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 Appropriations

BILL:	CS/SB 1518
INTRODUCER:	Health Policy Committee and Senators Wright, Book, and Cruz
SUBJECT:	Alternative Treatment Options for Veterans
DATE:	April 17, 2019
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Williams	Brown	HP	**Fav/CS**
2.	Gerbrandt	Kidd	AHS	**Recommend: Fav/CS**
3.	Gerbrandt	Kynoch	AP	**Pre-meeting**

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1518 authorizes the Florida Department of Veterans' Affairs (FDVA) to contract with one state university or Florida College System institution to provide alternative treatment options for veterans who have been diagnosed by a health care practitioner with service-connected posttraumatic stress disorder or a traumatic brain injury under certain conditions. The provision of the alternative treatment services must be under the direction and supervision of an individual licensed as an allopathic physician, an osteopathic physician, a chiropractor, a psychologist, a clinical social worker, a marriage and family therapist, or a mental health counselor, and participating providers must agree to provide certain data.

The bill requires the FDVA to compile specified data into an annual report for submission to the Governor, the President of the Senate, and the Speaker of the House Representatives. The bill authorizes the FDVA to adopt rules for purposes of implementing the bill.

Implementation of the bill is subject to an appropriation; however, SB 2500, First Engrossed, the Senate's General Appropriations Bill for the 2019-2020 fiscal year, provides $50,000 in nonrecurring funds from the General Revenue Fund to the University of South Florida for "Alternative Treatment for Veterans." See Section V.

The bill takes effect July 1, 2019.

II. Present Situation:

Veterans' Health Care Services

Veterans of the United States Armed Forces may be eligible for a range of benefits, which are codified in Title 38 of the United States Code. Certain former members of the Reserves or National Guard who were called to active duty may also be eligible for benefits.[1] The federal Department of Veterans Affairs (VA) is required by law to provide eligible veterans hospital care and outpatient care services that are defined as "needed." The VA defines "needed" as care or services that will promote, preserve, and restore health. This includes treatment, procedures, supplies, or services. This decision of need will be based on the judgment of the veteran's health care provider and in accordance with generally accepted standards of clinical practice.

There are also specific health programs for which veterans may be eligible, including treatment relating to:

- Blindness rehabilitation;
- Post-traumatic stress;
- Traumatic brain injury;
- Agent Orange exposure;
- Gulf War Syndrome and related illnesses;
- Radiation exposure; and,
- HIV/AIDS.[2]

If a person served in the active military service and was separated under any condition other than "dishonorable," that individual may be eligible for health care and other benefits under the federal Veterans Health Administration (VHA) through the VA. Most veterans who enlisted after September 7, 1980, or entered active duty after October 16, 1981, must have served at least 24 continuous months; however, this time standard may not apply to those veterans who were discharged due to a disability that was caused or aggravated in the line of duty or under other exceptions.[3]

Veterans must register or apply for health care benefits through the VHA. Certain categories of veterans are provided enhanced enrollment, such as veterans who:

- Are former prisoners of war;
- Are Purple Heart Medal recipients;
- Are Medal of Honor recipients;
- Are classified as having compensable VA-awarded, service-connected disability[4] representing 10 percent or more of the veteran's functional capacity;

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[1] U.S. Department of Veterans Affairs, Health Benefits, available at: https://www.va.gov/HEALTHBENEFITS/apply/veterans.asp (last visited April 4, 2019).

[2] U.S. Department of Veterans Affairs, Veteran's Health Care overview, available at: https://www.military.com/benefits/veterans-health-care/veterans-health-care-overview.html#1 (last visited April 4, 2019).

[3] *Supra* note 1.

