must also recommend any policy or procedural changes that would increase the council's effectiveness in monitoring pediatric cardiovascular programs in the state.

The department, in coordination with AHCA, is required to develop rules related to pediatric cardiac facilities that participate in the program. These rules may establish standards relating to

the training and credentialing of medical and surgical personnel, facility and physician minimum case volumes, and date reporting requirements for monitoring and enhancing quality assurance. Also, the department may adopt rules related to the establishment, operations, and authority of the council, and the process, performance standards, and evaluation tools for designating facilities as “Pediatric and Congenital Cardiovascular Centers of Excellence.”

The bill provides that rules relating to pediatric services and facilities in effect on October 1, 2015, are re-authorized. This ratifies the rules currently in effect.

The bill takes effect upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

To determine whether a statute should be retroactively applied, courts apply two interrelated inquiries. First, courts determine whether there is clear evidence of legislative intent to apply the statute retrospectively. If so, then courts determine whether retroactive application is constitutionally permissible.³²

The second prong looks to see if a vested right is impaired. To be vested, a right must be more than a mere expectation based on an anticipation of the continuance of an existing law. It must be an immediate, fixed right of present or future enjoyment.³³ This bill contains a finding that it is remedial. “Remedial statutes or statutes relating to remedies or modes of procedure, which do not create new or take away vested rights, but only operate in furtherance of the remedy or confirmation of rights already existing, do not come within the legal conception of a retrospective law, or the general rule against retrospective operation of statutes.”³⁴

To the extent an existing rule sets forth standards for pediatric cardiac facilities, this law may be constitutionally permissible.

³² See *Florida Ins. Guar. Ass’n, Inc., v. Devon Neighborhood Ass’n, Inc.*, 67 So.3d 187, 194 (Fla. 2011); See, also *Metropolitan Dade County v. Chase Federal Housing Corp.*, 737 So.2d 494, 499 (Fla. 1999).

³³ See *R.A.M. of South Florida, Inc. v. WCI Communities, Inc.*, 869 So.2d 1210, 1218 (Fla. 2d DCA 2004).

³⁴ *City of Lakeland v. Catinella*, 129 So.2d 133, 136 (Fla. 1961).

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

None.

B. Private Sector Impact:

Individuals from the private sector with expertise in cardiac medicine are eligible to serve as members of the council. Members are selected by the State Surgeon General to serve staggered terms of four years and will have an opportunity to provide input on all aspects of CMS' cardiac programs, including rulemaking, address components of cardiac care for both adults and children, make recommendations for legislation and appropriations and provide advisory opinions before AHCA approves a certificate of need for children's cardiac services.

Facilities will have the opportunity to earn a designation as a "Pediatric and Congenital Center of Excellence." This designation may distinguish one facility over another in the marketplace for the quality of care in the delivery of cardiac services to children and may impact the number of services delivered in a particular facility.

C. Government Sector Impact:

The council is housed in the department and makes recommendations to the State Surgeon General and the Children's Medical Services program. Since October 2013, the department has been supporting a similar technical advisory panel, the Children's Medical Services Cardiac Technical Advisory Panel, and SB 62 includes similar duties and responsibilities of that technical advisory panel. With passage of SB 62, the technical advisory panel may no longer be necessary.

In 2016 for a similar bill (CS/SB 378), the department estimated minimal costs for the council for conference calls at \$336 annually. The estimate was based on four calls per year, 40 persons per call for one hour at 3.5 cents per minute.³⁵

To the extent that SB 62 seeks to recommend any standards on cardiac facilities and to make designations of Pediatric and Congenital Cardiovascular Excellence on those that meet those standards, the department's authority is limited to its ability to credential facilities and providers that participate in the Children's Medical Services program.³⁶ Enforcement of facility standards related to licensure resides in AHCA which is directed to work in coordination with the council under the bill.

VI. Technical Deficiencies:

None.

³⁵ Florida Dep't of Health, *Senate Bill 378 Legislative Analysis* (Sept. 29, 2015) at 4.

³⁶ *Id.*, at 5.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 391.224 of the Florida Statutes.

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

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

None.

B. Amendments:

None.

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

By Senator Bean

4-00013A-17

201762__

A bill to be entitled

An act relating to pediatric cardiac care in the Children's Medical Services program; creating s. 391.224, F.S.; providing legislative findings and intent; creating the Pediatric Cardiac Care Advisory Council within the Department of Health; specifying the council membership; providing for election of the council chair and vice chair; providing for per diem and travel expenses; specifying the duties of the council; requiring the State Surgeon General to designate certain facilities as Pediatric and Congenital Cardiovascular Centers of Excellence; establishing prerequisites for the designation of a facility as a center of excellence; requiring that the council provide an annual report to the Governor, the Legislature, and the State Surgeon General; requiring the department to develop rules relating to pediatric cardiac care and facilities in the program; authorizing the department to adopt rules relating to the council and the designation of facilities as Pediatric and Congenital Cardiovascular Centers of Excellence; reauthorizing specified rules relating to pediatric cardiac services and facilities; providing an effective date.

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

Section 1. Section 391.224, Florida Statutes, is created to read:

391.224 Pediatric Cardiac Care Advisory Council.-

(1) LEGISLATIVE FINDINGS AND INTENT.-The Legislature finds significant benefits in the continued coordination of the

Page 1 of 7

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

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activities of state agencies regarding the delivery of pediatric cardiac care in this state. It is the intent of the Legislature that the Department of Health and its cardiac consultants and the Agency for Health Care Administration maintain their long-standing interagency teams and agreements to support the coordinated development and adoption of guidelines, standards, and rules under the agencies' existing statutory authority for the state pediatric cardiac care system to ensure the necessary continuum of care for pediatric cardiac patients. The Legislature also intends that the department take the lead in this process.

(2) ESTABLISHMENT OF PEDIATRIC CARDIAC CARE ADVISORY COUNCIL.-The Pediatric Cardiac Care Advisory Council, an advisory council as defined in s. 20.03, is created within the department to advise it on the delivery of all types of cardiac care to children and adults with congenital heart disease. The council is subject to s. 20.052.

(a) The council shall be composed of no more than 13 voting members with technical expertise in cardiac medicine, appointed by the State Surgeon General for staggered terms of 4 years. The State Surgeon General may appoint an alternate member for each voting member. An alternate member may participate in council discussions and subcommittees but is eligible to vote only in those instances when the voting member for whom he or she is the alternate cannot cast a vote. An employee of the department or a contracted consultant paid by the department may not serve as an appointed or ex officio member of the council. Council membership must include the following voting members:

1. Pediatric cardiologists or pediatric cardiovascular

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surgeons nominated by the chief executive officers of the following hospitals:

- a. Johns Hopkins All Children's Hospital in St. Petersburg.
- b. Arnold Palmer Hospital for Children in Orlando.
- c. Joe DiMaggio Children's Hospital in Hollywood.
- d. Nicklaus Children's Hospital in Miami.
- e. St. Joseph's Children's Hospital in Tampa.
- f. University of Florida Health Shands Hospital in Gainesville.

g. University of Miami Holtz Children's Hospital in Miami.
 h. Wolfson Children's Hospital in Jacksonville.
 2. Pediatric cardiologists or pediatric cardiovascular surgeons nominated by the chief executive officer of a hospital that holds a current certificate of need for a pediatric cardiac program and that meets state and national standards as recommended by the council following an onsite visit by a panel from the council.

