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LEGISLATIVE ACTION

Senate	.	House
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The Conference Committee on SB 2514 recommended the following:

Senate Conference Committee Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Present subsections (5) through (10) of section 381.4019, Florida Statutes, are redesignated as subsections (6) through (11), respectively, and a new subsection (5) is added to that section, to read:

381.4019 Dental Student Loan Repayment Program.—The Dental Student Loan Repayment Program is established to support the

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state Medicaid program and promote access to dental care by supporting qualified dentists and dental hygienists who treat medically underserved populations in dental health professional shortage areas or medically underserved areas.

(5) A dental student or dental hygiene student who demonstrates an offer of employment in a public health program or private practice as specified in paragraph (2)(a) may apply for the loan program before obtaining active employment but may not be awarded funds from the loan program until he or she meets the requirements of subsection (2).

Section 2. Present paragraphs (c), (d), and (e) of subsection (3) and present subsections (12) and (13) of section 381.915, Florida Statutes, are redesignated as paragraphs (d), (e), and (f) of subsection (3) and subsections (13) and (14), respectively, a new paragraph (c) is added to subsection (3), paragraph (d) is added to subsection (10), a new subsection (12) is added to that section, and paragraph (b) and present paragraph (c) of subsection (3), paragraphs (a), (b), (e), (f), and (h) of subsection (8), and subsections (9) and (11) of that section are amended, to read:

381.915 Casey DeSantis Cancer Research Program.—

(3) On or before September 15 of each year, the department shall calculate an allocation fraction to be used for distributing funds to participating cancer centers. On or before the final business day of each quarter of the state fiscal year, the department shall distribute to each participating cancer center one-fourth of that cancer center’s annual allocation calculated under subsection (6). The allocation fraction for each participating cancer center is based on the cancer center’s

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tier-designated weight under subsection (4) multiplied by each of the following allocation factors based on activities in this state: number of reportable cases, peer-review costs, and biomedical education and training. As used in this section, the term:

(b) "Cancer center" means a comprehensive center with at least one geographic site in the state, a freestanding center located in the state, a center situated within an academic institution, or a Florida-based formal research-based consortium under centralized leadership that has achieved NCI designation ~~or is prepared to achieve NCI designation by June 30, 2024~~.

(c) "Cancer Connect Collaborative" or "collaborative" means the council created under subsection (8).

(d) ~~(c)~~ "Florida-based" means that a cancer center's actual or sought designated status is or would be recognized by the NCI as primarily located in Florida and not in another state, or that a health care provider or facility is physically located in Florida and provides services in Florida.

(8) The Cancer Connect Collaborative, a council as defined in s. 20.03, is created within the department to advise the department and the Legislature on developing a holistic approach to the state's efforts to fund cancer research, cancer facilities, and treatments for cancer patients. The collaborative may make recommendations on proposed legislation, proposed rules, best practices, data collection and reporting, issuance of grant funds, and other proposals for state policy relating to cancer research or treatment.

(a) The Surgeon General shall serve as an ex officio, nonvoting member of the collaborative and shall serve as the


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chair.

(b) The collaborative shall be composed of the following voting members~~, to be appointed by September 1, 2024~~:

1. Two members appointed by the Governor, three members ~~one member~~ appointed by the President of the Senate, and three members ~~one member~~ appointed by the Speaker of the House of Representatives, based on the criteria of this subparagraph. The appointing officers shall make their appointments prioritizing members who have the following experience or expertise:

a. The practice of a health care profession specializing in oncology clinical care or research;

b. The development of preventive and therapeutic treatments to control cancer;

c. The development of innovative research into the causes of cancer, the development of effective treatments for persons with cancer, or cures for cancer; or

d. Management-level experience with a cancer center licensed under chapter 395.

2. One member who is a resident of this state who can represent the interests of cancer patients in this state, appointed by the Governor.

(e) Members of the collaborative whose terms have expired may continue to serve until replaced or reappointed, but for no more than 6 months after the expiration of their terms.

(f) Members of the collaborative shall serve without compensation but are entitled to reimbursement for per diem and travel expenses pursuant to s. 112.061.

~~(h) The collaborative shall develop a long-range comprehensive plan for the Casey DeSantis Cancer Research~~

~~Program. In the development of the plan, the collaborative must solicit input from cancer centers, research institutions, biomedical education institutions, hospitals, and medical providers. The collaborative shall submit the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than December 1, 2024. The plan must include, but need not be limited to, all of the following components:~~

~~1. Expansion of grant fund opportunities to include a broader pool of Florida-based cancer centers, research institutions, biomedical education institutions, hospitals, and medical providers to receive funding through the Cancer Innovation Fund.~~

~~2. An evaluation to determine metrics that focus on patient outcomes, quality of care, and efficacy of treatment.~~

~~3. A compilation of best practices relating to cancer research or treatment~~.

(9)(a) The collaborative shall advise the department on the awarding of grants issued through the Cancer Innovation Fund. During any fiscal year for which funds are appropriated to the fund, the collaborative shall review all submitted grant applications using the parameters provided in paragraph (c) and make recommendations to the department for awarding grants to support innovative cancer research and treatment models, including emerging research and treatment trends and promising treatments that may serve as catalysts for further research and treatments. The department shall make the final grant allocation awards. The collaborative shall give priority to applications seeking to expand the reach of cancer screening efforts and


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innovative cancer treatment models into underserved areas of this state.

(b) To be eligible for grant funding under this subsection, a licensed or certified health care provider, facility, or entity must meet at least one of the following criteria:

1. Operates as a licensed hospital that has a minimum of 30 percent of its current cancer patients residing in rural or underserved areas.

2. Operates as a licensed health care clinic or facility that employs or contracts with at least one physician licensed under chapter 458 or chapter 459 who is board certified in oncology and that administers chemotherapy treatments for cancer.

3. Operates as a licensed facility that employs or contracts with at least one physician licensed under chapter 458 or chapter 459 who is board certified in oncology and that administers radiation therapy treatments for cancer.

4. Operates as a licensed health care clinic or facility that provides cancer screening services at no cost or a minimal cost to patients.

5. Operates as a rural hospital as defined in s. 395.602(2)(b).

6. Operates as a critical access hospital as defined in s. 408.07(14).

7. Operates as a specialty hospital as defined in s. 395.002(28)(a) which provides cancer treatment for patients from birth to 18 years of age.

8. Operates as a licensed hospital that is accredited by the American College of Surgeons as a Comprehensive Community

Cancer Program or Integrated Network Cancer Program.

9. Engages in biomedical research intended to develop therapies, medical pharmaceuticals, treatment protocols, or medical procedures intended to cure cancer or improve the quality of life of cancer patients.