[4] A service-connected disability is an injury or illness that was incurred or aggravated during active military service. Compensation may also be paid for post-service disabilities that are considered related or secondary to disabilities occurring in service or presumed to be related to circumstances of military services, even if they arise after military service. To be eligible for compensation, the veteran must

- Receive a VA pension;
- Were discharged from the military because of a disability (not pre-existing), early out, or hardship;
- Served in a theater of operations for five years post discharge;
- Served in the Republic of Vietnam from January 9, 1962, to May 7, 1975;
- Served in the Persian Gulf from August 2, 1990 to November 11, 1998;
- Were stationed or resided at Camp Lejeune for 30 days or more between August 1, 1953, and December 31, 1987;
- Were found catastrophically disabled by the VA; or
- Have a household income that is below the VA's national income or geographical-adjusted thresholds.[5]

Only certain veterans are required to provide income information to the VA as part of the application process. Veterans who do not have a VA-service connected disability, do not receive a VA pension, or have a special eligibility are required to participate in the financial assessment. While many Veterans qualify for enrollment and cost-free health care services based on a compensable, service-connected condition or other qualifying factors, certain veterans will be asked to complete a financial assessment at the time of enrollment to determine their eligibility for free medical care, medications and/or travel benefits. The assessment is based on the previous year's gross household income of the veteran and his or her spouse and dependents, if any.

This financial information may be used to determine the veteran's enrollment priority group. The gross household income amounts that are used to determine priority groups or eligibility for cost-free care are adjusted annually. These amounts can also vary by geographic based assessments. Unreimbursed medical expenses are deducted from the veteran's gross income, including medical-travel related expenses, health insurance premiums, and prescriptions.[6]

When a veteran enrolls for benefits, he or she is assigned to one of eight priority groups that the VA uses to balance the demand for services with available resources. Priority groupings are based on the need for services, level of disability, discharge status, and income.[7] The highest priority group are those veterans with service-related injuries with at least a 50 percent service-connected disability and/or the veteran has been determined unemployable.[8] The lowest priority group includes those veterans whose gross household incomes are above the VA national income threshold and who agree to pay copayments.

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have been separated or discharged under conditions other than dishonorable. *See* https://www.benefits.va.gov/compensation/ (last visited April 4, 2019).

[5] *Supra* note 1.

[6] See U.S. Department of Veterans Affairs, Basic Eligibility for VA Health Care (last updated April 2, 2018) available at: https://www.va.gov/healthbenefits/resources/publications/hbco/hbco_basic_eligibility.asp (last visited April 4, 2019).

[7] *Supra* note 2.

[8] *Id.*

Florida Veterans

The federal VA system serves more than 1.5 million Floridians, which is the third highest population of veterans in the country behind California and Texas.[9] Over half of the state's veterans are aged 65 and older, with the majority of those veterans having served during the Vietnam and Gulf Wars eras, as noted in the chart below.

Florida's Veteran Population by Period of Service[10]	
Period of Service	**Number of Veterans 9/30/2017**
WWII	75,794
Korea	153,562
Vietnam	532,691
Gulf Wars	500,269
Other	297,462
Total	**1,559,778**

In Florida, 733,037 individuals were enrolled in VA health services and over 500,000 unique enrollees received treatment in Fiscal Year 2017. The VHA operates 9 VA inpatient facilities, 69 outpatient facilities, and 24 Vet Centers in the state. For 2016, the VHA reported expending $6,371,816 for medical care in Florida. Besides health care benefits, over 348,000 Florida veterans also receive disability compensation payments.[11]

Veterans' Health Care Delivery System

Nationally, the VA has 155 inpatient sites and over 1,000 outpatient sites with another 300 Vet Centers that provide counseling services, outreach, and referral services to veterans and their families. Veterans can receive health care services at any VA health care facility in the country. Health care enrollment and utilization has increased with outpatient visits growing from 46.5 million visits in 2002 to 95.2 million visits in 2015.[12]

Health care is primarily delivered through 21 regional networks know as Veterans Integrated Service Networks, or VISNs, nationwide. For Florida, two networks cover the state with one responsible for 60 counties in the northern, central, and southern regions of the state[13] and the other network covering the remaining seven counties in northwest Florida.[14]

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[9] See U.S. Department of Veterans Affairs, State Profile (as of September 30, 2017), available at: https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Florida.pdf (last visited April 4, 2019).

[10] U.S. Department of Veterans Affairs, *Veteran Population*, (updated November 23, 2018), available at: https://www.va.gov/vetdata/Veteran_Population.asp (last visited April 4, 2019). The "Other" category includes veterans of multiple more recent conflicts as well as those with no war-time service.

[11] *Supra* note 9.

