# Journal of the Senate

**Number 22—Regular Session** **Tuesday, March 8, 2016**

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## CALL TO ORDER

The Senate was called to order by President Gardiner at 10:00 a.m. A quorum present—32:

| | | |
|---|---|---|
| Mr. President | Gaetz | Montford |
| Altman | Galvano | Negron |
| Bean | Garcia | Richter |
| Benacquisto | Gibson | Ring |
| Bradley | Grimsley | Simmons |
| Brandes | Hays | Simpson |
| Clemens | Hukill | Sobel |
| Dean | Hutson | Soto |
| Detert | Joyner | Stargel |
| Evers | Latvala | Thompson |
| Flores | Legg | |

Excused: Senator Lee periodically for the purpose of working on Appropriations

## PRAYER

The following prayer was offered by Will Hosford, an employee with the Office of the Secretary of the Senate:

Lord, we come before you today asking for your guidance. I pray you will guide the Senators as they seek to improve the lives of the people in the great State of Florida. Thank you for being with us these past few weeks, and I pray for your continued support today and through the remainder of session.

Lord, thank you for the Senators and the difficult task they have been given of deciding what is best for the people. I pray, that above all, in all of these things, your will be done. In Jesus' name. Amen.

## PLEDGE

Senate Pages, Owen Jackson of Boca Raton; and Elijah Ring, son of Senator Ring of Parkland, led the Senate in the Pledge of Allegiance to the flag of the United States of America.

## ADOPTION OF RESOLUTIONS

At the request of Senator Gaetz—

By Senator Gaetz—

**SR 1790**—A resolution recognizing July 15, 2016, as "Boeing Centennial Day" in Florida.

WHEREAS, founded by William Boeing in 1916, Boeing has become a leader in the commercial and military aerospace industries, setting standards for excellence in science and technology, and

WHEREAS, in its 100-year history, Boeing has been responsible for innovations in passenger airplanes, military aircraft, missiles, satellites, and spacecraft and has helped the United States and the world cross frontiers in aerospace technologies, and

WHEREAS, Boeing's heritage includes the Douglas DC-3, the first passenger airplane widely used by airlines; the iconic B-52 Stratofortress, in use by the United States military for 61 years; and the 707 and 747, which launched the jetliner era, and

WHEREAS, every American spacecraft that has carried astronauts into space was designed and built by companies that are now part of Boeing, and

WHEREAS, as a key player in commercial aerospace operations, national defense support, and space exploration, Boeing employs an estimated 1,400 individuals at multiple locations in this state and directly and indirectly supports 33,000 jobs, and

WHEREAS, Boeing's Special Operations Forces Aerospace Support Center, located in Fort Walton Beach, supports United States Air Force Special Operations Command at Hurlburt Field through the modification, testing, repair, and service of AC-130U and CV-22 platforms and other equipment, and

WHEREAS, Boeing's presence in Jacksonville includes a structural repair facility for the United States Navy and Marine Corps F/A-18 aircraft; the manufacturing and development site for the United States Air Force's QF-16 full-scale aerial target at Cecil Field; and flight, tactical, and maintenance training systems development and instruction for the United States Navy's P-8A Poseidon aircraft, and

WHEREAS, Boeing is the prime contractor for the International Space Station and, as such, has program personnel at Florida's Space Coast and NASA's John F. Kennedy Space Center, and

WHEREAS, Boeing is building the core stage of NASA's new heavy-lift rocket, the Space Launch System, and Boeing engineers are located at the Space Coast to oversee the design aspects of the project, and

WHEREAS, the John F. Kennedy Space Center serves as home to Boeing's Commercial Crew Program, which is responsible for building the CST-100 Starliner crew capsule that will transport NASA astronauts to the International Space Station, returning Americans to space from Florida, and

WHEREAS, Boeing Flight Services, in Miami, is the company's largest commercial aviation global training campus and the pro forma training facility for Boeing in the Americas, consisting of 16 full-flight simulators that offer training for all Boeing 7-Series airplanes, and

WHEREAS, Boeing's success has been due in great part to the hard work and dedication of countless employees over the years, many of whom serve as leaders in their communities, and

WHEREAS, in 2014, Boeing and its employees in this state contributed more than $5 million and many volunteer hours to worthy charitable causes, and

WHEREAS, Boeing will commemorate its centennial on July 15, 2016, and throughout the year with events that highlight the collaboration between its employees, suppliers, partners, and local communities to ensure outstanding service and equipment for the nation's men and women in uniform, the next generation of space explorers, and the flying public, NOW, THEREFORE,

*Be It Resolved by the Senate of the State of Florida:*

That July 15, 2016, is recognized as "Boeing Centennial Day" in Florida.

—was introduced, read, and adopted by publication.

## REPORTS OF COMMITTEE RELATING TO EXECUTIVE BUSINESS

The Honorable Andy Gardiner
President, The Florida Senate
Suite 409, The Capitol
404 South Monroe Street
Tallahassee, FL 32399-1100

March 8, 2016

Dear President Gardiner:

The following executive appointments were referred to the Senate Committee on Ethics and Elections for action pursuant to Rule 12.7 of the Rules of the Florida Senate:

| *Office and Appointment* | | *For Term Ending* |
|---|---|---|
| Florida Building Commission | | |
| Appointees: | Boyer, Robert G. | 07/26/2019 |
| | Swope, Brian | 05/01/2019 |
| Florida Commission on Community Service | | |
| Appointee: | Hayward, Ashton J. | 09/14/2017 |
| Florida Elections Commission | | |
| Appointee: | Poitier, Joni A. | 12/31/2019 |
| Tampa-Hillsborough County Expressway Authority | | |
| Appointee: | Alvarez, Daniel A., Sr. | 07/01/2017 |
| Public Employees Relations Commission | | |
| Appointee: | Bax, James A. | 01/01/2017 |
| Northeast Florida Regional Planning Council, Region 4 | | |
| Appointees: | Conkey, Douglas P. | 10/01/2016 |
| | Harvey, Lawrence "Larry" P. | 10/01/2018 |
| | Register, Darryl E. | 10/01/2018 |
| | Timonere, Ronald A. | 10/01/2018 |
| Central Florida Regional Planning Council, Region 7 | | |
| Appointee: | Sellers, Hazel H. | 10/01/2018 |
| Treasure Coast Regional Planning Council, Region 10 | | |
| Appointees: | Llano, Mark | 10/01/2018 |
| | Parrish, Reece J. | 10/01/2018 |
| South Florida Regional Planning Council, Region 11 | | |
| Appointee: | Goldberg, Cary A. | 10/01/2018 |
| Jacksonville Port Authority | | |
| Appointee: | Fleming, Edward J., Jr. | 09/30/2019 |

The following executive appointments were referred to the Senate Committee on Criminal Justice and the Senate Committee on Ethics and Elections for action pursuant to Rule 12.7 of the Rules of the Florida Senate:

| *Office and Appointment* | | *For Term Ending* |
|---|---|---|
| Board of Directors, Prison Rehabilitative Industries and Diversified Enterprises, Inc. | | |
| Appointees: | Garey, Alan L. | 09/30/2019 |
| | Hunter, Donald C. | 09/30/2017 |
| | Upchurch, James R. | 09/30/2017 |

The following executive appointment was referred to the Senate Committee on Environmental Preservation and Conservation and the Senate Committee on Ethics and Elections for action pursuant to Rule 12.7 of the Rules of the Florida Senate:

| *Office and Appointment* | | *For Term Ending* |
|---|---|---|
| Environmental Regulation Commission | | |
| Appointee: | Joyce, Joseph C. | 07/01/2019 |

The following executive appointments were referred to the Senate Committee on Transportation and the Senate Committee on Ethics and Elections for action pursuant to Rule 12.7 of the Rules of the Florida Senate:

| *Office and Appointment* | | *For Term Ending* |
|---|---|---|
| Florida Transportation Commission | | |
| Appointees: | Sarnoff, Teresa | 09/30/2019 |
| | Trumbull, Jay N. | 09/30/2019 |

As required by Rule 12.7, the committees caused to be conducted an inquiry into the qualifications, experience, and general suitability of the above-named appointees for appointment to the office indicated. In aid of such inquiry, the committees held a public hearing at which members of the public were invited to attend and offer evidence concerning the qualifications, experience, and general suitability of the appointees. After due consideration of the findings of such inquiry and the evidence adduced at the public hearings, the Committee on Ethics and Elections and other referenced committees respectfully advise and recommend that in accordance with s. 114.05(1)(c), Florida Statutes:

(1) the executive appointments of the above-named appointees, to the office and for the term indicated, be confirmed by the Senate;

(2) Senate action on said appointments be taken prior to the adjournment of the 2016 Regular Session; and

(3) there is no necessity known to the committees for the deliberations on said appointments to be held in executive session.

Respectfully submitted,
*Garrett Richter*, Chair

On motion by Senator Richter, the report was adopted and the Senate confirmed the appointments identified in the foregoing report of the committee to the offices and for the terms indicated in accordance with the recommendation of the committee.

The vote was:

Yeas—32

| | | |
|---|---|---|
| Mr. President | Flores | Latvala |
| Altman | Gaetz | Legg |
| Bean | Galvano | Montford |
| Benacquisto | Garcia | Negron |
| Bradley | Gibson | Richter |
| Brandes | Grimsley | Ring |
| Clemens | Hays | Sachs |
| Dean | Hukill | Simmons |
| Detert | Hutson | Sobel |
| Evers | Joyner | Soto |

| | |
|---|---|
| Stargel | Thompson |

Nays—None

Vote after roll call:

Yea—Diaz de la Portilla, Margolis, Simpson

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The Honorable Andy Gardiner
President, The Florida Senate
Suite 409, The Capitol
404 South Monroe Street
Tallahassee, FL 32399-1100

March 8, 2016

Dear President Gardiner:

The following executive appointments were referred to the Senate Committee on Ethics and Elections for action pursuant to Rule 12.7 of the Rules of the Florida Senate:

| *Office and Appointment* | | *For Term Ending* |
|---|---|---|
| Board of Architecture and Interior Design | | |
| Appointee: | Dennis, Holly L. | 10/31/2017 |
| Board of Athletic Training | | |
| Appointee: | Schwartzberg, Randy S. | 10/31/2019 |
| Construction Industry Licensing Board | | |
| Appointees: | Boyette, Aaron L. | 10/31/2019 |
| | Evetts, James C. | 10/31/2019 |
| | Layton, Mary | 10/31/2019 |
| | Lenois, Roy | 10/31/2019 |
| | Strickland, Michael W., Sr. | 10/31/2016 |
| | Thomason, Scott | 10/31/2018 |
| | Wood, Rachelle | 10/31/2019 |
| Board of Employee Leasing Companies | | |
| Appointees: | Dockery, Celeste D. | 10/31/2019 |
| | Finkelstein, Abram | 10/31/2019 |
| | Landrum, Henry Britton "Britt," III | 10/31/2018 |
| Board of Professional Engineers | | |
| Appointee: | Bracken, William C. | 10/31/2019 |
| Board of Professional Geologists | | |
| Appointee: | Alfieri, Michael C. | 10/31/2019 |
| Board of Massage Therapy | | |
| Appointees: | Brooks, Christopher L. | 10/31/2019 |
| | Drago, Victoria M. | 10/31/2016 |
| Board of Medicine | | |
| Appointees: | Dolin, Gary N. | 10/31/2018 |
| | Romanello, Nicholas William | 10/31/2016 |
| Board of Pilot Commissioners | | |
| Appointee: | Cumings, Bruce | 10/31/2019 |
| Florida Real Estate Commission | | |
| Appointee: | Fitzgerald, Patricia | 10/31/2019 |
| Board of Respiratory Care | | |
| Appointee: | Frey, Joseph A. | 10/31/2019 |

As required by Rule 12.7, the committee caused to be conducted an inquiry into the qualifications, experience, and general suitability of the above-named appointees for appointment to the office indicated. In aid of such inquiry, the committee held a public hearing at which members of the public were invited to attend and offer evidence concerning the qualifications, experience, and general suitability of the appointees. After due consideration of the findings of such inquiry and the evidence adduced at the public hearings, the Committee on Ethics and Elections respectfully advise and recommend that in accordance with s. 114.05(1)(c), Florida Statutes:

(1) the executive appointments of the above-named appointees, to the office and for the term indicated, be confirmed by the Senate;

(2) Senate action on said appointments be taken prior to the adjournment of the 2016 Regular Session; and

(3) there is no necessity known to the committees for the deliberations on said appointments to be held in executive session.

Respectfully submitted,
*Garrett Richter*, Chair

On motion by Senator Richter, the report was adopted and the Senate confirmed the appointments identified in the foregoing report of the committee to the offices and for the terms indicated in accordance with the recommendation of the committee.

The vote was:

Yeas—33

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Altman | Gaetz | Negron |
| Bean | Galvano | Richter |
| Benacquisto | Gibson | Ring |
| Bradley | Grimsley | Sachs |
| Brandes | Hays | Simmons |
| Braynon | Hukill | Simpson |
| Clemens | Hutson | Sobel |
| Dean | Joyner | Soto |
| Detert | Latvala | Stargel |
| Evers | Legg | Thompson |

Nays—None

Vote after roll call:

Yea—Diaz de la Portilla, Garcia, Margolis

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The Honorable Andy Gardiner
President, The Florida Senate
Suite 409, The Capitol
404 South Monroe Street
Tallahassee, FL 32399-1100

March 8, 2016

Dear President Gardiner:

The following executive appointment was referred to the Senate Appropriations Subcommittee on Transportation, Tourism, and Economic Development and the Senate Committee on Commerce and Tourism and the Senate Committee on Ethics and Elections for action pursuant to Rule 12.7 of the Rules of the Florida Senate:

| *Office and Appointment* | | *For Term Ending* |
|---|---|---|
| Executive Director, Department of Economic Opportunity | | |
| Appointee: | Proctor, Theresa "Cissy" | Pleasure of Governor |

The following executive appointment was referred to the Senate Committee on Regulated Industries and the Senate Committee on Ethics and Elections for action pursuant to Rule 12.7 of the Rules of the Florida Senate:

| *Office and Appointment* | | *For Term Ending* |
|---|---|---|
| Secretary of the Department of the Lottery | | |
| Appointee: | Delacenserie, Thomas Robert | Pleasure of Governor |

As required by Rule 12.7, the committees caused to be conducted an inquiry into the qualifications, experience, and general suitability of the above-named appointees for appointment to the office indicated. In aid

of such inquiry, the committees held a public hearing at which members of the public were invited to attend and offer evidence concerning the qualifications, experience, and general suitability of the appointees. After due consideration of the findings of such inquiry and the evidence adduced at the public hearings, the Committee on Ethics and Elections and other referenced committees respectfully advise and recommend that in accordance with s. 114.05(1)(c), Florida Statutes:

(1) the executive appointments of the above-named appointees, to the office and for the term indicated, be confirmed by the Senate;

(2) Senate action on said appointments be taken prior to the adjournment of the 2016 Regular Session; and

(3) there is no necessity known to the committees for the deliberations on said appointments to be held in executive session.

Respectfully submitted,
*Garrett Richter*, Chair

On motion by Senator Richter, the report was adopted and the Senate confirmed the appointments identified in the foregoing report of the committee to the offices and for the terms indicated in accordance with the recommendation of the committee.

The vote was:

Yeas—35

| | | |
|---|---|---|
| Mr. President | Gaetz | Montford |
| Altman | Galvano | Negron |
| Bean | Garcia | Richter |
| Benacquisto | Gibson | Ring |
| Bradley | Grimsley | Sachs |
| Brandes | Hays | Simmons |
| Braynon | Hukill | Simpson |
| Clemens | Hutson | Sobel |
| Dean | Joyner | Soto |
| Detert | Latvala | Stargel |
| Evers | Legg | Thompson |
| Flores | Margolis | |

Nays—None

Vote after roll call:

Yea—Diaz de la Portilla

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The Honorable Andy Gardiner
President, The Florida Senate
Suite 409, The Capitol
404 South Monroe Street
Tallahassee, FL 32399-1100

March 8, 2016

Dear President Gardiner:

The following executive appointments were referred to the Senate Committee on Ethics and Elections for action pursuant to Rule 12.7 of the Rules of the Florida Senate:

| *Office and Appointment* | | *For Term Ending* |
|---|---|---|
| Board of Trustees of Chipola College | | |
| Appointees: | Fleener, Andrew S. | 05/31/2019 |
| | Wall, Darrin M. | 05/31/2019 |
| Board of Trustees of Lake-Sumter State College | | |
| Appointee: | Hill, Jennifer S. | 05/31/2019 |
| Board of Trustees of State College of Florida, Manatee-Sarasota | | |
| Appointee: | Logan, Peter R. | 05/31/2019 |
| Board of Trustees of North Florida Community College | | |
| Appointees: | Benoit, Ann Sharon | 05/31/2019 |
| | Wright, Lloyd Gary | 05/31/2019 |
| Board of Trustees of St. Petersburg College | | |
| Appointees: | Foster, David William "Bill" | 05/31/2019 |
| | Stonecipher, Nathan M. | 05/31/2018 |
| Board of Trustees for the Florida School for the Deaf and the Blind | | |
| Appointee: | Zavelson, Thomas M. | 11/07/2019 |
| Education Practices Commission | | |
| Appointee: | Basso, Cristina | 09/30/2019 |
| Board of Governors of the State University System | | |
| Appointee: | Valverde, Fernando J. | 01/06/2019 |
| Commission for Independent Education | | |
| Appointees: | Bradley, Nancy M. | 06/30/2018 |
| | Mulherin, Lynn | 06/30/2018 |
| Florida Prepaid College Board | | |
| Appointees: | Rasmussen, James W. | 06/30/2018 |
| | Starkey, Adria D. | 06/30/2016 |
| Board of Trustees, Florida A & M University | | |
| Appointees: | Lawrence, David, Jr. | 01/06/2021 |
| | McCoy, Gary T. | 01/06/2020 |
| Board of Trustees, Florida International University | | |
| Appointee: | Joseph, Michael G. | 01/06/2020 |
| Board of Trustees, New College of Florida | | |
| Appointee: | Lenger, Charlene "Charlie" J. | 01/06/2020 |
| Board of Trustees, University of Florida | | |
| Appointee: | Powers, Marsha D. | 01/06/2021 |
| Board of Trustees, University of West Florida | | |
| Appointee: | Baker, Richard R. | 01/06/2021 |

The following executive appointment was referred to the Senate Committee on Education Pre-K - 12 and the Senate Committee on Ethics and Elections for action pursuant to Rule 12.7 of the Rules of the Florida Senate:

| *Office and Appointment* | | *For Term Ending* |
|---|---|---|
| State Board of Education | | |
| Appointee: | Grady, Thomas R. | 12/31/2018 |

As required by Rule 12.7, the committees caused to be conducted an inquiry into the qualifications, experience, and general suitability of the above-named appointees for appointment to the office indicated. In aid of such inquiry, the committees held a public hearing at which members of the public were invited to attend and offer evidence concerning the qualifications, experience, and general suitability of the appointees. After due consideration of the findings of such inquiry and the evidence adduced at the public hearings, the Committee on Ethics and Elections and other referenced committees respectfully advise and recommend that in accordance with s. 114.05(1)(c), Florida Statutes:

(1) the executive appointments of the above-named appointees, to the office and for the term indicated, be confirmed by the Senate;

(2) Senate action on said appointments be taken prior to the adjournment of the 2016 Regular Session; and

(3) there is no necessity known to the committees for the deliberations on said appointments to be held in executive session.

Respectfully submitted,
*Garrett Richter*, Chair

On motion by Senator Richter, the report was adopted and the Senate confirmed the appointments identified in the foregoing report of the committee to the offices and for the terms indicated in accordance with the recommendation of the committee.

The vote was:

Yeas—36

| | | |
|---|---|---|
| Mr. President | Flores | Margolis |
| Abruzzo | Gaetz | Montford |
| Altman | Galvano | Negron |
| Bean | Garcia | Richter |
| Benacquisto | Gibson | Ring |
| Bradley | Grimsley | Sachs |
| Brandes | Hays | Simmons |
| Braynon | Hukill | Simpson |
| Clemens | Hutson | Sobel |
| Dean | Joyner | Soto |
| Detert | Latvala | Stargel |
| Evers | Legg | Thompson |

Nays—None

Vote after roll call:

Yea—Diaz de la Portilla

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By direction of the President, the rules were waived and the Senate proceeded to—

## SPECIAL ORDER CALENDAR

**CS for SB 20**—A bill to be entitled An act for the relief of Rafael Zaldivar and Kyoko Zaldivar, parents of Alex Zaldivar, deceased, individually and as co-personal representatives of the Estate of Alex Zaldivar, and Brienna Campos and Remington Campos by Orange County; providing for an appropriation to compensate Rafael Zaldivar and Kyoko Zaldivar for the death of Alex Zaldivar and to compensate Brienna Campos and Remington Campos for the injuries and damages they sustained as a result of the negligence of Orange County; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

**SENATOR NEGRON PRESIDING**

Pending further consideration of **CS for SB 20**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 3517** was withdrawn from the Committee on Rules.

On motion by Senator Diaz de la Portilla—

**CS for HB 3517**—A bill to be entitled An act for the relief of Rafael Zaldivar and Kyoko Zaldivar, parents of Alex Zaldivar, deceased, individually and as co-personal representatives of the Estate of Alex Zaldivar, and Brienna Campos and Remington Campos by Orange County; providing for an appropriation to compensate Rafael Zaldivar and Kyoko Zaldivar for the death of Alex Zaldivar and to compensate Brienna Campos and Remington Campos for the injuries and damages they sustained as a result of the negligence of Orange County; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **CS for SB 20** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 3517** was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 44**—A bill to be entitled An act for the relief of Susana Castillo, as personal representative of the Estate of Andrea Castillo; providing for an appropriation to compensate the Estate of Andrea Castillo for her death as a result of the negligence of the City of Hialeah; providing a limitation on the payment of fees and costs; providing that the amounts awarded are intended to provide the sole compensation for all present and future claims related to the wrongful death of Andrea Castillo; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 44**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 3509** was withdrawn from the Committee on Rules.

On motion by Senator Garcia—

**CS for HB 3509**—A bill to be entitled An act for the relief of Susana Castillo, as personal representative of the Estate of Andrea Castillo; providing for an appropriation to compensate the Estate of Andrea Castillo for her death as a result of the negligence of the City of Hialeah; providing a limitation on the payment of fees and costs; providing that the amounts awarded are intended to provide the sole compensation for all present and future claims related to the wrongful death of Andrea Castillo; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 44** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 3509** was placed on the calendar of Bills on Third Reading.

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**CS for SB 46**—A bill to be entitled An act for the relief of Melvin and Alma Colindres by the City of Miami; providing for an appropriation to compensate them for the wrongful death of their son, Kevin Colindres, which occurred as a result of the negligence of police officers of the City of Miami; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 46**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 3525** was withdrawn from the Committee on Rules.

On motion by Senator Flores—

**CS for HB 3525**—A bill to be entitled An act for the relief of Melvin and Alma Colindres by the City of Miami; providing for an appropriation to compensate them for the wrongful death of their son, Kevin Colindres, which occurred as a result of the negligence of police officers of the City of Miami; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **CS for SB 46** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 3525** was placed on the calendar of Bills on Third Reading.

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Consideration of **CS for SB 1638** and **CS for CS for SB 372** was deferred.

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**CS for SB 582**—A bill to be entitled An act relating to public corruption; amending s. 838.014, F.S.; revising and providing definitions; amending s. 838.015, F.S.; revising the definition of the term "bribery"; revising requirements for prosecution; amending s. 838.016, F.S.; revising the prohibition against unlawful compensation or reward for official behavior to conform to changes made by the act; amending s. 838.022, F.S.; revising the prohibition against official misconduct to conform to changes made by the act; revising applicability of the offense to include public contractors; amending s. 838.22, F.S.; revising the prohibition against bid tampering to conform to changes made by the act; revising applicability of the offense to include specified public contractors; reenacting s. 112.534(2)(a), F.S., relating to official misconduct, and s. 117.01(4)(d), F.S., relating to appointment, application, suspension, revocation, application fee, bond, and oath of notaries public, to incorporate the amendment made by the act to s. 838.022,

F.S., in references thereto; reenacting s. 817.568(11), F.S., relating to criminal use of personal identification information, to incorporate the amendment made by the act to s. 838.014, F.S., in a reference thereto; reenacting s. 921.0022(3)(d) and (g), F.S., relating to the Criminal Punishment Code offense severity ranking chart, to incorporate the amendments made by the act to ss. 838.015, 838.016, 838.022, and 838.22, F.S., in references thereto; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 582**, pursuant to Rule 3.11(3), there being no objection, **HB 7071** was withdrawn from the Committees on Governmental Oversight and Accountability; Criminal Justice; and Rules.

On motion by Senator Gaetz—

**HB 7071**—A bill to be entitled An act relating to public corruption; amending s. 838.014, F.S.; revising and providing definitions; amending s. 838.015, F.S.; revising the definition of the term "bribery"; revising requirements for prosecution; amending s. 838.016, F.S.; revising the prohibition against unlawful compensation or reward for official behavior to conform to changes made by the act; amending s. 838.022, F.S.; revising the prohibition against official misconduct to conform to changes made by the act; revising applicability of the offense to include public contractors; amending s. 838.22, F.S.; revising the prohibition against bid tampering to conform to changes made by the act; revising applicability of the offense to include specified public contractors; reenacting s. 112.534(2)(a), F.S.,relating to official misconduct, s. 117.01(4)(d), F.S., relating to appointment, application, suspension, revocation, application fee, bond, and oath, and s. 921.0022(3)(d), F.S., relating to the Criminal Punishment Code offense severity ranking chart, to incorporate amendments made by the act to s. 838.022, F.S., in references thereto; reenacting s. 817.568(11), F.S., relating to criminal use of personal identification information, to incorporate the amendment made by the act to s. 838.014, F.S., in a reference thereto; reenacting s. 921.0022(3)(g), F.S., relating to the Criminal Punishment Code offense severity ranking chart, to incorporate the amendments made by the act to ss. 838.015, 838.016, and 838.22, F.S., in references thereto; providing an effective date.

—a companion measure, was substituted for **CS for SB 582** and read the second time by title.

Pursuant to Rule 4.19, **HB 7071** was placed on the calendar of Bills on Third Reading.

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Consideration of **CS for SB 746** was deferred.

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**CS for SB 7054**—A bill to be entitled An act relating to the Agency for Persons with Disabilities; amending s. 393.063, F.S.; revising definitions; repealing s. 393.0641, F.S., relating to a program for the prevention and treatment of severe self-injurious behavior; amending s. 393.065, F.S.; providing for the assignment of priority to clients waiting for waiver services; requiring the agency to allow an individual to receive specified services if the individual's parent or legal guardian is an active duty military servicemember, under certain circumstances; requiring the agency to send an annual letter requesting updated information to clients, their guardians, or their families; providing that certain agency action does not establish a right to a hearing or an administrative proceeding; amending s. 393.066, F.S.; providing for the use of an agency data management system; providing requirements for persons or entities under contract with the agency; amending s. 393.0662, F.S.; revising the allocations methodology that the agency is required to use to develop each client's iBudget; adding client needs that qualify as extraordinary needs, which may result in the approval of an increase in a client's allocated funds; revising duties of the Agency for Health Care Administration relating to the iBudget system; creating s. 393.0663, F.S.; providing legislative findings; establishing The Arc Dental Program in the Agency for Persons with Disabilities; authorizing the agency to enter into a memorandum of agreement with and assist The Arc of Florida; providing requirements for the memorandum of agreement; requiring the agency to submit an annual report to the Governor and the Legislature; providing that implementation of the program is contingent upon an appropriation; creating s. 393.0679, F.S.; requiring the Agency for Persons with Disabilities to conduct a certain utilization review; requiring specified intermediate care facilities to comply with certain requests and inspections by the agency; amending s. 393.11, F.S.; providing for annual reviews for persons involuntarily committed to residential services; requiring the agency to employ or contract with a qualified evaluator; providing requirements for annual reviews; requiring a hearing to be held to consider the results of an annual review; requiring the agency to provide a copy of the review to certain persons; defining a term; repealing s. 24 of chapter 2015-222, Laws of Florida, relating to the abrogation of the scheduled expiration of an amendment to s. 393.067(15), F.S., and the scheduled reversion of the text of that section; repealing s. 26 of chapter 2015-222, Laws of Florida, relating to the abrogation of the scheduled expiration of an amendment to s. 393.18, F.S., and the scheduled reversion of the text of that section; reenacting s. 393.067(15), F.S., relating to contracts between the agency and licensed facilities; reenacting and amending s. 393.18, F.S.; revising the purposes of comprehensive transitional education programs; requiring the supervisor of the clinical director of such programs to meet specified requirements; requiring such programs to include specified components; revising the organization and operation of the components; requiring components of a program to be located within the same agency region; providing for the integration of educational components of the program, including individual education plans, with the local school district of school-aged residents; requiring licensees that have entered into settlement agreements with the agency to comply with the agreement or face disciplinary action; authorizing the agency to approve the proposed admission or readmission of an individual to a program for a specified period of time; providing for an extended stay under certain circumstances; amending s. 393.501, F.S.; conforming provisions to changes made by the act; amending ss. 383.141 and 1002.385, F.S.; conforming cross references; providing effective dates.

—was read the second time by title.

Pending further consideration of **CS for SB 7054**, pursuant to Rule 3.11(3), there being no objection, **CS for CS for HB 1083** was withdrawn from the Committees on Children, Families, and Elder Affairs; Appropriations Subcommittee on Health and Human Services; and Appropriations.

On motion by Senator Sobel—

**CS for CS for HB 1083**—A bill to be entitled An act relating to the Agency for Persons with Disabilities; amending s. 393.063, F.S.; revising and defining terms; repealing s. 393.0641, F.S., relating to a program for the prevention and treatment of severe self-injurious behavior; amending s. 393.065, F.S.; providing for the assignment of priority to clients waiting for waiver services; requiring an agency to allow a certain individual to receive such services if the individual's parent or legal guardian is an active-duty military servicemember; requiring the agency to send an annual letter to clients and their guardians or families; providing that certain agency action does not establish a right to a hearing or an administrative proceeding; amending s. 393.066, F.S.; providing for the use of an agency data management system; providing requirements for persons or entities under contract with the agency; amending s. 393.0662, F.S.; adding client needs that qualify as extraordinary needs, which may result in the approval of an increase in a client's allocated funds; revising duties of the Agency for Health Care Administration relating to the iBudget system; creating s. 393.0679, F.S.; requiring the Agency for Persons with Disabilities to conduct a certain utilization review; requiring certain intermediate care facilities to comply with certain requests and inspections by the agency; amending s. 393.11, F.S.; providing for annual reviews for persons involuntarily admitted to residential services provided by the agency; requiring the agency to contract with a qualified evaluator; providing requirements for annual reviews; requiring a hearing to be held to consider the results of an annual review; requiring the agency to provide a copy of the review to certain persons; providing a definition; repealing ss. 24 and 26 of chapter 2015-222, Laws of Florida; abrogating the scheduled expiration and reversion of amendments to ss. 393.067(15) and 393.18, F.S.; providing for contingent retroactive op-

eration; reenacting s. 393.067(15), F.S., relating to a provision specifying that the agency is not required to contract with certain licensed facilities; reenacting and amending s. 393.18, F.S.; revising the purposes of comprehensive transitional education programs; providing qualification requirements for the supervisor of the clinical director of a specified licensee; revising the organization and operation of components of such a program; providing for the integration of educational components with the local school district; providing that failure of certain licensees to comply with the terms of a settlement agreement is grounds for discipline; authorizing the agency to approve the admission or readmission of an individual to such a program; amending ss. 383.141 and 1002.385, F.S.; conforming cross-references to changes made by the act; providing an appropriation; providing a contingent appropriation; providing effective dates.

—a companion measure, was substituted for **CS for SB 7054** and read the second time by title.

Pursuant to Rule 4.19, **CS for CS for HB 1083** was placed on the calendar of Bills on Third Reading.

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**CS for SB 7056**—A bill to be entitled An act relating to long-term care managed care prioritization; amending s. 409.962, F.S.; defining terms; amending s. 409.979, F.S.; requiring the Department of Elderly Affairs to maintain a statewide wait list for enrollment for home and community-based services through the Medicaid long-term care managed care program; requiring the department to prioritize individuals for potential enrollment using a frailty-based screening tool that provides a priority score; providing for determinations regarding offers of enrollment; requiring screening and certain rescreening by Aging Resource Center personnel of individuals requesting long-term care services from the program; requiring the department to adopt by rule a screening tool; requiring the department to make a specified methodology available on its website; requiring the department to notify applicants if they are placed on the wait list; requiring the department to conduct prerelease assessments upon notification by the agency of available capacity; authorizing certain individuals to enroll in the long-term care managed care program; authorizing the department to terminate an individual from the wait list under certain circumstances; providing for priority enrollment for home and community-based services; authorizing the department and the Agency for Health Care Administration to adopt rules; deleting obsolete language; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 7056**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 1335** was withdrawn from the Committees on Health Policy; Appropriations Subcommittee on Health and Human Services; and Appropriations.

On motion by Senator Bean—

**CS for HB 1335**—A bill to be entitled An act relating to long-term care managed care prioritization; amending s. 409.962, F.S.; providing definitions; amending s. 409.979, F.S.; requiring the Department Elderly Affairs to maintain a statewide wait list for enrollment for home and community-based services through the Medicaid long-term care managed care program; requiring the department to prioritize individuals for potential enrollment using a frailty-based screening tool that provides a priority score; providing for determinations regarding offers of enrollment; requiring screening and certain rescreening by aging resource center personnel of individuals requesting long-term care services from the program; requiring the department to adopt by rule a screening tool; requiring the department to make a specified methodology available on its website; requiring the department to notify applicants of placement on the wait list; requiring the department to document attempts to contact an individual to schedule a screening or rescreening; requiring the department to send a letter to an individual who it is unable to contact to schedule an initial screening or rescreening; requiring the department to conduct prerelease assessments upon notification by the agency of available capacity; authorizing certain individuals to enroll in the long-term care managed care program; authorizing the department to terminate an individual from the wait list under certain circumstances; providing for priority enrollment for home and community-based services for certain individuals; authorizing the department and the Agency for Health Care Administration to adopt rules; providing an effective date.

—a companion measure, was substituted for **CS for SB 7056** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 1335** was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 1454**—A bill to be entitled An act relating to vessels; amending s. 327.33, F.S.; revising provisions relating to careless operation of a vessel; amending s. 327.70, F.S.; requiring the issuance and use of a safety inspection decal under certain circumstances; prohibiting law enforcement officers from stopping a vessel for a specified purpose under certain circumstances; providing an exception; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 1454**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 703** was withdrawn from the Committees on Environmental Preservation and Conservation; Appropriations Subcommittee on Criminal and Civil Justice; and Fiscal Policy.

On motion by Senator Hutson—

**CS for HB 703**—A bill to be entitled An act relating to vessels; amending s. 327.33, F.S., relating to the reckless or careless operation of a vessel; providing that vessel overloading or excessive speed constitutes careless operation of a vessel; amending s. 327.70, F.S.; providing for issuance and display of vessel safety inspection decals; prohibiting law enforcement officers from stopping certain vessels solely to inspect for compliance with specified safety requirements; providing an exception; providing applicability; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 1454** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 703** was placed on the calendar of Bills on Third Reading.

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Consideration of **CS for SJR 1194** was deferred.

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**CS for SJR 492**—A joint resolution proposing an amendment to Section 6 of Article VII and the creation of a new section in Article XII of the State Constitution to revise the homestead tax exemption that may be granted by counties or municipalities, if authorized by general law, for the assessed value of property with a just value less than $250,000 and owned by persons age 65 or older who meet certain residence and income requirements to specify that just value shall be determined in the first tax year that the owner applies and is eligible for the exemption and to provide retroactive applicability and an effective date.

—was read the second time by title.

Pending further consideration of **CS for SJR 492**, pursuant to Rule 3.11(3), there being no objection, **CS for HJR 275** was withdrawn from the Committees on Community Affairs; Finance and Tax; and Appropriations.

On motion by Senator Flores—

**CS for HJR 275**—A joint resolution proposing an amendment to Section 6 of Article VII and the creation of a new section in Article XII of the State Constitution to revise the homestead tax exemption that may be granted by counties or municipalities, if authorized by general law, for the assessed value of property with a just value less than $250,000 and owned by persons age 65 or older who meet certain residence and income requirements to specify that just value shall be determined in

the first tax year that the owner applies and is eligible for the exemption and to provide retroactive applicability and an effective date.

—a companion measure, was substituted for **CS for SJR 492** and read the second time by title.

Pursuant to Rule 4.19, **CS for HJR 275** was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 488**—A bill to be entitled An act relating to a county and municipality homestead tax exemption; amending s. 196.075, F.S.; revising the homestead tax exemption that may be adopted by a county or municipality by ordinance for the assessed value of property with a just value less than $250,000 which is owned by persons age 65 or older who meet certain residence and income requirements; specifying that just value shall be determined in the first tax year that the owner applies and is eligible for the exemption; providing for a refund of overpaid taxes in prior years; providing retroactive applicability; providing a contingent effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 488**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 277** was withdrawn from the Committees on Community Affairs; Finance and Tax; and Appropriations.

On motion by Senator Flores—

**CS for HB 277**—A bill to be entitled An act relating to a county and municipality homestead tax exemption; amending s. 196.075, F.S.; revising the homestead tax exemption that may be adopted by a county or municipality by ordinance for the assessed value of property with a just value less than $250,000 which is owned by persons age 65 or older who meet certain residence and income requirements; specifying that just value shall be determined in the first tax year that the owner applies and is eligible for the exemption; providing for a refund of overpaid taxes in prior years; providing retroactive applicability; providing a contingent effective date.

