

26 seeking to implement certain health care innovations
27 in this state; providing for administration of the
28 program; requiring the department to adopt certain
29 rules; specifying eligibility and application
30 requirements; specifying terms, authorized uses, and
31 repayment options for loans; requiring the department
32 to create and maintain a separate account in the
33 Grants and Donations Trust Fund within the department
34 to fund the revolving loan program; providing that
35 funds for the program are not subject to reversion;
36 authorizing the department to contract with a third
37 party to administer the program, including loan
38 servicing, and manage the revolving loan fund;
39 specifying requirements for the contract; requiring
40 the department to publish and update specified
41 information and reports on its website annually;
42 requiring the Office of Economic and Demographic
43 Research and the Office of Program Policy Analysis and
44 Government Accountability to each develop and present
45 an evaluation of the program to the Governor and the
46 Legislature every 5 years beginning on specified
47 dates; specifying requirements for the evaluations;
48 requiring that the offices be given access to all data
49 necessary to complete the evaluation, including
50 confidential data; authorizing the offices to

51 collaborate on data collection and analysis; requiring
 52 the department to adopt rules; providing for future
 53 expiration; authorizing the department to adopt
 54 emergency rules to implement the act; providing that
 55 implementation of the revolving loan fund is
 56 contingent upon appropriation by the Legislature;
 57 authorizing the department to use a specified
 58 percentage of appropriated funds for administrative
 59 costs to implement the revolving loan program;
 60 providing an effective date.

61

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

63

64 Section 1. Section 381.4015, Florida Statutes, is created
 65 to read:

66 381.4015 Florida health care innovation.-

67 (1) DEFINITIONS.-As used in this section, the term:

68 (a) "Council" means the Health Care Innovation Council.

69 (b) "Department" means the Department of Health.

70 (c) "Health care provider" means any person or entity
 71 licensed, certified, registered, or otherwise authorized by law
 72 to provide health care services in this state.

73 (2) LEGISLATIVE INTENT.-The Legislature intends to harness
 74 the innovation and creativity of entrepreneurs and businesses,
 75 together with the state's health care system and stakeholders,

76 to lead the discussion and highlight advances and innovations
77 that will address challenges in the health care system as they
78 develop in real time and transform the delivery and strengthen
79 the quality of health care in Florida. Innovative technologies,
80 workforce pathways, service delivery models, or other solutions
81 that improve the quality of care in measurable and sustainable
82 ways, that can be replicated, and that will lower costs and
83 allow that value to be passed on to health care consumers shall
84 be highlighted for adoption across all neighborhoods and
85 communities in this state.

86 (3) HEALTH CARE INNOVATION COUNCIL.—The Health Care
87 Innovation Council, a council as defined in s. 20.03, is created
88 within the department to tap into the best knowledge and
89 experience available by regularly bringing together subject
90 matter experts in a public forum to explore and discuss
91 innovations in technology, workforce, and service delivery
92 models that can be exhibited as best practices, implemented, or
93 scaled in order to improve the quality and delivery of health
94 care in this state in measurable, sustainable, and reproducible
95 ways.

96 (a) Membership.—

97 1. The Lieutenant Governor shall serve as an ex officio,
98 nonvoting member and shall act as the council chair.

99 2. The council shall be composed of the following voting
100 members, to be appointed by July 1, 2024:

101 a. One member appointed by the President of the Senate and
102 one member appointed by the Speaker of the House of
103 Representatives. The appointing officers shall make appointments
104 prioritizing members who have the following experience:

105 (I) A representative of the health care sector who has
106 senior-level experience in reducing inefficiencies in health
107 care delivery systems;

108 (II) A representative of the private sector who has
109 senior-level experience in cybersecurity or software engineering
110 in the health care sector;

111 (III) A representative who has expertise in emerging
112 technology that can be used in the delivery of health care; or

113 (IV) A representative who has experience in finance or
114 investment or in management and operation of early stage
115 companies.

116 b. A physician licensed under chapter 458 or chapter 459,
117 appointed by the Governor.

118 c. A nurse licensed under chapter 464, appointed by the
119 Governor.

120 d. An employee of a hospital licensed under chapter 395
121 who has executive-level experience, appointed by the Governor.

122 e. A representative of the long-term care facility
123 industry, appointed by the Governor.

124 f. An employee of a health insurer or health maintenance
125 organization who has executive-level experience, appointed by

126 the Governor.

