The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS
Senator Sobel, Chair
Senator Hays, Vice Chair

MEETING DATE: Tuesday, March 25, 2014
TIME: 9:00 —11:00 a.m.
PLACE: *Mallory Horne Committee Room,* 37 Senate Office Building

MEMBERS: Senator Sobel, Chair; Senator Hays, Vice Chair; Senators Altman, Braynon, Clemens, Dean, Detert, Diaz de la Portilla, Grimsley, and Thompson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	**SB 1388** Montford (Similar CS/H 1041)	Registered Interns in Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling; Requiring an individual who has not satisfied specified requirements to register as an intern in clinical social work, marriage and family therapy, or mental health counseling; requiring an individual to remain under supervision while practicing under registered intern status; requiring a licensed health professional to be on the premises when clinical services are provided by a registered intern of clinical social work, marriage and family therapy, or mental health counseling in a private practice setting, etc. CF 03/18/2014 Not Considered CF 03/25/2014 Favorable HP AP	Favorable Yeas 10 Nays 0
2	**SB 1486** Garcia (Similar H 799)	Transitional Living Facilities; Providing requirements for transitional living facility policies and procedures governing client admission, transfer, and discharge; prohibiting a licensee or employee of a facility from serving notice upon a client to leave the premises or take other retaliatory action under certain circumstances; providing conditions for investigating and reporting incidents of abuse, neglect, mistreatment, or exploitation of clients; providing background screening requirements; requiring the agency, the Department of Health, the Agency for Persons with Disabilities, and the Department of Children and Families to develop electronic information systems for certain purposes, etc. CF 03/18/2014 Not Considered CF 03/25/2014 Favorable HP AP	Favorable Yeas 10 Nays 0

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
3	**SB 1180** Sobel (Similar H 991)	Chemicals in Consumer Products; Requiring the Department of Health to publish a list of chemicals of high concern present in consumer products designed for use by pregnant women and children; providing criteria for inclusion on the list; authorizing the department to participate with other states and governmental entities in an interstate clearinghouse established for specified purposes, etc. CF 03/18/2014 Temporarily Postponed CF 03/25/2014 Favorable HP AHS AP	Favorable Yeas 9 Nays 1
4	**SB 316** Bean (Similar H 579)	Certification of Assisted Living Facility Administrators; Requiring assisted living facility administrators to meet the training and education requirements established by a third-party credentialing entity; requiring the department to approve third-party credentialing entities for the purpose of developing and administering a professional credentialing program for assisted living facility administrators; requiring an approved third-party credentialing entity to establish a process for certifying persons who meet certain qualifications, etc. CF 03/25/2014 Fav/CS HP AP	Fav/CS Yeas 7 Nays 2
5	**CS/SB 722** Health Policy / Garcia (Similar CS/H 591)	Newborn Health Screening; Authorizing the State Public Health Laboratory to release the results of a newborn's hearing and metabolic tests or screenings to the newborn's health care practitioner; requiring a health care practitioner to provide an opportunity for the parent or legal guardian of a child who is diagnosed with a hearing impairment to provide contact information so that he or she may receive information directly from specified service providers; requiring the health care practitioner to transmit the information; requiring the Department of Health to post a list of certain service providers and institutions, etc. HP 03/11/2014 Fav/CS CF 03/25/2014 Fav/CS JU	Fav/CS Yeas 7 Nays 0

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
6	**SB 1090** Latvala (Identical H 979)	Homelessness; Requiring the Department of Economic Opportunity to provide training and technical assistance to certain designated lead agencies of homeless assistance continuums of care; requiring the department to establish award levels for "Challenge Grants"; requiring the Florida Housing Finance Corporation to distribute to the department and the Department of Children and Families certain funds from the Local Government Housing Trust Fund for the purpose of providing support, training, and technical assistance to designated lead agencies of continuums of care, etc. CF 03/25/2014 Fav/CS AP	Fav/CS Yeas 10 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 Children, Families, and Elder Affairs

BILL: SB 1388

INTRODUCER: Senator Montford

SUBJECT: Registered Interns in Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

DATE: March 14, 2014 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Sanford	Hendon	CF	**Favorable**
2.			HP	
3.			AP	

I. Summary:

SB 1388 updates and revises provisions in ch. 491, F.S., which regulate interns in the fields of clinical social work, marriage and family therapy, and mental health. Internship status is designed in these professions to allow candidates for licensure to meet the experience requirements of the license. In order to be registered as an intern, the individual must have completed the educational requirements for the licensure being sought. During the time that the person is completing this experience requirement, he or she must register as an intern. The bill:

- Requires registered interns to remain under supervision while registered as an intern;
- Limits intern registration to five years;
- Prohibits an individual who has held a provisional license from applying for an intern registration in the same profession;
- Requires that a licensed mental health professional be on the premises when clinical services are provided by a registered intern in a private practice setting; and
- Prohibits a registered intern from engaging in his or her own independent private practice.

The bill is not expected to have a significant fiscal impact. It has an effective date of July 1, 2014.

II. Present Situation:

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling (board) is located within the Department of Health (DOH) and is responsible for licensing and regulating the practice of clinical social work, marriage and family therapy, and mental health counseling pursuant to ch. 491, F.S.

The practice of clinical social work uses scientific and applied knowledge, theories, and methods for the purpose of describing, preventing, evaluating, and treating individual, couple, marital, family, or group behavior. The purpose of such services is the prevention and treatment of undesired behavior and enhancement of mental health. The practice of clinical social work includes methods of a psychological nature used to evaluate, assess, diagnose, treat, and prevent emotional and mental disorders and dysfunctions (whether cognitive, affective, or behavioral), sexual dysfunction, behavioral disorders, alcoholism, and substance abuse. The practice of clinical social work includes, but is not limited to, psychotherapy, hypnotherapy, and sex therapy, counseling, behavior modification, consultation, client-centered advocacy, crisis intervention, and the provision of needed information and education to clients.[1]

The practice of marriage and family therapy is the use of scientific and applied marriage and family theories, methods, and procedures for the purpose of describing, evaluating, and modifying marital, family, and individual behavior, within the context of marital and family systems, including the context of marital formation and dissolution. The practice is based on marriage and family systems theory, marriage and family development, human development, normal and abnormal behavior, psychopathology, human sexuality, psychotherapeutic and marriage and family therapy theories and techniques. The practice of marriage and family therapy includes methods of a psychological nature used to evaluate, assess, diagnose, treat, and prevent emotional and mental disorders or dysfunctions (whether cognitive, affective, or behavioral), sexual dysfunction, behavioral disorders, alcoholism, and substance abuse. The practice of marriage and family therapy includes, but is not limited to, marriage and family therapy, psychotherapy, including behavioral family therapy, hypnotherapy, and sex therapy, counseling, behavior modification, consultation, client-centered advocacy, crisis intervention, and the provision of needed information and education to clients.[2]

The practice of mental health counseling is the use of scientific and applied behavioral science theories, methods, and techniques for the purpose of describing, preventing, and treating undesired behavior and enhancing mental health and human development and is based on the person-in-situation perspectives derived from research and theory in personality, family, group, and organizational dynamics and development, career planning, cultural diversity, human growth and development, human sexuality, normal and abnormal behavior, psychopathology, psychotherapy, and rehabilitation. The practice of mental health counseling includes methods of a psychological nature used to evaluate, assess, diagnose, and treat emotional and mental dysfunctions or disorders (whether cognitive, affective, or behavioral), behavioral disorders, interpersonal relationships, sexual dysfunction, alcoholism, and substance abuse. The practice of mental health counseling includes, but is not limited to, psychotherapy, hypnotherapy, sex therapy, counseling, behavior modification, consultation, client-centered advocacy, crisis intervention, and the provision of needed information and education to clients.[3]

In order to practice any of these professions, an individual must be licensed by the board after having met a series of requirements. The two major requirements, other than payment of a fee,

[1] Section 491.003(7), F.S.
[2] Section 491.003(8), F.S.
[3] Section 491.003(9), F.S.

and completion of education requirements, for licensure in any of the fields is completion of a supervised internship and the successful completion of a theory and practice examination.[4]

The terms "clinical social worker," "marriage and family counselor," and "mental health counselor" are defined in ch. 491, F.S.,[5] but "mental health professional" is not.

Internships

In order to be licensed as a clinical social worker, a marriage and family counselor, or a mental health counselor, an individual must have completed designated educational requirements and at least two years of practice supervised by a licensed practitioner.[6] During the time that the person is completing the experience requirement, he or she must register as an intern.[7]

To become an intern the applicant must complete the application form and submit a nonrefundable application fee not exceeding $200 as set by the Board. The applicant must also have completed the necessary education requirements, submitted an acceptable supervision plan, and identified a qualified supervisor.[8]

An intern may renew his or her registration every biennium, with no time limit, by payment of a renewal fee of $80 for the two-year period. No continuing education is required for interns. There are 3,239 clinical social work interns, 859 marriage and family therapy interns, and 4,237 mental health counseling interns. Of this total, more than 700 interns have been renewing their registered intern license for over 10 years, and 150 of them have been renewing since the inception of this law in 1998.[9]

Disciplinary cases have shown that those who have held intern registration for many years are no longer remaining under supervision as is required by law, and many are in private practice without meeting minimum competency standards. DOH has received increasing numbers of complaints against registered interns for various infractions including filing false reports, failing to meet minimum standards, boundary violations, sexual misconduct, Medicaid fraud, and false advertising. To date, DOH has received 134 formal complaints against clinical social work interns, 51 complaints against marriage and family interns, and 238 complaints against mental health counselor interns. 67 complaints have resulted in disciplinary actions, including two recent emergency restriction orders signed by the Surgeon General.[10]

Provisional License

A provisional license permits an individual applying by endorsement or examination, who has satisfied the clinical experience requirements, to practice under supervision while completing all

[4] Section 491.005(1)(d), (3)(d), and (4)(d)
[5] Section 491.003, F.S.
[6] Section 491.005, F.S.
[7] Section 491.0045, F.S.
[8] *Id.*
[9] Department of Health, *Senate Bill 1388 Fiscal Analysis* (March 4, 2014) (on file with the Senate Committee on Children, Families, and Elder Affairs).
[10] *Id.*

licensure requirements. Provisional licenses expire 24 months after the date issued and may not be renewed or reissued.[11] Currently there are 66 provisionally licensed clinical social workers, 11 provisionally licensed marriage and family therapists, and 107 provisionally licensed mental health counselors. The board has accepted applications for registered internships from practitioners whose provisional licenses have expired without their having met the requirements for licensure, as there is no prohibition against a provisional licensee applying for an intern registration.[12]

III. Effect of Proposed Changes:

In addition to substantive changes, revisions are made throughout the bill to remove obsolete language and to make grammatical and conforming changes.

Section 1 amends s. 491.0045, F.S., to provide that registration as a social worker, marriage and family counselor, or mental health counselor intern is, in general, valid for five years from the date of issue. Registrations issued on or before March 31, 2015, expire March 31, 2020, and may not re-renewed or reissued. Registrations issued after March 31, 2015, expire 60 months after the date of issue and may be renewed only if the candidate has passed the theory and practice examination required for full licensure.

The bill requires that persons registered as interns must remain under the supervision of a licensed practitioner while practicing under registered intern status. Individuals who fail to comply with statutory internship requirements shall not be granted a license, and that the experience accrued by such individuals shall not count toward satisfying the experience requirements for licensure. This section also prohibits persons who have held a provisional license from applying for an intern license in the same profession.

Section 2 amends s. 491.005, F.S., to require that a "licensed mental health professional" be on the premises when clinical services are provided by a registered intern in a private practice setting. The bill prohibits registered interns from engaging in their own independent private practice.

Section 3 provides for an effective date of July 1, 2014.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

[11] Section 491.0046, F.S.
[12] Department of Health, *ibid.*

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Interns will no longer be required to pay a biennial renewal fee but will be required to pay initial fees and renewal for full licensure after five years in order to continue to practice in these professions. Some interns may not be able to meet the requirements for full licensure and may not be able to continue to practice in these fields.

C. Government Sector Impact:

The Department of Health expects to experience an insignificant fiscal impact related to updating its Customer Oriented Medical Practitioner Administration System (COMPAS) licensure system to accommodate the changes in this bill.

VI. Technical Deficiencies:

The bill requires that a "licensed mental health professional" be on the premises when clinical services are provided by a registered intern in a private practice setting. Neither current ch. 491, F.S., nor the bill defines "licensed mental health professional," and the term is placed in the bill under the clinical social worker licensure section of statute, the marriage and family counselor section, and the mental health counselor section. It is not clear whether any of the three professions, or even other professions generally considered mental health professionals, could provide the required presence for an intern in their field, or whether the intent is to have each profession present for its own interns.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 491.0045 and 491.005.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

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

None.

B. Amendments:

None.

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

251202

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
03/25/2014	.	
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	.	
	.	

The Committee on Children, Families, and Elder Affairs (Dean) recommended the following:

1 **Senate Amendment**
2
3 Delete line 159
4 and insert:
5 mental health professional licensed under chapter 490 or chapter
6 491 must be on the premises when

852772

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
03/25/2014	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Dean) recommended the following:

1 **Senate Amendment**
2
3 Delete lines 295 - 296
4 and insert:
5 toward the clinical experience requirement. A mental health
6 professional licensed under chapter 490 or chapter 491 must be
7 on the premises when clinical

312694

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
03/25/2014	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Dean) recommended the following:

1 **Senate Amendment**
2
3 Delete lines 343 - 344
4 and insert:
5 clinical experience requirement. A mental health
6 professional licensed under chapter 490 or chapter 491 must be
7 on the premises when clinical services are

By Senator Montford

3-01221A-14 20141388__

A bill to be entitled

An act relating to registered interns in clinical social work, marriage and family therapy, and mental health counseling; amending s. 491.0045, F.S.; requiring an individual who has not satisfied specified requirements to register as an intern in clinical social work, marriage and family therapy, or mental health counseling; requiring an individual to remain under supervision while practicing under registered intern status; providing that an intern registration is valid for 5 years; providing expiration dates of registrations issued on, before, or after specified dates; prohibiting an individual who has held a provisional license from applying for an intern registration in the same profession; conforming provisions to changes made by the act; amending s. 491.005, F.S.; requiring a licensed health professional to be on the premises when clinical services are provided by a registered intern of clinical social work, marriage and family therapy, or mental health counseling in a private practice setting; prohibiting such registered interns from engaging in their own independent private practice; conforming provisions to changes made by the act; providing an effective date.

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

Section 1. Section 491.0045, Florida Statutes, is amended

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

3-01221A-14 20141388__

to read:

491.0045 Intern registration; requirements.—

(1) ~~Effective January 1, 1998,~~ An individual who has not satisfied ~~intends to practice in Florida to satisfy~~ the postgraduate or post-master's level experience requirements~~,~~ as specified in s. 491.005(1)(c), (3)(c), or (4)(c)~~,~~ must register as an intern in the profession for which he or she is seeking licensure before ~~prior to~~ commencing the post-master's experience requirement. ~~or~~ An individual who intends to satisfy part of the required graduate-level practicum, internship, or field experience~~,~~ outside the academic arena for any profession~~,~~ must register as an intern in the profession for which he or she is seeking licensure before ~~prior to~~ commencing the practicum, internship, or field experience.

(2) The department shall register as a clinical social worker intern, marriage and family therapist intern, or mental health counselor intern each applicant who the board certifies has:

(a) Completed the application form and remitted a nonrefundable application fee of up to ~~not to exceed~~ $200, as set by board rule;

(b)1. Completed the education requirements as specified in s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which he or she is applying for licensure, if needed; and

2. Submitted an acceptable supervision plan, as determined by the board, for meeting the practicum, internship, or field work required for licensure which ~~that~~ was not satisfied in his or her graduate program.

(c) Identified a qualified supervisor.

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

(3) An individual registered under this section must remain under supervision while practicing under registered intern status ~~until he or she is in receipt of a license or a letter from the department stating that he or she is licensed to practice the profession for which he or she applied~~.

(4) An individual who fails ~~has applied for intern registration on or before December 31, 2001, and has satisfied the education requirements of s. 491.005 that are in effect through December 31, 2000, will have met the educational requirements for licensure for the profession for which he or she has applied.~~

~~(5) Individuals who have commenced the experience requirement as specified in s. 491.005(1)(c), (3)(c), or (4)(c) but failed to register as required by subsection (1) shall register with the department before January 1, 2000. Individuals who fail~~ to comply with this section may ~~subsection shall~~ not be granted a license under this chapter, and any time spent by the individual completing the experience requirement as specified in s. 491.005(1)(c), (3)(c), or (4)(c) before ~~prior to~~ registering as an intern does ~~shall~~ not count toward completion of the ~~such~~ requirement.

(5) Except as provided in subsection (6), an intern registration is valid for 5 years from the date of issue.

(6) An intern registration issued on or before March 31, 2015, expires March 31, 2020, and may not be renewed or reissued. An intern registration issued after March 31, 2015, expires 60 months after the date it is issued. A subsequent intern registration may not be issued unless the candidate has passed the theory and practice examination described in s.

491.005(1)(d), (3)(d), and (4)(d).

(7) An individual who has held a provisional license issued by the board may not apply for an intern registration in the same profession.

Section 2. Subsection (1), subsection (3), paragraphs (a) and (c) of subsection (4), and subsections (5) and (6) of section 491.005, Florida Statutes, are amended to read:

491.005 Licensure by examination.—

(1) CLINICAL SOCIAL WORK.—Upon verification of documentation and payment of a fee not to exceed $200, as set by board rule, plus the actual per applicant cost to the department for purchase of the examination from the American Association of State Social Work ~~Worker's~~ Boards or a similar national organization, the department shall issue a license as a clinical social worker to an applicant who the board certifies:

(a) Has submitted an ~~made~~ application ~~therefor~~ and paid the appropriate fee.

(b)1. Has received a doctoral degree in social work from a graduate school of social work which at the time the applicant graduated was accredited by an accrediting agency recognized by the United States Department of Education or has received a master's degree in social work from a graduate school of social work which at the time the applicant graduated:

a. Was accredited by the Council on Social Work Education;

b. Was accredited by the Canadian Association of Schools of Social Work; or

c. Has been determined to have been a program equivalent to programs approved by the Council on Social Work Education by the Foreign Equivalency Determination Service of the Council on

117 Social Work Education. An applicant who graduated from a program
118 at a university or college outside of the United States or
119 Canada must present documentation of the equivalency
120 determination from the council in order to qualify.
121 2. The applicant's graduate program must have emphasized
122 direct clinical patient or client health care services,
123 including, but not limited to, coursework in clinical social
124 work, psychiatric social work, medical social work, social
125 casework, psychotherapy, or group therapy. The applicant's
126 graduate program must have included all of the following
127 coursework:
128 a. A supervised field placement which was part of the
129 applicant's advanced concentration in direct practice, during
130 which the applicant provided clinical services directly to
131 clients.
132 b. Completion of 24 semester hours or 32 quarter hours in
133 theory of human behavior and practice methods as courses in
134 clinically oriented services, including a minimum of one course
135 in psychopathology, and no more than one course in research,
136 taken in a school of social work accredited or approved pursuant
137 to subparagraph 1.
138 3. If the course title which appears on the applicant's
139 transcript does not clearly identify the content of the
140 coursework, the applicant shall be required to provide
141 additional documentation, including, but not limited to, a
142 syllabus or catalog description published for the course.
143 (c) Has had at least ~~not less than~~ 2 years of clinical
144 social work experience, which took place subsequent to
145 completion of a graduate degree in social work at an institution

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146 meeting the accreditation requirements of this section, under
147 the supervision of a licensed clinical social worker or the
148 equivalent who is a qualified supervisor as determined by the
149 board. An individual who intends to practice in Florida to
150 satisfy clinical experience requirements must register pursuant
151 to s. 491.0045 before ~~prior to~~ commencing practice. If the
152 applicant's graduate program was not a program that ~~which~~
153 emphasized direct clinical patient or client health care
154 services as described in subparagraph (b)2., the supervised
155 experience requirement must take place after the applicant has
156 completed a minimum of 15 semester hours or 22 quarter hours of
157 the coursework required. A doctoral internship may be applied
158 toward the clinical social work experience requirement. A
159 licensed mental health professional must be on the premises when
160 clinical services are provided by a registered intern in a
161 private practice setting. A registered intern may not engage in
162 his or her own independent private practice ~~The experience~~
163 ~~requirement may be met by work performed on or off the premises~~
164 ~~of the supervising clinical social worker or the equivalent,~~
165 ~~provided the off-premises work is not the independent private~~
166 ~~practice rendering of clinical social work that does not have a~~
167 ~~licensed mental health professional, as determined by the board,~~
168 ~~on the premises at the same time the intern is providing~~
169 ~~services~~.
170 (d) Has passed a theory and practice examination provided
171 by the department for this purpose.
172 (e) Has demonstrated, in a manner designated by rule of the
173 board, knowledge of the laws and rules governing the practice of
174 clinical social work, marriage and family therapy, and mental

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175 health counseling.
176 (3) MARRIAGE AND FAMILY THERAPY.—Upon verification of
177 documentation and payment of a fee not to exceed $200, as set by
178 board rule, plus the actual cost to the department for the
179 purchase of the examination from the Association of Marital and
180 Family Therapy Regulatory Boards ~~Board~~, or similar national
181 organization, the department shall issue a license as a marriage
182 and family therapist to an applicant who the board certifies:
183 (a) Has submitted an ~~made~~ application ~~therefor~~ and paid the
184 appropriate fee.
185 (b)1. Has a minimum of a master's degree with major
186 emphasis in marriage and family therapy, or a closely related
187 field, and has completed all of the following requirements:
188 a. Thirty-six semester hours or 48 quarter hours of
189 graduate coursework, which must include a minimum of 3 semester
190 hours or 4 quarter hours of graduate-level course credits in
191 each of the following nine areas: dynamics of marriage and
192 family systems; marriage therapy and counseling theory and
193 techniques; family therapy and counseling theory and techniques;
194 individual human development theories throughout the life cycle;
195 personality theory or general counseling theory and techniques;
196 psychopathology; human sexuality theory and counseling
197 techniques; psychosocial theory; and substance abuse theory and
198 counseling techniques. Courses in research, evaluation,
199 appraisal, assessment, or testing theories and procedures;
200 thesis or dissertation work; or practicums, internships, or
201 fieldwork may not be applied toward this requirement.
202 b. A minimum of one graduate-level course of 3 semester
203 hours or 4 quarter hours in legal, ethical, and professional

204 standards issues in the practice of marriage and family therapy
205 or a course determined by the board to be equivalent.
206 c. A minimum of one graduate-level course of 3 semester
207 hours or 4 quarter hours in diagnosis, appraisal, assessment,
208 and testing for individual or interpersonal disorder or
209 dysfunction; and a minimum of one 3-semester-hour or 4-quarter-
210 hour graduate-level course in behavioral research which focuses
211 on the interpretation and application of research data as it
212 applies to clinical practice. Credit for thesis or dissertation
213 work, practicums, internships, or fieldwork may not be applied
214 toward this requirement.
215 d. A minimum of one supervised clinical practicum,
216 internship, or field experience in a marriage and family
217 counseling setting, during which the student provided 180 direct
218 client contact hours of marriage and family therapy services
219 under the supervision of an individual who met the requirements
220 for supervision under paragraph (c). This requirement may be met
221 by a supervised practice experience which took place outside the
222 academic arena, but which is certified as equivalent to a
223 graduate-level practicum or internship program which required a
224 minimum of 180 direct client contact hours of marriage and
225 family therapy services currently offered within an academic
226 program of a college or university accredited by an accrediting
227 agency approved by the United States Department of Education, or
228 an institution which is publicly recognized as a member in good
229 standing with the Association of Universities and Colleges of
230 Canada or a training institution accredited by the Commission on
231 Accreditation for Marriage and Family Therapy Education
232 recognized by the United States Department of Education.

233 Certification shall be required from an official of such
234 college, university, or training institution.
235 2. If the course title which appears on the applicant's
236 transcript does not clearly identify the content of the
237 coursework, the applicant shall be required to provide
238 additional documentation, including, but not limited to, a
239 syllabus or catalog description published for the course.
240
241 The required master's degree must have been received in an
242 institution of higher education which at the time the applicant
243 graduated was: fully accredited by a regional accrediting body
244 recognized by the Commission on Recognition of Postsecondary
245 Accreditation; publicly recognized as a member in good standing
246 with the Association of Universities and Colleges of Canada; or
247 an institution of higher education located outside the United
248 States and Canada, which at the time the applicant was enrolled
249 and at the time the applicant graduated maintained a standard of
250 training substantially equivalent to the standards of training
251 of those institutions in the United States which are accredited
252 by a regional accrediting body recognized by the Commission on
253 Recognition of Postsecondary Accreditation. Such foreign
254 education and training must have been received in an institution
255 or program of higher education officially recognized by the
256 government of the country in which it is located as an
257 institution or program to train students to practice as
258 professional marriage and family therapists or psychotherapists.
259 The burden of establishing that the requirements of this
260 provision have been met shall be upon the applicant, and the
261 board shall require documentation, such as, but not limited to,

262 an evaluation by a foreign equivalency determination service, as
263 evidence that the applicant's graduate degree program and
264 education were equivalent to an accredited program in this
265 country. An applicant with a master's degree from a program
266 which did not emphasize marriage and family therapy may complete
267 the coursework requirement in a training institution fully
268 accredited by the Commission on Accreditation for Marriage and
269 Family Therapy Education recognized by the United States
270 Department of Education.
271 (c) Has had at least ~~not less than~~ 2 years of clinical
272 experience during which 50 percent of the applicant's clients
273 were receiving marriage and family therapy services, which must
274 be at the post-master's level under the supervision of a
275 licensed marriage and family therapist who has ~~with~~ at least 5
276 years of experience, or the equivalent, and who is a qualified
277 supervisor as determined by the board. An individual who intends
278 to practice in Florida to satisfy the clinical experience
279 requirements must register pursuant to s. 491.0045 before ~~prior~~
280 ~~to~~ commencing practice. If a graduate has a master's degree with
281 a major emphasis in marriage and family therapy or a closely
282 related field which ~~that~~ did not include all the coursework
283 required under sub-subparagraphs (b)1.a.-c., credit for the
284 post-master's level clinical experience may ~~shall~~ not commence
285 until the applicant has completed a minimum of 10 of the courses
286 required under sub-subparagraphs (b)1.a.-c., as determined by
287 the board, and at least 6 semester hours or 9 quarter hours of
288 the course credits must have been completed in the area of
289 marriage and family systems, theories, or techniques. Within the
290 3 years of required experience, the applicant shall provide

291 direct individual, group, or family therapy and counseling, to
292 include the following categories of cases: unmarried dyads,
293 married couples, separating and divorcing couples, and family
294 groups including children. A doctoral internship may be applied
295 toward the clinical experience requirement. A licensed mental
296 health professional must be on the premises when clinical
297 services are provided by a registered intern in a private
298 practice setting. A registered intern may not engage in his or
299 her own independent private practice ~~The clinical experience~~
300 ~~requirement may be met by work performed on or off the premises~~
301 ~~of the supervising marriage and family therapist or the~~
302 ~~equivalent, provided the off-premises work is not the~~
303 ~~independent private practice rendering of marriage and family~~
304 ~~therapy services that does not have a licensed mental health~~
305 ~~professional, as determined by the board, on the premises at the~~
306 ~~same time the intern is providing services~~.
307 (d) Has passed a theory and practice examination provided
308 by the department for this purpose.
309 (e) Has demonstrated, in a manner designated by rule of the
310 board, knowledge of the laws and rules governing the practice of
311 clinical social work, marriage and family therapy, and mental
312 health counseling.
313 (f) For the purposes of dual licensure, the department
314 shall license as a marriage and family therapist any person who
315 meets the requirements of s. 491.0057. Fees for dual licensure
316 shall not exceed those stated in this subsection.
317 (4) MENTAL HEALTH COUNSELING.—Upon verification of
318 documentation and payment of a fee not to exceed $200, as set by
319 board rule, plus the actual per applicant cost to the department

320 for purchase of the examination from the Professional
321 Examination Service for the National Academy of Certified
322 Clinical Mental Health Counselors or a similar national
323 organization, the department shall issue a license as a mental
324 health counselor to an applicant who the board certifies:
325 (a) Has submitted an ~~made~~ application ~~therefor~~ and paid the
326 appropriate fee.
327 (c) Has had at least ~~not less than~~ 2 years of clinical
328 experience in mental health counseling, which must be at the
329 post-master's level under the supervision of a licensed mental
330 health counselor or the equivalent who is a qualified supervisor
331 as determined by the board. An individual who intends to
332 practice in Florida to satisfy the clinical experience
333 requirements must register pursuant to s. 491.0045 before ~~prior~~
334 ~~to~~ commencing practice. If a graduate has a master's degree with
335 a major related to the practice of mental health counseling
336 which ~~that~~ did not include all the coursework required under
337 sub-subparagraphs (b)1.a.-b., credit for the post-master's level
338 clinical experience may ~~shall~~ not commence until the applicant
339 has completed a minimum of seven of the courses required under
340 sub-subparagraphs (b)1.a.-b., as determined by the board, one of
341 which must be a course in psychopathology or abnormal
342 psychology. A doctoral internship may be applied toward the
343 clinical experience requirement. A licensed mental health
344 professional must be on the premises when clinical services are
345 provided by a registered intern in a private practice setting. A
346 registered intern may not engage in his or her own independent
347 private practice ~~The clinical experience requirement may be met~~
348 ~~by work performed on or off the premises of the supervising~~

349 ~~mental health counselor or the equivalent, provided the off-~~
350 ~~premises work is not the independent private practice rendering~~
351 ~~of services that does not have a licensed mental health~~
352 ~~professional, as determined by the board, on the premises at the~~
353 ~~same time the intern is providing services~~.
354 ~~(5) INTERNSHIP.—An individual who is registered as an~~
355 ~~intern and has satisfied all of the educational requirements for~~
356 ~~the profession for which the applicant seeks licensure shall be~~
357 ~~certified as having met the educational requirements for~~
358 ~~licensure under this section.~~
359 (5) ~~(6)~~ RULES.—The board may adopt rules necessary to
360 implement any education or experience requirement in ~~of~~ this
361 section for licensure as a clinical social worker, marriage and
362 family therapist, or mental health counselor.
363 Section 3. This act shall take effect July 1, 2014.