10. Educates or trains students, postdoctoral fellows, or licensed or certified health care practitioners in the screening, diagnosis, or treatment of cancer.

(c) To ensure that all proposals for grant funding issued through the Cancer Innovation Fund are appropriate and are evaluated fairly on the basis of scientific merit, the department shall appoint peer review panels of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish its priority score. The priority scores must be forwarded to the collaborative and must be considered in determining which proposals the collaborative recommends for grant funding through the Cancer Innovation Fund.

(d) The collaborative and the peer review panels shall establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflicts of interest regarding the assessment of Cancer Innovation Fund grant applications. A member of the collaborative or a panel may not participate in any discussion or decision of the collaborative or a panel with respect to a research proposal by any firm, entity, or agency with which the member is associated as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement.

(e) Beginning December 1, 2025, and annually thereafter, the collaborative shall prepare and submit a report to the

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Governor, the President of the Senate, and the Speaker of the House of Representatives which identifies and evaluates the performance and the impact of grants issued through the Cancer Innovation Fund on cancer treatment, research, screening, diagnosis, prevention, practitioner training, workforce education, and cancer patient survivorship. The report must include all of the following:

1. Amounts of grant funds awarded to each recipient.

2. Descriptions of each recipient's research or project which include, but need not be limited to, the following:

a. Goals or projected outcomes.

b. Population to be served.

c. Research methods or project implementation plan.

3. An assessment of grant recipients which evaluates their progress toward achieving objectives specified in each recipient's grant application.

4. Recommendations for best practices that may be implemented by health care providers in this state who diagnose, treat, and screen for cancer, based on the outcomes of projects funded through the Cancer Innovation Fund.

(10) Beginning July 1, 2025, and each year thereafter, the department, in conjunction with participating cancer centers, shall submit a report to the Cancer Control and Research Advisory Council and the collaborative on specific metrics relating to cancer mortality and external funding for cancer-related research in this state. If a cancer center does not endorse this report or produce an equivalent independent report, the cancer center is ineligible to receive program funding for 1 year. The department must submit this annual report, and any


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equivalent independent reports, to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than September 15 of each year the report or reports are submitted by the department. The report must include:

(d) A description of the numbers and types of cancer cases treated annually at each participating cancer center, including reportable and nonreportable cases.

(11) Beginning July 1, 2025 ~~2024~~, each allocation agreement issued by the department relating to cancer center payments under paragraph (2)(a) ~~subsection (2)~~ must include all of the following:

(a) A line-item budget narrative documenting the annual allocation of funds to a cancer center.

(b) A cap on the annual award of 15 percent for administrative expenses.

(c) A requirement for the cancer center to submit quarterly reports of all expenditures made by the cancer center with funds received through the Casey DeSantis Cancer Research Program.

(d) A provision to allow the department and other state auditing bodies to audit all financial records, supporting documents, statistical records, and any other documents pertinent to the allocation agreement.

(e) A provision requiring the annual reporting of outcome data and protocols used in achieving those outcomes.

(12)(a) The Legislature finds that targeted areas of cancer research require increased resources and that Florida should become a leader in promoting research opportunities for these targeted areas. Floridians should not have to leave the state to receive the most advanced cancer care and treatment. To meet

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this need, the Cancer Connect Collaborative Research Incubator, or "incubator" as used in this subsection, is created within the department, to be overseen by the collaborative, to provide funding for a targeted area of cancer research over a 5-year period. For the 5-year period beginning July 1, 2025, the incubator's targeted area of cancer research is pediatric cancer.

(b) Contingent upon the appropriation of funds by the Legislature, grants issued through the incubator must be awarded through a peer-reviewed, competitive process. Priority must be given to applicants that focus on enhancing both research and treatment by increasing participation in clinical trials related to the targeted area of cancer research, including all of the following:

1. Identifying strategies to increase enrollment in cancer clinical trials.

2. Supporting public and private professional education programs to raise awareness and knowledge about cancer clinical trials.

3. Providing tools for cancer patients and community-based oncologists to help identify available cancer clinical trials in this state.

4. Creating opportunities for the state's academic cancer centers to collaborate with community-based oncologists in cancer clinical trial networks.

(c) Priority may be given to grant proposals that foster collaborations among institutions, researchers, and community practitioners to support the advancement of cures through basic or applied research, including clinical trials involving cancer

patients and related networks.

(d) Applications for incubator funding may be submitted by any Florida-based specialty hospital as defined in s. 395.002(28)(a) which provides cancer treatment for patients from birth to 18 years of age. All qualified applicants must have equal access and opportunity to compete for research funding. Incubator grants must be recommended by the collaborative and awarded by the department on the basis of scientific merit, as determined by a competitively open and peer-reviewed process to ensure objectivity, consistency, and high quality.

(e) To ensure that all proposals for research funding are appropriate and are evaluated fairly on the basis of scientific merit, the department shall appoint peer review panels of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish its priority score. The priority scores must be forwarded to the collaborative and must be considered in determining which proposals the collaborative recommends for funding.

(f) The collaborative and the peer review panels shall establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflicts of interest regarding the assessment of incubator grant applications. A member of the collaborative or a panel may not participate in any discussion or decision of the collaborative or a panel regarding a research proposal from any firm, entity, or agency with which the member is associated as a governing body member, as an employee, or through a contractual arrangement.

(g) Each recipient of incubator grant funds must enter into an allocation agreement with the department. Each such

allocation agreement must include all of the following:

1. A line-item budget narrative documenting the annual allocation of funds to a recipient.

2. A cap on the annual award of 15 percent for administrative expenses.

3. A requirement for the recipient to submit quarterly reports of all expenditures made by the recipient with funds received through the incubator.

4. A provision to allow the department and other state auditing bodies to audit all financial records, supporting documents, statistical records, and any other documents pertinent to the allocation agreement.

5. A provision requiring the annual reporting of outcome data and protocols used in achieving those outcomes.

(h) Beginning December 1, 2026, and annually through December 1, 2030, the collaborative shall prepare and submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives which evaluates research conducted through the incubator and provides details on outcomes and findings available through the end of the fiscal year immediately preceding each report. If the collaborative recommends that the incubator be extended beyond its 5-year lifespan, the collaborative shall make such recommendation in the report due December 1, 2029, and shall include a recommendation for the next targeted area of cancer research. The report due on December 1, 2030, must include all of the following:

1. Details of all results of the research conducted with incubator funding which has been completed or the status of

research in progress.

2. An evaluation of all research conducted with incubator funding during the 5 fiscal years preceding the report.

Section 3. Paragraph (d) is added to subsection (2) of section 381.922, Florida Statutes, to read:

381.922 William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program.—

(2) The program shall provide grants for cancer research to further the search for cures for cancer.