127 g. A resident of this state who can represent the interest
128 of health care patients in this state, appointed by the
129 Governor.

130 3. The chair of the Council of Florida Medical School
131 Deans shall serve as a voting member of the council.

132 4. The council shall be composed of the following ex
133 officio, nonvoting members:

134 a. The State Surgeon General.

135 b. The Secretary of Health Care Administration.

136 c. The Secretary of Children and Families.

137 d. The director of the Agency for Persons with
138 Disabilities.

139 e. The Secretary of Elderly Affairs.

140 5. Except for ex officio, nonvoting members, the term of
141 all appointees shall be for 2 years unless otherwise specified.
142 However, to achieve staggered terms, the appointees in sub-
143 subparagraphs 2.a.-c. shall serve initial terms of 3 years. The
144 appointees may be reappointed for no more than four consecutive
145 terms.

146 6. Any vacancy occurring on the council must be filled in
147 the same manner as the original appointment. Any member who is
148 appointed to fill a vacancy occurring because of death,
149 resignation, or ineligibility for membership shall serve only
150 for the unexpired term of the member's predecessor.

151 7. Members whose terms have expired may continue to serve
152 until replaced or reappointed. However, members whose terms have
153 expired may not serve longer than 6 months after the expiration
154 of their terms.

155 8. Members shall serve without compensation but are
156 entitled to reimbursement for per diem and travel expenses
157 pursuant to s. 112.061.

158 9. Members may be removed for cause by the appointing
159 entity.

160 10. Each member of the council who is not otherwise
161 required to file a financial disclosure statement pursuant to s.
162 8, Art. II of the State Constitution or s. 112.3144 must file a
163 disclosure of financial interests pursuant to s. 112.3145.

164 (b) Meetings.—The council shall convene its first
165 organizational meeting by September 1, 2024. Thereafter, the
166 council shall meet as necessary, but at least quarterly, at the
167 call of the chair. In order to provide an opportunity for the
168 broadest public input, the chair shall ensure that a majority of
169 the meetings held in a year are geographically dispersed within
170 this state. As feasible, meetings are encouraged to provide an
171 opportunity for presentation or demonstration of innovative
172 solutions in person. A majority of the members of the council
173 constitutes a quorum, and a meeting may not be held with less
174 than a quorum present. In order to establish a quorum, the
175 council may conduct its meetings through teleconference or other

176 electronic means. The affirmative vote of a majority of the
177 members of the council present is necessary for any official
178 action by the council.

179 (c) Conflicts of interest.—

180 1. A council member may not vote on any matter that would
181 provide:

182 a. Direct financial benefit to the member;

183 b. Financial benefit to a relative of the member,
184 including an entity of which a relative is an officer, partner,
185 director, or proprietor or in which the relative has a material
186 interest; or

187 c. Financial benefit to a person or entity with whom the
188 member has a business relationship.

189 2. With respect to the revolving loan program established
190 in subsection (7):

191 a. Council members may not receive loans under the
192 program.

193 b. A person or entity that has a conflict-of-interest
194 relationship with a council member as described in sub-
195 subparagraph 1.b. or sub-subparagraph 1.c. may not receive a
196 loan under the program unless that council member recused
197 himself or herself from consideration of the person's or
198 entity's application.

199 3. For purposes of this paragraph, the term:

200 a. "Business relationship" means an ownership or

201 controlling interest, an affiliate or subsidiary relationship, a
 202 common parent company, or any mutual interest in any limited
 203 partnership, limited liability partnership, limited liability
 204 company, or other entity or business association.

205 b. "Relative" means a father, mother, son, daughter,
 206 husband, wife, brother, sister, grandparent, father-in-law,
 207 mother-in-law, son-in-law, or daughter-in-law of a person.

208 (d) Public meetings and records.—The council and any
 209 subcommittees it forms are subject to the provisions of chapter
 210 119 relating to public records and the provisions of chapter 286
 211 relating to public meetings.

212 (4) HEALTH CARE INNOVATION COUNCIL DUTIES.—In order to
 213 facilitate and implement this section, the council shall:

214 (a) By February 1, 2025, adopt and update as necessary a
 215 document that sets forth and describes a mission statement,
 216 goals, and objectives for the council to function and meet the
 217 purposes of this section.

218 (b) Facilitate public meetings across this state at which
 219 innovators, developers, and implementers of technologies,
 220 workforce pathways, service delivery models, and other solutions
 221 may present information and lead discussions on concepts that
 222 address challenges to the health care system as they develop in
 223 real time and advance the delivery of health care in this state
 224 through technology and innovation.

