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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/01/2018	.	
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The Committee on Appropriations (Passidomo) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsections (1) and (6) of section 400.902,
Florida Statutes, are amended to read:

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

(1) "Prescribed pediatric extended care center,"

hereinafter referred to as a "PPEC center," means any building
or buildings, or other place, whether operated for profit or



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11 not, which undertakes through its ownership or management to
12 provide:

13 (a) Basic nonresidential services to three or more
14 medically dependent or technologically dependent children who
15 are not related to the owner or operator by blood, marriage, or
16 adoption and who require such services; or

17 (b) Residential services to infants with neonatal
18 abstinence syndrome as described in s. 400.917.

19
20 To be ~~infants and children~~ considered for admission to a PPEC
21 center, ~~infants and children~~ must have complex medical
22 conditions that require continual care. Prerequisites for
23 admission are a prescription from the child's attending
24 physician and consent of a parent or guardian. For the purpose
25 of providing treatment for infants with neonatal abstinence
26 syndrome pursuant to s. 400.917, the sole prerequisite for
27 admission is a transfer order from the infant's attending
28 physician at the hospital.

29 (6) "Medically dependent or technologically dependent
30 child" means a child who because of a medical condition requires
31 continuous therapeutic interventions or skilled nursing
32 supervision which must be prescribed by a licensed physician and
33 administered by, or under the direct supervision of, a licensed
34 registered nurse. The term includes infants diagnosed with
35 neonatal abstinence syndrome, as defined in s. 400.917.

36 Section 2. Paragraph (a) of subsection (2) of section
37 400.914, Florida Statutes, is amended to read:

38 400.914 Rules establishing standards.-

39 (2) The agency shall adopt rules to ensure that:



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40 (a) Except as provided in s. 400.917, no child attends a
41 PPEC center for more than 12 hours within a 24-hour period.
42 Section 3. Section 400.917, Florida Statutes, is created to
43 read:
44 400.917 Pilot project for the treatment of infants with
45 neonatal abstinence syndrome.—
46 (1) For purposes of this section, the term:
47 (a) "Eligible" means an infant who:
48 1. Has a gestational age or a corrected age (gestational
49 age plus chronological age) of 37 weeks or greater;
50 2. Is being treated for neonatal abstinence syndrome as the
51 primary active diagnosis;
52 3. If he or she requires pharmacologic therapy, has been
53 treated through the initial escalation phase of treatment for
54 signs of neonatal abstinence syndrome, and is in the weaning
55 phase of management; and
56 4. Is not taking medications for treatment of any medical
57 condition other than:
58 a. Neonatal abstinence syndrome;
59 b. Any side effects caused by neonatal abstinence syndrome
60 or its treatment; or
61 c. Vitamin or mineral deficiencies that are common in
62 infants.
63 (b) "Infant" includes both a newborn and an infant, as
64 those terms are defined in s. 383.145.
65 (c) "Neonatal abstinence syndrome" means the postnatal
66 withdrawal symptoms experienced by an infant who is exposed to
67 opioids in utero or in neonatal hospitalization; agents used to
68 treat maternal opioid addiction; or to one or more other drugs



69 including, but not limited to, barbiturates, selective serotonin
70 re-uptake inhibitors, and benzodiazepines.

71 (d) "Pharmacologic therapy" means the use of prescribed
72 medications recognized by the American Academy of Pediatrics to
73 relieve moderate to severe signs and symptoms of neonatal
74 abstinence syndrome and to prevent complications common to
75 neonatal abstinence syndrome.

76 (e) "Stabilized" means that, within reasonable medical
77 probability, no material deterioration of the infant's condition
78 is likely to result from, or occur during, the transfer of the
79 infant from the hospital to a facility licensed under this
80 section for ongoing treatment as provided in this section.

81 (2) The agency, in consultation with the Department of
82 Children and Families, shall establish a pilot project to
83 approve one or more facilities licensed to provide PPEC services
84 in this state to provide inpatient treatment for eligible
85 infants. The purpose of the pilot project is to provide a
86 community-based care option for eligible infants, rather than
87 hospitalization, after an infant has been stabilized. The pilot
88 project shall begin on January 1, 2019, and expire on June 30,
89 2021.