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

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Agriculture, *Chair*
Appropriations Subcommittee on Education, *Vice Chair*
Education, *Vice Chair*
Appropriations
Appropriations Subcommittee on Health and Human Services
Banking and Insurance
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Rules

SELECT COMMITTEE:
Select Committee on Indian River Lagoon and Lake Okeechobee Basin, *Vice Chair*

SENATOR BILL MONTFORD
Democratic Policy Chair
3rd District

March 11, 2014

Senator Eleanor Sobel, Chair
Senate Committee on Children & Families & Elder Affairs
520 Knott Building
Tallahassee, Florida 32399-1100

Dear Chairman Sobel;

I respectfully request that the following bill be scheduled for a hearing before the Senate Committee on Children & Families & Elder Affairs:

SB 1372 Florida Children and Youth Cabinet
SB 1388 Interns in Clinical Social Work

Your assistance and favorable consideration of my request is greatly appreciated.

Sincerely,

Bill Montford

William "Bill" Montford
State Senator, District 3

Cc: Claude Hendon, Staff Director

WM/md

RECEIVED
MAR 11 2014
Senate Committee
Children and Families

REPLY TO:
☐ 214 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5003
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DON GAETZ
President of the Senate

GARRETT RICHTER
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-25-14
Meeting Date

Topic _____ Bill Number SB 1388 *(if applicable)*

Name Jim Akin Amendment Barcode _____ *(if applicable)*

Job Title Executive Director

Address 1931 Bellwood Dr
Street

Tallahassee FL 32308
City *State* *Zip*

Phone 850-553-3334

E-mail jim@naswfl.org

Speaking: ☐ For ☐ Against ☐ Information

Representing National Association of Social Workers

Appearing at request of Chair: ☐ Yes ☑ No Lobbyist registered with Legislature: ☐ Yes ☑ No

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

This form is part of the public record for this meeting. S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic Mental Health Interns Bill Number 1388 *(if applicable)*

Name Corinne Mixon Amendment Barcode _____ *(if applicable)*

Job Title Lobbyist

Address 119 E. Park Ave
Street

Tally FL 32302
City *State* *Zip*

Phone (850) 222-2591

E-mail corinne@mixongroup.com

Speaking: ☒ For ☐ Against ☐ Information

Representing FL Mental Health Counselors Association

Appearing at request of Chair: ☐ Yes ☒ No Lobbyist registered with Legislature: ☒ Yes ☐ No

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

This form is part of the public record for this meeting. S-001 (10/20/11)

The Florida Senate

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 Children, Families, and Elder Affairs

BILL: SB 1486

INTRODUCER: Senator Garcia

SUBJECT: Transitional Living Facilities

DATE: March 14, 2014 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Hendon	Hendon	CF	**Favorable**
2.			HP	
3.			AP	

I. Summary:

SB 1486 revises regulations for transitional living facilities. The purpose of these facilities is to provide rehabilitative care in a small residential setting. Such facilities primarily serve persons with brain of spinal injuries and who need significant care and services to regain their independence. There are currently thirteen such facilities in Florida. The bill provides admission criteria, client evaluations, and treatment plans. The bill establishes rights for clients in these facilities, screening requirements for facility employees, and penalties for violations.

This bill will have a minor fiscal impact on the state and has an effective date of July 1, 2014.

II. Present Situation:

Brain and Spinal Cord Injuries

The human spinal cord operates much like a telephone line, relaying messages from the brain to the rest of the body. Spinal cord injuries are caused by bruising, crushing, or tearing of the delicate cord tissue.[1] Swelling of the spinal cord after the injury can cause even more damage. After an injury, the "messages" sent between the brain and the other parts of the body no longer flow through the damaged area. Many times the functions of the body which are located above the injury point will continue to work properly without impairment. However, the area below the injury point will be impaired to some degree, which will include any combination of the

[1]Florida Spinal Cord Injury Resource Center, *Family and Survivor's Guide, available at* http://fscirc.com/ (last visited March 13, 2014).

following: motor deficit, sensory deficit, initial breathing difficulty, and/or bowel and bladder dysfunction.

The Brain and Spinal Cord Injury Program (BSCIP) is administered by the Florida Department of Health (DOH).[2] The program is funded through a percentage of traffic related fines and surcharges for driving or boating under the influence, fees on temporary license tags, and a percentage of fees from the motorcycle specialty tag.

The BSCIP is operated through a statewide system of case managers and rehabilitation technicians. Children receive services from the Children's Medical Services nurse care coordinators and human services counselors. The program also employs regional managers who supervise staff in their region and who oversee locally the operation, development, and evaluation of the program's services and supports. Services include: case management, acute care, inpatient and outpatient rehabilitation, transitional living, assistive technology, home and vehicle modifications, nursing home transition facilitation; and long-term supports for survivors and families through contractual agreements with community-based agencies.

In addition to providing resource facilitation and funding for the services above, the program funds education, prevention, and research activities. It expands its services by funding a contract with the Brain Injury Association of Florida and the Florida Disabled Outdoors Association. Other services are provided through working relationships with the Florida Centers for Independent Living and the Florida Department of Education, Division of Vocational Rehabilitation.

Section 381.76, F.S., requires that an individual must be a legal Florida resident who has sustained a moderate-to-severe traumatic brain or spinal cord injury meeting the state's definition of such injuries; has been referred to the BSCIP Central Registry; and must be medically stable to be eligible for services. There must also be a reasonable expectation that with the provision of appropriate services and supports, the person can return to a community-based setting, rather than reside in a skilled nursing facility.

The state definition of a brain injury is an insult to the skull, brain or its covering, resulting from external trauma, which produces an altered state of consciousness or anatomic, motor, sensory, cognitive or behavioral deficit. The state definition of a spinal cord injury is a lesion to the spinal cord or cauda equina resulting from external trauma with evidence of significant involvement of two of the following-motor deficit, sensory deficit, or bowel and bladder dysfunction.

Transitional Living Facilities

Transitional living facilities provide specialized health care services, including, but not limited to: rehabilitative services, community reentry training, aids for independent living, and counseling to spinal-cord-injured persons and head-injured persons. There are currently thirteen facilities located in the state.[3] Most of the facilities are small and have between five and 10 beds. One facility however is licensed for 116 beds (Florida Institute for Neurologic Rehabilitation in

[2] Florida Department of Health website, *available at* http://www.doh.state.fl.us/ (last visited March 13, 2014).
[3] Agency for Health Care Administration, Health Finder Website http://www.floridahealthfinder.gov/index.html (last visited March 13, 2014).

Wauchula). The facilities are located primarily in central Florida. The Agency for Health Care Administration (AHCA) is the licensing authority and one of the regulatory authorities which oversee transitional living facilities pursuant to Part II of ch. 408, F.S., Part V of ch. 400, F.S., and pursuant to Rule 59A-17 of the Florida Administrative Code. The current licensure fee is $4,588, and $90 per bed fee per biennium.

AHCA governs the physical plant and fiscal management of these facilities and adopts rules in conjunction with the DOH, which monitors services for persons with traumatic brain and spinal cord injuries. The Department of Children and Families investigates allegations of abuse and neglect of children and vulnerable adults.

Section 400.805, F.S., provides requirements for transitional living facilities. Section 400.805(2), F.S., sets licensure requirements and fees for operation of a transitional living facility as well as requiring all facility personnel submit to a level two background screening. Section 400.805(3)(a), F.S., requires AHCA, in consultation with the DOH, to adopt rules governing the physical plan and the fiscal management of transitional living facilities.

The Brain and Spinal Cord Injury Advisory Council has the right to entry and inspection of transitional living facilities granted under s. 400.805(4), F.S. In addition, designated representatives of AHCA, the local fire marshal, and other agencies have access to the facilities and clients.

According to a news report from Bloomberg, dated January 24, 2012, clients at the Florida Institute for Neurologic Rehabilitation in Wauchula, Florida were abused, neglected and confined. The news report was based on information from 20 current and former clients and their family members, criminal charging documents, civil complaints and advocates for the disabled.[4] The report states that three former employees face criminal charges for abusing clients. News reports state the facility and three affiliated corporations filed Chapter 11 petitions in U.S. Bankruptcy Court in Tampa.[5] As of March 13, 2014, the facility remains licensed.

III. Effect of Proposed Changes:

Section 1 designates ss. 400.997 through 400.9985, F.S., as part XI of ch. 400, F.S., entitled "Transitional Living Facilities". Section 400.997, F.S., is created to provide intent that transitional living facilities are to assist persons with brain and spinal cord injuries to achieve independent living and a return to the community.

The bill creates s. 400.9971. F.S., to define terms. The bill defines a chemical restraint which is used for the client protection or safety and is not required for the treatment of medical conditions or symptoms. The definition of physical restraint means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the individual's body so the

[4] Bloomberg, *Abuse of Brain Injured Americans Scandalizes U.S.*, (Jan. 7, 2012) *available at* http://www.bloomberg.com/news/2012-07-24/brain-injured-abuse-at-for-profit-center-scandalizes-u-s-.html
[5] Bloomberg, *Florida Brain-Injury Facility Files for Bankruptcy*, (Jan. 5, 2013) *available at* http://www.bloomberg.com/news/2013-01-05/florida-brain-injury-facility-files-for-bankruptcy.html

client cannot easily remove the restraint and restricts freedom of movement or normal access to one's body. The definition of a transitional living facility is moved from s. 381.475, F.S.

The bill creates s. 400.9972, F.S., to provide the licensure requirements and application fee for transitional living facilities. The bill codifies the current license fee of $4,588 and the per bed fee of $90.[6] The bill requires certain information from the applicant, including the facility location, proof that local zoning requirements have been met, proof of liability insurance, documentation of a satisfactory fire safety inspection, and documentation of satisfactory sanitation inspection by the county health department. The bill also requires facilities to be accredited by an accrediting organization specializing in rehabilitation facilities. Such accreditation does not supplant the requirement for AHCA inspections.

Admission Criteria

The bill creates s. 400.9973, F.S., to set standards transitional living facilities must meet for client admission, transfer, and discharge from the facility. The facility is required to have admission, transfer, and discharge policies and procedures in writing.

Clients can only be admitted to the facility through a prescription by a licensed physician and must remain under the care of the physician for the duration of the client's stay in the facility. Clients admitted to the facility must have a brain and spinal cord injury, as defined in s. 381.745(2), F.S. Clients whose diagnosis does not positively identify a cause may be admitted for an evaluation period of up to 90 days.

A facility may not admit a client whose primary diagnosis is a mental illness or an intellectual or developmental disability. The facility may not admit clients who present significant risk of infection to other clients or personnel. Documentation indicating the person is free of apparent signs and symptoms of communicable disease is required. The facility may not admit clients who are a danger to themselves or others as determined by a physician or mental health practitioner. The facility may not admit clients requiring mental health treatment or nursing supervision on a 24-hour basis or who are bedridden.

Client Plans and Evaluation

The bill creates s. 400.9974, F.S., to require that the facility develop a comprehensive treatment plan for each client within 30 days of admission. An interdisciplinary team, including the client, as appropriate, must develop the plan. Each plan must be updated at least monthly and include the following:

- Physician's orders, diagnosis, medical history, physical exams and rehab needs;
- A nursing evaluation with physician orders for immediate care completed at admission; and
- A comprehensive assessment of the client's functional status and the services needed to become independent and return to the community.

[6] Section 400.805(2)(b), F.S., authorizes a license fee of $4,000 and a per bed fee of $75.50. Pursuant to s. 408.805(2), F.S., AHCA can increase the fees each year by up to the increase in the consumer price index for that year. The current fee is $4,588 and $90 per bed and bill uses these amounts.

The facility must have qualified staff to carry out and monitor rehabilitation services in accordance with the stated goals of the treatment plan.

The bill creates s. 400.9975, F.S., to provide for certain rights of each client. Specifically, the facility must ensure that each client:

- Lives in a safe environment;
- Is treated with respect, recognition of personal dignity, and privacy;
- Retains use of his or her own clothes and personal property;
- Has unrestricted private communications, which includes mail, telephone, and visitors;
- Participates in community services and activities;
- Manages his or her own financial affairs, unless the client or the client's representative authorizes the administrator of the facility to provide safekeeping for funds;
- Has reasonable opportunity for regular exercise and to be outdoors several times a week;
- May exercise civil and religious liberties;
- Has adequate access to appropriate health care services; and
- Has the ability to present grievances and recommend changes in policies, procedures, and services.

The facility must:

- Promote participation of client's representative in the process of treatment for the client;
- Answer communications from a client's family and friends promptly;
- Promote visits by individuals with a relationship to the client at any reasonable hour;
- Allow residents to leave from the facility to visit or to take trips or vacations; and
- Promptly notify client representatives of any significant incidents or changes in condition.

The bill requires the administrator to post a written notice of provider responsibilities in a prominent place in the facility that includes the statewide toll-free telephone number for reporting complaints to AHCA and the statewide toll-free number of Disability Rights of Florida. The facility must ensure the client has access to a telephone to call AHCA, the central abuse hotline or Disabilities Rights of Florida. The facility cannot take retaliatory action against a client for filing a complaint or grievance. These are similar to protections provided to residents of nursing homes and assisted living facilities.

The bill creates s. 400.9976, F.S., to require the facility to record the client's medication administration, including self-administration, and each dose of medication. All drugs must be administered as ordered by the physician. The medication must be administered in compliance with the physician's orders. Drug administration errors and adverse drug reaction must be recorded and reported immediately to the physician. The interdisciplinary team that develops the client's treatment plan must determine whether a client is capable of self-administration of medications.

The bill creates s. 400.9977, F.S., to provide that unlicensed care staff may assist residents with repackaged medications. The bill requires that the facility must provide training, develop procedures, and maintain records in regards to assistance with medication by unlicensed staff.

The bill creates s. 400.9978, F.S., to state that the facility is responsible for developing and implementing policies and procedures for screening and training employees, protection of clients, and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and exploitation. This includes the facility identifying clients whose history renders the client a risk for abusing other clients. The facility must implement procedures to:

- Screen potential employees for a history of abuse, neglect, or mistreatment of clients;
- Train employees through orientation and on-going sessions on abuse prohibition practices;
- Provide clients, families, and staff information on how and to whom they may report concerns, incidents and grievances without fear of retribution;
- Identify events, such as suspicious bruising of clients, that may constitute abuse to determine the direction of the investigation;
- Investigate different types of incidents and identify staff members responsible for the initial reporting, and reporting of results to the proper authorities;
- Protect clients from harm during an investigation; and
- Report all alleged violations and all substantiated incidents as required under chs. 39 and 415, F.S., to the appropriate licensing authorities.

The bill creates s. 400.9979, F.S., to require that physical and chemical restraints be ordered for clients before they are used by the facility. The bill requires that the order must be documented by the client's physician and provided with the consent of the client or client's representative. Chemical restraint is limited to the dosage of medications prescribed by the client's physician. Clients receiving medications that can serve as a restraint must be evaluated by their physician at least monthly to assess:

- Continued use of medication;
- Level of the medication in client's blood; and
- Adjustments in the prescription.

The facility must ensure clients are free from unnecessary drugs and physical restraints. All interventions to manage inappropriate client behaviors must be administered with sufficient safeguards and supervision.

The bill creates s. 400.998, F.S., to require all facility personnel to complete a level two background screening as required in s 408.809(1)(e), F.S., pursuant to ch. 435, F.S. The facility must maintain personnel records which contain the staff's background screening, job description, training requirements, compliance documentation, and a copy of all licenses or certification held by staff who perform services for which licensure or certification is required. The record must also include a copy of all job performance evaluations. In addition, the bill requires the facility to:

- Implement infection control policies and procedures;
- Maintain liability insurance, as defined by s. 624.605, F.S., at all times;
- Designate one person as administrator who is responsible for the overall management of the facility;
- Designate in writing a person responsible for the facility when the administrator is absent for 24 hours;
- Obtain approval of the comprehensive emergency management plan from the local emergency management agency; and

- Maintain written records in a form and system in accordance with standard medical and business practices and be available for submission to AHCA upon request. The records must include:
  - A daily census record;
  - A report of all accident or unusual incidents involving clients or a staff member that caused or had the potential to cause injury or harm to any person or property within the facility;
  - Agreements with third party providers;
  - Agreements with consultants employed by the facility; and
  - Documentation of each consultant's visits and required written, dated reports.

The bill creates s. 400.9981, F.S., to allow clients the option of using their own personal belongings, and choosing a roommate whenever possible. The admission of a client to a facility and his or her presence therein shall not confer on a licensee, administrator, employee, or representative any authority to manage, use, or dispose of any property of the client. The licensee, administrator, employee, or representative may not act as the client's guardian, trustee, or payee for social security or other benefits. The licensee, administrator, employee, or representative may be granted power of attorney for a client if the licensee has filed a surety bond with AHCA in an amount equal to twice the average monthly income of the client. When the power of attorney is granted to the licensee, administrator, staff, or representative, he or she must notify the client on a monthly basis of any transactions made on their behalf and a copy of such statement given to the client and retained in the client's file and available for inspection by AHCA.

The bill states the facility, upon consent from the client, shall provide for the safekeeping in the facility of personal effects not in excess of $1,000 and funds of the client not in excess of $500 in cash, and shall keep complete and accurate records of all funds and personal effects received.

The bill provides for any funds or other property belonging to or due to a client, or expendable for his or her account, which is received by licensee, shall be trust funds which shall be kept separate from the funds and property of the licensee and other clients or shall be specifically credited to the client. At least once every month, unless upon order of a court of competent jurisdiction, the facility shall furnish the client and the client's representative a complete and verified statement of all funds and other property, detailing the amount and items received, together with their sources and disposition.

The bill mandates any licensee, administrator, or staff, or representative thereof, who is granted power of attorney for any client of the facility and who misuses or misappropriates funds obtained through this power commits a felony of the third degree.

In the event of the death of a client, the facility shall return all refunds, funds, and property held in trust to the client's personal representative. If the client has no spouse or adult next of kin or such person cannot be located, funds due the client shall be placed in an interest-bearing account, and all property held in trust by the licensee shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code.

The bill allows AHCA, by rule, to clarify terms and specify procedures and documentation necessary to administer the provisions relating to the proper management of clients' funds and personal property and the execution of surety bonds.

The bill creates s. 400.9982, F.S., to authorize AHCA to publish and enforce rules to include criteria to ensure reasonable and consistent quality of care and client safety. AHCA, in consultation with the DOH, may adopt and enforce rules.

The bill creates s. 400.9983, F.S., to revise penalties for violations. Current law requires AHCA to determine if violations in health care related facilities are isolated, patterned or widespread by AHCA.[7] The penalties in the bill take into account the frequency of the problems within the facility. Violations are also separated into classes one through four based on severity in s. 408.813, F.S. Class one violations being the most serious and class four being the least serious. Class one violations put clients in imminent danger. Class two violations directly threaten the safety of clients. Class three violations indirectly threaten the safety of clients. Class four violations are primarily for paperwork violations that would not harm clients. The classifications must be included on the written notice of the violation provided to the facility.

The fines for violations are to be levied at the following amounts:

Class of Violation/Correction	Isolated	Patterned	Widespread
1 - Regardless of correction	$5,000	$7,500	$10,000
2 - Regardless of correction	$1,000	$2,500	$5,000
3 – If uncorrected	$500	$750	$1,000
	Range		
4 – Regardless of correction	$100		$200

The bill creates s. 400.9984, F.S., to establish the right for AHCA to petition a court for the appointment of a receiver using the provisions of s. 429.22, F.S., when the following conditions exist:

- The facility is closing or has informed AHCA that it intends to close;
- AHCA determines the conditions exist in the facility that presents danger to the health, safety, or welfare of the clients of the facility; and
- The facility cannot meet its financial obligation for providing food, shelter, care, and utilities.

The bill creates s. 400.9985, F.S., to require AHCA, the DOH, the Agency for Persons with Disabilities, and the Department of Children and Families to develop an electronic database to ensure relevant data pertaining to the regulation of transitional living facilities and clients is communicated timely among all agencies for the protection of clients. This system must include the Brain and Spinal Cord Registry and the abuse registries. A database containing information on facilities will assist the various state agencies that are involved in regulating the facilities and the treatment of their clients.

Section 2 repeals s. 400.805, F.S. This section of law contains the current regulations for transitional living facilities. These provisions are replaced by new provisions in the bill.

[7] s. 408.813(2), F.S.

Section 3 renames the title of part V of chapter 400 as "Intermediate Care Facilities" to remove "Transitional Living Facilities" from the title as the bill creates a new part for such facilities.

Section 4 amends s. 381.745, F.S., to conform to changes in the definition of a transitional living facility.

Section 5 amends s. 381.75, F.S., to eliminate a reference to the responsibility of the Department of Health to develop rules with AHCA for the regulation of transitional living facilities. Provisions in this section are moved and revised in the newly-created sections 400.997-400.9984, F.S.

Section 6 amends s. 381.78, F.S., relating to the Brain and Spinal Cord Injury Advisory Council's appointment of a committee to regulate transitional living facilities. These duties are duplicative of the regulation by AHCA under the bill and, as a result, are removed.

Section 7 amends s. 400.93, F.S., remove a reference to transitional living facilities.

Section 8 amends s. 408.802, F.S., to correct a reference to transitional living facilities.

Section 9 amends s. 408.820, F.S., to correct a reference to transitional living facilities.

Section 10 creates an unnumbered section of law that requires that transitional living facilities licensed before the effective date of the bill must meet the new requirements of the bill by July 1, 2015.

Section 11 provides for an effective date of July 1, 2014.

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:

Transitional living facilities may incur increased costs based on the increased requirements under the bill. The amount is indeterminate.

C. Government Sector Impact:

AHCA currently regulates the 13 transitional living facilities in the state and is not expected to incur increased costs of regulation. AHCA will see increased costs however to develop a database to hold information on facilities that would be shared with other state agencies as required under the bill. The costs are estimated below:

Fiscal Impact	**Fiscal Year 2014-15**
AHCA	
Develop database	$164,060
Total	$164,060

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.745, 381.75, 381.78, 400.93, 408.802, and 408.820.

This bill creates the following sections of the Florida Statutes: 400.997, 400.9971, 400.9972, 400.9973, 400.9974, 400.9975, 400.9976, 400.9977, 400.9978, 400.9979, 400.998, 400.9981, 400.9982, 400.9983, 400.9984, and 400.9985.

This bill repeals section 400.805 of the Florida Statutes.

This bill creates an unnumbered section 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 Garcia

38-00318A-14 20141486__

A bill to be entitled

An act relating to transitional living facilities; creating part XI of ch. 400, F.S.; providing legislative intent; providing definitions; requiring the licensure of transitional living facilities; providing license fees and application requirements; requiring accreditation of licensed facilities; providing requirements for transitional living facility policies and procedures governing client admission, transfer, and discharge; requiring a comprehensive treatment plan to be developed for each client; providing plan and staffing requirements; requiring certain consent for continued treatment in a transitional living facility; providing licensee responsibilities; providing notice requirements; prohibiting a licensee or employee of a facility from serving notice upon a client to leave the premises or take other retaliatory action under certain circumstances; requiring the client and client's representative to be provided with certain information; requiring the licensee to develop and implement certain policies and procedures; providing licensee requirements relating to administration of medication; requiring maintenance of medication administration records; providing requirements for administration of medications by unlicensed staff; specifying who may conduct training of staff; requiring licensees to adopt policies and procedures for administration of medications by trained staff;

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requiring the Agency for Health Care Administration to adopt rules; providing requirements for the screening of potential employees and training and monitoring of employees for the protection of clients; requiring licensees to implement certain policies and procedures to protect clients; providing conditions for investigating and reporting incidents of abuse, neglect, mistreatment, or exploitation of clients; providing requirements and limitations for the use of physical restraints, seclusion, and chemical restraint medication on clients; providing a limitation on the duration of an emergency treatment order; requiring notification of certain persons when restraint or seclusion is imposed; authorizing the agency to adopt rules; providing background screening requirements; requiring the licensee to maintain certain personnel records; providing administrative responsibilities for licensees; providing recordkeeping requirements; providing licensee responsibilities with respect to the property and personal affairs of clients; providing requirements for a licensee with respect to obtaining surety bonds; providing recordkeeping requirements relating to the safekeeping of personal effects; providing requirements for trust funds or other property received by a licensee and credited to the client; providing a penalty for certain misuse of a client's personal funds, property, or personal needs allowance; providing criminal penalties for violations; providing for the disposition of property

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in the event of the death of a client; authorizing the agency to adopt rules; providing legislative intent; authorizing the agency to adopt and enforce rules establishing standards for transitional living facilities and personnel thereof; classifying violations and providing penalties therefor; providing administrative fines for specified classes of violations; authorizing the agency to apply certain provisions with regard to receivership proceedings; requiring the agency, the Department of Health, the Agency for Persons with Disabilities, and the Department of Children and Families to develop electronic information systems for certain purposes; repealing s. 400.805, F.S., relating to transitional living facilities; revising the title of part V of ch. 400, F.S.; amending s. 381.745, F.S.; revising the definition of the term "transitional living facility," to conform; amending s. 381.75, F.S.; revising the duties of the Department of Health and the agency relating to transitional living facilities; amending ss. 381.78, 400.93, 408.802, and 408.820, F.S.; conforming provisions to changes made by the act; providing applicability with respect to transitional living facilities licensed before a specified date; providing effective dates.

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

Section 1. Part XI of chapter 400, Florida Statutes,

consisting of sections 400.997 through 400.9985, is created to read:

PART XI

TRANSITIONAL LIVING FACILITIES

400.997 Legislative intent.—It is the intent of the Legislature to provide for the licensure of transitional living facilities and require the development, establishment, and enforcement of basic standards by the Agency for Health Care Administration to ensure quality of care and services to clients in transitional living facilities. It is the policy of the state that the least restrictive appropriate available treatment be used based on the individual needs and best interest of the client, consistent with optimum improvement of the client's condition. The goal of a transitional living program for persons who have brain or spinal cord injuries is to assist each person who has such an injury to achieve a higher level of independent functioning and to enable the person to reenter the community. It is also the policy of the state that the restraint or seclusion of a client is justified only as an emergency safety measure used in response to danger to the client or others. It is therefore the intent of the Legislature to achieve an ongoing reduction in the use of restraint or seclusion in programs and facilities that serve persons who have brain or spinal cord injuries.