[12] U.S. Department of Veterans Affairs, *Selected Veterans Health Administration Characteristics, FY 2001 to FY 2015*, available at: https://www.va.gov/vetdata/Expenditures.asp (last visited April 4, 2019).

[13] VISN 8 is the Sunshine Healthcare Network and covers 60 Florida counties, 19 rural counties in South Georgia, and Puerto Rico and the U.S. Virgin Islands. VISN 8 includes seven outpatient clinics of which six are located in Florida and one is located in Puerto Rico. For more information on VISN 8, see https://www.visn8.va.gov/VISN8/about/index.asp (last visited April 4, 2019).

[14] VISN 16 is the South Central VA Health Care Network and serve veterans in Arkansas, Louisiana, Mississippi, and parts of Texas, Missouri, Alabama, Oklahoma, and Florida. VISN 16 has eight Veterans Affairs Medical Centers (VAMC) of which none are located in

Veterans Choice Program

Congress directed the VA through the Veterans Access, Choice, and Accountability Act of 2014 (VACCA)[15], and specifically, the Veterans Choice Program (VCP), to furnish hospital care and medical services through alternative means when veterans could not access services in a timely manner. To be eligible, a veteran may optionally enroll if he or she faces an unacceptable burden in accessing a provider of more than 40 miles driving distance to the nearest VA medical facility and has been identified to have an appointment more than 30 days out from a preferred appointment date; faces other geographic challenges; encounters environmental challenges; or has a medical condition that impairs the veterans ability to travel.

When a veteran attempts to schedule an appointment at a VHA medical facility or meets the driving condition or one of the other special circumstances and cannot be seen within 30 days, the veteran is placed on the Veterans Choice List (VCL). Once the veteran is placed on this list, the veteran has the ability to opt into the program and receive care from the designated third party administrator (TPA) managed provider network.

The VACCA also mandated other changes such as requiring the use of electronic waiting lists , making such waiting lists accessible so veterans can make informed choices about whether to receive care at such facilities, requiring VCP cards be issued to certain veterans, requiring non-VA health care providers to have the same credentials as VA health care providers, requiring the establishment of performance metrics, setting appointment access standards, requiring a number of reports, and publishing wait times of VA facilities publicly.

The VCP was initially funded by Congress with $10 billion. The legislation would sunset upon either the exhaustion of the funds or three years from its enactment, whichever occurred first.[16] Before either event could happen, the program's termination date was removed and additional funds were authorized in 2017.[17]

Patient Centered Community Care Program

Existing prior to VCP, if care was not readily available either because of time or geography, a veteran's health care facility could and still can use a Patient Centered Community Care Contract (PC3) to purchase care from a non-VA provider. More than 3.5 million authorizations for services under PC3 contracts were made from September 1, 2015 through August 31, 2016, a 13 percent increase over the same period in 2014-2015.[18] In comparison, internal VA appointments for 2015-2016 were 58.3 million.[19]

Florida, one outpatient clinic in Texas, and 68 outpatient sites or Vet Centers of which six are located in Florida. For more information on VISN 16, see https://www.visn16.va.gov/about/ (last visited April 4, 2019).

[15] Pub. Law No. 113-146.