—a companion measure, was substituted for **CS for CS for SB 488** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 277** was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 766**—A bill to be entitled An act relating to ad valorem taxation; amending s. 192.0105, F.S.; conforming provisions to changes made by the act; amending s. 193.073, F.S.; revising procedures for the revision of an erroneous or incomplete personal property tax return; amending s. 193.122, F.S.; specifying deadlines for value adjustment boards to complete certain hearings and final assessment roll certifications; providing exceptions; providing applicability; amending ss. 193.155, 193.1554, and 193.1555, F.S.; requiring a property appraiser to serve a notice of intent to record a notice of tax lien under certain circumstances; requiring certain taxpayers to be given a specified timeframe to pay taxes, penalties, and interest to avoid the filing of a lien; prohibiting the assessment of penalties and interest under certain circumstances; amending s. 194.011, F.S.; revising the procedures for filing petitions to the value adjustment board; providing applicability as to the confidentiality of certain taxpayer information; amending s. 194.014, F.S.; revising the entities authorized to determine under certain circumstances that a petitioner owes ad valorem taxes or is owed a refund of overpaid taxes; revising the rate at which interest accrues on unpaid and overpaid ad valorem taxes; defining the term "bank prime loan rate"; amending s. 194.032, F.S.; revising the purposes for which a value adjustment board may meet; revising requirements for the provision of property record cards to a petitioner for certain hearings; requiring the petitioner or property appraiser to show good cause to reschedule a hearing related to an assessment; defining the term "good cause"; amending s. 194.034, F.S.; revising requirements for an entity that may represent a taxpayer before the value adjustment board; requiring the Department of Revenue to adopt certain forms; prohibiting a taxpayer from contesting an assessment unless the return was timely filed; defining the term "timely filed"; revising provisions relating to findings of fact; amending s. 194.035, F.S.; specifying that certain petitions must be heard by a special magistrate; prohibiting consideration of assessment reductions recommended in previous hearings by special magistrates when appointing or when scheduling a special magistrate; amending s. 197.3632, F.S.; extending the dates for certain counties to adopt or certify non-ad valorem assessment rolls; reenacting and amending s. 1011.62(4)(e), F.S.; revising the time period for requirements and calculations applicable to the levy and adjustment of the Prior Period Funding Adjustment Millage before and after certification of the district's final taxable value; repealing certain provisions of a rule adopted by the Department of Revenue; providing a finding of important state interest; providing effective dates.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 766**, pursuant to Rule 3.11(3), there being no objection, **CS for CS for HB 499** was withdrawn from the Committees on Community Affairs; Finance and Tax; and Appropriations.

On motion by Senator Flores—

**CS for CS for HB 499**—A bill to be entitled An act relating to ad valorem taxation; amending s. 129.03, F.S.; revising the information required to be included on summaries of adopted tentative budgets; authorizing a summary statement to be published more than once in specified locations; amending s. 192.0105, F.S.; conforming provisions to changes made by the act; amending s. 193.073, F.S.; establishing procedures for the revision of an erroneous or incomplete personal property tax return; amending s. 193.122, F.S.; establishing deadlines for value adjustment boards to complete final assessment roll certifications; providing exceptions; providing applicability; amending s. 193.155, F.S.; providing timeframes in which taxpayers may appeal to the value adjustment board the application of the assessment limitation on homestead property; amending ss. 193.1554 and 193.1555, F.S.; providing timeframes in which taxpayers may appeal the application of the assessment limitation on certain property to the value adjustment board; authorizing the waiver of penalties and interest under certain circumstances; allowing certain taxpayers to pay taxes, penalties, and interest within a specified period to avoid the filing of a lien; amending s. 194.011, F.S.; revising the procedures for filing petitions to the value adjustment board; revising the procedures used during a value adjustment board hearing; revising the documentation required to be on evidence lists during value adjustment board hearings; specifying the period during which certain evidence remains confidential; amending s. 194.014, F.S.; revising the interest rate upon which certain unpaid and overpaid ad valorem taxes accrue; defining the term "bank prime loan rate"; amending s. 194.015, F.S.; revising procedures for appointment to a value adjustment board; amending s. 194.032, F.S.; revising requirements for the provision of property record cards to a petitioner; requiring the petitioner or property appraiser to show good cause to reschedule a hearing related to an assessment; defining the term "good cause"; requiring value adjustment boards to address issues concerning assessment rolls by a time certain; providing an exception; amending s. 194.034, F.S.; revising the authorization required for various entities that may represent a taxpayer before the value adjustment board; prohibiting a taxpayer from contesting an assessment unless the return was timely filed; defining the term "timely filed"; revising provisions relating to findings of fact; amending s. 194.035, F.S.; specifying that certain petitions must be heard by an attorney special magistrate; prohibiting consideration of assessment reductions recommended in previous hearings by special magistrates when appointing a special magistrate; amending s. 1011.62, F.S.; revising dates for purposes of computing each school district's required local effort; repealing certain rules adopted by the Department of Revenue; providing a finding of important state interest; providing effective dates.

—a companion measure, was substituted for **CS for CS for SB 766** and read the second time by title.

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendment was allowed:

Senator Flores moved the following amendment which was adopted:

**Amendment 1 (534768) (with title amendment)**—Delete everything after the enacting clause and insert:

Section 1. Paragraph (f) of subsection (2) of section 192.0105, Florida Statutes, is amended to read:

192.0105 Taxpayer rights.—There is created a Florida Taxpayer's Bill of Rights for property taxes and assessments to guarantee that the rights, privacy, and property of the taxpayers of this state are adequately safeguarded and protected during tax levy, assessment, collection, and enforcement processes administered under the revenue laws of this state. The Taxpayer's Bill of Rights compiles, in one document, brief but comprehensive statements that summarize the rights and obligations of the property appraisers, tax collectors, clerks of the court, local governing boards, the Department of Revenue, and taxpayers. Additional rights afforded to payors of taxes and assessments imposed under the revenue laws of this state are provided in s. 213.015. The rights afforded taxpayers to assure that their privacy and property are safeguarded and protected during tax levy, assessment, and collection are available only insofar as they are implemented in other parts of the Florida Statutes or rules of the Department of Revenue. The rights so guaranteed to state taxpayers in the Florida Statutes and the departmental rules include:

(2) THE RIGHT TO DUE PROCESS.—

(f) The right, in value adjustment board proceedings, to have all evidence presented and considered at a public hearing at the scheduled time, to be represented by *a person specified in s. 194.034(1)(a), (b), or (c)* ~~an attorney or agent~~, to have witnesses sworn and cross-examined, and to examine property appraisers or evaluators employed by the board who present testimony (see ss. *194.034(1)(d)* ~~194.034(1)(a) and (c)~~ and (4), and 194.035(2)).

Section 2. Subsection (1) of section 193.073, Florida Statutes, is amended to read:

193.073 Erroneous returns; estimate of assessment when no return filed.—

(1)*(a)* Upon discovery that an erroneous or incomplete statement of personal property has been filed by a taxpayer or that all the property of a taxpayer has not been returned for taxation, the property appraiser shall *mail a notice informing the taxpayer that an erroneous or incomplete statement of personal property has been filed. Such notice shall be mailed at any time before the mailing of the notice required in s. 200.069. The taxpayer has 30 days after the date the notice is mailed to provide the property appraiser with a complete return listing all property for taxation.* ~~proceed as follows:~~

*(b)*~~(a)~~ If the property is personal property and is discovered before April 1, the property appraiser shall make an assessment in triplicate. After attaching the affidavit and warrant required by law, the property appraiser shall dispose of the additional assessment roll in the same manner as provided by law.

*(c)*~~(b)~~ If the property is personal property and is discovered on or after April 1, or is real property discovered at any time, the property shall be added to the assessment roll then in preparation.

Section 3. Subsection (1) of section 193.122, Florida Statutes, is amended to read:

193.122 Certificates of value adjustment board and property appraiser; extensions on the assessment rolls.—

(1) The value adjustment board shall certify each assessment roll upon order of the board of county commissioners pursuant to s. 197.323, if applicable, and again after all hearings required by s. 194.032 have been held. These certificates shall be attached to each roll as required by the Department of Revenue. *Notwithstanding an extension of the roll by the board of county commissioners pursuant to s. 197.323, the value adjustment board must complete all hearings required by s. 194.032 and certify the assessment roll to the property appraiser by June 1 following the assessment year. The June 1 requirement shall be extended until December 1 in each year in which the number of petitions filed increased by more than 10 percent over the previous year.*

Section 4. *The amendments made by this act to s. 193.122, Florida Statutes, first apply beginning with the 2018 tax roll.*

Section 5. Subsection (10) of section 193.155, Florida Statutes, is amended to read:

193.155 Homestead assessments.—Homestead property shall be assessed at just value as of January 1, 1994. Property receiving the homestead exemption after January 1, 1994, shall be assessed at just value as of January 1 of the year in which the property receives the exemption unless the provisions of subsection (8) apply.

(10) If the property appraiser determines that for any year or years within the prior 10 years a person who was not entitled to the homestead property assessment limitation granted under this section was granted the homestead property assessment limitation, the property appraiser making such determination shall *serve upon the owner a notice of intent to* record in the public records of the county a notice of tax lien against any property owned by that person in the county, and such property must be identified in the notice of tax lien. Such property that is situated in this state is subject to the unpaid taxes, plus a penalty of 50 percent of the unpaid taxes for each year and 15 percent interest per annum. However, when a person entitled to exemption pursuant to s. 196.031 inadvertently receives the limitation pursuant to this section following a change of ownership, the assessment of such property must be corrected as provided in paragraph (9)(a), and the person need not pay the unpaid taxes, penalties, or interest. *Before a lien may be filed, the person or entity so notified must be given 30 days to pay the taxes and any applicable penalties and interest. If the property appraiser improperly grants the property assessment limitation as a result of a clerical mistake or an omission, the person or entity improperly receiving the property assessment limitation may not be assessed a penalty or interest.*

Section 6. Subsection (10) of section 193.1554, Florida Statutes, is amended to read:

193.1554 Assessment of nonhomestead residential property.—

(10) If the property appraiser determines that for any year or years within the prior 10 years a person or entity who was not entitled to the property assessment limitation granted under this section was granted the property assessment limitation, the property appraiser making such determination shall *serve upon the owner a notice of intent to* record in the public records of the county a notice of tax lien against any property owned by that person or entity in the county, and such property must be identified in the notice of tax lien. Such property that is situated in this state is subject to the unpaid taxes, plus a penalty of 50 percent of the unpaid taxes for each year and 15 percent interest per annum. *Before a lien may be filed, the person or entity so notified must be given 30 days to pay the taxes and any applicable penalties and interest. If the property appraiser improperly grants the property assessment limitation as a result of a clerical mistake or an omission, the person or entity improperly receiving the property assessment limitation may not be assessed a penalty or interest.*

Section 7. Subsection (10) of section 193.1555, Florida Statutes, is amended to read:

193.1555 Assessment of certain residential and nonresidential real property.—

(10) If the property appraiser determines that for any year or years within the prior 10 years a person or entity who was not entitled to the property assessment limitation granted under this section was granted the property assessment limitation, the property appraiser making such determination shall *serve upon the owner a notice of intent to* record in the public records of the county a notice of tax lien against any property owned by that person or entity in the county, and such property must be identified in the notice of tax lien. Such property that is situated in this state is subject to the unpaid taxes, plus a penalty of 50 percent of the unpaid taxes for each year and 15 percent interest per annum. *Before a lien may be filed, the person or entity so notified must be given 30 days to pay the taxes and any applicable penalties and interest. If the property appraiser improperly grants the property assessment limitation as a*

*result of a clerical mistake or an omission, the person or entity improperly receiving the property assessment limitation may not be assessed a penalty or interest.*

Section 8. Subsection (3) of section 194.011, Florida Statutes, is amended to read:

194.011 Assessment notice; objections to assessments.—

(3) A petition to the value adjustment board must be in substantially the form prescribed by the department. Notwithstanding s. 195.022, a county officer may not refuse to accept a form provided by the department for this purpose if the taxpayer chooses to use it. A petition to the value adjustment board *must be signed by the taxpayer or be accompanied at the time of filing by the taxpayer's written authorization or power of attorney, unless the person filing the petition is listed in s. 194.034(1)(a). A person listed in s. 194.034(1)(a) may file a petition with a value adjustment board without the taxpayer's signature or written authorization by certifying under penalty of perjury that he or she has authorization to file the petition on behalf of the taxpayer. If a taxpayer notifies the value adjustment board that a petition has been filed for the taxpayer's property without his or her consent, the value adjustment board may require the person filing the petition to provide written authorization from the taxpayer authorizing the person to proceed with the appeal before a hearing is held. If the value adjustment board finds that a person listed in s. 194.034(1)(a) willfully and knowingly filed a petition that was not authorized by the taxpayer, the value adjustment board shall require such person to provide the taxpayer's written authorization for representation to the value adjustment board clerk before any petition filed by that person is heard, for 1 year after imposition of such requirement by the value adjustment board. A power of attorney or written authorization is valid for 1 assessment year, and a new power of attorney or written authorization by the taxpayer is required for each subsequent assessment year. A petition* shall *also* describe the property by parcel number and shall be filed as follows:

(a) The clerk of the value adjustment board and the property appraiser shall have available and shall distribute forms prescribed by the Department of Revenue on which the petition shall be made. Such petition shall be sworn to by the petitioner.

(b) The completed petition shall be filed with the clerk of the value adjustment board of the county, who shall acknowledge receipt thereof and promptly furnish a copy thereof to the property appraiser.

(c) The petition shall state the approximate time anticipated by the taxpayer to present and argue his or her petition before the board.

(d) The petition may be filed, as to valuation issues, at any time during the taxable year on or before the 25th day following the mailing of notice by the property appraiser as provided in subsection (1). With respect to an issue involving the denial of an exemption, an agricultural or high-water recharge classification application, an application for classification as historic property used for commercial or certain nonprofit purposes, or a deferral, the petition must be filed at any time during the taxable year on or before the 30th day following the mailing of the notice by the property appraiser under s. 193.461, s. 193.503, s. 193.625, s. 196.173, or s. 196.193 or notice by the tax collector under s. 197.2425.

(e) A condominium association, cooperative association, or any homeowners' association as defined in s. 723.075, with approval of its board of administration or directors, may file with the value adjustment board a single joint petition on behalf of any association members who own parcels of property which the property appraiser determines are substantially similar with respect to location, proximity to amenities, number of rooms, living area, and condition. The condominium association, cooperative association, or homeowners' association as defined in s. 723.075 shall provide the unit owners with notice of its intent to petition the value adjustment board and shall provide at least 20 days for a unit owner to elect, in writing, that his or her unit not be included in the petition.

(f) An owner of contiguous, undeveloped parcels may file with the value adjustment board a single joint petition if the property appraiser determines such parcels are substantially similar in nature.

(g) An owner of multiple tangible personal property accounts may file with the value adjustment board a single joint petition if the property appraiser determines that the tangible personal property accounts are substantially similar in nature.

(h) The individual, agent, or legal entity that signs the petition becomes an agent of the taxpayer for the purpose of serving process to obtain personal jurisdiction over the taxpayer for the entire value adjustment board proceedings, including any appeals of a board decision by the property appraiser pursuant to s. 194.036. *This paragraph does not authorize the individual, agent, or legal entity to receive or access the taxpayer's confidential information without written authorization from the taxpayer.*

Section 9. Subsection (2) of section 194.014, Florida Statutes, is amended to read:

194.014 Partial payment of ad valorem taxes; proceedings before value adjustment board.—

(2) If the value adjustment board *or the property appraiser* determines that the petitioner owes ad valorem taxes in excess of the amount paid, the unpaid amount accrues interest at *an annual percentage rate equal to the bank prime loan rate on July 1, or the first business day thereafter if July 1 is a Saturday, Sunday, or legal holiday, of* the ~~rate of 12 percent per~~ year*, beginning on* ~~from~~ the date the taxes became delinquent pursuant to s. 197.333 until the unpaid amount is paid. If the value adjustment board *or the property appraiser* determines that a refund is due, the overpaid amount accrues interest at *an annual percentage rate equal to the bank prime loan rate on July 1, or the first business day thereafter if July 1 is a Saturday, Sunday, or legal holiday, of the tax* ~~the rate of 12 percent per~~ year*, beginning on* ~~from~~ the date the taxes became delinquent pursuant to s. 197.333 until a refund is paid. *Interest on an overpayment related to a petition shall be funded proportionately by each taxing authority that was overpaid.* Interest does not accrue on amounts paid in excess of 100 percent of the current taxes due as provided on the tax notice issued pursuant to s. 197.322. *For purposes of this subsection, the term "bank prime loan rate" means the average predominant prime rate quoted by commercial banks to large businesses as published by the Board of Governors of the Federal Reserve System.*

Section 10. Paragraph (a) of subsection (1) and paragraph (a) of subsection (2) of section 194.032, Florida Statutes, are amended to read:

194.032 Hearing purposes; timetable.—

(1)(a) The value adjustment board shall meet not earlier than 30 days and not later than 60 days after the mailing of the notice provided in s. 194.011(1); however, no board hearing shall be held before approval of all or any part of the assessment rolls by the Department of Revenue. The board shall meet for the following purposes:

1. Hearing petitions relating to assessments filed pursuant to s. 194.011(3).

2. Hearing complaints relating to homestead exemptions as provided for under s. 196.151.

3. Hearing appeals from exemptions denied, or disputes arising from exemptions granted, upon the filing of exemption applications under s. 196.011.

4. Hearing appeals concerning ad valorem tax deferrals and classifications.

*5. Hearing appeals from determinations that a change of ownership under s. 193.155(3), a change of ownership or control under s. 193.1554(5) or s. 193.1555(5), or a qualifying improvement under s. 193.1555(5), has occurred.*

(2)(a) The clerk of the governing body of the county shall prepare a schedule of appearances before the board based on petitions timely filed with him or her. The clerk shall notify each petitioner of the scheduled time of his or her appearance at least 25 calendar days before the day of the scheduled appearance. The notice must indicate whether the petition has been scheduled to be heard at a particular time or during a block of time. If the petition has been scheduled to be heard within a block of time, the beginning and ending of that block of time must be

indicated on the notice; however, as provided in paragraph (b), a petitioner may not be required to wait for more than a reasonable time, not to exceed 2 hours, after the beginning of the block of time. ~~If the petitioner checked the appropriate box on the petition form to request a copy of the property record card containing relevant information used in computing the current assessment,~~ The property appraiser must provide *a* ~~the~~ copy *of the property record card containing information relevant to the computation of the current assessment, with confidential information redacted,* to the petitioner upon receipt of the petition from the clerk regardless of whether the petitioner initiates evidence exchange, unless the property record card is available online from the property appraiser*, in which case the property appraiser must notify the petitioner that the property record card is available online*. ~~Upon receipt of the notice,~~ The petitioner *and the property appraiser* may *each* reschedule the hearing a single time *for good cause* ~~by submitting to the clerk a written request to reschedule, at least 5 calendar days before the day of the originally scheduled hearing~~*. As used in this paragraph, the term "good cause" means circumstances beyond the control of the person seeking to reschedule the hearing which reasonably prevent the party from having adequate representation at the hearing. If the hearing is rescheduled by the petitioner or the property appraiser, the clerk shall notify the petitioner of the rescheduled time of his or her appearance at least 15 calendar days before the day of the rescheduled appearance, unless this notice is waived by both parties.*

Section 11. Subsections (1) and (2) of section 194.034, Florida Statutes, are amended to read:

194.034 Hearing procedures; rules.—

(1)(a) Petitioners before the board may be represented by *an employee of the taxpayer or an affiliated entity,* an attorney *who is a member of The Florida Bar, a real estate appraiser licensed under chapter 475, a real estate broker licensed under chapter 475, or a certified public accountant licensed under chapter 473, retained by the taxpayer. Such person may* ~~or agent and~~ present testimony and other evidence.

*(b) A petitioner before the board may also be represented by a person with a power of attorney to act on the taxpayer's behalf. Such person may present testimony and other evidence. The power of attorney must conform to the requirements of part II of chapter 709, is valid only to represent a single petitioner in a single assessment year, and must identify the parcels for which the taxpayer has granted the person the authority to represent the taxpayer. The Department of Revenue shall adopt a form that meets the requirements of this paragraph. However, a petitioner is not required to use the department's form to grant the power of attorney.*

*(c) A petitioner before the board may also be represented by a person with written authorization to act on the taxpayer's behalf, for which such person receives no compensation. Such person may present testimony and other evidence. The written authorization is valid only to represent a single petitioner in a single assessment year and must identify the parcels for which the taxpayer authorizes the person to represent the taxpayer. The Department of Revenue shall adopt a form that meets the requirements of this paragraph. However, a petitioner is not required to use the department's form to grant the authorization.*

*(d)* The property appraiser or his or her authorized representatives may be represented by an attorney in defending the property appraiser's assessment or opposing an exemption and may present testimony and other evidence.

*(e)* The property appraiser, each petitioner, and all witnesses shall be required, upon the request of either party, to testify under oath as administered by the *chair* ~~chairperson~~ of the board. Hearings shall be conducted in the manner prescribed by rules of the department, which rules shall include the right of cross-examination of any witness.

*(f)*~~(b)~~ Nothing herein shall preclude an aggrieved taxpayer from contesting his or her assessment in the manner provided by s. 194.171, *regardless of* whether ~~or not~~ he or she has initiated an action pursuant to s. 194.011.

*(g)*~~(c)~~ The rules shall provide that no evidence shall be considered by the board except when presented during the time scheduled for the petitioner's hearing or at a time when the petitioner has been given reasonable notice; that a verbatim record of the proceedings shall be made, and proof of any documentary evidence presented shall be preserved and made available to the Department of Revenue, if requested; and that further judicial proceedings shall be as provided in s. 194.036.

*(h)*~~(d)~~ Notwithstanding the provisions of this subsection, *a* ~~no~~ petitioner may *not* present for consideration, *and* ~~nor may~~ a board or special magistrate *may not* accept for consideration, testimony or other evidentiary materials that were requested of the petitioner in writing by the property appraiser of which the petitioner had knowledge *but* ~~and~~ denied to the property appraiser.

*(i)*~~(e)~~ Chapter 120 does not apply to hearings of the value adjustment board.

*(j)*~~(f)~~ An assessment may not be contested *unless* ~~until~~ a return *as* required by s. 193.052 *was timely* ~~has been~~ filed. *For purposes of this paragraph, the term "timely filed" means filed by the deadline established in s. 193.062 or before the expiration of any extension granted under s. 193.063. If notice is mailed pursuant to s. 193.073(1)(a), a complete return must be submitted under s. 193.073(1)(a) for the assessment to be contested.*

(2) In each case, except if the complaint is withdrawn by the petitioner or if the complaint is acknowledged as correct by the property appraiser, the value adjustment board shall render a written decision. All such decisions shall be issued within 20 calendar days after the last day the board is in session under s. 194.032. The decision of the board must contain findings of fact and conclusions of law and must include reasons for upholding or overturning the determination of the property appraiser. *Findings of fact must be based on admitted evidence or a lack thereof.* If a special magistrate has been appointed, the recommendations of the special magistrate shall be considered by the board. The clerk, upon issuance of a decision, shall, on a form provided by the Department of Revenue, notify each taxpayer and the property appraiser of the decision of the board. This notification shall be by first-class mail or by electronic means if selected by the taxpayer on the originally filed petition. If requested by the Department of Revenue, the clerk shall provide to the department a copy of the decision or information relating to the tax impact of the findings and results of the board as described in s. 194.037 in the manner and form requested.

Section 12. Subsection (1) of section 194.035, Florida Statutes, is amended to read:

194.035 Special magistrates; property evaluators.—

(1) In counties having a population of more than 75,000, the board shall appoint special magistrates for the purpose of taking testimony and making recommendations to the board, which recommendations the board may act upon without further hearing. These special magistrates may not be elected or appointed officials or employees of the county but shall be selected from a list of those qualified individuals who are willing to serve as special magistrates. Employees and elected or appointed officials of a taxing jurisdiction or of the state may not serve as special magistrates. The clerk of the board shall annually notify such individuals or their professional associations to make known to them that opportunities to serve as special magistrates exist. The Department of Revenue shall provide a list of qualified special magistrates to any county with a population of 75,000 or less. Subject to appropriation, the department shall reimburse counties with a population of 75,000 or less for payments made to special magistrates appointed for the purpose of taking testimony and making recommendations to the value adjustment board pursuant to this section. The department shall establish a reasonable range for payments per case to special magistrates based on such payments in other counties. Requests for reimbursement of payments outside this range shall be justified by the county. If the total of all requests for reimbursement in any year exceeds the amount available pursuant to this section, payments to all counties shall be prorated accordingly. If a county having a population less than 75,000 does not appoint a special magistrate to hear each petition, the person or persons designated to hear petitions before the value adjustment board or the attorney appointed to advise the value adjustment board shall attend the training provided pursuant to subsection (3), regardless of whether the person would otherwise be required to attend, but shall not be required to pay the tuition fee specified in subsection (3). A special magistrate appointed to hear issues of exemptions*,* ~~and~~ classifications*, and determinations that a change of ownership, a change of ownership or control, or a qualifying improve-*

*ment has occurred* shall be a member of The Florida Bar with no less than 5 years' experience in the area of ad valorem taxation. A special magistrate appointed to hear issues regarding the valuation of real estate shall be a state certified real estate appraiser with not less than 5 years' experience in real property valuation. A special magistrate appointed to hear issues regarding the valuation of tangible personal property shall be a designated member of a nationally recognized appraiser's organization with not less than 5 years' experience in tangible personal property valuation. A special magistrate need not be a resident of the county in which he or she serves. A special magistrate may not represent a person before the board in any tax year during which he or she has served that board as a special magistrate. Before appointing a special magistrate, a value adjustment board shall verify the special magistrate's qualifications. The value adjustment board shall ensure that the selection of special magistrates is based solely upon the experience and qualifications of the special magistrate and is not influenced by the property appraiser. The special magistrate shall accurately and completely preserve all testimony and, in making recommendations to the value adjustment board, shall include proposed findings of fact, conclusions of law, and reasons for upholding or overturning the determination of the property appraiser. The expense of hearings before magistrates and any compensation of special magistrates shall be borne three-fifths by the board of county commissioners and two-fifths by the school board. *When appointing special magistrates or when scheduling special magistrates for specific hearings, the board, the board attorney, and the board clerk may not consider the dollar amount or percentage of any assessment reductions recommended by any special magistrate in the current year or in any previous year.*

Section 13. Paragraph (a) of subsection (4) and paragraph (a) of subsection (5) of section 197.3632, Florida Statutes, are amended to read:

197.3632 Uniform method for the levy, collection, and enforcement of non-ad valorem assessments.—

(4)(a) A local government shall adopt a non-ad valorem assessment roll at a public hearing held between January 1 and September 15*, or between January 1 and September 25 for any county as defined in s. 125.011(1),* if:

1. The non-ad valorem assessment is levied for the first time;

2. The non-ad valorem assessment is increased beyond the maximum rate authorized by law or judicial decree at the time of initial imposition;

3. The local government's boundaries have changed, unless all newly affected property owners have provided written consent for such assessment to the local governing board; or

4. There is a change in the purpose for such assessment or in the use of the revenue generated by such assessment.

(5)(a) By September 15 of each year, *or by September 25 for any county as defined in s. 125.011(1),* the chair of the local governing board or his or her designee shall certify a non-ad valorem assessment roll on compatible electronic medium to the tax collector. The local government shall post the non-ad valorem assessment for each parcel on the roll. The tax collector shall not accept any such roll that is not certified on compatible electronic medium and that does not contain the posting of the non-ad valorem assessment for each parcel. It is the responsibility of the local governing board that such roll be free of errors and omissions. Alterations to such roll may be made by the chair or his or her designee up to 10 days before certification. If the tax collector discovers errors or omissions on such roll, he or she may request the local governing board to file a corrected roll or a correction of the amount of any assessment.

Section 14. Effective June 30, 2016, notwithstanding the expiration date in section 9 of chapter 2015-222, Laws of Florida, and notwithstanding the amendment made by section 16 of SB 1040, 2016 Regular Session, paragraph (e) of subsection (4) of section 1011.62, Florida Statutes, as amended by section 7 of chapter 2015-222, Laws of Florida, is reenacted and amended to read:

1011.62 Funds for operation of schools.—If the annual allocation from the Florida Education Finance Program to each district for operation of schools is not determined in the annual appropriations act or the substantive bill implementing the annual appropriations act, it shall be determined as follows:

(4) COMPUTATION OF DISTRICT REQUIRED LOCAL EFFORT.—The Legislature shall prescribe the aggregate required local effort for all school districts collectively as an item in the General Appropriations Act for each fiscal year. The amount that each district shall provide annually toward the cost of the Florida Education Finance Program for kindergarten through grade 12 programs shall be calculated as follows:

(e) *Prior period funding adjustment millage.—*

1. ~~There shall be~~ An additional millage to be known as the Prior Period Funding Adjustment Millage *shall be* levied by a school district if the prior period unrealized required local effort funds are greater than zero. The Commissioner of Education shall calculate the amount of the prior period unrealized required local effort funds as specified in subparagraph 2. and the millage required to generate that amount as specified in this subparagraph. The Prior Period Funding Adjustment Millage shall be the quotient of the prior period unrealized required local effort funds divided by the current year taxable value certified to the Commissioner of Education pursuant to sub-subparagraph (a)1.a. This levy shall be in addition to the required local effort millage certified pursuant to this subsection. Such millage shall not affect the calculation of the current year's required local effort, and the funds generated by such levy shall not be included in the district's Florida Education Finance Program allocation for that fiscal year. For purposes of the millage to be included on the Notice of Proposed Taxes, the Commissioner of Education shall adjust the required local effort millage computed pursuant to paragraph (a) as adjusted by paragraph (b) for the current year for any district that levies a Prior Period Funding Adjustment Millage to include all Prior Period Funding Adjustment Millage. For the purpose of this paragraph, ~~there shall be~~ a Prior Period Funding Adjustment Millage *shall be* levied for each year certified by the Department of Revenue pursuant to sub-subparagraph (a)2.a. since the previous year certification and for which the calculation in sub-subparagraph 2.b. is greater than zero.

2.a. As used in this subparagraph, the term:

(I) "Prior year" means a year certified under sub-subparagraph (a) 2.a.

(II) "Preliminary taxable value" means:

(A) If the prior year is the 2009-2010 fiscal year or later, the taxable value certified to the Commissioner of Education pursuant to sub-subparagraph (a)1.a.

(B) If the prior year is the 2008-2009 fiscal year or earlier, the taxable value certified pursuant to the final calculation as specified in former paragraph (b) as that paragraph existed in the prior year.

(III) "Final taxable value" means the district's taxable value as certified by the property appraiser pursuant to s. 193.122(2) or (3), if applicable. This is the certification that reflects all final administrative actions of the value adjustment board.

b. For purposes of this subsection and with respect to each year certified pursuant to sub-subparagraph (a)2.a., if the district's prior year preliminary taxable value is greater than the district's prior year final taxable value, the prior period unrealized required local effort funds are the difference between the district's prior year preliminary taxable value and the district's prior year final taxable value, multiplied by the prior year district required local effort millage. If the district's prior year preliminary taxable value is less than the district's prior year final taxable value, the prior period unrealized required local effort funds are zero.

c. ~~For the 2015-2016 fiscal year only,~~ If a district's prior period unrealized required local effort funds and prior period district required local effort millage cannot be determined because such district's final taxable value has not yet been certified pursuant to s. 193.122(2) or (3), ~~for the 2015 tax levy,~~ the Prior Period Funding Adjustment Millage for such fiscal year shall be levied, if not previously levied, ~~in 2015~~ in an amount equal to 75 percent of such district's most recent unrealized required local effort for which a Prior Period Funding Adjustment

Millage was determined as provided in this section. Upon certification of the final taxable value *in accordance with s. 193.122(2) or (3)* for *a* ~~the 2012, 2013, or 2014~~ tax *roll* ~~rolls~~ *for which a 75 percent Prior Period Funding Adjustment Millage was levied* ~~in accordance with s. 193.122(2) or (3)~~, the *next* Prior Period Funding Adjustment Millage ~~levied in 2015 and 2016~~ shall be adjusted to include any shortfall or surplus in the prior period unrealized required local effort funds that would have been levied ~~in 2014 or 2015~~, had the district's final taxable value been certified pursuant to s. 193.122(2) or (3) ~~for the 2014 or 2015 tax levy~~. If this adjustment is made for a surplus, the reduction in prior period millage may not exceed the prior period funding adjustment millage calculated pursuant to subparagraph 1. and sub-subparagraphs a. and b.*, or pursuant to this sub-subparagraph, whichever is applicable,* and any additional reduction shall be carried forward to the subsequent fiscal year.

Section 15. *Subsections (4) and (5) of rule 12D-9.019, Florida Administrative Code, relating to scheduling and notice of a hearing of the Department of Revenue, are repealed, and the Department of State shall update the Florida Administrative Code to remove those subsections of the rule.*

Section 16. *The Legislature finds that this act fulfills an important state interest.*

Section 17. Except as otherwise expressly provided in this act, and except for this section, which shall take effect June 30, 2016, this act shall take effect July 1, 2016.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to ad valorem taxation; amending s. 192.0105, F.S.; conforming provisions to changes made by the act; amending s. 193.073, F.S.; revising procedures for the revision of an erroneous or incomplete personal property tax return; amending s. 193.122, F.S.; specifying deadlines for value adjustment boards to complete certain hearings and final assessment roll certifications; providing exceptions; providing applicability; amending ss. 193.155, 193.1554, and 193.1555, F.S.; requiring a property appraiser to serve a notice of intent to record a notice of tax lien under certain circumstances; requiring certain taxpayers to be given a specified timeframe to pay taxes, penalties, and interest to avoid the filing of a lien; prohibiting the assessment of penalties and interest under certain circumstances; amending s. 194.011, F.S.; revising the procedures for filing petitions to the value adjustment board; providing applicability as to the confidentiality of certain taxpayer information; amending s. 194.014, F.S.; revising the entities authorized to determine under certain circumstances that a petitioner owes ad valorem taxes or is owed a refund of overpaid taxes; revising the rate at which interest accrues on unpaid and overpaid ad valorem taxes; defining the term "bank prime loan rate"; amending s. 194.032, F.S.; revising the purposes for which a value adjustment board may meet; revising requirements for the provision of property record cards to a petitioner for certain hearings; requiring the petitioner or property appraiser to show good cause to reschedule a hearing related to an assessment; defining the term "good cause"; amending s. 194.034, F.S.; revising requirements for an entity that may represent a taxpayer before the value adjustment board; requiring the Department of Revenue to adopt certain forms; prohibiting a taxpayer from contesting an assessment unless the return was timely filed; defining the term "timely filed"; revising provisions relating to findings of fact; amending s. 194.035, F.S.; specifying that certain petitions must be heard by a special magistrate; prohibiting consideration of assessment reductions recommended in previous hearings by special magistrates when appointing or when scheduling a special magistrate; amending s. 197.3632, F.S.; extending the dates for certain counties to adopt or certify non-ad valorem assessment rolls; reenacting and amending s. 1011.62(4)(e), F.S.; revising the time period for requirements and calculations applicable to the levy and adjustment of the Prior Period Funding Adjustment Millage before and after certification of the district's final taxable value; repealing certain provisions of a rule adopted by the Department of Revenue; providing a finding of important state interest; providing effective dates.

Pursuant to Rule 4.19, **CS for CS for HB 499**, as amended, was placed on the calendar of Bills on Third Reading.

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Consideration of **CS for SB 1088** was deferred.

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**CS for SB 1196**—A bill to be entitled An act relating to emergency allergy treatment in schools; amending s. 381.88, F.S.; revising the term "authorized entity"; amending ss. 1002.20 and 1002.42, F.S.; authorizing a public school and a private school, respectively, to enter into certain arrangements with wholesale distributors or manufacturers for epinephrine auto-injectors; revising the storage requirements for epinephrine auto-injectors; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 1196**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 1305** was withdrawn from the Committees on Education Pre-K - 12; Appropriations Subcommittee on Education; and Appropriations.

On motion by Senator Bean—

**CS for HB 1305**—A bill to be entitled An act relating to emergency allergy treatment in schools; amending s. 381.88, F.S.; revising the term "authorized entity"; amending ss. 1002.20 and 1002.42, F.S.; authorizing a public school and a private school, respectively, to enter into certain arrangements with wholesale distributors or manufacturers for epinephrine auto-injectors; revising the storage requirements for epinephrine auto-injectors; providing an effective date.

—a companion measure, was substituted for **CS for SB 1196** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 1305** was placed on the calendar of Bills on Third Reading.

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**CS for SB 1088**—A bill to be entitled An act relating to education programs for individuals with disabilities; amending s. 1002.39, F.S.; exempting a foster child from specified eligibility provisions; providing that a student enrolled in a transition-to-work program is eligible for a John M. McKay Scholarship; creating a transition-to-work program for specific students enrolled in the John M. McKay Scholarships for Students with Disabilities Program; providing program requirements; providing participation requirements for schools, students, and businesses; exempting a John M. McKay Scholarship award from a specified funding calculation; amending s. 1004.935, F.S.; deleting the scheduled termination of the Adults with Disabilities Workforce Education Pilot Program; changing the name of the program to the "Adults with Disabilities Workforce Education Program"; amending s. 1011.61, F.S.; exempting a John M. McKay Scholarship award from a specified funding calculation for purposes of the Florida Education Finance Program; providing effective dates.

—was read the second time by title.

Pending further consideration of **CS for SB 1088**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 837** was withdrawn from the Committees on Education Pre-K - 12; Appropriations Subcommittee on Education; and Appropriations.