225 1. Consideration must be given to how such concepts

226 increase efficiency in the health care system in this state,
227 reduce strain on the state's health care workforce, improve
228 patient outcomes, expand public access to health care services
229 in this state, or reduce costs for patients and the state
230 without reducing the quality of patient care.

231 2. Exploration and discussion of concepts may include how
232 concepts can be supported, cross-functional, or scaled to meet
233 the needs of health care consumers, including employers, payors,
234 patients, and the state.

235 3. The council may coordinate with the Florida Small
236 Business Development Center Network, the Florida Opportunity
237 Fund, the Institute for Commercialization of Florida Technology,
238 and other business incubators, development organizations, or
239 institutions of higher education to include emerging and early
240 stage innovators, developers, and implementers of technology,
241 models, or solutions in health care in the exploration and
242 discussion of concepts and breakthrough innovations.

243 4. To support adoption and implementation of innovations
244 and advancements, specific meetings may be held which bring
245 together technical experts, such as those in system integration,
246 cloud computing, artificial intelligence, and cybersecurity, to
247 lead discussions on recommended structures and integrations of
248 information technology products and services and propose
249 solutions that can make adoption and implementation efficient,
250 effective, and economical.

251 5. The council may also highlight broad community or
252 statewide issues or needs of providers and users of health care
253 delivery and may facilitate public forums in order to explore
254 and discuss the range of effective, efficient, and economical
255 technology and innovative solutions that can be implemented.

256 (c) Annually distinguish the most impactful concepts by
257 recognizing the innovators, developers, and implementers whose
258 work is helping Floridians live brighter and healthier lives. In
259 seeking out projects, initiatives, and concepts that are having
260 a positive impact in Florida, have huge potential to scale that
261 impact throughout this state through growth or replication, or
262 are cutting-edge advancements, programs, or other innovations
263 that have the capability to accelerate transformation of health
264 care in this state, the council may issue awards to recognize
265 these strategic and innovative thinkers who are helping
266 Floridians live brighter and healthier lives. The council may
267 develop a logo for the award for use by awardees to advertise
268 their achievements and recognition.

269 (d) Consult with and solicit input from health care
270 experts, health care providers, and technology and manufacturing
271 experts in the health care or related fields, users of such
272 innovations or systems, and the public to develop and update:

273 1. Best practice recommendations that will lead to the
274 continuous modernization of the health care system in this state
275 and make the Florida system a nationwide leader in innovation,

276 technology, and service. At a minimum, recommendations must be
277 made for how to explore implementation of innovations, how to
278 implement new technologies and strategies, and health care
279 service delivery models. As applicable, best practices must be
280 distinguished by practice setting and with an emphasis on
281 increasing efficiency in the delivery of health care, reducing
282 strain on the health care workforce, increasing public access to
283 health care, improving patient outcomes, reducing unnecessary
284 emergency room visits, and reducing costs for patients and the
285 state without reducing the quality of patient care. Specifically
286 for information technology, best practices must also recommend
287 actions to guide the selection of technologies and innovations,
288 which may include, but need not be limited to, considerations
289 for system-to-system integration, consistent user experiences
290 for health care workers and patients, and patient education and
291 practitioner training.

292 2. A list of focus areas in which to advance the delivery
293 of health care in this state through innovative technologies,
294 workforce pathways, or service delivery models. The focus areas
295 may be broad or specific, but must, at a minimum, consider all
296 of the following topics:

297 a. The health care workforce. This topic includes, but is
298 not limited to, all of the following:

299 (I) Approaches to cultivate interest and growth in the
300 workforce, including concepts resulting in increases in the

301 number of providers.

302 (II) Efforts to improve the use of the workforce, whether
303 through techniques, training, or devices to increase
304 effectiveness or efficiency.

305 (III) Educational pathways that connect students with
306 employers or result in attainment of cost-efficient and timely
307 degrees or credentials.

308 (IV) Use of technology to reduce the burden on the
309 workforce during decisionmaking processes such as triage, but
310 which leaves all final decisions to the health care
311 practitioner.

312 b. The provision of patient care in the most appropriate
313 setting and reduction of unnecessary emergency room visits.
314 These topics include, but are not limited to, all of the
315 following:

316 (I) Use of advanced technologies to improve patient
317 outcomes, provide patient care, or improve patient quality of
318 life.