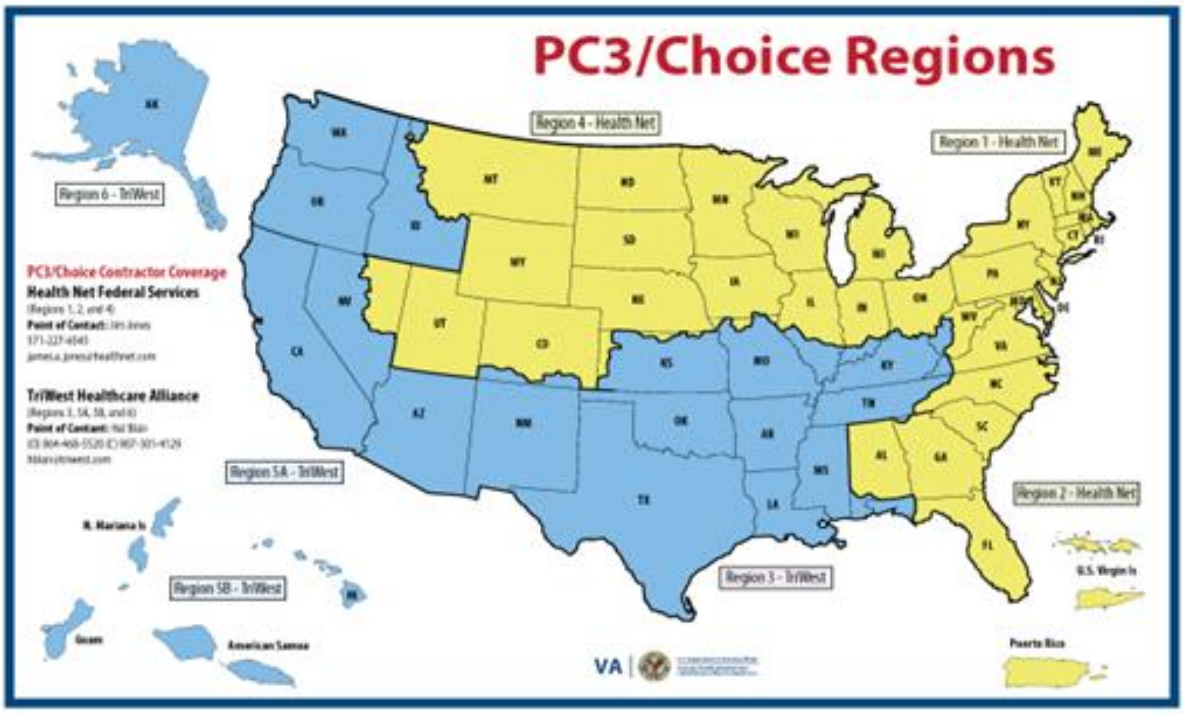
[16] Veterans Access, Choice, and Accountability Act of 2014, Pub. Law No. 113-146, s. 101(p) (August 7, 2014), 128 STAT. 1763 (August 7, 2014).

[17] VA Choice and Quality Employment Act of 2017, Pub. Law No. 115-26, 131 STAT. 129-130 (April 19, 2017).

[18] U.S. Department of Veterans Affairs, Special Medical Advisory Group (*SMAG) Progress Report 2016,* p. 5, available at: https://www.va.gov/health/smag_report/smag_progress_report_2016.asp (last visited Mar. 21, 2019).

[19] *Id.*

Florida is covered by two different health network contracts: Health Net Federal Services and TriWest Healthcare Alliance.[20] A map of the regions covered by the contracts is shown below.



The PC3 program does not provide coverage for all benefits. Coverage is limited only to primary care, limited emergency care, mental health care, inpatient and outpatient specialty care, and limited newborn care for enrolled female veterans following the birth of a child.[21] Services are managed nationally by one of two TPA managed provider networks based on where the veteran is located.

The Veterans Choice Programs

Collectively known as the Veterans Choice Programs, the VA provides veterans with options under the VCP, the PC3, and non-VA fee programs for pre-authorized medical care only. Millions of appointments had been provided under the programs and billions of dollars had been expended in health care funds with an additional $235 million spent on administrative costs to the health care networks over a several year time span.[22]

The Inspector General (IG) of the VA reported on contacts received by its office from October 1, 2015, through January 31, 2017, and noted they fell into four general complaint categories:

- 48 percent had concerns about appointments and scheduling;

[20] U.S. Department of Veterans Affairs, *VHA Office of Community Care, Patient Centered Community Care (PC3),* (last updated May 11, 2017), available at: https://www.va.gov/COMMUNITYCARE/programs/veterans/pccc/index.asp (last visited April 4, 2019).
[21] *Id.*
[22] Testimony of Michael J. Missal, Inspector General of U.S. Department of Veterans Affairs before the Committee on Veterans' Affairs, U.S. House of Representatives, Hearing on "Shaping the Future: Consolidating and Improving VA Community Care," (March 7, 2017), p. 2, available at: https://www.va.gov/oig/pubs/statements/VAOIG-Statement-20170307-missal.pdf (last visited April 4, 2019).