400.9971 Definitions.—As used in this part, the term:

(1) "Agency" means the Agency for Health Care Administration.

(2) "Chemical restraint" means a pharmacologic drug that physically limits, restricts, or deprives a person of movement

117 or mobility, is used for client protection or safety, and is not
118 required for the treatment of medical conditions or symptoms.
119 (3) "Client's representative" means the parent of a child
120 client or the client's guardian, designated representative,
121 designee, surrogate, or attorney in fact.
122 (4) "Department" means the Department of Health.
123 (5) "Physical restraint" means a manual method to restrict
124 freedom of movement of or normal access to a person's body, or a
125 physical or mechanical device, material, or equipment attached
126 or adjacent to the person's body that the person cannot easily
127 remove and that restricts freedom of movement of or normal
128 access to the person's body, including, but not limited to, a
129 half-bed rail, a full-bed rail, a geriatric chair, or a Posey
130 restraint. The term includes any device that is not specifically
131 manufactured as a restraint but is altered, arranged, or
132 otherwise used for this purpose. The term does not include
133 bandage material used for the purpose of binding a wound or
134 injury.
135 (6) "Seclusion" means the physical segregation of a person
136 in any fashion or the involuntary isolation of a person in a
137 room or area from which the person is prevented from leaving.
138 Such prevention may be accomplished by imposition of a physical
139 barrier or by action of a staff member to prevent the person
140 from leaving the room or area. For purposes of this part, the
141 term does not mean isolation due to a person's medical condition
142 or symptoms.
143 (7) "Transitional living facility" means a site where
144 specialized health care services are provided to persons who
145 have brain or spinal cord injuries, including, but not limited

146 to, rehabilitative services, behavior modification, community
147 reentry training, aids for independent living, and counseling.
148 400.9972 License required; fee; application.—
149 (1) The requirements of part II of chapter 408 apply to the
150 provision of services that require licensure pursuant to this
151 part and part II of chapter 408 and to entities licensed by or
152 applying for licensure from the agency pursuant to this part. A
153 license issued by the agency is required for the operation of a
154 transitional living facility in this state. However, this part
155 does not require a provider licensed by the agency to obtain a
156 separate transitional living facility license to serve persons
157 who have brain or spinal cord injuries as long as the services
158 provided are within the scope of the provider's license.
159 (2) In accordance with this part, an applicant or a
160 licensee shall pay a fee for each license application submitted
161 under this part. The license fee shall consist of a $4,588
162 license fee and a $90 per-bed fee per biennium and shall conform
163 to the annual adjustment authorized in s. 408.805.
164 (3) An applicant for licensure must provide:
165 (a) The location of the facility for which the license is
166 sought and documentation, signed by the appropriate local
167 government official, which states that the applicant has met
168 local zoning requirements.
169 (b) Proof of liability insurance as defined in s.
170 624.605(1)(b).
171 (c) Proof of compliance with local zoning requirements,
172 including compliance with the requirements of chapter 419 if the
173 proposed facility is a community residential home.
174 (d) Proof that the facility has received a satisfactory

175 firesafety inspection.
176 (e) Documentation that the facility has received a
177 satisfactory sanitation inspection by the county health
178 department.
179 (4) The applicant's proposed facility must attain and
180 continuously maintain accreditation by an accrediting
181 organization that specializes in evaluating rehabilitation
182 facilities whose standards incorporate licensure regulations
183 comparable to those required by the state. An applicant for
184 licensure as a transitional living facility must acquire
185 accreditation within 12 months after issuance of an initial
186 license. The agency shall accept the accreditation survey report
187 of the accrediting organization in lieu of conducting a
188 licensure inspection if the standards included in the survey
189 report are determined by the agency to document that the
190 facility substantially complies with state licensure
191 requirements. Within 10 days after receiving the accreditation
192 survey report, the applicant shall submit to the agency a copy
193 of the report and evidence of the accreditation decision as a
194 result of the report. The agency may conduct an inspection of a
195 transitional living facility to ensure compliance with the
196 licensure requirements of this part, to validate the inspection
197 process of the accrediting organization, to respond to licensure
198 complaints, or to protect the public health and safety.
199 400.9973 Client admission, transfer, and discharge.—
200 (1) A transitional living facility shall have written
201 policies and procedures governing the admission, transfer, and
202 discharge of clients.
203 (2) The admission of a client to a transitional living

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204 facility must be in accordance with the licensee's policies and
205 procedures.
206 (3) A client admitted to a transitional living facility
207 must have a brain or spinal cord injury, such as a lesion to the
208 spinal cord or cauda equina syndrome, with evidence of
209 significant involvement of at least two of the following
210 deficits or dysfunctions:
211 (a) A motor deficit.
212 (b) A sensory deficit.
213 (c) Bowel and bladder dysfunction.
214 (d) An acquired internal or external injury to the skull,
215 the brain, or the brain's covering, whether caused by a
216 traumatic or nontraumatic event, which produces an altered state
217 of consciousness or an anatomic motor, sensory, cognitive, or
218 behavioral deficit.
219 (4) A client whose medical condition and diagnosis do not
220 positively identify a cause of the client's condition, whose
221 symptoms are inconsistent with the known cause of injury, or
222 whose recovery is inconsistent with the known medical condition
223 may be admitted to a transitional living facility for evaluation
224 for a period not to exceed 90 days.
225 (5) A client admitted to a transitional living facility
226 must be admitted upon prescription by a licensed physician,
227 physician assistant, or advanced registered nurse practitioner
228 and must remain under the care of a licensed physician,
229 physician assistant, or advanced registered nurse practitioner
230 for the duration of the client's stay in the facility.
231 (6) A transitional living facility may not admit a person
232 whose primary admitting diagnosis is mental illness or an

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233 intellectual or developmental disability.
234 (7) A person may not be admitted to a transitional living
235 facility if the person:
236 (a) Presents significant risk of infection to other clients
237 or personnel. A health care practitioner must provide
238 documentation that the person is free of apparent signs and
239 symptoms of communicable disease;
240 (b) Is a danger to himself or herself or others as
241 determined by a physician, physician assistant, or advanced
242 registered nurse practitioner or a mental health practitioner
243 licensed under chapter 490 or chapter 491, unless the facility
244 provides adequate staffing and support to ensure patient safety;
245 (c) Is bedridden; or
246 (d) Requires 24-hour nursing supervision.
247 (8) If the client meets the admission criteria, the medical
248 or nursing director of the facility must complete an initial
249 evaluation of the client's functional skills, behavioral status,
250 cognitive status, educational or vocational potential, medical
251 status, psychosocial status, sensorimotor capacity, and other
252 related skills and abilities within the first 72 hours after the
253 client's admission to the facility. An initial comprehensive
254 treatment plan that delineates services to be provided and
255 appropriate sources for such services must be implemented within
256 the first 4 days after admission.
257 (9) A transitional living facility shall develop a
258 discharge plan for each client before or upon admission to the
259 facility. The discharge plan must identify the intended
260 discharge site and possible alternative discharge sites. For
261 each discharge site identified, the discharge plan must identify

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262 the skills, behaviors, and other conditions that the client must
263 achieve to be eligible for discharge. A discharge plan must be
264 reviewed and updated as necessary but at least once monthly.
265 (10) A transitional living facility shall discharge a
266 client as soon as practicable when the client no longer requires
267 the specialized services described in s. 400.9971(7), when the
268 client is not making measurable progress in accordance with the
269 client's comprehensive treatment plan, or when the transitional
270 living facility is no longer the most appropriate and least
271 restrictive treatment option.
272 (11) A transitional living facility shall provide at least
273 30 days' notice to a client of transfer or discharge plans,
274 including the location of an acceptable transfer location if the
275 client is unable to live independently. This subsection does not
276 apply if a client voluntarily terminates residency.
277 400.9974 Client comprehensive treatment plans; client
278 services.—
279 (1) A transitional living facility shall develop a
280 comprehensive treatment plan for each client as soon as
281 practicable but no later than 30 days after the initial
282 comprehensive treatment plan is developed. The comprehensive
283 treatment plan must be developed by an interdisciplinary team
284 consisting of the case manager, the program director, the
285 advanced registered nurse practitioner, and appropriate
286 therapists. The client or, if appropriate, the client's
287 representative must be included in developing the comprehensive
288 treatment plan. The comprehensive treatment plan must be
289 reviewed and updated if the client fails to meet projected
290 improvements outlined in the plan or if a significant change in

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291 the client's condition occurs. The comprehensive treatment plan
292 must be reviewed and updated at least once monthly.
293 (2) The comprehensive treatment plan must include:
294 (a) Orders obtained from the physician, physician
295 assistant, or advanced registered nurse practitioner and the
296 client's diagnosis, medical history, physical examination, and
297 rehabilitative or restorative needs.
298 (b) A preliminary nursing evaluation, including orders for
299 immediate care provided by the physician, physician assistant,
300 or advanced registered nurse practitioner, which shall be
301 completed when the client is admitted.
302 (c) A comprehensive, accurate, reproducible, and
303 standardized assessment of the client's functional capability;
304 the treatments designed to achieve skills, behaviors, and other
305 conditions necessary for the client to return to the community;
306 and specific measurable goals.
307 (d) Steps necessary for the client to achieve transition
308 into the community and estimated length of time to achieve those
309 goals.
310 (3) The client or, if appropriate, the client's
311 representative must consent to the continued treatment at the
312 transitional living facility. Consent may be for a period of up
313 to 3 months. If such consent is not given, the transitional
314 living facility shall discharge the client as soon as
315 practicable.
316 (4) A client must receive the professional program services
317 needed to implement the client's comprehensive treatment plan.
318 (5) The licensee must employ qualified professional staff
319 to carry out and monitor the various professional interventions

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320 in accordance with the stated goals and objectives of the
321 client's comprehensive treatment plan.
322 (6) A client must receive a continuous treatment program
323 that includes appropriate, consistent implementation of
324 specialized and general training, treatment, health services,
325 and related services and that is directed toward:
326 (a) The acquisition of the behaviors and skills necessary
327 for the client to function with as much self-determination and
328 independence as possible.
329 (b) The prevention or deceleration of regression or loss of
330 current optimal functional status.
331 (c) The management of behavioral issues that preclude
332 independent functioning in the community.
333 400.9975 Licensee responsibilities.—
334 (1) The licensee shall ensure that each client:
335 (a) Lives in a safe environment free from abuse, neglect,
336 and exploitation.
337 (b) Is treated with consideration and respect and with due
338 recognition of personal dignity, individuality, and the need for
339 privacy.
340 (c) Retains and uses his or her own clothes and other
341 personal property in his or her immediate living quarters to
342 maintain individuality and personal dignity, except when the
343 licensee demonstrates that such retention and use would be
344 unsafe, impractical, or an infringement upon the rights of other
345 clients.
346 (d) Has unrestricted private communication, including
347 receiving and sending unopened correspondence, access to a
348 telephone, and visits with any person of his or her choice. Upon

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349 request, the licensee shall modify visiting hours for caregivers
350 and guests. The facility shall restrict communication in
351 accordance with any court order or written instruction of a
352 client's representative. Any restriction on a client's
353 communication for therapeutic reasons shall be documented and
354 reviewed at least weekly and shall be removed as soon as no
355 longer clinically indicated. The basis for the restriction shall
356 be explained to the client and, if applicable, the client's
357 representative. The client shall retain the right to call the
358 central abuse hotline, the agency, and Disability Rights Florida
359 at any time.
360 (e) Has the opportunity to participate in and benefit from
361 community services and activities to achieve the highest
362 possible level of independence, autonomy, and interaction within
363 the community.
364 (f) Has the opportunity to manage his or her financial
365 affairs unless the client or, if applicable, the client's
366 representative authorizes the administrator of the facility to
367 provide safekeeping for funds as provided under this part.
368 (g) Has reasonable opportunity for regular exercise more
369 than once per week and to be outdoors at regular and frequent
370 intervals except when prevented by inclement weather.
371 (h) Has the opportunity to exercise civil and religious
372 liberties, including the right to independent personal
373 decisions. However, a religious belief or practice, including
374 attendance at religious services, may not be imposed upon any
375 client.
376 (i) Has access to adequate and appropriate health care
377 consistent with established and recognized community standards.

378 (j) Has the opportunity to present grievances and recommend
379 changes in policies, procedures, and services to the staff of
380 the licensee, governing officials, or any other person without
381 restraint, interference, coercion, discrimination, or reprisal.
382 A licensee shall establish a grievance procedure to facilitate a
383 client's ability to present grievances, including a system for
384 investigating, tracking, managing, and responding to complaints
385 by a client or, if applicable, the client's representative and
386 an appeals process. The appeals process must include access to
387 Disability Rights Florida and other advocates and the right to
388 be a member of, be active in, and associate with advocacy or
389 special interest groups.
390 (2) The licensee shall:
391 (a) Promote participation of the client's representative in
392 the process of providing treatment to the client unless the
393 representative's participation is unobtainable or inappropriate.
394 (b) Answer communications from the client's family,
395 guardians, and friends promptly and appropriately.
396 (c) Promote visits by persons with a relationship to the
397 client at any reasonable hour, without requiring prior notice,
398 in any area of the facility that provides direct care services
399 to the client, consistent with the client's and other clients'
400 privacy, unless the interdisciplinary team determines that such
401 a visit would not be appropriate.
402 (d) Promote opportunities for the client to leave the
403 facility for visits, trips, or vacations.
404 (e) Promptly notify the client's representative of a
405 significant incident or change in the client's condition,
406 including, but not limited to, serious illness, accident, abuse,

407 unauthorized absence, or death.
408 (3) The administrator of a facility shall ensure that a
409 written notice of licensee responsibilities is posted in a
410 prominent place in each building where clients reside and is
411 read or explained to clients who cannot read. This notice shall
412 be provided to clients in a manner that is clearly legible,
413 shall include the statewide toll-free telephone number for
414 reporting complaints to the agency, and shall include the words:
415 "To report a complaint regarding the services you receive,
416 please call toll-free ...[telephone number]... or Disability
417 Rights Florida ...[telephone number]...." The statewide toll-
418 free telephone number for the central abuse hotline shall be
419 provided to clients in a manner that is clearly legible and
420 shall include the words: "To report abuse, neglect, or
421 exploitation, please call toll-free ...[telephone number]...."
422 The licensee shall ensure a client's access to a telephone where
423 telephone numbers are posted as required by this subsection.
424 (4) A licensee or employee of a facility may not serve
425 notice upon a client to leave the premises or take any other
426 retaliatory action against another person solely because of the
427 following:
428 (a) The client or other person files an internal or
429 external complaint or grievance regarding the facility.
430 (b) The client or other person appears as a witness in a
431 hearing inside or outside the facility.
432 (5) Before or at the time of admission, the client and, if
433 applicable, the client's representative shall receive a copy of
434 the licensee's responsibilities, including grievance procedures
435 and telephone numbers, as provided in this section.

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436 (6) The licensee must develop and implement policies and
437 procedures governing the release of client information,
438 including consent necessary from the client or, if applicable,
439 the client's representative.
440 400.9976 Administration of medication.—
441 (1) An individual medication administration record must be
442 maintained for each client. A dose of medication, including a
443 self-administered dose, shall be properly recorded in the
444 client's record. A client who self-administers medication shall
445 be given a pill organizer. Medication must be placed in the pill
446 organizer by a nurse. A nurse shall document the date and time
447 that medication is placed into each client's pill organizer. All
448 medications must be administered in compliance with orders of a
449 physician, physician assistant, or advanced registered nurse
450 practitioner.
451 (2) If an interdisciplinary team determines that self-
452 administration of medication is an appropriate objective, and if
453 the physician, physician assistant, or advanced registered nurse
454 practitioner does not specify otherwise, the client must be
455 instructed by the physician, physician assistant, or advanced
456 registered nurse practitioner to self-administer his or her
457 medication without the assistance of a staff person. All forms
458 of self-administration of medication, including administration
459 orally, by injection, and by suppository, shall be included in
460 the training. The client's physician, physician assistant, or
461 advanced registered nurse practitioner must be informed of the
462 interdisciplinary team's decision that self-administration of
463 medication is an objective for the client. A client may not
464 self-administer medication until he or she demonstrates the

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465 competency to take the correct medication in the correct dosage
466 at the correct time, to respond to missed doses, and to contact
467 the appropriate person with questions.
468 (3) Medication administration discrepancies and adverse
469 drug reactions must be recorded and reported immediately to a
470 physician, physician assistant, or advanced registered nurse
471 practitioner.
472 400.9977 Assistance with medication.—
473 (1) Notwithstanding any provision of part I of chapter 464,
474 the Nurse Practice Act, unlicensed direct care services staff
475 who provide services to clients in a facility licensed under
476 this chapter or chapter 429 may administer prescribed,
477 prepackaged, and premeasured medications under the general
478 supervision of a registered nurse as provided under this section
479 and applicable rules.
480 (2) Training required by this section and applicable rules
481 shall be conducted by a registered nurse licensed under chapter
482 464, a physician licensed under chapter 458 or chapter 459, or a
483 pharmacist licensed under chapter 465.
484 (3) A facility that allows unlicensed direct care service
485 staff to administer medications pursuant to this section shall:
486 (a) Develop and implement policies and procedures that
487 include a plan to ensure the safe handling, storage, and
488 administration of prescription medications.
489 (b) Maintain written evidence of the expressed and informed
490 consent for each client.
491 (c) Maintain a copy of the written prescription, including
492 the name of the medication, the dosage, and the administration
493 schedule and termination date.

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494 (d) Maintain documentation of compliance with required
495 training.
496 (4) The agency shall adopt rules to implement this section.
497 400.9978 Protection of clients from abuse, neglect,
498 mistreatment, and exploitation.—The licensee shall develop and
499 implement policies and procedures for the screening and training
500 of employees; the protection of clients; and the prevention,
501 identification, investigation, and reporting of abuse, neglect,
502 mistreatment, and exploitation. The licensee shall identify
503 clients whose personal histories render them at risk for abusing
504 other clients, develop intervention strategies to prevent
505 occurrences of abuse, monitor clients for changes that would
506 trigger abusive behavior, and reassess the interventions on a
507 regular basis. A licensee shall:
508 (1) Screen each potential employee for a history of abuse,
509 neglect, mistreatment, or exploitation of clients. The screening
510 shall include an attempt to obtain information from previous and
511 current employers and verification of screening information by
512 the appropriate licensing boards.
513 (2) Train employees through orientation and ongoing
514 sessions regarding issues related to abuse prohibition
515 practices, including identification of abuse, neglect,
516 mistreatment, and exploitation; appropriate interventions to
517 address aggressive or catastrophic reactions of clients; the
518 process for reporting allegations without fear of reprisal; and
519 recognition of signs of frustration and stress that may lead to
520 abuse.
521 (3) Provide clients, families, and staff with information
522 regarding how and to whom they may report concerns, incidents,

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523 and grievances without fear of retribution and provide feedback
524 regarding the concerns that are expressed. A licensee shall
525 identify, correct, and intervene in situations in which abuse,
526 neglect, mistreatment, or exploitation is likely to occur,
527 including:
528 (a) Evaluating the physical environment of the facility to
529 identify characteristics that may make abuse or neglect more
530 likely to occur, such as secluded areas.
531 (b) Providing sufficient staff on each shift to meet the
532 needs of the clients and ensuring that the assigned staff have
533 knowledge of each client's care needs.
534 (c) Identifying inappropriate staff behaviors, such as
535 using derogatory language, rough handling of clients, ignoring
536 clients while giving care, and directing clients who need
537 toileting assistance to urinate or defecate in their beds.
538 (d) Assessing, monitoring, and planning care for clients
539 with needs and behaviors that might lead to conflict or neglect,
540 such as a history of aggressive behaviors including entering
541 other clients' rooms without permission, exhibiting self-
542 injurious behaviors or communication disorders, requiring
543 intensive nursing care, or being totally dependent on staff.
544 (4) Identify events, such as suspicious bruising of
545 clients, occurrences, patterns, and trends that may constitute
546 abuse and determine the direction of the investigation.
547 (5) Investigate alleged violations and different types of
548 incidents, identify the staff member responsible for initial
549 reporting, and report results to the proper authorities. The
550 licensee shall analyze the incidents to determine whether
551 policies and procedures need to be changed to prevent further

552 incidents and take necessary corrective actions.
553 (6) Protect clients from harm during an investigation.
554 (7) Report alleged violations and substantiated incidents,
555 as required under chapters 39 and 415, to the licensing
556 authorities and all other agencies, as required, and report any
557 knowledge of actions by a court of law that would indicate an
558 employee is unfit for service.
559 400.9979 Restraint and seclusion; client safety.—
560 (1) A facility shall provide a therapeutic milieu that
561 supports a culture of individual empowerment and responsibility.
562 The health and safety of the client shall be the facility's
563 primary concern at all times.
564 (2) The use of physical restraints must be ordered and
565 documented by a physician, physician assistant, or advanced
566 registered nurse practitioner and must be consistent with the
567 policies and procedures adopted by the facility. The client or,
568 if applicable, the client's representative shall be informed of
569 the facility's physical restraint policies and procedures when
570 the client is admitted.
571 (3) The use of chemical restraints shall be limited to
572 prescribed dosages of medications as ordered by a physician,
573 physician assistant, or advanced registered nurse practitioner
574 and must be consistent with the client's diagnosis and the
575 policies and procedures adopted by the facility. The client and,
576 if applicable, the client's representative shall be informed of
577 the facility's chemical restraint policies and procedures when
578 the client is admitted.
579 (4) Based on the assessment by a physician, physician
580 assistant, or advanced registered nurse practitioner, if a

581 client exhibits symptoms that present an immediate risk of
582 injury or death to himself or herself or others, a physician,
583 physician assistant, or advanced registered nurse practitioner
584 may issue an emergency treatment order to immediately administer
585 rapid-response psychotropic medications or other chemical
586 restraints. Each emergency treatment order must be documented
587 and maintained in the client's record.
588 (a) An emergency treatment order is not effective for more
589 than 24 hours.
590 (b) Whenever a client is medicated under this subsection,
591 the client's representative or a responsible party and the
592 client's physician, physician assistant, or advanced registered
593 nurse practitioner shall be notified as soon as practicable.
594 (5) A client who is prescribed and receives a medication
595 that can serve as a chemical restraint for a purpose other than
596 an emergency treatment order must be evaluated by his or her
597 physician, physician assistant, or advanced registered nurse
598 practitioner at least monthly to assess:
599 (a) The continued need for the medication.
600 (b) The level of the medication in the client's blood.
601 (c) The need for adjustments to the prescription.
602 (6) The licensee shall ensure that clients are free from
603 unnecessary drugs and physical restraints and are provided
604 treatment to reduce dependency on drugs and physical restraints.
605 (7) The licensee may only employ physical restraints and
606 seclusion as authorized by the facility's written policies,
607 which shall comply with this section and applicable rules.
608 (8) Interventions to manage dangerous client behavior shall
609 be employed with sufficient safeguards and supervision to ensure

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610 that the safety, welfare, and civil and human rights of a client
611 are adequately protected.
612 (9) A facility shall notify the parent, guardian, or, if
613 applicable, the client's representative when restraint or
614 seclusion is employed. The facility must provide the
615 notification within 24 hours after the restraint or seclusion is
616 employed. Reasonable efforts must be taken to notify the parent,
617 guardian, or, if applicable, the client's representative by
618 telephone or e-mail, or both, and these efforts must be
619 documented.
620 (10) The agency may adopt rules that establish standards
621 and procedures for the use of restraints, restraint positioning,
622 seclusion, and emergency treatment orders for psychotropic
623 medications, restraint, and seclusion. These rules must include
624 duration of restraint, staff training, observation of the client
625 during restraint, and documentation and reporting standards.
626 400.998 Personnel background screening; administration and
627 management procedures.—
628 (1) The agency shall require level 2 background screening
629 for licensee personnel as required in s. 408.809(1)(e) and
630 pursuant to chapter 435 and s. 408.809.
631 (2) The licensee shall maintain personnel records for each
632 staff member that contain, at a minimum, documentation of
633 background screening, a job description, documentation of
634 compliance with the training requirements of this part and
635 applicable rules, the employment application, references, a copy
636 of each job performance evaluation, and, for each staff member
637 who performs services for which licensure or certification is
638 required, a copy of all licenses or certification held by that

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639 staff member.
640 (3) The licensee must:
641 (a) Develop and implement infection control policies and
642 procedures and include the policies and procedures in the
643 licensee's policy manual.
644 (b) Maintain liability insurance as defined in s.
645 624.605(1)(b).
646 (c) Designate one person as an administrator to be
647 responsible and accountable for the overall management of the
648 facility.
649 (d) Designate in writing a person to be responsible for the
650 facility when the administrator is absent from the facility for
651 more than 24 hours.
652 (e) Designate in writing a program director to be
653 responsible for supervising the therapeutic and behavioral
654 staff, determining the levels of supervision, and determining
655 room placement for each client.
656 (f) Designate in writing a person to be responsible when
657 the program director is absent from the facility for more than
658 24 hours.
659 (g) Obtain approval of the comprehensive emergency
660 management plan, pursuant to s. 400.9982(2)(e), from the local
661 emergency management agency. Pending the approval of the plan,
662 the local emergency management agency shall ensure that the
663 following agencies, at a minimum, are given the opportunity to
664 review the plan: the Department of Health, the Agency for Health
665 Care Administration, and the Division of Emergency Management.
666 Appropriate volunteer organizations shall also be given the
667 opportunity to review the plan. The local emergency management

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668 agency shall complete its review within 60 days after receipt of
669 the plan and either approve the plan or advise the licensee of
670 necessary revisions.
671 (h) Maintain written records in a form and system that
672 comply with medical and business practices and make the records
673 available by the facility for review or submission to the agency
674 upon request. The records shall include:
675 1. A daily census record that indicates the number of
676 clients currently receiving services in the facility, including
677 information regarding any public funding of such clients.
678 2. A record of each accident or unusual incident involving
679 a client or staff member that caused, or had the potential to
680 cause, injury or harm to any person or property within the
681 facility. The record shall contain a clear description of each
682 accident or incident; the names of the persons involved; a
683 description of medical or other services provided to these
684 persons, including the provider of the services; and the steps
685 taken to prevent recurrence of such accident or incident.
686 3. A copy of current agreements with third-party providers.
687 4. A copy of current agreements with each consultant
688 employed by the licensee and documentation of a consultant's
689 visits and required written and dated reports.
690 400.9981 Property and personal affairs of clients.—
691 (1) A client shall be given the option of using his or her
692 own belongings, as space permits; choosing a roommate if
693 practical and not clinically contraindicated; and, whenever
694 possible, unless the client is adjudicated incompetent or
695 incapacitated under state law, managing his or her own affairs.
696 (2) The admission of a client to a facility and his or her

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697 presence therein does not confer on a licensee or administrator,
698 or an employee or representative thereof, any authority to
699 manage, use, or dispose of the property of the client, and the
700 admission or presence of a client does not confer on such person
701 any authority or responsibility for the personal affairs of the
702 client except that which may be necessary for the safe
703 management of the facility or for the safety of the client.
704 (3) A licensee or administrator, or an employee or
705 representative thereof, may:
706 (a) Not act as the guardian, trustee, or conservator for a
707 client or a client's property.
708 (b) Act as a competent client's payee for social security,
709 veteran's, or railroad benefits if the client provides consent
710 and the licensee files a surety bond with the agency in an
711 amount equal to twice the average monthly aggregate income or
712 personal funds due to the client, or expendable for the client's
713 account, that are received by a licensee.
714 (c) Act as the attorney in fact for a client if the
715 licensee files a surety bond with the agency in an amount equal
716 to twice the average monthly income of the client, plus the
717 value of a client's property under the control of the attorney
718 in fact.
719
720 The surety bond required under paragraph (b) or paragraph (c)
721 shall be executed by the licensee as principal and a licensed
722 surety company. The bond shall be conditioned upon the faithful
723 compliance of the licensee with the requirements of licensure
724 and is payable to the agency for the benefit of a client who
725 suffers a financial loss as a result of the misuse or