3. Two physicians who are pediatric cardiologists or subspecialists with expertise in congenital heart disease; who are not associated with a facility otherwise represented by a voting member of the council; and who are appointed in consultation with the Deputy Secretary for Children's Medical Services and the Director of Children's Medical Services.

4. A community physician who has ongoing involvement with and special interest in the treatment of children with heart disease and who is not associated with a facility represented in the membership of the council pursuant to subparagraph 1. or subparagraph 2. or a community-based medical internist who has experience in treating adults with congenital heart disease.

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Appointment of a community physician shall be made in consultation with the Deputy Secretary for Children's Medical Services and the Director of Children's Medical Services.

Appointments made under subparagraphs 1. and 2. are contingent on the nominating hospital's maintenance of pediatric certificates of need and the hospital's compliance with the state and national standards identified by the council in exercising its duties under subparagraph (f)5. A member whose hospital fails to maintain such certificates or comply with such standards during his or her term, as determined by the State Surgeon General, may serve only in an advisory capacity as a nonvoting member until such time as the maintenance of such certificates and compliance with such standards are restored.

(b) The State Surgeon General may appoint nonvoting, advisory members to the council in consultation with the Deputy Secretary for Children's Medical Services and the Director of Children's Medical Services. Such members may participate in council discussions and subcommittees created by the council.

(c) The chair and vice chair of the council shall be elected by the council members to 2-year terms and may not serve more than two consecutive terms.

(d) The council shall meet upon the call of the chair or two or more voting members or upon the call of the State Surgeon General, but must meet at least quarterly. Council meetings must be conducted by teleconference or through other electronic means when feasible.

(e) Council members shall serve without compensation, but are entitled to reimbursement for per diem and travel expenses

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in accordance with s. 112.061.

(f) The duties of the council include, but are not limited to:

1. Recommending standards for personnel, clinics, and facilities that provide cardiac services to clients of the department and the program and for the diagnosis of cardiac conditions.

2. Analyzing reports on the periodic review of cardiac care personnel, clinics, facilities, and diagnoses to determine if established state and national standards for cardiac services are being met.

3. Making recommendations to the Director of Children's Medical Services regarding determinations of whether reviewed cardiac care personnel, clinics, facilities, and diagnoses meet established state and national standards for cardiac services.

4. Making recommendations to the Director of Children's Medical Services regarding the intervals for reinspection of cardiac care personnel, clinics, facilities, and diagnoses meeting established state and national standards for cardiac services.

5. Reviewing and inspecting a hospital upon the request of the hospital, the department, or the Agency for Health Care Administration to analyze its compliance with established state and national standards for cardiac services.

6. Advising the department and the Agency for Health Care Administration on all aspects of the provision of cardiac care under the program, including rulemaking, and on all components of providing care to adults and children with congenital heart disease and children with acquired heart disease.

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7. Reviewing and analyzing compliance by cardiac care personnel, clinics, and facilities with the recognized state and national professional standards of care for children with heart disease.

8. Making recommendations to the State Surgeon General for legislation regarding and appropriations for pediatric cardiac services.

9. Providing advisory opinions to the Agency for Health Care Administration before the agency approves a certificate of need for pediatric cardiac services.

(3) DESIGNATION OF PEDIATRIC AND CONGENITAL CARDIOVASCULAR CENTERS OF EXCELLENCE.—Upon the recommendation of the council and the Director of Children's Medical Services, the State Surgeon General shall designate facilities that the council recommends have met state and national professional standards of care for children with heart disease as Pediatric and Congenital Cardiovascular Centers of Excellence. The council shall recommend measurable performance standards and evaluation tools to be used in determining whether a facility qualifies for such designation. The designation of a facility as a center of excellence is automatically withdrawn if the facility no longer meets, as determined by the State Surgeon General, the performance standards that qualified it for such designation.

(4) ANNUAL REPORT.—Beginning in January 1, 2019, and by each January 1 thereafter, the council shall submit an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the State Surgeon General. The report must summarize the council's activities during the preceding fiscal year and include data and performance measures

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178 on surgical morbidity and mortality for all the pediatric
179 cardiac facilities that participated in the program. The report
180 must also recommend any policy or procedural changes that would
181 increase the council's effectiveness in monitoring the
182 performance of such facilities.

183 (5) RULEMAKING.—The department, in coordination with the
184 Agency for Health Care Administration, shall develop rules
185 related to pediatric cardiac care and facilities that
186 participate in the program. The rules may establish standards
187 relating to the training and credentialing of medical and
188 surgical personnel, minimum case volumes for facilities and
189 physicians, and data reporting requirements for monitoring and
190 enhancing quality assurance. The department may also adopt rules
191 relating to the establishment, operation, and authority of the
192 council and the process, performance standards, and evaluation
193 tools for designating facilities as Pediatric and Congenital
194 Cardiovascular Centers of Excellence. The rules relating to
195 pediatric cardiac services and facilities in effect on October
196 1, 2015, are hereby reauthorized pursuant to this subsection.

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



The Florida Senate

Committee Agenda Request

To: Senator Dana D. Young, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: December 20, 2016

I respectfully request that **Senate Bill # 62**, relating to Pediatric Cardiac Care in the Children's Medical Services Program, be placed on the:

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

A handwritten signature in blue ink that reads "Aaron Bean".

Senator Aaron Bean
Florida Senate, District 4

c

THE FLORIDA SENATE

APPEARANCE RECORD

1/24/2017

Meeting Date

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

SB62

Bill Number (if applicable)

Topic PEDIATRIC CARDIAC ADVISORY PANEL

Amendment Barcode (if applicable)

Name WILLIAM B. BLANCHARD MD FAAP/FACC/FAHA

Job Title RETIRED PEDIATRIC CARDIOLOGIST

Address 3248 BAYOU LANE

Phone 850-554-3818

Street

PENSACOLA

FL

32503

City

State

Zip

Email WBLANCHARD@FOX.NET

Speaking: ☒ For ☐ Against ☐ Information

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

Representing PRIVATE CITIZEN

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

APPEARANCE RECORD

1/24/17
Meeting Date

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

SB 62
Bill Number (if applicable)

Topic PEDIATRIC CARDIAC RULE

Amendment Barcode (if applicable)

Name LOUIS G. PETERY

Job Title PEDIATRIC CARDIOLOGIST

Address 1132 LEE AVE

Phone 850-294-4309

Street

TALLAHASSEE FL

State

32303

Zip

Email

Speaking: ☒ For ☐ Against ☒ Information

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

Representing FLORIDA PEDIATRIC SOCIETY

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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APPEARANCE RECORD

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

1/24/17

Meeting Date

62

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Chris Nuland

Job Title _____

Address 1000 Riverside Ave
StreetPhone 904-233-3051Jax FL 32204
City State ZipEmail nuland@ucad.comSpeaking: ☐ For ☐ Against ☐ InformationWaive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)Representing Florida Society of Thoracic & Cardiovascular SurgeonsAppearing at request of Chair: ☐ Yes ☒ NoLobbyist registered with Legislature: ☒ Yes ☐ No