On motion by Senator Stargel—

**CS for HB 837**—A bill to be entitled An act relating to the John M. McKay Scholarships for Students with Disabilities Program; amending s. 1002.39, F.S.; exempting a foster child from specified eligibility provisions; providing that a student enrolled in a transition-to-work program is eligible for a John M. McKay Scholarship; creating a transition-to-work program for specific students enrolled in the John M. McKay Scholarships for Students with Disabilities Program; providing program requirements; providing participation requirements for students, schools, and businesses; exempting a John M. McKay Scholarship award from a specified funding calculation; amending s. 1011.61, F.S.; exempting a John M. McKay Scholarship award from a specified funding calculation for purposes of the Florida Education Finance Program; providing an effective date.

—a companion measure, was substituted for **CS for SB 1088** and read the second time by title.

Senator Stargel moved the following amendment which was adopted:

**Amendment 1 (495394) (with title amendment)**—Delete everything after the enacting clause and insert:

Section 1. Subsections (10) through (13) of section 1002.39, Florida Statutes, are renumbered as subsections (11) through (14), respectively, paragraph (a) of subsection (2), paragraph (h) of subsection (3), paragraph (b) of subsection (8), and paragraph (a) of present subsection (10) are amended, and a new subsection (10) is added to that section, to read:

1002.39 The John M. McKay Scholarships for Students with Disabilities Program.—There is established a program that is separate and distinct from the Opportunity Scholarship Program and is named the John M. McKay Scholarships for Students with Disabilities Program.

(2) JOHN M. MCKAY SCHOLARSHIP ELIGIBILITY.—The parent of a student with a disability may request and receive from the state a John M. McKay Scholarship for the child to enroll in and attend a private school in accordance with this section if:

(a) The student has:

1. Received specialized instructional services under the Voluntary Prekindergarten Education Program pursuant to s. 1002.66 during the previous school year and the student has a current individual educational plan developed by the local school board in accordance with rules of the State Board of Education for the John M. McKay Scholarships for Students with Disabilities Program or a 504 accommodation plan has been issued under s. 504 of the Rehabilitation Act of 1973; or

2. Spent the prior school year in attendance at a Florida public school or the Florida School for the Deaf and the Blind. For purposes of this subparagraph, prior school year in attendance means that the student was enrolled and reported by:

a. A school district for funding during the preceding October and February Florida Education Finance Program surveys in kindergarten through grade 12, which includes time spent in a Department of Juvenile Justice commitment program if funded under the Florida Education Finance Program;

b. The Florida School for the Deaf and the Blind during the preceding October and February student membership surveys in kindergarten through grade 12; or

c. A school district for funding during the preceding October and February Florida Education Finance Program surveys, was at least 4 years of age when so enrolled and reported, and was eligible for services under s. 1003.21(1)(e).

However, a dependent child of a member of the United States Armed Forces who transfers to a school in this state from out of state or from a foreign country due to a parent's permanent change of station orders *or a foster child* is exempt from this paragraph but must meet all other eligibility requirements to participate in the program.

(3) JOHN M. MCKAY SCHOLARSHIP PROHIBITIONS.—A student is not eligible for a John M. McKay Scholarship:

(h) While he or she is not having regular and direct contact with his or her private school teachers at the school's physical location *unless he or she is enrolled in the private school's transition-to-work program pursuant to subsection (10)*; or

(8) PRIVATE SCHOOL ELIGIBILITY AND OBLIGATIONS.—To be eligible to participate in the John M. McKay Scholarships for Students with Disabilities Program, a private school may be sectarian or nonsectarian and must:

(b) Provide to the department all documentation required for a student's participation, including the private school's and student's fee schedules, at least 30 days before any quarterly scholarship payment is made for the student pursuant to paragraph *(11)(e)* ~~(10)(e)~~. A student is not eligible to receive a quarterly scholarship payment if the private school fails to meet this deadline. The inability of a private school to meet the requirements of this subsection shall constitute a basis for the ineligibility of the private school to participate in the scholarship program as determined by the department.

*(10) TRANSITION-TO-WORK PROGRAM.—A student participating in the John M. McKay Scholarships for Students with Disabilities Program who is at least 17 years, but not older than 22 years, of age and who has not received a high school diploma or certificate of completion is eligible for enrollment in his or her private school's transition-to-work program. A transition-to-work program shall consist of academic instruction, work skills training, and a volunteer or paid work experience.*

*(a) To offer a transition-to-work program, a participating private school must:*

*1. Develop a transition-to-work program plan, which must include a written description of the academic instruction and work skills training students will receive and the goals for students in the program.*

*2. Submit the transition-to-work program plan to the Office of Independent Education and Parental Choice.*

*3. Develop a personalized transition-to-work program plan for each student enrolled in the program. The student's parent, the student, and the school principal must sign the personalized plan. The personalized plan must be submitted to the Office of Independent Education and Parental Choice upon request by the office.*

*4. Provide a release of liability form that must be signed by the student's parent, the student, and a representative of the business offering the volunteer or paid work experience.*

*5. Assign a case manager or job coach to visit the student's job site on a weekly basis to observe the student and, if necessary, provide support and guidance to the student.*

*6. Provide to the parent and student a quarterly report that documents and explains the student's progress and performance in the program.*

*7. Maintain accurate attendance and performance records for the student.*

*(b) A student enrolled in a transition-to-work program must, at a minimum:*

*1. Receive 15 instructional hours at the private school's physical facility, which must include academic instruction and work skills training.*

*2. Participate in 10 hours of work at the student's volunteer or paid work experience.*

*(c) To participate in a transition-to-work program, a business must:*

*1. Maintain an accurate record of the student's performance and hours worked and provide the information to the private school.*

*2. Comply with all state and federal child labor laws.*

*(11)*~~(10)~~ JOHN M. MCKAY SCHOLARSHIP FUNDING AND PAYMENT.—

(a)1. The maximum scholarship granted for an eligible student with disabilities shall be equivalent to the base student allocation in the Florida Education Finance Program multiplied by the appropriate cost factor for the educational program that would have been provided for the student in the district school to which he or she was assigned, multiplied by the district cost differential.

2. In addition, a share of the guaranteed allocation for exceptional students shall be determined and added to the amount in subparagraph 1. The calculation shall be based on the methodology and the data used to calculate the guaranteed allocation for exceptional students for each district in chapter 2000-166, Laws of Florida. Except as provided in subparagraphs 3. and 4., the calculation shall be based on the student's grade, matrix level of services, and the difference between the 2000-2001 basic program and the appropriate level of services cost factor,

multiplied by the 2000-2001 base student allocation and the 2000-2001 district cost differential for the sending district. The calculated amount shall include the per-student share of supplemental academic instruction funds, instructional materials funds, technology funds, and other categorical funds as provided in the General Appropriations Act.

3. The scholarship amount for a student who is eligible under sub-subparagraph (2)(a)2.b. shall be calculated as provided in subparagraphs 1. and 2. However, the calculation shall be based on the school district in which the parent resides at the time of the scholarship request.

4. Until the school district completes the matrix required by paragraph (5)(b), the calculation shall be based on the matrix that assigns the student to support Level I of service as it existed prior to the 2000-2001 school year. When the school district completes the matrix, the amount of the payment shall be adjusted as needed.

5. The scholarship amount for a student eligible under s. 504 of the Rehabilitation Act of 1973 shall be based on the program cost factor the student currently generates through the Florida Education Finance Program.

*6. The scholarship amount granted for an eligible student with disabilities is not subject to the maximum value for funding a student under s. 1011.61(4).*

Section 2. Subsection (9) of section 1002.41, Florida Statutes, is amended, and subsection (10) is added to that section, to read:

1002.41 Home education programs.—

(9) ~~Home education program students may receive~~ Testing and evaluation services at diagnostic and resource centers *shall be available to home education program students, including, but not limited to, student with disabilities*, in accordance with the provisions of s. 1006.03.

*(10) A school district may provide exceptional student education-related services, as defined in State Board of Education rule, to a home education program student with a disability who is eligible for the services and who enrolls in a public school solely for the purpose of receiving those related services. The school district providing the services shall report each student as a full-time equivalent student in the class and in a manner prescribed by the Department of Education, and funding shall be provided through the Florida Education Finance Program pursuant to s. 1011.62.*

Section 3. Effective June 29, 2016, section 1004.935, Florida Statutes, is amended to read:

1004.935 Adults with Disabilities Workforce Education ~~Pilot~~ Program.—

(1) The Adults with Disabilities Workforce Education ~~Pilot~~ Program is established in the Department of Education ~~through June 30, 2016,~~ in Hardee, DeSoto, Manatee, and Sarasota Counties to provide the option of receiving a scholarship for instruction at private schools for up to 30 students who:

(a) Have a disability;

(b) Are 22 years of age;

(c) Are receiving instruction from an instructor in a private school to meet the high school graduation requirements in s. 1002.3105(5) or s. 1003.4282;

(d) Do not have a standard high school diploma or a special high school diploma; and

(e) Receive "supported employment services," which means employment that is located or provided in an integrated work setting with earnings paid on a commensurate wage basis and for which continued support is needed for job maintenance.

As used in this section, the term "student with a disability" includes a student who is documented as having an intellectual disability; a speech impairment; a language impairment; a hearing impairment, including deafness; a visual impairment, including blindness; a dual sensory impairment; an orthopedic impairment; another health impairment; an emotional or behavioral disability; a specific learning disability, including, but not limited to, dyslexia, dyscalculia, or developmental aphasia; a traumatic brain injury; a developmental delay; or autism spectrum disorder.

(2) A student participating in the ~~pilot~~ program may continue to participate in the program until the student graduates from high school or reaches the age of 40 years, whichever occurs first.

(3) Supported employment services may be provided at more than one site.

(4) The provider of supported employment services must be a nonprofit corporation under s. 501(c)(3) of the Internal Revenue Code which serves Hardee County, DeSoto County, Manatee County, or Sarasota County and must contract with a private school in this state which meets the requirements in subsection (5).

(5) A private school that participates in the ~~pilot~~ program may be sectarian or nonsectarian and must:

(a) Be academically accountable for meeting the educational needs of the student by annually providing to the provider of supported employment services a written explanation of the student's progress.

(b) Comply with the antidiscrimination provisions of 42 U.S.C. s. 2000d.

(c) Meet state and local health and safety laws and codes.

(d) Provide to the provider of supported employment services all documentation required for a student's participation, including the private school's and student's fee schedules, at least 30 days before any quarterly scholarship payment is made for the student. A student is not eligible to receive a quarterly scholarship payment if the private school fails to meet this deadline.

The inability of a private school to meet the requirements of this subsection constitutes a basis for the ineligibility of the private school to participate in the ~~pilot~~ program.

(6)(a) If the student chooses to participate in the ~~pilot~~ program and is accepted by the provider of supported employment services, the student must notify the Department of Education of his or her acceptance into the program 60 days before the first scholarship payment and before participating in the ~~pilot~~ program in order to be eligible for the scholarship.

(b) Upon receipt of a scholarship warrant, the student or parent to whom the warrant is made must restrictively endorse the warrant to the provider of supported employment services for deposit into the account of the provider. The student or parent may not designate any entity or individual associated with the participating provider of supported employment services as the student's or parent's attorney in fact to endorse a scholarship warrant. A participant who fails to comply with this paragraph forfeits the scholarship.

(7) Funds for the scholarship shall be provided from the appropriation from the school district's Workforce Development Fund in the General Appropriations Act for students who reside in the Hardee County School District, the DeSoto County School District, the Manatee County School District, or the Sarasota County School District. ~~During the pilot program,~~ The scholarship amount granted for an eligible student with a disability shall be equal to the cost per unit of a full-time equivalent adult general education student, multiplied by the adult general education funding factor, and multiplied by the district cost differential pursuant to the formula required by s. 1011.80(6)(a) for the district in which the student resides.

(8) Upon notification by the Department of Education that it has received the required documentation, the Chief Financial Officer shall make scholarship payments in four equal amounts no later than September 1, November 1, February 1, and April 1 of each academic year in which the scholarship is in force. The initial payment shall be made after the Department of Education verifies that the student was accepted into the ~~pilot~~ program, and subsequent payments shall be made upon verification of continued participation in the ~~pilot~~ program. Payment must be by individual warrant made payable to the student or

parent and mailed by the Department of Education to the provider of supported employment services, and the student or parent shall restrictively endorse the warrant to the provider of supported employment services for deposit into the account of that provider.

(9) Subsequent to each scholarship payment, the Department of Education shall request from the Department of Financial Services a sample of endorsed warrants to review and confirm compliance with endorsement requirements.

Section 4. Subsections (13), (22), (23), and (24) of section 1007.271, Florida Statutes, are amended, and subsection (25) is added to the section, to read:

1007.271 Dual enrollment programs.—

(13)(a) The dual enrollment program for *a* home education *student, including, but not limited to,* students *with disabilities,* consists of the enrollment of an eligible home education secondary student in a postsecondary course creditable toward an associate degree, a career certificate, or a baccalaureate degree. To participate in the dual enrollment program, an eligible home education secondary student must:

1. Provide proof of enrollment in a home education program pursuant to s. 1002.41.

2. Be responsible for his or her own instructional materials and transportation unless provided for *in the articulation agreement* ~~otherwise~~.

3. Sign a home education articulation agreement pursuant to paragraph (b).

(b) Each postsecondary institution *eligible to participate in the dual enrollment program pursuant to s. 1011.62(1)(i) must* ~~shall~~ enter into a home education articulation agreement with each home education student seeking enrollment in a dual enrollment course and the student's parent. *By August 1 of each year, the eligible postsecondary institution shall complete and submit the home education articulation agreement to the Department of Education.* The home education articulation agreement *must* ~~shall~~ include, at a minimum:

1. A delineation of courses and programs available to dually enrolled home education students. Courses and programs may be added, revised, or deleted at any time by the postsecondary institution.

2. The initial and continued eligibility requirements for home education student participation, not to exceed those required of other dually enrolled students.

3. The student's responsibilities for providing his or her own instructional materials and transportation.

4. A copy of the statement on transfer guarantees developed by the Department of Education under subsection (15).

(22) The Department of Education shall develop an electronic submission system for dual enrollment articulation agreements and shall review, for compliance, each dual enrollment articulation agreement submitted pursuant to *subsections (13),* ~~subsection~~ (21)*, and (24)*. The Commissioner of Education shall notify the district school superintendent and the Florida College System institution president if the dual enrollment articulation agreement does not comply with statutory requirements and shall submit any dual enrollment articulation agreement with unresolved issues of noncompliance to the State Board of Education.

(23) District school boards and Florida College System institutions may enter into additional dual enrollment articulation agreements with state universities for the purposes of this section. School districts may also enter into dual enrollment articulation agreements with eligible independent colleges and universities pursuant to s. 1011.62(1)(i). *By August 1 of each year, the district school board and the Florida College System institution shall complete and submit the dual enrollment articulation agreement with the state university or an eligible independent college or university, as applicable, to the Department of Education.*

(24)*(a) The dual enrollment program for a private school student consists of the enrollment of an eligible private school student in a postsecondary course creditable toward an associate degree, a career certificate, or a baccalaureate degree. In addition, a private school in which a student, including, but not limited to, students with disabilities, is enrolled must award credit toward high school completion for the postsecondary course under the dual enrollment program. To participate in the dual enrollment program, an eligible private school student must:*

*1. Provide proof of enrollment in a private school pursuant to subsection (2).*

*2. Be responsible for his or her own instructional materials and transportation unless provided for in the articulation agreement.*

*3. Sign a private school articulation agreement pursuant to paragraph (b).*

*(b) Each postsecondary institution eligible to participate in the dual enrollment program pursuant to s. 1011.62(1)(i) must enter into a private school articulation agreement with each eligible private school in its geographic service area seeking to offer dual enrollment courses to its students, including, but not limited to, students with disabilities. By August 1 of each year, the eligible postsecondary institution shall complete and submit the private school articulation agreement to the Department of Education. The private school articulation agreement must include, at a minimum:*

*1. A delineation of courses and programs available to the private school student. The postsecondary institution may add, revise, or delete courses and programs at any time.*

*2. The initial and continued eligibility requirements for private school student participation, not to exceed those required of other dual enrollment students.*

*3. The student's responsibilities for providing his or her own instructional materials and transportation.*

*4. A provision clarifying that the private school will award appropriate credit toward high school completion for the postsecondary course under the dual enrollment program.*

*5. A provision expressing that costs associated with tuition and fees, including registration, and laboratory fees, will not be passed along to the student.*

*6. A provision stating whether the private school will compensate the postsecondary institution for the standard tuition rate per credit hour for each dual enrollment course taken by its students* ~~Postsecondary institutions may enter into dual enrollment articulation agreements with private secondary schools pursuant to subsection (2)~~.

*(25) For students with disabilities, a postsecondary institution eligible to participate in dual enrollment pursuant to s. 1011.62(1)(i) shall include in its dual enrollment articulation agreement, services and resources that are available to students with disabilities who register in a dual enrollment course at the eligible institution and provide information regarding such services and resources to the Florida Center for Students with Unique Abilities. The Department of Education shall provide to the center the Internet website link to dual enrollment articulation agreements specific to students with disabilities. The center shall include in the information that it is responsible for disseminating to students with disabilities and their parents pursuant to s. 1004.6495, dual enrollment articulation agreements and opportunities for meaningful campus experience through dual enrollment.*

Section 5. Subsection (4) of section 1011.61, Florida Statutes, is amended to read:

1011.61 Definitions.—Notwithstanding the provisions of s. 1000.21, the following terms are defined as follows for the purposes of the Florida Education Finance Program:

(4) The maximum value for funding a student in kindergarten through grade 12 or in a prekindergarten program for exceptional children as provided in s. 1003.21(1)(e) shall be the sum of the calculations in paragraphs (a), (b), and (c) as calculated by the department.

(a) The sum of the student's full-time equivalent student membership value for the school year or the equivalent derived from paragraphs

(1)(a) and (b), subparagraph (1)(c)1., sub-subparagraphs (1)(c)2.b. and c., subparagraph (1)(c)3., and subsection (2). If the sum is greater than 1.0, the full-time equivalent student membership value for each program or course shall be reduced by an equal proportion so that the student's total full-time equivalent student membership value is equal to 1.0.

(b) If the result in paragraph (a) is less than 1.0 full-time equivalent student and the student has full-time equivalent student enrollment pursuant to sub-sub-subparagraph (1)(c)1.b.(VIII), calculate an amount that is the lesser of the value in sub-sub-subparagraph (1)(c)1.b.(VIII) or the value of 1.0 less the value in paragraph (a).

(c) The full-time equivalent student enrollment value in sub-subparagraph (1)(c)2.a.

*A scholarship award provided to a student enrolled in the John M. McKay Scholarships for Students with Disabilities Program pursuant to s. 1002.39 is not subject to the maximum value for funding a student under this subsection.*

Section 6. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2016.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to education programs for individuals with disabilities; amending s. 1002.39, F.S.; exempting a foster child from specified eligibility provisions; providing that a student enrolled in a transition-to-work program is eligible for a John M. McKay Scholarship; creating a transition-to-work program for specific students enrolled in the John M. McKay Scholarships for Students with Disabilities Program; providing program requirements; providing participation requirements for schools, students, and businesses; exempting a John M. McKay Scholarship award from a specified funding calculation; amending s. 1002.41, F.S.; authorizing a school district to provide exceptional student education-related services to certain home education program students; requiring reporting and funding through the Florida Education Finance Program; amending s. 1004.935, F.S.; deleting the scheduled termination of the Adults with Disabilities Workforce Education Pilot Program; changing the name of the program to the "Adults with Disabilities Workforce Education Program"; amending s. 1007.271, F.S.; requiring a home education secondary student to be responsible for his or her own instructional materials and transportation in order to participate in the dual enrollment program unless the articulation agreement provides otherwise; requiring a postsecondary institution eligible to participate in the dual enrollment program to enter into a home education articulation agreement; requiring the postsecondary institution to annually complete and submit the agreement to the Department of Education by a specified date; conforming provisions to changes made by the act; requiring a district school board and a Florida College System institution to annually complete and submit to the department by a specified date a dual enrollment articulation agreement with a state university or an eligible independent college or university, as applicable; providing requirements for a private school student to participate in a dual enrollment program; requiring a postsecondary institution to annually complete and submit the articulation agreement to the department by a specified date; requiring specified information to be included in dual enrollment articulation agreements and disseminated to students with disabilities; amending s. 1011.61, F.S.; exempting a John M. McKay Scholarship award from a specified funding calculation for purposes of the Florida Education Finance Program; providing effective dates.

Pursuant to Rule 4.19, **CS for HB 837**, as amended, was placed on the calendar of Bills on Third Reading.

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**CS for SB 1316**—A bill to be entitled An act relating to the Nurse Licensure Compact; amending s. 456.073, F.S.; requiring the Department of Health to report certain investigative information to the coordinated licensure information system; amending s. 456.076, F.S.; requiring an impaired practitioner consultant to disclose certain information to the department upon request; requiring a nurse holding a multistate license to report participation in a treatment program to the department; amending s. 464.003, F.S.; revising definitions to conform to changes made by the compact; amending s. 464.004, F.S.; requiring the executive director of the Board of Nursing or his or her designee to serve as state administrator of the Nurse Licensure Compact; amending s. 464.008, F.S.; providing eligibility criteria for a multistate license; requiring that multistate licenses be distinguished from single-state licenses; exempting certain persons from licensed practical nurse and registered nurse licensure requirements; amending s. 464.009, F.S.; exempting certain persons from requirements for licensure by endorsement; creating s. 464.0095, F.S.; creating the Nurse Licensure Compact; providing findings and purpose; providing definitions; providing for the recognition of nursing licenses in party states; requiring party states to perform criminal history checks of licensure applicants; providing requirements for obtaining and retaining a multistate license; authorizing party states to take adverse action against a nurse's multistate licensure privilege; requiring notification to the home licensing state of an adverse action against a licensee; requiring nurses practicing in party states to comply with practice laws of those states; providing limitations for licensees not residing in a party state; providing the effect of the act on a current licensee; providing application requirements for a multistate license; providing licensure requirements when a licensee moves between party states or to a nonparty state; providing certain authority to state licensing boards of party states; requiring deactivation of a nurse's multistate licensure privilege under certain circumstances; authorizing participation in an alternative program in lieu of adverse action against a license; requiring all party states to participate in a coordinated licensure information system; providing for the development of the system, reporting procedures, and the exchange of certain information between party states; establishing the Interstate Commission of Nurse Licensure Compact Administrators; providing for the jurisdiction and venue for court proceedings; providing membership and duties; authorizing the commission to adopt rules; providing rulemaking procedures; providing for state enforcement of the compact; providing a procedure for compact membership termination; providing procedures for the resolution of certain disputes; providing an effective date of the compact; providing a procedure for membership termination; providing compact amendment procedures; authorizing nonparty states to participate in commission activities before adoption of the compact; providing construction and severability; amending s. 464.012, F.S.; authorizing a multistate licensee under the compact to be certified as an advanced registered nurse practitioner if certain eligibility criteria are met; amending s. 464.015, F.S.; authorizing registered nurses and licensed practical nurses holding a multistate license under the compact to use certain titles and abbreviations; amending s. 464.018, F.S.; revising the grounds for denial of a nursing license or disciplinary action against a nursing licensee; authorizing certain disciplinary action under the compact for certain prohibited acts; amending s. 464.0195, F.S.; revising the information required to be included in the database on nursing supply and demand; requiring the Florida Center for Nursing to analyze and make future projections of the supply and demand for nurses; authorizing the center to request, and requiring the Board of Nursing to provide, certain information about licensed nurses; amending s. 768.28, F.S.; designating the state administrator of the Nurse Licensure Compact and other members, employees, or representatives of the Interstate Commission of Nurse Licensure Compact Administrators as state agents for the purpose of applying sovereign immunity and waivers of sovereign immunity; requiring the commission to pay certain claims or judgments; authorizing the commission to maintain insurance coverage to pay certain claims or judgments; providing a contingent effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 1316**, pursuant to Rule 3.11(3), there being no objection, **HB 1061** was withdrawn from the Committees on Health Policy; Appropriations Subcommittee on Health and Human Services; and Appropriations.

On motion by Senator Grimsley—

**HB 1061**—A bill to be entitled An act relating to the Nurse Licensure Compact; amending s. 456.073, F.S.; requiring the Department of Health to report certain investigative information to the coordinated licensure information system; amending s. 456.076, F.S.; requiring an impaired practitioner consultant to disclose certain information to the

department; requiring a nurse holding a multistate license to report participation in a treatment program to the department; amending s. 464.003, F.S.; revising definitions, to conform; amending s. 464.004, F.S.; requiring the executive director of the Board of Nursing or his or her designee to serve as state administrator of the Nurse Licensure Compact; amending s. 464.008, F.S.; providing eligibility criteria for a multistate license; requiring that multistate licenses be distinguished from single-state licenses; exempting certain persons from licensed practical nurse and registered nurse licensure requirements; amending s. 464.009, F.S.; exempting certain persons from requirements for licensure by endorsement; creating s. 464.0095, F.S.; creating the Nurse Licensure Compact; providing findings and purpose; providing definitions; providing for the recognition of nursing licenses in party states; requiring party states to perform criminal history checks of licensure applicants; providing requirements for obtaining and retaining a multistate license; authorizing party states to take adverse action against a nurse's multistate licensure privilege; requiring notification to the home licensing state of an adverse action against a licensee; requiring nurses practicing in party states to comply with state practice laws; providing limitations for licensees not residing in a party state; providing the effect of the act on a current licensee; providing application requirements for a multistate license; providing licensure requirements when a licensee moves between party states or to a nonparty state; providing certain authority to state licensing boards of party states; requiring deactivation of a nurse's multistate licensure privilege under certain circumstances; authorizing participation in an alternative program in lieu of adverse action against a license; requiring all party states to participate in a coordinated licensure information; providing for the development of the system, reporting procedures, and the exchange of certain information between party states; establishing the Interstate Commission of Nurse Licensure Compact Administrators; providing for the jurisdiction and venue for court proceedings; providing membership and duties; authorizing the commission to adopt rules; providing rulemaking procedures; providing for state enforcement of the compact; providing for the termination of compact membership; providing procedures for the resolution of certain disputes; providing an effective date of the compact; providing a procedure for membership termination; providing compact amendment procedures; authorizing nonparty states to participate in commission activities before adoption of the compact; providing construction and severability; amending s. 464.012, F.S.; authorizing a multistate licensee under the compact to be certified as an advanced registered nurse practitioner if certain eligibility criteria are met; amending s. 464.015, F.S.; authorizing registered nurses and licensed practical nurses holding a multistate license under the compact to use certain titles and abbreviations; amending s. 464.018, F.S.; revising the grounds for denial of a nursing license or disciplinary action against a nursing licensee; authorizing certain disciplinary action under the compact for certain prohibited acts; amending s. 464.0195, F.S.; revising the information required to be included in the database on nursing supply and demand; requiring the Florida Center for Nursing to analyze and make future projections of the supply and demand for nurses; authorizing the center to request, and requiring the Board of Nursing to provide, certain information about licensed nurses; amending s. 768.28, F.S.; designating the state administrator of the Nurse Licensure Compact and other members or employees of the commission as state agents for the purpose of applying sovereign immunity and waivers of sovereign immunity; requiring the commission to pay certain judgments or claims; providing an effective date.

—a companion measure, was substituted for **CS for SB 1316** and read the second time by title.

Pursuant to Rule 4.19, **HB 1061** was placed on the calendar of Bills on Third Reading.

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**CS for CS for CS for SB 172**—A bill to be entitled An act relating to a special election; providing for a special election to be held August 30, 2016, pursuant to Section 5 of Article XI of the State Constitution, for the approval or rejection by the electors of this state of amendments to the State Constitution, proposed by joint resolution, relating to an exemption from the tangible personal property tax for solar or renewable energy source devices, a limitation on the assessed value of real property used for nonresidential purposes for the installation of such devices, and an effective date if such amendments are adopted; providing for publication of notice and for procedures; providing a contingent effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for CS for SB 172**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 195** was withdrawn from the Committees on Communications, Energy, and Public Utilities; Community Affairs; Finance and Tax; and Appropriations.

On motion by Senator Brandes—

**CS for HB 195**—A bill to be entitled An act relating to a special election; providing for a special election to be held August 30, 2016, pursuant to Section 5 of Article XI of the State Constitution, for the approval or rejection by the electors of this state of amendments to the State Constitution, proposed by joint resolution, relating to an exemption from the tangible personal property tax for solar or renewable energy source devices, a limitation on the assessed value of real property used for nonresidential purposes for the installation of such devices, and an effective date if such amendments are adopted; providing for publication of notice and for procedures; providing a contingent effective date.

—a companion measure, was substituted for **CS for CS for CS for SB 172** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 195** was placed on the calendar of Bills on Third Reading.

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## THE PRESIDENT PRESIDING

**CS for SB 1722**—A bill to be entitled An act relating to termination of pregnancies; amending s. 390.011, F.S.; defining the term "gestation" and revising the term "third trimester"; amending s. 390.0111, F.S.; revising the requirements for disposal of fetal remains; revising the criminal punishment for failure to properly dispose of fetal remains; prohibiting state agencies, local governmental entities, and Medicaid managed care plans from expending or paying funds to or initiating or renewing contracts under certain circumstances with certain organizations that perform abortions; providing exceptions; amending s. 390.0112, F.S.; requiring directors of certain hospitals and physicians' offices and licensed abortion clinics to submit monthly reports to the Agency for Health Care Administration on a specified form; prohibiting the report from including personal identifying information; requiring the agency to submit certain data to the Centers for Disease Control and Prevention on a quarterly basis; amending s. 390.012, F.S.; requiring the agency to develop and enforce rules relating to license inspections and investigations of certain clinics; requiring the agency to adopt rules that require certain clinics to have written agreements with local hospitals for certain contingencies; specifying that the rules must require physicians who perform abortions at a clinic that performs abortions in the first trimester of pregnancy to have admitting privileges at a hospital within reasonable proximity of the clinic; specifying for clinics that perform or claim to perform abortions after the first trimester of pregnancy that the rules must require all physicians performing abortions at the clinic to have admitting privileges at a hospital within a reasonable proximity unless the clinic has a transfer agreement with such a hospital and the agreement includes certain provisions; revising requirements for rules that prescribe minimum recovery room standards; revising requirements for the disposal of fetal remains; requiring the agency to submit an annual report to the Legislature; amending s. 390.014, F.S.; providing a different limitation on the amount of a fee; amending s. 390.025, F.S.; requiring certain organizations that provide abortion referral services or abortion counseling services to register with the agency, pay a specified fee, and include certain information in advertisements; requiring biennial renewal of a registration; providing exemptions from the registration requirement; requiring the agency to adopt rules; providing for the assessment of costs in certain circumstances; amending s. 873.05, F.S.; prohibiting an offer to purchase, sell, donate, or transfer fetal remains obtained from an abortion and the

purchase, sale, donation, or transfer of such remains, excluding costs associated with certain transportation of remains; providing effective dates.

—was read the second time by title.

On motion by Senator Stargel, further consideration of **CS for SB 1722** was deferred.

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**CS for CS for SB 1652**—A bill to be entitled An act relating to discretionary sales surtaxes; amending s. 112.64, F.S.; authorizing a county to apply proceeds of a pension liability surtax toward reducing the unfunded liability of a defined benefit retirement plan or system; specifying the method of determining the amortization schedule if a surtax is approved; amending s. 212.055, F.S.; authorizing a county to levy a pension liability surtax by ordinance if certain conditions are met; prescribing the form of the ballot statement; requiring the Department of Revenue to distribute the surtax proceeds, less administrative fees; specifying the manner in which a local government may use the surtax proceeds; prescribing requirements for the ordinance that provides for the imposition of the surtax; specifying conditions under which the surtax terminates; limiting the combined rate of specified discretionary sales surtaxes; providing an effective date.

—was read the second time by title.

An amendment was considered and adopted to conform **CS for CS for SB 1652** to **CS for HB 1297**.

Pending further consideration of **CS for CS for SB 1652**, as amended, pursuant to Rule 3.11(3), there being no objection, **CS for HB 1297** was withdrawn from the Committees on Community Affairs; Finance and Tax; and Rules.

On motion by Senator Bradley—

**CS for HB 1297**—A bill to be entitled An act relating to discretionary sales surtaxes; amending s. 112.64, F.S.; authorizing a county to apply proceeds of a pension liability surtax toward reducing the unfunded liability of a defined benefit retirement plan or system; specifying the method of determining the amortization schedule if a surtax is approved; amending s. 212.055, F.S.; authorizing a county to levy a pension liability surtax by ordinance if certain conditions are met; prescribing the form of the ballot statement; requiring the Department of Revenue to distribute the surtax proceeds, less administrative fees; specifying the manner in which a local government may use the surtax proceeds; prescribing requirements for the ordinance that provides for the imposition of the surtax; specifying conditions under which the surtax terminates; limiting the combined rate of specified discretionary sales surtaxes; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 1652**, as amended, and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 1297** was placed on the calendar of Bills on Third Reading.

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By direction of the President, the Senate resumed consideration of—

**CS for SB 1722**—A bill to be entitled An act relating to termination of pregnancies; amending s. 390.011, F.S.; defining the term "gestation" and revising the term "third trimester"; amending s. 390.0111, F.S.; revising the requirements for disposal of fetal remains; revising the criminal punishment for failure to properly dispose of fetal remains; prohibiting state agencies, local governmental entities, and Medicaid managed care plans from expending or paying funds to or initiating or renewing contracts under certain circumstances with certain organizations that perform abortions; providing exceptions; amending s. 390.0112, F.S.; requiring directors of certain hospitals and physicians' offices and licensed abortion clinics to submit monthly reports to the Agency for Health Care Administration on a specified form; prohibiting the report from including personal identifying information; requiring the agency to submit certain data to the Centers for Disease Control and Prevention on a quarterly basis; amending s. 390.012, F.S.; requiring the agency to develop and enforce rules relating to license inspections and investigations of certain clinics; requiring the agency to adopt rules that require certain clinics to have written agreements with local hospitals for certain contingencies; specifying that the rules must require physicians who perform abortions at a clinic that performs abortions in the first trimester of pregnancy to have admitting privileges at a hospital within reasonable proximity of the clinic; specifying for clinics that perform or claim to perform abortions after the first trimester of pregnancy that the rules must require all physicians performing abortions at the clinic to have admitting privileges at a hospital within a reasonable proximity unless the clinic has a transfer agreement with such a hospital and the agreement includes certain provisions; revising requirements for rules that prescribe minimum recovery room standards; revising requirements for the disposal of fetal remains; requiring the agency to submit an annual report to the Legislature; amending s. 390.014, F.S.; providing a different limitation on the amount of a fee; amending s. 390.025, F.S.; requiring certain organizations that provide abortion referral services or abortion counseling services to register with the agency, pay a specified fee, and include certain information in advertisements; requiring biennial renewal of a registration; providing exemptions from the registration requirement; requiring the agency to adopt rules; providing for the assessment of costs in certain circumstances; amending s. 873.05, F.S.; prohibiting an offer to purchase, sell, donate, or transfer fetal remains obtained from an abortion and the purchase, sale, donation, or transfer of such remains, excluding costs associated with certain transportation of remains; providing effective dates.

—which was previously considered this day.

Pending further consideration of **CS for SB 1722**, pursuant to Rule 3.11(3), there being no objection, **CS for CS for HB 1411** was withdrawn from the Committees on Health Policy; Appropriations Subcommittee on Health and Human Services; and Fiscal Policy.

On motion by Senator Stargel—

**CS for CS for HB 1411**—A bill to be entitled An act relating to termination of pregnancies; creating s. 390.0001, F.S.; providing legislative findings regarding termination of pregnancies; amending s. 390.011, F.S.; defining the term "gestation" and revising the term "third trimester"; amending s. 390.0111, F.S.; revising the requirements for disposal of fetal remains; revising the criminal punishment for failure to properly dispose of fetal remains; prohibiting state agencies, local governmental entities, and Medicaid managed care plans from expending or paying funds to or initiating or renewing contracts under certain circumstances with certain organizations that perform abortions; providing exceptions; amending s. 390.0112, F.S.; requiring directors of certain hospitals and physicians' offices and licensed abortion clinics to submit monthly reports to the Agency for Health Care Administration on a specified form; prohibiting the report from including personal identifying information; requiring the agency to submit certain data to the Centers for Disease Control and Prevention on a quarterly basis; amending s. 390.012, F.S.; requiring the agency to develop and enforce rules relating to license inspections and investigations of certain clinics; requiring the agency to adopt rules to require all physicians performing abortions to have admitting privileges at a hospital within a reasonable proximity unless the clinic has a transfer agreement with the hospital; revising requirements for rules that prescribe minimum recovery room standards; revising requirements for the disposal of fetal remains; requiring the agency to submit an annual report to the Legislature; amending s. 390.014, F.S.; providing a different limitation on the amount of a fee; amending s. 390.025, F.S.; requiring certain organizations that provide abortion referral services or abortion counseling services to register with the agency, pay a specified fee, and include certain information in advertisements; requiring biennial renewal of a registration; providing exemptions from the registration requirement; requiring the agency to adopt rules; providing for the assessment of costs in certain circumstances; amending s. 873.05, F.S.; prohibiting an offer to purchase, sell, donate, or transfer fetal remains obtained from an abortion and the purchase, sale, donation, or transfer of such remains, excluding costs associated with certain transportation of remains; providing an appropriation; providing effective dates.

—a companion measure, was substituted for **CS for SB 1722** and read the second time by title.