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726 misappropriation of funds held pursuant to this subsection. A
727 surety company that cancels or does not renew the bond of a
728 licensee shall notify the agency in writing at least 30 days
729 before the action, giving the reason for cancellation or
730 nonrenewal. A licensee or administrator, or an employee or
731 representative thereof, who is granted power of attorney for a
732 client of the facility shall, on a monthly basis, notify the
733 client in writing of any transaction made on behalf of the
734 client pursuant to this subsection, and a copy of the
735 notification given to the client shall be retained in the
736 client's file and available for agency inspection.
737 (4) A licensee, with the consent of the client, shall
738 provide for safekeeping in the facility of the client's personal
739 effects of a value not in excess of $1,000 and the client's
740 funds not in excess of $500 cash and shall keep complete and
741 accurate records of the funds and personal effects received. If
742 a client is absent from a facility for 24 hours or more, the
743 licensee may provide for safekeeping of the client's personal
744 effects of a value in excess of $1,000.
745 (5) Funds or other property belonging to or due to a client
746 or expendable for the client's account that are received by a
747 licensee shall be regarded as funds held in trust and shall be
748 kept separate from the funds and property of the licensee and
749 other clients or shall be specifically credited to the client.
750 The funds held in trust shall be used or otherwise expended only
751 for the account of the client. At least once every month, except
752 pursuant to an order of a court of competent jurisdiction, the
753 licensee shall furnish the client and, if applicable, the
754 client's representative with a complete and verified statement

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755 of all funds and other property to which this subsection
756 applies, detailing the amount and items received, together with
757 their sources and disposition. The licensee shall furnish the
758 statement annually and upon discharge or transfer of a client. A
759 governmental agency or private charitable agency contributing
760 funds or other property to the account of a client is also
761 entitled to receive a statement monthly and upon the discharge
762 or transfer of the client.
763 (6)(a) In addition to any damages or civil penalties to
764 which a person is subject, a person who:
765 1. Intentionally withholds a client's personal funds,
766 personal property, or personal needs allowance;
767 2. Demands, beneficially receives, or contracts for payment
768 of all or any part of a client's personal property or personal
769 needs allowance in satisfaction of the facility rate for
770 supplies and services; or
771 3. Borrows from or pledges any personal funds of a client,
772 other than the amount agreed to by written contract under s.
773 429.24,
774
775 commits a misdemeanor of the first degree, punishable as
776 provided in s. 775.082 or s. 775.083.
777 (b) A licensee or administrator, or an employee, or
778 representative thereof, who is granted power of attorney for a
779 client and who misuses or misappropriates funds obtained through
780 this power commits a felony of the third degree, punishable as
781 provided in s. 775.082, s. 775.083, or s. 775.084.
782 (7) In the event of the death of a client, a licensee shall
783 return all refunds, funds, and property held in trust to the

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784 client's personal representative, if one has been appointed at
785 the time the licensee disburses such funds, or, if not, to the
786 client's spouse or adult next of kin named in a beneficiary
787 designation form provided by the licensee to the client. If the
788 client does not have a spouse or adult next of kin or such
789 person cannot be located, funds due to be returned to the client
790 shall be placed in an interest-bearing account, and all property
791 held in trust by the licensee shall be safeguarded until such
792 time as the funds and property are disbursed pursuant to the
793 Florida Probate Code. The funds shall be kept separate from the
794 funds and property of the licensee and other clients of the
795 facility. If the funds of the deceased client are not disbursed
796 pursuant to the Florida Probate Code within 2 years after the
797 client's death, the funds shall be deposited in the Health Care
798 Trust Fund administered by the agency.
799 (8) The agency, by rule, may clarify terms and specify
800 procedures and documentation necessary to administer the
801 provisions of this section relating to the proper management of
802 clients' funds and personal property and the execution of surety
803 bonds.
804 400.9982 Rules establishing standards.—
805 (1) It is the intent of the Legislature that rules adopted
806 and enforced pursuant to this part and part II of chapter 408
807 include criteria to ensure reasonable and consistent quality of
808 care and client safety. The rules should make reasonable efforts
809 to accommodate the needs and preferences of the client to
810 enhance the client's quality of life while residing in a
811 transitional living facility.
812 (2) The agency may adopt and enforce rules to implement

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813 this part and part II of chapter 408, which shall include
814 reasonable and fair criteria with respect to:
815 (a) The location of transitional living facilities.
816 (b) The qualifications of personnel, including management,
817 medical, nursing, and other professional personnel and nursing
818 assistants and support staff, who are responsible for client
819 care. The licensee must employ enough qualified professional
820 staff to carry out and monitor interventions in accordance with
821 the stated goals and objectives of each comprehensive treatment
822 plan.
823 (c) Requirements for personnel procedures, reporting
824 procedures, and documentation necessary to implement this part.
825 (d) Services provided to clients of transitional living
826 facilities.
827 (e) The preparation and annual update of a comprehensive
828 emergency management plan in consultation with the Division of
829 Emergency Management. At a minimum, the rules must provide for
830 plan components that address emergency evacuation
831 transportation; adequate sheltering arrangements; postdisaster
832 activities, including provision of emergency power, food, and
833 water; postdisaster transportation; supplies; staffing;
834 emergency equipment; individual identification of clients and
835 transfer of records; communication with families; and responses
836 to family inquiries.
837 400.9983 Violations; penalties.—A violation of this part or
838 any rule adopted pursuant thereto shall be classified according
839 to the nature of the violation and the gravity of its probable
840 effect on facility clients. The agency shall indicate the
841 classification on the written notice of the violation as

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842 follows:
843 (1) Class "I" violations are defined in s. 408.813. The
844 agency shall issue a citation regardless of correction and
845 impose an administrative fine of $5,000 for an isolated
846 violation, $7,500 for a patterned violation, or $10,000 for a
847 widespread violation. Violations may be identified, and a fine
848 must be levied, notwithstanding the correction of the deficiency
849 giving rise to the violation.
850 (2) Class "II" violations are defined in s. 408.813. The
851 agency shall impose an administrative fine of $1,000 for an
852 isolated violation, $2,500 for a patterned violation, or $5,000
853 for a widespread violation. A fine must be levied
854 notwithstanding the correction of the deficiency giving rise to
855 the violation.
856 (3) Class "III" violations are defined in s. 408.813. The
857 agency shall impose an administrative fine of $500 for an
858 isolated violation, $750 for a patterned violation, or $1,000
859 for a widespread violation. If a deficiency giving rise to a
860 class III violation is corrected within the time specified by
861 the agency, the fine may not be imposed.
862 (4) Class "IV" violations are defined in s. 408.813. The
863 agency shall impose for a cited class IV violation an
864 administrative fine of at least $100 but not exceeding $200 for
865 each violation. If a deficiency giving rise to a class IV
866 violation is corrected within the time specified by the agency,
867 the fine may not be imposed.
868 400.9984 Receivership proceedings.—The agency may apply s.
869 429.22 with regard to receivership proceedings for transitional
870 living facilities.

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871 400.9985 Interagency communication.—The agency, the
872 department, the Agency for Persons with Disabilities, and the
873 Department of Children and Families shall develop electronic
874 systems to ensure that relevant information pertaining to the
875 regulation of transitional living facilities and clients is
876 timely and effectively communicated among agencies in order to
877 facilitate the protection of clients. Electronic sharing of
878 information shall include, at a minimum, a brain and spinal cord
879 injury registry and a client abuse registry.
880 Section 2. Section 400.805, Florida Statutes, is repealed.
881 Section 3. The title of part V of chapter 400, Florida
882 Statutes, consisting of sections 400.701-400.801, is
883 redesignated as "INTERMEDIATE CARE FACILITIES."
884 Section 4. Subsection (9) of section 381.745, Florida
885 Statutes, is amended to read:
886 381.745 Definitions; ss. 381.739-381.79.—As used in ss.
887 381.739-381.79, the term:
888 (9) "Transitional living facility" means a state-approved
889 facility~~,~~ as defined and licensed under chapter 400 ~~or chapter~~
890 ~~429, or a facility approved by the brain and spinal cord injury~~
891 ~~program in accordance with this chapter~~.
892 Section 5. Section 381.75, Florida Statutes, is amended to
893 read:
894 381.75 Duties and responsibilities of the department~~, of~~
895 ~~transitional living facilities, and of residents~~.—Consistent
896 with the mandate of s. 381.7395, the department shall develop
897 and administer a multilevel treatment program for individuals
898 who sustain brain or spinal cord injuries and who are referred
899 to the brain and spinal cord injury program.

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900 (1) Within 15 days after any report of an individual who
901 has sustained a brain or spinal cord injury, the department
902 shall notify the individual or the most immediate available
903 family members of their right to assistance from the state, the
904 services available, and the eligibility requirements.
905 (2) The department shall refer individuals who have brain
906 or spinal cord injuries to other state agencies to ensure ~~assure~~
907 that rehabilitative services, if desired, are obtained by that
908 individual.
909 (3) The department, in consultation with emergency medical
910 service, shall develop standards for an emergency medical
911 evacuation system that will ensure that all individuals who
912 sustain traumatic brain or spinal cord injuries are transported
913 to a department-approved trauma center that meets the standards
914 and criteria established by the emergency medical service and
915 the acute-care standards of the brain and spinal cord injury
916 program.
917 (4) The department shall develop standards for designation
918 of rehabilitation centers to provide rehabilitation services for
919 individuals who have brain or spinal cord injuries.
920 (5) The department shall determine the appropriate number
921 of designated acute-care facilities, inpatient rehabilitation
922 centers, and outpatient rehabilitation centers~~,~~ needed based on
923 incidence, volume of admissions, and other appropriate criteria.
924 (6) The department shall develop standards for designation
925 of transitional living facilities to provide transitional living
926 services for individuals who participate in the brain and spinal
927 cord injury program ~~the opportunity to adjust to their~~
928 ~~disabilities and to develop physical and functional skills in a~~

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929 ~~supported living environment~~.
930 ~~(a) The Agency for Health Care Administration, in~~
931 ~~consultation with the department, shall develop rules for the~~
932 ~~licensure of transitional living facilities for individuals who~~
933 ~~have brain or spinal cord injuries.~~
934 ~~(b) The goal of a transitional living program for~~
935 ~~individuals who have brain or spinal cord injuries is to assist~~
936 ~~each individual who has such a disability to achieve a higher~~
937 ~~level of independent functioning and to enable that person to~~
938 ~~reenter the community. The program shall be focused on preparing~~
939 ~~participants to return to community living.~~
940 ~~(c) A transitional living facility for an individual who~~
941 ~~has a brain or spinal cord injury shall provide to such~~
942 ~~individual, in a residential setting, a goal-oriented treatment~~
943 ~~program designed to improve the individual's physical,~~
944 ~~cognitive, communicative, behavioral, psychological, and social~~
945 ~~functioning, as well as to provide necessary support and~~
946 ~~supervision. A transitional living facility shall offer at least~~
947 ~~the following therapies: physical, occupational, speech,~~
948 ~~neuropsychology, independent living skills training, behavior~~
949 ~~analysis for programs serving brain-injured individuals, health~~
950 ~~education, and recreation.~~
951 ~~(d) All residents shall use the transitional living~~
952 ~~facility as a temporary measure and not as a permanent home or~~
953 ~~domicile. The transitional living facility shall develop an~~
954 ~~initial treatment plan for each resident within 3 days after the~~
955 ~~resident's admission. The transitional living facility shall~~
956 ~~develop a comprehensive plan of treatment and a discharge plan~~
957 ~~for each resident as soon as practical, but no later than 30~~

958 ~~days after the resident's admission. Each comprehensive~~
959 ~~treatment plan and discharge plan must be reviewed and updated~~
960 ~~as necessary, but no less often than quarterly. This subsection~~
961 ~~does not require the discharge of an individual who continues to~~
962 ~~require any of the specialized services described in paragraph~~
963 ~~(c) or who is making measurable progress in accordance with that~~
964 ~~individual's comprehensive treatment plan. The transitional~~
965 ~~living facility shall discharge any individual who has an~~
966 ~~appropriate discharge site and who has achieved the goals of his~~
967 ~~or her discharge plan or who is no longer making progress toward~~
968 ~~the goals established in the comprehensive treatment plan and~~
969 ~~the discharge plan. The discharge location must be the least~~
970 ~~restrictive environment in which an individual's health, well-~~
971 ~~being, and safety is preserved.~~
972 ~~(7) Recipients of services, under this section, from any of~~
973 ~~the facilities referred to in this section shall pay a fee based~~
974 ~~on ability to pay.~~
975 Section 6. Subsection (4) of section 381.78, Florida
976 Statutes, is amended to read:
977 381.78 Advisory council on brain and spinal cord injuries.—
978 (4) The council shall~~:~~
979 ~~(a)~~ provide advice and expertise to the department in the
980 preparation, implementation, and periodic review of the brain
981 and spinal cord injury program.
982 ~~(b) Annually appoint a five-member committee composed of~~
983 ~~one individual who has a brain injury or has a family member~~
984 ~~with a brain injury, one individual who has a spinal cord injury~~
985 ~~or has a family member with a spinal cord injury, and three~~
986 ~~members who shall be chosen from among these representative~~

987 ~~groups: physicians, other allied health professionals,~~
988 ~~administrators of brain and spinal cord injury programs, and~~
989 ~~representatives from support groups with expertise in areas~~
990 ~~related to the rehabilitation of individuals who have brain or~~
991 ~~spinal cord injuries, except that one and only one member of the~~
992 ~~committee shall be an administrator of a transitional living~~
993 ~~facility. Membership on the council is not a prerequisite for~~
994 ~~membership on this committee.~~
995 ~~1. The committee shall perform onsite visits to those~~
996 ~~transitional living facilities identified by the Agency for~~
997 ~~Health Care Administration as being in possible violation of the~~
998 ~~statutes and rules regulating such facilities. The committee~~
999 ~~members have the same rights of entry and inspection granted~~
1000 ~~under s. 400.805(4) to designated representatives of the agency.~~
1001 ~~2. Factual findings of the committee resulting from an~~
1002 ~~onsite investigation of a facility pursuant to subparagraph 1.~~
1003 ~~shall be adopted by the agency in developing its administrative~~
1004 ~~response regarding enforcement of statutes and rules regulating~~
1005 ~~the operation of the facility.~~
1006 ~~3. Onsite investigations by the committee shall be funded~~
1007 ~~by the Health Care Trust Fund.~~
1008 ~~4. Travel expenses for committee members shall be~~
1009 ~~reimbursed in accordance with s. 112.061.~~
1010 ~~5. Members of the committee shall recuse themselves from~~
1011 ~~participating in any investigation that would create a conflict~~
1012 ~~of interest under state law, and the council shall replace the~~
1013 ~~member, either temporarily or permanently.~~
1014 Section 7. Subsection (5) of section 400.93, Florida
1015 Statutes, is amended to read:

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1016 400.93 Licensure required; exemptions; unlawful acts;
1017 penalties.—
1018 (5) The following are exempt from home medical equipment
1019 provider licensure, unless they have a separate company,
1020 corporation, or division that is in the business of providing
1021 home medical equipment and services for sale or rent to
1022 consumers at their regular or temporary place of residence
1023 pursuant to the provisions of this part:
1024 (a) Providers operated by the Department of Health or
1025 Federal Government.
1026 (b) Nursing homes licensed under part II.
1027 (c) Assisted living facilities licensed under chapter 429,
1028 when serving their residents.
1029 (d) Home health agencies licensed under part III.
1030 (e) Hospices licensed under part IV.
1031 (f) Intermediate care facilities and~~,~~ homes for special
1032 services~~, and transitional living facilities~~ licensed under part
1033 V.
1034 (g) Transitional living facilities licensed under part XI.
1035 (h) ~~(g)~~ Hospitals and ambulatory surgical centers licensed
1036 under chapter 395.
1037 (i) ~~(h)~~ Manufacturers and wholesale distributors when not
1038 selling directly to consumers.
1039 (j) ~~(i)~~ Licensed health care practitioners who use ~~utilize~~
1040 home medical equipment in the course of their practice~~,~~ but do
1041 not sell or rent home medical equipment to their patients.
1042 (k) ~~(j)~~ Pharmacies licensed under chapter 465.
1043 Section 8. Subsection (21) of section 408.802, Florida
1044 Statutes, is amended to read:

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1045 408.802 Applicability.—The provisions of this part apply to
1046 the provision of services that require licensure as defined in
1047 this part and to the following entities licensed, registered, or
1048 certified by the agency, as described in chapters 112, 383, 390,
1049 394, 395, 400, 429, 440, 483, and 765:
1050 (21) Transitional living facilities, as provided under part
1051 XI ~~V~~ of chapter 400.
1052 Section 9. Subsection (20) of section 408.820, Florida
1053 Statutes, is amended to read:
1054 408.820 Exemptions.—Except as prescribed in authorizing
1055 statutes, the following exemptions shall apply to specified
1056 requirements of this part:
1057 (20) Transitional living facilities, as provided under part
1058 XI ~~V~~ of chapter 400, are exempt from s. 408.810(10).
1059 Section 10. Effective July 1, 2015, a transitional living
1060 facility licensed before the effective date of this act pursuant
1061 to s. 400.805, Florida Statutes, must be licensed under part XI
1062 of chapter 400, Florida Statutes, as created by this act.
1063 Section 11. Except as otherwise expressly provided in this
1064 act, this act shall take effect July 1, 2014.

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THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Communications, Energy, and Public Utilities, Vice Chair
Appropriations Subcommittee on Criminal and Civil Justice
Appropriations Subcommittee on Health and Human Services
Transportation
Health Policy
Agriculture
Transportation

JOINT COMMITTEE:
Joint Committee on Administrative Procedures, Chair

SENATOR RENE GARCIA
38th District

March 10, 2014

The Honorable Eleanor Sobel
Chair, Children, Families, and Elder Affairs Committee
404 Senate Office Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear Chairman Sobel:

This letter should serve as a request to have my bill *SB 1486 Transitional Living Facilities* heard at the next possible committee meeting. If there is any other information needed please do not hesitate to contact me. Thank you.

Sincerely,

State Senator René García
District 38
RG:jt

RECEIVED
MAR 10 2014
Senate Committee
Children and Families

CC: Claude Hendon, Staff Director

REPLY TO:
☐ 1490 West 68 St., Suite 201 Hialeah, FL 33014 (305) 364-3100
☐ 310 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5038

Senate's Website: *www.flsenate.gov*

DON GAETZ
President of the Senate

GARRETT RICHTER
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/2014
Meeting Date

Topic: TRANSITIONAL LIVING FACILITIES

Bill Number: SB 1486 *(if applicable)*

Name: DANA FARMER

Amendment Barcode: *(if applicable)*

Job Title: DIRECTOR OF LEGISLATIVE AFFAIRS

Address: 2728 CENTERVIEW DR., SUITE 102
Street

TALLAHASSEE, FL 32301
City, State, Zip

Phone: 850.617.9709

E-mail: danaf@disabilityrightsflorida.org

Speaking: [X] For [ ] Against [ ] Information

Representing: DISABILITY RIGHTS FLORIDA

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

Lobbyist registered with Legislature: [X] Yes [ ] No

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

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

S-001 (10/20/11)

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 Children, Families, and Elder Affairs

BILL: SB 1180

INTRODUCER: Senators Sobel and Thompson

SUBJECT: Chemicals in Consumer Products

DATE: March 14, 2014 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Crosier	Hendon	CF	**Favorable**
2.			HP	
3.			AHS	
4.			AP	

I. Summary:

SB 1180 creates s. 381.986, F.S., to require the Department of Health (department) to generate a list of at least 50, but no more than 100 chemicals of high concern present in consumer products and publish the list on its website by January 1, 2015. This list would allow public identification of such chemicals, encourage substitution with safer alternatives, and reduce the exposure of pregnant women and children to chemicals of high concern. The department is authorized to join in an interstate clearinghouse with other states and governmental entities to promise use of safer chemicals in consumer products.

The effective date of the bill is July 1, 2014, and there is a fiscal impact.

II. Present Situation:

The State of Florida does not currently maintain a chemicals of high concern in consumer products list. Maine, Minnesota, California, and Washington currently maintain Chemicals of High Concern Lists.

Minnesota passed legislation in 2009 to create a list to identify chemicals which could be harmful to human or environmental health and specifically chemicals which are suspected carcinogens, reproductive or developmental toxicants, or persistent, bioaccumulative and toxic or very persistent and very bioaccumulative.[1]

Washington passed the Children's Safe Products Act (CSPA) in 2008, requiring its Department of Ecology, in consultation with the Department of Health, to develop a list of chemicals of high

[1] 2013 Minnesota Chemicals of High Concern Report, Executive Summary, *available at* http://www.maine.gov/dep/safechem/high concern/

concern for children and to establish rules for manufacturers of children's products to report on their use of these chemicals.[2] Information reported under the CSPA can be used by policy makers to determine what, if any, further actions might be required to assure consumers that children's products on the shelves are safe. The CSPA marks a significant departure from other laws aimed at reducing the threats and impacts caused by the continued and increasing use of toxic chemicals.[3] Washington State's law is considered to be stronger than any other chemical disclosure law in the United States.[4]

Washington's CSPA created a searchable, online database that includes 66 chemicals. These chemicals were chosen because studies have linked them to cancer or to reproductive, developmental, or neurological effects in animals or people.[5] In most cases, no one knows what, if anything, exposure to small doses of these chemicals may do to people, especially babies and toddlers who tend to chew on items or rub them on their skin.[6] For many of these compounds, there has been little or no research to investigate children's exposure to them.[7] According to Dr. Sheela Sathyanarayana, a pediatric researcher at the University of Washington and the Seattle Children's Research Institute, who advised state officials when the disclosure rules were written, "Children are uniquely vulnerable to exposures given their hand-to-mouth behaviors, floor play and developing nervous and reproductive systems."[8]

Officials with CSPA agree with the Toy Industry Association that the presence of a substance on the Washington state list in a toy or game doesn't automatically mean there is a risk or cause for concern.[9] However, the new law is already driving changes in products. Some companies, including Wal-Mart, Gap, Nike, and Johnson & Johnson have filed documents with the state stating they would eliminate some chemicals on the state's list.[10]

III. Effect of Proposed Changes:

Section 1 creates s. 381.986, F.S., which provides it is the policy of the state to reduce the exposure of pregnant women and children to chemicals of high concern through the public identification of such chemicals and encourage the use of safer alternatives whenever possible. This section also contains definitions of chemicals of high concern, consumer product, and credible scientific evidence.

This section directs the Department of Health (department) to publish an initial list of at least 50, but no more than 100, chemicals of high concern by January 1, 2015. The department may cite lists developed by other states if funds are not available to create the list. The list would be reviewed by the department every three years and revised as needed. The initial list of chemicals

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[2] Washington's Children's Safe Products Act, Executive Summary, *available at* http://www.ecy.wa.gov/progams/safa/rules/pdf/CSPAexcum.pdf
[3] Id.
[4] Jane Kay, *EHN Special Report: 'Chemicals of high concern' found in thousands of children's products* (May 6, 2013), *available at* http://www.environmentalhealthnews.org/ehs/news/2013/childrens-products
[5] *Id.*
[6] *Id.*
[7] *Id.*
[8] *Id.*
[9] *Id.*
[10] *Id.*

of high concern would be published on the department's website and updated whenever the published list was revised. The criteria to designate a chemical of high concern is set out in this section. The department may include a chemical that has been formally identified by another state as a priority chemical or chemical of high concern if that state's criteria is substantially equivalent to the criteria set out in the proposed legislation.

The bill authorizes the department to join an interstate clearinghouse with other states and governmental entities to: promote use of safer chemicals in consumer products; organize chemical data; model policies related to safer alternatives to specific chemical uses; provide technical assistance to businesses and consumers regarding the use of safer chemicals; and initiate activities in support of state programs to promote the use of safer chemicals in consumer products.

Section 2 provides an effective date of July 1, 2014.

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 directs the department to create a list of at least 50, and no more than 100, chemicals of high concern by January 1, 2015. The Toy Industry Association has pointed out that the presence of a substance found in a toy or game doesn't automatically imply that it is a risk or cause for concern. Without additional information, consumers may make purchasing decisions based on the presence of a chemical in a product even though it might not be harmful to human health or a violation of any safety standard.

C. Government Sector Impact:

Fiscal Impact	Fiscal Year 2014-15			
Agency/program	**FTE**	**GR**	**Trust**	**Total**
Public Health Toxicology Section	2.5	$117,402	$0	$117,402
Expenses		$885	$0	$885
Total		$118,287	$0	$118,287

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates Section 381.986, Florida Statutes.

IX. Additional Information:

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

None.

B. Amendments:

None.

By Senator Sobel

33-01062-14 20141180__

A bill to be entitled

An act relating to chemicals in consumer products; creating s. 381.986, F.S.; providing legislative intent; defining terms; requiring the Department of Health to publish a list of chemicals of high concern present in consumer products designed for use by pregnant women and children; providing criteria for inclusion on the list; authorizing the department to participate with other states and governmental entities in an interstate clearinghouse established for specified purposes; providing an effective date.

WHEREAS, thousands of toxic chemicals intended for use by pregnant women and children are present in consumer products used in and around homes, daycares, and schools, and

WHEREAS, exposure to harmful chemicals found in products specifically designated for use by pregnant women and children has been linked to devastating health conditions such as childhood cancer, asthma, premature puberty, infertility, and learning and developmental disabilities, and

WHEREAS, consumers, including pregnant women, parents, teachers, and business owners, need reliable information on which they may base their purchasing decisions to ensure that they are able to make healthy choices about the products they buy, and

WHEREAS, abundant reliable, peer-reviewed scientific data currently exists regarding the health and safety concerns of toxic chemicals on pregnant women and children, and

WHEREAS, several states, including Maine, Washington, and

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

33-01062-14 20141180__

Minnesota, have used available peer-reviewed scientific data to produce lists of "chemicals of high concern" to inform the public about important public safety information regarding toxic chemicals, NOW, THEREFORE,

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

Section 1. Section 381.986, Florida Statutes, is created to read:

381.986 Chemicals of high concern in consumer products.—

(1) It is the policy of this state, consistent with its duty to protect the health, safety, and welfare of its citizens, to reduce the exposure of pregnant women and children to chemicals of high concern by publicly identifying such chemicals and encouraging substitution with safer alternatives whenever feasible.

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

(a) "Chemical" means any element, compound, or mixture of elements or compounds including breakdown products formed through decomposition, degradation, or metabolism.

(b) "Chemical of high concern" means a chemical identified by the department which meets the criteria established in subsection (4) or subsection (5).

(c) "Children" or "child" means a person younger than 18 years of age.

(d) "Consumer product" means an item designed or primarily intended for use by pregnant women or children, including component parts and packaging, sold for indoor or outdoor use in or around a residence, child care facility, or school.