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

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THE FLORIDA SENATE

APPEARANCE RECORD

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

1-24-17

Meeting Date

SB-62

Bill Number (if applicable)

Topic Pediatric Cardiac Care

Amendment Barcode (if applicable)

Name Marnie George

Job Title Sr. Advisor - Buchanan Tugersoll & Rooney

Address 101 N. Monroe St

Street

Phone 850 510-8866

Tallahassee FL 32303

City

State

Zip

Email marnie.george@bipc.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against

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

Representing FL Chapter, Am Academy of Pediatrics
and FL Chapter, Am College of Cardiology

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

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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)

1-24-2017

Meeting Date

62

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Brian Pitts

Job Title Trustee

Address 1119 Newton Ave S
Street

Phone 727/897-9291

St. Petersburg FL 33705
City State Zip

Email justice2jesus@yahoo.com

Speaking: ☐ For ☐ Against ☒ Information

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

Representing Justice-2-Jesus

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

1/24/2017

Meeting Date

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

62

Bill Number (if applicable)

Topic Pediatric Cardiac Care

Amendment Barcode (if applicable)

Name Eric Prutsman

Job Title _____

Address P.O. Box 10448

Phone _____

Street

Tallahassee

FL

32302

City

State

Zip

Email _____

Speaking: ☒ For ☐ Against ☐ Information

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

Representing Orlando Health / Arnold Palmer Hospital For Children

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

1/24/17

Meeting Date

SB 62

Bill Number (if applicable)

Topic Pediatric Cardiac Care Advisory Council

Amendment Barcode (if applicable)

Name Ashley Boxer

Job Title Director, Government Relations

Address 3111 Stirling Road

Street

Phone _____

Hollywood

City

FL

State

33312

Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Joe DiMaggio Children's Hospital

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SPB 7004

INTRODUCER: Health Policy Committee

SUBJECT: OGSR/Peer Review Panels/Department of Health

DATE: January 24, 2017

REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. <u>Rossito-Van Winkle</u>	<u>Stovall</u>	_____	HP Submitted as Committee Bill

I. Summary:

SPB 7004 continues existing public records and public meetings exemptions for:

- Biomedical research grant applications provided to a peer review panel for 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);
- Records generated by a peer review panel relating to the review of a biomedical research grant application; and
- That portion of a meeting of a peer review panel in which biomedical research grant applications are discussed.¹

The bill removes the scheduled repeal and provides an effective date of October 1, 2017.

II. Present Situation:

Public Records and Open Meetings Requirements

The Florida Constitution provides that the public has the right to access government records and meetings. The public may inspect or copy any public record made or received in connection with the official business of any public body, officer, or employee of the state, or of persons acting on their behalf.² The public also has a right to be afforded notice and access to meetings of any collegial public body of the executive branch of state government or of any local government.³ The Legislature’s meetings must also be open and noticed to the public, unless there is an exception provided for by the Constitution.⁴

¹ Sections 215.56021 and 381.92201, F.S.

² FLA. CONST. art. I, s. 24(a).

³ FLA. CONST. art. I, s. 24(b).

⁴ FLA. CONST. art. I, s. 24(b).

In addition to the Florida Constitution, the Florida Statutes specify conditions under which public access must be provided to government records and meetings. The Public Records Act⁵ guarantees every person's right to inspect and copy any state or local government public record.⁶ The Sunshine Law⁷ requires all meetings of any board or commission of any state or local agency or authority at which official acts are to be taken to be noticed and open to the public.⁸

The Legislature may create an exemption to public records or open meetings requirements.⁹ An exemption must specifically state the public necessity justifying the exemption¹⁰ and must be tailored to accomplish the stated purpose of the law.¹¹

Open Government Sunset Review Act

The Open Government Sunset Review Act (referred to hereafter as the "OGSR") prescribes a legislative review process for newly created or substantially amended public records or open meetings exemptions.¹² The OGSR provides that an exemption automatically repeals on October 2nd of the fifth year after creation or substantial amendment; in order to save an exemption from repeal, the Legislature must reenact the exemption.¹³

The OGSR provides that a public records or open meetings exemption may be created or maintained only if it serves an identifiable public purpose and is no broader than is necessary.¹⁴ An exemption serves an identifiable purpose if it meets one of the following purposes *and* the

⁵ Chapter 119, F.S.

⁶ Section 119.011(12), F.S., defines "public record" to mean "all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency." Section 119.011(2), F.S., defines "agency" to mean "any state, county, district, authority, or municipal officer, department, division, board, bureau, commission, or other separate unit of government created or established by law including, for the purposes of this chapter, the Commission on Ethics, the Public Service Commission, and the Office of Public Counsel, and any other public or private agency, person, partnership, corporation, or business entity acting on behalf of any public agency." The Public Records Act does not apply to legislative or judicial records. *Locke v. Hawkes*, 595 So.2d 32 (Fla. 1992). The Legislature's records are public pursuant to section 11.0431, F.S.

⁷ Section 286.011, F.S.

⁸ Section 286.011(1)-(2), F.S. The Sunshine Law does not apply to the Legislature; rather, open meetings requirements for the Legislature are set out in the Florida Constitution. Article III, section 4(e) of the Florida Constitution provides that legislative committee meetings must be open and noticed to the public. In addition, prearranged gatherings, between more than two members of the Legislature, or between the Governor, the President of the Senate, or the Speaker of the House of Representatives, the purpose of which is to agree upon or to take formal legislative action, must be reasonably open to the public.

⁹ FLA. CONST. art. I, s. 24(c). There is a difference between records the Legislature designates as exempt from public records requirements and those the Legislature designates *confidential* and exempt. A record classified as exempt from public disclosure may be disclosed under certain circumstances. *Williams v. City of Minneola*, 575 So.2d 687 (Fla. 5th DCA 1991). If the Legislature designates a record as confidential, such record may not be released, to anyone other than the persons or entities specifically designated in the statutory exemption. *WFTV, Inc. v. The School Board of Seminole*, 874 So.2d 48 (Fla. 5th DCA 2004).

¹⁰ FLA. CONST. art. I, s. 24(c).

¹¹ FLA. CONST. art. I, s. 24(c).

¹² Section 119.15, F.S. Section 119.15(4)(b), F.S., provides that an exemption is considered to be substantially amended if it is expanded to include more information or to include meetings. The OGSR does not apply to an exemption that is required by federal law or that applies solely to the Legislature or the State Court System pursuant to section 119.15(2), F.S.

¹³ Section 119.15(3), F.S.

¹⁴ Section 119.15(6)(b), F.S.

Legislature finds that the purpose of the exemption outweighs open government policy and cannot be accomplished without the exemption:

- It allows the state or its political subdivision to effectively and efficiently administer a program, and administration would be significantly impaired without the exemption;¹⁵
- Releasing sensitive personal information would be defamatory or would jeopardize an individual's safety. If this public purpose is cited as the basis of an exemption, however, only personal identifying information is exempt;¹⁶ or
- It protects trade or business secrets.¹⁷

The OGSR also requires specified questions to be considered during the review process.¹⁸ In examining an exemption, the OGSR asks the Legislature to carefully question the purpose and necessity of reenacting the exemption.