Senator Stargel moved the following amendment:

**Amendment 1 (829246) (with title amendment)**—Delete everything after the enacting clause and insert:

Section 1. Present subsections (6) through (12) of section 390.011, Florida Statutes, are redesignated as subsections (7) through (13), respectively, a new subsection (6) is added to that section, and present subsection (11) of that section is amended, to read:

390.011 Definitions.—As used in this chapter, the term:

*(6) "Gestation" means the development of a human embryo or fetus between fertilization and birth.*

*(12)*~~(11)~~ "~~Third~~ Trimester" means *one of the following three distinct periods of time in the duration of a pregnancy:*

*(a) "First trimester," which is the period of time from fertilization through the end of the 11th week of gestation.*

*(b) "Second trimester," which is the period of time from the beginning of the 12th week of gestation through the end of the 23rd week of gestation.*

*(c) "Third trimester," which is the period of time from the beginning of the 24th week of gestation through birth* ~~the weeks of pregnancy after the 24th week of pregnancy~~.

Section 2. Subsection (7) of section 390.0111, Florida Statutes, is amended, and subsection (15) is added to that section, to read:

390.0111 Termination of pregnancies.—

(7) FETAL REMAINS.—Fetal remains shall be disposed of in a sanitary ~~and appropriate~~ manner *pursuant to s. 381.0098 and rules adopted thereunder* ~~and in accordance with standard health practices, as provided by rule of the Department of Health~~. Failure to dispose of fetal remains in accordance with *this subsection* ~~department rules~~ is a misdemeanor of the *first* ~~second~~ degree, punishable as provided in s. 775.082 or s. 775.083.

*(15) USE OF PUBLIC FUNDS RESTRICTED.—A state agency, a local governmental entity, or a managed care plan providing services under part IV of chapter 409 may not expend funds for the benefit of, pay funds to, or initiate or renew a contract with an organization that owns, operates, or is affiliated with one or more clinics that are licensed under this chapter and perform abortions unless one or more of the following applies:*

*(a) All abortions performed by such clinics are:*

*1. On fetuses that are conceived through rape or incest; or*

*2. Are medically necessary to preserve the life of the pregnant woman or to avert a serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman, other than a psychological condition.*

*(b) The funds must be expended to fulfill the terms of a contract entered into before July 1, 2016.*

*(c) The funds must be expended as reimbursement for Medicaid services provided on a fee-for-service basis.*

Section 3. Subsection (1) of section 390.0112, Florida Statutes, is amended, present subsections (2), (3), and (4) of that section are redesignated as subsections (3), (4), and (5), respectively, and a new subsection (2) is added to that section, to read:

390.0112 Termination of pregnancies; reporting.—

(1) The director of any medical facility in which *abortions are performed, including a physician's office,* ~~any pregnancy is terminated~~ shall submit a ~~monthly~~ report *each month* to the agency. *The report may be submitted electronically, may not include personal identifying information, and must include:*

*(a) Until the agency begins collecting data under paragraph (e), the number of abortions performed.*

*(b) The reasons such abortions were performed.*

*(c) For each abortion, the period of gestation at the time the abortion was performed.*

*(d)* ~~which contains the number of procedures performed, the reason for same, the period of gestation at the time such procedures were performed, and~~ The number of infants born alive *or alive* ~~during or~~ immediately after an attempted abortion.

*(e) Beginning no later than January 1, 2017, information consistent with the United States Standard Report of Induced Termination of Pregnancy adopted by the Centers for Disease Control and Prevention.*

*(2)* The agency shall *keep* ~~be responsible for keeping~~ such reports in a central *location for the purpose of compiling and analyzing* ~~place from which~~ statistical data and *shall submit data reported pursuant to paragraph (1)(e) to the Division of Reproductive Health within the Centers for Disease Control and Prevention, as requested by the Centers for Disease Control and Prevention* ~~analysis can be made~~.

Section 4. Paragraph (c) of subsection (1), subsection (2), paragraphs (c) and (f) of subsection (3), and subsection (7) of section 390.012, Florida Statutes, are amended, and subsection (8) is added to that section, to read:

390.012 Powers of agency; rules; disposal of fetal remains.—

(1) The agency may develop and enforce rules pursuant to ss. 390.011-390.018 and part II of chapter 408 for the health, care, and treatment of persons in abortion clinics and for the safe operation of such clinics.

(c) The rules shall provide for:

1. The performance of pregnancy termination procedures only by a licensed physician.

2. The making, protection, and preservation of patient records, which shall be treated as medical records under chapter 458. *When performing a license inspection of a clinic, the agency shall inspect at least 50 percent of patient records generated since the clinic's last license inspection.*

*3. Annual inspections by the agency of all clinics licensed under this chapter to ensure that such clinics are in compliance with this chapter and agency rules.*

*4. The prompt investigation of credible allegations of abortions being performed at a clinic that is not licensed to perform such procedures.*

(2) For clinics that perform abortions in the first trimester of pregnancy only, these rules *must* ~~shall~~ be comparable to rules that apply to all surgical procedures requiring approximately the same degree of skill and care as the performance of first trimester abortions *and must require:*

*(a) Clinics to have a written patient transfer agreement with a hospital within reasonable proximity to the clinic which includes the transfer of the patient's medical records held by the clinic and the treating physician to the licensed hospital; or*

*(b) Physicians who perform abortions at the clinic to have admitting privileges at a hospital within reasonable proximity to the clinic.*

(3) For clinics that perform or claim to perform abortions after the first trimester of pregnancy, the agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter, including the following:

(c) Rules relating to abortion clinic personnel. At a minimum, these rules shall require that:

1. The abortion clinic designate a medical director who is licensed to practice medicine in this state, and *all physicians who perform abortions in the clinic have* ~~who has~~ admitting privileges at a ~~licensed~~ hospital *within reasonable proximity to the clinic, unless the clinic* ~~in this state or~~ has a *written patient* transfer agreement with a ~~licensed~~ hospital within reasonable proximity *to* ~~of~~ the clinic *which includes the transfer of the patient's medical records held by both the clinic and the treating physician*.

2. If a physician is not present after an abortion is performed, a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant ~~shall~~ be present and remain at the clinic to provide postoperative monitoring and care until the patient is discharged.

3. Surgical assistants receive training in counseling, patient advocacy, and the specific responsibilities associated with the services the surgical assistants provide.

4. Volunteers receive training in the specific responsibilities associated with the services the volunteers provide, including counseling and patient advocacy as provided in the rules adopted by the director for different types of volunteers based on their responsibilities.

(f) Rules that prescribe minimum recovery room standards. At a minimum, these rules *must* ~~shall~~ require that:

1. Postprocedure recovery rooms *be* ~~are~~ supervised and staffed to meet the patients' needs.

2. Immediate postprocedure care *consist* ~~consists~~ of observation in a supervised recovery room for as long as the patient's condition warrants.

~~3. The clinic arranges hospitalization if any complication beyond the medical capability of the staff occurs or is suspected.~~

*3.*~~4.~~ A registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant who is trained in the management of the recovery area and is capable of providing basic cardiopulmonary resuscitation and related emergency procedures *remain* ~~remains~~ on the premises of the abortion clinic until all patients are discharged.

*4.*~~5.~~ A physician ~~shall~~ sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary.

*5.*~~6.~~ A physician *discuss* ~~discusses~~ Rho(D) immune globulin with each patient for whom it is indicated and *ensure* ~~ensures~~ that it is offered to the patient in the immediate postoperative period or ~~that it~~ will be available to her within 72 hours after completion of the abortion procedure. If the patient refuses the Rho(D) immune globulin, *she and a witness must sign* a refusal form approved by the agency *which must be* ~~shall be signed by the patient and a witness and~~ included in the medical record.

*6.*~~7.~~ Written instructions with regard to postabortion coitus, signs of possible problems, and general aftercare *which are specific to the patient be* ~~are~~ given to each patient. *The instructions must include information* ~~Each patient shall have specific written instructions~~ regarding access to medical care for complications, including a telephone number *for use in the event of a* ~~to call for~~ medical *emergency* ~~emergencies~~.

*7.*~~8. There is~~ A ~~specified~~ minimum length of time *be specified, by type of abortion procedure and duration of gestation, during which* ~~that~~ a patient *must remain* ~~remains~~ in the recovery room ~~by type of abortion procedure and duration of gestation~~.

*8.*~~9.~~ The physician *ensure* ~~ensures~~ that*, with the patient's consent,* a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant from the abortion clinic makes a good faith effort to contact the patient by telephone~~, with the patient's consent,~~ within 24 hours after surgery to assess the patient's recovery.

*9.*~~10.~~ Equipment and services *be* ~~are~~ readily accessible to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or viable fetus to the hospital.

(7) If *an* ~~any~~ owner, operator, or employee of an abortion clinic fails to dispose of fetal remains and tissue in a *sanitary* manner *pursuant to s. 381.0098, rules adopted thereunder, and rules adopted by the agency pursuant to this section* ~~consistent with the disposal of other human tissue in a competent professional manner~~, the license of such clinic may be suspended or revoked, and such person *commits* ~~is guilty of~~ a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

*(8) Beginning February 1, 2017, and annually thereafter, the agency shall submit a report to the President of the Senate and the Speaker of the House of Representatives which summarizes all regulatory actions taken during the prior year by the agency under this chapter.*

Section 5. Subsection (3) of section 390.014, Florida Statutes, is amended to read:

390.014 Licenses; fees.—

(3) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application submitted under this chapter and part II of chapter 408. The amount of the fee shall be established by rule and may not be *more than required to pay for the costs incurred by the agency in administering this chapter* ~~less than $70 or more than $500~~.

Section 6. Effective January 1, 2017, present subsection (3) of section 390.025, Florida Statutes, is amended, and new subsections (3), (4), and (5) are added to that section, to read:

390.025 Abortion referral or counseling agencies; penalties.—

*(3) An abortion referral or counseling agency, as defined in subsection (1), shall register with the Agency for Health Care Administration. To register or renew a registration an applicant must pay an initial or renewal registration fee established by rule, which must not exceed the costs incurred by the agency in administering this section. Registrants must include in any advertising materials the registration number issued by the agency and must renew their registration biennially.*

*(4) The following are exempt from the requirement to register pursuant to subsection (3):*

*(a) Facilities licensed pursuant to this chapter, chapter 395, chapter 400, or chapter 408;*

*(b) Facilities that are exempt from licensure as a clinic under s. 400.9905(4) and that refer five or fewer patients for abortions per month; and*

*(c) Health care practitioners, as defined in s. 456.001, who, in the course of their practice outside of a facility licensed pursuant to this chapter, chapter 395, chapter 400, or chapter 408, refer five or fewer patients for abortions each month.*

*(5) The agency shall adopt rules to administer this section and part II of chapter 408.*

*(6)*~~(3)~~ Any person who violates the provisions of *subsection (2) commits* ~~this section is guilty of~~ a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. *In addition to any other penalties imposed pursuant to this chapter, the Agency for Health Care Administration may assess costs related to an investigation of violations of this section which results in a successful prosecution. Such costs may not include attorney fees.*

Section 7. Section 873.05, Florida Statutes, is amended to read:

873.05 Advertising*, purchase,* ~~or~~ sale*, or transfer* of human embryos *or fetal remains* prohibited.—

(1) *A* ~~No~~ person *may not* ~~shall~~ knowingly advertise or offer to purchase or sell, or purchase, sell, or otherwise transfer, *a* ~~any~~ human embryo for valuable consideration.

~~(2)~~ As used in this *subsection* ~~section~~, the term "valuable consideration" does not include the reasonable costs associated with the removal, storage, and transportation of a human embryo.

*(2) A person may not advertise or offer to purchase, sell, donate, or transfer, or purchase, sell, donate, or transfer, fetal remains obtained from an abortion, as defined in s. 390.011. This subsection does not prohibit the transportation or transfer of fetal remains for disposal pursuant to s. 381.0098 or rules adopted thereunder.*

(3) A person who violates ~~the provisions of~~ this section *commits* ~~is guilty of~~ a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Section 8. *For the 2016-2017 fiscal year, 0.5 full-time equivalent positions, with associated salary rate of 39,230, are authorized and the sums of $59,951 in recurring funds and $185,213 in nonrecurring funds from the Health Care Trust Fund are appropriated to the Agency for Health Care Administration for the purpose of implementing this act.*

Section 9. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2016.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to termination of pregnancies; amending s. 390.011, F.S.; defining the term "gestation" and revising the term "third trimester"; amending s. 390.0111, F.S.; revising the requirements for disposal of fetal remains; revising the criminal punishment for failure to properly dispose of fetal remains; prohibiting state agencies, local governmental entities, and Medicaid managed care plans from expending or paying funds to or initiating or renewing contracts under certain circumstances with certain organizations that perform abortions; providing exceptions; amending s. 390.0112, F.S.; requiring directors of certain hospitals and physicians' offices and licensed abortion clinics to submit monthly reports to the Agency for Health Care Administration on a specified form; prohibiting the report from including personal identifying information; requiring the agency to submit certain data to the Centers for Disease Control and Prevention on a quarterly basis; amending s. 390.012, F.S.; requiring the agency to develop and enforce rules relating to license inspections and investigations of certain clinics; requiring the agency to adopt rules to require all physicians performing abortions to have admitting privileges at a hospital within a reasonable proximity unless the clinic has a transfer agreement with the hospital; revising requirements for rules that prescribe minimum recovery room standards; revising requirements for the disposal of fetal remains; requiring the agency to submit an annual report to the Legislature; amending s. 390.014, F.S.; providing a different limitation on the amount of a fee; amending s. 390.025, F.S.; requiring certain organizations that provide abortion referral services or abortion counseling services to register with the agency, pay a specified fee, and include certain information in advertisements; requiring biennial renewal of a registration; providing exemptions from the registration requirement; requiring the agency to adopt rules; providing for the assessment of costs in certain circumstances; amending s. 873.05, F.S.; prohibiting an offer to purchase, sell, donate, or transfer fetal remains obtained from an abortion and the purchase, sale, donation, or transfer of such remains, excluding costs associated with certain transportation of remains; providing an appropriation; providing effective dates.

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendment was allowed:

Senator Clemens moved the following amendment to **Amendment 1 (829246)** which was deferred:

**Amendment 1A (511756)**—Delete lines 100-103 and insert:

*3. The prompt investigation of credible allegations of*

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendments was allowed:

Senator Soto moved the following amendments to **Amendment 1 (829246)** which failed:

**Amendment 1B (450546)**—Between lines 50 and 51 insert:

*(d) The funds must be expended for, and the contracts initiated or renewed must be to provide, services intended to reduce unintended pregnancies or sexually transmitted disease rates or for preventive health services, excluding abortion care.*

The vote was:

Yeas—14

| | | |
|---|---|---|
| Abruzzo | Joyner | Smith |
| Braynon | Margolis | Sobel |
| Bullard | Montford | Soto |
| Clemens | Ring | Thompson |
| Gibson | Sachs | |

Nays—25

| | | |
|---|---|---|
| Mr. President | Flores | Lee |
| Altman | Gaetz | Legg |
| Bean | Galvano | Negron |
| Benacquisto | Garcia | Richter |
| Bradley | Grimsley | Simmons |
| Brandes | Hays | Simpson |
| Detert | Hukill | Stargel |
| Diaz de la Portilla | Hutson | |
| Evers | Latvala | |

**Amendment 1C (168666)**—Delete lines 117-128 and insert: *admitting privileges, clinical privileges, or staff privileges at a hospital within reasonable proximity to the clinic.*

(3) For clinics that perform or claim to perform abortions after the first trimester of pregnancy, the agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter, including the following:

(c) Rules relating to abortion clinic personnel. At a minimum, these rules shall require that:

1. The abortion clinic designate a medical director who is licensed to practice medicine in this state*,* and *all physicians who perform abortions in the clinic have* ~~who has~~ admitting privileges*, clinical privileges, or staff privileges* at a ~~licensed~~ hospital *within reasonable proximity to*

On motion by Senator Clemens, the Senate resumed consideration of **Amendment 1A (511756)** which failed.

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendment was allowed:

Senator Soto moved the following amendment to **Amendment 1 (829246)** which failed:

**Amendment 1D (240542) (with title amendment)**—Delete lines 34-35 and insert:

*(15) USE OF PUBLIC FUNDS RESTRICTED.—A state agency or a managed care plan providing*

And the title is amended as follows:

Delete lines 297-298 and insert: remains; prohibiting state agencies and Medicaid managed care plans

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendment was allowed:

Senator Smith moved the following amendment to **Amendment 1 (829246)** which failed:

**Amendment 1E (412440)**—Between lines 50 and 51 insert:

*(d) The funds must be expended for performing clinical exams or for testing to detect cancer.*

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendments was allowed:

Senator Sachs moved the following amendments to **Amendment 1 (829246)** which failed:

**Amendment 1F (310548) (with directory and title amendments)**—Delete lines 11-22 and insert:

(11) "~~Third~~ Trimester" means *one of the three distinct periods of time in the duration of a pregnancy as determined in accordance with medical standards and acceptable practices* ~~the weeks of pregnancy after the 24th week of pregnancy~~.

And the directory clause is amended as follows:

Delete lines 5-9 and insert:

Section 1. Subsection (11) of section 390.011, Florida Statutes, is amended to read:

And the title is amended as follows:

Delete lines 292-293 and insert: amending s. 390.011, F.S.; revising the definition of the term "third trimester";

**Amendment 1G (209954)**—Between lines 50 and 51 insert:

*(d) The funds are received from the Federal Government and do not include state matching funds.*

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendments was allowed:

Senator Thompson moved the following amendments to **Amendment 1 (829246)** which failed:

**Amendment 1H (400378)**—Delete line 178 and insert:
*address the patient's needs be* ~~are~~ given to each patient. *The*

**Amendment 1I (955696)**—Between lines 50 and 51 insert:

*(d) The funds are used to provide prenatal care.*

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendments was allowed:

Senator Gibson moved the following amendments to **Amendment 1 (829246)** which failed:

**Amendment 1J (788026)**—Between lines 50 and 51 insert:

*(d) The funds are used to provide contraceptive education, counseling, and services to patients.*

**Amendment 1K (195728)**—Between lines 50 and 51 insert:

*(d) There are no alternative providers for a Medicaid managed care plan in the network area.*

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendments was allowed:

Senator Sobel moved the following amendments to **Amendment 1 (829246)** which failed:

**Amendment 1L (731272) (with title amendment)**—Delete lines 34-36 and insert:

*(15) USE OF PUBLIC FUNDS RESTRICTED.—A state agency or a local governmental entity may not expend funds for*

And the title is amended as follows:

Delete lines 297-298 and insert: remains; prohibiting state agencies and local governmental entities

The vote was:

Yeas—15

| | | |
|---|---|---|
| Abruzzo | Grimsley | Sachs |
| Braynon | Joyner | Smith |
| Bullard | Margolis | Sobel |
| Clemens | Montford | Soto |
| Gibson | Ring | Thompson |

Nays—22

| | | |
|---|---|---|
| Mr. President | Flores | Legg |
| Altman | Gaetz | Negron |
| Bean | Galvano | Richter |
| Benacquisto | Garcia | Simmons |
| Bradley | Hays | Simpson |
| Brandes | Hukill | Stargel |
| Diaz de la Portilla | Hutson | |
| Evers | Lee | |

**Amendment 1M (681192)**—Between lines 50 and 51 insert:

*(d) The funds must be expended for prostate cancer screening or vasectomies.*

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendment was allowed:

Senator Bullard moved the following amendment to **Amendment 1 (829246)** which failed:

**Amendment 1N (232318)**—Between lines 50 and 51 insert:

*(d) The organization provides comprehensive sexual health education services to reduce the rate of unintended pregnancies and the rate of sexually transmitted diseases.*

The question recurred on **Amendment 1 (829246)** which was adopted.

Pursuant to Rule 4.19, **CS for CS for HB 1411**, as amended, was placed on the calendar of Bills on Third Reading.

## RECESS

The President declared the Senate in recess at 12:22 p.m. to reconvene at 1:30 p.m.

## AFTERNOON SESSION

The Senate was called to order by the President at 1:30 p.m. A quorum present—32:

| | | |
|---|---|---|
| Mr. President | Flores | Negron |
| Altman | Gaetz | Richter |
| Benacquisto | Gibson | Ring |
| Bradley | Grimsley | Sachs |
| Brandes | Hays | Simmons |
| Braynon | Hukill | Simpson |
| Clemens | Hutson | Sobel |
| Dean | Joyner | Soto |
| Detert | Legg | Stargel |
| Diaz de la Portilla | Margolis | Thompson |
| Evers | Montford | |

## SPECIAL ORDER CALENDAR, continued

**CS for SB 746**—A bill to be entitled An act relating to vessel registrations; amending s. 328.72, F.S.; defining terms; reducing vessel registration fees for recreational vessels equipped with certain position indicating and locating beacons; providing criteria for such reduction;

amending s. 328.66, F.S.; clarifying county optional registration fees; providing an appropriation; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 746**, pursuant to Rule 3.11(3), there being no objection, **CS for CS for HB 427** was withdrawn from the Committees on Transportation; Appropriations Subcommittee on Transportation, Tourism, and Economic Development; and Appropriations.

On motion by Senator Negron, the rules were waived and—

**CS for CS for HB 427**—A bill to be entitled An act relating to recreational vessel registration; amending s. 328.72, F.S.; providing definitions; providing a reduced recreational vessel registration fee schedule for vessels registered during a specified period which are equipped with an emergency position indicating radio beacon or for which the owner of the vessel owns a personal locator beacon; limiting application to one vessel per owner; authorizing the Department of Highway Safety and Motor Vehicles to adopt rules relating to proof of qualification; providing for certain funds to supplement the reduced amounts collected; providing for expiration of the reduced fee schedule; amending s. 328.76, F.S., relating to the Marine Resources Conservation Trust Fund; providing for use of the supplemental funds; amending s. 328.66, F.S., relating to county and municipality optional registration fees; specifying that the reduced fees do not apply to the limitation on registration fees charged by a county; providing an effective date.

—a companion measure, was substituted for **CS for SB 746** and read the second time by title.

Pursuant to Rule 4.19, **CS for CS for HB 427** was placed on the calendar of Bills on Third Reading.

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**CS for SJR 1194**—A joint resolution proposing an amendment to Section 6 of Article VII and the creation of a new section in Article XII of the State Constitution to authorize a first responder, who is age 65 or older and totally permanently disabled as a result of an injury sustained in the line of duty, to receive relief from ad valorem taxes assessed on homestead property, if authorized by general law, and to provide an effective date.

—was read the second time by title.

Pending further consideration of **CS for SJR 1194**, pursuant to Rule 3.11(3), there being no objection, **CS for HJR 1009** was withdrawn from the Committees on Community Affairs; Finance and Tax; and Appropriations.

On motion by Senator Negron—

**CS for HJR 1009**—A joint resolution proposing an amendment to Section 6 of Article VII and the creation of a new section in Article XII of the State Constitution to authorize a first responder, who is totally and permanently disabled as a result of an injury sustained in the line of duty, to receive relief from ad valorem taxes assessed on homestead property, if authorized by general law, and to provide an effective date.

—a companion measure, was substituted for **CS for SJR 1194** and read the second time by title.

Pursuant to Rule 4.19, **CS for HJR 1009** was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 1630**—A bill to be entitled An act relating to operations of the Citizens Property Insurance Corporation; amending s. 627.351, F.S.; specifying that a consumer representative appointed by the Governor to the Citizens Property Insurance Corporation's board of governors is not prohibited from practicing in a certain profession if required or permitted by law or ordinance; revising the requirements for licensed agents of the corporation; revising provisions related to the corporation's use of certain public and private hurricane loss-projection models in establishing certain rates; revising a provision to permit specified information from certain underwriting and claims files to be made available to certain entities; providing limitations for the use of such information by the entities; requiring the take-out program to be revised for specified purposes by a specified date; requiring the corporation to schedule up to a certain number of cycles annually during which insurers may identify and submit policy take-out requests; specifying information required to be included in such requests; providing conditions that must be agreed to by insurers submitting a request; requiring the corporation to maintain and make available specified lists of insurers to its agents of record; requiring the corporation to provide policyholders and the agents of record with a specified notice regarding their policy renewal options; amending s. 627.3518, F.S.; revising criteria for when an applicant for coverage from the corporation shall be considered a renewal; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 1630**, pursuant to Rule 3.11(3), there being no objection, **CS for CS for HB 931** was withdrawn from the Committees on Banking and Insurance; Ethics and Elections; and Appropriations.

On motion by Senator Flores—

**CS for CS for HB 931**—A bill to be entitled An act relating to operations of the Citizens Property Insurance Corporation; amending s. 627.351, F.S.; specifying that a consumer representative appointed by the Governor to the Citizens Property Insurance Corporation's board of governors is not prohibited from practicing in a certain profession if required or permitted by law or ordinance; revising the requirements for licensed agents of the corporation; revising provisions related to the corporation's use of certain public and private hurricane loss projection models in establishing certain rates; authorizing the use of specified information by certain entities in analyzing risks or developing rating plans; prohibiting the use of such information for the direct solicitation of policyholders; requiring the corporation to revise certain programs by a specified date; requiring the corporation to publish a periodic schedule of cycles for certain purposes; specifying information required to be included in certain take-out requests; requiring the corporation to maintain and make available specified lists of insurers requesting to take out a policy; requiring the corporation to provide policyholders and the agents of record with a specified notice regarding policy renewal options; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 1630** and read the second time by title.

Senator Flores moved the following amendment which was adopted:

**Amendment 1 (375628) (with title amendment)**—Delete everything after the enacting clause and insert:

Section 1. Paragraphs (c), (n), and (x) of subsection (6) of section 627.351, Florida Statutes, are amended, and paragraph (ii) is added to that subsection, to read:

627.351 Insurance risk apportionment plans.—

(6) CITIZENS PROPERTY INSURANCE CORPORATION.—

(c) The corporation's plan of operation:

1. Must provide for adoption of residential property and casualty insurance policy forms and commercial residential and nonresidential property insurance forms, which must be approved by the office before use. The corporation shall adopt the following policy forms:

a. Standard personal lines policy forms that are comprehensive multiperil policies providing full coverage of a residential property equivalent to the coverage provided in the private insurance market under an HO-3, HO-4, or HO-6 policy.

b. Basic personal lines policy forms that are policies similar to an HO-8 policy or a dwelling fire policy that provide coverage meeting the

requirements of the secondary mortgage market, but which is more limited than the coverage under a standard policy.

c. Commercial lines residential and nonresidential policy forms that are generally similar to the basic perils of full coverage obtainable for commercial residential structures and commercial nonresidential structures in the admitted voluntary market.

d. Personal lines and commercial lines residential property insurance forms that cover the peril of wind only. The forms are applicable only to residential properties located in areas eligible for coverage under the coastal account referred to in sub-subparagraph (b)2.a.

e. Commercial lines nonresidential property insurance forms that cover the peril of wind only. The forms are applicable only to nonresidential properties located in areas eligible for coverage under the coastal account referred to in sub-subparagraph (b)2.a.

f. The corporation may adopt variations of the policy forms listed in sub-subparagraphs a.-e. which contain more restrictive coverage.

g. Effective January 1, 2013, the corporation shall offer a basic personal lines policy similar to an HO-8 policy with dwelling repair based on common construction materials and methods.

2. Must provide that the corporation adopt a program in which the corporation and authorized insurers enter into quota share primary insurance agreements for hurricane coverage, as defined in s. 627.4025(2)(a), for eligible risks, and adopt property insurance forms for eligible risks which cover the peril of wind only.

a. As used in this subsection, the term:

(I) "Quota share primary insurance" means an arrangement in which the primary hurricane coverage of an eligible risk is provided in specified percentages by the corporation and an authorized insurer. The corporation and authorized insurer are each solely responsible for a specified percentage of hurricane coverage of an eligible risk as set forth in a quota share primary insurance agreement between the corporation and an authorized insurer and the insurance contract. The responsibility of the corporation or authorized insurer to pay its specified percentage of hurricane losses of an eligible risk, as set forth in the agreement, may not be altered by the inability of the other party to pay its specified percentage of losses. Eligible risks that are provided hurricane coverage through a quota share primary insurance arrangement must be provided policy forms that set forth the obligations of the corporation and authorized insurer under the arrangement, clearly specify the percentages of quota share primary insurance provided by the corporation and authorized insurer, and conspicuously and clearly state that the authorized insurer and the corporation may not be held responsible beyond their specified percentage of coverage of hurricane losses.

(II) "Eligible risks" means personal lines residential and commercial lines residential risks that meet the underwriting criteria of the corporation and are located in areas that were eligible for coverage by the Florida Windstorm Underwriting Association on January 1, 2002.

b. The corporation may enter into quota share primary insurance agreements with authorized insurers at corporation coverage levels of 90 percent and 50 percent.

c. If the corporation determines that additional coverage levels are necessary to maximize participation in quota share primary insurance agreements by authorized insurers, the corporation may establish additional coverage levels. However, the corporation's quota share primary insurance coverage level may not exceed 90 percent.

d. Any quota share primary insurance agreement entered into between an authorized insurer and the corporation must provide for a uniform specified percentage of coverage of hurricane losses, by county or territory as set forth by the corporation board, for all eligible risks of the authorized insurer covered under the agreement.

e. Any quota share primary insurance agreement entered into between an authorized insurer and the corporation is subject to review and approval by the office. However, such agreement shall be authorized only as to insurance contracts entered into between an authorized insurer and an insured who is already insured by the corporation for wind coverage.

f. For all eligible risks covered under quota share primary insurance agreements, the exposure and coverage levels for both the corporation and authorized insurers shall be reported by the corporation to the Florida Hurricane Catastrophe Fund. For all policies of eligible risks covered under such agreements, the corporation and the authorized insurer must maintain complete and accurate records for the purpose of exposure and loss reimbursement audits as required by fund rules. The corporation and the authorized insurer shall each maintain duplicate copies of policy declaration pages and supporting claims documents.

g. The corporation board shall establish in its plan of operation standards for quota share agreements which ensure that there is no discriminatory application among insurers as to the terms of the agreements, pricing of the agreements, incentive provisions if any, and consideration paid for servicing policies or adjusting claims.

h. The quota share primary insurance agreement between the corporation and an authorized insurer must set forth the specific terms under which coverage is provided, including, but not limited to, the sale and servicing of policies issued under the agreement by the insurance agent of the authorized insurer producing the business, the reporting of information concerning eligible risks, the payment of premium to the corporation, and arrangements for the adjustment and payment of hurricane claims incurred on eligible risks by the claims adjuster and personnel of the authorized insurer. Entering into a quota sharing insurance agreement between the corporation and an authorized insurer is voluntary and at the discretion of the authorized insurer.

3. May provide that the corporation may employ or otherwise contract with individuals or other entities to provide administrative or professional services that may be appropriate to effectuate the plan. The corporation may borrow funds by issuing bonds or by incurring other indebtedness, and shall have other powers reasonably necessary to effectuate the requirements of this subsection, including, without limitation, the power to issue bonds and incur other indebtedness in order to refinance outstanding bonds or other indebtedness. The corporation may seek judicial validation of its bonds or other indebtedness under chapter 75. The corporation may issue bonds or incur other indebtedness, or have bonds issued on its behalf by a unit of local government pursuant to subparagraph (q)2. in the absence of a hurricane or other weather-related event, upon a determination by the corporation, subject to approval by the office, that such action would enable it to efficiently meet the financial obligations of the corporation and that such financings are reasonably necessary to effectuate the requirements of this subsection. The corporation may take all actions needed to facilitate tax-free status for such bonds or indebtedness, including formation of trusts or other affiliated entities. The corporation may pledge assessments, projected recoveries from the Florida Hurricane Catastrophe Fund, other reinsurance recoverables, policyholder surcharges and other surcharges, and other funds available to the corporation as security for bonds or other indebtedness. In recognition of s. 10, Art. I of the State Constitution, prohibiting the impairment of obligations of contracts, it is the intent of the Legislature that no action be taken whose purpose is to impair any bond indenture or financing agreement or any revenue source committed by contract to such bond or other indebtedness.

4. Must require that the corporation operate subject to the supervision and approval of a board of governors consisting of nine individuals who are residents of this state and who are from different geographical areas of the state, one of whom is appointed by the Governor and serves solely to advocate on behalf of the consumer. The appointment of a consumer representative by the Governor is *deemed to be within the scope of the exemption provided in s. 112.313(7)(b) and is* in addition to the appointments authorized under sub-subparagraph a.

a. The Governor, the Chief Financial Officer, the President of the Senate, and the Speaker of the House of Representatives shall each appoint two members of the board. At least one of the two members appointed by each appointing officer must have demonstrated expertise in insurance and be deemed to be within the scope of the exemption provided in s. 112.313(7)(b). The Chief Financial Officer shall designate one of the appointees as chair. All board members serve at the pleasure of the appointing officer. All members of the board are subject to removal at will by the officers who appointed them. All board members,

including the chair, must be appointed to serve for 3-year terms beginning annually on a date designated by the plan. However, for the first term beginning on or after July 1, 2009, each appointing officer shall appoint one member of the board for a 2-year term and one member for a 3-year term. A board vacancy shall be filled for the unexpired term by the appointing officer. The Chief Financial Officer shall appoint a technical advisory group to provide information and advice to the board in connection with the board's duties under this subsection. The executive director and senior managers of the corporation shall be engaged by the board and serve at the pleasure of the board. Any executive director appointed on or after July 1, 2006, is subject to confirmation by the Senate. The executive director is responsible for employing other staff as the corporation may require, subject to review and concurrence by the board.

b. The board shall create a Market Accountability Advisory Committee to assist the corporation in developing awareness of its rates and its customer and agent service levels in relationship to the voluntary market insurers writing similar coverage.

(I) The members of the advisory committee consist of the following 11 persons, one of whom must be elected chair by the members of the committee: four representatives, one appointed by the Florida Association of Insurance Agents, one by the Florida Association of Insurance and Financial Advisors, one by the Professional Insurance Agents of Florida, and one by the Latin American Association of Insurance Agencies; three representatives appointed by the insurers with the three highest voluntary market share of residential property insurance business in the state; one representative from the Office of Insurance Regulation; one consumer appointed by the board who is insured by the corporation at the time of appointment to the committee; one representative appointed by the Florida Association of Realtors; and one representative appointed by the Florida Bankers Association. All members shall be appointed to 3-year terms and may serve for consecutive terms.

(II) The committee shall report to the corporation at each board meeting on insurance market issues which may include rates and rate competition with the voluntary market; service, including policy issuance, claims processing, and general responsiveness to policyholders, applicants, and agents; and matters relating to depopulation.

5. Must provide a procedure for determining the eligibility of a risk for coverage, as follows:

a. Subject to s. 627.3517, with respect to personal lines residential risks, if the risk is offered coverage from an authorized insurer at the insurer's approved rate under a standard policy including wind coverage or, if consistent with the insurer's underwriting rules as filed with the office, a basic policy including wind coverage, for a new application to the corporation for coverage, the risk is not eligible for any policy issued by the corporation unless the premium for coverage from the authorized insurer is more than 15 percent greater than the premium for comparable coverage from the corporation. Whenever an offer of coverage for a personal lines residential risk is received for a policyholder of the corporation at renewal from an authorized insurer, if the offer is equal to or less than the corporation's renewal premium for comparable coverage, the risk is not eligible for coverage with the corporation. If the risk is not able to obtain such offer, the risk is eligible for a standard policy including wind coverage or a basic policy including wind coverage issued by the corporation; however, if the risk could not be insured under a standard policy including wind coverage regardless of market conditions, the risk is eligible for a basic policy including wind coverage unless rejected under subparagraph 8. However, a policyholder removed from the corporation through an assumption agreement remains eligible for coverage from the corporation until the end of the assumption period. The corporation shall determine the type of policy to be provided on the basis of objective standards specified in the underwriting manual and based on generally accepted underwriting practices.

(I) If the risk accepts an offer of coverage through the market assistance plan or through a mechanism established by the corporation other than a plan established by s. 627.3518, before a policy is issued to the risk by the corporation or during the first 30 days of coverage by the corporation, and the producing agent who submitted the application to the plan or to the corporation is not currently appointed by the insurer, the insurer shall:

(A) Pay to the producing agent of record of the policy for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or

(B) Offer to allow the producing agent of record of the policy to continue servicing the policy for at least 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).

(II) If the corporation enters into a contractual agreement for a takeout plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on the policy, and the insurer shall:

(A) Pay to the producing agent of record, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or

(B) Offer to allow the producing agent of record to continue servicing the policy for at least 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).

b. With respect to commercial lines residential risks, for a new application to the corporation for coverage, if the risk is offered coverage under a policy including wind coverage from an authorized insurer at its approved rate, the risk is not eligible for a policy issued by the corporation unless the premium for coverage from the authorized insurer is more than 15 percent greater than the premium for comparable coverage from the corporation. Whenever an offer of coverage for a commercial lines residential risk is received for a policyholder of the corporation at renewal from an authorized insurer, if the offer is equal to or less than the corporation's renewal premium for comparable coverage, the risk is not eligible for coverage with the corporation. If the risk is not able to obtain any such offer, the risk is eligible for a policy including wind coverage issued by the corporation. However, a policyholder removed from the corporation through an assumption agreement remains eligible for coverage from the corporation until the end of the assumption period.

(I) If the risk accepts an offer of coverage through the market assistance plan or through a mechanism established by the corporation other than a plan established by s. 627.3518, before a policy is issued to the risk by the corporation or during the first 30 days of coverage by the corporation, and the producing agent who submitted the application to the plan or the corporation is not currently appointed by the insurer, the insurer shall:

(A) Pay to the producing agent of record of the policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or

(B) Offer to allow the producing agent of record of the policy to continue servicing the policy for at least 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).