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

59 (e) "Credible scientific evidence" means the results of a
60 study, the experimental design and conduct of which have
61 undergone independent scientific peer review, which are
62 published in a peer-reviewed journal, or in a publication of an
63 authoritative federal or international governmental agency,
64 including, but not limited to, the United States Department of
65 Health and Human Services National Toxicology Program, the
66 National Institute of Environmental Health Sciences, the United
67 States Food and Drug Administration, the Centers for Disease
68 Control and Prevention, the United States Environmental
69 Protection Agency, the World Health Organization, and the
70 European Chemicals Agency of the European Union.
71 (f) "Department" means the Department of Health.
72 (3) By January 1, 2015, the department, in consultation
73 with other state agencies, shall publish an initial list of at
74 least 50, but not more than 100, chemicals of high concern. If
75 funds are not available to create the list, the department may
76 cite lists developed by other states.
77 (a) The department shall review the list at least every 3
78 years and revise it as needed.
79 (b) The department shall publish the initial list of
80 chemicals of high concern on its website and update the website
81 whenever the published list is revised.
82 (4) A chemical may be designated as a chemical of high
83 concern if the department determines that:
84 (a) The chemical, based on credible scientific evidence, is
85 identified by a governmental agency as being known or likely to:
86 1. Harm the normal development of a fetus or child or cause
87 other developmental toxicity;

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

88 2. Cause cancer, genetic damage, or reproductive harm;
89 3. Damage the nervous system, immune system, hormone
90 system, or organs or cause other systemic toxicity; or
91 4. Be persistent, bioaccumulative, and toxic; and
92 (b) There is credible scientific evidence that the chemical
93 has been added to, or is present in, a consumer product used or
94 stored in or around a residence, child care facility, or school.
95 (5) In lieu of meeting the requirements of subsection (4),
96 a chemical may be designated as a chemical of high concern if
97 the department determines that:
98 (a) Based upon criteria that are substantially equivalent
99 to those in subsection (4), the chemical has been formally
100 identified by another state as a priority chemical or a chemical
101 of high concern; or
102 (b) One or more of the criteria in paragraph (4)(b) are met
103 and the chemical has been formally identified by another state
104 as being known to cause cancer, birth defects, or other
105 reproductive harm.
106 (6) The department may participate with other states and
107 governmental entities in an interstate clearinghouse in order
108 to:
109 (a) Promote the use of safer chemicals in consumer
110 products.
111 (b) Organize and manage available data on chemicals,
112 including information on uses, hazards, disposal, and
113 environmental concerns.
114 (c) Produce and inventory information on safer alternatives
115 to specific uses of chemicals of high concern and model policies
116 and programs related thereto.

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

117 (d) Provide technical assistance to businesses and
118 consumers related to the use of safer chemicals.
119 (e) Initiate other activities in support of state programs
120 to promote the use of safer chemicals in consumer products.
121 Section 2. This act shall take effect July 1, 2014.

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

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Chemicals in Consumer Products

Bill Number: 1180 (if applicable)

Name: NANCY STEPHENS

Amendment Barcode: (if applicable)

Job Title: EXECUTIVE DIRECTOR

Address: 1625 SUMMIT LAKE DRIVE, STE 300
Street

Tallahassee FL 32309
City State Zip

Phone: 850 402 2954

E-mail: nancy@mafmfg.com

Speaking: [ ] For [X] Against [ ] Information

Representing: MANUFACTURERS ASSOCIATION OF FLORIDA

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

Lobbyist registered with Legislature: [X] Yes [ ] No

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

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

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Chemicals in Consumer Products

Bill Number: SB 1180 (if applicable)

Name: Michael Power

Amendment Barcode: (if applicable)

Job Title: Manager, State Government Affairs

Address: 1995 N. Park Dr. Suite 240
Street

Atlanta GA 30339
City State Zip

Phone: 770-421-2991

E-mail: michael_power@americanchemistry.com

Speaking: [ ] For [X] Against [ ] Information

Representing: American Chemistry Council

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

Lobbyist registered with Legislature: [ ] Yes [X] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/2014
Meeting Date

Topic: Chemicals of High Concern
Bill Number: 1180 (if applicable)

Name: SHARON NESVIG
Amendment Barcode: (if applicable)

Job Title: Gov Relations - FEA

Address: 213 S Adams
Street

Tallahassee FL 32301
City State Zip

Phone: 850 224 2078

E-mail: Sharon.Nesvig@floridaea.org

Speaking: ☐ For ☐ Against ☐ Information

Representing: FLORIDA EDUCATION ASSN

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

Waive in support

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: CHEMICALS OF HIGH CONCERN
Bill Number: 1180 (if applicable)

Name: DAVID CULLEN
Amendment Barcode: (if applicable)

Job Title:

Address: 1674 UNIVERSITY PKWY
Street

SARASOTA FL 34243
City State Zip

Phone: 941.323.2404

E-mail: cullenasea@aol.com

Speaking: ☑ For ☐ Against ☐ Information

Representing: SIERRA CLUB FLORIDA

Appearing at request of Chair: ☑ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-25-14
Meeting Date

Topic: Chemicals of high concern

Bill Number: SB 1180 *(if applicable)*

Name: Stephanie Kunkel

Amendment Barcode: *(if applicable)*

Job Title:

Address: 1143 Albritton DR
Street

Tallahassee FL 32301
City *State* *Zip*

Phone: 850-320-4208

E-mail: Stef.kunkel@gmail.co

Speaking: [X] For [ ] Against [ ] Information

Representing: Clean Water Action

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

Lobbyist registered with Legislature: [X] Yes [ ] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: CHEMICALS IN CONSUMER PRODUCTS

Bill Number: SB 1180 *(if applicable)*

Name: MIKE MCQUONE (MCCUE-ONE)

Amendment Barcode: *(if applicable)*

Job Title: CONSULTANT FOR HEALTH

Address: 201 WEST PARK AVENUE
Street

TALLAHASSEE FL 32301
City *State* *Zip*

Phone: 850-284-9130

E-mail: mmcquone@flacathconf.org

Speaking: [X] For [ ] Against [ ] Information

Representing: FLORIDA CONFERENCE OF CATHOLIC BISHOPS

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

Lobbyist registered with Legislature: [X] Yes [ ] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: SB 1180 — Bill Number: 1180 *(if applicable)*

Name: Stephanie Leeds — Amendment Barcode: _____ *(if applicable)*

Job Title: Vice President, Govt Relations, American Cancer Society

Address: 2619 Centennial Blvd (*Street*) — Phone: 508-6889

Tallahassee FL 32308 (*City, State, Zip*) — E-mail: Stephanie.Leeds@cancer.org

Speaking: ☐ For ☐ Against ☐ Information — Waive in Support!

Representing: American Cancer 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.

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

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-25-14
Meeting Date

Topic: Chemicals in Consumer Products — Bill Number: SB 1180 *(if applicable)*

Name: Kathy Thrumston — Amendment Barcode: _____ *(if applicable)*

Job Title: Florida PTA Legislative Committee

Address: 6641 S Old Floral City Rd (*Street*) — Phone: 352 341 2569

Floral City FL 34436 (*City, State, Zip*) — E-mail: kthrumston@gmail.co

Speaking: ☒ For ☐ Against ☐ Information

Representing: Florida PTA

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.

S-001 (10/20/11

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

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: CS/SB 316

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Bean

SUBJECT: Certification of Assisted Living Facility Administrators

DATE: March 25, 2014 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Crosier	Hendon	CF	**Fav/CS**
2.			HP	
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 316 requires that effective July 1, 2014, all administrators of Assisted Living Facilities (ALFs) meet the minimum training and education requirements established by the Department of Elder Affairs (DOEA) or a third party credentialing entity selected by the department. The bill requires DOEA to approve one or more third party credentialing entities. The approved credentialing entity is required to develop a competency test and minimum required score to indicate successful completion of the training and educational requirements.

The bill has an effective date of July 1, 2014, and would have an insignificant fiscal impact on state government.

II. Present Situation:

An ALF is a residential establishment, or part of a residential establishment, that provides housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.[1] An ALF does not include an adult family-care home or a non-transient public lodging establishment. A personal service is direct physical assistance with, or supervision of, the activities of daily living and the self-

[1] Section 429.02(5), F.S.

administration of medication.[2] Activities of daily living include: ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks.[3]

An ALF is required to provide care and services appropriate to the needs of the residents accepted for admission to the facility.[4] The owner or facility administrator determines whether an individual is appropriate for admission to the facility based on a number of criteria.[5] If a resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or health care provider, the resident must be discharged in accordance with the Resident Bill of Rights.[6]

Department of Elder Affairs Rules

In addition to ch. 429, F.S., ALFs are subject to regulation pursuant to Rule 58A-5 of the Florida Administrative Code. These rules are adopted by DOEA in consultation with the Agency for Health Care Administration (AHCA), the Department of Children and Families, and the Department of Health.[7] In June 2012, DOEA initiated negotiated rulemaking to revise many of its rules regarding ALFs. A committee that consisted of agency staff, consumer advocates, and industry representatives voted on numerous changes to Rule 58A-5, Florida Administrative Code. DOEA held five public hearings around the state and on February 20, 2014, submitted the proposed rules to the President of the Senate, the Speaker of the House of Representatives, and the appropriate committees of substance for review and comment prior to the promulgation thereof.[8]

ALF Administrators

Administrators and other ALF staff must meet minimum training and education requirements established by rule of DOEA.[9],[10] The training and education are intended to assist facilities to respond appropriately to the needs of residents, maintain resident care and facility standards, and meet licensure requirements.[11]

The current ALF core training requirements established by DOEA consist of a minimum of 26 hours of training and passing a competency test. Administrators must successfully complete the core training requirements within three months from the date of becoming a facility administrator or manager. The minimum passing score for the competency test is 75 percent.

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[2] Section 429.02(16), F.S.
[3] Section 429.02(1), F.S.
[4] For specific minimum standards see Rule 58A-5.0182, F.A.C.
[5] Section 429.26, F.S., and Rule 58A-5.0181, F.A.C.
[6] Section 429.28, F.S.
[7] Section 429.41(1), F.S.
[8] Letter from Secretary Charles T. Corley, DOEA to The Honorable Don Gaetz, President, Florida Senate, (Feb. 20, 2014) (on file with the Senate Committee on Children, Families, and Elder Affairs).
[9] Rule 58A-5.0191, F.A.C.
[10] Many of the training requirements in rule may be subject to change due to the negotiated rulemaking process undertaken by DOEA.
[11] Section 429.52(1), F.S.

Administrators must participate in 12 hours of continuing education on topics related to assisted living every two years. A newly-hired administrator who has successfully completed the ALF core training and continuing education requirements is not required to retake the core training. An administrator who has successfully completed the core training, but has not maintained the continuing education requirements must retake the ALF core training and retake the competency test.[12]

Currently, DOEA approves registration of core trainers based on the qualifications established in s. 429.52, F.S., and is authorized to adopt rules to define additional qualification criteria for becoming a core trainer and maintaining that status.

III. Effect of Proposed Changes:

Section 1 amends s. 429.52, F.S. This section provides that effective July 1, 2014, administrators shall meet the minimum training and education requirements established by a third party credentialing entity pursuant to s. 429.55, F.S., or by the department by rule. This section directs that, in addition to the competency test and minimum required score to indicate successful completion of training and educational requirements established by the department, the third-party credentialing entity must also develop a competency test and minimum score to indicate successful completion of the training and educational requirements.

The section also provides that a facility administrator hired on or after July 1, 2014, must either complete the required training and education, including the competency test, within a reasonable time after being employed as an administrator as determined by the department or earn and maintain certification as an assisted living facility administrator from a third-party credentialing entity that has been approved by the department.

Section 2 creates s. 429.55, F.S. This section provides each ALF administrator the option to earn and maintain professional certification from a third-party credentialing entity approved by the department. This section provides a definition of third-party credentialing entity as an organization that develops and administers certification programs according to standards established by the National Commission for Certifying Agencies. The department is required to approve one or more third-party credentialing entities to develop and administer a professional credentialing program for administrators within 90 days after receiving documentation that demonstrates the third-party credentialing entity's compliance with certain minimum standards.

Additionally, this section provides a grandfather clause that allows certain people employed as assisted living facilities administrators and are in compliance with the requirements in s. 429.52, F.S., including continuing education requirements in place before July 1, 2014, and persons who have completed the required training as an administrator, including the competency test and continuing education requirements as of July 1, 2014, to be enrolled in a third-party credentialing entity certification program. The enrollment in the certification offered by the third-party credentialing entity at no cost to the person or department and shall be available in the 12 months immediately after it is approved by the department.

[12] Rule 59A-5.0191, F.A.C.

Section 3 provides for an effective date of July 1, 2014.

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 requires ALF administrators to be certified. The costs of this certification is not specified in the bill, but would be borne by the administrators or the ALF owners. The third-party credentialing entity would presumably set the fees. The administrators have the option to receive training and education from the department or certification from the third-party credentialing entity. Any difference in the fee structure would be borne by the administrators or the ALF owners.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

The bill states that ALF administrators that fail to be certified or to meet training and educational requirements by July 1, 2014, are subject to an administrative fine pursuant to s. 429.19, F.S. Fines in this section are separated into four classes based on the severity of the violation. The newly-created violation of an ALF administrator that does not meet certification or training and educational requirements does not specify what class of violation so AHCA would not have direction on what penalty to assess.

The bill creates s. 429.55(3)(3), F.S., to require a third-party credentialing entity to demonstrate the ability to administer continuing education and certification renewal requirements on a "biannual" basis. This terms means twice a year.[13] Current law requires ALF administrators to

[13] American Heritage College Dictionary (3rd ed. 1993).

have 12 hours of continuing education every two years.[14] The bill should read "biennial" or "every two years" if the intent is to continue the frequency of continuing education requirements for ALF administrators.

VII. Related Issues:

Section 2 of the bill directs the third-party credentialing entity to administer a professional code of ethics and a disciplinary process that applies to all certified persons. No guidance or criteria is provided regarding the code of ethics or the disciplinary process. The decisions left to the third-party entity by this language may be an unconstitutional delegation of authority. Additionally, Section 2 directs individuals adversely affected by a decision of a third-party credentialing entity to appeal such decision to the department for final determination.

VIII. Statutes Affected:

This bill substantially amends s. 429.52, Florida Statutes.

This bill creates s. 429.55 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

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

CS by Children, Families, and Elder Affairs on March 25, 2014:
The Committee Substitute:

- Establishes an effective date of July 1, 2014, that administrators have the option to meet the minimum training and education requirements established by the department or the certification provided by a third-party credentialing entity approved by the department pursuant to s. 429.55, F.S.
- Directs the third-party credential entity approved by the department to develop a competency test and a minimum required score to indicate successful completion of the training and educational requirements. The competency test and minimum required score is in addition to the test and score established by the department.
- A facility administrator hired on or after July 1, 2014, must complete the training and education requirements of the department or earn and maintain certification from the third-party credentialing entity. Failure to comply with this requirement subjects the violator to an administrative fine.
- Provides that a third-party credentialing entity is an organization that develops and administers certification programs according to standards established by the National Commission for Certifying Agencies.
- Provides a grandfather clause that allows persons employed as an ALF administrator and are in compliance with the training and education requirements in place before July 1, 2014, or who has completed the required training, competency test and continuing education requirements as of July 1, 2014, to enroll in the third-party

[14] S. 429.52(4), F.S.

credentialing entity's certification program at no cost to the person or the department in the 12 months immediately after the entity is approved by the department.

- Creates the right of appeal to the department for final determination by an individual adversely affected by the third-party credentialing entity.

B. Amendments:

None.

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

699622

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/25/2014	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Grimsley) recommended the following:

1 **Senate Amendment (with title amendment)**
2
3 Delete everything after the enacting clause
4 and insert:
5 Section 1. Section 429.52, Florida Statutes, is amended to
6 read:
7 429.52 Staff training and educational programs; core
8 educational requirement.—
9 (1) Effective July 1, 2014, administrators shall meet the
10 minimum training and education requirements established by a

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11 third-party credentialing entity pursuant to s. 429.55 or by the
12 Department of Elderly Affairs by rule. ~~and~~ Other assisted living
13 facility staff shall ~~must~~ meet minimum training and education
14 requirements established by the department ~~of Elderly Affairs~~ by
15 rule. This training and education is intended to assist
16 facilities to appropriately respond to the needs of residents,
17 to maintain resident care and facility standards, and to meet
18 licensure requirements.
19 (2) The department shall establish a competency test and a
20 minimum required score to indicate successful completion of the
21 training and educational requirements. The department shall
22 develop the competency test ~~must be developed by the department~~
23 in conjunction with the agency and providers. A third-party
24 credentialing entity approved under s. 429.55 must also develop
25 a competency test and a minimum required score to indicate
26 successful completion of the training and educational
27 requirements. The required training and education must cover at
28 least the following topics:
29 (a) State law and rules relating to assisted living
30 facilities.
31 (b) Resident rights and identifying and reporting abuse,
32 neglect, and exploitation.
33 (c) Special needs of elderly persons, persons with mental
34 illness, and persons with developmental disabilities and how to
35 meet those needs.
36 (d) Nutrition and food service, including acceptable
37 sanitation practices for preparing, storing, and serving food.
38 (e) Medication management, recordkeeping, and proper
39 techniques for assisting residents with self-administered

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40 medication.
41 (f) Firesafety requirements, including fire evacuation
42 drill procedures and other emergency procedures.
43 (g) Care of persons who have ~~with~~ Alzheimer's disease and
44 related disorders.
45 (3) ~~Effective January 1, 2004,~~ A ~~new~~ facility administrator
46 hired on or after July 1, 2014, must:
47 (a) Complete the required training and education, including
48 the competency test, within a reasonable time after being
49 employed as an administrator, as determined by the department;
50 or
51 (b) Earn and maintain certification as an assisted living
52 facility administrator from a third-party credentialing entity
53 that is approved by the department as provided in s. 429.55.
54
55 Failure of a facility administrator to comply with paragraph (a)
56 or paragraph (b) ~~do so~~ is a violation of this part and subjects
57 the violator to an administrative fine as prescribed in s.
58 429.19. Administrators licensed in accordance with part II of
59 chapter 468 are exempt from this requirement. ~~Other licensed~~
60 ~~professionals may be exempted, as determined by the department~~
61 ~~by rule.~~
62 (4) Administrators shall ~~are required to~~ participate in
63 continuing education for a minimum of 12 contact hours every 2
64 years.
65 (5) Staff involved with the management of medications and
66 assisting with the self-administration of medications under s.
67 429.256 must complete a minimum of 4 additional hours of
68 training provided by a registered nurse, licensed pharmacist, or

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69 department staff. The department shall establish by rule the
70 minimum requirements of this additional training.
71 (6) Other facility staff shall participate in training
72 relevant to their job duties as specified by rule of the
73 department.
74 (7) If the department ~~or the agency~~ determines that there
75 is a need for ~~are problems in a facility that could be reduced~~
76 ~~through~~ specific staff training or education beyond that already
77 required under this section, the department ~~or the agency~~ may
78 require~~,~~ and provide, or cause to be provided, the training or
79 education of ~~any~~ personal care staff in the facility. However,
80 this subsection does not apply to an assisted living facility
81 administrator certified under s. 429.55.
82 (8) The department shall adopt rules related to these
83 training requirements, the competency test, necessary
84 procedures, and competency test fees and shall adopt or contract
85 with another entity to develop a curriculum, which shall be used
86 as the minimum core training requirements. The department shall
87 consult with representatives of stakeholder associations and
88 agencies in the development of the curriculum.
89 (9) The training required by this section must ~~shall~~ be
90 conducted by a person who is ~~persons~~ registered with the
91 department as having the requisite experience and credentials to
92 conduct the training or by a training entity recognized by a
93 third-party credentialing entity under s. 429.55(7)(f). A person
94 seeking to register as a trainer must provide the department
95 with proof of completion of the minimum core training education
96 requirements, successful passage of the competency test
97 established under this section, and proof of compliance with the

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98 continuing education requirement in subsection (4).
99 (10) A person seeking to register as a trainer must also:
100 (a) Provide proof of completion of a 4-year degree from an
101 accredited college or university and must have worked in a
102 management position in an assisted living facility for 3 years
103 after being core certified;
104 (b) Have worked in a management position in an assisted
105 living facility for 5 years after being core certified and have
106 1 year of teaching experience as an educator or staff trainer
107 for persons who work in assisted living facilities or other
108 long-term care settings;
109 (c) Have been previously employed as a core trainer for the
110 department; or
111 (d) Meet other qualification criteria as defined in rule,
112 which the department may ~~is authorized to~~ adopt.
113 (11) The department may ~~shall~~ adopt rules to establish
114 staff training ~~trainer registration~~ requirements.
115 Section 2. Section 429.55, Florida Statutes, is created to
116 read:
117 429.55 Assisted living facility administrator;
118 certification.—
119 (1) LEGISLATIVE INTENT.—It is the intent of the Legislature
120 that each assisted living facility administrator have the option
121 to earn and maintain professional certification from a third-
122 party credentialing entity that is approved by the Department of
123 Elderly Affairs. The Legislature further intends that
124 certification ensure that an administrator has the competencies
125 necessary to appropriately respond to the needs of residents, to
126 maintain resident care and facility standards, and to meet

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127 licensure requirements for a facility. The Legislature
128 recognizes professional certification by a professional
129 credentialing organization as an equivalent alternative to a
130 state-run licensure program and, therefore, intends that
131 certification pursuant to this section is sufficient as an
132 acceptable alternative to the training and educational
133 requirements of s. 429.52.
134 (2) DEFINITIONS.—As used in this section, the term:
135 (a) "Assisted living facility administrator certification"
136 means a professional credential awarded by a department-approved
137 third-party credentialing entity to a person who meets core
138 competency requirements in assisted living facility practice
139 areas.
140 (b) "Core competency" means the minimum knowledge and
141 skills necessary to carry out work responsibilities.
142 (c) "Department" means the Department of Elderly Affairs.
143 (d) "Third-party credentialing entity" means an
144 organization that develops and administers certification
145 programs according to the standards established by the National
146 Commission for Certifying Agencies.
147 (3) THIRD-PARTY CREDENTIALING ENTITIES.—The department
148 shall approve one or more third-party credentialing entities for
149 the purpose of developing and administering a professional
150 credentialing program for administrators. Within 90 days after
151 receiving documentation from a third-party credentialing entity,
152 the department shall approve a third-party credentialing entity
153 that demonstrates compliance with the following minimum
154 standards:
155 (a) Establishment of assisted living facility administrator

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156 core competencies, certification standards, testing instruments,
157 and recertification standards according to national psychometric
158 standards.
159 (b) Establishment of a process to administer the
160 certification application, award, and maintenance processes
161 according to national psychometric standards.
162 (c) Demonstrated ability to administer a professional code
163 of ethics and disciplinary process that applies to all certified
164 persons.
165 (d) Establishment of, and ability to maintain a publicly
166 accessible Internet-based database that contains information on
167 each person who applies for and is awarded certification, such
168 as the person's first and last name, certification status, and
169 ethical or disciplinary history.
170 (e) Demonstrated ability to administer biannual continuing
171 education and certification renewal requirements.
172 (f) Demonstrated ability to administer an education
173 provider program to approve qualified training entities and to
174 provide precertification training to applicants and continuing
175 education opportunities to certified professionals.
176 (4) ASSISTED LIVING FACILITY ADMINISTRATOR CERTIFICATION.—
177 Effective July 1, 2014, an assisted living facility
178 administrator may be certified by a third-party credentialing
179 entity that is approved by the department under this section. An
180 assisted living facility administrator who fails to be certified
181 under this section or fails to meet training and educational
182 requirements of s. 429.52 violates this section and is subject
183 to an administrative fine as provided under s. 429.19. This
184 subsection does not apply to an administrator licensed under

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185 part II of chapter 468.
186 (5) GRANDFATHER CLAUSE.—A third-party credentialing entity
187 shall allow the following persons to enroll in its certification
188 program, at no cost to the department or the person, in the 12
189 months immediately after the department approves the third-party
190 credentialing entity as provided in subsection (3):
191 (a) A person who is employed as an assisted living facility
192 administrator and is in compliance with the requirements in s.
193 429.52, including continuing education requirements in place
194 before July 1, 2014.
195 (b) A person who has completed before July 1, 2014, the
196 required training as an administrator, including the competency
197 test and continuing education requirements established in s.
198 429.52.
199 (6) CORE COMPETENCIES.—A third-party credentialing entity
200 that is approved by the department shall establish the core
201 competencies for assisted living facility administrators
202 according to the standards established by the National
203 Commission for Certifying Agencies.
204 (7) CERTIFICATION PROGRAM REQUIREMENTS.—A certification
205 program of a third-party credentialing entity that is approved
206 by the department must:
207 (a) Be established according to the standards set forth by
208 the National Commission for Certifying Agencies.
209 (b) Be directly related to the core competencies.
210 (c) Establish minimum requirements in each of the following
211 categories:
212 1. Formal education.
213 2. Training.

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214 3. On-the-job work experience.
215 4. Supervision.
216 5. Testing.
217 6. Biannual continuing education.
218 (d) Administer a professional code of ethics and
219 disciplinary process that applies to all certified persons.
220 (e) Administer and maintain a publicly accessible Internet-
221 based database that contains information on each person who
222 applies for certification or is certified.
223 (f) Approve qualified training entities that provide
224 precertification training to applicants and continuing education
225 to certified assisted living facility administrators.
226 (8) APPEAL.—An individual who is adversely affected by the
227 decision of a department-approved, third-party credentialing
228 entity with regard to the denial of initial certification or an
229 adverse action on continued certification may appeal such
230 decision to the department for a final determination.
231 Section 3. This act shall take effect July 1, 2014.
232
233 ========== T I T L E A M E N D M E N T ==========
234 And the title is amended as follows:
235 Delete everything before the enacting clause
236 and insert:
237 A bill to be entitled
238 An act relating to certification of assisted living
239 facility administrators; amending s. 429.52, F.S.;
240 requiring assisted living facility administrators to
241 meet the training and education requirements
242 established by a third-party credentialing entity or

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243 by the Department of Elderly Affairs; requiring the
244 department to establish a competency test; requiring a
245 third-party credentialing entity to develop a
246 competency test and a minimum required score to
247 indicate successful completion of the training and
248 educational requirements; revising requirements for
249 facility administrators who are hired on or after a
250 specified date; authorizing the department to require
251 additional training and education of any personal care
252 staff in the facility, except for certain assisted
253 living facility administrators; requiring training to
254 be conducted by an entity recognized by a third-party
255 credentialing entity under s. 429.55, F.S.;
256 authorizing the department to adopt rules to establish
257 staff training requirements; creating s. 429.55, F.S.;
258 providing legislative intent; defining terms;
259 authorizing the department to approve third-party
260 credentialing entities for the purpose of developing
261 and administering a professional credentialing program
262 for assisted living facility administrators; requiring
263 the department to approve a third-party credentialing
264 entity that documents compliance with certain minimum
265 standards; authorizing an administrator to be
266 certified by a third-party credentialing entity;
267 providing that an administrator who fails to be
268 certified under s. 429.55, F.S., or fails to complete
269 training and educational requirements under s. 429.55
270 is subject to an administrative fine; providing an
271 exemption for an administrator licensed under part II

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272 of ch. 468, F.S.; requiring a third-party
273 credentialing entity to allow certain persons to
274 enroll in its certification program for a specified
275 time after the department approves the third-party
276 credentialing entity; requiring an approved third-
277 party credentialing entity to establish the core
278 competencies for administrators according to the
279 standards set forth by the National Commission for
280 Certifying Agencies; requiring a certification program
281 of a third-party credentialing entity to meet certain
282 requirements; authorizing an individual adversely
283 affected by the decision of a third-party
284 credentialing entity to appeal the decision under
285 certain circumstances; providing an effective date.

By Senator Bean

4-00319B-14 2014316__

A bill to be entitled

An act relating to certification of assisted living facility administrators; amending s. 429.178, F.S.; conforming provisions to changes made by the act; amending s. 429.52, F.S.; requiring assisted living facility administrators to meet the training and education requirements established by a third-party credentialing entity; revising requirements for new administrators; authorizing the Department of Elderly Affairs to require additional training or education of personal care staff of a facility under certain circumstances; authorizing the department to adopt rules to establish staff training requirements; providing for the future repeal of training and educational requirements for administrators and assisted living facility staff, requirements for new administrators, continuing education requirements for administrators, the adoption of rules, and requirements for trainers; creating s. 429.55, F.S., relating to assisted living facility administrators; providing legislative intent; providing definitions; requiring the department to approve third-party credentialing entities for the purpose of developing and administering a professional credentialing program for assisted living facility administrators; prohibiting an approved third-party credentialing entity or its affiliate from delivering training to an applicant or continuing education to a certificateholder; providing an appeal process for a

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decision that denies initial certification or that takes adverse action on a continued certification; requiring an administrator to be certified by a third-party credentialing entity; providing that an assisted living facility licensee that fails to employ a certified administrator is subject to an administrative fine; providing an exemption for an administrator licensed under part II of ch. 468, F.S.; requiring an approved third-party credentialing entity to establish a process for certifying persons who meet certain qualifications; requiring an approved third-party credentialing entity to establish core competency requirements according to nationally recognized certification and psychometric standards; requiring a third-party credentialing entity to meet certain certification program requirements; requiring a third-party credentialing entity to set certain fees; providing effective dates.