(d) There is established within the program the Bascom Palmer Eye Institute VisionGen Initiative. The purpose of the initiative is to advance genetic and epigenetic research on inherited eye diseases and ocular oncology by awarding grants through the peer-reviewed, competitive process established under subsection (3). Funding for the initiative is subject to the annual appropriation of funds by the Legislature.

Section 4. Paragraphs (d) and (e) of subsection (5) of section 381.986, Florida Statutes, are amended to read:

381.986 Medical use of marijuana.—

(5) MEDICAL MARIJUANA USE REGISTRY.—

(d) The department shall immediately suspend the registration of a qualified patient charged with a violation of chapter 893 until final disposition of the ~~any~~ alleged offense. Based upon such final disposition ~~Thereafter~~, the department may extend the suspension, revoke the registration, or reinstate the registration. However, the department must revoke the registration of the qualified patient upon such final disposition if the qualified patient was convicted of, or pled guilty or nolo contendere to, regardless of adjudication, a


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violation of chapter 893 if such violation was for trafficking in, the sale, manufacture, or delivery of, or possession with intent to sell, manufacture, or deliver a controlled substance. If such person wishes to seek reinstatement of his or her registration as a qualified patient, the person may submit a new application accompanied by a notarized attestation by the applicant that he or she has completed all terms of incarceration, probation, community control, or supervision related to the offense. A person who knowingly makes a false attestation under this paragraph commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(e) The department shall immediately suspend the registration of a ~~any~~ caregiver charged with a violation of chapter 893 until final disposition of the ~~any~~ alleged offense. The department must revoke the registration of the caregiver upon such final disposition if the caregiver was convicted of, or pled guilty or nolo contendere to, regardless of adjudication, a violation of chapter 893 if such violation was for trafficking in, the sale, manufacture, or delivery of, or possession with intent to sell, manufacture, or deliver a controlled substance. If such person wishes to seek reinstatement of his or her registration as a caregiver, the person may submit a new application accompanied by a notarized attestation by the applicant that he or she has completed all terms of incarceration, probation, community control, or supervision related to the offense. A person who knowingly makes a false attestation under this paragraph commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s.

775.083. Additionally, the department must ~~shall~~ revoke a caregiver registration if the caregiver does not meet the requirements of subparagraph (6)(b)6.

Section 5. Notwithstanding the repeal of section 400.0225, Florida Statutes, in section 14 of chapter 2001-377, Laws of Florida, that section is revived, reenacted, and amended to read:

400.0225 Consumer satisfaction surveys.—

(1) The agency shall develop user-friendly consumer satisfaction surveys to capture resident and family member satisfaction with care provided by nursing home facilities. The consumer satisfaction surveys must be based on a core set of consumer satisfaction questions to allow for consistent measurement and must be administered annually to a random sample of long-stay and short-stay residents of each facility and their family members. The survey tool must be based on an agency-validated survey instrument whose measures have received an endorsement by the National Quality Forum.

(2) Family members, guardians, or other resident designees may assist a resident in completing the consumer satisfaction survey.

(3) Employees and volunteers of the nursing home facility or of a corporation or business entity with an ownership interest in the nursing home facility are prohibited from attempting to influence a resident’s responses to the consumer satisfaction survey.

(4) The agency shall specify the protocols for conducting the consumer satisfaction surveys, ensuring survey validity, reporting survey results, and protecting the identity of


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individual respondents. The agency shall make aggregated survey data available to consumers on the agency's website pursuant to s. 400.191(2)(a)15. in a manner that allows for comparison between nursing home facilities~~, or its contractor, in consultation with the nursing home industry and consumer representatives, shall develop an easy-to-use consumer satisfaction survey, shall ensure that every nursing facility licensed pursuant to this part participates in assessing consumer satisfaction, and shall establish procedures to ensure that, at least annually, a representative sample of residents of each facility is selected to participate in the survey. The sample shall be of sufficient size to allow comparisons between and among facilities. Family members, guardians, or other resident designees may assist the resident in completing the survey. Employees and volunteers of the nursing facility or of a corporation or business entity with an ownership interest in the facility are prohibited from assisting a resident with or attempting to influence a resident's responses to the consumer satisfaction survey. The agency, or its contractor, shall survey family members, guardians, or other resident designees. The agency, or its contractor, shall specify the protocol for conducting and reporting the consumer satisfaction surveys. Reports of consumer satisfaction surveys shall protect the identity of individual respondents. The agency shall contract for consumer satisfaction surveys and report the results of those surveys in the consumer information materials prepared and distributed by the agency~~.

(5) The agency may adopt rules ~~as necessary~~ to implement ~~administer~~ this section.

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Section 6. Paragraph (b) of subsection (1) of section 400.141, Florida Statutes, is amended, and paragraph (x) is added to that subsection, to read:

400.141 Administration and management of nursing home facilities.—

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(b) Appoint a medical director licensed pursuant to chapter 458 or chapter 459. By January 1, 2026, the medical director of each nursing home facility must obtain designation as a certified medical director by the American Medical Directors Association, hold a similar credential bestowed by an organization recognized by the agency, or be in the process of seeking such designation or credentialing, according to parameters adopted by agency rule. The agency shall include the name of each nursing home facility's medical director on the facility's provider profile published by the agency on its website. The agency may establish by rule more specific criteria for the appointment of a medical director.

(x) Conduct, at least biennially, a patient safety culture survey using the applicable Survey on Patient Safety Culture developed by the federal Agency for Healthcare Research and Quality. Each facility shall conduct the survey anonymously to encourage completion of the survey by staff working in or employed by the facility. A facility may contract with a third party to administer the survey. Each facility shall biennially submit the survey data to the agency in a format specified by agency rule, which must include the survey participation rate. Each facility may develop an internal action plan between

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conducting surveys to identify measures to improve the survey and submit such plan to the agency.

Section 7. Paragraph (a) of subsection (2) of section 400.191, Florida Statutes, is amended to read:

400.191 Availability, distribution, and posting of reports and records.—

(2) The agency shall publish the Nursing Home Guide quarterly in electronic form to assist consumers and their families in comparing and evaluating nursing home facilities.

(a) The agency shall provide an Internet site which must ~~shall~~ include at least the following information either directly or indirectly through a link to another established site or sites of the agency's choosing:

1. A section entitled "Have you considered programs that provide alternatives to nursing home care?" which must ~~shall~~ be the first section of the Nursing Home Guide and must ~~which shall~~ prominently display information about available alternatives to nursing homes and how to obtain additional information regarding these alternatives. The Nursing Home Guide must ~~shall~~ explain that this state offers alternative programs that allow ~~permit~~ qualified elderly persons to stay in their homes instead of being placed in nursing homes and must ~~shall~~ encourage interested persons to call the Comprehensive Assessment Review and Evaluation for Long-Term Care Services (CARES) Program to inquire as to whether ~~if~~ they qualify. The Nursing Home Guide must ~~shall~~ list available home and community-based programs and must ~~which shall~~ clearly state the services that are provided, including ~~and indicate~~ whether nursing home services are covered under those programs when necessary ~~included if needed~~.