(II) If the corporation enters into a contractual agreement for a takeout plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on the policy, and the insurer shall:

(A) Pay to the producing agent of record, for the first year, an amount that is the greater of the insurer's usual and customary com-

mission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or

(B) Offer to allow the producing agent of record to continue servicing the policy for at least 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).

c. For purposes of determining comparable coverage under subsubparagraphs a. and b., the comparison must be based on those forms and coverages that are reasonably comparable. The corporation may rely on a determination of comparable coverage and premium made by the producing agent who submits the application to the corporation, made in the agent's capacity as the corporation's agent. A comparison may be made solely of the premium with respect to the main building or structure only on the following basis: the same coverage A or other building limits; the same percentage hurricane deductible that applies on an annual basis or that applies to each hurricane for commercial residential property; the same percentage of ordinance and law coverage, if the same limit is offered by both the corporation and the authorized insurer; the same mitigation credits, to the extent the same types of credits are offered both by the corporation and the authorized insurer; the same method for loss payment, such as replacement cost or actual cash value, if the same method is offered both by the corporation and the authorized insurer in accordance with underwriting rules; and any other form or coverage that is reasonably comparable as determined by the board. If an application is submitted to the corporation for wind-only coverage in the coastal account, the premium for the corporation's wind-only policy plus the premium for the ex-wind policy that is offered by an authorized insurer to the applicant must be compared to the premium for multiperil coverage offered by an authorized insurer, subject to the standards for comparison specified in this subparagraph. If the corporation or the applicant requests from the authorized insurer a breakdown of the premium of the offer by types of coverage so that a comparison may be made by the corporation or its agent and the authorized insurer refuses or is unable to provide such information, the corporation may treat the offer as not being an offer of coverage from an authorized insurer at the insurer's approved rate.

6. Must include rules for classifications of risks and rates.

7. Must provide that if premium and investment income for an account attributable to a particular calendar year are in excess of projected losses and expenses for the account attributable to that year, such excess shall be held in surplus in the account. Such surplus must be available to defray deficits in that account as to future years and used for that purpose before assessing assessable insurers and assessable insureds as to any calendar year.

8. Must provide objective criteria and procedures to be uniformly applied to all applicants in determining whether an individual risk is so hazardous as to be uninsurable. In making this determination and in establishing the criteria and procedures, the following must be considered:

a. Whether the likelihood of a loss for the individual risk is substantially higher than for other risks of the same class; and

b. Whether the uncertainty associated with the individual risk is such that an appropriate premium cannot be determined.

The acceptance or rejection of a risk by the corporation shall be construed as the private placement of insurance, and the provisions of chapter 120 do not apply.

9. Must provide that the corporation make its best efforts to procure catastrophe reinsurance at reasonable rates, to cover its projected 100-year probable maximum loss as determined by the board of governors.

10. The policies issued by the corporation must provide that if the corporation or the market assistance plan obtains an offer from an authorized insurer to cover the risk at its approved rates, the risk is no longer eligible for renewal through the corporation, except as otherwise provided in this subsection.

11. Corporation policies and applications must include a notice that the corporation policy could, under this section, be replaced with a policy issued by an authorized insurer which does not provide coverage identical to the coverage provided by the corporation. The notice must also specify that acceptance of corporation coverage creates a conclusive presumption that the applicant or policyholder is aware of this potential.

12. May establish, subject to approval by the office, different eligibility requirements and operational procedures for any line or type of coverage for any specified county or area if the board determines that such changes are justified due to the voluntary market being sufficiently stable and competitive in such area or for such line or type of coverage and that consumers who, in good faith, are unable to obtain insurance through the voluntary market through ordinary methods continue to have access to coverage from the corporation. If coverage is sought in connection with a real property transfer, the requirements and procedures may not provide an effective date of coverage later than the date of the closing of the transfer as established by the transferor, the transferee, and, if applicable, the lender.

13. Must provide that, with respect to the coastal account, any assessable insurer with a surplus as to policyholders of $25 million or less writing 25 percent or more of its total countrywide property insurance premiums in this state may petition the office, within the first 90 days of each calendar year, to qualify as a limited apportionment company. A regular assessment levied by the corporation on a limited apportionment company for a deficit incurred by the corporation for the coastal account may be paid to the corporation on a monthly basis as the assessments are collected by the limited apportionment company from its insureds, but a limited apportionment company must begin collecting the regular assessments not later than 90 days after the regular assessments are levied by the corporation, and the regular assessments must be paid in full within 15 months after being levied by the corporation. A limited apportionment company shall collect from its policyholders any emergency assessment imposed under sub-subparagraph (b)3.d. The plan must provide that, if the office determines that any regular assessment will result in an impairment of the surplus of a limited apportionment company, the office may direct that all or part of such assessment be deferred as provided in subparagraph (q)4. However, an emergency assessment to be collected from policyholders under sub-subparagraph (b)3.d. may not be limited or deferred.

14. Must provide that the corporation appoint as its licensed agents only those agents who *throughout such appointments* also hold an appointment as defined in s. 626.015(3) *by* ~~with~~ an insurer who ~~at the time of the agent's initial appointment by the corporation~~ is authorized to write and is actually writing *or renewing* personal lines residential property coverage, commercial residential property coverage, or commercial nonresidential property coverage within the state.

15. Must provide a premium payment plan option to its policyholders which, at a minimum, allows for quarterly and semiannual payment of premiums. A monthly payment plan may, but is not required to, be offered.

16. Must limit coverage on mobile homes or manufactured homes built before 1994 to actual cash value of the dwelling rather than replacement costs of the dwelling.

17. Must provide coverage for manufactured or mobile home dwellings. Such coverage must also include the following attached structures:

a. Screened enclosures that are aluminum framed or screened enclosures that are not covered by the same or substantially the same materials as those of the primary dwelling;

b. Carports that are aluminum or carports that are not covered by the same or substantially the same materials as those of the primary dwelling; and

c. Patios that have a roof covering that is constructed of materials that are not the same or substantially the same materials as those of the primary dwelling.

The corporation shall make available a policy for mobile homes or manufactured homes for a minimum insured value of at least $3,000.

18. May provide such limits of coverage as the board determines, consistent with the requirements of this subsection.

19. May require commercial property to meet specified hurricane mitigation construction features as a condition of eligibility for coverage.

20. Must provide that new or renewal policies issued by the corporation on or after January 1, 2012, which cover sinkhole loss do not include coverage for any loss to appurtenant structures, driveways, sidewalks, decks, or patios that are directly or indirectly caused by sinkhole activity. The corporation shall exclude such coverage using a notice of coverage change, which may be included with the policy renewal, and not by issuance of a notice of nonrenewal of the excluded coverage upon renewal of the current policy.

21. As of January 1, 2012, must require that the agent obtain from an applicant for coverage from the corporation an acknowledgment signed by the applicant, which includes, at a minimum, the following statement:

ACKNOWLEDGMENT OF POTENTIAL SURCHARGE AND ASSESSMENT LIABILITY:

1. AS A POLICYHOLDER OF CITIZENS PROPERTY INSURANCE CORPORATION, I UNDERSTAND THAT IF THE CORPORATION SUSTAINS A DEFICIT AS A RESULT OF HURRICANE LOSSES OR FOR ANY OTHER REASON, MY POLICY COULD BE SUBJECT TO SURCHARGES, WHICH WILL BE DUE AND PAYABLE UPON RENEWAL, CANCELLATION, OR TERMINATION OF THE POLICY, AND THAT THE SURCHARGES COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.

2. I UNDERSTAND THAT I CAN AVOID THE CITIZENS POLICYHOLDER SURCHARGE, WHICH COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM, BY OBTAINING COVERAGE FROM A PRIVATE MARKET INSURER AND THAT TO BE ELIGIBLE FOR COVERAGE BY CITIZENS, I MUST FIRST TRY TO OBTAIN PRIVATE MARKET COVERAGE BEFORE APPLYING FOR OR RENEWING COVERAGE WITH CITIZENS. I UNDERSTAND THAT PRIVATE MARKET INSURANCE RATES ARE REGULATED AND APPROVED BY THE STATE.

3. I UNDERSTAND THAT I MAY BE SUBJECT TO EMERGENCY ASSESSMENTS TO THE SAME EXTENT AS POLICYHOLDERS OF OTHER INSURANCE COMPANIES, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.

4. I ALSO UNDERSTAND THAT CITIZENS PROPERTY INSURANCE CORPORATION IS NOT SUPPORTED BY THE FULL FAITH AND CREDIT OF THE STATE OF FLORIDA.

a. The corporation shall maintain, in electronic format or otherwise, a copy of the applicant's signed acknowledgment and provide a copy of the statement to the policyholder as part of the first renewal after the effective date of this subparagraph.

b. The signed acknowledgment form creates a conclusive presumption that the policyholder understood and accepted his or her potential surcharge and assessment liability as a policyholder of the corporation.

(n)1. Rates for coverage provided by the corporation must be actuarially sound and subject to s. 627.062, except as otherwise provided in this paragraph. The corporation shall file its recommended rates with the office at least annually. The corporation shall provide any additional information regarding the rates which the office requires. The office shall consider the recommendations of the board and issue a final order establishing the rates for the corporation within 45 days after the recommended rates are filed. The corporation may not pursue an administrative challenge or judicial review of the final order of the office.

2. In addition to the rates otherwise determined pursuant to this paragraph, the corporation shall impose and collect an amount equal to the premium tax provided in s. 624.509 to augment the financial resources of the corporation.

3. After the public hurricane loss-projection model under s. 627.06281 has been found to be accurate and reliable by the Florida Commission on Hurricane Loss Projection Methodology, the model shall *be considered when establishing* ~~serve as the minimum benchmark for determining~~ the windstorm portion of the corporation's rates. *The corporation may use the public model results in combination with the results of private models to calculate rates for the windstorm portion of the corporation's rates.* This subparagraph does not require or allow the corporation to adopt rates lower than the rates otherwise required or allowed by this paragraph.

4. The rate filings for the corporation which were approved by the office and took effect January 1, 2007, are rescinded, except for those rates that were lowered. As soon as possible, the corporation shall begin using the lower rates that were in effect on December 31, 2006, and provide refunds to policyholders who paid higher rates as a result of that rate filing. The rates in effect on December 31, 2006, remain in effect for the 2007 and 2008 calendar years except for any rate change that results in a lower rate. The next rate change that may increase rates shall take effect pursuant to a new rate filing recommended by the corporation and established by the office, subject to this paragraph.

5. Beginning on July 15, 2009, and annually thereafter, the corporation must make a recommended actuarially sound rate filing for each personal and commercial line of business it writes, to be effective no earlier than January 1, 2010.

6. Beginning on or after January 1, 2010, and notwithstanding the board's recommended rates and the office's final order regarding the corporation's filed rates under subparagraph 1., the corporation shall annually implement a rate increase which, except for sinkhole coverage, does not exceed 10 percent for any single policy issued by the corporation, excluding coverage changes and surcharges.

7. The corporation may also implement an increase to reflect the effect on the corporation of the cash buildup factor pursuant to s. 215.555(5)(b).

8. The corporation's implementation of rates as prescribed in subparagraph 6. shall cease for any line of business written by the corporation upon the corporation's implementation of actuarially sound rates. Thereafter, the corporation shall annually make a recommended actuarially sound rate filing for each commercial and personal line of business the corporation writes.

(x)1. The following records of the corporation are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution:

a. Underwriting files, except that a policyholder or an applicant shall have access to his or her own underwriting files. Confidential and exempt underwriting file records may also be released to other governmental agencies upon written request and demonstration of need; such records held by the receiving agency remain confidential and exempt as provided herein.

b. Claims files, until termination of all litigation and settlement of all claims arising out of the same incident, although portions of the claims files may remain exempt, as otherwise provided by law. Confidential and exempt claims file records may be released to other governmental agencies upon written request and demonstration of need; such records held by the receiving agency remain confidential and exempt as provided herein.

c. Records obtained or generated by an internal auditor pursuant to a routine audit, until the audit is completed, or if the audit is conducted as part of an investigation, until the investigation is closed or ceases to be active. An investigation is considered "active" while the investigation is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings.

d. Matters reasonably encompassed in privileged attorney-client communications.

e. Proprietary information licensed to the corporation under contract and the contract provides for the confidentiality of such proprietary information.

f. All information relating to the medical condition or medical status of a corporation employee which is not relevant to the employee's capacity to perform his or her duties, except as otherwise provided in this

paragraph. Information that is exempt shall include, but is not limited to, information relating to workers' compensation, insurance benefits, and retirement or disability benefits.

g. Upon an employee's entrance into the employee assistance program, a program to assist any employee who has a behavioral or medical disorder, substance abuse problem, or emotional difficulty *that* ~~which~~ affects the employee's job performance, all records relative to that participation shall be confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution, except as otherwise provided in s. 112.0455(11).

h. Information relating to negotiations for financing, reinsurance, depopulation, or contractual services, until the conclusion of the negotiations.

i. Minutes of closed meetings regarding underwriting files, and minutes of closed meetings regarding an open claims file until termination of all litigation and settlement of all claims with regard to that claim, except that information otherwise confidential or exempt by law shall be redacted.

2. If an authorized insurer is considering underwriting a risk insured by the corporation, relevant underwriting files and confidential claims files may be released to the insurer provided the insurer agrees in writing, notarized and under oath, to maintain the confidentiality of such files. If a file is transferred to an insurer, that file is no longer a public record because it is not held by an agency subject to the provisions of the public records law. Underwriting files and confidential claims files may also be released to staff and the board of governors of the market assistance plan established pursuant to s. 627.3515, who must retain the confidentiality of such files, except such files may be released to authorized insurers that are considering assuming the risks to which the files apply, provided the insurer agrees in writing, notarized and under oath, to maintain the confidentiality of such files. Finally, the corporation or the board or staff of the market assistance plan may make the following information obtained from underwriting files and confidential claims files available to *an entity that has obtained a permit to become an authorized insurer, a reinsurer that may provide reinsurance under s. 624.610, a licensed reinsurance broker, a licensed rating organization, a modeling company, or a* licensed general lines insurance *agent* ~~agents~~: name, address, and telephone number of the residential property owner or insured; location of the risk; rating information; loss history; and policy type. The receiving *person* ~~licensed general lines insurance agent~~ must retain the confidentiality of the information received *and may use the information only for the purposes of developing a take-out plan or a rating plan to be submitted to the office for approval or otherwise analyzing the underwriting of a risk or risks insured by the corporation on behalf of the private insurance market. A licensed general lines insurance agent may not use such information for the direct solicitation of policyholders*.

3. A policyholder who has filed suit against the corporation has the right to discover the contents of his or her own claims file to the same extent that discovery of such contents would be available from a private insurer in litigation as provided by the Florida Rules of Civil Procedure, the Florida Evidence Code, and other applicable law. Pursuant to subpoena, a third party has the right to discover the contents of an insured's or applicant's underwriting or claims file to the same extent that discovery of such contents would be available from a private insurer by subpoena as provided by the Florida Rules of Civil Procedure, the Florida Evidence Code, and other applicable law, and subject to any confidentiality protections requested by the corporation and agreed to by the seeking party or ordered by the court. The corporation may release confidential underwriting and claims file contents and information as it deems necessary and appropriate to underwrite or service insurance policies and claims, subject to any confidentiality protections deemed necessary and appropriate by the corporation.

4. Portions of meetings of the corporation are exempt from the provisions of s. 286.011 and s. 24(b), Art. I of the State Constitution wherein confidential underwriting files or confidential open claims files are discussed. All portions of corporation meetings which are closed to the public shall be recorded by a court reporter. The court reporter shall record the times of commencement and termination of the meeting, all discussion and proceedings, the names of all persons present at any time, and the names of all persons speaking. No portion of any closed meeting shall be off the record. Subject to the provisions hereof and s. 119.07(1)(d)-(f), the court reporter's notes of any closed meeting shall be retained by the corporation for a minimum of 5 years. A copy of the transcript, less any exempt matters, of any closed meeting wherein claims are discussed shall become public as to individual claims after settlement of the claim.

*(ii) The corporation shall revise the programs adopted pursuant to sub-subparagraph (q)3.a. for personal lines residential policies to maximize policyholder options and encourage increased participation by insurers and agents. After January 1, 2017, a policy may not be taken out of the corporation unless the provisions of this paragraph are met.*

*1. The corporation must publish a periodic schedule of cycles during which an insurer may identify, and notify the corporation of, policies that the insurer is requesting to take out. A request must include a description of the coverage offered and an estimated premium and must be submitted to the corporation in a form and manner prescribed by the corporation.*

*2. The corporation must maintain and make available to the agent of record a consolidated list of all insurers requesting to take out a policy. The list must include a description of the coverage offered and the estimated premium for each take-out request.*

*3. The corporation must provide written notice to the policyholder and the agent of record regarding all insurers requesting to take out the policy and regarding the policyholder's option to accept a take-out offer or to reject all take-out offers and to remain with the corporation. The notice must be in a format prescribed by the corporation and include, for each take-out offer:*

*a. The amount of the estimated premium;*

*b. A description of the coverage; and*

*c. A comparison of the estimated premium and coverage offered by the insurer to the estimated premium and coverage provided by the corporation.*

*4. A policyholder who accepted a take-out offer by an insurer within the previous 36 months is deemed to be a renewal policyholder under s. 627.3518 if the corporation determines that the same take-out insurer increased the rate on the policy in excess of the percent increase allowed for the corporation under subparagraph (n)6. This subparagraph does not apply if the office determines that a take-out insurer that increased its rates in excess of the percent increase allowed under subparagraph (n) 6. experienced, or is likely to experience, a 20 percent or greater increase in the cost of reinsurance when compared to the cost of reinsurance in the prior year.*

Section 2. This act shall take effect July 1, 2016.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to operations of the Citizens Property Insurance Corporation; amending s. 627.351, F.S.; specifying that a consumer representative appointed by the Governor to the Citizens Property Insurance Corporation's board of governors is not prohibited from practicing in a certain profession if required or permitted by law or ordinance; revising the requirements for licensed agents of the corporation; revising provisions related to the corporation's use of certain public and private hurricane loss-projection models in establishing certain rates; revising a provision to permit specified information from certain underwriting and claims files to be made available to certain entities; providing limitations for the use of such information by the entities; requiring the take-out program to be revised for specified purposes by a specified date; requiring the corporation to publish a periodic schedule of cycles during which an insurer may identify and submit policy take-out requests; specifying information required to be included in such requests; requiring the corporation to maintain and make available to the agent of record a specified list; requiring the corporation to provide policyholders and the agents of record with a specified notice regarding take-out offers; providing that a policyholder is deemed to be a renewal policyholder under certain circumstances; providing applicability; providing an effective date.

Pursuant to Rule 4.19, **CS for CS for HB 931**, as amended, was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 1010**—A bill to be entitled An act relating to the Department of Agriculture and Consumer Services; creating s. 15.0521, F.S.; designating tupelo honey as the official state honey; amending s. 482.111, F.S.; specifying the requirements for original certification as a pest control operator; specifying the fee for the renewal of a certificate; amending s. 482.1562, F.S.; specifying the deadline for recertification of persons who wish to apply urban landscape commercial fertilizer; providing a grace period for recertification; amending s. 500.03, F.S.; revising the definition of the term "food" to include dietary supplements; defining the term "vehicle"; amending s. 500.10, F.S.; providing additional conditions under which food may be deemed adulterated; amending s. 500.11, F.S.; including failure to comply with labeling relating to major food allergens as a criterion for use in determining whether food has been misbranded; creating s. 500.90, F.S.; preempting to the department the regulation of the use or sale of polystyrene products by entities regulated under the Florida Food Safety Act; providing applicability; amending s. 570.07, F.S.; revising the department's functions, powers, and duties; amending s. 570.30, F.S.; revising the powers and duties of the Division of Administration; amending s. 570.441, F.S.; authorizing the use of funds in the Pest Control Trust Fund for activities of the Division of Agricultural Environmental Services; providing for expiration; amending s. 570.53, F.S.; revising the powers and duties of the Division of Marketing and Development to remove the enforcement provisions relating to the dealers in agricultural products law; amending s. 570.544, F.S.; revising the duties of the director of the Division of Consumer Services to include enforcement provisions relating to the dealers in agricultural products law; creating s. 570.68, F.S.; authorizing the Commissioner of Agriculture to create an Office of Agriculture Technology Services; providing duties of the office; amending s. 570.681, F.S.; revising the legislative findings relating to the Florida Agriculture Center and Horse Park; amending s. 570.685, F.S.; authorizing, rather than requiring, the department to provide administrative and staff support services, meeting space, and record storage for the Florida Agriculture Center and Horse Park Authority; amending s. 571.24, F.S.; clarifying the intent that the Florida Agricultural Promotional Campaign serve as a marketing program; removing an obsolete provision relating to the designation of a division employee as a member of the Advertising Interagency Coordinating Council; amending s. 571.27, F.S.; removing obsolete provisions relating to the authority of the department to adopt rules for entering into contracts with advertising agencies for services that are directly related to the Florida Agricultural Promotional Campaign; amending s. 571.28, F.S.; revising the composition of the Florida Agricultural Promotional Campaign Advisory Council; amending s. 576.041, F.S.; revising the frequency with which tonnage reports of fertilizer sales must be made; revising the timeframe for submission of such reports; creating s. 580.0365, F.S.; providing for the preemption of commercial feed and feedstuff regulation; amending s. 581.181, F.S.; providing applicability of provisions requiring treatment or destruction of infested or infected plants and plant products; creating s. 581.189, F.S.; creating the Grove Removal or Vector Elimination (GROVE) Program; specifying the purpose of the program; defining terms; requiring the department to adopt rules for reviewing and ranking applications for cost-share funding to remove or destroy abandoned citrus groves; establishing per applicant award maximums; specifying that the total funds awarded in a fiscal year cannot exceed the amount specifically appropriated for the program; specifying application requirements; specifying how the department must process applications; specifying that noncompliance will result in forfeiture of cost-share funds; requiring the department to rank and review applications and to conduct a certain inspection; specifying grounds for denial of an application; requiring applicants selected for funding to timely initiate and complete the removal of identified citrus trees in accordance with their respective applications; providing the process for making payments to applicants; authorizing the department to adopt rules; specifying that funding for the program is contingent upon specific appropriation by the Legislature; amending s. 582.01, F.S.; redefining terms relating to soil and water conservation; amending s. 582.02, F.S.; providing legislative intent and findings relating to soil and water conservation districts; providing a statement of purpose; amending s. 582.055, F.S.; revising the powers and duties of the department; authorizing the department to adopt rules; amending s. 582.06, F.S.; requiring the Soil and Water Conservation Council to accept and review requests for creating or dissolving soil and water conservation districts and to make recommendations to the commissioner; requiring the council to provide recommendations to the commissioner relating to the removal of supervisors under certain circumstances; amending s. 582.16, F.S.; revising how district boundaries may be changed; amending s. 582.20, F.S.; revising the powers and duties of districts and supervisors; amending s. 582.29, F.S.; revising the terms under which certain state agencies must cooperate; amending s. 595.402, F.S.; defining terms relating to the school food and nutrition service program; amending s. 595.404, F.S.; revising the powers and duties of the department with regard to the school food and nutrition service program; directing the department to collect and annually publish data on food purchased by sponsors through the Florida Farm to School Program and other school food and nutrition service programs; amending s. 595.405, F.S.; clarifying requirements for the school nutrition program; requiring breakfast meals to be available to all students in schools that serve any combination of grades kindergarten through 5; amending s. 595.406, F.S.; renaming the "Florida Farm Fresh Schools Program" as the "Florida Farm to School Program"; authorizing the department to establish by rule a recognition program for certain sponsors; amending s. 595.407, F.S.; revising provisions of the children's summer nutrition program to include certain schools that serve any combination of grades kindergarten through 5; revising provisions relating to the duration of the program; authorizing school districts to exclude holidays and weekends; amending s. 595.408, F.S.; conforming provisions to changes made by the act; amending s. 595.501, F.S.; requiring certain entities to complete corrective action plans required by the department or a federal agency to be in compliance with school food and nutrition service programs; amending s. 595.601, F.S.; revising a cross-reference; amending s. 601.31, F.S.; specifying that certain citrus inspectors must be licensed by the state Department of Agriculture rather than the United States Department of Agriculture; amending s. 604.21, F.S.; deleting a requirement relating to complaints filed by electronic transmission or facsimile; amending s. 604.33, F.S.; deleting provisions requiring grain dealers to submit monthly reports; authorizing, rather than requiring, the department to make at least one spot check annually of each grain dealer; repealing s. 582.03, F.S., relating to the consequences of soil erosion; repealing s. 582.04, F.S., relating to appropriate corrective methods; repealing s. 582.05, F.S., relating to legislative policy for conservation; repealing s. 582.08, F.S., relating to additional powers of the department; repealing s. 582.09, F.S., relating to an administrative officer of soil and water conservation; repealing s. 582.17, F.S., relating to the presumption as to establishment of a district; repealing s. 582.21, F.S., relating to adoption of land use regulations; repealing s. 582.22, F.S., relating to district regulations and contents; repealing s. 582.23, F.S., relating to performance of work under the regulations by the supervisors; repealing s. 582.24, F.S., relating to the board of adjustment; repealing s. 582.25, F.S., relating to rules of procedure of the board; repealing s. 582.26, F.S., relating to petitioning the board to vary from regulations; repealing s. 582.331, F.S., relating to the authorization to establish watershed improvement districts within soil and water conservation districts; repealing s. 582.34, F.S., relating to petitions for establishment of watershed improvement districts; repealing s. 582.35, F.S., relating to notice and hearing on petitions, determinations of need for districts, and boundaries; repealing s. 582.36, F.S., relating to determination of feasibility of proposed districts and referenda; repealing s. 582.37, F.S., relating to consideration of results of referendums and declaration of organization of districts; repealing s. 582.38, F.S., relating to the organization of districts, certification to clerks of circuit courts, and limitation on tax rates; repealing s. 582.39, F.S., relating to establishment of watershed improvement districts situated in more than one soil and water conservation district; repealing s. 582.40, F.S., relating to change of district boundaries or names; repealing s. 582.41, F.S., relating to boards of directors of districts; repealing s. 582.42, F.S., relating to officers, agents, and employees, surety bonds, and annual audits; repealing s. 582.43, F.S., relating to status and general powers of districts; repealing s. 582.44, F.S., relating to the levy of taxes and taxing procedures; repealing s. 582.45, F.S., relating to fiscal powers of a governing body; repealing s. 582.46, F.S., relating to additional powers and authority of

districts; repealing s. 582.47, F.S., relating to the coordination between watershed improvement districts and flood control districts; repealing s. 582.48, F.S., relating to the discontinuance of watershed improvement districts; repealing s. 582.49, F.S., relating to the discontinuance of soil and water conservation districts; repealing s. 589.26, F.S., relating to the dedication of state park lands for public use; providing effective dates.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 1010**, pursuant to Rule 3.11(3), there being no objection, **CS for CS for HB 7007** was withdrawn from the Committees on Agriculture; Appropriations Subcommittee on General Government; and Appropriations.

On motion by Senator Montford—

**CS for CS for HB 7007**—A bill to be entitled An act relating to the Department of Agriculture and Consumer Services; creating s. 15.0521, F.S.; designating tupelo honey as the official state honey; amending s. 482.111, F.S.; revising requirements for issuance of an original pest control operator's certificate; amending s. 482.1562, F.S.; revising the date by which an application for recertification of a limited certification for urban landscape commercial fertilizer application is required; removing provisions imposing late renewal charges; providing a grace period for such recertification; amending s. 500.03, F.S.; revising the definition of the term "food" and defining the term "vehicle" for purposes of the Florida Food Safety Act; amending s. 500.10, F.S.; providing that food transported under specified conditions or containing ingredients for which there is inadequate information is deemed adulterated; providing conditions under which a dietary supplement or its ingredients is deemed adulterated; amending s. 500.11, F.S.; providing that a food is deemed misbranded for noncompliance with specified allergen information; creating s. 500.90, F.S.; preempting to the department the regulatory authority for the use and sale of polystyrene products by certain entities; providing applicability; amending s. 570.07, F.S.; revising powers and duties of the department to include sponsoring events; authorizing the department to secure letters of patent, copyrights, and trademarks on work products and to engage in acts accordingly; amending s. 570.30, F.S.; removing electronic data processing and management information systems support for the department as a power and duty of the Division of Administration; amending s. 570.441, F.S.; authorizing the use of funds in the Pest Control Trust Fund for activities of the Division of Agricultural Environmental Services; amending s. 570.53, F.S.; revising duties of the Division of Marketing and Development to remove enforcement of provisions relating to dealers in agricultural products; amending s. 570.544, F.S.; revising duties of the director of the Division of Consumer Services to include enforcement of provisions relating to dealers in agricultural products and grain dealers; creating s. 570.68, F.S.; authorizing the Commissioner of Agriculture to create an Office of Agriculture Technology Services; providing duties of the office; amending s. 570.681, F.S.; revising legislative findings with regard to the Florida Agriculture Center and Horse Park; amending s. 570.685, F.S.; authorizing, rather than requiring, the department to provide administrative and staff support services, meeting space, and record storage for the Florida Agriculture Center and Horse Park Authority; amending s. 571.24, F.S.; providing legislative intent for the Florida Agricultural Promotional Campaign to serve as a marketing program for certain purposes; removing an obsolete provision relating to the designation of a Division of Marketing and Development employee as a member of the Advertising Interagency Coordinating Council; amending s. 571.27, F.S.; removing obsolete provisions relating to the authority of the department to adopt rules for entering into contracts with advertising agencies for services which are directly related to the Florida Agricultural Promotional Campaign; amending s. 571.28, F.S.; revising provisions specifying membership criteria of the Florida Agricultural Promotional Campaign Advisory Council; amending s. 576.041, F.S.; revising the frequency of fertilizer sales reports and the payment of related inspection fees; providing for such reports and fees to be made through the department's website; revising the time by which such reports must be made and fees must be paid; creating s. 580.0365, F.S.; providing legislative intent with regard to regulation of commercial feed and feedstuff; preempting to the department the regulatory authority for commercial feed and feedstuff; amending s. 581.181, F.S.; providing applicability of provisions requiring treatment or destruction of infested or infected plants and plant products; creating s. 581.189, F.S.; creating the Grove Removal or Vector Elimination (GROVE) Program within the department to provide cost-share funding for the removal or destruction of abandoned citrus groves; providing definitions; providing program procedures and requirements; directing the department to adopt rules; specifying that funding for the program is contingent upon specific legislative appropriation; amending s. 582.01, F.S.; revising definitions; amending s. 582.02, F.S.; revising legislative findings and intent with regard to the purpose of soil and water conservation districts; repealing s. 582.03, F.S., relating to the consequences of soil erosion; repealing s. 582.04, F.S., relating to appropriate corrective methods for conservation, development, and use of soil and water resources; repealing s. 582.05, F.S., relating to legislative policy for the conservation, development, and use of such resources; amending s. 582.055, F.S.; revising provisions relating to powers and duties of the department with regard to soil and water conservation districts; amending s. 582.06, F.S.; revising provisions relating to powers and duties of the Soil and Water Conservation Council; repealing s. 582.08, F.S., relating to additional powers of the department with regard to soil and water conservation districts; repealing s. 582.09, F.S., relating to the employment of an administrative officer of soil and water conservation; amending s. 582.16, F.S.; revising provisions for modifying soil and water conservation district boundaries; repealing s. 582.17, F.S., relating to the presumption that districts are established in accordance with specified provisions; amending s. 582.20, F.S.; revising provisions relating to powers and duties of soil and water conservation districts and district supervisors; repealing s. 582.21, F.S., relating to the adoption of land use regulations by soil and water conservation district supervisors; repealing s. 582.22, F.S., relating to the content of land use regulations adopted by soil and water conservation district supervisors; repealing s. 582.23, F.S., relating to the performance of work under land use regulations adopted by soil and water conservation district supervisors; repealing s. 582.24, F.S., relating to the board of adjustment; repealing s. 582.25, F.S., relating to rules of procedure of the board of adjustment; repealing s. 582.26, F.S., relating to petitions to the board of adjustment for land use variances; amending s. 582.29, F.S.; revising provisions directing state agencies and other governmental subdivisions of the state that manage publicly owned lands to cooperate with soil and water conservation district supervisors in implementing district programs and operations; repealing s. 582.331, F.S., relating to the establishment of a watershed improvement district within a soil and water conservation district; repealing s. 582.34, F.S., relating to the petition for establishment of a watershed improvement district within a soil and water conservation district; repealing s. 582.35, F.S., relating to notice and hearing on petition for establishment of a watershed improvement district within a soil and water conservation district and determination of need for such district; repealing s. 582.36, F.S., relating to determination of feasibility and referendum for a watershed improvement district within a soil and water conservation district; repealing s. 582.37, F.S., relating to consideration of referendum results for determination of feasibility and declaration of organization of a watershed improvement district within a soil and water conservation district; repealing s. 582.38, F.S., relating to organization of a watershed improvement district within a soil and water conservation district; repealing s. 582.39, F.S., relating to establishment of a watershed improvement district situated in more than one soil and water conservation district; repealing s. 582.40, F.S., relating to change of district boundaries including additions, detachments, transfers of land from one district to another, and change of district name; repealing s. 582.41, F.S., relating to the board of directors of a soil and water conservation district; repealing s. 582.42, F.S., relating to officers, agents, and employees of a watershed improvement district within a soil and water conservation district and issuance of surety bonds by, and annual audits of, such district; repealing s. 582.43, F.S., relating to the power of a watershed improvement district within a soil and water conservation district to levy taxes and to construct, operate, improve, and maintain works of improvement in such district and to obtain necessary lands or interests therein; repealing s. 582.44, F.S., relating to procedures for a watershed improvement district within a soil and water conservation district to levy taxes; repealing s. 582.45, F.S., relating to the fiscal power of the board of directors of a watershed improvement district within a soil and water conservation district to

issue bonds; repealing s. 582.46, F.S., relating to additional powers of the board of directors of a watershed improvement district within a soil and water conservation district; repealing s. 582.47, F.S., relating to the authority of a watershed improvement district within a soil and water conservation district to coordinate work with flood control districts; repealing s. 582.48, F.S., relating to discontinuance of a watershed improvement district within a soil and water conservation district; repealing s. 582.49, F.S., relating to discontinuance of a soil and water conservation district; repealing s. 589.26, F.S., relating to the authority of the Florida Forest Service to dedicate and reserve state park lands for public use; amending s. 595.402, F.S.; defining terms relating to school food and nutrition service programs; conforming a reference to changes made by the act; amending s. 595.404, F.S.; revising powers and duties of the department with regard to school food and nutrition programs; authorizing the department to conduct, supervise, and administer a farmers' market nutrition program for certain purposes; directing the department to collect and publish data on food purchased through specified programs; authorizing the department to enter into agreements with federal and state agencies to implement nutrition programs; amending s. 595.405, F.S.; revising requirements for school nutrition programs; providing for breakfast meals to be available to all students in schools that serve specified grade levels; conforming a reference to changes made by the act; amending s. 595.406, F.S.; renaming the "Florida Farm Fresh Schools Program" as the "Florida Farm to School Program"; authorizing the department to establish by rule a recognition program for certain sponsors; amending s. 595.407, F.S.; revising provisions of the children's summer nutrition program to include certain schools that serve specified grade levels; revising provisions relating to the duration of the program; authorizing school districts to exclude holidays and weekends; amending s. 595.408, F.S.; conforming references to changes made by the act; amending s. 595.501, F.S.; requiring entities to complete corrective action plans required by the department or a federal agency to be in compliance with school food and nutrition service programs; amending s. 595.601, F.S.; correcting a cross-reference; amending s. 601.31, F.S.; requiring citrus inspectors to be licensed and certified by the department rather than by the United States Department of Agriculture; amending s. 604.21, F.S.; revising affidavit requirements for an agricultural products dealer who files a complaint against another such dealer; amending s. 604.33, F.S.; removing provisions requiring grain dealers to submit monthly reports; authorizing, rather than requiring, the department to make at least one spot check annually of each grain dealer; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 1010** and read the second time by title.

Senator Soto moved the following amendments which failed:

**Amendment 1 (801342) (with title amendment)**—Delete lines 342-354.

And the title is amended as follows:

Delete lines 23-26 and insert: information; amending s. 570.07, F.S.;

**Amendment 2 (156190)**—Delete line 348 and insert:
*ordinances or provisions thereof enacted before April 1, 2016,*

Senator Galvano moved the following amendment which was adopted:

**Amendment 3 (949350) (with title amendment)**—Delete lines 588-679.

And the title is amended as follows:

Delete lines 81-89 and insert: plants and plant products; amending s.

Senator Smith moved the following amendment which was adopted:

**Amendment 4 (781556) (with title amendment)**—Between lines 1425 and 1426 insert:

Section 71. *(1) The Pompano State Farmers Market is redesignated as the "Edward L. Myrick State Farmers Market." This designation honors Mr. Edward L. Myrick, a veteran of the United States Army and a pillar of the Pompano agricultural community. Mr. Edward L. Myrick has played a leading role in the success of the Pompano State Farmers Market since 1976 and continues to serve the market and the community through his leadership in ensuring the availability of fresh agricultural produce to the community at large.*

*(2) The Department of Agriculture and Consumer Services is directed to erect suitable markers designating the Edward L. Myrick State Farmers Market as described in subsection (1).*

And the title is amended as follows:

Delete line 238 and insert: dealer; providing an honorary designation of a certain farmers market; providing an effective date.

Pursuant to Rule 4.19, **CS for CS for HB 7007**, as amended, was placed on the calendar of Bills on Third Reading.

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**CS for SB 1490**—A bill to be entitled An act relating to the Federal Home Loan Banks; amending s. 655.057, F.S.; providing that certain records requirements do not prevent or restrict the furnishing of certain information held by the Office of Financial Regulation to the Federal Home Loan Banks pursuant to an information-sharing agreement; requiring the office to execute such agreement by a specified date; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 1490**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 1233** was withdrawn from the Committees on Banking and Insurance; Governmental Oversight and Accountability; and Fiscal Policy.