319 (II) The use of early detection devices, including remote
320 communications devices and diagnostic tools engineered for early
321 detection and patient engagement.

322 (III) At-home patient monitoring devices and measures.

323 (IV) Advanced at-home health care.

324 (V) Advanced adaptive equipment.

325 c. The delivery of primary care through methods,

326 practices, or procedures that increase efficiencies.

327 d. The technical aspects of the provision of health care.
 328 These aspects include, but are not limited to, all of the
 329 following:

330 (I) Interoperability of electronic health records systems
 331 and the impact on patient care coordination and administrative
 332 costs for health care systems.

333 (II) Cybersecurity and the protection of health care data
 334 and systems.

335 (e) Identify and recommend any changes to Florida law or
 336 changes that can be implemented without legislative action which
 337 are necessary to:

338 1. Advance, transform, or innovate in the delivery and
 339 strengthen the quality of health care in Florida, including
 340 removal or update of any regulatory barriers or governmental
 341 inefficiencies.

342 2. Implement the council's duties or recommendations.

343 (f) Recommend criteria for awarding loans as provided in
 344 subsection (7) to the department and review loan applications.

345 (g) Annually submit by December 1 a report of council
 346 activities and recommendations to the Governor, the President of
 347 the Senate, and the Speaker of the House of Representatives. At
 348 a minimum, the report must include an update on the status of
 349 the delivery of health care in this state; information on
 350 implementation of best practices by health care industry

351 stakeholders in this state; and highlights of exploration,
352 development, or implementation of innovative technologies,
353 workforce pathways, service delivery models, or other solutions
354 by health care industry stakeholders in this state.

355 (5) AGENCY COOPERATION.—All state agencies and statutorily
356 created state entities shall assist and cooperate with the
357 council as requested.

358 (6) DEPARTMENT DUTIES.—The department shall, at a minimum,
359 do all of the following to facilitate implementation of this
360 section:

361 (a) Provide reasonable and necessary support staff and
362 materials to assist the council in the performance of its
363 duties.

364 (b) Maintain on the homepage of the department a link to a
365 website dedicated to the council on which the department shall
366 post information related to the council, including the outcomes
367 of the duties of the council and annual reports as described in
368 subsection (4).

369 (c) Identify and publish on its website a list of any
370 sources of federal, state, or private funding available for
371 implementation of innovative technologies and service delivery
372 models in health care, including the details and eligibility
373 requirements for each funding opportunity. Upon request, the
374 department shall provide technical assistance to any person
375 wanting to apply for such funding. If the entity with oversight

376 of the funding opportunity provides technical assistance, the
377 department may foster working relationships that allow the
378 department to refer the person seeking funding to the
379 appropriate contact for such assistance.

380 (d) Incorporate recommendations of the council into the
381 department's duties or as part of the administration of this
382 section, or update administrative rules or procedures as
383 appropriate based upon council recommendations.

384 (7) REVOLVING LOAN PROGRAM.—The department shall establish
385 and administer a revolving loan program for applicants seeking
386 to implement innovative solutions in this state.

387 (a) Administration.—The council may make recommendations
388 to the department for the administration of the loans. The
389 department shall adopt rules:

390 1. Establishing an application process to submit and
391 review funding proposals for loans. Such rules must also include
392 the process for the council to review applications to ensure
393 compliance with applicable laws, including those related to
394 discrimination and conflicts of interest. If a council member
395 participated in the vote of the council recommending an award
396 for a proposal with which the council member has a conflict of
397 interest, the division may not award the loan to that entity.

398 2. Establishing eligibility criteria to be applied by the
399 council in recommending applications for the award of loans
400 which:

401 a. Incorporate the recommendations of the council. The
402 council shall recommend to the department criteria based upon
403 input received and the focus areas developed. The council may
404 recommend updated criteria as necessary, based upon the most
405 recent input, best practice recommendations, or focus areas
406 list.

407 b. Determine which proposals are likely to provide the
408 greatest return to the state if funded, taking into
409 consideration, at a minimum, the degree to which the proposal
410 would increase efficiency in the health care system in this
411 state, reduce strain on the state's health care workforce,
412 improve patient outcomes, increase public access to health care
413 in this state, or provide cost savings to patients or the state
414 without reducing the quality of patient care.