If, in reenacting an exemption, the exemption is expanded, then a public necessity statement and a two-thirds vote for passage are required.¹⁹ If the exemption is reenacted without substantive changes or if the exemption is narrowed, then a public necessity statement and a two-thirds vote for passage are *not* required. If the Legislature allows an exemption to sunset, the previously exempt records will remain exempt unless provided for by law.²⁰

Biomedical Research Programs

The Department of Health (department) administers two grant funding programs that fund research on cancer and tobacco-related diseases in the state: 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 Legislature created the Florida Biomedical Research Program in 1999 within the department.²¹ The Florida Biomedical Research Program was renamed the James and Esther King Biomedical Research Program during Special Session B of the 2003 Legislature.²² The purpose of the 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.²³

¹⁵ Section 119.15(6)(b)1., F.S.

¹⁶ Section 119.15(6)(b)2., F.S.

¹⁷ Section 119.15(6)(b)3., F.S.

¹⁸ Section 119.15(6)(a), F.S. The specified questions are:

- What specific records or meetings are affected by the exemption?
- Whom does the exemption uniquely affect, as opposed to the general public?
- What is the identifiable public purpose or goal of the exemption?
- Can the information contained in the records or discussed in the meeting be readily obtained by alternative means? If so, how?
- Is the record or meeting protected by another exemption?
- Are there multiple exemptions for the same type of record or meeting that it would be appropriate to merge?

¹⁹ FLA. CONST. art. I, s. 24(c).

²⁰ Section 119.15(7), F.S.

²¹ Chapter 99-167, L.O.F.

²² Chapter 2003-414, L.O.F.

²³ Section 215.5602, F.S.

The 2006 Legislature created the Bankhead-Coley Program within the department.²⁴ The purpose of the program is to advance progress toward cures for cancer through grants awarded for cancer research.

The King Program and the Bankhead-Coley Program offer competitive grants to researchers throughout Florida. Grant applications from any university or established research institute in Florida are 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.

The department uses a multi-step evaluation process²⁵ for making award determinations for all applications submitted in response to a Funding Opportunity, before making final recommendations to the State Surgeon General. Under the multi-step evaluation process, the department conducts an Administrative Review and Peer Review, and then in conjunction with the Biomedical Research Advisory Council (council) conducts a Programmatic Review to eliminate or manage any conflicts of interests.

The State Surgeon General, after consultation with the council, is authorized to award grants and fellowships on the basis of scientific merit²⁶ 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.

Biomedical Research Advisory Council and Peer Review Panel

The purpose of the council²⁷ is to advise the State Surgeon General as to the direction and scope of the biomedical research program. The council is also required to consult with the State Surgeon General concerning grant awards under the King Program and the Bankhead-Coley Program.²⁸

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 panel²⁹ of independent, scientifically qualified individuals is appointed to review the

²⁴ Section 381.922, F.S., (ch. 2006-182, L.O.F.).

²⁵ See Department of Health, James and Ester King Biomedical Research Program. *Funding Opportunity Announcement FY 2016-2017*, page 28, available at: <http://www.floridahealth.gov/provider-and-partner-resources/research/FINAL%20FY%2016-17%20King%20Program%20FOA.pdf> and Department of Health, Bankhead-Coley Cancer Research Program, *Funding Opportunity Announcement FY 2016-17*, page 27, available at: <http://www.floridahealth.gov/provider-and-partner-resources/research/FINAL%20FY%2016-7%20BC%20Program%20FOA.pdf> (Last visited on January 19, 2017).

²⁶ Sections 215.5602(5)(b) and (6) and 381.922(3)(a) and (b), F.S.

²⁷ Section 215.5602(3), F.S.

²⁸ 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.

²⁹ Section 215.5602(6) and (7), and s. 381.922(3)(b), F.S.

scientific content of each proposal to establish a “scientific”³⁰ priority score.³¹ 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.

Public Records and Public Meeting Exemptions for Peer Review Panel Activities

In 2012, the Legislature created exemptions from Florida’s public records and public meetings laws for research grant applications provided by the department to peer reviewers, records generated by the peer review panel (except final recommendations), and that portion of meetings of a peer review panel in which applications for biomedical research grants under the King Program and the Bankhead-Coley Program are discussed.³² In accordance with the OGSF, both exemptions required repeal on October 2, 2017, unless reviewed and saved from repeal through reenactment by the Legislature.

The exemptions authorize the information that is held confidential and exempt to be disclosed with the express written consent of the individual, or the individual’s legally authorized representative, to whom the information pertains, or by court order upon showing good cause.

When enacting these exemptions, the Legislature found that the research grant applications under these programs contain information of such a confidential nature, including ideas and processes, that the disclosure of which could injure the affected researcher; and that maintaining confidentiality is paramount to scientific peer review and allows for a candid exchange between reviewers. The Legislature also found it a public necessity to close access to the peer review panel meetings where the grant applications were discussed and close access to the records generated at those meetings, to ensure that decisions were based on merit, without bias or undue influence.³³

III. Effect of Proposed Changes:

The bill reenacts and removes the scheduled repeal date of October 2, 2017, for the public records and public meeting exemptions in ss. 215.56021 and 381.92201, F.S., relating to the King Program and the Bankhead-Coley Program, respectively. The public records exemptions apply to biomedical research grant applications provided to the peer review panel, any records generated by the peer review panel in reviewing the grant applications, except final recommendations, and make them confidential and exempt from s. 119.071(1), F.S., and article 1, section 24(a) of the Florida Constitution.

³⁰ 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.

³¹ 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.

³² Sections 215.56021 and 381.92201, F.S.

³³ Section. 2, ch. 2012-15 (L.O.F).

The public meeting exemptions apply to the meetings of the peer review panel where grant applications are discussed and make them exempt from s. 286.011, F.S., and article 1, section 24(b) of the Florida Constitution.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

The bill reenacts existing public records and meeting exemptions pertaining to applications for biomedical research grants and meetings of the peer review panel under the King Program and the Bankhead-Coley. Therefore, a simple majority vote of the members present in each house of the Legislature is required for passage.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Continued protection of research grant applications and peer review activities will help ensure integrity of the state-funded biomedical research grant program.

C. Government Sector Impact:

Continued protection of research grant applications and peer review activities will help ensure integrity of the state-funded biomedical research grant program.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of Florida Statutes: 215.56021 and 381.92201.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

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

FOR CONSIDERATION By the Committee on Health Policy

588-00498-17

20177004pb

A bill to be entitled

An act relating to a review under the Open Government Sunset Review Act; amending ss. 215.56021 and 381.92201, F.S., relating to exemptions from public records and public meetings requirements for specified portions of meetings of certain peer review panels appointed by the Department of Health, for specified records generated by such peer review panels, and for research grant applications provided to such peer review panels; removing the scheduled repeal of the exemptions; providing an effective date.

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

Section 1. Section 215.56021, Florida Statutes, is amended to read:

215.56021 Exemptions from public records and public meetings requirements; peer review panels.—

(1) That portion of a meeting of a peer review panel in which applications for biomedical research grants under s. 215.5602 or s. 381.922 are discussed is exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution.

(2) Any records generated by the peer review panel relating to review of applications for biomedical research grants, except final recommendations, are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(3) Research grant applications provided to the peer review panel are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(4) Information that which is held confidential and exempt under this section may be disclosed with the express written consent of the individual to whom the information pertains or

588-00498-17

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the individual's legally authorized representative, or by court order upon showing good cause.