On motion by Senator Garcia—

**CS for HB 1233**—A bill to be entitled An act relating to Federal Home Loan Banks; amending s. 655.057, F.S.; authorizing the Office of Financial Regulation to furnish certain information relating to Federal Home Loan Banks pursuant to an information sharing agreement; requiring the office to execute such agreement by a specified date; providing an effective date.

—a companion measure, was substituted for **CS for SB 1490** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 1233** was placed on the calendar of Bills on Third Reading.

## SPECIAL RECOGNITION OF SENATOR DETERT

The President introduced Senator Detert's district staff, Charlie Anderson, Rita Faulkner, and GeeDee Kerr. A video tribute was played honoring Senator Detert. Several Senators were recognized for farewell comments. Senator Detert was recognized for farewell remarks.

Senator Galvano presented Senator Detert with a plaque honoring her years of service to the Senate.

## SPECIAL RECOGNITION OF SENATOR RING

### SENATOR JOYNER PRESIDING

The President introduced Senator Ring's son, Elijah, along with his district staff, John Piskadlo, Sheldon Plotnick, and Joel Ramos. A video tribute was played honoring Senator Ring. Several Senators were recognized for farewell comments. Senator Ring was recognized for farewell remarks.

Senator Galvano presented Senator Ring with a plaque honoring his years of service to the Senate.

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**THE PRESIDENT PRESIDING**

By direction of the President, the rules were waived and the Senate proceeded to—

## LOCAL BILL CALENDAR

**MOTION**

On motion by Senator Simmons, the rules were waived and **HB 419**, **HB 481**, **HB 519**, **CS for HB 649**, **CS for CS for HB 785**, **HB 845**, **HB 847**, **HB 871**, **HB 891**, **CS for HB 895**, **HB 911**, **CS for HB 1071**, **HB 1081**, **HB 1221**, **HB 1265**, **CS for HB 1267**, **CS for CS for HB 1355**, and **HB 1433** on the Local Bill Calendar were withdrawn from the Committee on Rules, read a second and third time by title, and passed this day.

**HB 419**—A bill to be entitled An act relating to the Highlands Road and Bridge District, Pasco County; abolishing the district; repealing chapters 8803 (1921), 9568 (1923), 9570 (1923), 13248 (1927), 13249 (1927), and 26125 (1949), Laws of Florida; providing an effective date.

—was read the second time by title. On motion by Senator Legg, by two-thirds vote, **HB 419** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**HB 481**—A bill to be entitled An act relating to the Columbia County Law Library; repealing chapter 61-2045, Laws of Florida; abolishing the library; transferring assets and liabilities; providing an effective date.

—was read the second time by title. On motion by Senator Dean, by two-thirds vote, **HB 481** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**HB 519**—A bill to be entitled An act relating to the Gilchrist County Development Authority; repealing chapters 97-373, 81-382, and 59-1308, Laws of Florida; abolishing the district; transferring assets and liabilities of the district; providing an effective date.

—was read the second time by title. On motion by Senator Dean, by two-thirds vote, **HB 519** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**CS for HB 649**—A bill to be entitled An act relating to the Eagle Bay Sub-Drainage District, Okeechobee County; repealing chapters 12010 (1927), 19556 (1939), and 21916 (1943), Laws of Florida; abolishing the district; transferring assets and liabilities of the district; providing an effective date.

—was read the second time by title. On motion by Senator Grimsley, by two-thirds vote, **CS for HB 649** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**CS for CS for HB 785**—A bill to be entitled An act relating to the St. Lucie County Fire District, St. Lucie County; amending chapter 2004-407, Laws of Florida; revising requirements for the district's board of commissioners to borrow money; providing an effective date.

—was read the second time by title. On motion by Senator Negron, by two-thirds vote, **CS for CS for HB 785** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**HB 845**—A bill to be entitled An act relating to the Bay County Bridge Authority, Bay County; repealing chapter 84-391, Laws of Florida; abolishing the authority; transferring assets and liabilities of the authority to the Board of County Commissioners of Bay County; providing an effective date.

—was read the second time by title. On motion by Senator Gaetz, by two-thirds vote, **HB 845** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**HB 847**—A bill to be entitled An act relating to Pasco County; repealing chapter 99-166, Laws of Florida, relating to sewage treatment facility discharges into coastal waters within the county or waters tributary thereto; providing an effective date.

—was read the second time by title. On motion by Senator Legg, by two-thirds vote, **HB 847** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Bradley | Diaz de la Portilla |
| Abruzzo | Brandes | Evers |
| Altman | Braynon | Flores |
| Bean | Bullard | Gaetz |
| Benacquisto | Clemens | Galvano |
| Garcia | Legg | Smith |
| Gibson | Margolis | Sobel |
| Grimsley | Montford | Soto |
| Hukill | Negron | Stargel |
| Hutson | Richter | Thompson |
| Joyner | Sachs | |
| Latvala | Simmons | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**HB 871**—A bill to be entitled An act relating to Broward County; amending chapter 86-364, Laws of Florida, as amended; repealing a civil penalty for an operator of a vessel exceeding the speed limit in specified waterways; providing applicability; repealing requirements for the erection of waterway speed limit signs; providing an effective date.

—was read the second time by title. On motion by Senator Smith, by two-thirds vote, **HB 871** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**HB 891**—A bill to be entitled An act relating to the Northwest Florida Community Hospital Board of Trustees, Washington County; repealing chapter 88-532, Laws of Florida; abolishing the board; transferring assets and liabilities of the board; providing an effective date.

—was read the second time by title. On motion by Senator Gaetz, by two-thirds vote, **HB 891** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**CS for HB 895**—A bill to be entitled An act relating to the West Manatee Fire and Rescue District, Manatee County; amending chapter 2000-401, as amended; revising provisions related to the terms of the members of the district's board of commissioners; deleting obsolete provisions relating to the initial board of commissioners; providing for continuation of the staggered terms of commissioners; confirming certain non-ad valorem assessment rates adopted by the district on a specified date; specifying that the district may amend the non-ad valorem assessment rates as authorized by the district's enabling legislation as provided by general law; providing an effective date.

—was read the second time by title. On motion by Senator Galvano, by two-thirds vote, **CS for HB 895** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**HB 911**—A bill to be entitled An act relating to the City of Delray Beach, Palm Beach County; repealing chapters 97-324, 86-428, 83-397, 80-496, 79-447, 67-1284, and 25784 (1949), Laws of Florida; repealing the civil service act for the city; requiring a referendum; providing an effective date.

—was read the second time by title. On motion by Senator Sachs, by two-thirds vote, **HB 911** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**CS for HB 1071**—A bill to be entitled An act relating to the South Broward Hospital District, Broward County; amending chapter 2004-397, Laws of Florida; revising the authority of the district's board of commissioners to invest funds; authorizing investments listed in an investment policy adopted by the board pursuant to requirements applicable to various units of local government; deleting a list of authorized investments; revising construction and severability; providing an effective date.

—was read the second time by title. On motion by Senator Smith, by two-thirds vote, **CS for HB 1071** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**HB 1081**—A bill to be entitled An act relating to the North Sumter County Hospital District, Sumter County; repealing chapter 2004-451, Laws of Florida; abolishing the district; transferring assets and liabilities of the district to the Board of County Commissioners of Sumter County; providing an effective date.

—was read the second time by title. On motion by Senator Hays, by two-thirds vote, **HB 1081** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**HB 1221**—A bill to be entitled An act relating to Barron Water Control District, Glades and Hendry Counties; amending chapter 2001-301, Laws of Florida; abrogating the scheduled abolition of the district; providing an effective date.

—was read the second time by title. On motion by Senator Galvano, by two-thirds vote, **HB 1221** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**HB 1265**—A bill to be entitled An act relating to the Greater Naples Fire Rescue District, Collier County; amending chapter 2014-240, Laws of Florida; expanding district boundaries; deleting obsolete provisions; requiring a referendum; providing an effective date.

—was read the second time by title. On motion by Senator Richter, by two-thirds vote, **HB 1265** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**CS for HB 1267**—A bill to be entitled An act relating to the Greater Naples Fire Rescue District, Collier County; amending chapter 2014-240, Laws of Florida; expanding district boundaries; deleting obsolete provisions; requiring a referendum; providing an effective date.

—was read the second time by title. On motion by Senator Richter, by two-thirds vote, **CS for HB 1267** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Brandes | Flores |
| Abruzzo | Braynon | Gaetz |
| Altman | Bullard | Galvano |
| Bean | Clemens | Garcia |
| Benacquisto | Diaz de la Portilla | Gibson |
| Bradley | Evers | Grimsley |
| Hukill | Montford | Sobel |
| Hutson | Negron | Soto |
| Joyner | Richter | Stargel |
| Latvala | Sachs | Thompson |
| Legg | Simmons | |
| Margolis | Smith | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**CS for CS for HB 1355**—A bill to be entitled An act relating to the City of Gainesville, Alachua County; amending chapter 12760, Laws of Florida (1927), as amended by chapter 90-394, Laws of Florida, relating to the city's charter; repealing section 3.06 of the charter, relating to the general manager for utilities of Gainesville Regional Utilities; creating the Gainesville Regional Utilities Authority and establishing it as the governing board of Gainesville Regional Utilities; providing definitions; providing a ballot statement; requiring a referendum; providing an effective date.

—was read the second time by title. On motion by Senator Bradley, by two-thirds vote, **CS for CS for HB 1355** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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**HB 1433**—A bill to be entitled An act relating to Martin County; repealing chapters 63-1619, 91-389, and 2011-246, Laws of Florida, relating to the issuance of special alcoholic beverage licenses to hotels, motels, motor courts, and certain restaurants; providing an effective date.

—was read the second time by title. On motion by Senator Negron, by two-thirds vote, **HB 1433** was read the third time by title, passed, and certified to the House. The vote on passage was:

Yeas—34

| | | |
|---|---|---|
| Mr. President | Flores | Montford |
| Abruzzo | Gaetz | Negron |
| Altman | Galvano | Richter |
| Bean | Garcia | Sachs |
| Benacquisto | Gibson | Simmons |
| Bradley | Grimsley | Smith |
| Brandes | Hukill | Sobel |
| Braynon | Hutson | Soto |
| Bullard | Joyner | Stargel |
| Clemens | Latvala | Thompson |
| Diaz de la Portilla | Legg | |
| Evers | Margolis | |

Nays—None

Vote after roll call:

Yea—Dean, Detert, Hays, Lee, Simpson

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By direction of the President, the rules were waived and the Senate reverted to—

## SPECIAL ORDER CALENDAR, continued

On motion by Senator Brandes—

**CS for CS for SJR 170**—A joint resolution proposing amendments to Sections 3 and 4 of Article VII and the creation of Section 34 of Article XII of the State Constitution to authorize the Legislature, by general law, to exempt the assessed value of a solar or renewable energy source device from the tangible personal property tax, to authorize the Legislature, by general law, to prohibit the consideration of the installation of such device in determining the assessed value of residential and nonresidential real property for the purpose of ad valorem taxation, and to provide effective and expiration dates.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for CS for SJR 170** was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 704**—A bill to be entitled An act relating to building codes; amending s. 468.609, F.S.; revising the certification examination requirements for building code inspectors, plans examiners, and building code administrators; requiring the Florida Building Code Administrators and Inspectors Board to provide for issuance of certain provisional certificates; amending s. 489.103, F.S.; providing an exemption for certain employees who make minor repairs to existing electric water heaters and to existing electric heating, venting, and air-conditioning systems under specified circumstances; providing that the exemption does not limit the authority of a municipality or county to adopt or enforce certain ordinances, rules, or regulations; amending s. 489.105, F.S.; revising the definition of the term "plumbing contractor"; amending s. 489.1401, F.S.; revising legislative intent with respect to the purpose of the Florida Homeowners' Construction Recovery Fund; providing legislative intent that Division II contractors set apart funds to participate in the fund; amending s. 489.1402, F.S.; revising definitions; amending s. 489.141, F.S.; authorizing certain claimants to make a claim against the recovery fund for certain contracts entered into before a specified date; amending s. 489.1425, F.S.; revising a notification provided by contractors to certain residential property owners to state that payment from the recovery fund is limited; amending s. 489.143, F.S.; revising provisions concerning payments from the recovery fund; specifying claim amounts for certain contracts entered into before or after specified dates; providing aggregate caps for payments; amending s. 489.503, F.S.; exempting certain low-voltage landscape lighting from licensed electrical contractor installation requirements; amending s. 514.011, F.S.; revising the definition of the term "private pool"; amending s. 514.0115, F.S.; prohibiting a temporary pool from being regulated as a public pool in certain circumstances; amending s. 514.031, F.S.; providing that a temporary pool may not be used as a public pool unless it is exempt under s. 514.0115, F.S.; amending s. 515.27, F.S.; adding swimming pool alarms as a safety feature that satisfies requirements for final inspection and issuance of a certificate of completion; amending s. 553.512, F.S.; revising the membership of the Accessibility Advisory Council; amending s. 553.721, F.S.; directing the Florida Building Code Compliance and Mitigation Program to fund, from existing resources, the recommendations made by the Building Code System Uniform Implementation Evaluation Workgroup; providing a limitation; requiring that a specified amount of funds from the surcharge be used to fund certain Florida Fire Prevention Code informal interpretations; requiring the State Fire Marshal to adopt specified rules; amending s. 553.73, F.S.; authorizing local boards created to address specified issues to combine the appeals boards to create a single, local board; authorizing the local board to grant alternatives or modifications through specified procedures; requiring at least one member of a board to be a fire protection contractor, a fire protection design professional, a fire department operations professional, or a fire code enforcement professional in order to meet a specified quorum requirement; authorizing the appeal to a local administrative board of specified decisions made by a local fire official; specifying the decisions of the local building official and the local fire official which are subject to review; prohibiting an agency or local government from requiring that existing mechanical equipment located on or above the surface of a roof be installed in compliance with the Florida Building Code under certain circumstances; requiring the Florida Building Code to require two fire service access elevators in certain buildings; providing that a 1-hour fire-rated fire service access elevator lobby is not required in certain circumstances; requiring a 1-hour fire-related fire service access elevator lobby in certain circumstances; amending s. 553.775, F.S.; revising the membership of a panel that hears requests to review decisions of local building officials; amending s. 553.79, F.S.; providing that failure of a plans reviewer or building code administrator to provide a reason for denial or revocation of a building permit must result in disciplinary action; authorizing a building official to issue a permit for the construction of the foundation or any other part of a building or structure before the construction documents for the whole building or structure have been submitted; providing that the holder of such a permit may begin building at the holder's own risk with the building operation and without assurance that a permit for the entire structure will be granted; creating s. 553.7931, F.S.; defining the term "applicable local governmental entity"; requiring the owner, lessee, or occupant, or an authorized representative thereof, of a property to register an alarm system under certain circumstances; requiring a contractor to provide written notice to an owner, lessee, or occupant, or an authorized representative thereof, that an obligation to register the alarm system may exist; requiring alarm system monitoring companies to provide written or verbal notice, in certain circumstances, to an owner, lessee, or occupant, or an authorized representative thereof, that an obligation to register the alarm system may exist; providing that a contractor or alarm system monitoring company is not liable for specified fines and penalties; prohibiting local governmental entities from requiring notarization of an alarm system registration form; providing for preemption; amending s. 553.80, F.S.; prohibiting a local enforcement agency from charging additional fees related to the recording of a contractor's license or workers' compensation insurance; amending s. 553.842, F.S.; providing that Underwriters Laboratories, LLC, and Intertek Testing Services NA, Inc., are approved evaluation entities; amending s. 553.844, F.S.; excluding work associated with the prevention of degradation of a residence from certain building permit requirements; deleting an obsolete provision providing for expiration of requirements for the adoption of certain mitigation techniques by the Florida Building Commission within the Florida Building Code for certain structures and revising the requirements; amending s. 553.883, F.S.; exempting certain devices from certain smoke alarm battery requirements; amending s. 553.908, F.S.; providing for the amendment of portions of the Florida Building Code, Energy Conservation, related to certain buildings and dwelling units after a specified date; delaying the effective date of certain portions of the Florida Building Code, Energy Conservation, related to blower door testing; providing for the amendment of portions of the Florida Building Code, Mechanical, related to air filtration rates for dwelling units after a specified date; amending s. 553.993, F.S.; revising the definition of the term "building energy-efficiency rating system" to require that oversight is performed using evaluation materials from certain identified entities; amending s. 633.202, F.S.; requiring all new and existing high-rise buildings to maintain a minimum radio signal strength for fire department communications; providing a transitory period for compliance; requiring existing buildings and existing apartment buildings that are not in compliance to initiate an application for an appropriate permit by a specified date; requiring areas of refuge as determined by the Florida Building Code, Accessibility; amending s. 633.208, F.S.; authorizing fire officials to consider certain systems acceptable for identifying low-cost alternatives; amending s. 633.336, F.S.; authorizing a licensed fire protection contractor to subcontract for advanced technical services under certain circumstances; creating the Calder Sloan Swimming Pool Electrical-Safety Task Force within the Florida Building Commission; specifying the purpose of the task force; requiring a report to the Governor and the Legislature by a specified date; providing for membership; requiring the Florida Building Com-

mission to provide staff, information, and other assistance to the task force; providing that members of the task force serve without compensation; authorizing the task force to meet as often as necessary; providing for expiration of the task force; creating the Construction Industry Workforce Task Force within the University of Florida M.E. Rinker, Sr., School of Construction Management; specifying the goals of the task force; providing for membership; requiring the University of Florida Rinker School of Construction to provide assistance to the task force; providing for meetings; requiring a report to the Governor and Legislature by a specified date; providing an appropriation from specified funds available to the Department of Business and Professional Regulation; providing for expiration of the task force; requiring the Florida Building Commission to amend the Florida Building Code to define the term "fire separation distance," to specify openings and roof overhang projection requirements, to adopt a specific energy rating index as an option for compliance, to provide for Climate Zone indices, to provide exceptions to the shower lining requirements, and to provide minimum fire separation distances; requiring a restaurant, cafeteria, or similar dining facility to have sprinklers only under specified circumstances; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 704**, pursuant to Rule 3.11(3), there being no objection, **CS for CS for CS for HB 535** was withdrawn from the Committees on Community Affairs; Appropriations Subcommittee on General Government; and Fiscal Policy.

On motion by Senator Hutson—

**CS for CS for CS for HB 535**—A bill to be entitled An act relating to building codes; amending s. 468.609, F.S.; revising the certification examination requirements for building code inspectors, plans examiners, and building code administrators; requiring the Florida Building Code Administrators and Inspectors Board to provide for issuance of certain provisional certificates; amending s. 489.103, F.S.; providing an exemption for certain employees who make minor repairs to existing electric water heaters and to existing electric heating, ventilating, and air-conditioning systems under specified circumstances; providing that the exemption does not limit the authority of a municipality or county to adopt or enforce certain ordinances, rules, or regulations; amending s. 489.105, F.S.; revising the definition of the term "plumbing contractor"; amending s. 489.1401, F.S.; revising legislative intent with respect to the purpose of the Florida Homeowners' Construction Recovery Fund; providing legislative intent that Division II contractors set apart funds to participate in the fund; amending s. 489.1402, F.S.; revising definitions; amending s. 489.141, F.S.; authorizing certain claimants to make a claim against the recovery fund for certain contracts entered into before a specified date; amending s. 489.1425, F.S.; revising a notification provided by contractors to certain residential property owners to state that payment from the recovery fund is limited; amending s. 489.143, F.S.; revising provisions concerning payments from the recovery fund; specifying claim amounts for certain contracts entered into on or after specified dates; providing aggregate caps for payments; amending s. 489.503, F.S.; exempting certain low-voltage landscape lighting from licensed electrical contractor installation requirements; amending s. 514.011, F.S.; defining the term "temporary pool"; amending s. 514.0115, F.S.; prohibiting a portable pool from being regulated as a public pool in certain circumstances; prohibiting a temporary pool from being regulated as a public pool; amending s. 553.77, F.S.; conforming a cross-reference; amending s. 514.031, F.S.; prohibiting a portable pool from being used as a public pool unless it is exempt under s. 514.0115, F.S.; amending s. 515.27, F.S.; revising minimum requirements for a residential swimming pool to pass final inspection and receive a certificate of completion to include specified swimming pool alarms; amending s. 553.512, F.S.; revising the membership of the Accessibility Advisory Council; amending s. 553.721, F.S.; directing the Florida Building Code Compliance and Mitigation Program to fund, from existing resources, the recommendations made by the Building Code System Uniform Implementation Evaluation Workgroup; providing a limitation; requiring that a specified amount of funds from the surcharge be used to fund certain Florida Fire Prevention Code informal interpretations; requiring the State Fire Marshal to adopt rules; amending s. 553.73, F.S.; authorizing local boards created to address specified issues to combine the appeals boards to create a single, local board; authorizing the local board to grant alternatives or modifications through specified procedures; providing quorum requirements; authorizing the appeal to a local administrative board of specified decisions made by a local fire official; specifying the decisions of the local building official and the local fire official which are subject to review; providing requirements for fire service access elevators and elevator lobbies in certain buildings; specifying standards for standpipes in high-rise buildings; amending s. 553.775, F.S.; revising membership on a panel that hears requests to review decisions of local building officials; amending s. 553.79, F.S.; providing grounds for disciplinary action against a plans reviewer or building code administrator; authorizing a building official to issue a permit for the construction of the foundation or any other part of a building or structure before the construction documents for the entire building or structure have been submitted; providing that the holder of such permit begins building at the holder's own risk and without assurance that a permit for the entire structure will be granted; creating s. 553.7931, F.S.; defining the term "applicable local governmental entity"; requiring the owner, lessee, or occupant of a property to register an alarm system under certain circumstances; requiring contractors and alarm system monitoring companies to provide notice to an owner, lessee, or occupant that registration of the alarm system may be required; exempting a contractor or alarm system monitoring company from specified fines and penalties; prohibiting local governmental entities from requiring notarization of an alarm system registration form; providing for preemption; amending s. 553.80, F.S.; prohibiting a local enforcement agency from charging additional fees related to the recording of a contractor's license or workers' compensation insurance; amending s. 553.842, F.S.; specifying additional approved evaluation entities; amending s. 553.844, F.S.; excluding certain work associated with the prevention of degradation of a residence from certain building permit requirements; reviving, readopting, and amending s. 553.844(4), F.S.; deleting an obsolete provision providing for expiration of requirements for the adoption of certain mitigation techniques by the Florida Building Commission within the Florida Building Code for certain structures; revising such requirements; amending s. 553.883, F.S.; exempting certain devices from certain smoke alarm battery requirements; amending s. 553.908, F.S.; providing for the amendment of portions of the Florida Building Code, Energy Conservation, related to certain buildings and dwelling units after a specified date; delaying the effective date of certain portions of the Florida Building Code, Energy Conservation, related to blower door testing; providing for the amendment of portions of the Florida Building Code, Mechanical, and Florida Building Code, Residential, related to air infiltration rates in a dwelling after a specified date; amending s. 553.998, F.S.; specifying the types of individuals from whom local enforcement agencies shall accept duct and air infiltration tests and may accept inspections; amending s. 633.202, F.S.; requiring all new high-rise and existing high-rise buildings to maintain a minimum radio signal strength for fire department communications; providing a transitory period for compliance; requiring existing apartment buildings that are not in compliance to initiate an application for an appropriate permit by a specified date; requiring areas of refuge to be required as determined by the Florida Building Code, Accessibility; amending s. 633.208, F.S.; authorizing fire officials to consider certain systems acceptable when identifying low-cost alternatives; amending s. 633.336, F.S.; authorizing a licensed fire protection contractor to subcontract for advanced technical services under certain circumstances; creating the Calder Sloan Swimming Pool Electrical-Safety Task Force within the commission; specifying the purpose of the task force; requiring a report to the Governor and Legislature; providing for membership; requiring the commission to provide staff, information, and other assistance to the task force; providing that members of the task force serve without compensation; providing for meetings; providing for expiration of the task force; creating the Construction Industry Workforce Task Force within the University of Florida M. E. Rinker, Sr., School of Construction Management; specifying the goals of the task force; providing for membership; requiring the school to provide assistance to the task force; providing for meetings; requiring a report to the Governor and Legislature; providing an appropriation from specified funds available to the Department of Business and Professional Regulation; providing for expiration of the task force; requiring the commission to amend the Florida Building Code to define the term "fire

separation distance," to specify openings and roof overhang projection requirements, to adopt a specific energy rating index as an option for compliance, to provide for Climate Zone indices, to provide exceptions to shower lining requirements, and to provide minimum fire separation distances; requiring a restaurant, cafeteria, or similar dining facility to have sprinklers only under specified circumstances; amending ss. 125.56 and 553.79, F.S.; requiring counties and local enforcement agencies, respectively, to post all types of building permit applications on their websites; specifying the format in which completed applications must be submitted and the format in which payments, attachments, and drawings may be submitted; providing effective dates.

—a companion measure, was substituted for **CS for CS for SB 704** and read the second time by title.

Pursuant to Rule 4.19, **CS for CS for CS for HB 535** was placed on the calendar of Bills on Third Reading.

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Consideration of **CS for CS for SB 1118** was deferred.

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**CS for CS for SB 868**—A bill to be entitled An act relating to community redevelopment; amending s. 163.387, F.S.; specifying uses of redevelopment trust fund moneys for certain community redevelopment agencies that support youth centers; defining the terms "youth center" and "year-round"; amending s. 220.03, F.S.; providing definitions related to community contribution tax credits that may apply to business firms against certain income tax liabilities; amending s. 212.08, F.S.; providing definitions related to community contribution tax credits that may apply against sales and use tax liabilities; amending s. 624.5105, F.S.; providing definitions related to community contribution tax credits that may apply against certain premium tax liabilities; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 868**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 627** was withdrawn from the Committees on Community Affairs; Finance and Tax; and Appropriations.

On motion by Senator Smith—

**CS for HB 627**—A bill to be entitled An act relating to community contribution tax credits; amending s. 220.03, F.S.; providing definitions related to community contribution tax credits that may apply to business firms against certain income tax liabilities; amending s. 212.08, F.S.; providing definitions related to community contribution tax credits that may apply against sales and use tax liabilities; amending s. 624.5105, F.S.; providing definitions related to community contribution tax credits that may apply against certain premium tax liabilities; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 868** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 627** was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 212**—A bill to be entitled An act relating to health care; creating s. 381.4019, F.S.; establishing a joint local and state dental care access account initiative, subject to the availability of funding; authorizing the creation of dental care access accounts; specifying the purpose of the initiative; defining terms; providing criteria for the selection of dentists for participation in the initiative; providing for the establishment of accounts; requiring the Department of Health to implement an electronic benefit transfer system; providing for the use of funds deposited in the accounts; requiring the department to distribute state funds to accounts, subject to legislative appropriations; authorizing the department to accept contributions from a local source for deposit in a designated account; limiting the number of years that an account may remain open; providing for the immediate closing of accounts under certain circumstances; authorizing the department to transfer state funds remaining in a closed account at a specified time and to return unspent funds from local sources; requiring a dentist to repay funds in certain circumstances; authorizing the department to pursue disciplinary enforcement actions and to use other legal means to recover funds; requiring the department to establish by rule application procedures and a process to verify the use of funds withdrawn from a dental care access account; requiring the department to give priority to applications from dentists practicing in certain areas; requiring the Department of Economic Opportunity to rank dental health professional shortage areas and medically underserved areas; requiring the Department of Health to develop a marketing plan in cooperation with certain dental colleges and the Florida Dental Association; requiring the Department of Health to annually submit a report with certain information to the Governor and the Legislature; providing rulemaking authority to require the submission of information for such reporting; amending s. 395.002, F.S.; revising the definition of the term "ambulatory surgical center" or "mobile surgical facility"; amending s. 395.003, F.S.; requiring, as a condition of licensure and license renewal, that ambulatory surgical centers provide services to specified patients in at least a specified amount; requiring ambulatory surgical centers to report certain data; defining a term; requiring ambulatory surgical centers to comply with certain building and lifesafety codes in certain circumstances; creating s. 624.27, F.S.; defining terms; specifying that a direct primary care agreement does not constitute insurance and is not subject to ch. 636, F.S., relating to prepaid limited health service organizations and discount medical plan organizations, or any other chapter of the Florida Insurance Code; specifying that entering into a direct primary care agreement does not constitute the business of insurance and is not subject to ch. 636, F.S., or any other chapter of the code; providing that certain certificates of authority and licenses are not required to market, sell, or offer to sell a direct primary care agreement; specifying requirements for a direct primary care agreement; providing a short title; amending s. 409.967, F.S.; requiring a managed care plan to establish a process by which a prescribing physician may request an override of certain restrictions in certain circumstances; providing the circumstances under which an override must be granted; defining the term "fail-first protocol"; creating s. 627.42392, F.S.; requiring an insurer to establish a process by which a prescribing physician may request an override of certain restrictions in certain circumstances; providing the circumstances under which an override must be granted; defining the term "fail-first protocol"; amending s. 641.31, F.S.; prohibiting a health maintenance organization from requiring that a health care provider use a clinical decision support system or a laboratory benefits management program in certain circumstances; defining terms; providing for construction; creating s. 641.394, F.S.; requiring a health maintenance organization to establish a process by which a prescribing physician may request an override of certain restrictions in certain circumstances; providing the circumstances under which an override must be granted; defining the term "fail-first protocol"; amending s. 766.1115, F.S.; revising the definitions of the terms "contract" and "health care provider"; deleting an obsolete date; extending sovereign immunity to employees or agents of a health care provider that executes a contract with a governmental contractor; clarifying that a receipt of specified notice must be acknowledged by a patient or the patient's representative at the initial visit; requiring the posting of notice that a specified health care provider is an agent of a governmental contractor; amending s. 768.28, F.S.; revising the definition of the term "officer, employee, or agent" to include employees or agents of a health care provider as it applies to immunity from personal liability in certain actions; providing effective dates.

—was read the second time by title.

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendment was allowed:

Senator Simmons moved the following amendment which was adopted:

**Amendment 1 (108254)**—Delete lines 673-674 and insert:

15. Any other health care professional, practitioner,

On motion by Senator Gaetz, further consideration of **CS for CS for SB 212**, as amended, was deferred.

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**CS for SB 1496**—A bill to be entitled An act relating to transparency in health care; amending s. 395.301, F.S.; requiring a facility licensed under ch. 395, F.S., to provide timely and accurate financial information and quality of service measures to certain individuals; providing an exemption; requiring a licensed facility to make available on its website certain information on payments made to that facility for defined bundles of services and procedures and other information for consumers and patients; requiring that facility websites provide specified information and notify and inform patients or prospective patients of certain information; requiring a facility to provide a written, good faith estimate of charges to a patient or prospective patient within a certain timeframe; requiring a facility to provide information regarding financial assistance from the facility which may be available to a patient or a prospective patient; providing a penalty for failing to provide an estimate of charges to a patient; deleting a requirement that a licensed facility not operated by the state provide notice to a patient of his or her right to an itemized statement or bill within a certain timeframe; revising the information that must be included on a patient's statement or bill; requiring that certain records be made available through electronic means that comply with a specified law; reducing the response time for certain patient requests for information; amending s. 395.107, F.S.; providing a definition; making technical changes; creating s. 395.3012, F.S.; authorizing the Agency for Health Care Administration to impose penalties based on certain findings of an investigation as determined by the consumer advocate; amending ss. 400.487 and 400.934, F.S.; requiring home health agencies and home medical equipment providers to provide upon request certain written estimates of charges within a certain timeframe; amending s. 408.05, F.S.; revising requirements for the collection and use of health-related data by the agency; requiring the agency to contract with a vendor to provide an Internet-based platform with certain attributes; requiring potential vendors to have certain qualifications; prohibiting the agency from establishing a certain database under certain circumstances; amending s. 408.061, F.S.; revising requirements for the submission of health care data to the agency; requiring submitted information considered a trade secret to be clearly designated; amending s. 456.0575, F.S.; requiring a health care practitioner to provide a patient upon his or her request a written, good faith estimate of anticipated charges within a certain timeframe; setting a maximum amount for total fines assessed in certain disciplinary actions; amending s. 456.072, F.S.; providing that the failure to comply with fair billing practices by a health care practitioner is grounds for disciplinary action; amending s. 627.0613, F.S.; providing that the consumer advocate must represent the general public before other state agencies; authorizing the consumer advocate to report findings relating to certain investigations to the agency and the Department of Health; authorizing the consumer advocate to have access to files, records, and data of the agency and the department necessary for certain investigations; authorizing the consumer advocate to maintain a process to receive and investigate complaints from patients relating to compliance with certain billing and notice requirements by licensed health care facilities and practitioners; defining a term; authorizing the consumer advocate to provide mediation between providers and consumers relating to certain matters; creating s. 627.6385, F.S.; requiring a health insurer to make available on its website certain methods that a policyholder can use to make estimates of certain costs and charges; providing that an estimate does not preclude an actual cost from exceeding the estimate; requiring a health insurer to make available on its website a hyperlink to certain health information; requiring a health insurer to include certain notice; requiring a health insurer that participates in the state group health insurance plan or Medicaid managed care to provide all claims data to a contracted vendor selected by the agency; excluding from the contributed claims data certain types of coverage; amending s. 641.54, F.S.; revising a requirement that a health maintenance organization make certain information available to its subscribers; requiring a health maintenance organization that participates in the state group health insurance plan or Medicaid managed care to provide all claims data to a contracted vendor selected by the agency; excluding from the contributed claims data certain types of coverage; amending s. 409.967, F.S.; requiring managed care plans to provide all claims data to a contracted vendor selected by the agency; amending s. 110.123, F.S.; requiring the Department of Management Services to provide certain data to the contracted vendor for the price transparency database established by the agency; requiring a contracted vendor for the state group health insurance plan to provide claims data to the vendor selected by the agency; amending ss. 20.42, 381.026, 395.602, 395.6025, 408.07, 408.18, and 465.0244, F.S.; conforming provisions to changes made by the act; providing legislative intent; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 1496**, pursuant to Rule 3.11(3), there being no objection, **CS for CS for HB 1175** was withdrawn from the Committees on Health Policy; Appropriations Subcommittee on Health and Human Services; and Appropriations.

On motion by Senator Bradley—

**CS for CS for HB 1175**—A bill to be entitled An act relating to transparency in health care; amending s. 395.301, F.S.; requiring a facility licensed under chapter 395, F.S., to provide timely and accurate financial information and quality of service measures to certain individuals; requiring a licensed facility to post certain payment information regarding defined bundles of services and procedures and other specified consumer information and notifications on its website; requiring a facility to provide a good faith estimate of charges to a patient or prospective patient within a certain timeframe; requiring a facility to provide information regarding its financial assistance policy to a patient or a prospective patient; providing a penalty for failing to provide such estimate of charges to a patient; deleting a requirement that a licensed facility not operated by the state provide notice to a patient of his or her right to an itemized bill within a certain timeframe; revising the information that must be included on a patient's statement or bill; amending s. 395.107, F.S.; defining the term "facility" to mean an urgent care center or a diagnostic-imaging center operated by a licensed hospital but not located on the hospital premises; requiring a facility to publish and post a schedule of certain charges for medical services offered to patients; providing a minimum size for the posting; requiring a schedule of charges to include certain information regarding medical services offered; providing that the schedule may group the facility's services by price levels and list the services in each price level; providing a fine for failure to publish and post a schedule of medical services; amending s. 408.05, F.S.; renaming the Florida Center for Health Information and Policy Analysis; revising requirements for the collection and use of health-related data by the Agency for Health Care Administration; requiring the agency to contract with a vendor to provide an Internet-based platform with certain attributes and a state-specific data set available to the public; providing vendor qualifications; requiring the agency to design a patient safety culture survey for hospitals and ambulatory surgical centers licensed under chapter 395, F.S.; requiring the survey to measure certain aspects of a facility's patient safety practices; exempting certain licensed facilities from survey requirements; prohibiting the agency from establishing a certain database without express legislative authority; revising the duties of the members of the State Consumer Health Information and Policy Advisory Council; revising provisions relating to the use of certain fees; revising the agency's rulemaking authority; deleting an obsolete provision; amending s. 408.061, F.S.; revising requirements for the submission of health care data to the agency; amending s. 408.810, F.S.; requiring certain licensed hospitals and ambulatory surgical centers to submit a facility patient safety culture survey to the agency; amending s. 456.0575, F.S.; requiring a health care practitioner to provide a good faith estimate of anticipated charges to a patient upon request within a certain timeframe; providing for disciplinary action and a fine for failure to comply; creating s. 627.6385, F.S.; requiring a health insurer to make available on its website certain information and a method for policyholders to estimate certain health care services costs and charges; providing that an estimate does not preclude an actual cost from exceeding the estimate; requiring a health insurer to provide notice in insurance policies that certain information is available on its website; requiring a health insurer that participates in the state group health insurance plan or Medicaid managed care to contribute all Florida claims data held by it or its affiliates to the contracted vendor selected

by the agency; establishing a deadline for submission of Medicaid managed care claims data by health insurers; requiring that an insurer and its affiliates not submit claims data reflecting certain coverage to the contracted vendor; amending s. 641.54, F.S.; requiring a health maintenance organization to make certain information available to its subscribers on its website; requiring a health insurer to provide a hyperlink to certain health information on its website; requiring a health maintenance organization that participates in the state group health insurance plan or Medicaid managed care to contribute all Florida claims data held by it or its affiliates to the contracted vendor selected by the agency; establishing a deadline for submission of Medicaid managed care claims data by health maintenance organizations; requiring that a health maintenance organization and its affiliates not submit claims data reflecting certain coverage to the contracted vendor; amending s. 409.967, F.S.; requiring managed care plans to contribute all Florida claims data to the contracted vendor selected by the agency; amending s. 110.123, F.S.; requiring the Department of Management Services to contribute certain data to the vendor for the price transparency database established by the agency; requiring a contracted vendor for the state group health insurance plan to contribute Florida claims data to the contracted vendor selected by the agency; amending ss. 20.42, 381.026, 395.602, 395.6025, 400.991, 408.07, 408.18, 408.8065, 408.820, 465.0244, and 627.6499, F.S.; conforming cross-references and provisions to changes made by the act; providing intent of the act; declaring all persons or entities required to submit, receive, or publish data under the act to be acting pursuant to state requirements contained therein; exempting such persons or entities from state antitrust laws; providing an appropriation and authorizing a position; providing an effective date.