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2. A list by name and address of all nursing home facilities in this state, including any prior name by which a facility was known during the previous 24-month period.

3. Whether such nursing home facilities are proprietary or nonproprietary.

4. The current owner of the facility's license and the year that that entity became the owner of the license.

5. The name of the owner or owners of each facility and whether the facility is affiliated with a company or other organization owning or managing more than one nursing facility in this state.

6. The total number of beds in each facility and the most recently available occupancy levels.

7. The number of private and semiprivate rooms in each facility.

8. The religious affiliation, if any, of each facility.

9. The languages spoken by the administrator and staff of each facility.

10. Whether or not each facility accepts Medicare or Medicaid recipients or insurance, health maintenance organization, United States Department of Veterans Affairs, CHAMPUS program, or workers' compensation coverage.

11. Recreational and other programs available at each facility.

12. Special care units or programs offered at each facility.

13. Whether the facility is a part of a retirement community that offers other services pursuant to part III of this chapter or part I or part III of chapter 429.

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14. Survey and deficiency information, including all federal and state recertification, licensure, revisit, and complaint survey information, for each facility. For noncertified nursing homes, state survey and deficiency information, including licensure, revisit, and complaint survey information, shall be provided.

15. The results of consumer satisfaction surveys conducted pursuant to s. 400.0225.

Section 8. Present subsections (6) and (7) of section 408.051, Florida Statutes, are redesignated as subsections (7) and (8), respectively, and a new subsection (6) is added to that section, to read:

408.051 Florida Electronic Health Records Exchange Act.—

(6) NURSING HOME DATA.—A nursing home facility as defined in s. 400.021 which maintains certified electronic health record technology shall make available all admission, transfer, and discharge data to the agency's Florida Health Information Exchange program for the purpose of supporting public health data registries and patient care coordination. The agency may adopt rules to implement this subsection.

Section 9. Present subsections (7) through (15) of section 408.061, Florida Statutes, are redesignated as subsections (8) through (16), respectively, a new subsection (7) is added to that section, and subsections (5) and (6) of that section are amended, to read:

408.061 Data collection; uniform systems of financial reporting; information relating to physician charges; confidential information; immunity.—

(5) Within 120 days after the end of its fiscal year, each


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nursing home as defined in s. 408.07, excluding nursing homes operated by state agencies, shall file with the agency, on forms adopted by the agency and based on the uniform system of financial reporting, its actual financial experience for that fiscal year, including expenditures, revenues, and statistical measures. Such data may be based on internal financial reports that are certified to be complete and accurate by the chief financial officer of the nursing home. However, a nursing home's actual financial experience shall be its audited actual experience. This audited actual experience must include the fiscal year-end balance sheet, income statement, statement of cash flow, and statement of retained earnings and must be submitted to the agency in addition to the information filed in the uniform system of financial reporting. The financial statements must tie to the information submitted in the uniform system of financial reporting, and a crosswalk must be submitted along with the financial statements.

(6) Within 120 days after the end of its fiscal year, the home office of each nursing home as defined in s. 408.07, excluding nursing homes operated by state agencies, shall file with the agency, on forms adopted by the agency and based on the uniform system of financial reporting, its actual financial experience for that fiscal year, including expenditures, revenues, and statistical measures. Such data may be based on internal financial reports that are certified to be complete and accurate by the chief financial officer of the nursing home. However, the home office's actual financial experience shall be its audited actual experience. This audited actual experience must include the fiscal year-end balance sheet, income

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statement, statement of cash flow, and statement of retained earnings and must be submitted to the agency in addition to the information filed in the uniform system of financial reporting. The financial statements must tie to the information submitted in the uniform system of financial reporting, and a crosswalk must be submitted along with the audited financial statements.

(7)(a) Beginning January 1, 2026, the agency shall impose an administrative fine of $10,000 per violation against a nursing home or home office that fails to comply with subsection (5) or subsection (6), as applicable. For purposes of this paragraph, the term "violation" means failing to file the financial report required by subsection (5) or subsection (6), as applicable, on or before the report's due date. Failing to file the report during any subsequent 10-day period occurring after the due date constitutes a separate violation until the report has been submitted.

(b) The agency shall adopt rules to implement this subsection. The rules must include provisions for a nursing home or home office to present factors in mitigation of the imposition of the fine's full dollar amount. The agency may determine not to impose the fine's full dollar amount upon a showing that the full fine is inappropriate under the circumstances.

Section 10. Subsection (2) of section 408.08, Florida Statutes, is amended to read:

408.08 Inspections and audits; violations; penalties; fines; enforcement.—

(2) Any health care facility that refuses to file a report, fails to timely file a report, files a false report, or files an


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incomplete report and upon notification fails to timely file a complete report required under s. 408.061; that violates this section, s. 408.061, or s. 408.20, or rule adopted thereunder; or that fails to provide documents or records requested by the agency under this chapter shall be punished by a fine not exceeding $1,000 per day for each day in violation, to be imposed and collected by the agency. Pursuant to rules adopted by the agency, the agency may, upon a showing of good cause, grant a one-time extension of any deadline for a health care facility to timely file a report as required by this section, s. 408.061, or s. 408.20. A facility fined under s. 408.061(7) may not be additionally fined under this subsection for the same violation.

Section 11. Subsection (1) of section 409.904, Florida Statutes, is amended to read:

409.904 Optional payments for eligible persons.—The agency may make payments for medical assistance and related services on behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

(1)(a) Subject to federal waiver approval, a person who is age 65 or older or is determined to be disabled, whose income is at or below 88 percent of the federal poverty level, whose assets do not exceed established limitations, and who is not eligible for Medicare or, if eligible for Medicare, is also eligible for and receiving Medicaid-covered institutional care

services, hospice services, or home and community-based services. The agency shall seek federal authorization through a waiver to provide this coverage.

(b)1. A person who was initially determined eligible for Medicaid under paragraph (a) and is receiving Medicaid-covered institutional care services or hospice services, or a person who is receiving home and community-based services pursuant to s. 393.066 or s. 409.978, shall be presumed eligible for continued coverage for such Medicaid-covered services during any redetermination process, and the agency shall continue to make payments for such services, unless the person experiences a material change in his or her disability or economic status which results in a loss of eligibility. In the event of such a change in disability or economic status, the person or his or her designated caregiver or responsible party must notify the agency and the Department of Children and Families of such change, and the department may conduct a redetermination of eligibility. If such redetermination is conducted, the department must notify the person or his or her designated caregiver or responsible party before the commencement of the redetermination and, at its conclusion, the results of the redetermination.