- 35 percent had concerns about referrals, authorizations, or consults;
- 12 percent had concerns about veteran and provider payments; and
- 5 percent had concerns about program eligibility or enrollment.[23]

The IG reviewed appointment wait times, authorization practices, scheduling procedures, and timeliness of care of various offices and facilities. Several barriers to care were found, including 1.2 million appointments from November 1, 2014, through September 30, 2015 for veterans in the various VHA programs waiting over 30 days for care at VHA medical facilities.[24] In the October 2016 report, the IG published its review of the Phoenix, Arizona VA Health System in which it had determined that more than 22,000 patients had 34,000 open consults. One patient waited in excess of 300 days for a consult.[25] The review of the Phoenix office included services delivered in both the traditional and non-traditional VA care settings.

In February 2016, another IG report looked at timely care in Colorado Springs. Out of 450 consults and appointments, 288 veterans in Colorado Springs encountered wait times in excess of 30 days. Of those 288 who had wait times in excess of 30 days, none of those 288 veterans were added to the VCL or were not added in a timely manner, which would make them eligible to receive services under that program.[26]

Access to Care in Florida

News reports and other OIG reports indicate that the VA struggled to implement the new Choice programs from November 1, 2014, through September 30, 2015, including the special OIG Choice Implementation report requested by Congress.[27] Within this audit, one Florida facility was included, the North Florida/South Georgia Veterans Health System. The audit noted the struggles of the VA to meet the expedited 90-day implementation timeline of the original 2014 legislation, inadequate provider networks once the program was implemented, third party liability concerns by veterans for non-payment of medical bills to providers, appointment wait times in excess of 30 days, and provider administrative burden issues.[28]

In its response to the audit report, the Secretary of the VA noted that the Choice programs have changed dramatically since implementation and had seen a growth rate in authorizations from October 2015 to March 2016 of 103 percent.[29] The VA requested authorization to consolidate all of the Community Care Programs into a singular authority tied to Medicare reimbursement for like services to address issues related to provider network adequacy and administrative burdens on both the DVA and the provider.[30]

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[23] *Id.*
[24] *Id.* at 3.
[25] *Id.* at 4. The publication title of the report is *Review of Alleged Consult Mismanagement of the Phoenix VA Health Care System (PVAHCS)*, VA Office of Inspector General, Office of Audits and Evaluation, (October 4, 2016), Report 15-046720342, available at: https://www.va.gov/oig/pubs/VAOIG-15-04672-342.pdf (last visited April 4, 2019).
[26] U.S. Department of Veterans Affairs, VA Office of Inspector General Office of Audits and Evaluation, Veterans Health Administration, *Veterans Health Administration – Review of the Alleged Untimely Care at the Community Based Outpatient Clinic Colorado Springs, CO*, (February 4, 2016), Report 15-02472-46, available at: https://www.va.gov/oig/pubs/VAOIG-15-02472-46.pdf (last visited April 4, 2019).
[27] U.S. Department of Veterans' Affairs, VA Office of Inspector General Office of Audits and Evaluation, *Veterans Health Administration Review of the Implementation of the Veterans Choice Program*, (January 30, 2017), Report 15-04673-333, available at: https://www.va.gov/oig/pubs/VAOIG-15-04673-333.pdf (last visited April 4, 2019).
[28] *Id.* at ii and iii.
[29] *Id.* at 25-26.
[30] *Id* at 26.

Alternative Treatment Options for Veterans

Complementary and integrative health (CIH) consists of products and practices that are not currently part of mainstream, conventional medical practice. CIH emphasizes patient empowerment, self-activation, preventive self-care, and wellness, often in conjunction with traditional medical treatment or in other alternative treatment settings. These approaches may be considered complementary (i.e., used in place of or used along with standard medical care). Integrative medicine refers to care that blends both mainstream and alternative practices. The boundaries between CIH and conventional medicine are not absolute, although most CIH approaches fall into one of two subgroups: natural products (e.g., herbs, vitamins and minerals, and probiotics) and mind and body practices (e.g., yoga, meditation, massage therapy, acupuncture, and relaxation techniques).[31]

