

By the Committee on Appropriations; and Senators Passidomo, Book, Young, Hutson, and Campbell

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1                                   A bill to be entitled  
2       An act relating to a neonatal abstinence syndrome  
3       pilot project; amending s. 400.902, F.S.; revising the  
4       definition of the term "prescribed pediatric extended  
5       care center" or "PPEC center" to include certain  
6       buildings that provide certain residential services to  
7       infants with neonatal abstinence syndrome;  
8       establishing a prerequisite for the admission of an  
9       infant with neonatal abstinence syndrome to a PPEC  
10      center; expanding the definition of the term  
11      "medically dependent or technologically dependent  
12      child" to include certain infants diagnosed with  
13      neonatal abstinence syndrome; amending s. 400.914,  
14      F.S.; providing that a specified Agency for Health  
15      Care Administration rule include an exception for  
16      infants being treated for neonatal abstinence  
17      syndrome; creating s. 400.917, F.S.; defining terms;  
18      requiring the agency, in consultation with the  
19      Department of Children and Families, to establish a  
20      pilot project to approve one or more facilities  
21      licensed to provide PPEC services to treat certain  
22      eligible infants; providing the purpose of the pilot  
23      project; providing a start and end date for the pilot  
24      project; requiring the agency, in consultation with  
25      the department, to adopt by rule minimum standards for  
26      facilities approved to provide certain services to  
27      eligible infants; requiring certain criteria to be  
28      included in such standards; specifying that a PPEC  
29      center is not required to obtain a certificate of need

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30 to be approved to provide services under this section;  
31 establishing minimum requirements for a PPEC center to  
32 be eligible to provide services to eligible infants  
33 and to participate in the pilot project; prohibiting a  
34 PPEC center providing such services from treating an  
35 infant for longer than a specified period of time;  
36 providing that a PPEC center may require a mother or  
37 visitor to vacate its premises under specified  
38 circumstances; allowing certain health care  
39 professionals to prevent the removal of an infant from  
40 the facility under certain circumstances; requiring  
41 the agency to require approved PPEC centers to meet  
42 and maintain representations in the facility's plan  
43 submitted for approval; requiring the Department of  
44 Health to contract with a state university to study  
45 certain components of the pilot project and establish  
46 certain baseline data for studies on the  
47 neurodevelopmental outcomes of infants with neonatal  
48 abstinence syndrome; requiring the department to  
49 report results of the study to the Legislature by a  
50 certain date; requiring approved PPEC centers,  
51 hospitals meeting certain criteria, and Medicaid  
52 managed medical assistance plans to provide to the  
53 contracted university relevant financial and medical  
54 data consistent with federal law; requiring the agency  
55 to begin rulemaking and to apply for certain Medicaid  
56 waivers after the act becomes a law; providing  
57 appropriations; providing an effective date.

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

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

63 400.902 Definitions.—As used in this part, the term:

64 (1) "Prescribed pediatric extended care center,"  
65 hereinafter referred to as a "PPEC center," means any building  
66 or buildings, or other place, whether operated for profit or  
67 not, which undertakes through its ownership or management to  
68 provide:

69 (a) Basic nonresidential services to three or more  
70 medically dependent or technologically dependent children who  
71 are not related to the owner or operator by blood, marriage, or  
72 adoption and who require such services; or

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

75  
76 To be ~~Infants and children~~ considered for admission to a PPEC  
77 center, infants and children must have complex medical  
78 conditions that require continual care. Prerequisites for  
79 admission are a prescription from the child's attending  
80 physician and consent of a parent or guardian. For the purpose  
81 of providing treatment for infants with neonatal abstinence  
82 syndrome pursuant to s. 400.917, the sole prerequisite for  
83 admission is a transfer order from the infant's attending  
84 physician at the hospital.

85 (6) "Medically dependent or technologically dependent  
86 child" means a child who because of a medical condition requires  
87 continuous therapeutic interventions or skilled nursing

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88 supervision which must be prescribed by a licensed physician and  
89 administered by, or under the direct supervision of, a licensed  
90 registered nurse. The term includes infants diagnosed with  
91 neonatal abstinence syndrome, as defined in s. 400.917.

92 Section 2. Paragraph (a) of subsection (2) of section  
93 400.914, Florida Statutes, is amended to read:

94 400.914 Rules establishing standards.—

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

96 (a) Except as provided in s. 400.917, no child attends a  
97 PPEC center for more than 12 hours within a 24-hour period.