2. The agency shall, no later than October 1, 2025, seek federal authorization to exempt a Medicaid-eligible disabled person from annual redetermination of eligibility pursuant to this paragraph.

3. The agency and the department shall develop a process to facilitate the notifications required under subparagraph 1.

Section 12. Paragraph (d) of subsection (29) of section

409.906, Florida Statutes, is amended to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

(29) BIOMARKER TESTING SERVICES.—

(d) This subsection does not require coverage of biomarker testing for screening purposes. The agency may pay for blood-based biomarker tests at an in-network or out-of-network laboratory facility for colorectal cancer screening covered under a National Coverage Determination from the Centers for

Medicare and Medicaid Services.

Section 13. Paragraph (b) of subsection (2) of section 409.908, Florida Statutes, is amended to read:

409.908 Reimbursement of Medicaid providers.—Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider’s rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid-eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions


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provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(2)

(b) Subject to any limitations or directions in the General Appropriations Act, the agency shall establish and implement a state Title XIX Long-Term Care Reimbursement Plan for nursing home care in order to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care.

1. The agency shall amend the long-term care reimbursement plan and cost reporting system to create direct care and indirect care subcomponents of the patient care component of the per diem rate. These two subcomponents together shall equal the patient care component of the per diem rate. Separate prices shall be calculated for each patient care subcomponent, initially based on the September 2016 rate setting cost reports and subsequently based on the most recently audited cost report used during a rebasing year. The direct care subcomponent of the per diem rate for any providers still being reimbursed on a cost basis shall be limited by the cost-based class ceiling, and the indirect care subcomponent may be limited by the lower of the cost-based class ceiling, the target rate class ceiling, or the individual provider target. The ceilings and targets apply only to providers being reimbursed on a cost-based system. Effective October 1, 2018, a prospective payment methodology shall be implemented for rate setting purposes with the following parameters:


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a. Peer Groups, including:

(I) North-SMMC Regions 1-9, less Palm Beach and Okeechobee Counties; and

(II) South-SMMC Regions 10-11, plus Palm Beach and Okeechobee Counties.

b. Percentage of Median Costs based on the cost reports used for September 2016 rate setting:

(I) Direct Care Costs .....100 percent.

(II) Indirect Care Costs .....92 percent.

(III) Operating Costs .....86 percent.

c. Floors:

(I) Direct Care Component .....95 percent.

(II) Indirect Care Component .....92.5 percent.

(III) Operating Component .....None.

d. Pass-through Payments .....Real Estate and .....Personal Property .....Taxes and Property Insurance.

e. Quality Incentive Program Payment Pool.....10 percent of September .....2016 non-property related .....payments of included facilities.

f. Quality Score Threshold to <u>Qualify</u> ~~Quality~~ for Quality Incentive Payment.....20th .....percentile of included facilities.

g. Fair Rental Value System Payment Parameters:

(I) Building Value per Square Foot based on 2018 RS Means.

(II) Land Valuation .....10 percent of Gross Building value.

(III) Facility Square Footage .....Actual Square Footage.

(IV) Movable Equipment Allowance .....$8,000 per bed.

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(V) Obsolescence Factor .....1.5 percent.
(VI) Fair Rental Rate of Return .....8 percent.
(VII) Minimum Occupancy .....90 percent.
(VIII) Maximum Facility Age .....40 years.
(IX) Minimum Square Footage per Bed .....350.
(X) Maximum Square Footage for Bed .....500.
(XI) Minimum Cost of a renovation/replacements $500 per bed.

h. Ventilator Supplemental payment of $200 per Medicaid day of 40,000 ventilator Medicaid days per fiscal year.

2. The agency shall revise its methodology for calculating Quality Incentive Program payments to include the results of consumer satisfaction surveys conducted pursuant to s. 400.0225 as a measure of nursing home quality. The agency shall so revise the methodology after the surveys have been in effect for an amount of time the agency deems sufficient for statistical and scientific validity as a meaningful quality measure that may be incorporated into the methodology.

3. The direct care subcomponent shall include salaries and benefits of direct care staff providing nursing services including registered nurses, licensed practical nurses, and certified nursing assistants who deliver care directly to residents in the nursing home facility, allowable therapy costs, and dietary costs. This excludes nursing administration, staff development, the staffing coordinator, and the administrative portion of the minimum data set and care plan coordinators. The direct care subcomponent also includes medically necessary dental care, vision care, hearing care, and podiatric care.

4.~~3.~~ All other patient care costs shall be included in the indirect care cost subcomponent of the patient care per diem

rate, including complex medical equipment, medical supplies, and other allowable ancillary costs. Costs may not be allocated directly or indirectly to the direct care subcomponent from a home office or management company.

5.~~4.~~ On July 1 of each year, the agency shall report to the Legislature direct and indirect care costs, including average direct and indirect care costs per resident per facility and direct care and indirect care salaries and benefits per category of staff member per facility.

6.~~5.~~ Every fourth year, the agency shall rebase nursing home prospective payment rates to reflect changes in cost based on the most recently audited cost report for each participating provider.

7.~~6.~~ A direct care supplemental payment may be made to providers whose direct care hours per patient day are above the 80th percentile and who provide Medicaid services to a larger percentage of Medicaid patients than the state average.

8.~~7.~~ Pediatric, Florida Department of Veterans Affairs, and government-owned facilities are exempt from the pricing model established in this subsection and shall remain on a cost-based prospective payment system. Effective October 1, 2018, the agency shall set rates for all facilities remaining on a cost-based prospective payment system using each facility's most recently audited cost report, eliminating retroactive settlements.

9. By October 1, 2025, and each year thereafter, the agency shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives a report on each Quality Incentive Program payment made pursuant to sub-


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subparagraph 1.e. The report must, at a minimum, include all of the following information:

a. The name of each facility that received a Quality Incentive Program payment and the dollar amount of such payment each facility received.

b. The total number of quality incentive metric points awarded by the agency to each facility and the number of points awarded by the agency for each individual quality metric measured.

c. An examination of any trends in the improvement of the quality of care provided to nursing home residents which may be attributable to incentive payments received under the Quality Incentive Program. The agency shall include examination of trends both for the program as a whole as well as for each individual quality metric used by the agency to award program payments.