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

Section 1. Effective July 1, 2015, paragraphs (a) and (b) of subsection (2) of section 429.178, Florida Statutes, are amended to read:

429.178 Special care for persons with Alzheimer's disease or other related disorders.—

(2)(a) An individual who is employed by a facility that provides special care for residents with Alzheimer's disease or other related disorders, and who has regular contact with such

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59 residents, must complete up to 4 hours of initial dementia-
60 specific training developed or approved by the department. The
61 training must ~~shall~~ be completed within 3 months after beginning
62 employment ~~and shall satisfy the core training requirements of~~
63 ~~s. 429.52(2)(g)~~.
64 (b) A direct caregiver who is employed by a facility that
65 provides special care for residents with Alzheimer's disease or
66 other related disorders, and who provides direct care to such
67 residents, must complete the required initial training and 4
68 additional hours of training developed or approved by the
69 department. The training must ~~shall~~ be completed within 9 months
70 after beginning employment ~~and shall satisfy the core training~~
71 ~~requirements of s. 429.52(2)(g)~~.
72 Section 2. Section 429.52, Florida Statutes, is amended to
73 read:
74 429.52 Staff training and educational programs; core
75 educational requirement.—
76 (1) Administrators and other assisted living facility staff
77 must meet minimum training and education requirements
78 established by the Department of Elderly Affairs by rule. This
79 training and education is intended to assist facilities to
80 appropriately respond to the needs of residents, to maintain
81 resident care and facility standards, and to meet licensure
82 requirements. Effective July 1, 2015, administrators must meet
83 the minimum training and education requirements established
84 under s. 429.55.
85 (2) The department, in conjunction with the agency and
86 providers, shall develop a competency test. The department shall
87 determine ~~establish a competency test and~~ the ~~a~~ minimum required

88 score indicating ~~to indicate~~ successful completion of the
89 training and educational requirements. ~~The competency test must~~
90 ~~be developed by the department in conjunction with the agency~~
91 ~~and providers.~~ The required training and education must cover at
92 least the following topics:
93 (a) State law and rules relating to assisted living
94 facilities.
95 (b) Resident rights and identifying and reporting abuse,
96 neglect, and exploitation.
97 (c) Special needs of elderly persons, persons who have ~~with~~
98 mental illness, and persons who have ~~with~~ developmental
99 disabilities and how to meet those needs.
100 (d) Nutrition and food service, including acceptable
101 sanitation practices for preparing, storing, and serving food.
102 (e) Medication management, recordkeeping, and proper
103 techniques for assisting residents with self-administered
104 medication.
105 (f) Firesafety requirements, including fire evacuation
106 drill procedures and other emergency procedures.
107 (g) Care of persons who have ~~with~~ Alzheimer's disease and
108 related disorders.
109 (3) ~~Effective January 1, 2004,~~ A new facility administrator
110 must:
111 (a) Complete the required training and education, including
112 the competency test, within a reasonable time after being
113 employed as an administrator, as determined by the department;
114 or
115 (b) Before July 1, 2015, earn and maintain certification as
116 an assisted living facility administrator as provided under s.

429.55.

Failure to meet the requirements of this subsection ~~do so~~ is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. An administrator ~~Administrators~~ licensed under ~~in accordance with~~ part II of chapter 468 is ~~are~~ exempt from this subsection ~~requirement~~. ~~Other licensed professionals may be exempted, as determined by the department by rule.~~

(4) An administrator is ~~Administrators are~~ required to participate in continuing education for a minimum of 12 contact hours every 2 years.

(5) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 4 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff. The department shall establish by rule the minimum requirements of this additional training.

(6) Other facility staff shall participate in training relevant to their respective job duties as specified by rule of the department.

(7) If the department ~~or the agency~~ determines that there is a need for ~~are problems in a facility that could be reduced through~~ specific staff training or education beyond that already required under this section for personal care staff of a facility, the department ~~or the agency~~ may require~~,~~ and provide, or cause to be provided, such ~~the~~ training or education ~~of any personal care staff in the facility~~. This subsection does not apply to an assisted living facility administrator certified

under s. 429.55.

(8) The department shall adopt rules related to ~~these~~ training requirements~~,~~ and the competency test as required under this section, necessary procedures, and competency test fees, and shall adopt or contract with another entity to develop a curriculum, which shall serve as the ~~be used as the~~ minimum core training requirements. The department shall consult with representatives of stakeholder associations and agencies in the development of the curriculum.

(9) The training required under ~~by~~ this section must ~~shall~~ be conducted by a person ~~persons~~ registered with the department who has demonstrated ~~as having the~~ requisite experience and credentials ~~to conduct the training~~. A person seeking to register as a trainer must provide the department with proof of completion of the minimum core training education requirements, successful passage of the competency test established under this section, and proof of compliance with the continuing education requirement in subsection (4).

(10) A person seeking to register as a trainer must also:

(a) Provide proof of completion of a 4-year degree from an accredited college or university and must have worked in a management position in an assisted living facility for 3 years after being core certified;

(b) Have worked in a management position in an assisted living facility for 5 years after being core certified and have 1 year of teaching experience as an educator or staff trainer for persons who work in assisted living facilities or other long-term care settings;

(c) Have been previously employed as a core trainer for the

175 department; or
176 (d) Meet other qualification criteria as defined by
177 department rule ~~in rule, which the department is authorized to~~
178 ~~adopt~~.
179 (11) The department may ~~shall~~ adopt rules establishing ~~to~~
180 ~~establish trainer registration~~ requirements for staff training.
181 Section 3. Effective July 1, 2015, section 429.52, Florida
182 Statutes, as amended by this act, is amended to read:
183 429.52 Staff training and educational programs; core
184 educational requirement.—
185 (1) ~~Administrators and other~~ Assisted living facility staff
186 must meet minimum training and education requirements
187 established by the Department of Elderly Affairs by rule. This
188 training and education is intended to assist facilities to
189 appropriately respond to the needs of residents, to maintain
190 resident care and facility standards, and to meet licensure
191 requirements. ~~Effective July 1, 2015, administrators must meet~~
192 ~~the minimum training and education requirements established~~
193 ~~under s. 429.55.~~
194 ~~(2) The department, in conjunction with the agency and~~
195 ~~providers, shall develop a competency test. The department shall~~
196 ~~determine the minimum required score indicating successful~~
197 ~~completion of the training and educational requirements. The~~
198 ~~required training and education must cover at least the~~
199 ~~following topics:~~
200 ~~(a) State law and rules relating to assisted living~~
201 ~~facilities.~~
202 ~~(b) Resident rights and identifying and reporting abuse,~~
203 ~~neglect, and exploitation.~~

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204 ~~(c) Special needs of elderly persons, persons who have~~
205 ~~mental illness, and persons who have developmental disabilities~~
206 ~~and how to meet those needs.~~
207 ~~(d) Nutrition and food service, including acceptable~~
208 ~~sanitation practices for preparing, storing, and serving food.~~
209 ~~(e) Medication management, recordkeeping, and proper~~
210 ~~techniques for assisting residents with self-administered~~
211 ~~medication.~~
212 ~~(f) Firesafety requirements, including fire evacuation~~
213 ~~drill procedures and other emergency procedures.~~
214 ~~(g) Care of persons who have Alzheimer's disease and~~
215 ~~related disorders.~~
216 ~~(3) A new facility administrator must:~~
217 ~~(a) Complete the required training and education, including~~
218 ~~the competency test, within a reasonable time after being~~
219 ~~employed as an administrator, as determined by the department;~~
220 ~~or~~
221 ~~(b) Before July 1, 2015, earn and maintain certification as~~
222 ~~an assisted living facility administrator as provided under s.~~
223 ~~429.55.~~
224
225 ~~Failure to meet the requirements of this subsection is a~~
226 ~~violation of this part and subjects the violator to an~~
227 ~~administrative fine as prescribed in s. 429.19. An administrator~~
228 ~~licensed under part II of chapter 468 is exempt from this~~
229 ~~subsection.~~
230 ~~(4) An administrator is required to participate in~~
231 ~~continuing education for a minimum of 12 contact hours every 2~~
232 ~~years.~~

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233 (2) ~~(5)~~ Staff involved with the management of medications
234 and assisting with the self-administration of medications under
235 s. 429.256 must complete a minimum of 4 additional hours of
236 training provided by a registered nurse, licensed pharmacist, or
237 department staff. The department shall establish by rule the
238 minimum requirements of this additional training.
239 (3) ~~(6)~~ Other facility staff shall participate in training
240 relevant to their respective job duties as specified by rule of
241 the department.
242 (4) ~~(7)~~ If the department determines that there is a need
243 for specific staff training or education beyond that already
244 required under this section for personal care staff of a
245 facility, the department may require and provide, or cause to be
246 provided, such training or education. ~~This subsection does not~~
247 ~~apply to an assisted living facility administrator certified~~
248 ~~under s. 429.55.~~
249 ~~(8) The department shall adopt rules related to these~~
250 ~~training requirements, and the competency test as required under~~
251 ~~this section, necessary procedures, and competency test fees,~~
252 ~~and shall adopt or contract with another entity to develop a~~
253 ~~curriculum, which shall serve as the be used as the minimum core~~
254 ~~training requirements. The department shall consult with~~
255 ~~representatives of stakeholder associations and agencies in the~~
256 ~~development of the curriculum.~~
257 ~~(9) The training required under this section must be~~
258 ~~conducted by a person registered with the department who has~~
259 ~~demonstrated requisite experience and credentials. A person~~
260 ~~seeking to register as a trainer must provide the department~~
261 ~~with proof of completion of the minimum core training education~~

262 ~~requirements, successful passage of the competency test~~
263 ~~established under this section, and proof of compliance with the~~
264 ~~continuing education requirement in subsection (4).~~
265 ~~(10) A person seeking to register as a trainer must also:~~
266 ~~(a) Provide proof of completion of a 4-year degree from an~~
267 ~~accredited college or university and must have worked in a~~
268 ~~management position in an assisted living facility for 3 years~~
269 ~~after being core certified;~~
270 ~~(b) Have worked in a management position in an assisted~~
271 ~~living facility for 5 years after being core certified and have~~
272 ~~1 year of teaching experience as an educator or staff trainer~~
273 ~~for persons who work in assisted living facilities or other~~
274 ~~long-term care settings;~~
275 ~~(c) Have been previously employed as a core trainer for the~~
276 ~~department; or~~
277 ~~(d) Meet other qualification criteria as defined by~~
278 ~~department rule.~~
279 (5) ~~(11)~~ The department may adopt rules establishing
280 requirements for staff training.
281 Section 4. Section 429.55, Florida Statutes, is created to
282 read:
283 429.55 Assisted living facility administrator
284 certification.—
285 (1) LEGISLATIVE INTENT.—It is the intent of the Legislature
286 that an assisted living facility administrator earn and maintain
287 professional certification from a third-party credentialing
288 entity approved by the Department of Elderly Affairs. The
289 Legislature further intends that certification ensures that an
290 administrator has the competencies necessary to appropriately

291 respond to the needs of residents, to maintain resident care and
292 facility standards, and to meet facility licensure requirements.
293 The Legislature recognizes professional certification by a
294 nationally recognized professional credentialing organization as
295 an equivalent alternative to a state-run licensure program and,
296 therefore, intends that certification pursuant to this section
297 is sufficient as an acceptable alternative to licensure.
298 (2) DEFINITIONS.—As used in this section, the term:
299 (a) "Assisted living facility administrator certification"
300 or "administrator certification" means a professional credential
301 awarded by a department-approved third-party credentialing
302 entity to a person who meets core competency requirements in
303 assisted living facility practice areas.
304 (b) "Core competency" means the minimum knowledge and
305 skills necessary to carry out work responsibilities.
306 (c) "Nonprofit organization" means an organization that is
307 exempt from federal income tax under s. 501(c)(6) of the
308 Internal Revenue Code.
309 (d) "Third-party credentialing entity" or "credentialing
310 entity" means a nonprofit organization that develops and
311 administers professional certification programs according to
312 nationally recognized certification and psychometric standards.
313 (3) THIRD-PARTY CREDENTIALING ENTITIES.—
314 (a) The department shall approve one or more third-party
315 credentialing entities for the purpose of developing and
316 administering a professional credentialing program for
317 administrators. Within 90 days after receiving documentation
318 from a credentialing entity, the department shall approve a
319 credentialing entity that demonstrates compliance with the

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320 following minimum standards:
321 1. Establishment of assisted living facility administrator
322 core competencies, certification standards, testing instruments,
323 and recertification according to nationally recognized
324 certification and psychometric standards.
325 2. Establishment of a process to administer the
326 certification application, award, and maintenance processes.
327 3. Demonstrated ability to administer a professional code
328 of ethics and a disciplinary process that applies to all
329 certified persons.
330 4. Establishment of, and ability to maintain, a publicly
331 accessible Internet-based database that contains information on
332 each person who applies for and holds certification, including,
333 but not limited to, the person's first and last name,
334 certification status, and ethical or disciplinary history.
335 5. Demonstrated ability to administer biennial continuing
336 education and certification renewal requirements.
337 6. Demonstrated ability to administer an education provider
338 program to approve training entities that are qualified to
339 provide precertification training to applicants and continuing
340 education opportunities to certified professionals.
341 (b) To avoid a conflict of interest, a credentialing entity
342 or its affiliate may not deliver training to an applicant or
343 continuing education to a certificate holder.
344 (c) An individual adversely affected by the decision of a
345 department-approved credentialing entity to deny initial
346 certification or take adverse action on continued certification
347 may appeal such action to the department for final
348 determination.

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

349 (4) ASSISTED LIVING FACILITY ADMINISTRATOR CERTIFICATION
350 REQUIRED.—Effective July 1, 2015, an assisted living facility
351 administrator must be certified by a credentialing entity that
352 is approved by the department under this section. An assisted
353 living facility licensee that fails to employ a certified
354 administrator threatens the physical and emotional health and
355 safety of residents and is subject to an administrative fine as
356 provided in s. 429.19. This subsection does not apply to an
357 administrator licensed under part II of chapter 468.
358 (5) GRANDFATHER CLAUSE.—A credentialing entity that is
359 approved by the department shall establish a process, at no cost
360 to the department or the person, to certify a person who:
361 (a) Is employed as an assisted living facility
362 administrator and is in compliance with the requirements in s.
363 429.52, including continuing education requirements in place
364 before July 1, 2015; or
365 (b) Before July 1, 2015, completed the required training as
366 an administrator, including the competency test and continuing
367 education requirements established under s. 429.52.
368 (c) This subsection shall stand repealed on October 1,
369 2015.
370 (6) CORE COMPETENCIES.—A credentialing entity that is
371 approved by the department shall establish the core competencies
372 for assisted living facility administrators according to
373 nationally recognized certification and psychometric standards.
374 (7) CERTIFICATION PROGRAM REQUIREMENTS.—A certification
375 program of a department-approved credentialing entity must:
376 (a) Be established according to nationally recognized
377 certification and psychometric standards.

378 (b) Be directly related to the core competencies.
379 (c) Establish minimum requirements in each of the following
380 categories:
381 1. Formal education.
382 2. Training.
383 3. On-the-job work experience.
384 4. Supervision.
385 5. Testing.
386 6. Biennial continuing education.
387 (d) Administer a professional code of ethics and a
388 disciplinary process that applies to certified persons.
389 (e) Administer and maintain a publicly accessible Internet-
390 based database that contains information on each person who
391 applies for or holds certification.
392 (f) Approve qualified training entities that provide
393 precertification training to applicants and continuing education
394 to certified assisted living facility administrators.
395 (8) FEES.—A credentialing entity shall set a fee for
396 application, examination, certification, and for biennial
397 certification renewal. The fee for application, examination, and
398 certification may not exceed $225. The fee for biennial
399 certification renewal may not exceed $100.
400 Section 5. Except as otherwise expressly provided in this
401 act, this act shall take effect July 1, 2014.

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Health Policy, *Chair*
Appropriations
Appropriations Subcommittee on Education
Appropriations Subcommittee on Health and Human Services
Commerce and Tourism
Communications, Energy, and Public Utilities
Governmental Oversight and Accountability

SELECT COMMITTEE:
Select Committee on Patient Protection and Affordable Care Act

SENATOR AARON BEAN
4th District

January 22, 2014

Senator Eleanor Sobel, Chair
Children, Families & Elder Affairs
410 Senate Office Building
404 South Monroe Street
Tallahassee, Florida 32399

Dear Chair Sobel:

This letter is to request that SB 316 relating to Certification of Assisted Living Facility Administrators be placed on the agenda of the next scheduled meeting of the committee.

The proposed legislation offers new ALF administrators the opportunity to earn certification which will allow them to begin working. The first phase is registration, which identifies the administrator, identifies the credentialing requirements to the candidate, and places the administrator under a Code of Ethics while they complete initial training and testing requirements. After completing initial training requirements and passing the competency test, the applicant holds a Provisional Certification for up to one year while completing on-the-job experience and supervision requirements. Upon completion of all requirements, certification is awarded for a two-year period. Additionally, all current ALF administrators will be grandfathered in to the new certification process at no cost to themselves or the state.

Thank you for your consideration of this request.

Respectfully,

Aaron Bean

Aaron Bean
State Senator, 4th District

RECEIVED
JAN 22 2014
Senate Committee
Children and Families

Cc: Claude Hendon, Staff Director

REPLY TO:
☐ 1919 Atlantic Boulevard, Jacksonville, Florida 32207 (904) 346-5039 FAX: (888) 263-1578
☐ 302 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5004 FAX: (850) 410-4805

Senate's Website: *www.flsenate.gov*

DON GAETZ
President of the Senate

GARRETT RICHTER
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Certification

Bill Number: ~~SB~~ 316 *(if applicable)*

Name: Neal McGarry

Amendment Barcode: 699622 *(if applicable)*

Job Title: Executive Director

Address: 1715 S. Gadsden
Street

Tallahassee, FL 32301
City, State, Zip

Phone: 850-222-6314

E-mail:

Speaking: [X] For [ ] Against [ ] Information

Representing: Florida Certification Board

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

Lobbyist registered with Legislature: [X] Yes [ ] No

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

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

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

25 Mar 14
Meeting Date

Topic: ALF Certification / strike all amendment

Bill Number: SB 316 *(if applicable)*

Name: Lisa Murray

Amendment Barcode: *(if applicable)*

Job Title: Legislative Analyst

Address: 4040 Esplanade Way
Street

Tallahassee, FL 32399
City, State, Zip

Phone: 414 2130

E-mail: murrayck@elderaffairs.org

Speaking: [ ] For [ ] Against [✓] Information

Representing: Dept of Elder Affairs

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

Lobbyist registered with Legislature: [✓] Yes [ ] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: ALF ADMINISTRATORS

Bill Number: 316 (if applicable)

Name: JACK McRAY

Amendment Barcode: 699622 (if applicable)

Job Title:

Address: 200 W. COLLEGE ST, #304
Street

TLH 32301
City State Zip

Phone: 850-572-5187

E-mail: jmcray

Speaking: ☐ For ☑ Against ☐ Information

Representing: AARP

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic:

Bill Number: 316 (if applicable)

Name: Leslie Dughi

Amendment Barcode: (if applicable)

Job Title:

Address: 101 E. College Ave
Street

Tall, FL 32303
City State Zip

Phone:

E-mail:

Speaking: ☒ For ☐ Against ☐ Information

Representing: Florida Assisted Living Assn

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

March 25, 2014
Meeting Date

Topic _____ Bill Number SB 316 *(if applicable)*

Name Dr. George MacDonald Amendment Barcode _____ *(if applicable)*

Job Title Assistant Director David Anchin Center, USF

Address 4202 E Fowler Ave *Street* Phone 813-974 5959

Tampa *City* FL *State* 33620 *Zip* E-mail gmacdona@usf.edu

Speaking: ☐ For ☐ Against ☑ Information

Representing The David Anchin Center

Appearing at request of Chair: ☐ Yes ☑ No Lobbyist registered with Legislature: ☐ Yes ☐ No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic Oppose SB 316 Bill Number 316 *(if applicable)*

Name Judith Doan Amendment Barcode _____ *(if applicable)*

Job Title RD, BC-RDNCS

Address 17457 Highway 17A *Street* Phone 850-373-3363

Bonifay, Fl *City* 32425 *State* *Zip* E-mail jedoan@brookdalelivingcom

Speaking: ☐ For ☑ Against ☐ Information

Representing ALFs in Florida Panhandle

Appearing at request of Chair: ☐ Yes ☑ No Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Opposing SB 316

Bill Number: 316 *(if applicable)*

Name: NOREEN PRESCOTT

Amendment Barcode: _____ *(if applicable)*

Job Title: DIVISIONAL DIRECTOR OF ~~NURSING~~ CLINICAL SERVICES AND QUALITY

Address: 1551 RIVERDALE DRIVE
Street

OLDSMAR FL. 34677
City *State* *Zip*

Phone: _____

E-mail: nprescott1@brookdaleliv.com

Speaking: [ ] For [✓] Against [ ] Information

Representing: BROOKDALE SENIOR LIVING

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

Lobbyist registered with Legislature: [ ] Yes [✓] No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Senate Bill 316

Bill Number: 316 *(if applicable)*

Name: Damon Thomas

Amendment Barcode: _____ *(if applicable)*

Job Title: Regional Director of Operations

Address: 5478 Pine Lane
Street

Coral Springs Florida 33067
City *State* *Zip*

Phone: 954-547-0500

E-mail: dthomas@brookdaleliving.com

Speaking: [ ] For [X] Against [ ] Information

Representing: Brookdale Senior Living

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

Lobbyist registered with Legislature: [ ] Yes [X] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Certification bill

Bill Number: 316 (if applicable)

Name: Gail Matillo

Amendment Barcode: (if applicable)

Job Title: Executive Director

Address: 9445 Buck Haven Trail
Street

Tallahassee FL 32312
City State Zip

Phone: 850-496-2562

E-mail: gmatillo@flalfa.org

Speaking: ☐ For ☒ Against ☐ Information

Representing: FL ALFA Florida Assisted Living Federation

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: ALF Certification

Bill Number: 316 (if applicable)

Name: Chris Callahan

Amendment Barcode: (if applicable)

Job Title: Regional Vice President

Address: 2431 Green Glade Court
Street

Fleming Island Florida 32003
City State Zip

Phone: 904 215 5997

E-mail:

Speaking: ☐ For ☒ Against ☐ Information

Representing: ALF's in Jacksonville & Panhandle

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Certification Bill

Bill Number: 316 *(if applicable)*

Name: Kelli Mercer

Amendment Barcode: _____ *(if applicable)*

Job Title: Executive Director

Address: 2417 Ryan Pl.
Street

Tallahassee, FL 32309
City, State, Zip

Phone: 850-443-9981

E-mail: Kellimercer@gmail.co

Speaking: [ ] For [✓] Against [ ] Information

Representing: Clare Bridge Tallahassee

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

Lobbyist registered with Legislature: [ ] Yes [✓] No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Certification

Bill Number: ~~316~~ 316 *(if applicable)*

Name: Neal McGarry

Amendment Barcode: _____ *(if applicable)*

Job Title: Executive Director

Address: 1715 S. Gadsden
Street

Tallahassee, FL 32301
City, State, Zip

Phone: 222-6314

E-mail: _____

Speaking: [X] For [ ] Against [ ] Information

Representing: _____

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

Lobbyist registered with Legislature: [X] Yes [ ] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

Meeting Date

Topic: ALF Administrators

Bill Number: SB 316 (if applicable)

Name: Molly McKinstry

Amendment Barcode: (if applicable)

Job Title: 2727 Mahan Dr.

Address: Tallahassee FL 32308
Street

Agency for Health Care Deputy Secretary
City State Zip

Phone: 412-4334

E-mail: molly.mckinstry@ahca.myflorida.com

Speaking: ☐ For ☐ Against ☑ Information

Representing: Agency for Health Care Administration

Appearing at request of Chair: ☑ Yes ☐ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: ALF Administrator Certification

Bill Number: 316 (if applicable)

Name: Adam Lovejoy

Amendment Barcode: (if applicable)

Job Title: Legislative Affairs Director

Address:
Street

City State Zip

Phone: 850-728-2144

E-mail: lovejoya@elderaffairs.o

Speaking: ☐ For ☐ Against ☒ Information

Representing: Dept. of Elder Affairs

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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S-001 (10/20/11)

The Florida Senate

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 Children, Families, and Elder Affairs

BILL: CS/CS/SB 722

INTRODUCER: Children, Families, and Elder Affairs Committee; Health Policy Committee; and Senator Garcia

SUBJECT: Newborn Health Screening

DATE: March 25, 2014 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Peterson	Stovall	HP	**Fav/CS**
2.	Crosier	Hendon	CF	**Fav/CS**
3.			JU	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 722 expands the list of health care providers who may receive the results of a newborn's hearing or metabolic tests or screenings from the State Public Health Laboratory and revises the definition of "hearing impairment" to conform to national standards. The bill creates a new section of law directing an audiologist who diagnoses a child with hearing loss, that the audiologist or his or her designee shall ask the parent or guardian if they would like to receive information about services directly from specified providers. The bill also makes two technical corrections, deleting an obsolete date and updating a cross-reference to federal law.

II. Present Situation:

Newborn Screening

Newborn screening (NBS) is a preventive public health program that provides early identification of rare genetic, metabolic, hormonal, and functional disorders among infants and follow-up care for those affected. Babies with these conditions appear healthy at birth, but can develop serious medical problems later in infancy or childhood. Without treatment, the screened-for disorders can result in significant health consequences and in some cases, death. Virtually all[1] newborns in the United States are screened and only for disorders for which there is documented

[1] Florida's newborn screening statute allows a parent to refuse the test. s. 383.14(4), F.S.

benefit to the infant from early detection and for which there is a reliable screening test that is feasible in a public health setting.

NBS began in the 1960s with testing for phenylketonuria (PKU). In 2002, the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, commissioned the American College of Medical Genetics (ACMG) to develop a report outlining a process to standardize guidelines for newborn screenings. At the time, some state programs were screening for as few as five conditions and others as many as 50. The ACMG panel recommended 29 conditions as part of a core screening panel. Two additional conditions were recommended in 2010 by the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children.[2] The Secretary has adopted all 31 conditions as part of the Recommended Uniform Screening Panel (RUSP). Although states are not required to adopt the RUSP, all states currently screen for the substantial majority of the RUSP core conditions.[3]

Florida Newborn Screening

Florida's NBS program is administered by the Department of Health (DOH). It began in 1965 with testing for Phenylketonuria and has since expanded to cover 37 conditions, including all of the core conditions contained on the RUSP. Florida's NBS program requires that all babies born alive be tested before one week of age.[4] Before leaving the hospital or other birthing facility, a few drops of blood are taken from the heel of the baby and the baby's ears are also tested for hearing. The hospital or birthing facility sends the blood sample to the State Public Health Laboratory (lab) in Jacksonville. The lab sends all test results back to the hospital or birthing facility, which, in turn, is required to forward them to the baby's physician.[5] Physicians can also get results for their patients from the Florida Newborn Screening Results website. If the screening results are abnormal, the Newborn Screening Follow-up Program, which is a part of Children's Medical Services (CMS), contacts the parent and/or the physician about additional testing and continues follow-up until the disorder is either ruled out or confirmed.[6]

Current law prohibits the release of DNA testing results, whether held by a public or private entity, without the consent of the person tested, except for purposes of criminal prosecutions or paternity determinations. In addition, records held by a public entity are exempt from disclosure under Florida's public records laws. A person who commits a violation of the confidentiality

---

[2] The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children was chartered in February 2003 to advise the Secretary of the U.S. Department of Health and Human Services regarding the most appropriate application of technologies, policies, guidelines, and standards for effectively reducing morbidity and mortality in newborns and children who have or are at risk for heritable disorders. (Secretary's Advisory Committee on Heritable Disorders in Newborns and Children) *2011 Annual Report to Congress, available at* http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/reportsrecommendations/reports/sachdnc2011report.pdf (last visited Feb. 17, 2014).