—a companion measure, was substituted for **CS for SB 1496** and read the second time by title.

Senator Bradley moved the following amendment:

**Amendment 1 (206420) (with title amendment)**—Delete everything after the enacting clause and insert:

Section 1. Section 395.301, Florida Statutes, is amended to read:

395.301 *Price transparency;* itemized patient *statement or* bill; ~~form and content prescribed by the agency;~~ patient admission status notification.—

(1) *A facility licensed under this chapter shall provide timely and accurate financial information and quality of service measures to patients and prospective patients of the facility, or to patients' survivors or legal guardians, as appropriate. Such information shall be provided in accordance with this section and rules adopted by the agency pursuant to this chapter and s. 408.05. Licensed facilities operating exclusively as state facilities are exempt from this subsection.*

*(a) Each licensed facility shall make available to the public on its website information on payments made to that facility for defined bundles of services and procedures. The payment data must be presented and searchable in accordance with, and through a hyperlink to, the system established by the agency and its vendor using the descriptive service bundles developed under s. 408.05(3)(c). At a minimum, the facility shall provide the estimated average payment received from all payors, excluding Medicaid and Medicare, for the descriptive service bundles available at that facility and the estimated payment range for such bundles. Using plain language, comprehensible to an ordinary layperson, the facility must disclose that the information on average payments and the payment ranges is an estimate of costs that may be incurred by the patient or prospective patient and that actual costs will be based on the services actually provided to the patient. The facility's website must:*

*1. Provide information to prospective patients on the facility's financial assistance policy, including the application process, payment plans, and discounts, and the facility's charity care policy and collection procedures.*

*2. If applicable, notify patients and prospective patients that services may be provided in the health care facility by the facility as well as by other health care providers who may separately bill the patient and that such health care providers may or may not participate with the same health insurers or health maintenance organizations as the facility.*

*3. Inform patients and prospective patients that they may request from the facility and other health care providers a more personalized estimate of charges and other information, and inform patients that they should contact each health care practitioner who will provide services in the hospital to determine the health insurers and health maintenance organizations with which the health care practitioner participates as a network provider or preferred provider.*

*4. Provide the names, mailing addresses, and telephone numbers of the health care practitioners and medical practice groups with which it contracts to provide services in the facility and instructions on how to contact the practitioners and groups to determine the health insurers and health maintenance organizations with which they participate as network providers or preferred providers.*

*(b)1. Upon request, and before providing any nonemergency medical services, each licensed facility shall provide in writing or by electronic means a good faith estimate of reasonably anticipated charges by the facility for the treatment of the patient's or prospective patient's specific condition. The facility must provide the estimate to the patient or prospective patient within 7 business days after the receipt of the request and is not required to adjust the estimate for any potential insurance coverage. The estimate may be based on the descriptive service bundles developed by the agency under s. 408.05(3)(c) unless the patient or prospective patient requests a more personalized and specific estimate that accounts for the specific condition and characteristics of the patient or prospective patient. The facility shall inform the patient or prospective patient that he or she may contact his or her health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities.*

*2. In the estimate, the facility shall provide to the patient or prospective patient information on the facility's financial assistance policy, including the application process, payment plans, and discounts and the facility's charity care policy and collection procedures.*

*3. The estimate shall clearly identify any facility fees and, if applicable, include a statement notifying the patient or prospective patient that a facility fee is included in the estimate, the purpose of the fee, and that the patient may pay less for the procedure or service at another facility or in another health care setting.*

*4. Upon request, the facility shall notify the patient or prospective patient of any revision to the estimate.*

*5. In the estimate, the facility must notify the patient or prospective patient that services may be provided in the health care facility by the facility as well as by other health care providers that may separately bill the patient, if applicable.*

*6. The facility shall take action to educate the public that such estimates are available upon request.*

*7. Failure to timely provide the estimate pursuant to this paragraph shall result in a daily fine of $1,000 until the estimate is provided to the patient or prospective patient. The total fine may not exceed $10,000.*

*The provision of an estimate does not preclude the actual charges from exceeding the estimate.*

*(c) Each facility shall make available on its website a hyperlink to the health-related data, including quality measures and statistics that are disseminated by the agency pursuant to s. 408.05. The facility shall also take action to notify the public that such information is electronically available and provide a hyperlink to the agency's website.*

*(d)1. Upon request, and after the patient's discharge or release from a facility, the facility must provide* ~~A licensed facility not operated by the state shall notify each patient during admission and at discharge of his or her right to receive an itemized bill upon request. Within 7 days following the patient's discharge or release from a licensed facility not operated by the state, the licensed facility providing the service shall, upon request, submit~~ to the patient~~,~~ or to the patient's survivor or legal guardian, as ~~may be~~ appropriate, an itemized statement *or a bill* detailing in *plain* language, comprehensible to an ordinary layperson, the specific nature of charges or expenses incurred by the patient.~~, which in~~

The initial *statement or bill* ~~billing~~ shall *be provided within 7 days after the patient's discharge or release or after a request for such statement or bill, whichever is later. The initial statement or bill must* contain a statement of specific services received and expenses incurred *by date and provider* for such items of service, enumerating in detail *as prescribed by the agency* the constituent components of the services received within each department of the licensed facility and including unit price data on rates charged by the licensed facility~~, as prescribed by the agency~~. *The statement or bill must also clearly identify any facility fee and explain the purpose of the fee. The statement or bill must identify each item as paid, pending payment by a third party, or pending payment by the patient, and must include the amount due, if applicable. If an amount is due from the patient, a due date must be included. The initial statement or bill must direct the patient or the patient's survivor or legal guardian, as appropriate, to contact the patient's insurer or health maintenance organization regarding the patient's cost-sharing responsibilities.*

*2. Any subsequent statement or bill provided to a patient or to the patient's survivor or legal guardian, as appropriate, relating to the episode of care must include all of the information required by subparagraph 1., with any revisions clearly delineated.*

*3.*~~(2)(a)~~ Each ~~such~~ statement *or bill provided* ~~submitted~~ pursuant to this *subsection* ~~section~~:

*a.*~~1.~~ *Must* ~~May not~~ include *notice* ~~charges~~ of hospital-based physicians *and other health care providers who bill* ~~if billed~~ separately.

*b.*~~2.~~ May not include any generalized category of expenses such as "other" or "miscellaneous" or similar categories.

*c.*~~3.~~ *Must* ~~Shall~~ list drugs by brand or generic name and not refer to drug code numbers when referring to drugs of any sort.

*d.*~~4.~~ *Must* ~~Shall~~ specifically identify *physical, occupational, or speech* therapy treatment *by* ~~as to the~~ date, type, and length of treatment when *such* ~~therapy~~ treatment is a part of the statement *or bill*.

~~(b) Any person receiving a statement pursuant to this section shall be fully and accurately informed as to each charge and service provided by the institution preparing the statement.~~

*(2)*~~(3) On each itemized statement submitted pursuant to subsection (1) there shall appear the words "A FOR-PROFIT (or NOT-FOR-PROFIT or PUBLIC) HOSPITAL (or AMBULATORY SURGICAL CENTER) LICENSED BY THE STATE OF FLORIDA" or substantially similar words sufficient to identify clearly and plainly the ownership status of the licensed facility.~~ Each itemized statement *or bill* must prominently display the *telephone* ~~phone~~ number of the medical facility's patient liaison who is responsible for expediting the resolution of any billing dispute between the patient, or *the patient's survivor or legal guardian* ~~his or her representative~~, and the billing department.

~~(4) An itemized bill shall be provided once to the patient's physician at the physician's request, at no charge.~~

~~(5) In any billing for services subsequent to the initial billing for such services, the patient, or the patient's survivor or legal guardian, may elect, at his or her option, to receive a copy of the detailed statement of specific services received and expenses incurred for each such item of service as provided in subsection (1).~~

~~(6) No physician, dentist, podiatric physician, or licensed facility may add to the price charged by any third party except for a service or handling charge representing a cost actually incurred as an item of expense; however, the physician, dentist, podiatric physician, or licensed facility is entitled to fair compensation for all professional services rendered. The amount of the service or handling charge, if any, shall be set forth clearly in the bill to the patient.~~

~~(7) Each licensed facility not operated by the state shall provide, prior to provision of any nonemergency medical services, a written good faith estimate of reasonably anticipated charges for the facility to treat the patient's condition upon written request of a prospective patient. The estimate shall be provided to the prospective patient within 7 business days after the receipt of the request. The estimate may be the average charges for that diagnosis related group or the average charges for that procedure. Upon request, the facility shall notify the patient of any revision to the good faith estimate. Such estimate shall not preclude the actual charges from exceeding the estimate. The facility shall place a notice in the reception area that such information is available. Failure to provide the estimate within the provisions established pursuant to this section shall result in a fine of $500 for each instance of the facility's failure to provide the requested information.~~

~~(8) Each licensed facility that is not operated by the state shall provide any uninsured person seeking planned nonemergency elective admission a written good faith estimate of reasonably anticipated charges for the facility to treat such person. The estimate must be provided to the uninsured person within 7 business days after the person notifies the facility and the facility confirms that the person is uninsured. The estimate may be the average charges for that diagnosis-related group or the average charges for that procedure. Upon request, the facility shall notify the person of any revision to the good faith estimate. Such estimate does not preclude the actual charges from exceeding the estimate. The facility shall also provide to the uninsured person a copy of any facility discount and charity care discount policies for which the uninsured person may be eligible. The facility shall place a notice in the reception area where such information is available. Failure to provide the estimate as required by this subsection shall result in a fine of $500 for each instance of the facility's failure to provide the requested information.~~

*(3)*~~(9)~~ If a licensed facility places a patient on observation status rather than inpatient status, observation services shall be documented in the patient's discharge papers. The patient or the patient's *survivor or legal guardian* ~~proxy~~ shall be notified of observation services through discharge papers, which may also include brochures, signage, or other forms of communication for this purpose.

*(4)*~~(10)~~ A licensed facility shall make available to a patient all records necessary for verification of the accuracy of the patient's *statement or* bill within *10* ~~30~~ business days after the request for such records. The *records* ~~verification information~~ must be made available in the facility's offices *and through electronic means that comply with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. s. 1320d, as amended*. Such records *must* ~~shall~~ be available to the patient *before* ~~prior to~~ and after payment of the *statement or* bill ~~or claim~~. The facility may not charge the patient for making such verification records available; however, the facility may charge its usual fee for providing copies of records as specified in s. 395.3025.

*(5)*~~(11)~~ Each facility shall establish a method for reviewing and responding to questions from patients concerning the patient's itemized *statement or* bill. Such response shall be provided within *7 business* ~~30~~ days after the date a question is received. If the patient is not satisfied with the response, the facility must provide the patient with the *contact information* ~~address~~ of the *consumer advocate as provided in s. 627.0613* ~~agency~~ to which the issue may be sent for review. *The facility shall cooperate with the consumer advocate and his or her representative to support the consumer advocate in his or her efforts as authorized under s. 627.0613(2) and (3).*

~~(12) Each licensed facility shall make available on its Internet website a link to the performance outcome and financial data that is published by the Agency for Health Care Administration pursuant to s. 408.05(3)(k). The facility shall place a notice in the reception area that the information is available electronically and the facility's Internet website address.~~

Section 2. Section 395.107, Florida Statutes, is amended to read:

395.107 *Facilities* ~~Urgent care centers~~; publishing and posting schedule of charges; penalties.—

(1) *For purposes of this section, the term "facility" means:*

*(a) An urgent care center as defined in s. 395.002; or*

*(b) A diagnostic-imaging center operated by a hospital licensed under this chapter which is not located on the hospital's premises.*

*(2) A facility* ~~An urgent care center~~ must publish and post a schedule of charges for the medical services offered to patients.

*(3)*~~(2)~~ The schedule of charges must describe the medical services in language comprehensible to a layperson. The schedule must include the

prices charged to an uninsured person paying for such services by cash, check, credit card, or debit card. The schedule must be posted in a conspicuous place in the reception area and must include, but is not limited to, the 50 services most frequently provided. The schedule may group services by three price levels, listing services in each price level. The posting may be a sign, which must be at least 15 square feet in size, or may be through an electronic messaging board. If *a facility* ~~an urgent care center~~ is affiliated with a ~~facility~~ licensed *hospital* under this chapter, the schedule must include text that notifies the insured patients whether the charges for medical services received at the center will be the same as, or more than, charges for medical services received at the affiliated hospital. The text notifying the patient of the schedule of charges shall be in a font size equal to or greater than the font size used for prices and must be in a contrasting color. The text that notifies the insured patients whether the charges for medical services received at the center will be the same as, or more than, charges for medical services received at the affiliated hospital shall be included in all media and Internet advertisements for the center and in language comprehensible to a layperson.

*(4)*~~(3)~~ The posted text describing the medical services must fill at least 12 square feet of the posting. A *facility* ~~center~~ may use an electronic device or messaging board to post the schedule of charges. Such a device must be at least 3 square feet, and patients must be able to access the schedule during all hours of operation of the *facility* ~~urgent care center~~.

*(5)*~~(4)~~ *A facility* ~~An urgent care center~~ that is operated and used exclusively for employees and the dependents of employees of the business that owns or contracts for the *facility* ~~urgent care center~~ is exempt from this section.

*(6)*~~(5)~~ The failure of *a facility* ~~an urgent care center~~ to publish and post a schedule of charges as required by this section shall result in a fine of not more than $1,000, per day, until the schedule is published and posted.

Section 3. Section 408.05, Florida Statutes, is amended to read:

408.05 Florida Center for Health Information and *Transparency* ~~Policy Analysis~~.—

(1) ESTABLISHMENT.—The agency shall establish *and maintain* a Florida Center for Health Information and *Transparency to collect, compile, coordinate, analyze, index, and disseminate* ~~Policy Analysis. The center shall establish a comprehensive health information system to provide for the collection, compilation, coordination, analysis, indexing, dissemination, and utilization of both purposefully collected and extant~~ health-related data and statistics. The center shall be staffed *as* ~~with public health experts, biostatisticians, information system analysts, health policy experts, economists, and other staff~~ necessary to carry out its functions.

(2) HEALTH-RELATED DATA.—The ~~comprehensive health information system operated by the~~ Florida Center for Health Information and *Transparency* ~~Policy Analysis~~ shall identify ~~the best~~ available *data sets, compile new data when specifically authorized,* ~~data sources~~ and *promote the use* ~~coordinate the compilation~~ of extant health-related data and statistics*. The center must maintain any data sets in existence before July 1, 2016, unless such data sets duplicate information that is readily available from other credible sources, and may* ~~and purposefully~~ collect *or compile* data on:

~~(a) The extent and nature of illness and disability of the state population, including life expectancy, the incidence of various acute and chronic illnesses, and infant and maternal morbidity and mortality.~~

~~(b) The impact of illness and disability of the state population on the state economy and on other aspects of the well-being of the people in this state.~~

~~(c) Environmental, social, and other health hazards.~~

~~(d) Health knowledge and practices of the people in this state and determinants of health and nutritional practices and status.~~

*(a)*~~(c)~~ Health resources, including *licensed* ~~physicians, dentists, nurses, and other~~ health *care practitioners* ~~professionals~~, by specialty and type of practice*. Such data must include information collected by the Department of Health pursuant to ss. 458.3191 and 459.0081.*

*(b) Health service inventories, including* ~~and~~ acute *care*, long-term care*,* and other institutional care *facilities* ~~facility supplies~~ and specific services provided by hospitals, nursing homes, home health agencies, and other *licensed* health care facilities.

*(c)*~~(f)~~ *Service* utilization *for licensed health care facilities* ~~of health care by type of provider~~.

*(d)*~~(g)~~ Health care costs and financing, including trends in health care prices and costs, the sources of payment for health care services, and federal, state, and local expenditures for health care.

~~(h) Family formation, growth, and dissolution.~~

*(e)*~~(i)~~ The extent of public and private health insurance coverage in this state.

*(f)*~~(j)~~ *Specific quality-of-care initiatives involving* ~~The quality of care provided by~~ various health care providers *when extant data is not adequate to achieve the objectives of the initiative*.

(3) ~~COMPREHENSIVE~~ HEALTH INFORMATION *TRANSPARENCY* ~~SYSTEM~~.—In order to *disseminate and facilitate the availability of* ~~produce~~ comparable and uniform health information ~~and statistics for the development of policy recommendations~~, the agency shall perform the following functions:

(a) *Collect and compile information on and* coordinate the activities of state agencies involved in *providing* ~~the design and implementation of the comprehensive~~ health information *to consumers* ~~system~~.

(b) *Promote data sharing through dissemination of state-collected health data by making such data available, transferable, and readily usable* ~~Undertake research, development, and evaluation respecting the comprehensive health information system~~.

*(c) Contract with a vendor to provide a consumer-friendly, Internet-based platform that allows a consumer to research the cost of health care services and procedures and allows for price comparison. The Internet-based platform must allow a consumer to search by condition or service bundles that are comprehensible to a layperson and may not require registration, a security password, or user identification. The vendor shall also establish and maintain a Florida-specific data set of health care claims information available to the public and any interested party. The agency shall actively oversee the vendor to ensure compliance with state law. The vendor must be a nonprofit research institute that is qualified under s. 1874 of the Social Security Act, 42 U.S.C. 1395kk, to receive Medicare claims data and that receives claims, payment, and patient cost-share data from multiple private insurers nationwide. The agency shall select the vendor through a competitive procurement process. By October 1, 2016, a responsive vendor shall have:*

*1. A national database consisting of at least 15 billion claim lines of administrative claims data from multiple payors capable of being expanded by adding claims data, directly or through arrangements with extant data sources, from other third-party payors, including employers with health plans covered by the Employee Retirement Income Security Act of 1974 when those employers choose to participate.*

*2. A well-developed methodology for analyzing claims data within defined service bundles that are understandable by the general public.*

*3. A bundling methodology that is available in the public domain to allow for consistency and comparison of state and national benchmarks with local regions and specific providers.*

~~(e) Review the statistical activities of state agencies to ensure that they are consistent with the comprehensive health information system.~~

(d) Develop written agreements with local, state, and federal agencies *to facilitate* ~~for~~ the sharing of *data related to health care* ~~health care related data or using the facilities and services of such agencies. State agencies, local health councils, and other agencies under state contract shall assist the center in obtaining, compiling, and transferring health care related data maintained by state and local agencies. Written agreements must specify the types, methods, and periodicity of data~~

~~exchanges and specify the types of data that will be transferred to the center~~.

(e) Establish by rule*:*

*1.* The types of data collected, compiled, processed, used, or shared.

*2. Requirements for implementation of the consumer-friendly, Internet-based platform created by the contracted vendor under paragraph (c).*

*3. Requirements for the submission of data by insurers pursuant to s. 627.6385 and health maintenance organizations pursuant to s. 641.54 to the contracted vendor under paragraph (c).*

*4. Requirements governing the collection of data by the contracted vendor under paragraph (c).*

*5. How information is to be published on the consumer-friendly, Internet-based platform created under paragraph (c) for public use* ~~Decisions regarding center data sets should be made based on consultation with the State Consumer Health Information and Policy Advisory Council and other public and private users regarding the types of data which should be collected and their uses~~. ~~The center shall establish standardized means for collecting health information and statistics under laws and rules administered by the agency.~~

*(f) Consult with contracted vendors, the State Consumer Health Information and Policy Advisory Council, and other public and private users regarding the types of data that should be collected and the use of such data.*

*(g) Monitor data collection procedures and test data quality to facilitate the dissemination of data that is accurate, valid, reliable, and complete.*

~~(f) Establish minimum health care-related data sets which are necessary on a continuing basis to fulfill the collection requirements of the center and which shall be used by state agencies in collecting and compiling health care related data. The agency shall periodically review ongoing health care data collections of the Department of Health and other state agencies to determine if the collections are being conducted in accordance with the established minimum sets of data.~~

~~(g) Establish advisory standards to ensure the quality of health statistical and epidemiological data collection, processing, and analysis by local, state, and private organizations.~~

~~(h) Prescribe standards for the publication of health care related data reported pursuant to this section which ensure the reporting of accurate, valid, reliable, complete, and comparable data. Such standards should include advisory warnings to users of the data regarding the status and quality of any data reported by or available from the center.~~

*(h)*~~(i)~~ *Develop* ~~Prescribe standards for the maintenance and preservation of the center's data. This should include~~ methods for archiving data, retrieval of archived data, and data editing and verification.

~~(j) Ensure that strict quality control measures are maintained for the dissemination of data through publications, studies, or user requests.~~

*(i)*~~(k)~~ *Make* ~~Develop, in conjunction with the State Consumer Health Information and Policy Advisory Council, and implement a long range plan for making~~ available health care quality measures ~~and financial data~~ that will allow consumers to compare *outcomes and other performance measures for* health care services. ~~The health care quality measures and financial data the agency must make available include, but are not limited to, pharmaceuticals, physicians, health care facilities, and health plans and managed care entities. The agency shall update the plan and report on the status of its implementation annually. The agency shall also make the plan and status report available to the public on its Internet website. As part of the plan, the agency shall identify the process and timeframes for implementation, barriers to implementation, and recommendations of changes in the law that may be enacted by the Legislature to eliminate the barriers. As preliminary elements of the plan, the agency shall:~~

~~1. Make available patient safety indicators, inpatient quality indicators, and performance outcome and patient charge data collected from health care facilities pursuant to s. 408.061(1)(a) and (2). The terms "patient safety indicators" and "inpatient quality indicators" have the same meaning as that ascribed by the Centers for Medicare and Medicaid Services, an accrediting organization whose standards incorporate comparable regulations required by this state, or a national entity that establishes standards to measure the performance of health care providers, or by other states. The agency shall determine which conditions, procedures, health care quality measures, and patient charge data to disclose based upon input from the council. When determining which conditions and procedures are to be disclosed, the council and the agency shall consider variation in costs, variation in outcomes, and magnitude of variations and other relevant information. When determining which health care quality measures to disclose, the agency:~~

~~a. Shall consider such factors as volume of cases; average patient charges; average length of stay; complication rates; mortality rates; and infection rates, among others, which shall be adjusted for case mix and severity, if applicable.~~

~~b. May consider such additional measures that are adopted by the Centers for Medicare and Medicaid Studies, an accrediting organization whose standards incorporate comparable regulations required by this state, the National Quality Forum, the Joint Commission on Accreditation of Healthcare Organizations, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, or a similar national entity that establishes standards to measure the performance of health care providers, or by other states.~~

~~When determining which patient charge data to disclose, the agency shall include such measures as the average of undiscounted charges on frequently performed procedures and preventive diagnostic procedures, the range of procedure charges from highest to lowest, average net revenue per adjusted patient day, average cost per adjusted patient day, and average cost per admission, among others.~~

~~2. Make available performance measures, benefit design, and premium cost data from health plans licensed pursuant to chapter 627 or chapter 641. The agency shall determine which health care quality measures and member and subscriber cost data to disclose, based upon input from the council. When determining which data to disclose, the agency shall consider information that may be required by either individual or group purchasers to assess the value of the product, which may include membership satisfaction, quality of care, current enrollment or membership, coverage areas, accreditation status, premium costs, plan costs, premium increases, range of benefits, copayments and deductibles, accuracy and speed of claims payment, credentials of physicians, number of providers, names of network providers, and hospitals in the network. Health plans shall make available to the agency such data or information that is not currently reported to the agency or the office.~~

~~3. Determine the method and format for public disclosure of data reported pursuant to this paragraph. The agency shall make its determination based upon input from the State Consumer Health Information and Policy Advisory Council. At a minimum, the data shall be made available on the agency's Internet website in a manner that allows consumers to conduct an interactive search that allows them to view and compare the information for specific providers. The website must include such additional information as is determined necessary to ensure that the website enhances informed decisionmaking among consumers and health care purchasers, which shall include, at a minimum, appropriate guidance on how to use the data and an explanation of why the data may vary from provider to provider.~~

~~4. Publish on its website undiscounted charges for no fewer than 150 of the most commonly performed adult and pediatric procedures, including outpatient, inpatient, diagnostic, and preventative procedures.~~

~~(4) TECHNICAL ASSISTANCE.~~

~~(a) The center shall provide technical assistance to persons or organizations engaged in health planning activities in the effective use of statistics collected and compiled by the center. The center shall also provide the following additional technical assistance services:~~

~~1. Establish procedures identifying the circumstances under which, the places at which, the persons from whom, and the methods by which a person may secure data from the center, including procedures governing requests, the ordering of requests, timeframes for handling requests, and other procedures necessary to facilitate the use of the center's data. To the extent possible, the center should provide current data timely in response to requests from public or private agencies.~~

~~2. Provide assistance to data sources and users in the areas of database design, survey design, sampling procedures, statistical interpretation, and data access to promote improved health care related data sets.~~

~~3. Identify health care data gaps and provide technical assistance to other public or private organizations for meeting documented health care data needs.~~

~~4. Assist other organizations in developing statistical abstracts of their data sets that could be used by the center.~~

~~5. Provide statistical support to state agencies with regard to the use of databases maintained by the center.~~

~~6. To the extent possible, respond to multiple requests for information not currently collected by the center or available from other sources by initiating data collection.~~

~~7. Maintain detailed information on data maintained by other local, state, federal, and private agencies in order to advise those who use the center of potential sources of data which are requested but which are not available from the center.~~

~~8. Respond to requests for data which are not available in published form by initiating special computer runs on data sets available to the center.~~

~~9. Monitor innovations in health information technology, informatics, and the exchange of health information and maintain a repository of technical resources to support the development of a health information network.~~

~~(b) The agency shall administer, manage, and monitor grants to not-for-profit organizations, regional health information organizations, public health departments, or state agencies that submit proposals for planning, implementation, or training projects to advance the development of a health information network. Any grant contract shall be evaluated to ensure the effective outcome of the health information project.~~

~~(c) The agency shall initiate, oversee, manage, and evaluate the integration of health care data from each state agency that collects, stores, and reports on health care issues and make that data available to any health care practitioner through a state health information network.~~

~~(5) PUBLICATIONS; REPORTS; SPECIAL STUDIES. The center shall provide for the widespread dissemination of data which it collects and analyzes. The center shall have the following publication, reporting, and special study functions:~~

~~(a) The center shall publish and make available periodically to agencies and individuals health statistics publications of general interest, including health plan consumer reports and health maintenance organization member satisfaction surveys; publications providing health statistics on topical health policy issues; publications that provide health status profiles of the people in this state; and other topical health statistics publications.~~

*(j)*~~(b)~~ *Conduct and* ~~The center shall publish,~~ make available~~, and disseminate, promptly and as widely as practicable,~~ the results of special health surveys, health care research, and health care evaluations conducted or supported under this section. *Each year the center shall select and analyze one or more research topics that can be investigated using the data available pursuant to paragraph (c). The selected topics must focus on producing actionable information for improving quality of care and reducing costs. The first topic selected by the center must address preventable hospitalizations.* ~~Any publication by the center must include a statement of the limitations on the quality, accuracy, and completeness of the data.~~

~~(c) The center shall provide indexing, abstracting, translation, publication, and other services leading to a more effective and timely dissemination of health care statistics.~~

~~(d) The center shall be responsible for publishing and disseminating an annual report on the center's activities.~~

~~(e) The center shall be responsible, to the extent resources are available, for conducting a variety of special studies and surveys to expand the health care information and statistics available for health policy analyses, particularly for the review of public policy issues. The center shall develop a process by which users of the center's data are periodically surveyed regarding critical data needs and the results of the survey considered in determining which special surveys or studies will be conducted. The center shall select problems in health care for research, policy analyses, or special data collections on the basis of their local, regional, or state importance; the unique potential for definitive research on the problem; and opportunities for application of the study findings.~~

*(4)*~~(6)~~ PROVIDER DATA REPORTING.—This section does not confer on the agency the power to demand or require that a health care provider or professional furnish information, records of interviews, written reports, statements, notes, memoranda, or data other than as expressly required by law. *The agency may not establish an all-payor claims database or a comparable database without express legislative authority.*

*(5)*~~(7)~~ BUDGET; FEES.—

(a) ~~The Legislature intends that funding for the Florida Center for Health Information and Policy Analysis be appropriated from the General Revenue Fund.~~

~~(b)~~ The Florida Center for Health Information and *Transparency* ~~Policy Analysis~~ may apply for and receive and accept grants, gifts, and other payments, including property and services, from any governmental or other public or private entity or person and make arrangements as to the use of same, including the undertaking of special studies and other projects relating to health-care-related topics. Funds obtained pursuant to this paragraph may not be used to offset annual appropriations from the General Revenue Fund.

*(b)*~~(c)~~ The center may charge such reasonable fees for services as the agency prescribes by rule. The established fees may not exceed the reasonable cost for such services. Fees collected may not be used to offset annual appropriations from the General Revenue Fund.

*(6)*~~(8)~~ STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY COUNCIL.—

(a) There is established in the agency the State Consumer Health Information and Policy Advisory Council to assist the center ~~in reviewing the comprehensive health information system, including the identification, collection, standardization, sharing, and coordination of health-related data, fraud and abuse data, and professional and facility licensing data among federal, state, local, and private entities and to recommend improvements for purposes of public health, policy analysis, and transparency of consumer health care information~~. The council *consists* ~~shall consist~~ of the following members:

1. An employee of the Executive Office of the Governor, to be appointed by the Governor.

2. An employee of the Office of Insurance Regulation, to be appointed by the director of the office.

3. An employee of the Department of Education, to be appointed by the Commissioner of Education.

4. Ten persons, to be appointed by the Secretary of Health Care Administration, representing other state and local agencies, state universities, business and health coalitions, local health councils, professional health-care-related associations, consumers, and purchasers.

(b) Each member of the council shall be appointed to serve for a term of 2 years following the date of appointment~~, except the term of appointment shall end 3 years following the date of appointment for members appointed in 2003, 2004, and 2005~~. A vacancy shall be filled by

appointment for the remainder of the term, and each appointing authority retains the right to reappoint members whose terms of appointment have expired.

(c) The council may meet at the call of its chair, at the request of the agency, or at the request of a majority of its membership, but the council must meet at least quarterly.

(d) Members shall elect a chair and vice chair annually.

(e) A majority of the members constitutes a quorum, and the affirmative vote of a majority of a quorum is necessary to take action.

(f) The council shall maintain minutes of each meeting and shall make such minutes available to any person.

(g) Members of the council shall serve without compensation but shall be entitled to receive reimbursement for per diem and travel expenses as provided in s. 112.061.

(h) The council's duties and responsibilities include, but are not limited to, the following:

1. To develop a mission statement, goals, and a plan of action for the identification, collection, standardization, sharing, and coordination of health-related data across federal, state, and local government and private sector entities.

2. To develop a review process to ensure cooperative planning among agencies that collect or maintain health-related data.

3. To create ad hoc issue-oriented technical workgroups on an as-needed basis to make recommendations to the council.

*(7)*~~(9)~~ APPLICATION TO OTHER AGENCIES.—~~Nothing in~~ This section *does not* ~~shall~~ limit, restrict, affect, or control the collection, analysis, release, or publication of data by any state agency pursuant to its statutory authority, duties, or responsibilities.

Section 4. Subsection (1) of section 408.061, Florida Statutes, is amended to read:

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

(1) The agency shall require the submission by health care facilities, health care providers, and health insurers of data necessary to carry out the agency's duties *and to facilitate transparency in health care pricing data and quality measures*. Specifications for data to be collected under this section shall be developed by the agency *and applicable contract vendors,* with the assistance of technical advisory panels including representatives of affected entities, consumers, purchasers, and such other interested parties as may be determined by the agency.

(a) Data submitted by health care facilities, including the facilities as defined in chapter 395, shall include, but are not limited to: case-mix data, patient admission and discharge data, hospital emergency department data which shall include the number of patients treated in the emergency department of a licensed hospital reported by patient acuity level, data on hospital-acquired infections as specified by rule, data on complications as specified by rule, data on readmissions as specified by rule, with patient and provider-specific identifiers included, actual charge data by diagnostic groups *or other bundled groupings as specified by rule*, financial data, accounting data, operating expenses, expenses incurred for rendering services to patients who cannot or do not pay, interest charges, depreciation expenses based on the expected useful life of the property and equipment involved, and demographic data. The agency shall adopt nationally recognized risk adjustment methodologies or software consistent with the standards of the Agency for Healthcare Research and Quality and as selected by the agency for all data submitted as required by this section. Data may be obtained from documents such as, but not limited to: leases, contracts, debt instruments, itemized patient *statements or* bills, medical record abstracts, and related diagnostic information. Reported data elements shall be reported electronically in accordance with rule 59E-7.012, Florida Administrative Code. Data submitted shall be certified by the chief executive officer or an appropriate and duly authorized representative or employee of the licensed facility that the information submitted is true and accurate.

(b) Data to be submitted by health care providers may include, but are not limited to: professional organization and specialty board affiliations, Medicare and Medicaid participation, types of services offered to patients, *actual charges to patients as specified by rule,* amount of revenue and expenses of the health care provider, and such other data which are reasonably necessary to study utilization patterns. Data submitted shall be certified by the appropriate duly authorized representative or employee of the health care provider that the information submitted is true and accurate.

(c) Data to be submitted by health insurers may include, but are not limited to: claims, *payments to health care facilities and health care providers as specified by rule,* premium, administration, and financial information. Data submitted shall be certified by the chief financial officer, an appropriate and duly authorized representative, or an employee of the insurer that the information submitted is true and accurate. *Information that is considered a trade secret under s. 812.081 shall be clearly designated.*

(d) Data required to be submitted by health care facilities, health care providers, or health insurers *may* ~~shall~~ not include specific provider contract reimbursement information. However, such specific provider reimbursement data shall be reasonably available for onsite inspection by the agency as is necessary to carry out the agency's regulatory duties. Any such data obtained by the agency as a result of onsite inspections may not be used by the state for purposes of direct provider contracting and are confidential and exempt from ~~the provisions of~~ s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(e) A requirement to submit data shall be adopted by rule if the submission of data is being required of all members of any type of health care facility, health care provider, or health insurer. Rules are not required, however, for the submission of data for a special study mandated by the Legislature or when information is being requested for a single health care facility, health care provider, or health insurer.

Section 5. Section 456.0575, Florida Statutes, is amended to read:

456.0575 Duty to notify patients.—

*(1)* Every licensed health care practitioner shall inform each patient, or an individual identified pursuant to s. 765.401(1), in person about adverse incidents that result in serious harm to the patient. Notification of outcomes of care that result in harm to the patient under this section *does* ~~shall~~ not constitute an acknowledgment of admission of liability, nor can such notifications be introduced as evidence.

*(2) Upon request by a patient, before providing nonemergency medical services in a facility licensed under chapter 395, a health care practitioner shall provide, in writing or by electronic means, a good faith estimate of reasonably anticipated charges to treat the patient's condition at the facility. The health care practitioner shall provide the estimate to the patient within 7 business days after receiving the request and is not required to adjust the estimate for any potential insurance coverage. The health care practitioner shall inform the patient that the patient may contact his or her health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities. The health care practitioner shall provide information to uninsured patients and insured patients for whom the practitioner is not a network provider or preferred provider which discloses the practitioner's financial assistance policy, including the application process, payment plans, discounts, or other available assistance, and the practitioner's charity care policy and collection procedures. Such estimate does not preclude the actual charges from exceeding the estimate. Failure to provide the estimate in accordance with this subsection, without good cause, shall result in disciplinary action against the health care practitioner and a daily fine of $500 until the estimate is provided to the patient. The total fine may not exceed $5,000. The practitioner shall cooperate with the consumer advocate and his or her representative to support the consumer advocate in his or her efforts as authorized under s. 627.0613(2) and (3).*

Section 6. Section 627.0613, Florida Statutes, is amended to read:

627.0613 Consumer advocate.—The Chief Financial Officer *shall* ~~must~~ appoint a consumer advocate who *shall* ~~must~~ represent the general public of the state before the department, ~~and~~ the office, *health care facilities licensed under chapter 395, and health care practitioners subject to s. 456.0575(2), as required by this section*. The consumer advocate must report directly to the Chief Financial Officer, but is not otherwise under the authority of the department or of any employee of the department. The consumer advocate has such powers as are necessary to carry out the duties of the office of consumer advocate, including, but not limited to, the powers to:

(1) Recommend to the department or office, by petition, the commencement of any proceeding or action; appear in any proceeding or action before the department or office; or appear in any proceeding before the Division of Administrative Hearings relating to subject matter under the jurisdiction of the department or office.

*(2) Assist uninsured patients in understanding statements or bills received from facilities licensed under chapter 395 or health care practitioners subject to s. 456.0575(2), relating to nonemergency health care services provided in a facility licensed under chapter 395.*

*(3) Advocate on behalf of uninsured patients when negotiation between the patient or the patient's representative and the health care provider does not result in:*

*(a) Charges for the nonemergency health care services in a range that is common and frequent for patients who are similarly situated requiring the same or similar medical services; and*

*(b) Access to available financial assistance, including reasonable payment plans, discounts, and the facility's charity care, if applicable, for these health care services.*

*(4)*~~(2)~~ Have access to and use of all files, records, and data of the department or office.