In the United States, CIH approaches have gained popularity in recent years, and, as a result, more research is focusing on how CIH may improve various patient outcomes. According to the National Center for Complementary and Integrative Health (NCCIH) of the National Institutes of Health, more than 30 percent of American adults and about 12 percent of children use health care approaches developed outside of mainstream conventional medicine.[32]

In the VA, CIH approaches are most commonly used to improve veterans' mental health, manage pain, and promote general wellness. More specifically, these approaches are often used to treat posttraumatic stress disorder (PTSD), depression, back pain, headache, arthritis, fibromyalgia, and substance abuse. One of the greatest challenges in CIH is critically examining the effectiveness of approaches that have not been rigorously tested through formal research. VA researchers remain committed to addressing these scientific gaps. They are conducting studies to determine which approaches are truly safe and effective, and for which conditions and populations they work best.[33]

Through its Center for Compassionate Care Innovation (CCI)[34] and as part of its mission to better meet the needs of veterans on an ongoing basis, the VA provides a wide array of state-of-the-art treatments and evidence-based therapies, and is a leader in research and innovation. The VA is committed to providing the best health care available to veterans and is interested in learning about new treatment modalities used in the private sector that result in positive health outcomes. The mission of CCI is to explore emerging therapies that are safe and ethical to enhance veteran physical and mental well-being when other treatments have not been successful. CCI focuses on the conditions that may be resistant to standard treatments, including: chronic pain, PTSD, suicidality, and traumatic brain injury (TBI).

Given that there may be numerous innovative treatment approaches for each of the above conditions, the CCI is tasked with prioritizing proposals that have a current or emerging evidence-base documenting their efficacy, are cleared by the federal Food and Drug

[31] U.S. Department of Veterans Affairs, Office of Research and Development, (updated September 19, 2018) available at: https://www.research.va.gov/topics/cih.cfm (last visited April 4, 2019).
[32] *Id.*
[33] *Id.*
[34] U.S. Department of Veterans Affairs, Office of Community Engagement. Center of Compassionate Care Innovation, (updated March 22, 2019) *available at* https://www.va.gov/HEALTHPARTNERSHIPS/CCIMission.asp (last visited Mar. 26, 2019).

Administration for their intended purpose and are designed to offer sustained benefits to the target population. The CCI has a review process in order to identify proposals that are appropriate for implementation. Proposals shared with the CCI should be aligned with the CCI's mission, not already available within the VHA network, feasible to implement, and developed in accordance with the CCI's guidelines.[35]

To accomplish its mission, the CCI:

- Maintains integrity of the fundamental principle to "Do No Harm."
- Evaluates emerging modalities, devices, and interventions that are safe and ethical in order to augment and support current the evidence-based program.
- Advocates for shared decision-making where veterans are active participants in choosing treatments, interventions, or therapies.
- Examines innovative proposals that may provide help and hope to veterans who have not responded to standard treatments.
- Collaborates with experts across health care disciplines to consider noteworthy, safe, and ethical emerging therapies that are not currently in widespread clinical use in VA.[36]

A sampling of alternative treatments being provided by the federal VA at present include things such as light emitting diode (LED) therapy for mild TBI, stellate ganglion block (SGB) for treatment of PTSD, various services delivered via telehealth, yoga and meditation, acupuncture, the training and use of service dogs, equine therapy, music therapy, accelerated resolution therapy, and various outdoor therapies including horseback riding, hiking, and rafting.[37,38]

Florida Department of Veterans' Affairs

In 1988, Florida citizens voted to create the Department of Veterans' Affairs (FDVA) by constitutional amendment.[39] The FDVA is responsible for advocating on behalf of Florida's veterans to improve their quality of life and to facilitate access to federally funded medical care for eligible veterans.

The department also manages one assisted living facility and six state veterans' nursing homes with nursing homes seven and eight in construction stages in St. Lucie County and Orange County. To be eligible for admission to these state facilities, a veteran must have had an honorable discharge, be a state resident prior to admission, and have received a certification of need of assisted living or skilled nursing care as determined by a VA physician.

Other services are available to veterans in county services offices which may be co-located in VA Regional Offices in Bay Pines, each federal VA Medical Center and many of the federal VA Outpatient Clinics.