98 Section 3. Section 400.917, Florida Statutes, is created to  
99 read:

100 400.917 Pilot project for the treatment of infants with  
101 neonatal abstinence syndrome.—

102 (1) For purposes of this section, the term:

103 (a) "Eligible" means an infant who:

104 1. Has a gestational age or a corrected age (gestational  
105 age plus chronological age) of 37 weeks or greater;

106 2. Is being treated for neonatal abstinence syndrome as the  
107 primary active diagnosis;

108 3. If he or she requires pharmacologic therapy, has been  
109 treated through the initial escalation phase of treatment for  
110 signs of neonatal abstinence syndrome, and is in the weaning  
111 phase of management; and

112 4. Is not taking medications for treatment of any medical  
113 condition other than:

114 a. Neonatal abstinence syndrome;

115 b. Any side effects caused by neonatal abstinence syndrome  
116 or its treatment; or

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117 c. Vitamin or mineral deficiencies that are common in  
118 infants.

119 (b) "Infant" includes both a newborn and an infant, as  
120 those terms are defined in s. 383.145.

121 (c) "Neonatal abstinence syndrome" means the postnatal  
122 withdrawal symptoms experienced by an infant who is exposed to  
123 opioids in utero or in neonatal hospitalization; agents used to  
124 treat maternal opioid addiction; or to one or more other drugs  
125 including, but not limited to, barbiturates, selective serotonin  
126 re-uptake inhibitors, and benzodiazepines.

127 (d) "Pharmacologic therapy" means the use of prescribed  
128 medications recognized by the American Academy of Pediatrics to  
129 relieve moderate to severe signs and symptoms of neonatal  
130 abstinence syndrome and to prevent complications common to  
131 neonatal abstinence syndrome.

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

137 (2) The agency, in consultation with the Department of  
138 Children and Families, shall establish a pilot project to  
139 approve one or more facilities licensed to provide PPEC services  
140 in this state to provide inpatient treatment for eligible  
141 infants. The purpose of the pilot project is to provide a  
142 community-based care option for eligible infants, rather than  
143 hospitalization, after an infant has been stabilized. The pilot  
144 project shall begin on January 1, 2019, and expire on June 30,  
145 2021.

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

151       (a) Any additional requirements for the physical plant and  
152 facility maintenance, compliance with local building and  
153 firesafety codes, and sanitation requirements as needed to  
154 ensure the safety and wellbeing of infants being treated at the  
155 facility, facility staff, and visitors to the facility;

156       (b) The number of, and the training and qualifications  
157 required for, essential personnel employed by and working under  
158 contract with the facility, including a requirement that all  
159 clinical staff providing care under this section be certified by  
160 the Neonatal Resuscitation Program;

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

164       (d) Requirements for programs, services, and care provided  
165 to infants treated by the facility and to their parents,  
166 including a requirement that the facility have a policy to  
167 ensure safe medication practices;

168       (e) Requirements for the maintenance of medical records,  
169 data, and other relevant information related to infants treated  
170 by the facility; and

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

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

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

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

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

180 (c) Adhere to all applicable standards for a PPEC center  
181 and all standards established by the agency by rule pursuant to  
182 subsection (3); and

183 (d) Provide the agency with a plan to:

184 1. Provide 24-hour nursing and nurturing care to infants  
185 with neonatal abstinence syndrome;

186 2. Provide for the medical needs of an infant being treated  
187 at the facility, including, but not limited to, pharmacologic  
188 therapy and nutrition management;

189 3. Maintain a transfer agreement with a hospital that is  
190 not more than a 30-minute drive from the licensed facility;

191 4. Provide comfortable, safe, residential-type  
192 accommodations that encourage a mother to breastfeed her infant  
193 or to reside at the facility while her infant is being treated  
194 at that facility, if not contraindicated and if funding is  
195 available for residential services for the mother;

196 5. Provide or make available parenting education,  
197 breastfeeding education, counseling, and other resources to the  
198 parents of infants being treated at the facility, including, if  
199 necessary, a referral for addiction treatment services;

200 6. Contract and coordinate with Medicaid managed medical  
201 assistance plans as appropriate to ensure that services for both  
202 the infant and the parent or the infant's representative are  
203 timely and unduplicated;

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204 7. Identify, and refer parents to, social service providers  
205 such as Healthy Start or the MomCare network, Healthy Families,  
206 Early Steps, and Head Start programs, before discharge, if  
207 appropriate; and

208 8. Become a Medicaid provider, if the PPEC center is not  
209 already a Medicaid provider.