It is the intent of the Legislature that the reimbursement plan achieve the goal of providing access to health care for nursing home residents who require large amounts of care while encouraging diversion services as an alternative to nursing home care for residents who can be served within the community. The agency shall base the establishment of any maximum rate of payment, whether overall or component, on the available moneys as provided for in the General Appropriations Act. The agency may base the maximum rate of payment on the results of scientifically valid analysis and conclusions derived from objective statistical data pertinent to the particular maximum rate of payment. The agency shall base the rates of payments in


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accordance with the minimum wage requirements as provided in the General Appropriations Act.

Section 14. Present subsection (10) of section 409.909, Florida Statutes, as amended by section 5 of chapter 2024-12, Laws of Florida, is redesignated as subsection (9), and paragraph (a) of subsection (6) and present subsection (9) of that section are amended, to read:

409.909 Statewide Medicaid Residency Program.—

(6) The Slots for Doctors Program is established to address the physician workforce shortage by increasing the supply of highly trained physicians through the creation of new resident positions, which will increase access to care and improve health outcomes for Medicaid recipients.

(a)1. Notwithstanding subsection (4), the agency shall annually allocate $100,000 to hospitals, qualifying institutions, and behavioral health teaching hospitals designated under s. 395.902~~,~~ for each newly created resident position that is first filled on or after June 1, 2023, and filled thereafter, and that is accredited by the Accreditation Council for Graduate Medical Education or the Osteopathic Postdoctoral Training Institution in an initial or established accredited training program which is in a physician specialty or subspecialty in a statewide supply-and-demand deficit.

2. Notwithstanding the requirement that a new resident position be created to receive funding under this subsection, the agency may allocate $100,000 to hospitals and qualifying institutions, pursuant to subparagraph 1., for up to 100 ~~200~~ resident positions that existed before July 1, 2023, if such resident position:

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a. Is in a physician specialty or subspecialty experiencing a statewide supply-and-demand deficit;

b. Has been unfilled for a period of 3 or more years;

c. Is subsequently filled on or after June 1, 2024, and remains filled thereafter; and

d. Is accredited by the Accreditation Council for Graduate Medical Education or the Osteopathic Postdoctoral Training Institution in an initial or established accredited training program.

3. If applications for resident positions under this paragraph exceed the number of authorized resident positions or the available funding allocated, the agency shall prioritize applications for resident positions that are in a primary care specialty as specified in paragraph (2)(a).

~~(9) The Graduate Medical Education Committee is created within the agency.~~

~~(a) The committee shall be composed of the following members:~~

~~1. Three deans, or their designees, from medical schools in this state, appointed by the chair of the Council of Florida Medical School Deans.~~

~~2. Four members appointed by the Governor, one of whom is a representative of the Florida Medical Association or the Florida Osteopathic Medical Association who has supervised or is currently supervising residents, one of whom is a member of the Florida Hospital Association, one of whom is a member of the Safety Net Hospital Alliance, and one of whom is a physician licensed under chapter 458 or chapter 459 practicing at a qualifying institution.~~


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~~3. Two members appointed by the Secretary of Health Care Administration, one of whom represents a statutory teaching hospital as defined in s. 408.07(46) and one of whom is a physician who has supervised or is currently supervising residents.~~

~~4. Two members appointed by the State Surgeon General, one of whom must represent a teaching hospital as defined in s. 408.07 and one of whom is a physician who has supervised or is currently supervising residents or interns.~~

~~5. Two members, one appointed by the President of the Senate and one appointed by the Speaker of the House of Representatives.~~

~~(b)1. The members of the committee appointed under subparagraph (a)1. shall serve 4-year terms. When such members' terms expire, the chair of the Council of Florida Medical School Deans shall appoint new members as detailed in subparagraph (a)1. from different medical schools on a rotating basis and may not reappoint a dean from a medical school that has been represented on the committee until all medical schools in the state have had an opportunity to be represented on the committee.~~

~~2. The members of the committee appointed under subparagraphs (a)2.-4. shall serve 4-year terms, with the initial term being 3 years for members appointed under subparagraph (a)4. and 2 years for members appointed under subparagraph (a)3. The committee shall elect a chair to serve for a 1-year term.~~

~~(c) Members shall serve without compensation but are entitled to reimbursement for per diem and travel expenses~~


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~~pursuant to s. 112.061.~~

~~(d) The committee shall convene its first meeting by July 1, 2024, and shall meet as often as necessary to conduct its business, but at least twice annually, at the call of the chair. The committee may conduct its meetings through teleconference or other electronic means. A majority of the members of the committee constitutes a quorum, and a meeting may not be held with less than a quorum present. The affirmative vote of a majority of the members of the committee present is necessary for any official action by the committee.~~

~~(e) Beginning on July 1, 2025, the committee shall submit an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives which must, at a minimum, detail all of the following:~~

~~1. The role of residents and medical faculty in the provision of health care.~~

~~2. The relationship of graduate medical education to the state's physician workforce.~~

~~3. The typical workload for residents and the role such workload plays in retaining physicians in the long-term workforce.~~

~~4. The costs of training medical residents for hospitals and qualifying institutions.~~

~~5. The availability and adequacy of all sources of revenue available to support graduate medical education.~~

~~6. The use of state funds, including, but not limited to, intergovernmental transfers, for graduate medical education for each hospital or qualifying institution receiving such funds.~~

~~(f) The agency shall provide reasonable and necessary~~


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~~support staff and materials to assist the committee in the performance of its duties. The agency shall also provide the information obtained pursuant to subsection (8) to the committee and assist the committee, as requested, in obtaining any other information deemed necessary by the committee to produce its report.~~

Section 15. Subsection (1), paragraph (d) of subsection (2), and paragraph (a) of subsection (5) of section 409.91256, Florida Statutes, are amended to read:

409.91256 Training, Education, and Clinicals in Health (TEACH) Funding Program.—

(1) PURPOSE AND INTENT.—The Training, Education, and Clinicals in Health (TEACH) Funding Program is created to provide a high-quality educational experience while supporting participating federally qualified health centers, community mental health centers, rural health clinics, ~~and~~ certified community behavioral health clinics, and publicly funded nonprofit organizations serving Medicaid recipients or other low-income patients in areas designated as health professional shortage areas and approved by the agency by offsetting administrative costs and loss of revenue associated with training residents and students to become licensed health care practitioners. Further, it is the intent of the Legislature to use the program to support the state Medicaid program and underserved populations by expanding the available health care workforce.

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

(d) "Qualified facility" means a federally qualified health center, a community mental health center, a rural health clinic,

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~~or~~ a certified community behavioral health clinic, or a publicly funded nonprofit organization serving Medicaid recipients or other low-income patients in an area designated as a health professional shortage area and approved by the agency.

(5) REIMBURSEMENT.—Qualified facilities may be reimbursed under this section only to offset the administrative costs or lost revenue associated with training students, allopathic residents, osteopathic residents, or dental residents who are enrolled in an accredited educational or residency program based in this state.