[3] National Newborn Screening and Genetics Resource Center, *National Newborn Screening Status Report* (Jan. 1, 2013), *available at* http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf (last visited Feb. 18, 2014). Critical Congenital Heart Disease and Severe Combined Immunodeficiency are the two conditions that are part of the RUSP, but implemented by only a minority of states.

[4] Section 383.14(2), F.S., Rule 64C-7.002, F.A.C.

[5] Rule 64C-7.005, F.A.C.

[6] Florida Department of Health, *Newborn Screening*, http://www.floridahealth.gov/healthy-people-and-families/childrens-health/newborn-screening (last visited Feb. 17, 2014).

requirements is guilty of a first degree misdemeanor.[7] Notwithstanding this or any other law to the contrary, the lab may release NBS results either directly or indirectly through CMS to the newborn's primary care physician.[8] Other practitioners may be involved in the care and treatment of the newborn but, because of the narrow language in the statute, cannot be granted access to the Florida Newborn Screening Results website.[9]

Newborn and Infant Hearing Screening

The Centers for Disease Control (CDC) has been tracking the number of children with hearing loss since the 1980s. The information assists in identifying risk factors for hearing loss and helps health departments, service providers, and early intervention programs to estimate case loads, plan for services, and advocate for needed resources. The CDC's Early Hearing Detection and Intervention (EHDI) program works with states to ensure that infants are screened for hearing loss no later than 1 month of age, infants who do not pass the screening for hearing loss get a full hearing evaluation no later than 3 months of age, and infants with a hearing loss receive intervention services no later than 6 months of age. [10]

The EHDI, in collaboration with partners that included state EHDI programs, the HRSA, and other stakeholders, has developed a survey instrument to collect standardized data from state EHDI programs about the screening, diagnostic, and intervention status of all newborns. The survey is voluntary, but serves as the primary national source of hearing screening and follow-up related data.[11]

Currently, the EHDI survey is based on the classification system adopted by the American Speech-Language-Hearing Association (ASHA).[12,13] The system classifies hearing loss in decibels (dB HL) as follows: [14]

- Normal (-10 to 14 dB HL)
- Slight (16 to 25 dB HL)
- Mild (26 to 40 dB HL)

[7] Section 760.40(2), F.S.
[8] Section 383.14(1)(c), F.S.
[9] Florida Department of Health, *Senate Bill 722 Legislative Bill Analysis* (Jan. 24, 2014) (on file with the Senate Health Policy Committee).
[10] Centers for Disease Control, *Hearing Loss in Children*, *available at* http://www.cdc.gov/ncbddd/hearingloss/about.html (last visited Feb. 27, 2014).
[11] Email from Marcus Gaffney, MPH, Health Scientist, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention (Feb. 19, 2014) (on file with the Senate Health Policy Committee).
[12] Email from Marcus Gaffney, MPH, Health Scientist, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention to Pam Tempson, Florida Department of Health (March 1, 2013) (on file with the Senate Health Policy Committee).
[13] ASHA is the national professional, scientific, and credentialing association for more than 166,000 members and affiliates who are audiologists, speech-language pathologists, speech, language, and hearing scientists, audiology and speech-language pathology support personnel, and students. (American Speech-Language Hearing Association, *About the American Speech-Language-Hearing Association (ASHA), available at* http://www.asha.org/about/ (last visited Feb. 27, 2014).
[14] American Speech-Language-Hearing Association, *Type, Degree, and Configuration of Hearing Loss* (2011), *available at* http://www.asha.org/uploadedFiles/AIS-Hearing-Loss-Types-Degree-Configuration.pdf (last visited Feb. 17, 2014).

- Moderate (41 to 55 dB HL)
- Moderately severe (56 to 70 dB HL)
- Severe (71 to 90 dB HL)
- Profound (91+ dB HL)

Florida Newborn Hearing Screening

The 2000 Legislature created the Newborn and Infant Hearing Screening program with the goal of screening "all newborns for hearing impairment in order to alleviate the adverse effects of hearing loss on speech and language development, academic performance, and cognitive development."[15] The program is implemented as a component of the NBS program.

All hearing screenings must be conducted by a licensed audiologist or physician, or appropriately supervised individual who has completed training specifically for newborn screening.[16] Any child who is diagnosed as having a permanent hearing impairment[17] must be referred to a primary care physician for medical management, treatment, and follow up services.[18]

In addition and in accordance with the Individuals with Disabilities Education Act (act),[19] a child up to the age of 3 years of age who is diagnosed as having a hearing impairment that requires ongoing special hearing services must be referred to the DOH Children's Medical Services early intervention program (Early Steps). Early Steps is Florida's program for providing services to eligible infants and toddlers with significant delays or a condition likely to result in a developmental delay. Special services provided by Early Steps include assistive technology, speech therapy, and developmental therapy. Funding for the program is a combination of federal, state (general revenue and Medicaid), and private for those children with insurance coverage.[20]

III. Effect of Proposed Changes:

Section 1 amends s. 383.14, F.S., to authorize the lab to release the results of a newborn's hearing and metabolic tests or screenings to the newborn's health care practitioner. "Health care practitioner," for purposes of this provision, is defined as a physician or physician assistant, advanced registered nurse practitioner, registered nurse or licensed practical nurse, midwife, speech-language pathologist or audiologist, or dietician or nutritionist.

Section 2 amends s. 383.145, F.S., to change the definition of "hearing impairment" to a loss of 16 dB HL or greater, to capture slight hearing loss, consistent with the classification system adopted by the American Speech-Language-Hearing Association. The bill deletes a reference to October 1, 2000, which was the deadline for hospitals to implement newborn hearing screening.

---

[15] Section 383.145, F.S.
[16] Section 383.145(3)(e), F.S.
[17] "Hearing impairment" is defined as a loss of 30dB HL or greater in the frequency region important for speech recognition and comprehension in one or both ears, approximately 500 through 4,000 hertz. (s. 383.145(2)(c), F.S.)
[18] Section 383.145(3)(k), F.S.
[19] The act governs how states and public agencies provide early intervention, special education, and related services to children with disabilities. Children ages birth to 2 years are covered under part C of the act, relating to Infants and Toddlers with Disabilities. The act was reauthorized in 2004. Pub. Law No. 108-446, H.R. 1350, 108th Cong. (Dec. 3, 2004).
[20] Conversation with Renee Jenkins and Pam Tempson, Florida Department of Health, (Feb. 25, 2014).

Full implementation has occurred and the date is now obsolete. The bill updates a reference to part C of the act, which relates to Infants and Toddlers with Disabilities.

Section 3 creates s. 383.146, F.S. This section directs an audiologist or his or her designee to offer parents and legal guardians of an infant or toddler diagnosed as having a permanent hearing impairment the opportunity to receive information from qualified Early Steps providers that offer early intervention services and that specialize in serving children with hearing loss. The parent or legal guardian wishing to receive the information will sign a consent form which will be sent by the audiologist or his or her designee by secure transmission to the providers listed on the department's website. Finally, the bill directs the DOH to post on its website the list of qualified Early Steps providers that have notified the department of its interest in communicating with families who wish to receive information about the services they provide.

Section 4 provides an effective date of July 1, 2014.

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 expanded definition of "hearing impairment" may have an indeterminate fiscal impact on private insurance carriers because more children will be referred to a primary care physician for follow up services. Although it is not possible to estimate how many children may be referred, it likely will be few since the incidence of hearing loss of any level diagnosed as a result of the screening program is small (under 300).[21]

Health care practitioners who diagnose a child as having a permanent hearing impairment will incur an indeterminate cost for the time required to transmit the contact information of parents to participating service providers.

[21] Conversation with Lois Taylor and Pam Tempson, Florida Department of Health, (March 7, 2014).

C. Government Sector Impact:

According to the DOH[22], the expanded definition will not have a fiscal impact on the state because Early Steps and Medicaid use separate criteria for determining eligibility for services. Early Steps uses a threshold of 25 dB[23] in accordance with guidelines established by the Florida Early Hearing Loss Detection Intervention Advisory Council (Council). Although the Council could change the standard, the hearing loss of a child receiving services would still need to meet the federal standard of putting the child at risk of experiencing a substantial delay if early intervention services were not provided. Medicaid uses a threshold of 40 dB.

The DOH may incur nominal costs associated with the portion of the bill related to notice to parents about services. It will be required to process requests from service providers to be on the list of those interested in providing information about services directly to families. The bill does not create an approval process, however, and only requires the DOH to confirm that the provider is on the list already maintained through the Early Steps Program.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 383.14 and 383.145.

This bill creates section 383.146 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.)

CS/CS by Children, Families, and Elder Affairs on March 25, 2014:
The Committee Substitute for Committee Substitute establishes:

- At the time of diagnosis of an infant or toddler as having permanent hearing loss, authorized an audiologist or his or her designee to inquire if the child's parent or legal guardian would like to receive direct correspondence from qualified Early Steps providers.

---

[22] *See supra* note 9.
[23] Florida Department of Health, Children's Medical Services, *Florida Newborn Screening Guidelines 2012, 51, available at* http://www.floridahealth.gov/healthy-people-and-families/childrens-health/newborn-screening/_documents/guidelines-final-05-24-2012small.pdf (last visited March 7, 2014).

- A parent or legal guardian of an infant or child diagnosed with permanent hearing loss that would like to receive such information shall sign a consent form. The consent form shall be sent by the audiologist or his or her designee by secure transmission to the providers listed on the department's website.
- DOH shall post on its website a list of qualified Early Steps providers of early intervention services which specialize in serving children with hearing loss that have notified the department of their interest in communicating with families that wish to receive information about the services they provide.

CS by Health Policy on March 11, 2014:
The Committee Substitute:

- Creates a new section of law that directs health care practitioners to offer parents and legal guardians of children who are diagnosed as having a permanent hearing impairment the opportunity to receive information from certain service providers who are listed with the Children's Medical Services Early Steps Program to provide services to children who are deaf or hard of hearing.

- Directs the DOH to post the list of providers on its website and authorizes it to adopt any necessary rules.

B. Amendments:

None.

330142

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/25/2014	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Diaz de la Portilla) recommended the following:

Senate Amendment (with title amendment)

Delete lines 65 - 120
and insert:
Section 2. Paragraphs (i) and (k) of subsection (3) of section 383.145, Florida Statutes, are amended to read:
383.145 Newborn and infant hearing screening.—
(3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE COVERAGE; REFERRAL FOR ONGOING SERVICES.—
(i) ~~By October 1, 2000,~~ Newborn hearing screening must be

330142

conducted on all newborns in hospitals in this state on birth admission. When a newborn is delivered in a facility other than a hospital, the parents must be instructed on the importance of having the hearing screening performed and must be given information to assist them in having the screening performed within 3 months after the child's birth.

(k) A ~~Any~~ child who is diagnosed as having a permanent hearing impairment shall be referred to the primary care physician for medical management, treatment, and followup services. Furthermore, in accordance with Pub. L. No. 108-446 ~~105-17~~, Infants and Toddlers with Disabilities ~~The Infants and Toddlers Program~~, Individuals with Disabilities Education Act, a ~~any~~ child from birth to 36 months of age who is diagnosed as having a hearing impairment that requires ongoing special hearing services shall ~~must~~ be referred to the Children's Medical Services Early Intervention Program serving the geographical area in which the child resides.

Section 3. Section 383.146, Florida Statutes, is created to read:

383.146 Infants and toddlers who are deaf or hard of hearing; notice of service providers.—

(1) At the time that an audiologist diagnoses an infant or toddler as having a permanent hearing impairment, the audiologist or his or her designee shall ask the child's parent or legal guardian if he or she would like to authorize the release of contact information in order to receive direct correspondence from qualified Early Steps providers that offer early intervention services and that specialize in serving children with hearing loss. A parent or legal guardian that

330142

40 wishes to receive the direct correspondence shall authorize the
41 release of the contact information by signing a consent form.
42 (2) The Department of Health shall post on its website a
43 list of qualified Early Steps providers of early intervention
44 services which specialize in serving children with hearing loss
45 and which have notified the department of their interest to
46 provide direct communication to families who wish to receive
47 information about the services that they provide.
48 (3) The audiologist or his or her designee shall send by
49 secure transmission the consent form to those providers listed
50 on the department's website.
51
52 ========== T I T L E A M E N D M E N T ==========
53 And the title is amended as follows:
54 Delete lines 8 - 20
55 and insert:
56 release; amending s. 383.145, F.S.; updating a cross-
57 reference; creating s. 383.146, F.S.; requiring an
58 audiologist to provide an opportunity for the parent
59 or legal guardian of an infant or toddler who is
60 diagnosed with a hearing impairment to provide contact
61 information so that he or she may receive information
62 directly from specified service providers; requiring
63 the Department of Health to post a list of certain
64 service providers on the department website; requiring
65 the audiologist or his or her designee to transmit a
66 consent form to the providers listed on the department
67 website; providing an effective date.

By the Committee on Health Policy; and Senator Garcia

588-02465-14 2014722c1

A bill to be entitled

An act relating to newborn health screening; amending s. 383.14, F.S.; authorizing the State Public Health Laboratory to release the results of a newborn's hearing and metabolic tests or screenings to the newborn's health care practitioner; defining the term "health care practitioner" as it relates to such release; amending s. 383.145, F.S.; revising the definition of "hearing impairment"; updating a cross-reference; creating s. 383.146, F.S.; requiring a health care practitioner to provide an opportunity for the parent or legal guardian of a child who is diagnosed with a hearing impairment to provide contact information so that he or she may receive information directly from specified service providers; requiring the health care practitioner to transmit the information; requiring the Department of Health to post a list of certain service providers and institutions; authorizing the department to adopt rules; providing an effective date.

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

Section 1. Paragraph (c) of subsection (1) of section 383.14, Florida Statutes, is amended to read:

383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.—

(1) SCREENING REQUIREMENTS.—To help ensure access to the maternal and child health care system, the Department of Health

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

588-02465-14 2014722c1

shall promote the screening of all newborns born in Florida for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, as screening programs accepted by current medical practice become available and practical in the judgment of the department. The department shall also promote the identification and screening of all newborns in this state and their families for environmental risk factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services, including, but not limited to, parent support and training programs, home visitation, and case management. Identification, perinatal screening, and intervention efforts shall begin prior to and immediately following the birth of the child by the attending health care provider. Such efforts shall be conducted in hospitals, perinatal centers, county health departments, school health programs that provide prenatal care, and birthing centers, and reported to the Office of Vital Statistics.

(c) *Release of screening results.*—Notwithstanding any ~~other~~ law to the contrary, the State Public Health Laboratory may release, directly or through the Children's Medical Services program, the results of a newborn's hearing and metabolic tests or screenings ~~screening~~ to the newborn's health care practitioner. As used in this paragraph, the term "health care practitioner" means a physician or physician assistant licensed under chapter 458; an osteopathic physician or physician assistant licensed under chapter 459; an advanced registered

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

59 nurse practitioner, registered nurse, or licensed practical
60 nurse licensed under part I of chapter 464; a midwife licensed
61 under chapter 467; a speech-language pathologist or audiologist
62 licensed under part I of chapter 468; or a dietician or
63 nutritionist licensed under part X of chapter 468 ~~primary care~~
64 ~~physician~~.
65 Section 2. Paragraph (c) of subsection (2) and paragraphs
66 (i) and (k) of subsection (3) of section 383.145, Florida
67 Statutes, are amended to read:
68 383.145 Newborn and infant hearing screening.—
69 (2) DEFINITIONS.—
70 (c) "Hearing impairment" means a hearing loss of 16 ~~30~~ dB
71 HL or greater in the frequency region important for speech
72 recognition and comprehension in one or both ears, approximately
73 500 through 4,000 hertz.
74 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE
75 COVERAGE; REFERRAL FOR ONGOING SERVICES.—
76 (i) ~~By October 1, 2000,~~ Newborn hearing screening must be
77 conducted on all newborns in hospitals in this state on birth
78 admission. When a newborn is delivered in a facility other than
79 a hospital, the parents must be instructed on the importance of
80 having the hearing screening performed and must be given
81 information to assist them in having the screening performed
82 within 3 months after the child's birth.
83 (k) A ~~Any~~ child who is diagnosed as having a permanent
84 hearing impairment shall be referred to the primary care
85 physician for medical management, treatment, and followup
86 services. Furthermore, in accordance with Pub. L. No. 108-446
87 ~~105-17~~, Infants and Toddlers with Disabilities ~~The Infants and~~

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

88 ~~Toddlers Program~~, Individuals with Disabilities Education Act,
89 any child from birth to 36 months of age who is diagnosed as
90 having a hearing impairment that requires ongoing special
91 hearing services must be referred to the Children's Medical
92 Services Early Intervention Program serving the geographical
93 area in which the child resides.
94 Section 3. Section 383.146, Florida Statutes, is created to
95 read:
96 383.146 Children who are deaf or hard of hearing; notice of
97 service providers.—
98 (1) At the time that a health care practitioner diagnoses a
99 child as having a permanent hearing impairment, the health care
100 practitioner shall ask the child's parent or legal guardian if
101 he or she would like to provide a mailing address or an e-mail
102 address to receive direct correspondence from providers or
103 institutions that offer speech and language pathology services,
104 auditory-oral education, instruction with American Sign
105 Language, or other such services as approved by rule of the
106 Department of Health. A parent or legal guardian shall authorize
107 the release of the mail or e-mail address by signing a consent
108 form.
109 (2) The health care practitioner shall fax the form to
110 those providers and institutions that:
111 (a) Are licensed, approved, or listed in this state by the
112 Children's Medical Services Early Steps Program to provide
113 direct services to children who are deaf or hard of hearing; and
114 (b) Have notified the Department of Health of their
115 interest in providing direct communication to families about
116 their services.

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

117 (3) The Department of Health shall post a list of the
118 providers and institutions specified in subsection (2) on its
119 website and may adopt rules as necessary to implement and
120 administer this section.
121 Section 4. This act shall take effect July 1, 2014.

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

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

SENATOR RENE GARCIA
38th District

COMMITTEES:
Communications, Energy, and Public Utilities, Vice Chair
Appropriations Subcommittee on Criminal and Civil Justice
Appropriations Subcommittee on Health and Human Services
Transportation
Health Policy
Agriculture
Transportation

JOINT COMMITTEE:
Joint Committee on Administrative Procedures, Chair

March 19, 2014

The Honorable Eleanor Sobel
Chair, Children, Families, and Elderly Affairs
410 Senate Office Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear Chairman Sobel:

This letter should serve as a request to have my bill *SB 722 Newborn Health Screening* heard at the next possible committee meeting. If there is any other information needed please do not hesitate to contact me. Thank you.

Sincerely,

State Senator René García
District 38
RG:dm

RECEIVED
MAR 19 2014
Senate Committee
Children and Families

CC: Claude Hendon, Staff Director

REPLY TO:
☐ 1490 West 68 St., Suite 201 Hialeah, FL 33014 (305) 364-3100
☐ 310 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5038

Senate's Website: *www.flsenate.gov*

DON GAETZ
President of the Senate

GARRETT RICHTER
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Newborn Hearing Screening

Bill Number: 722 (if applicable)

Name: Amber Moore

Amendment Barcode: 330142 (if applicable)

Job Title:

Address: 2458 Chateau Dr
Street

Tallahassee, FL 32311
City, State, Zip

Phone:

E-mail: ae.moore0712@yahoo.c

Speaking: [X] For [ ] Against [ ] Information

Representing: Deaf Child

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

Lobbyist registered with Legislature: [ ] Yes [X] No

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

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

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Newborn Hearing Screening

Bill Number: 722 (if applicable)

Name: Theresa Bulger

Amendment Barcode: 330142 (if applicable)

Job Title: Lobbyist

Address: 253 Hayden
Street

Tallahassee, FL
City, State, Zip

Phone: 904 880 9063

E-mail: bulger12@yahoo.com

Speaking: [X] For [ ] Against [ ] Information

Representing: Florida Coalition

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

Lobbyist registered with Legislature: [X] Yes [ ] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

Meeting Date

Topic: New Born Hearing Screen

Bill Number: 722 (if applicable)

Name: Harper Moore

Amendment Barcode: 330142 (if applicable)

Job Title:

Address: Street

City: State: Zip:

Phone:

E-mail:

Speaking: [X] For [ ] Against [ ] Information

Representing: Waive & Support

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

Lobbyist registered with Legislature: [ ] Yes [X] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

Meeting Date

Topic: Newborn Hearing Screening

Bill Number: 722 (if applicable)

Name: Justin Moore

Amendment Barcode: 330142 (if applicable)

Job Title:

Address: 2458 Chateau Ln (Street)

Tallahassee (City) FL (State) 32311 (Zip)

Phone:

E-mail:

Speaking: [✓] For [ ] Against [ ] Information

Representing: Waive and Support

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

Lobbyist registered with Legislature: [ ] Yes [✓] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Newborn Health Screening
Bill Number: 722 (if applicable)
Name: J.C. del Valle
Amendment Barcode: 330142 (if applicable)
Job Title: ASSISTANT VICE PRESIDENT, GOVERNMENT RELATIONS
Address: UNIVERSITY OF MIAMI
Street: 6200 SAN AMARO DR.
City: Coral Gables, State: FL, Zip: 33146
Phone: 305) 284-6282
E-mail: jcdelvalle@miami.e

Speaking: [x] For [ ] Against [ ] Information

WAIVE TIME IN SUPPORT OF AMENDMENT and bill

Representing: UNIVERSITY OF MIAMI

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

Lobbyist registered with Legislature: [x] Yes [ ] No

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

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

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: NEWBORN HEALTH SCREENING
Bill Number: 722 (if applicable)
Name: DAVID CULLEN
Amendment Barcode: (if applicable)
Job Title:
Address: 1674 UNIVERSITY PKWY #296
Street: SARASOTA, City: FL, State: 34243, Zip:
Phone: 941.323.2404
E-mail: cullenasea@aol.com

Speaking: [x] For [ ] Against [ ] Information

Representing: SELF

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

Lobbyist registered with Legislature: [x] Yes [ ] No

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

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

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

March 25, 2014
Meeting Date

Topic: Newborn Screening

Bill Number: SB 722 *(if applicable)*

Name: Bryan Wendel

Amendment Barcode: *(if applicable)*

Job Title: Government Analyst II

Address: 2585 Merchants Row Blvd
Street

Tallahassee FL 32399
City *State* *Zip*

Phone: 245-4006

E-mail: bryan.wendel@FLHealth.gov

Speaking: [X] For [ ] Against [ ] Information

Representing: Florida Dept. of Health

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

Lobbyist registered with Legislature: [X] Yes [ ] No

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

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

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Newborn Hearing Screening

Bill Number: 722 *(if applicable)*

Name: Mary-Lynn Cullen

Amendment Barcode: *(if applicable)*

Job Title: Legislative Liaison

Address: 1674 University Pkwy
Street

Sarasota Fl. 34243
City *State* *Zip*

Phone: 941-928-0278

E-mail: aichildren@aol.com

Speaking: [ ] For [ ] Against [ ] Information

Representing: Advocacy Institute 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 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-2-14
Meeting Date

Topic: Parent Access to Information Hearing Impaired Infants & Toddlers

Bill Number: SB 722 (if applicable)

Name: Dr. Jeanne Prickett

Amendment Barcode: _____ (if applicable)

Job Title: President

Address: Florida School for the Deaf and the Blind
Street: 207 San Marco Avenue
City: St. Augustine, State: FL Zip: 32084

Phone: 904. 827.2210

E-mail: prickettj@fsdb.k12.fl.us

Speaking: [X] For [ ] Against [ ] Information

Representing: Florida School for the Deaf & the Blind

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

Lobbyist registered with Legislature: [X] Yes [ ] No

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

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

S-001 (10/20/11)

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 Children, Families, and Elder Affairs

BILL: CS/SB 1090

INTRODUCER: Children, Families, and Elder Affairs Committee; Senator Latvala and others

SUBJECT: Homelessness

DATE: March 25, 2014 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Crosier	Hendon	CF	**Fav/CS**
2.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1090 requires the Department of Economic Opportunity (DEO) to provide the necessary training and technical assistance to various organizations providing assistance for affordable housing. The Department of Children and Families (DCF) is required to establish varying award levels for "Challenge Grants." The Florida Housing Finance Corporation is required to distribute the first four percent or $8.2 million of the funds distributed from the Local Government Housing Trust Fund to DEO and DCF to provide assistance to local agencies and governments involved in the production of affordable housing.

The bill has an effective date of July 1, 2014, and would have an insignificant fiscal impact on state government.

II. Present Situation:

In s. 420.6015, F.S., the Legislature found that:

- Decent, safe, and sanitary housing for persons of very low income, low income, and moderate income are a critical need in the state;[1]
- New and rehabilitated housing must be provided at a cost affordable to such persons in order to alleviate this critical need;[2]

[1] Section 420.6015(1), F.S.
[2] Section 420.6015(2), F.S.

- Special programs are needed to stimulate private enterprise to build and rehabilitate housing in order to help eradicate slum conditions and provide housing for very-low-income persons, low-income persons, and moderate-income persons as a matter of public purpose;[3] and
- Public-private partnerships are an essential means of bringing together resources to provide affordable housing.[4]

In 1992 the Florida Legislature enacted the William E. Sadowski Affordable Housing Act. This Act created a dedicated source of revenue for affordable housing from a portion of documentary stamp taxes on the transfer of real estate. This legislation provided both the funding mechanism for state and local programs, as well as a flexible, but accountable framework for local programs to operate. The dedicated revenue comes from a 10 cent increase to the documentary stamp tax paid on the transfer of real estate, which began in August 1992 and a re-allocation of 10 cents of existing documentary stamp tax revenues from general revenue to the affordable housing trust funds, which began in July 1995.[5] In 2005, the Legislature adopted a cap restricting the amount of revenue that may flow into the housing trust funds to $243 million per year, with a mechanism for a small increase over time. The cap went into effect July 1, 2007.[6] In 2011, the Legislature removed the cap, but created a new annual requirement starting in July 2012, which provides that the first $75 million in documentary stamp tax collections credited to the housing trust funds is automatically transferred to the State Economic Enhancement and Development (SEED) Trust Fund within DEO.[7]

In 2001, the Florida Legislature created the State Office on Homelessness (Office) within DCF to provide interagency, council, and other related coordination on issues relating to homelessness.[8] DCF established local coalitions to plan, network, coordinate, and monitor the delivery of services to the homeless.[9] Groups and organizations provided the opportunity to participate in such coalitions, which include organizations and agencies providing mental health and substance abuse services; county health departments and community health centers; organizations and agencies providing food, shelter, or other services targeted to the homeless; local law enforcement agencies; regional workforce boards; county and municipal governments; local public housing authorities; local school districts and local organizations and agencies serving specific subgroups of the homeless population such as veterans, victims of domestic violence, persons with HIV/AIDS, runaway youth, and local community-based care alliances.[10]

These local coalitions serve as the lead agency for the local homeless assistance continuum of care (CoC).[11] A local CoC is a framework for a comprehensive and seamless array of emergency, transitional, and permanent housing, and service to address the various needs of the homeless and those at risk of homelessness.[12] The purpose of a CoC is to help communities or

[3] Section 420.6015(6), F.S.
[4] Section 420.6015(7), F.S.
[5] Overview of the Florida Housing Finance Corporation, (Jan. 2014) (on file with the Senate Committee on Children, Families and Elder Affairs.)
[6] *Id.*
[7] *Id.*
[8] Section 420.622(1), F.S.
[9] Section 420.623(1), F.S.
[10] Section 420.623(1)(a)-(j), F.S.
[11] Section 420.623((2)(a), F.S.
[12] Section 420.624(1), F.S.

regions envision, plan, and implement comprehensive and long-term solutions in a community or region.[13]

DCF interacts with the state's 28 CoCs through the Office, which serves as the state's central point of contact on homelessness. The Office has designated local entities to serve as lead agencies for local planning efforts to create homeless assistance CoC systems. The Office has made these designations in consultation with the local homeless coalitions and the Florida offices of the federal Department of Housing and Urban Development (HUD).