~~(5) Subsections (1), (2), (3), and (4) are subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2017, unless reviewed and saved from repeal through reenactment by the Legislature.~~

Section 2. Section 381.92201, Florida Statutes, is amended to read:

381.92201 Exemptions from public records and public meetings requirements; peer review panels.—

(1) That portion of a meeting of a peer review panel in which applications for biomedical research grants under s. 215.5602 or s. 381.922 are discussed is exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution.

(2) Any records generated by the peer review panel relating to review of applications for biomedical research grants, except final recommendations, are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(3) Research grant applications provided to the peer review panel are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(4) Information that which is held confidential and exempt under this section may be disclosed with the express written consent of the individual to whom the information pertains or the individual's legally authorized representative, or by court order upon showing good cause.

~~(5) Subsections (1), (2), (3), and (4) are subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2017, unless reviewed and~~

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62 ~~saved from repeal through reenactment by the Legislature.~~

63 Section 3. This act shall take effect October 1, 2017.

THE FLORIDA SENATE
APPEARANCE RECORD

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

1-24-2017

Meeting Date

7004

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Brian Pitts

Job Title Trustee

Address 1119 Newton Ave S.
Street

Phone 727/897-9291

St. Petersburg FL 33705
City State Zip

Email justice2jesus@yahoo.com

Speaking: ☐ For ☐ Against ☒ Information

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

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 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SPB 7006

INTRODUCER: Health Policy Committee

SUBJECT: Direct-Support Organization of the Prescription Drug Monitoring Program

DATE: January 24, 2017

REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Lloyd	Stovall		HP Submitted as Committee Bill

I. Summary:

SPB 7006 removes a repeal date of October 1, 2017, and re-enacts authority for the Department of Health (department) to establish and contract with a direct-support organization for fundraising and support of the prescription drug monitoring program (PDMP).

The bill also removes references to an obsolete Program Implementation and Oversight Task Force that was created upon enactment of the PDMP in 2009.

The effective date of the bill is July 1, 2017.

II. Present Situation:

Citizen Support Organization (CSOs) and Direct Support Organizations (DSOs)

Citizen support organizations (CSOs) and direct support organizations (DSOs) are private entities created to assist or support governmental entities in carrying out their duties. Prior to 2014, CSOs and DSOs had frequently been created with similar organizational and reporting requirements, but no single standard or operational requirement had been established, except that such organizations were often Florida not-for-profit corporations that required approval by the Department of State.¹

In 2014, the Legislature conducted a review of the existing relationship between CSOs and DSOs and their governmental partners. One of the results of that review was legislation which established operational requirements and standards for CSOs and DSOs and an automatic review and repeal date for each organization.² Effective in August 2014, a CSO or DSO created or authorized pursuant to law or executive order and created, approved, or administered by an agency, must submit annually the following to the appropriate agency:

- The name, mailing address, telephone number, and website address of the organization.

¹ See Section 258.015(1), F.S.; Section 257.43(1), F.S.; Specific CSOs and DSOs are granted the authority to operate and conduct programs and activities, raise funds, request and receive grants, gifts, and bequests of money; acquire, receive, hold, invest, and administer fund and property; and make expenditures.

² Chapter 2014-96, s. 3, Laws of Fla. (creating s. 20.058, effective June 13, 2014).

- The statutory authority or executive order pursuant to which the organization was created.
- A brief description of the mission and results obtained by the organization.
- A brief description of the plans of the organization for the next 3 fiscal years.
- A copy of the organization's code of ethics.
- A copy of the organization's most recent federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990).³

Each agency receiving the above information from a CSO or DSO must make the information available to the public through the agency's website. If the organization maintains a website, the agency's website must provide a link to the organization's website.

By August 15 of each year, each agency must report the above required information to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Office of Program Policy Analysis and Government Accountability. The report must also include a recommendation by the agency, with supporting rationale, to continue, terminate, or modify the agency's association with each organization.

Any contract between an agency and a CSO or DSO must be contingent upon the organization's submitting and posting the required information. If an organization fails to submit the required information for 2 consecutive years, the agency head must terminate any contract between the agency and the organization.

A law creating or authorizing the creation of a CSO or DSO must be repealed on October 1 of the 5th year after enactment, unless reviewed and saved from repeal through reenactment by the Legislature. CSOs and DSOs in existence on July 1, 2014, must be reviewed and saved from repeal through reenactment by the Legislature.

The 2014 law repeals existing statutory authority for specified CSOs and DSOs on October 1, 2017, October 1, 2018, and October 1, 2019, unless reviewed and saved from repeal by the Legislature.

Audits of state agency CSOs and DSOs

Section 215.981, F.S., provides that each CSO and DSO with annual expenditures in excess of \$100,000, created or authorized pursuant to law, and created, approved, or administered by a state agency, other than universities, community colleges, or district school boards, must provide for an annual financial audit of its accounts and records to be conducted by an independent certified public accountant in accordance with rules adopted by the Auditor General. The audit report must be submitted within 9 months after the end of the fiscal year to the Auditor General and to the state agency responsible for creation, administration, or approval of the DSO or CSO.

Notwithstanding the above, CSOs and DSOs for the Department of Environmental Protection or the Department of Agriculture and Consumer Services that are not for profit and that have annual expenditures of less than \$300,000 are not required to have an independent audit. Those departments establish accounting and financial management guidelines for those organizations

³ See Section 20.058(1), F.S.

under its jurisdiction, and conduct operational and financial reviews of a selected number of CSOs and DSOs that fall below the \$300,000 threshold.

Florida PDMP Foundation, Inc.

The Florida PDMP Foundation, Inc., (Foundation) is a direct support organization that is a Florida not-for-profit corporation, incorporated under ch. 617, F.S. Created by the Legislature in 2009, its purpose is to conduct programs and activities; raise funds; request and receive grants, gifts, and bequests of money; acquire, receive, hold, and invest, in its own name, securities, funds, objects of value or other property, either real or personal, and make expenditures to provide funding to or for the indirect benefit of the department in furtherance of the Prescription Drug Monitoring Program (PDMP), pursuant to s. 893.055(11)(a), F.S.⁴

The PDMP uses an electronic database system to monitor the prescribing and dispensing of certain controlled substances. In the first half of calendar year 2015, Florida reported more than 4,600 drug-related deaths.⁵ Prescription drugs continue to be found more often than illicit drugs, both as the cause of death and present at death. Prescription drugs account for 68.9 percent of all drug occurrences in the *FDLE Medical Examiners Interim Drug Report*.⁶

The overall mission of the Foundation as the DSO for the PDMP is to fundraise for the benefit of the PDMP in order to reduce drug abuse and diversion. Through June 2016, the Foundation reports assets over \$1.5 million in private and corporate contributions, of which \$1.4 million are currently being invested to provide for future funding needs.⁷ The Foundation also provided over \$11,000 in supplemental contributions to E-FORCSE (Electronic-Florida Online reporting of Controlled Substances Evaluation) operations to support special event marketing and promotional projects.