415 3. It deems necessary to administer the program,
416 including, but not limited to, rules for application
417 requirements, the ability of the applicant to properly
418 administer funds, the professional excellence of the applicant,
419 the fiscal stability of the applicant, the state or regional
420 impact of the proposal, matching requirements for the proposal,
421 and other requirements to further the purposes of the program.

422 (b) Eligibility.—

423 1. The following entities may apply for a revolving loan:

424 a. Entities licensed, registered, or certified by the
425 Agency for Health Care Administration as provided under s.

426 408.802, except for those specified in s. 408.802(1), (3), (13),
427 (23), or (25).

428 b. An education or clinical training provider in
429 partnership with an entity under sub-subparagraph a.

430 2.a. Council members may not receive loans under the
431 program.

432 b. An entity that has a conflict-of-interest relationship
433 with a council member as described in sub-subparagraph
434 (3)(c)1.b. or sub-subparagraph (3)(c)1.c. may not receive a loan
435 under the program unless that council member recused himself or
436 herself from consideration of the entity's application.

437 3. Priority must be given to applicants located in a rural
438 or medically underserved area as designated by the department
439 which are:

440 a. Rural hospitals as defined in s. 395.602(2).

441 b. Nonprofit entities that accept Medicaid patients.

442 4. The department may award a loan for up to 50 percent of
443 the total projected implementation costs, or up to 80 percent of
444 the total projected implementation costs for an applicant under
445 subparagraph 3. The applicant must demonstrate the source of
446 funding it will use to cover the remainder of the total
447 projected implementation costs, which funding must be from
448 nonstate sources.

449 (c) Applications.—

450 1. The department shall set application periods to apply

451 for loans. The department may set multiple application periods
452 in a fiscal year, with up to four periods per year. The
453 department shall coordinate with the council when establishing
454 application periods to establish separate priority, in addition
455 to eligibility, within the loan applications for defined
456 categories based on the current focus area list. The department
457 shall publicize the availability of loans under the program to
458 stakeholders, education or training providers, and others.

459 2. Upon receipt of an application, the department shall
460 determine whether the application is complete and the applicant
461 has demonstrated the ability to repay the loan. Within 30 days
462 after the close of the application period, the department shall
463 forward all completed applications to the council for
464 consideration.

465 3. The council shall review applications for loans under
466 the criteria and pursuant to the processes and format adopted by
467 the department. The council shall submit to the department for
468 approval lists of applicants that it recommends for funding,
469 arranged in order of priority and as required for the
470 application period.

471 4. A loan applicant must demonstrate plans to use the
472 funds to implement one or more innovative technologies,
473 workforce pathways, service delivery models, or other solutions
474 in order to fill a demonstrated need; obtain or upgrade
475 necessary equipment, hardware, and materials; adopt new

476 technologies or systems; or a combination thereof which will
477 improve the quality and delivery of health care in measurable
478 and sustainable ways and which will lower costs and allow
479 savings to be passed on to health care consumers.

480 (d) Awards.—

481 1. The amount of each loan must be based upon demonstrated
482 need and availability of funds. The department may not award
483 more than 10 percent of the total allocated funds for the fiscal
484 year to a single loan applicant.

485 2. The interest rate for each loan may not exceed 1
486 percent.

487 3. The term of each loan is up to 10 years.

488 4. In order to equitably distribute limited state funding,
489 applicants may apply for and be awarded only one loan per fiscal
490 year. If a loan recipient has one or more outstanding loans at
491 any time, the recipient may apply for funding for a new loan if
492 the current loans are in good standing.

493 (e) Written agreement.—

494 1. Each loan recipient must enter into a written agreement
495 with the department to receive the loan. At a minimum, the
496 agreement with the applicant must specify all of the following:

497 a. The total amount of the award.

498 b. The performance conditions that must be met, based upon
499 the submitted proposal and the defined category or focus area,
500 as applicable.

501 c. The information to be reported on actual implementation
502 costs, including the share from nonstate resources.

503 d. The schedule for payment.

504 e. The data and progress reporting requirements and
505 schedule.

506 f. Any sanctions that would apply for failure to meet
507 performance conditions.

508 2. The department shall develop uniform data reporting
509 requirements for loan recipients to evaluate the performance of
510 the implemented proposals. Such data must be shared with the
511 council.

512 3. If requested, the department shall provide technical
513 assistance to loan recipients under the program.