(a) Subject to an appropriation, the agency may reimburse a qualified facility based on the number of clinical training hours reported under subparagraph (3)(e)1. The allowed reimbursement per student is as follows:

1. A medical or dental resident at a rate of $50 per hour.
2. A first-year medical student at a rate of $27 per hour.
3. A second-year medical student at a rate of $27 per hour.
4. A third-year medical student at a rate of $29 per hour.
5. A fourth-year medical student at a rate of $29 per hour.
6. A dental student at a rate of $22 per hour.
7. An advanced practice registered nursing student at a rate of $22 per hour.
8. A physician assistant student at a rate of $22 per hour.
9. A nursing student at a rate of $22 per hour.
10. A behavioral health student at a rate of $15 per hour.
11.~~10.~~ A dental hygiene student at a rate of $15 per hour.

Section 16. Paragraph (e) of subsection (3) of section 409.967, Florida Statutes, is amended to read:

409.967 Managed care plan accountability.—


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(3) ACHIEVED SAVINGS REBATE.—

(e) Once the certified public accountant completes the audit, the certified public accountant shall submit an audit report to the agency attesting to the achieved savings of the plan. The agency shall review the report to determine compliance with the requirements of this subsection. The agency shall notify the certified public accountant of any deficiencies in the audit report. The certified public accountant must correct such deficiencies in the audit report and resubmit the revised audit report to the agency before the report is considered final. Once finalized, the results of the audit report are dispositive.

Section 17. Section 409.9745, Florida Statutes, is amended to read:

409.9745 Managed care plan biomarker testing.—

(1) A managed care plan must provide coverage for biomarker testing for recipients, as authorized under s. 409.906, at the same scope, duration, and frequency as the Medicaid program provides for other medically necessary treatments.

(a) ~~(2)~~ A recipient and health care provider shall have access to a clear and convenient process to request authorization for biomarker testing as provided under this section. Such process shall be made readily accessible on the website of the managed care plan.

(b) ~~(3)~~ This section does not require coverage of biomarker testing for screening purposes.

(c) ~~(4)~~ The agency shall include the rate impact of this section in the applicable Medicaid managed medical assistance program and long-term care managed care program rates.

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(2) A managed care plan must provide coverage for blood-based biomarker tests for colorectal cancer screening covered under a National Coverage Determination from the Centers for Medicare and Medicaid Services at the same scope and frequency as described in the National Coverage Determination.

Section 18. Subsection (4) of section 409.977, Florida Statutes, is amended to read:

409.977 Enrollment.—

(4) The agency shall develop a process to enable a recipient with access to employer-sponsored health care coverage to opt out of all managed care plans and to use Medicaid financial assistance to pay for the recipient's share of the cost in such employer-sponsored coverage. The agency shall also enable recipients with access to other insurance or related products providing access to health care services created pursuant to state law, including any product available under the Florida Health Choices Program, or any health exchange, to opt out. The amount of financial assistance provided for each recipient may not exceed the amount of the Medicaid premium that would have been paid to a managed care plan for that recipient. The agency shall require Medicaid recipients with access to employer-sponsored health care coverage to enroll in that coverage and use Medicaid financial assistance to pay for the recipient's share of the cost for such coverage. The amount of financial assistance provided for each recipient may not exceed the amount of the Medicaid premium that would have been paid to a managed care plan for that recipient. The agency may exceed this amount for a high-cost patient if it determines it would be cost effective to do so. The agency shall annually, beginning


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June 30, 2026, submit an annual report on the program to the Legislature including, but not limited to, the level of participation; participant demographics, income levels, type of employer-based coverage, and amount of health care utilization; and a cost-effectiveness analysis both in the aggregate and on an individual patient basis.

Section 19. Paragraph (b) of subsection (3) of section 430.84, Florida Statutes, is amended to read:

430.84 Program of All-Inclusive Care for the Elderly.—

(3) PACE ORGANIZATION SELECTION.—The agency, in consultation with the department, shall, on a continuous basis, review and consider applications required by the CMS for PACE that have been submitted to the agency by entities seeking initial state approval to become PACE organizations. Notice of such applications shall be published in the Florida Administrative Register.

(b) Each applicant must propose to serve a unique and defined geographic service area. In designating a service area under a contract with a PACE organization, the state administering agency may exclude from designation an area that is already covered under another PACE organization contract in order to avoid unnecessary duplication of services and avoid impairing the financial service viability of an existing PACE organization. However, if a new applicant submits a letter of intent to provide PACE services in an area where an existing PACE organization is under contract and has been operating for at least 10 years, the state shall determine whether there is an unmet need that could be provided by the new PACE organization and the applicant must satisfactorily demonstrate to the state

administering agency that there is justification for the proposed PACE organization in such service area. All applicants must demonstrate in the application that the PACE services provided by the proposed PACE organization will be comprehensive and organized to meet all state and CMS requirements ~~without duplication of services or target populations. No more than one PACE organization may be authorized to provide services within any unique and defined geographic service area~~.

Section 20. (1) To support and enhance quality outcomes in Florida's nursing homes, the Agency for Health Care Administration shall contract with a third-party vendor to conduct a comprehensive study of nursing home quality incentive programs in other states.

(a) At a minimum, the study must include a detailed analysis of quality incentive programs implemented in each of the states examined, identify components of such programs which have demonstrably improved nursing home quality outcomes, and provide recommendations to modify or enhance this state's existing Medicaid Quality Incentive Program based on its historical performance and trends since it was first implemented.

(b) The study must also include:

1. An in-depth review of emerging and existing technologies applicable to nursing home care and an analysis of how their adoption in this state could improve quality of care, operational efficiency, and quality of life outcomes for nursing home residents; and

2. An examination of other states' Medicaid add-on payment structures related to the provision of ventilator care,

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bariatric services, and behavioral health services.

(2) The agency shall submit a final report on the study, including findings and actionable recommendations, to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 5, 2026.

Section 21. This act shall take effect July 1, 2025.