The PDMP Foundation has two major goals. The first goal is to raise funds for the operation of E-FORCSE, the state's prescription drug monitoring database. The yearly cost to maintain the database is approximately \$600,000.⁸ The Foundation seeks funding from a number of sources, including corporations, individuals, and law enforcement. However, the Foundation is prohibited by law from receiving funds from any corporation representing the pharmaceutical industry and the PDMP must be funded using nonstate funding.⁹

⁴ Florida PDMP Foundation, Inc., *Annual Report to the Department of Health*, (2016) p. 3, available at http://www.flpdmpfoundation.com/wp-content/uploads/2016/08/PDMPF_Annual_Report_2016.pdf (last visited Jan. 19, 2017).

⁵ Florida Dep't of Law Enforcement, *Drugs Identified in Deceased Persons by Florida Medical Examiners - Interim Report 2015*, pg. ii available at <http://www.flpdmpfoundation.com/wp-content/uploads/2016/04/Medical-Examiner-Commissions-Interim-Report-2015.pdf>, (last visited Jan. 20, 2017).

⁶ Id.

⁷ Id.

⁸ Florida PDMP Foundation, *Goals*, <http://www.flpdmpfoundation.com/goals/> (last visited Jan. 20, 2017).

⁹ Id. and s. 893.055(10), F.S. *But see* s. 893.055(17), F.S., where the Legislature appropriated funds for the 2016-2017 fiscal year only to administer the PDMP. A similar provision was included in the 2015 Implementing bill for the 2015-2016 fiscal year, and in 2013 the Legislature appropriated \$500,000 for the 2013-2014 fiscal year.

Since inception, the E-FORCSE has received over \$2.4 million in federal grants for database enhancements and special projects.¹⁰ Several corporations have also donated funding for the initial start-up of the database which became fully functional in September 2011.¹¹ The Legislature appropriated \$500,000 in 2013 towards its ongoing maintenance and also authorized the use of General Revenue funding for fiscal years 2015-2016 and 2016-2017 to administer the PDMP. The department reports that the PDMP has sustainable funding through fiscal year 2019-2020.¹²

Major marketing of the PDMP by the Foundation began in 2014 which helped bring donations from sheriff's offices and police departments which donated Asset Forfeiture Funds.¹³ The Florida Sheriff's Association contributed \$20,000. In 2014, Attorney General Pam Bondi provided the PDMP Foundation with a \$1.973 million contribution from a pharmaceutical settlement.¹⁴

The second goal of the Foundation is to educate licensed health care providers and law enforcement officials about the database and how to utilize it in the management of controlled substances in patient care and for active criminal investigations.¹⁵ Foundation representatives attend major conferences and trade shows with entities such as the Florida Medical Association, Florida City and County Management Association, Florida Sheriffs Association, Florida Police Chiefs Association, Florida Public Health Association, Florida Dental Association, and the Florida Pharmacy Association to market the PDMP database and to seek corporate donations.¹⁶ The Foundation also uses these opportunities to market its online courses on the PDMP.

The Foundation is led by an Executive Director and a board of directors whose members are appointed by the State Surgeon General. The statute permits a minimum of five members. The Foundation's board of directors currently has nine members.¹⁷ The members represent health care providers, physicians, the pharmaceutical industry, and a consumer advocate.¹⁸ The State Surgeon General provides guidance to the board members to ensure funds are not received from inappropriate sources such as those who may benefit from the purchase of goods or services by the department in furtherance of the program.

The Foundation has executed a two-year contract with the department and operates tax-exempt under section 501(c)(3) of the federal Internal Revenue Code.¹⁹ The department must certify

¹⁰ Florida PDMP Foundation, *Board of Directors Meeting Minutes* (Dec. 15, 2016) (on file with the Senate Committee on Health Policy).

¹¹ Florida PDMP Foundation, *Donations*, <http://www.flpdmpfoundation.com/donations/> (last visited: Jan. 20, 2017).

¹² Florida Department of Health, *EFORCSE 2015-2016 Prescription Drug Monitoring Program Annual Report, December 1, 2016*, p. 8, <http://www.floridahealth.gov/statistics-and-data/e-forcse/documents/2016PDMPAnnualReport.pdf> (last visited: Jan. 22, 2017).

¹³ *Supra* note 11.

¹⁴ *Supra* note 11.

¹⁵ *Supra* note 8.

¹⁶ *Supra* note 4.

¹⁷ Florida PDMP Foundation, *About Florida PDMP Foundation, Inc.*, <http://www.flpdmpfoundation.com/about/> (last visited: Jan. 19, 2017).

¹⁸ *Id.*

¹⁹ Florida PDMP Foundation, *Attachment A - Certification of Direct Support Organization Contract Compliance*, http://www.flpdmpfoundation.com/wp-content/uploads/2016/08/PDMPF_Annual_Report_2016.pdf (last visited: Jan. 20, 2017).

annually that the Foundation is in compliance with its contract with the department and that continuation of that contract is in the best interest of the State of Florida. On August 15, 2016, the department sent its annual certification letters to the Governor, President of the Senate, Speaker of the House of Representatives, and the Office of Program Policy Analysis and Accountability.²⁰

The Foundation's Annual Report includes a brief description of its *Three Year Strategic Plan* as required in s. 20.058, F.S., and a copy of its current two-year contract with the department.

The Foundation's annual expenditures have been less than \$100,000; therefore, no financial audit has been or is required to be conducted by an independent certified public accountant in accordance with rules adopted by the Auditor General.²¹ To comply with other state reporting rules, the Foundation submits the end-of-the-fiscal year's (June 30) bank statements to the state Treasury.²²

III. Effect of Proposed Changes:

The scheduled repeal date of October 1, 2017 for the direct-support organization, Prescription Drug Monitoring Foundation, is removed from s. 893.055, F.S., and the Foundation is saved from repeal. Obsolete language regarding an expired task force is deleted.

The effective date of the bill is July 1, 2017.

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.

²⁰ Florida Department of Health, *Cover Letters for 2016 Florida PDMP Foundation, Inc. Annual Report and Annual Certification Letters to Governor Rick Scott, Senate President Andy Gardiner, Speaker Steve Crisafulli, and R. Phillip Twogood (August 15, 2016)* (on file with Senate Health Policy Committee).

²¹ Transfers from the Foundation to the department for PDMP activities are not classified as expenditures of the Foundation.

²² E-Mail between Department of Health staff, PDMP Foundation staff, and Department of Financial Services staff (July and August 2013) (on file with Senate Committee on Health Policy).

B. Private Sector Impact:

None.

C. Government Sector Impact:

Current statutory language under s. 893.055(10), F.S., limits the sources of funding that the department may use for administrative funding to federal grants or private funding. The PDMP program is contingent upon the receipt of nonstate funding. If the Foundation is not saved from repeal, the PDMP may need to find another source of funding to maintain operations if the operation of the PDMP is to continue.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Statutory text in s. 893.055(11)(d)7., F.S., refers to a task force that expired on July 1, 2012. This reference is now obsolete and may be deleted.

The Foundation's annual expenditures have been less than \$100,000; therefore, no financial audit has been or is required to be conducted by an independent certified public accountant in accordance with rules adopted by the Auditor General. To be compliant with other state reporting rules, the Foundation submits the end-of-the-fiscal year's (June 30) bank statements to the state Treasury.²³ Transfers to the department, which in some years have exceeded \$100,000 cumulatively, have not counted toward triggering an independent audit of the Foundation.