514 (f) Loan repayment.—Loans become due and payable in
515 accordance with the terms of the written agreement. All
516 repayments of principal received by the department in a fiscal
517 year shall be returned to the revolving loan fund and made
518 available for loans to other applicants.

519 (g) Revolving loan fund.—The department shall create and
520 maintain a separate account in the Grants and Donations Trust
521 Fund within the department as a fund for the program. All
522 repayments of principal must be returned to the revolving loan
523 fund and made available as provided in this section.
524 Notwithstanding s. 216.301, funds appropriated for the revolving
525 loan program are not subject to reversion. The department may

526 contract with a third-party administrator to administer the
527 program, including loan servicing, and manage the revolving loan
528 fund. A contract for a third-party administrator which includes
529 management of the revolving loan fund must, at a minimum,
530 require maintenance of the revolving loan fund to ensure that
531 the program may operate in a revolving manner.

532 (8) REPORTING.—The department shall publish on its website
533 information related to loan recipients, including the written
534 agreements, performance conditions and their status, and the
535 total amount of loan funds disbursed to date. The department
536 shall update the information annually on the award date. The
537 department shall, beginning on September 1, 2025, and annually
538 thereafter, post on its website a report on this section for the
539 previous fiscal year which must include all of the following
540 information:

541 (a) A summary of the adoption and implementation of
542 recommendations of the council during the previous fiscal year.

543 (b) An evaluation of actions and related activities to
544 meet the purposes set forth in this section.

545 (c) Consolidated data based upon the uniform data
546 reporting by funding recipients and an evaluation of how the
547 provision of the loans has met the purposes set forth in this
548 section.

549 (d) The number of applications for loans, the types of
550 proposals received, and an analysis on the relationship between

551 the proposals and the purposes of this section.

552 (e) The amount of funds allocated and awarded for each
553 loan application period, as well as any funds not awarded in
554 that period.

555 (f) The amount of funds paid out during the fiscal year
556 and any funds repaid or unused.

557 (g) The number of persons assisted and outcomes of any
558 technical assistance requested for loans and any federal, state,
559 or private funding opportunities.

560 (9) EVALUATION.—

561 (a) Beginning October 1, 2029, and every 5 years
562 thereafter, the Office of Economic and Demographic Research
563 (EDR) shall develop and present to the Governor, the President
564 of the Senate, and the Speaker of the House of Representatives a
565 comprehensive financial and economic evaluation of the
566 innovative solutions undertaken by the revolving loan program
567 administered under this section. The evaluation must include,
568 but need not be limited to, separate calculations of the state's
569 return and the economic value to residents of this state, as
570 well as the identification of any cost savings to patients or
571 the state and the impact on the state's health care workforce.

572 (b) Beginning October 1, 2030, and every 5 years
573 thereafter, the Office of Program Policy Analysis and Government
574 Accountability (OPPAGA) shall develop and present to the
575 Governor, the President of the Senate, and the Speaker of the

576 House of Representatives an evaluation of the administration and
577 efficiency of the revolving loan program administered under this
578 section. The evaluation must include, but need not be limited
579 to, the degree to which the collective proposals increased
580 efficiency in the health care system in this state, improved
581 patient outcomes, increased public access to health care, and
582 achieved the cost savings identified in paragraph (a) without
583 reducing the quality of patient care.

584 (c) Both the EDR and OPPAGA shall include recommendations
585 for consideration by the Legislature. The EDR and OPPAGA must be
586 given access to all data necessary to complete the evaluation,
587 including any confidential data. The offices may collaborate on
588 data collection and analysis.

589 (10) RULES.—The department shall adopt rules to implement
590 this section.

591 (11) EXPIRATION.—This section expires July 1, 2043.

592 Section 2. The Department of Health shall, and all
593 conditions are deemed met to, adopt emergency rules pursuant to
594 s. 120.54(4), Florida Statutes, for the purpose of implementing
595 s. 381.4015, Florida Statutes. Notwithstanding any other law,
596 emergency rules adopted pursuant to this section are effective
597 for 6 months after adoption and may be renewed during the
598 pendency of the procedure to adopt permanent rules addressing
599 the subject of the emergency rules.

600 Section 3. (1) Implementation of the revolving loan fund

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2024

601 created in s. 381.4015, Florida Statutes, is contingent upon
602 appropriation by the Legislature.

603 (2) The Department of Health may use up to 3 percent of
604 the appropriated funds for administrative costs to implement the
605 revolving loan program.

606 Section 4. This act shall take effect upon becoming a law.