90 (3) The agency, in consultation with the department, shall
91 adopt by rule minimum standards for facilities approved to
92 provide services under this section. Standards adopted by the
93 agency are in addition to the standards for licensure as a PPEC
94 center and must include, at a minimum:

95 (a) Any additional requirements for the physical plant and
96 facility maintenance, compliance with local building and
97 firesafety codes, and sanitation requirements as needed to



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98 ensure the safety and wellbeing of infants being treated at the
99 facility, facility staff, and visitors to the facility;

100 (b) The number of, and the training and qualifications
101 required for, essential personnel employed by and working under
102 contract with the facility, including a requirement that all
103 clinical staff providing care under this section be certified by
104 the Neonatal Resuscitation Program;

105 (c) Staffing requirements intended to ensure adequate
106 staffing and appropriate medical supervision to protect the
107 safety of infants being treated in the facility;

108 (d) Requirements for programs, services, and care provided
109 to infants treated by the facility and to their parents,
110 including a requirement that the facility have a policy to
111 ensure safe medication practices;

112 (e) Requirements for the maintenance of medical records,
113 data, and other relevant information related to infants treated
114 by the facility; and

115 (f) Requirements for application for approval to provide
116 the services described by this section.

117 (4) A PPEC center is not required to obtain a certificate
118 of need to be approved to provide services under this section.

119 (5) To be approved to provide services under this section
120 and to participate in the pilot project, a PPEC center must, at
121 a minimum:

122 (a) Be a private, nonprofit Florida corporation;

123 (b) Have an on-call medical director;

124 (c) Adhere to all applicable standards for a PPEC center
125 and all standards established by the agency by rule pursuant to
126 subsection (3); and



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- 127 (d) Provide the agency with a plan to:
- 128 1. Provide 24-hour nursing and nurturing care to infants
129 with neonatal abstinence syndrome;
- 130 2. Provide for the medical needs of an infant being treated
131 at the facility, including, but not limited to, pharmacologic
132 therapy and nutrition management;
- 133 3. Maintain a transfer agreement with a hospital that is
134 not more than a 30-minute drive from the licensed facility;
- 135 4. Provide comfortable, safe, residential-type
136 accommodations that encourage a mother to breastfeed her infant
137 or to reside at the facility while her infant is being treated
138 at that facility, if not contraindicated and if funding is
139 available for residential services for the mother;
- 140 5. Provide or make available parenting education,
141 breastfeeding education, counseling, and other resources to the
142 parents of infants being treated at the facility, including, if
143 necessary, a referral for addiction treatment services;
- 144 6. Contract and coordinate with Medicaid managed medical
145 assistance plans as appropriate to ensure that services for both
146 the infant and the parent or the infant's representative are
147 timely and unduplicated;
- 148 7. Identify, and refer parents to, social service providers
149 such as Healthy Start or the MomCare network, Healthy Families,
150 Early Steps, and Head Start programs, before discharge, if
151 appropriate; and
- 152 8. Become a Medicaid provider, if the PPEC center is not
153 already a Medicaid provider.
- 154 (6) A PPEC center approved under this section may not
155 accept an infant for treatment if the infant is not eligible or



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156 if the infant has a serious or life-threatening condition other
157 than neonatal abstinence syndrome.

158 (7) A PPEC center approved under this section may not treat
159 an infant for longer than 6 months.

160 (8) A PPEC center approved under this section may require
161 the mother or visitors to vacate the facility at any time if:

162 (a) The facility requests that the mother's breast milk be
163 tested for contaminants and she refuses to allow her breast milk
164 to be tested or the breast milk tests positive for one or more
165 nonprescription medications;

166 (b) The facility requests that the mother be drug tested
167 and the mother refuses to consent to a drug test or the mother
168 tests positive for one or more nonprescription medications;

169 (c) The facility determines that the mother poses a risk to
170 her infant; or

171 (d) The facility determines that the mother or a visitor is
172 threatening, intimidating, or posing a risk to any infant in the
173 facility, any other mother or visitor in the facility, or
174 facility staff.

175
176 If the facility requires the mother or other visitor to vacate
177 its premises, a licensed health care professional who is an
178 employee or contracted staff at the facility may refuse to allow
179 the mother, parent, caregiver, or legal custodian to remove the
180 infant from the facility and may detain the infant at the
181 facility pursuant to s. 39.395, if the provisions of that
182 section are met.

183 (9) The agency shall require each PPEC center approved
184 under this section to meet and maintain the representations made



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185 in the facility's plan submitted for approval pursuant to
186 paragraph (5) (d) or substantially similar provisions that do not
187 degrade the facility's ability to provide the same level of
188 service.

189 (10) (a) The Department of Health shall contract with a
190 state university to study the risks, benefits, cost
191 differentials, and the transition of infants to the social
192 service providers identified in subparagraph (5) (d) 7. for the
193 treatment of infants with neonatal abstinence syndrome in
194 hospital settings and PPEC centers approved under this section.
195 By June 30, 2020, the Department of Health shall report to the
196 President of the Senate and the Speaker of the House of
197 Representatives the study results and recommendations regarding
198 the continuation or expansion of the pilot project.