VIII. Statutes Affected:

This bill substantially amends section 893.055, Florida Statutes.

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

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

None.

B. Amendments:

None.

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

²³ Id.



478248

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
01/24/2017	.	
	.	
	.	
	.	

The Committee on Health Policy (Young) recommended the following:

Senate Amendment (with title amendment)

Delete lines 73 - 78
and insert:

7. The direct-support organization's collecting, expending, and providing of funds to the department for the administration ~~development, implementation,~~ and operation of the prescription drug monitoring program as described in this section ~~and s. 2, chapter 2009-198, Laws of Florida, as long as the task force is~~ authorized. The direct-support organization may collect and



478248

11
12 ===== T I T L E A M E N D M E N T =====

13 And the title is amended as follows:

14 Delete lines 2 - 3

15 and insert:

16 An act relating to the direct-support organization of
17 the prescription drug monitoring program; amending s.
18 893.055, F.S.; deleting language that has become
19 obsolete due to expiration of the task force;
20 abrogating the

FOR CONSIDERATION By the Committee on Health Policy

588-00561-17

20177006pb

A bill to be entitled

An act relating to the prescription drug monitoring program; amending s. 893.055, F.S.; abrogating the repeal of provisions authorizing the Department of Health to establish a direct-support organization for the prescription drug monitoring program; providing an effective date.

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

Section 1. Subsection (11) of section 893.055, Florida Statutes, is amended to read:

893.055 Prescription drug monitoring program.—

(11) The department may establish a direct-support organization that has a board consisting of at least five members to provide assistance, funding, and promotional support for the activities authorized for the prescription drug monitoring program.

(a) As used in this subsection, the term "direct-support organization" means an organization that is:

1. A Florida corporation not for profit incorporated under chapter 617, exempted from filing fees, and approved by the Department of State.

2. Organized and operated to conduct programs and activities; raise funds; request and receive grants, gifts, and bequests of money; acquire, receive, hold, and invest, in its own name, securities, funds, objects of value, or other property, either real or personal; and make expenditures or provide funding to or for the direct or indirect benefit of the department in the furtherance of the prescription drug monitoring program.

(b) The direct-support organization is not considered a

588-00561-17

20177006pb

lobbying firm within the meaning of s. 11.045.

(c) The State Surgeon General shall appoint a board of directors for the direct-support organization. Members of the board shall serve at the pleasure of the State Surgeon General. The State Surgeon General shall provide guidance to members of the board to ensure that moneys received by the direct-support organization are not received from inappropriate sources. Inappropriate sources include, but are not limited to, donors, grantors, persons, or organizations that may monetarily or substantively benefit from the purchase of goods or services by the department in furtherance of the prescription drug monitoring program.

(d) The direct-support organization shall operate under written contract with the department. The contract must, at a minimum, provide for:

1. Approval of the articles of incorporation and bylaws of the direct-support organization by the department.

2. Submission of an annual budget for the approval of the department.

3. Certification by the department that the direct-support organization is complying with the terms of the contract in a manner consistent with and in furtherance of the goals and purposes of the prescription drug monitoring program and in the best interests of the state. Such certification must be made annually and reported in the official minutes of a meeting of the direct-support organization.

4. The reversion, without penalty, to the state of all moneys and property held in trust by the direct-support organization for the benefit of the prescription drug monitoring

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62 program if the direct-support organization ceases to exist or if
63 the contract is terminated.

64 5. The fiscal year of the direct-support organization,
65 which must begin July 1 of each year and end June 30 of the
66 following year.

67 6. The disclosure of the material provisions of the
68 contract to donors of gifts, contributions, or bequests,
69 including such disclosure on all promotional and fundraising
70 publications, and an explanation to such donors of the
71 distinction between the department and the direct-support
72 organization.

73 7. The direct-support organization's collecting, expending,
74 and providing of funds to the department for the development,
75 implementation, and operation of the prescription drug
76 monitoring program as described in this section and s. 2,
77 chapter 2009-198, Laws of Florida, as long as the task force is
78 authorized. The direct-support organization may collect and
79 expend funds to be used for the functions of the direct-support
80 organization's board of directors, as necessary and approved by
81 the department. In addition, the direct-support organization may
82 collect and provide funding to the department in furtherance of
83 the prescription drug monitoring program by:

84 a. Establishing and administering the prescription drug
85 monitoring program's electronic database, including hardware and
86 software.

87 b. Conducting studies on the efficiency and effectiveness
88 of the program to include feasibility studies as described in
89 subsection (13).

90 c. Providing funds for future enhancements of the program

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91 within the intent of this section.

92 d. Providing user training of the prescription drug
93 monitoring program, including distribution of materials to
94 promote public awareness and education and conducting workshops
95 or other meetings, for health care practitioners, pharmacists,
96 and others as appropriate.

97 e. Providing funds for travel expenses.

98 f. Providing funds for administrative costs, including
99 personnel, audits, facilities, and equipment.

100 g. Fulfilling all other requirements necessary to implement
101 and operate the program as outlined in this section.

102 (e) The activities of the direct-support organization must
103 be consistent with the goals and mission of the department, as
104 determined by the department, and in the best interests of the
105 state. The direct-support organization must obtain a written
106 approval from the department for any activities in support of
107 the prescription drug monitoring program before undertaking
108 those activities.

109 (f) The department may permit, without charge, appropriate
110 use of administrative services, property, and facilities of the
111 department by the direct-support organization, subject to this
112 section. The use must be directly in keeping with the approved
113 purposes of the direct-support organization and may not be made
114 at times or places that would unreasonably interfere with
115 opportunities for the public to use such facilities for
116 established purposes. Any moneys received from rentals of
117 facilities and properties managed by the department may be held
118 in a separate depository account in the name of the direct-
119 support organization and subject to the provisions of the letter

588-00561-17

20177006pb

of agreement with the department. The letter of agreement must provide that any funds held in the separate depository account in the name of the direct-support organization must revert to the department if the direct-support organization is no longer approved by the department to operate in the best interests of the state.

(g) The department may adopt rules under s. 120.54 to govern the use of administrative services, property, or facilities of the department or office by the direct-support organization.

(h) The department may not permit the use of any administrative services, property, or facilities of the state by a direct-support organization if that organization does not provide equal membership and employment opportunities to all persons regardless of race, color, religion, gender, age, or national origin.

(i) The direct-support organization shall provide for an independent annual financial audit in accordance with s. 215.981. Copies of the audit shall be provided to the department and the Office of Policy and Budget in the Executive Office of the Governor.

(j) The direct-support organization may not exercise any power under s. 617.0302(12) or (16).

~~(k) This subsection is repealed October 1, 2017, unless reviewed and saved from repeal by the Legislature.~~

Section 2. This act shall take effect July 1, 2017.