210 (6) A PPEC center approved under this section may not  
211 accept an infant for treatment if the infant is not eligible or  
212 if the infant has a serious or life-threatening condition other  
213 than neonatal abstinence syndrome.

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

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

218 (a) The facility requests that the mother's breast milk be  
219 tested for contaminants and she refuses to allow her breast milk  
220 to be tested or the breast milk tests positive for one or more  
221 nonprescription medications;

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

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

227 (d) The facility determines that the mother or a visitor is  
228 threatening, intimidating, or posing a risk to any infant in the  
229 facility, any other mother or visitor in the facility, or  
230 facility staff.

231  
232 If the facility requires the mother or other visitor to vacate



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233 its premises, a licensed health care professional who is an  
234 employee or contracted staff at the facility may refuse to allow  
235 the mother, parent, caregiver, or legal custodian to remove the  
236 infant from the facility and may detain the infant at the  
237 facility pursuant to s. 39.395, if the provisions of that  
238 section are met.

239 (9) The agency shall require each PPEC center approved  
240 under this section to meet and maintain the representations made  
241 in the facility's plan submitted for approval pursuant to  
242 paragraph (5) (d) or substantially similar provisions that do not  
243 degrade the facility's ability to provide the same level of  
244 service.

245 (10) (a) The Department of Health shall contract with a  
246 state university to study the risks, benefits, cost  
247 differentials, and the transition of infants to the social  
248 service providers identified in subparagraph (5) (d) 7. for the  
249 treatment of infants with neonatal abstinence syndrome in  
250 hospital settings and PPEC centers approved under this section.  
251 By June 30, 2020, the Department of Health shall report to the  
252 President of the Senate and the Speaker of the House of  
253 Representatives the study results and recommendations regarding  
254 the continuation or expansion of the pilot project.

255 (b) The contract must also require the establishment of  
256 baseline data for longitudinal studies on the neurodevelopmental  
257 outcomes of infants with neonatal abstinence syndrome, and may  
258 require the evaluation of outcomes and length of stay in  
259 facilities for nonpharmacologic and pharmacologic therapy for  
260 neonatal abstinence syndrome.

261 (c) PPEC centers approved under this section, licensed

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262 hospitals providing services for infants born with neonatal  
263 abstinence syndrome, and Medicaid managed medical assistance  
264 plans shall provide relevant financial and medical data  
265 consistent with the Health Insurance Portability and  
266 Accountability Act of 1996 (HIPAA) and related regulations to  
267 the contracted university for research and studies authorized  
268 pursuant to this subsection.

269 Section 4. Upon this act becoming law, the Agency for  
270 Health Care Administration shall begin the process of adopting  
271 rules pursuant to s. 400.917, Florida Statutes, and shall begin  
272 the process of applying for any Medicaid waivers or other  
273 similar permissions necessary to ensure that PPEC centers that  
274 provide care to eligible infants under s. 400.917, Florida  
275 Statutes, are eligible for Medicaid reimbursement for such care.

276 Section 5. For the 2018-2019 fiscal year, the sum of  
277 \$200,000 is appropriated from the Health Care Trust Fund to the  
278 Agency for Health Care Administration for the purpose of  
279 implementing s. 400.917, Florida Statutes.

280 Section 6. For the 2018-2019 fiscal year, the sum of  
281 \$140,000 in nonrecurring funds is appropriated from the Maternal  
282 and Child Health Block Grant Trust Fund to the Department of  
283 Health for the purpose of contracting with a state university to  
284 conduct the study required pursuant to s. 400.917(10), Florida  
285 Statutes.

286 Section 7. For the 2019-2020 fiscal year, the sum of  
287 \$70,000 in nonrecurring funds is appropriated from the Maternal  
288 and Child Health Block Grant Trust Fund to the Department of  
289 Health for the purpose of completing the study required pursuant  
290 to s. 400.917(10), Florida Statutes.

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Section 8. This act shall take effect upon becoming a law.