========== T I T L E A M E N D M E N T ==========

And the title is amended as follows:

Delete everything before the enacting clause and insert:

A bill to be entitled

An act relating to health and human services; amending s. 381.4019, F.S.; authorizing certain dental and dental hygiene students to apply for the Dental Student Loan Repayment Program before obtaining active employment; amending s. 381.915, F.S.; revising the definitions of the terms "cancer center" and "Florida-based"; defining the term "Cancer Connect Collaborative" or "collaborative"; making clarifying changes; deleting an obsolete date; revising the composition of the collaborative; deleting obsolete provisions; requiring the collaborative to review all submitted Cancer Innovation Fund grant applications using certain parameters; requiring the collaborative to give priority to certain applications; requiring that licensed or certified health care providers, facilities, or entities meet certain criteria to be eligible for specified grant funding; specifying such


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criteria; requiring the Department of Health to appoint peer review panels for a specified purpose; requiring that priority scores be forwarded to the collaborative and be considered in determining which proposals the collaborative recommends for certain grant funding; requiring the collaborative and peer review panels to establish and follow certain guidelines and adhere to a certain policy; prohibiting a member of the collaborative or a panel from participating in certain discussions or decisions under certain circumstances; requiring, beginning on a specified date and annually thereafter, the collaborative to prepare and submit a specified report to the Governor and the Legislature; requiring that the report include certain information; revising the requirements for a specified report by the department; requiring, beginning on a specified date, that certain allocation agreements include certain information; providing legislative findings; creating the Cancer Connect Collaborative Research Incubator within the department, and overseen by the collaborative, to provide funding for a specified purpose over a specified timeframe; specifying the incubator's targeted area of cancer research for the first specified timeframe; providing that grants issued through the incubator are contingent upon the appropriation of funds and must be awarded through a specified process; requiring that priority be given to certain applicants; authorizing the prioritization of


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certain grant proposals; providing that applications for incubator funding may be submitted by specified hospitals; requiring that all qualified applicants have equal access and opportunity to compete for research funding; requiring that incubator grants be recommended by the collaborative and awarded by the department in a certain manner; requiring the department to appoint peer review panels for a specified purpose; requiring that priority scores be forwarded to the collaborative and be considered in determining which proposals the collaborative recommends for funding; requiring the collaborative and peer review panels to establish and follow certain guidelines and adhere to a certain policy; prohibiting a member of the collaborative or a panel from participating in certain discussions or decisions; requiring recipients of incubator grant funds to enter into an allocation agreement with the department; specifying requirements for such allocation agreements; requiring, beginning on a specified date and annually until a specified date, the collaborative to prepare and submit a specified report to the Governor and the Legislature; requiring the collaborative to make a certain recommendation under certain circumstances; requiring that a specified report include certain information; amending s. 381.922, F.S.; establishing the Bascom Palmer Eye Institute VisionGen Initiative within the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research


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Program; providing the purpose of the initiative; providing that funding for the initiative is subject to annual appropriation; amending s. 381.986, F.S.; requiring the department to revoke the medical marijuana use registry registration of qualified patients and caregivers who enter certain pleas or are found guilty of certain offenses; authorizing a person seeking reinstatement of qualified patient or caregiver registration to submit a new application with a certain attestation; providing criminal penalties for knowingly making a false attestation; reviving, reenacting, and amending s. 400.0225, F.S., relating to consumer satisfaction surveys; requiring the Agency for Health Care Administration to develop user-friendly consumer satisfaction surveys for nursing home facilities; specifying requirements for the surveys; authorizing family members, guardians, and other resident designees to assist the resident in completing the survey; prohibiting employees and volunteers of the facility or of a corporation or business entity with an ownership interest in the facility from attempting to influence a resident's responses to the survey; requiring the agency to specify certain protocols for administration of the survey; requiring the agency to publish on its website aggregated survey data in a manner that allows for comparison between nursing home facilities; amending s. 400.141, F.S.; requiring medical directors of nursing home facilities to obtain, or to be in the


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process of obtaining, certain qualifications by a specified date; requiring the agency to include such medical director's name on each nursing home facility's online provider profile; requiring nursing home facilities to conduct biennial patient safety culture surveys; specifying requirements for administration of such surveys; requiring nursing home facilities to submit the results of such surveys biennially to the agency in a format specified by agency rule; authorizing nursing home facilities to develop an internal action plan between surveys to identify measures for improvement of the survey and submit such plan to the agency; amending s. 400.191, F.S.; requiring the agency to include the results from specified consumer satisfaction surveys as part of the Nursing Home Guide on its website; amending s. 408.051, F.S.; requiring nursing home facilities that maintain certain electronic health records to make available certain data to the agency's Florida Health Information Exchange program for a specified purpose; authorizing the agency to adopt rules; amending s. 408.061, F.S.; exempting nursing homes operated by state agencies from certain financial reporting requirements; requiring the agency to impose administrative fines against nursing homes and home offices of nursing homes for failing to comply with certain reporting requirements; defining the term "violation"; providing construction; requiring the agency to adopt rules; providing requirements for such


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rules; amending s. 408.08, F.S.; prohibiting nursing homes subject to certain administrative fines from being fined under a specified provision for the same violation; amending s. 409.904, F.S.; providing a presumption of eligibility for continued coverage of certain services for certain persons during a redetermination process; requiring certain persons to notify the agency and the Department of Children and Families of certain material changes; authorizing the department to conduct a redetermination of eligibility; requiring the department to provide certain persons notification and the results of such redeterminations; requiring the agency to seek federal authorization to exempt certain persons from annual redetermination of eligibility by a certain date; requiring the agency and department to develop a certain process; amending s. 409.906, F.S.; authorizing the agency to pay for certain blood-based biomarker tests; amending s. 409.908, F.S.; requiring the agency to revise its methodology for calculating Quality Incentive Program payments; providing requirements for such revision; requiring the agency to submit an annual report to the Governor and the Legislature on payments made under the Quality Incentive Program; specifying requirements for the report; amending s. 409.909, F.S.; revising the number of resident positions for which the agency may allocate certain funding to hospitals and qualifying institutions; deleting provisions creating the


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Graduate Medical Education Committee within the agency; amending s. 409.91256, F.S.; revising the purpose of the Training, Education, and Clinicals in Health Funding Program; revising the definition of the term "qualified facility"; specifying an allowed reimbursement rate to qualified facilities under the program for nursing students; amending s. 409.967, F.S.; requiring the agency to review certain audit reports for compliance; requiring a certified public accountant to correct certain audit report deficiencies and resubmit the report before the report is considered final; amending s. 409.9745, F.S.; requiring a managed care plan to provide coverage for certain blood-based biomarker tests; amending s. 409.977, F.S.; authorizing the agency to exceed a certain amount of financial assistance for a high-cost patient under certain circumstances; requiring the agency to submit a certain annual report to the Legislature beginning on a specified date; requiring that the report contain certain information; amending s. 430.84, F.S.; authorizing the state administering agency to exclude certain areas from designation as service areas under contracts with PACE organizations under certain circumstances; requiring the state to determine whether a certain unmet need exists in a certain area upon receipt of a letter of intent to provide PACE services from a new applicant; requiring such applicants to meet certain requirements; requiring the agency to contract with a third-party

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vendor to conduct a comprehensive study of nursing home quality incentive programs in other states; providing requirements for the study; requiring the agency to submit a final report on the study to the Governor and the Legislature by a specified date; providing an effective date.