412-K

THE FLORIDA SENATE

APPEARANCE RECORD

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

1-24-2017
Meeting Date

SB 7006
Bill Number (if applicable)

Topic PRESCRIPTION DRUG MONITORING PROGRAM

Amendment Barcode (if applicable)

Name STEPHEN R. WINN

Job Title EXECUTIVE DIRECTOR

Address 2544 BLAIRSTONE PINES DRIVE

Phone 878-7364

TALLAHASSEE FL 32301
City State Zip

Email

Speaking: ☒ For ☐ Against ☐ Information

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

Representing FLORIDA ESTEOPATHIC MEDICAL ASSOCIATION

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

1-24-2017

Meeting Date

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

SB 7006

Bill Number (if applicable)

Topic PRESCRIPTION DRUG MONITORING PROGRAM

Amendment Barcode (if applicable)

Name SEPHEN R. WINN

Job Title ~~REAL~~ CONSULTANT/LOBBYIST

Address POST OFFICE BOX 1575

Phone 878-3056

Street

TALLAHASSEE

FL

City

State

Zip

Email

Speaking: ☒ For ☐ Against ☐ Information

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

Representing GADSDEN COUNTY SHERIFFS OFFICE

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

1/24/17

Meeting Date

7006

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Chris Noland

Job Title _____

Address 1000 Riverride Ave
Street

Phone 904-233-3051

Jax FL 32204
City State Zip

Email nolandlaw@aol.com

Speaking: ☒ For ☐ Against ☐ Information

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

Representing Florida Chapter, American College of Physicians

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

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

1/24/17
Meeting Date

SPB 7006
Bill Number (if applicable)

Topic PDMP

Amendment Barcode (if applicable)

Name Chris Hansen

Job Title Ballard Partner

Address 403 E. Park
Street

Phone 577-0444

Tallahassee FL 32301
City State Zip

Email Chansen@ballardFL.com

Speaking: ☐ For ☐ Against ☒ Information

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

Representing Walgreens

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

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

1-24-2017

Meeting Date

7006

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name BRIAN PITS

Job Title Trustee

Address 1119 Newton Ave S
Street

Phone 727/897-9291

St. Petersburg FL 33705
City State Zip

Email justice2jesus@yahoo.com

Speaking: ☐ For ☐ Against ☐ Information

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

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 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

January 24, 2017
Meeting Date

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

7006
Bill Number (if applicable)

Topic Prescription Drug Monitoring Program

Amendment Barcode (if applicable)

Name Bernadette Howard

Job Title Government Affairs Coordinator

Address 2636 Mitcham Drive
Street

Phone 850-219-3631

Tallahassee FL 32308
City State Zip

Email bhoward@fpca.com

Speaking: ☐ For ☐ Against ☐ Information

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

Representing The Florida Police Chiefs Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Environmental Preservation and
Conservation, *Chair*
Appropriations Subcommittee on the Environment
and Natural Resources, *Vice Chair*
Appropriations
Appropriations Subcommittee on Health and
Human Services
Health Policy
Rules

SENATOR LAUREN FRANCES BOOK

Democratic Leader Pro Tempore
32nd District

January 12, 2017

The Honorable Dana D. Young
Chair, Health Policy Committee

Via Email

Dear Chair Young:

As you are aware, I am pregnant and carrying twins. As a result of my high-risk pregnancy, my doctors have advised that with barely five weeks before delivery, it is not advisable to travel at the end of January, nor during the month of February. I will be present for Committee meetings this week but respectfully request that I be excused from any scheduled meetings held during the weeks of January 23rd, February 6th, February 13th, and February 20th.

I plan to closely monitor meetings from my home. It is my intention to relocate to Tallahassee for Session on Saturday, March 4th, 2017 and be present throughout the Session.

Thank you for your understanding and consideration of this request for excused absences.

Sincerely,

Lauren F. Book
Senator, 32nd District

Cc: President Negron
Ms. Sandra Stovall, Staff Director;
Ms. Celia Georgiades, Committee Administrative Assistant

REPLY TO:

□ 202 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5032

Senate's Website: www.flsenate.gov

JOE NEGRON
President of the Senate

ANITERE FLORES
President Pro Tempore



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Education, *Chair*
Regulated Industries, *Vice Chair*
Appropriations Subcommittee on the Environment
and Natural Resources
Health Policy
Transportation

JOINT COMMITTEE:

Joint Committee on Public Counsel Oversight

SENATOR DOROTHY L. HUKILL
14th District

January 20, 2016

The Honorable Dana D. Young
Health Policy Committee, Chair
530 Knott Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Re: Request for Excusal from Committee Meeting

Dear Chairwoman Young:

Please excuse me from the Health Policy Committee on January 24, 2017 at 10 a.m. as I will not be able to attend due to illness.

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

Sincerely,

A handwritten signature in cursive script that reads "Dorothy L. Hukill".

Dorothy L. Hukill
State Senator, District 14

cc: Sandra Stovall, Staff Director of the Health Policy Committee
Celia Georgiades, Committee Administrative Assistant of the Health Policy Committee

REPLY TO:

□ 209 Dunlawton Avenue, Unit 17, Port Orange, Florida 32127 (386) 304-7630 FAX: (888) 263-3818

Senate's Website: www.flsenate.gov

JOE NEGRON
President of the Senate

ANITERE FLORES
President Pro Tempore

CourtSmart Tag Report

Room: KN 412

Caption: Senate Health Policy Committee

Case No.:

Judge:

Type:

Started: 1/24/2017 10:01:50 AM

Ends: 1/24/2017 10:22:02 AM

Length: 00:20:13

10:01:50 AM Opening Remarks by Chair Young
10:01:52 AM Meeting called to order
10:02:00 AM Roll Call
10:03:01 AM Pledge of Allegiance
10:03:03 AM Tab three SB 7004
10:03:21 AM Sen Passidimo
10:03:38 AM Chair Young explains
10:04:20 AM Brain Pitts gives information
10:06:47 AM Chair calls for debate on bill
10:07:49 AM SB 7004 roll call
10:07:58 AM SB 7004 approved favorably
10:08:16 AM Tab 2 Sen Bean explains SB 62
10:09:09 AM Chair calls for questions
10:10:21 AM Dr. William Blanchard waives in support
10:10:29 AM Louis Petery waives in support
10:10:45 AM Chris Newland waives in support
10:10:55 AM American Academy of pediatrics waives in support
10:11:48 AM Brain Pitts speaks in support and provides information
10:14:06 AM Eric Hudson waives in support
10:15:07 AM Ashley Boxer waives in support
10:15:20 AM Sen Bean waives close
10:15:28 AM Roll call
10:15:35 AM SB 58 explained by Sen Grimsley
10:16:57 AM Chris Newland waives in support
10:17:33 AM Waives in support
10:17:57 AM Brain Pitts waives in support
10:18:03 AM SB 58 passes favorably
10:18:15 AM Tab 4 SB 7006 Prescription Drugs
10:18:30 AM Sen Young explains the bill
10:18:53 AM Amendment explanation by Chair Young
10:19:33 AM Sen Young waives close
10:19:41 AM Amendment is adopted
10:19:49 AM questions on proposed bill as amended
10:20:01 AM FI police chief assoication waives in support
10:20:21 AM Gadsen Co. Sheriff's office waives in support
10:20:45 AM Chris Hanson Walgreens waives in support
10:20:54 AM Brain Pitss Just for Jesus waives in support
10:21:10 AM SB 7006 Roll Call
10:21:23 AM SB 7006 passes favorably
10:21:38 AM Meeting adjourned