The CoC planning effort is an ongoing process that addresses all subpopulations of the homeless. The development of a local CoC plan is a prerequisite to applying for federal housing grants through HUD. The plan also makes the community eligible to compete for the state's Challenge Grant and Homeless Housing Assistance Grant.[14]

The Office is authorized to accept and administer moneys appropriated to it to provide "Challenge Grants" annually to lead agencies for homeless assistance continuums of care[15] designated by the Office. The Office may award grants in an amount of up to $500,000 per lead agency.[16] A lead agency may spend a maximum of eight percent of its funding on administrative costs. To qualify for the grant, a lead agency must develop and implement a local homeless assistance continuum of care plan for its designated area.[17]

The Office is authorized to accept and administer moneys appropriated to it to provide Homeless Housing Assistance Grants annually to lead agencies for local homeless assistance continuum of care. The grants may not exceed $750,000 per project and an applicant may spend a maximum of five percent of its funding on administrative costs. The grant funds must be used to acquire, construct, or rehabilitate transitional or permanent housing units for homeless persons. The funds available for the eligible grant activities may be appropriated, received from donations, gifts, or from any public or private source.[18]

The Legislature established the Training and Technical Assistance Program (Program) to assist staff and board members of community based organizations that needed additional training in housing development as well as technical support to assist in them in gaining the experience needed to better serve their communities.[19]

The training component must be designed to build the housing development capacity of community-based organizations and local governments as a permanent resource for the benefit of

[13] Section 420.624(2), F.S.
[14] *Lead Agencies;* Florida Department of Children and Families; *available at*: http://www.myflfamilies.com/service-programs/homelessness/lead-agencies) (last visited Mar. 20, 2014).
[15] "Section 420.621(1), F.S. defines "Continuum of Care" to mean the community components needed to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness."
[16] Section 420.622(4), F.S.
[17] *Id.*
[18] Section 420.602(5), F.S.
[19] Section 420.606(2), F.S.

communities in the state. Training activities may include workshops, seminars, and programs developed in conjunction with state universities and community colleges.[20]

The technical assistance component must be designed to assist applicants for state-administered programs in developing applications and in expediting project implementation. Technical assistance activities for the staffs of community-based organizations and local governments who are directly involved in the production of affordable housing may include workshops for program applicants, onsite visits, and guidance in achieving project completion.[21]

DEO is required to secure the necessary expertise to provide training and technical assistance to local government and state agency staffs, community-based organizations, and to persons forming community-based organizations for the purpose of developing new housing or rehabilitating existing housing. Such housing must be affordable for moderate income, very low and low income persons.[22] To meet the requirements, DEO is authorized to:

- Enter into contracts with the federal government or with other state agencies, local governments, or with any other person, association, corporation, or entity;
- Seek and accept funding from any public or private source; and
- Adopt and enforce rules consistent with the Program.

III. Effect of Proposed Changes:

Section 1 amends s. 420.6015, F.S., to include designated lead agencies of homeless assistance continuums of care, in addition to local governments and community-based organizations, as entities that DEO must provide training and technical assistance to meet the needs of homeless, very-low-income, low-income and moderate-income people. Such assistance must be provided by a nonprofit entity that meets the requirements for providing training and technical assistance.

Section 2 amends Section 420.622, F.S., to direct DCF to establish varying levels of grant awards up to $500,000 per lead agency. DCF must specify a grant award level in the notice of the solicitation of grant application. Criteria for a lead agency to qualify for the grant is included in this section and the lead agency is required to document the commitment of local government and private organizations to provide matching funds or in-kind support in an amount equal to the grant requested. The grant may be used to fund any of the housing, program, or service needs in the local homeless assistance continuum of care plan. Sub-grants to local agencies may be provided. The lead agency is required to submit a final report to DCF documenting the outcomes achieved by the grant.

Section 3 amends s. 420.9073, F.S., to require the Florida Housing Finance Corporation to distribute four percent of the total amount from the Local Government Housing Trust Fund to DCF and DEO as follows:

- 95 percent of the four percent is to be provided to DCF to provide operating and other support to the lead agency in each continuum of care;

[20] Section 420.606(3)(a), F.S.
[21] Section 420.606(3)(b), F.S.
[22] Section 420.606(3), F.S.

- Five percent of the four percent is to be provided to DEO to provide training and technical assistance to the lead agencies receiving support through a contract with a non-profit entity.

Section 4 provides an effective date of July 1, 2014.

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:

None.

C. Government Sector Impact:

If the $204 million available in the Local Government Housing Trust Fund is appropriated, the first four percent or $8,160,000 million would be available to DEO and DCF. DCF would receive 95 percent or $7,752,000 million ($204M x 0.04 x 0.95) and DEO would receive five percent or $408,000 ($204M x 0.04 x 0.05).

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 420.606, 420.622, and 420.9073.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

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

CS by Children, Families, and Elder Affairs on March 25, 2014:
The Committee Substitute:

- Allows local government and private organizations, when applying for grants awarded by the department, to use matching funds or in-kind support in an amount equal to the grant requested.

B. Amendments:

None.

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

400404

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/25/2014	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Grimsley) recommended the following:

1 **Senate Amendment**
2
3 Delete line 130
4 and insert:
5 organizations to provide matching funds or in-kind support in an
6 amount equal to

By Senator Latvala

20-00899-14 20141090__

A bill to be entitled

An act relating to homelessness; amending s. 420.606, F.S.; revising legislative findings; requiring the Department of Economic Opportunity to provide training and technical assistance to certain designated lead agencies of homeless assistance continuums of care; requiring that the provision of such training and assistance be delegated to certain nonprofit entities; conforming provisions to changes made by the act; amending s. 420.622, F.S.; requiring the department to establish award levels for "Challenge Grants"; specifying criteria to determine award levels; requiring the department, after consultation with the Council on Homelessness, to specify a grant award level in the notice of solicitation of grant applications; revising qualifications for the grant; specifying authorized uses of grant funds; requiring a lead agency that receives a grant to submit a report to the department; amending s. 420.9073, F.S.; requiring the Florida Housing Finance Corporation to distribute to the department and the Department of Children and Families certain funds from the Local Government Housing Trust Fund for the purpose of providing support, training, and technical assistance to designated lead agencies of continuums of care; providing an effective date.

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

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

20-00899-14 20141090__

Section 1. Subsections (1) through (3) of section 420.606, Florida Statutes, are amended to read:

420.606 Training and technical assistance program.—

(1) LEGISLATIVE FINDINGS.—In addition to the legislative findings set forth in s. 420.6015, the Legislature finds and declares that:

(a) Housing in economically declining or distressed areas is frequently substandard and is often unaffordable or unavailable to homeless persons, very-low-income persons, and low-income persons;

(b) Community-based organizations often have limited experience in development of quality housing for homeless persons, very-low-income persons, and low-income persons in economically declining or distressed areas; ~~and~~

(c) The staffs and board members of community-based organizations need additional training in housing development as well as technical support to assist them in gaining the experience they need to better serve their communities; and~~.~~

(d) The staffs of state agencies and local governments, whether directly involved in the production of affordable or available housing or acting in a supportive role, can better serve the goals of state and local governments if their expertise in housing development is expanded.

(2) PURPOSE.—The purpose of this section is to provide community-based organizations, ~~and~~ staff of state and local governments, and designated lead agencies of homeless assistance continuums of care with the necessary training and technical assistance to meet the needs of homeless persons, very-low-income persons, low-income persons, and moderate-income persons

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

for standard, affordable housing.

(3) TRAINING AND TECHNICAL ASSISTANCE PROGRAM.—The Department of Economic Opportunity shall be responsible for securing the necessary expertise to provide training and technical assistance to:

(a) Staff of local governments, to staff of state agencies, as appropriate, ~~and~~ to community-based organizations, and to persons forming such organizations, which are formed for the purpose of developing new housing and rehabilitating existing housing that ~~which~~ is affordable for very-low-income persons, low-income persons, and moderate-income persons.

1.~~(a)~~ The training component of the program shall be designed to build the housing development capacity of community-based organizations and local governments as a permanent resource for the benefit of communities in this state.

a.~~1.~~ The scope of training must ~~shall~~ include, but need not be limited to, real estate development skills related to affordable housing, including the construction process and property management and disposition, the development of public-private partnerships to reduce housing costs, model housing projects, and management and board responsibilities of community-based organizations.

b.~~2.~~ Training activities may include, but are not limited to, materials for self-instruction, workshops, seminars, internships, coursework, and special programs developed in conjunction with state universities and community colleges.

2.~~(b)~~ The technical assistance component of the program shall be designed to assist applicants for state-administered programs in developing applications and in expediting project

implementation. Technical assistance activities for the staffs of community-based organizations and local governments who are directly involved in the production of affordable housing may include, but are not limited to, workshops for program applicants, onsite visits, guidance in achieving project completion, and a newsletter to community-based organizations and local governments.

(b) Designated lead agencies of homeless assistance continuums of care which receive operating or other support under s. 420.9073(7) from the Department of Children and Families to provide or secure housing, programs, and other services for homeless persons. Such training and technical assistance must be provided by a nonprofit entity that meets the requirements for providing training and technical assistance under s. 420.531.

Section 2. Subsection (4) of section 420.622, Florida Statutes, is amended to read:

420.622 State Office on Homelessness; Council on Homelessness.—

(4) ~~Not less than 120 days after the effective date of this act,~~ The State Office on Homelessness, with the concurrence of the Council on Homelessness, may accept and administer moneys appropriated to it to provide annual "Challenge Grants" ~~annually~~ to lead agencies of ~~for~~ homeless assistance continuums of care designated by the State Office on Homelessness pursuant to s. 420.624. The department shall establish varying levels of grant awards ~~A lead agency may be a local homeless coalition, municipal or county government, or other public agency or private, not-for-profit corporation. Such grants may be~~ up to

117 $500,000 per lead agency. Award levels shall be based upon the
118 total population within the continuum of care catchment area and
119 reflect the differing degrees of homelessness in the catchment
120 planning areas. The department, in consultation with the Council
121 on Homelessness, shall specify a grant award level in the notice
122 of the solicitation of grant applications.
123 (a) To qualify for the grant, a lead agency must develop
124 and implement a local homeless assistance continuum of care plan
125 for its designated catchment area. The continuum of care plan
126 must implement a coordinated assessment or central intake system
127 to screen, assess, and refer persons seeking assistance to the
128 appropriate service provider. The lead agency shall also
129 document the commitment of local government and private
130 organizations to provide matching funds in an amount equal to
131 the grant requested.
132 (b) Preference must be given to those lead agencies that
133 have demonstrated the ability of their continuum of care to
134 provide quality services to homeless persons and the ability to
135 leverage federal homeless-assistance funding under the Stewart
136 B. McKinney Act and private funding for the provision of
137 services to homeless persons.
138 (c) Preference must be given to lead agencies in catchment
139 areas with the greatest need for the provision of housing and
140 services to the homeless, relative to the population of the
141 catchment area.
142 (d) The grant may be used to fund any of the housing,
143 program, or service needs included in the local homeless
144 assistance continuum of care plan. The lead agency may allocate
145 the grant to programs, services, or housing providers that

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

146 implement the local homeless assistance continuum of care plan.
147 The lead agency may provide subgrants to a local agency to
148 implement programs or services or provide housing identified for
149 funding in the lead agency's application to the department. A
150 lead agency may spend a maximum of 8 percent of its funding on
151 administrative costs.
152 (e) The lead agency shall submit a final report to the
153 department documenting the outcomes achieved by the grant in
154 enabling persons who are homeless to return to permanent housing
155 thereby ending such persons' episodes of homelessness.
156 Section 3. Present subsection (7) of section 420.9073,
157 Florida Statutes, is redesignated as subsection (8), and a new
158 subsection (7) is added to that section, to read:
159 420.9073 Local housing distributions.—
160 (7) Notwithstanding subsections (1)-(4), the corporation
161 shall first distribute 4 percent of the total amount to be
162 distributed each fiscal year from the Local Government Housing
163 Trust Fund to the Department of Children and Families and the
164 Department of Economic Opportunity as follows:
165 (a) The Department of Children and Families shall receive
166 95 percent of such amount to provide operating and other support
167 to the designated lead agency in each continuum of care for the
168 benefit of the designated catchment area as described in s.
169 420.624.
170 (b) The Department of Economic Opportunity shall receive 5
171 percent of such amount to provide training and technical
172 assistance to lead agencies receiving operating and other
173 support under paragraph (a) in accordance with s. 420.606(3).
174 Training and technical assistance funded by this distribution

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175 shall be provided by a nonprofit entity that meets the
176 requirements for providing training and technical assistance
177 under s. 420.531.
178 Section 4. This act shall take effect July 1, 2014.

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

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Ethics and Elections, *Chair*
Budget - Subcommittee on General Government Appropriations
Budget - Subcommittee on Transportation, Tourism, and Economic Development Appropriations
Community Affairs
Environmental Preservation and Conservation
Rules
Judiciary
Appropriations
Select Committee on Gaming

SENATOR JACK LATVALA
20th District

February 21, 2014

The Honorable Senator Eleanor Sobel, Chair
Senate Committee on Children, Families, and Elder Affairs
520 Knott Building
404 South Monroe Street
Tallahassee, FL 32399-1100

Dear Chair Sobel:

I respectfully request that Senate Bill 1090/Homelessness be placed on the agenda of the Senate Committee on Children, Families, and Elder Affairs at your earliest convenience.

This bill will expand grant programs to Florida communities to help fund temporary and transitional housing and services for the homeless. It will also provide training and technical support to qualified agencies serving Florida's homeless.

If you have any questions regarding this legislation, please contact me. Thank you for your consideration.

Sincerely,

Jack Latvala

Jack Latvala
State Senator
District 20

RECEIVED
FEB 21 2014
Senate Committee
Children and Families

Cc: Claude Hendon, Staff Director; Lynn Wells Administrative Assistant

REPLY TO:
☐ 26133 U.S. Highway 19 North, Suite 201 Clearwater, FL 33763 (727) 793-2797
☐ 408 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5020

Senate's Website: *www.flsenate.gov*

Don Gaetz
President of the Senate

Garrett Richter
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Homelessness

Bill Number: SB 1090 *(if applicable)*

Name: Robert Beck

Amendment Barcode: 400404 *(if applicable)*

Job Title: PARTNER Adams St. Advocates

Address: 205 S. Adams St
Street

Tallahassee FL 32301
City *State* *Zip*

Phone: 850 766 1410

E-mail: Robert@Adamsstadvocates.co

Speaking: [X] For [ ] Against [ ] Information

Representing: FLORIDA Coalition for the Homeless

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

Lobbyist registered with Legislature: [X] Yes [ ] No

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

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

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-25-14
Meeting Date

Topic: HOMELESSNESS

Bill Number: 1090 *(if applicable)*

Name: JIM AKIN

Amendment Barcode: *(if applicable)*

Job Title: EXECUTIVE DIRECTOR

Address: 1931 DELLWOOD DRIVE
Street

TALLAHASSEE FL 32303
City *State* *Zip*

Phone: 850-224-2400

E-mail: JIM@NASWFL.ORG

Speaking: [✓] For [ ] Against [ ] Information

Representing: NATIONAL ASSOCIATION OF SOCIAL WORKERS FLORIDA

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

Lobbyist registered with Legislature: [ ] Yes [✓] No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Homelessness

Bill Number: SB 1090 *(if applicable)*

Name: Holly McPhail

Amendment Barcode: *(if applicable)*

Job Title: Legislative Assistant

Address: 301 S. Bronough Street
Street

Tallahassee, FL 32302
City *State* *Zip*

Phone: 701-3604

E-mail: hmcphail@flcities.com

Speaking: [✓] For [ ] Against [ ] Information

Representing: Florida League of Cities, Inc.

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

Lobbyist registered with Legislature: [✓] Yes [ ] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25
Meeting Date

Topic: HOMELESSNESS

Bill Number: SB 1090 *(if applicable)*

Name: TODD BONLARRON

Amendment Barcode: *(if applicable)*

Job Title: LEGISLATIVE AFFAIRS DIRECTOR

Address: 301 N. OLIVE AVE
Street

WPB FL 33401
City *State* *Zip*

Phone:

E-mail:

Speaking: [✓] For [ ] Against [ ] Information

Representing: PALM BEACH COUNTY

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

Lobbyist registered with Legislature: [✓] Yes [ ] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-25-14
Meeting Date

Topic: SB 1090 - Homelessness

Bill Number: SB 1090 *(if applicable)*

Name: Marsha Hasack

Amendment Barcode: *(if applicable)*

Job Title: Intergovernmental Relations Manager

Address: 1660 Ringling Blvd
Street

Sarasota, FL 34236
City *State* *Zip*

Phone: 941 650-6968

E-mail: marshahasack@scgov.net

Speaking: [✓] For [ ] Against [ ] Information

Representing: Sarasota County Government

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

Lobbyist registered with Legislature: [✓] Yes [ ] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: HOMELESSNESS

Bill Number: SB 1090 *(if applicable)*

Name: MIKE MCQUONE (MCCUE-ONE)

Amendment Barcode: *(if applicable)*

Job Title: CONSULTANT FOR HEALTH

Address: 201 WEST PARK AVENUE
Street

TALLAHASSEE FL 32301
City *State* *Zip*

Phone: 850-284-9130

E-mail: mmcquone@flacathconf.org

Speaking: [X] For [ ] Against [ ] Information

Representing:

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

Lobbyist registered with Legislature: [X] Yes [ ] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: Homeless

Bill Number: 1090 *(if applicable)*

Name: Eric Poole

Amendment Barcode: *(if applicable)*

Job Title: Asst Leg Director

Address: 100 Monroe
Street

Phone:

E-mail:

City *State* *Zip*

Speaking: [x] For [ ] Against [ ] Information

Representing: Florida Assoc. Counties

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

Lobbyist registered with Legislature: [x] Yes [ ] No

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

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: SB 1090 - Homelessness

Bill Number: 1090 *(if applicable)*

Name: Nick Matthews

Amendment Barcode: *(if applicable)*

Job Title: Legislative Coordinator

Address: 115 S. Andrews Ave.
Street

Ft. Lauderdale FL 33301
City *State* *Zip*

Phone:

E-mail: NMatthews@Broward.org

Speaking: [x] For [ ] Against [ ] Information

Representing: Broward County (Waive time in support)

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

Lobbyist registered with Legislature: [x] Yes [ ] No

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

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

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/25/14
Meeting Date

Topic: HOMELESSNESS

Bill Number: 1090 *(if applicable)*

Name: JEFF SHARKEY

Amendment Barcode: *(if applicable)*

Job Title: CAPITOL ALLIANCE GROUP

Address: 106 E College Ave
Street

TLH FL 32301
City *State* *Zip*

Phone: 850 224 6060

E-mail: JeffreyShark@gmail

Speaking: [x] For [ ] Against [ ] Information

Representing: UNITED WAY OF BIG BEND

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

Lobbyist registered with Legislature: [x] Yes [ ] No

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

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

S-001 (10/20/11)

CourtSmart Tag Report

Room: LL 37 **Case:** **Type:**
Caption: Senate Children, Families, and Elder Affairs **Judge:**

Started: 3/25/2014 9:07:23 AM
Ends: 3/25/2014 10:33:03 AM Length: 01:25:41

9:07:25 AM Meeting called to order
9:07:37 AM Roll call
9:08:10 AM (Tab 6) SB 1090 - Homelessness
9:08:21 AM Sen. Latvala explains the bill
9:09:57 AM AM 400404 by Sen. Grimsley is explained by Sen. Latvala
9:10:36 AM Chair Sobel asks for questions/testimony
9:10:50 AM Robert Beck, Florida Coalition for the Homeless, waive in support
9:10:58 AM AM 400404 adopted
9:11:14 AM Jeff Sharkey, United Way of Big Bend, waives in support
9:11:16 AM Nick Matthews, Broward County, waives in support
9:11:23 AM Testimony by Eric Poole, Florida Assoc. of Counties
9:11:43 AM Mike McQuone, Florida Catholic Conference, waives in support
9:11:51 AM Marsha Hosock, Sarasota County Government, waives in support
9:11:58 AM Todd BonLarron, Palm Beach County, waives in support
9:12:04 AM Holly McPhail, FL. League of Cities, waives in support
9:12:12 AM Jim Akin, National Association of Socal Workers, waives in support
9:12:25 AM Sen. Latvala closes on bill
9:13:05 AM Sen. Hays moves the bill as a committee substitute
9:13:12 AM Roll call on SB 1090
9:13:29 AM Show the bill passing
9:13:31 AM (Tab 1) SB 1388 - Registered Interns in Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling
9:13:56 AM Marcia Mathis, Senator Montford's aide, explains the bill
9:14:58 AM AM 251202, AM 852772, and AM 312694 are withdrawn by Sen. Dean
9:15:28 AM Jim Akin, National Assoc. of Social Workers, waives in support
9:15:37 AM Corinne Mixon, FL. Mental Health Counselors Assoc., waives in support
9:15:54 AM Ms. Mathis waives close
9:15:57 AM Roll call on SB 1388
9:16:13 AM Show the bill passing
9:16:18 AM (Tab 2) SB 1486 - Transitional Living Facilities
9:16:35 AM AJ D'Amico, Senator Garcia's aide, explains the bill
9:17:03 AM Dana Farmer, Disability Rights FL., waives in support
9:17:15 AM Mr. D'Amico waives close
9:17:19 AM Roll call on SB 1486
9:17:20 AM Show the bill passing
9:17:46 AM (Tab 3) SB 1180 - Chemicals in Consumer Products
9:18:01 AM Sen. Sobel explains bill
9:19:17 AM Chair Hays asks for questions
9:19:22 AM Sen. Diaz de la Portilla asks a question
9:19:32 AM Sen. Sobel responds
9:20:12 AM Sen. Thompson asks a question
9:20:38 AM Sen. Sobel responds
9:21:04 AM Sen. Thompson asks a follow-up question
9:21:50 AM Sen. Sobel responds
9:23:03 AM Kathy Thrumston, FL. PTA, waives in support
9:23:12 AM Stephanie Leeds, American Cancer Society, waives in support
9:23:26 AM Mike McQuone, FL. Conference of Catholic Bishops, waives in support
9:23:44 AM Testimony by Stephanie Kunkel, Clean Water Action
9:24:44 AM Sen. Diaz de la Portilla asks a question
9:25:27 AM Ms. Kunkel responds
9:26:10 AM Sharon Nesvig, FL. Education Assn., waives in support
9:26:26 AM Testimony by Michael Power, American Chemistry Council

9:28:23 AM	Sen. Altman asks a question
9:28:40 AM	Mr. Power responds
9:29:36 AM	Sen. Diaz de la Portilla asks a question
9:30:10 AM	Mr. Power responds
9:30:42 AM	Sen. Diaz de la Portilla asks follow-up question
9:30:50 AM	Mr. Power responds
9:31:04 AM	Sen. Thompson asks a question
9:31:21 AM	Mr. Power responds
9:31:37 AM	Sen. Sobel asks a question
9:32:08 AM	Mr. Power responds
9:32:34 AM	Sen. Sobel asks follow-up question
9:32:47 AM	Mr. Power responds
9:33:38 AM	Testimony by Nancy Stephens, Manufacturers Association of Florida
9:37:37 AM	Sen. Thompson comments in debate
9:38:14 AM	Sen. Altman comments
9:39:29 AM	Sen. Diaz de la Portilla comments
9:40:45 AM	Sen. Sobel closes on the bill
9:41:41 AM	Roll call on SB 1180
9:42:00 AM	Show the bill passing
9:43:24 AM	(Tab 4) SB 316 - Certification of Assisted Living Facility Administrators
9:43:33 AM	Sen. Bean explains the bill
9:44:24 AM	AM 699622 by Sen. Grimsley is explained by Sen. Bean
9:45:16 AM	Sen. Detert asks a question
9:45:48 AM	Sen. Bean responds
9:45:51 AM	Sen. Detert follow-up question
9:45:57 AM	Sen. Bean responds
9:46:19 AM	Sen. Thompson asks a question
9:46:40 AM	Sen. Bean responds
9:47:14 AM	Sen. Hays asks a question
9:47:21 AM	Sen. Bean responds
9:48:27 AM	Sen. Hays asks follow-up question
9:48:38 AM	Sen. Bean responds
9:49:30 AM	Chair Sobel asks a question
9:49:40 AM	Sen. Bean responds
9:50:04 AM	Sen. Hays asks a question
9:50:19 AM	Sen. Bean responds
9:51:00 AM	Sen. Hays asks follow-up question
9:51:25 AM	Sen. Bean responds
9:51:47 AM	Sen. Clemens asks a question
9:51:59 AM	Sen. Bean responds
9:52:59 AM	Testimony by Neal McGarry, FL. Certification Board
9:55:39 AM	Sen. Thompson asks a question
9:55:45 AM	Mr. McGarry responds
9:56:58 AM	Sen. Thompson asks follow-up question
9:57:36 AM	Mr. McGarry responds
9:57:43 AM	Chair Sobel asks a question
9:57:49 AM	Mr. McGarry responds
9:59:39 AM	Chair Sobel asks follow-up question
9:59:45 AM	Mr. McGarry responds
10:01:03 AM	Lisa Murray, Department of Elder Affairs
10:01:18 AM	Testimony by Jack McRay, AARP
10:04:02 AM	Chair Sobel asks a question
10:04:14 AM	Mr. McRay responds
10:04:53 AM	Testimony by Molly McKinstry, Agency for Health Care Administration
10:07:17 AM	Chair Sobel asks a questoin
10:07:21 AM	Ms. McKinstry responds
10:08:51 AM	Testimony by Adam Lovejoy, Department of Elder Affairs
10:09:40 AM	Chair Sobel asks a question
10:09:46 AM	Mr. Lovejoy responds
10:09:50 AM	Chair Sobel responds
10:10:05 AM	AM 699622 is adopted
10:10:35 AM	Leslie Dughi, FL. Assisted Living Assn., waives in support

10:11:06 AM	Testimony by Dr. George MacDonald,USF
10:11:20 AM	Judith Dean, ALF's in Florida Panhandle
10:11:34 AM	Testimony by Noreen Prescott, Brookdale Senior Living
10:13:46 AM	Testimony by Damon Thomas, Brookdale Senior Living
10:16:11 AM	Testimony by Chris Callahan, ALF's in Jacksonville and Panhandle
10:19:32 AM	Gail Matilla, FL ALFA, waives in opposition
10:19:52 AM	Testimony by Kelli Mercer, Clare Bridge Tallahassee
10:20:50 AM	Chair Sobel asks for questions/debate
10:21:01 AM	Sen. Bean closes on bill
10:21:55 AM	Sen. Grimsley moves the bill as a committee substitute
10:22:02 AM	Roll call on SB 316
10:22:38 AM	Show the bill passing
10:22:55 AM	Sen. Dean's motion to be voted in the affirmative on SB 1486 and SB 1180
10:23:09 AM	(Tab 5) CS/SB 722 - Newborn Health Screening
10:23:21 AM	AJ D'Amico, Senator Garcia's aide, explains the bill
10:23:46 AM	AM 330142 by Sen. Diaz de la Portilla is explained by Mr. D'Amico
10:24:39 AM	Testimony by Amber Moore, Mother of Deaf Child
10:26:39 AM	Testimony by Theresa Bulger, Florida Coalition
10:29:44 AM	Harper Moore and Justin Moore waive in support
10:29:53 AM	J.C. Delvalle, University of Miami, waives in support
10:30:07 AM	AM 330142 adopted
10:30:19 AM	David Cullen, waives in support
10:30:24 AM	Bryan Wendel, Dept. of Health, waives in support
10:30:29 AM	Mary-Lynn Cullen, Advocacy Institute for Children, waives in support
10:30:51 AM	Testimony by Dr. Jeanne Prickett, FL. School for the Deaf and the Blind
10:32:21 AM	Sen. Dean moves the bill as committee substitute
10:32:27 AM	Mr. D'Amico waives close
10:32:30 AM	Roll call on CS/SB 722
10:32:48 AM	Show the bill passing
10:32:52 AM	Meeting adjourned