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[35] *Id.*
[36] *Id.*
[37] News Release, U.S. Department of Veterans Affairs, *VA Exploring Alternative Treatments for TBI and PTSD* (Dec. 7, 2017) *available at* https://www.va.gov/opa/pressrel/pressrelease.cfm?id=3986 9last visited Mar. 26, 2019).
[38] Florida Department of Veterans' Affairs, *Senate Bill 1518 Analysis*, (Mar. 20, 2019) (on file with the Senate Committee on Health Policy).
[39] See FLA. CONST. art IV, s. 11.

Currently, the FDVA offers primary care for residents at each of the state veterans' nursing homes and at the domiciliary for the residents. At present, the department does not offer secondary, specialized, or alternative care.[40]

III. Effect of Proposed Changes:

Section 1 creates s. 295.156, F.S., to authorize the Florida Department of Veterans' Affairs (FDVA), subject to a legislative appropriation, to contract with a state university or a Florida College System institution to enter into and manage multiple licensed provider contracts to provide alternative treatment options for veterans. The university or institution must manage, monitor, and ensure compliance of contracted providers.

To qualify, a veteran must have been diagnosed with service-connected posttraumatic stress disorder or a traumatic brain injury by a health care practitioner, demonstrate having previously sought services for TBI or PTSD through the federal VA service delivery system or through private health insurance, and be certified by the VA or by any branch of the United States Armed Forces as having a TBI or PTSD.

The alternative treatment options specified in the bill are: accelerated resolution therapy, equine therapy, hyperbaric oxygen therapy, music therapy, and service animal training therapy.

Definitions are provided for 11 relevant terms used in the bill: accelerated resolution therapy, alternative treatment, equine therapy, facility, hyperbaric oxygen therapy, music therapy, physician, service animal training therapy, traumatic brain injury, and veteran.

The provision of the alternative treatment services must be under the direction and supervision of an individual licensed as: an allopathic physician under ch. 458, F.S., an osteopathic physician under ch. 459, F.S., a chiropractor under ch. 460, F.S., a psychologist under ch. 490, F.S., or a clinical social worker, a marriage and family therapist, or a mental health counselor under ch. 491, F.S. The licensed provider supervising the provision of alternative treatment must agree to cooperate with the FDVA to provide data sufficient for an assessment of the efficacy of alternative treatment modalities.

The bill requires that by January 1 of each year, beginning January 1, 2020, the FDVA shall compile a report documenting each alternative treatment provided under this act, the provider type, the number of veterans served, and the treatment outcomes. The department shall submit the report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The FDVA is given rulemaking authority for purposes of implementing the bill.

Section 2 specifies that the bill takes effect July 1, 2019.

[40] *Supra* note 38.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

CS/SB 1518 provides that implementation is subject to an appropriation.[41] However, the provision of alternative medical services to Florida's veteran population could have a significant fiscal impact on state expenditures.

In addition to funding for services, the FDVA also indicates the need for one full-time equivalent position to implement the bill.[42]

VI. Technical Deficiencies:

None.

[41] As of this writing, SB 2500, the Senate's proposed General Appropriations Bill for fiscal year 2019-2020, includes a $50,000 nonrecurring appropriation from the General Revenue Fund to the University of South Florida for "Alternative Treatment for Veterans" under Specific Appropriation 575A, at page 111.
[42] *Supra* note 38.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 295.156 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 by Health Policy on April 1, 2019:

The CS added provisions to the bill which:

- Requires a veteran seeking participation in the program to demonstrate having previously sought services for traumatic brain injury or posttraumatic stress disorder through the federal Veterans Affairs service delivery system or through private health insurance, if such coverage is available to the individual.
- Limits the FDVA to contracting with either one state university or one state college system institution for the purposes of entering into and managing multiple provider contracts, and the chosen contracting entity must manage, monitor, and ensure compliance of the contracted providers.
- Requires the licensed provider supervising the provision of alternative treatment to agree to cooperate with the FDVA to provide data sufficient for an assessment of the efficacy of alternative treatment modalities.
- Requires that by January 1 of each year, beginning January 1, 2020, the FDVA must compile a report documenting each alternative treatment provided under the bill, the provider type, the number of veterans served, and the treatment outcomes. The FDVA must submit the report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

B. Amendments:

None.