199 (b) The contract must also require the establishment of
200 baseline data for longitudinal studies on the neurodevelopmental
201 outcomes of infants with neonatal abstinence syndrome, and may
202 require the evaluation of outcomes and length of stay in
203 facilities for nonpharmacologic and pharmacologic therapy for
204 neonatal abstinence syndrome.

205 (c) PPEC centers approved under this section, licensed
206 hospitals providing services for infants born with neonatal
207 abstinence syndrome, and Medicaid managed medical assistance
208 plans shall provide relevant financial and medical data
209 consistent with the Health Insurance Portability and
210 Accountability Act of 1996 (HIPAA) and related regulations to
211 the contracted university for research and studies authorized
212 pursuant to this subsection.

213 Section 4. Upon this act becoming law, the Agency for



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214 Health Care Administration shall begin the process of adopting
215 rules pursuant to s. 400.917, Florida Statutes, and shall begin
216 the process of applying for any Medicaid waivers or other
217 similar permissions necessary to ensure that PPEC centers that
218 provide care to eligible infants under s. 400.917, Florida
219 Statutes, are eligible for Medicaid reimbursement for such care.

220 Section 5. For the 2018-2019 fiscal year, the sum of
221 \$200,000 is appropriated from the Health Care Trust Fund to the
222 Agency for Health Care Administration for the purpose of
223 implementing s. 400.917, Florida Statutes.

224 Section 6. For the 2018-2019 fiscal year, the sum of
225 \$140,000 in nonrecurring funds is appropriated from the Maternal
226 and Child Health Block Grant Trust Fund to the Department of
227 Health for the purpose of contracting with a state university to
228 conduct the study required pursuant to s. 400.917(10), Florida
229 Statutes.

230 Section 7. For the 2019-2020 fiscal year, the sum of
231 \$70,000 in nonrecurring funds is appropriated from the Maternal
232 and Child Health Block Grant Trust Fund to the Department of
233 Health for the purpose of completing the study required pursuant
234 to s. 400.917(10), Florida Statutes.

235 Section 8. This act shall take effect upon becoming a law.
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238 ===== T I T L E A M E N D M E N T =====

239 And the title is amended as follows:

240 Delete everything before the enacting clause
241 and insert:

242 A bill to be entitled



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243 An act relating to a neonatal abstinence syndrome
244 pilot project; amending s. 400.902, F.S.; revising the
245 definition of the term "prescribed pediatric extended
246 care center" or "PPEC center" to include certain
247 buildings that provide certain residential services to
248 infants with neonatal abstinence syndrome;
249 establishing a prerequisite for the admission of an
250 infant with neonatal abstinence syndrome to a PPEC
251 center; expanding the definition of the term
252 "medically dependent or technologically dependent
253 child" to include certain infants diagnosed with
254 neonatal abstinence syndrome; amending s. 400.914,
255 F.S.; providing that a specified Agency for Health
256 Care Administration rule include an exception for
257 infants being treated for neonatal abstinence
258 syndrome; creating s. 400.917, F.S.; defining terms;
259 requiring the agency, in consultation with the
260 Department of Children and Families, to establish a
261 pilot project to approve one or more facilities
262 licensed to provide PPEC services to treat certain
263 eligible infants; providing the purpose of the pilot
264 project; providing a start and end date for the pilot
265 project; requiring the agency, in consultation with
266 the department, to adopt by rule minimum standards for
267 facilities approved to provide certain services to
268 eligible infants; requiring certain criteria to be
269 included in such standards; specifying that a PPEC
270 center is not required to obtain a certificate of need
271 to be approved to provide services under this section;



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272 establishing minimum requirements for a PPEC center to
273 be eligible to provide services to eligible infants
274 and to participate in the pilot project; prohibiting a
275 PPEC center providing such services from treating an
276 infant for longer than a specified period of time;
277 providing that a PPEC center may require a mother or
278 visitor to vacate its premises under specified
279 circumstances; allowing certain health care
280 professionals to prevent the removal of an infant from
281 the facility under certain circumstances; requiring
282 the agency to require approved PPEC centers to meet
283 and maintain representations in the facility's plan
284 submitted for approval; requiring the Department of
285 Health to contract with a state university to study
286 certain components of the pilot project and establish
287 certain baseline data for studies on the
288 neurodevelopmental outcomes of infants with neonatal
289 abstinence syndrome; requiring the department to
290 report results of the study to the Legislature by a
291 certain date; requiring approved PPEC centers,
292 hospitals meeting certain criteria, and Medicaid
293 managed medical assistance plans to provide to the
294 contracted university relevant financial and medical
295 data consistent with federal law; requiring the agency
296 to begin rulemaking and to apply for certain Medicaid
297 waivers after the act becomes a law; providing
298 appropriations; providing an effective date.