*(5) Have access to any files, records, and data of the Agency for Health Care Administration and the Department of Health which are necessary to perform the activities authorized under subsections (2) and (3).*

*(6)*~~(3)~~ Examine rate and form filings submitted to the office, hire consultants as necessary to aid in the review process, and recommend to the department or office any position deemed by the consumer advocate to be in the public interest.

*(7) Maintain a process for receiving and investigating complaints from uninsured patients of health care facilities licensed under chapter 395 and health care practitioners subject to chapter 456 concerning billings for nonemergency health care services as described in s. 395.301 or s. 456.0575(2). The consumer advocate is encouraged to use the infrastructure of the Division of Consumer Services within the Department of Financial Services to the fullest extent possible to fulfill the responsibilities imposed by this subsection and subsections (2), (3), and (5).*

*(8)*~~(4)~~ Prepare an annual budget for presentation to the Legislature by the department, which budget must be adequate to carry out the duties of the office of consumer advocate.

Section 7. Section 627.6385, Florida Statutes, is created to read:

*627.6385 Disclosures to policyholders; calculations of cost sharing.—*

*(1) Each health insurer shall make available on its website:*

*(a) A method for policyholders to estimate their copayments, deductibles, and other cost-sharing responsibilities for health care services and procedures. Such method of making an estimate shall be based on service bundles established pursuant to s. 408.05(3)(c). Estimates do not preclude the actual copayment, coinsurance percentage, or deductible, whichever is applicable, from exceeding the estimate.*

*1. Estimates shall be calculated according to the policy and known plan usage during the coverage period.*

*2. Estimates shall be made available based on providers that are in-network and out-of-network.*

*3. A policyholder must be able to create estimates by any combination of the service bundles established pursuant to s. 408.05(3)(c), a specified provider, or a comparison of providers.*

*(b) A method for policyholders to estimate their copayments, deductibles, and other cost-sharing responsibilities based on a personalized estimate of charges received from a facility pursuant to s. 395.301 or a practitioner pursuant to s. 456.0575.*

*(c) A hyperlink to the health information, including, but not limited to, service bundles and quality of care information, which is disseminated by the Agency for Health Care Administration pursuant to s. 408.05(3).*

*(2) Each health insurer shall include in every policy delivered or issued for delivery to any person in the state or in materials provided as required by s. 627.64725 notice that the information required by this section is available electronically and the address of the website where the information can be accessed.*

*(3) Each health insurer that participates in the state group health insurance plan created under s. 110.123 or Medicaid managed care pursuant to part IV of chapter 409 shall contribute all claims data from Florida policyholders held by the insurer and its affiliates to the contracted vendor selected by the Agency for Health Care Administration under s. 408.05(3)(c). Health insurers shall submit Medicaid managed care claims data to the vendor beginning July 1, 2017, and may submit data before that date. However, each insurer and its affiliates may not contribute claims data to the contracted vendor which reflect the following types of coverage:*

*(a) Coverage only for accident, or disability income insurance, or any combination thereof.*

*(b) Coverage issued as a supplement to liability insurance.*

*(c) Liability insurance, including general liability insurance and automobile liability insurance.*

*(d) Workers' compensation or similar insurance.*

*(e) Automobile medical payment insurance.*

*(f) Credit-only insurance.*

*(g) Coverage for onsite medical clinics, including prepaid health clinics under part II of chapter 641.*

*(h) Limited scope dental or vision benefits.*

*(i) Benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof.*

*(j) Coverage only for a specified disease or illness.*

*(k) Hospital indemnity or other fixed indemnity insurance.*

*(l) Medicare supplemental health insurance as defined under s. 1882(g)(1) of the Social Security Act, coverage supplemental to the coverage provided under chapter 55 of Title 10, U.S.C., and similar supplemental coverage provided to supplement coverage under a group health plan.*

Section 8. Subsection (6) of section 641.54, Florida Statutes, is amended, present subsection (7) of that section is redesignated as subsection (8) and amended, and a new subsection (7) is added to that section, to read:

641.54 Information disclosure.—

(6) Each health maintenance organization shall make available to its subscribers *on its website or by request* the estimated *copayment* ~~copay~~, coinsurance percentage, or deductible, whichever is applicable, for any covered services *as described by the searchable bundles established on a consumer-friendly, Internet-based platform pursuant to s. 408.05(3)(c) or as described by a personalized estimate received from a facility pursuant to s. 395.301 or a practitioner pursuant to s. 456.0575*, the status of the subscriber's maximum annual out-of-pocket payments for a covered individual or family, and the status of the subscriber's

maximum lifetime benefit. Such estimate *does* ~~shall~~ not preclude the actual *copayment* ~~copay~~, coinsurance percentage, or deductible, whichever is applicable, from exceeding the estimate.

*(7) Each health maintenance organization that participates in the state group health insurance plan created under s. 110.123 or Medicaid managed care pursuant to part IV of chapter 409 shall contribute all claims data from Florida subscribers held by the organization and its affiliates to the contracted vendor selected by the Agency for Health Care Administration under s. 408.05(3)(c). Health maintenance organizations shall submit Medicaid managed care claims data to the vendor beginning July 1, 2017, and may submit data before that date. However, each health maintenance organization and its affiliates may not contribute claims data to the contracted vendor which reflect the following types of coverage:*

*(a) Coverage only for accident, or disability income insurance, or any combination thereof.*

*(b) Coverage issued as a supplement to liability insurance.*

*(c) Liability insurance, including general liability insurance and automobile liability insurance.*

*(d) Workers' compensation or similar insurance.*

*(e) Automobile medical payment insurance.*

*(f) Credit-only insurance.*

*(g) Coverage for onsite medical clinics, including prepaid health clinics under part II of chapter 641.*

*(h) Limited scope dental or vision benefits.*

*(i) Benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof.*

*(j) Coverage only for a specified disease or illness.*

*(k) Hospital indemnity or other fixed indemnity insurance.*

*(l) Medicare supplemental health insurance as defined under s. 1882(g)(1) of the Social Security Act, coverage supplemental to the coverage provided under chapter 55 of Title 10, U.S.C., and similar supplemental coverage provided to supplement coverage under a group health plan.*

*(8)*~~(7)~~ Each health maintenance organization shall make available on its ~~Internet~~ website a *hyperlink* ~~link~~ to the *health information* ~~performance outcome and financial data~~ that is *disseminated* ~~published~~ by the Agency for Health Care Administration pursuant to *s. 408.05(3)* ~~s. 408.05(3)(k)~~ and shall include in every policy delivered or issued for delivery to any person in the state or *in* ~~any~~ materials provided as required by s. 627.64725 notice that such information is available electronically and the address of its ~~Internet~~ website.

Section 9. Paragraph (n) is added to subsection (2) of section 409.967, Florida Statutes, to read:

409.967 Managed care plan accountability.—

(2) The agency shall establish such contract requirements as are necessary for the operation of the statewide managed care program. In addition to any other provisions the agency may deem necessary, the contract must require:

*(n) Transparency.—Managed care plans shall comply with ss. 627.6385(3) and 641.54(7).*

Section 10. Paragraph (d) of subsection (3) of section 110.123, Florida Statutes, is amended to read:

110.123 State group insurance program.—

(3) STATE GROUP INSURANCE PROGRAM.—

(d)1. Notwithstanding ~~the provisions of~~ chapter 287 and the authority of the department, for the purpose of protecting the health of, and providing medical services to, state employees participating in the state group insurance program, the department may contract to retain the services of professional administrators for the state group insurance program. The agency shall follow good purchasing practices of state procurement to the extent practicable under the circumstances.

2. Each vendor in a major procurement, and any other vendor if the department deems it necessary to protect the state's financial interests, shall, at the time of executing any contract with the department, post an appropriate bond with the department in an amount determined by the department to be adequate to protect the state's interests but not higher than the full amount estimated to be paid annually to the vendor under the contract.

3. Each major contract entered into by the department pursuant to this section shall contain a provision for payment of liquidated damages to the department for material noncompliance by a vendor with a contract provision. The department may require a liquidated damages provision in any contract if the department deems it necessary to protect the state's financial interests.

4. *Section* ~~The provisions of s.~~ 120.57(3) *applies* ~~apply~~ to the department's contracting process, except:

a. A formal written protest of any decision, intended decision, or other action subject to protest shall be filed within 72 hours after receipt of notice of the decision, intended decision, or other action.

b. As an alternative to any provision of s. 120.57(3), the department may proceed with the bid selection or contract award process if the director of the department sets forth, in writing, particular facts and circumstances *that* ~~which~~ demonstrate the necessity of continuing the procurement process or the contract award process in order to avoid a substantial disruption to the provision of any scheduled insurance services.

*5. The department shall make arrangements as necessary to contribute claims data of the state group health insurance plan to the contracted vendor selected by the Agency for Health Care Administration pursuant to s. 408.05(3)(c).*

*6. Each contracted vendor for the state group health insurance plan shall contribute Florida claims data to the contracted vendor selected by the Agency for Health Care Administration pursuant to s. 408.05(3)(c).*

Section 11. Subsection (3) of section 20.42, Florida Statutes, is amended to read:

20.42 Agency for Health Care Administration.—

(3) The department shall be the chief health policy and planning entity for the state. The department is responsible for health facility licensure, inspection, and regulatory enforcement; investigation of consumer complaints related to health care facilities and managed care plans; the implementation of the certificate of need program; the operation of the Florida Center for Health Information and *Transparency* ~~Policy Analysis~~; the administration of the Medicaid program; the administration of the contracts with the Florida Healthy Kids Corporation; the certification of health maintenance organizations and prepaid health clinics as set forth in part III of chapter 641; and any other duties prescribed by statute or agreement.

Section 12. Paragraph (c) of subsection (4) of section 381.026, Florida Statutes, is amended to read:

381.026 Florida Patient's Bill of Rights and Responsibilities.—

(4) RIGHTS OF PATIENTS.—Each health care facility or provider shall observe the following standards:

(c) Financial information and disclosure.—

1. A patient has the right to be given, upon request, by the responsible provider, his or her designee, or a representative of the health care facility full information and necessary counseling on the availability of known financial resources for the patient's health care.

2. A health care provider or a health care facility shall, upon request, disclose to each patient who is eligible for Medicare, before treatment, whether the health care provider or the health care facility

in which the patient is receiving medical services accepts assignment under Medicare reimbursement as payment in full for medical services and treatment rendered in the health care provider's office or health care facility.

3. A primary care provider may publish a schedule of charges for the medical services that the provider offers to patients. The schedule must include the prices charged to an uninsured person paying for such services by cash, check, credit card, or debit card. The schedule must be posted in a conspicuous place in the reception area of the provider's office and must include, but is not limited to, the 50 services most frequently provided by the primary care provider. The schedule may group services by three price levels, listing services in each price level. The posting must be at least 15 square feet in size. A primary care provider who publishes and maintains a schedule of charges for medical services is exempt from the license fee requirements for a single period of renewal of a professional license under chapter 456 for that licensure term and is exempt from the continuing education requirements of chapter 456 and the rules implementing those requirements for a single 2-year period.

4. If a primary care provider publishes a schedule of charges pursuant to subparagraph 3., he or she must continually post it at all times for the duration of active licensure in this state when primary care services are provided to patients. If a primary care provider fails to post the schedule of charges in accordance with this subparagraph, the provider shall be required to pay any license fee and comply with any continuing education requirements for which an exemption was received.

5. A health care provider or a health care facility shall, upon request, furnish a person, before the provision of medical services, a reasonable estimate of charges for such services. The health care provider or the health care facility shall provide an uninsured person, before the provision of a planned nonemergency medical service, a reasonable estimate of charges for such service and information regarding the provider's or facility's discount or charity policies for which the uninsured person may be eligible. Such estimates by a primary care provider must be consistent with the schedule posted under subparagraph 3. Estimates shall, to the extent possible, be written in language comprehensible to an ordinary layperson. Such reasonable estimate does not preclude the health care provider or health care facility from exceeding the estimate or making additional charges based on changes in the patient's condition or treatment needs.

6. Each licensed facility*, except a facility operating exclusively as a state facility,* ~~not operated by the state~~ shall make available to the public on its ~~Internet~~ website or by other electronic means a description of and a *hyperlink* ~~link~~ to the *health information* ~~performance outcome and financial data~~ that is *disseminated* ~~published~~ by the agency pursuant to *s. 408.05(3)* ~~s. 408.05(3)(k)~~. The facility shall place a notice in the reception area that such information is available electronically and the website address. The licensed facility may indicate that the pricing information is based on a compilation of charges for the average patient and that each patient's *statement or* bill may vary from the average depending upon the severity of illness and individual resources consumed. The licensed facility may also indicate that the price of service is negotiable for eligible patients based upon the patient's ability to pay.

7. A patient has the right to receive a copy of an itemized *statement or* bill upon request. A patient has a right to be given an explanation of charges upon request.

Section 13. Paragraph (e) of subsection (2) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.—

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

(e) "Rural hospital" means an acute care hospital licensed under this chapter, having 100 or fewer licensed beds and an emergency room, which is:

1. The sole provider within a county with a population density of up to 100 persons per square mile;

2. An acute care hospital, in a county with a population density of up to 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other acute care hospital within the same county;

3. A hospital supported by a tax district or subdistrict whose boundaries encompass a population of up to 100 persons per square mile;

4. A hospital with a service area that has a population of up to 100 persons per square mile. As used in this subparagraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida Center for Health Information and *Transparency* ~~Policy Analysis~~ at the agency; or

5. A hospital designated as a critical access hospital, as defined in s. 408.07.

Population densities used in this paragraph must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2021, if the hospital continues to have up to 100 licensed beds and an emergency room. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this paragraph shall be granted such designation upon application, including supporting documentation, to the agency. A hospital that was licensed as a rural hospital during the 2010-2011 or 2011-2012 fiscal year shall continue to be a rural hospital from the date of designation through June 30, 2021, if the hospital continues to have up to 100 licensed beds and an emergency room.

Section 14. Section 395.6025, Florida Statutes, is amended to read:

395.6025 Rural hospital replacement facilities.—Notwithstanding ~~the provisions of~~ s. 408.036, a hospital defined as a statutory rural hospital in accordance with s. 395.602, or a not-for-profit operator of rural hospitals, is not required to obtain a certificate of need for the construction of a new hospital located in a county with a population of at least 15,000 but no more than 18,000 and a density of *fewer* ~~less~~ than 30 persons per square mile, or a replacement facility, provided that the replacement, or new, facility is located within 10 miles of the site of the currently licensed rural hospital and within the current primary service area. As used in this section, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida Center for Health Information and *Transparency* ~~Policy Analysis~~ at the Agency for Health Care Administration.

Section 15. Subsection (43) of section 408.07, Florida Statutes, is amended to read:

408.07 Definitions.—As used in this chapter, with the exception of ss. 408.031-408.045, the term:

(43) "Rural hospital" means an acute care hospital licensed under chapter 395, having 100 or fewer licensed beds and an emergency room, and which is:

(a) The sole provider within a county with a population density of no greater than 100 persons per square mile;

(b) An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from another acute care hospital within the same county;

(c) A hospital supported by a tax district or subdistrict whose boundaries encompass a population of 100 persons or fewer per square mile;

(d) A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this paragraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge

database in the Florida Center for Health Information and *Transparency* ~~Policy Analysis~~ at the Agency for Health Care Administration; or

(e) A critical access hospital.

Population densities used in this subsection must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2015, if the hospital continues to have 100 or fewer licensed beds and an emergency room. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this subsection shall be granted such designation upon application, including supporting documentation, to the Agency for Health Care Administration.

Section 16. Paragraph (a) of subsection (4) of section 408.18, Florida Statutes, is amended to read:

408.18 Health Care Community Antitrust Guidance Act; antitrust no-action letter; market-information collection and education.—

(4)(a) Members of the health care community who seek antitrust guidance may request a review of their proposed business activity by the Attorney General's office. In conducting its review, the Attorney General's office may seek whatever documentation, data, or other material it deems necessary from the Agency for Health Care Administration, the Florida Center for Health Information and *Transparency* ~~Policy Analysis~~, and the Office of Insurance Regulation of the Financial Services Commission.

Section 17. Section 465.0244, Florida Statutes, is amended to read:

465.0244 Information disclosure.—Every pharmacy shall make available on its ~~Internet~~ website a *hyperlink* ~~link~~ to the *health information* ~~performance outcome and financial data~~ that is *disseminated* ~~published~~ by the Agency for Health Care Administration pursuant to *s. 408.05(3)* ~~s. 408.05(3)(k)~~ and shall place in the area where customers receive filled prescriptions notice that such information is available electronically and the address of its Internet website.

Section 18. *This act is intended to promote health care price and quality transparency to enable consumers to make informed choices regarding health care treatment and improve competition in the health care market. Persons or entities required to submit, receive, or publish data under this act are acting pursuant to state requirements contained therein and are exempt from state antitrust laws.*

Section 19. This act shall take effect July 1, 2016.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to transparency in health care; amending s. 395.301, F.S.; requiring a facility licensed under ch. 395, F.S., to provide timely and accurate financial information and quality of service measures to certain individuals; providing an exemption; requiring a licensed facility to make available on its website certain information on payments made to that facility for defined bundles of services and procedures and other information for consumers and patients; requiring that facility websites provide specified information and notify and inform patients or prospective patients of certain information; requiring a facility to provide a written or electronic good faith estimate of charges to a patient or prospective patient within a certain timeframe; requiring a facility to provide information regarding financial assistance from the facility which may be available to a patient or a prospective patient; providing a penalty for failing to provide an estimate of charges to a patient; deleting a requirement that a licensed facility not operated by the state provide notice to a patient of his or her right to an itemized statement or bill within a certain timeframe; revising the information that must be included on a patient's statement or bill; requiring that certain records be made available through electronic means that comply with a specified law; reducing the amount of time afforded to facilities to respond to certain patient requests for information; requiring the facility to cooperate with the consumer advocate under certain circumstances; amending s. 395.107, F.S.; providing a definition; making technical changes; amending s. 408.05, F.S.; revising requirements for the collection and use of health-related data by the agency; requiring the agency to contract with a vendor to provide an Internet-based platform with certain attributes; requiring potential vendors to have certain qualifications; prohibiting the agency from establishing a certain database under certain circumstances; amending s. 408.061, F.S.; revising requirements for the submission of health care data to the agency; requiring submitted information considered a trade secret to be clearly designated; amending s. 456.0575, F.S.; requiring a health care practitioner to provide a patient upon his or her request a written or electronic good faith estimate of anticipated charges within a certain timeframe; setting a maximum amount for total fines assessed in certain disciplinary actions; requiring the practitioner to cooperate with the consumer advocate under certain circumstances; amending s. 627.0613, F.S.; providing that the consumer advocate has the power to assist certain uninsured patients in understanding certain bills for nonemergency medical services and advocate for favorable terms for payment; authorizing the consumer advocate to have access to files, records, and data of the agency and the department necessary for certain investigations; authorizing the consumer advocate to maintain a process to receive and investigate complaints from uninsured patients relating to certain billings and notice requirements by licensed health care facilities and practitioners; defining a term; authorizing the consumer advocate to negotiate between providers and consumers relating to certain matters; creating s. 627.6385, F.S.; requiring a health insurer to make available on its website certain methods that a policyholder can use to make estimates of certain costs and charges; providing that an estimate does not preclude an actual cost from exceeding the estimate; requiring a health insurer to make available on its website a hyperlink to certain health information; requiring a health insurer to include certain notice; requiring a health insurer that participates in the state group health insurance plan or Medicaid managed care to provide all claims data to a contracted vendor selected by the agency by a specified date; excluding from the contributed claims data certain types of coverage; amending s. 641.54, F.S.; revising a requirement that a health maintenance organization make certain information available to its subscribers; requiring a health maintenance organization that participates in the state group health insurance plan or Medicaid managed care to provide all claims data to a contracted vendor selected by the agency by a specified date; excluding from the contributed claims data certain types of coverage; amending s. 409.967, F.S.; requiring managed care plans to provide all claims data to a contracted vendor selected by the agency; amending s. 110.123, F.S.; requiring the Department of Management Services to provide certain data to the contracted vendor for the price transparency database established by the agency; requiring a contracted vendor for the state group health insurance plan to provide claims data to the vendor selected by the agency; amending ss. 20.42, 381.026, 395.602, 395.6025, 408.07, 408.18, and 465.0244, F.S.; conforming provisions to changes made by the act; providing legislative intent; providing an effective date.

Senator Sobel moved the following amendment to **Amendment 1 (206420)** which failed:

**Amendment 1A (456594) (with title amendment)**—Delete lines 396-400 and insert:
*to ensure compliance with state law, and*

And the title is amended as follows:

Delete lines 1375-1376 and insert: prohibiting the agency from

The question recurred on **Amendment 1 (206420)** which was adopted.

Pursuant to Rule 4.19, **CS for CS for HB 1175**, as amended, was placed on the calendar of Bills on Third Reading.

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**CS for SB 1638**—A bill to be entitled An act relating to postsecondary education for veterans; amending s. 1004.096, F.S.; specifying individuals who are eligible for college credit for college-level military training and education; amending s. 1007.27, F.S.; expanding the list of examinations for which the department is required to establish college credit equivalencies; amending s. 1009.26, F.S.; revising the residency requirement for certain tuition waivers for recipients of specified military decorations; conforming provisions; amending s. 1012.56, F.S.; providing that specified programs and test scores meet certain educator certification requirements; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 1638**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 1157** was withdrawn from the Committees on Higher Education; Appropriations Subcommittee on Education; and Appropriations.

On motion by Senator Lee—

**CS for HB 1157**—A bill to be entitled An act relating to postsecondary education for veterans; amending s. 1004.096, F.S.; directing the Department of Education to award certain postsecondary course credit to veterans; amending s. 1007.27, F.S.; directing the Department of Education to award postsecondary course credit for specified examinations and tests; amending s. 1009.26, F.S.; revising the residency requirement for certain tuition waivers for recipients of specified military decorations; conforming provisions; amending s. 1012.56, F.S.; providing that specified programs and test scores meet certain educator certification requirements; providing an effective date.

—a companion measure, was substituted for **CS for SB 1638** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 1157** was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 372**—A bill to be entitled An act relating to administrative procedures; amending s. 120.54, F.S.; providing procedures for agencies to follow when initiating rulemaking after certain public hearings; limiting reliance upon an unadopted rule in certain circumstances; amending s. 120.55, F.S.; providing for publication of notices of rule development and of rules filed for adoption; providing for additional notice of rule development, proposals, and adoptions in the Florida Administrative Register; requiring certain agencies to provide additional e-mail notifications concerning specified rulemaking and rule development activities; providing that failure to follow certain provisions does not constitute grounds to challenge validity of a rule; amending s. 120.56, F.S.; clarifying language regarding challenges to rules; specifying the petitioner's burden of proof in proposed rule challenges; amending s. 120.57, F.S.; conforming proceedings that oppose agency action based on an invalid or unadopted rule to proceedings used for challenging rules; authorizing the administrative law judge to make certain findings on the validity of certain alleged unadopted rules; authorizing a petitioner to file certain collateral challenges regarding the validity of a rule; authorizing the administrative law judge to consolidate proceedings in such rule challenges; providing that agency action may not be based on an invalid or unadopted rule; amending s. 120.68, F.S.; specifying legal authority to file a petition challenging an agency rule as an invalid exercise of delegated legislative authority; amending s. 120.695, F.S.; removing obsolete provisions with respect to required agency review and designation of minor violations; requiring agency review and certification of minor violation rules by a specified date; requiring minor violation certification for all rules adopted after a specified date; requiring public notice; providing applicability; amending s. 403.8141, F.S.; providing that administrative challenges to proposed regulatory permits related to special events are subject to certain summary hearing provisions; amending s. 120.595, F.S.; conforming a cross-reference; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 372**, pursuant to Rule 3.11(3), there being no objection, **CS for CS for CS for HB 183** was withdrawn from the Committees on Judiciary; Appropriations Subcommittee on General Government; and Appropriations.

On motion by Senator Lee—

**CS for CS for CS for HB 183**—A bill to be entitled An act relating to administrative procedures; amending s. 120.54, F.S.; providing procedures for agencies to follow when initiating rulemaking after certain public hearings; limiting reliance upon an unadopted rule in certain circumstances; amending s. 120.55, F.S.; providing for publication of notices of rule development and of rules filed for adoption; providing for additional notice of rule development, proposals, and adoptions in the Florida Administrative Register; requiring certain agencies to provide additional e-mail notifications concerning specified rulemaking and rule development activities; providing that failure to follow certain provisions does not constitute grounds to challenge validity of a rule; amending s. 120.56, F.S.; clarifying language; amending s. 120.57, F.S.; conforming proceedings that oppose agency action based on an invalid or unadopted rule to proceedings used for challenging rules; authorizing the administrative law judge to make certain findings on the validity of certain alleged unadopted rules; authorizing a petitioner to file certain collateral challenges regarding the validity of a rule; authorizing the administrative law judge to consolidate proceedings in such rule challenges; providing that agency action may not be based on an invalid or unadopted rule; amending s. 120.68, F.S.; specifying legal authority to file a petition challenging an agency rule as an invalid exercise of delegated legislative authority; amending s. 120.695, F.S.; removing obsolete provisions with respect to required agency review and designation of minor violations; requiring agency review and certification of minor violation rules by a specified date; requiring minor violation certification for all rules adopted after a specified date; requiring public notice; providing applicability; amending s. 403.8141, F.S.; requiring administrative challenges to proposed regulatory permits related to special events to follow certain summary hearing provisions; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 372** and read the second time by title.

Pursuant to Rule 4.19, **CS for CS for CS for HB 183** was placed on the calendar of Bills on Third Reading.

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By direction of the President, the Senate resumed consideration of—

**CS for CS for SB 212**—A bill to be entitled An act relating to health care; creating s. 381.4019, F.S.; establishing a joint local and state dental care access account initiative, subject to the availability of funding; authorizing the creation of dental care access accounts; specifying the purpose of the initiative; defining terms; providing criteria for the selection of dentists for participation in the initiative; providing for the establishment of accounts; requiring the Department of Health to implement an electronic benefit transfer system; providing for the use of funds deposited in the accounts; requiring the department to distribute state funds to accounts, subject to legislative appropriations; authorizing the department to accept contributions from a local source for deposit in a designated account; limiting the number of years that an account may remain open; providing for the immediate closing of accounts under certain circumstances; authorizing the department to transfer state funds remaining in a closed account at a specified time and to return unspent funds from local sources; requiring a dentist to repay funds in certain circumstances; authorizing the department to pursue disciplinary enforcement actions and to use other legal means to recover funds; requiring the department to establish by rule application procedures and a process to verify the use of funds withdrawn from a dental care access account; requiring the department to give priority to applications from dentists practicing in certain areas; requiring the Department of Economic Opportunity to rank dental health professional shortage areas and medically underserved areas; requiring the Department of Health to develop a marketing plan in cooperation with certain dental colleges and the Florida Dental Association; requiring the Department of Health to annually submit a report with certain information to the Governor and the Legislature; providing rulemaking authority to require the submission of information for such reporting; amending s. 395.002, F.S.; revising the definition of the term "ambulatory surgical center" or "mobile surgical facility"; amending s. 395.003, F.S.; requiring, as a condition of licensure and license renewal, that ambulatory surgical centers provide services to specified patients in at least a specified amount; requiring ambulatory surgical centers to report certain data; defining a term; requiring ambulatory surgical centers to comply with certain building and lifesafety codes in certain circumstances; creating s. 624.27, F.S.; defining terms; specifying that a direct primary care agreement does not constitute insurance and is not subject to ch. 636, F.S., relating to prepaid limited health service organizations and discount medical plan organizations, or any other

chapter of the Florida Insurance Code; specifying that entering into a direct primary care agreement does not constitute the business of insurance and is not subject to ch. 636, F.S., or any other chapter of the code; providing that certain certificates of authority and licenses are not required to market, sell, or offer to sell a direct primary care agreement; specifying requirements for a direct primary care agreement; providing a short title; amending s. 409.967, F.S.; requiring a managed care plan to establish a process by which a prescribing physician may request an override of certain restrictions in certain circumstances; providing the circumstances under which an override must be granted; defining the term "fail-first protocol"; creating s. 627.42392, F.S.; requiring an insurer to establish a process by which a prescribing physician may request an override of certain restrictions in certain circumstances; providing the circumstances under which an override must be granted; defining the term "fail-first protocol"; amending s. 641.31, F.S.; prohibiting a health maintenance organization from requiring that a health care provider use a clinical decision support system or a laboratory benefits management program in certain circumstances; defining terms; providing for construction; creating s. 641.394, F.S.; requiring a health maintenance organization to establish a process by which a prescribing physician may request an override of certain restrictions in certain circumstances; providing the circumstances under which an override must be granted; defining the term "fail-first protocol"; amending s. 766.1115, F.S.; revising the definitions of the terms "contract" and "health care provider"; deleting an obsolete date; extending sovereign immunity to employees or agents of a health care provider that executes a contract with a governmental contractor; clarifying that a receipt of specified notice must be acknowledged by a patient or the patient's representative at the initial visit; requiring the posting of notice that a specified health care provider is an agent of a governmental contractor; amending s. 768.28, F.S.; revising the definition of the term "officer, employee, or agent" to include employees or agents of a health care provider as it applies to immunity from personal liability in certain actions; providing effective dates.

—which was previously considered and amended this day.

Pending further consideration of **CS for CS for SB 212**, as amended, pursuant to Rule 3.11(3), there being no objection, **HB 85** was withdrawn from the Committees on Health Policy; Appropriations Subcommittee on Health and Human Services; and Appropriations.

On motion by Senator Gaetz, the rules were waived and—

**HB 85**—A bill to be entitled An act relating to recovery care services; amending s. 395.001, F.S.; providing legislative intent regarding recovery care centers; amending s. 395.002, F.S.; revising and providing definitions; amending s. 395.003, F.S.; including recovery care centers as facilities licensed under chapter 395, F.S.; creating s. 395.0171, F.S.; providing admission criteria for a recovery care center; requiring emergency care, transfer, and discharge protocols; authorizing the Agency for Health Care Administration to adopt rules; amending s. 395.1055, F.S.; authorizing the agency to establish separate standards for the care and treatment of patients in recovery care centers; amending s. 395.10973, F.S.; directing the agency to enforce special-occupancy provisions of the Florida Building Code applicable to recovery care centers; amending s. 395.301, F.S.; providing for format and content of a patient bill from a recovery care center; amending s. 408.802, F.S.; providing applicability of the Health Care Licensing Procedures Act to recovery care centers; amending s. 408.820, F.S.; exempting recovery care centers from specified minimum licensure requirements; amending ss. 394.4787 and 409.975, F.S.; conforming cross-references; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 212**, as amended, and read the second time by title.

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendment was allowed:

Senator Gaetz moved the following amendment:

**Amendment 1 (725590) (with title amendment)**—Delete everything after the enacting clause and insert:

Section 1. Section 381.4019, Florida Statutes, is created to read:

*381.4019 Dental care access accounts.—Subject to the availability of funds, the Legislature establishes a joint local and state dental care access account initiative and authorizes the creation of dental care access accounts to promote economic development by supporting qualified dentists who practice in dental health professional shortage areas or medically underserved areas or who treat a medically underserved population. The Legislature recognizes that maintaining good oral health is integral to overall health status and that the good health of residents of this state is an important contributing factor in economic development. Better health, including better oral health, enables workers to be more productive, reduces the burden of health care costs, and enables children to improve in cognitive development.*

*(1) As used in this section, the term:*

*(a) "Dental health professional shortage area" means a geographic area so designated by the Health Resources and Services Administration of the United States Department of Health and Human Services.*

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

*(c) "Medically underserved area" means a geographic area so designated by the Health Resources and Services Administration of the United States Department of Health and Human Services.*

*(d) "Public health program" means a county health department, the Children's Medical Services Network, a federally qualified community health center, a federally funded migrant health center, or other publicly funded or nonprofit health care program as designated by the department.*

*(2) The department shall develop and implement a dental care access account initiative to benefit dentists licensed to practice in this state who demonstrate, as required by the department by rule:*

*(a) Active employment by a public health program located in a dental health professional shortage area or a medically underserved area; or*

*(b) A commitment to opening a private practice in a dental health professional shortage area or a medically underserved area, as demonstrated by the dentist residing in the designated area, maintaining an active Medicaid provider agreement, enrolling in one or more Medicaid managed care plans, expending sufficient capital to make substantial progress in opening a dental practice that is capable of serving at least 1,200 patients, and obtaining financial support from the local community in which the dentist is practicing or intending to open a practice.*

*(3) The department shall establish dental care access accounts as individual benefit accounts for each dentist who satisfies the requirements of subsection (2) and is selected by the department for participation. The department shall implement an electronic benefit transfer system that enables each dentist to spend funds from his or her account for the purposes described in subsection (4).*

*(4) Funds contributed from state and local sources to a dental care access account may be used for one or more of the following purposes:*

*(a) Repayment of dental school student loans.*

*(b) Investment in property, facilities, or equipment necessary to establish and operate a dental office consisting of no fewer than two operatories.*

*(c) Payment of transitional expenses related to the relocation or opening of a dental practice which are specifically approved by the department.*

*(5) Subject to legislative appropriation, the department shall distribute state funds as an award to each dental care access account. An individual award must be in an amount not more than $100,000 and not less than $10,000, except that a state award may not exceed 3 times the amount contributed to an account in the same year from local sources. If a dentist qualifies for a dental care access account under paragraph (2)(a), the dentist's salary and associated employer expenditures constitute a local match and qualify the account for a state award if the salary and associated expenditures do not come from state funds. State*

*funds may not be included in a determination of the amount contributed to an account from local sources.*

*(6) The department may accept contributions of funds from a local source for deposit in the account of a dentist designated by the donor.*

*(7) The department shall close an account no later than 5 years after the first deposit of state or local funds into that account or immediately upon the occurrence of any of the following:*

*(a) Termination of the dentist's employment with a public health program, unless, within 30 days after such termination, the dentist opens a private practice in a dental health professional shortage area or medically underserved area.*

*(b) Termination of the dentist's practice in a designated dental health professional shortage area or medically underserved area.*

*(c) Termination of the dentist's participation in the Florida Medicaid program.*

*(d) Participation by the dentist in any fraudulent activity.*

*(8) Any state funds remaining in a closed account may be awarded and transferred to another account concurrent with the distribution of funds under the next legislative appropriation for the initiative. The department shall return to the donor on a pro rata basis unspent funds from local sources which remain in a closed account.*

*(9) If the department determines that a dentist has withdrawn account funds after the occurrence of an event specified in subsection (7), has used funds for purposes not authorized in subsection (4), or has not remained eligible for a dental care access account for a minimum of 2 years, the dentist shall repay the funds to his or her account. The department may recover the withdrawn funds through disciplinary enforcement actions and other methods authorized by law.*

*(10) The department shall establish by rule:*

*(a) Application procedures for dentists who wish to apply for a dental care access account. An applicant may demonstrate that he or she has expended sufficient capital to make substantial progress in opening a dental practice that is capable of serving at least 1,200 patients by documenting contracts for the purchase or lease of a practice location and providing executed obligations for the purchase or other acquisition of at least 30 percent of the value of equipment or supplies necessary to operate a dental practice. The department may limit the number of applicants selected and shall give priority to those applicants practicing in the areas receiving higher rankings pursuant to subsection (11). The department may establish additional criteria for selection which recognize an applicant's active engagement with and commitment to the community providing a local match.*

*(b) A process to verify that funds withdrawn from a dental care access account have been used solely for the purposes described in subsection (4).*

*(11) The Department of Economic Opportunity shall rank the dental health professional shortage areas and medically underserved areas of the state based on the extent to which limited access to dental care is impeding the areas' economic development, with a higher ranking indicating a greater impediment to development.*

*(12) The department shall develop a marketing plan for the dental care access account initiative in cooperation with the University of Florida College of Dentistry, the Nova Southeastern University College of Dental Medicine, the Lake Erie College of Osteopathic Medicine School of Dental Medicine, and the Florida Dental Association.*

*(13)(a) By January 1 of each year, beginning in 2018, the department shall issue a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives which must include:*

*1. The number of patients served by dentists receiving funding under this section.*

*2. The number of Medicaid recipients served by dentists receiving funding under this section.*

*3. The average number of hours worked and patients served in a week by dentists receiving funding under this section.*

*4. The number of dentists in each dental health professional shortage area or medically underserved area receiving funding under this section.*

*5. The amount and source of local matching funds received by the department.*

*6. The amount of state funds awarded to dentists under this section.*

*7. A complete accounting of the use of funds by categories identified by the department, including, but not limited to, loans, supplies, equipment, rental property payments, real property purchases, and salary and wages.*

*(b) The department shall adopt rules to require dentists to report information to the department which is necessary for the department to fulfill its reporting requirement under this subsection.*

Section 2. Subsection (3) of section 395.002, Florida Statutes, is amended to read:

395.002 Definitions.—As used in this chapter:

(3) "Ambulatory surgical center" or "mobile surgical facility" means a facility the primary purpose of which is to provide elective surgical care, in which the patient is admitted to and discharged from such facility within *24 hours* ~~the same working day and is not permitted to stay overnight~~, and which is not part of a hospital. However, a facility existing for the primary purpose of performing terminations of pregnancy, an office maintained by a physician for the practice of medicine, or an office maintained for the practice of dentistry shall not be construed to be an ambulatory surgical center, provided that any facility or office which is certified or seeks certification as a Medicare ambulatory surgical center shall be licensed as an ambulatory surgical center pursuant to s. 395.003. Any structure or vehicle in which a physician maintains an office and practices surgery, and which can appear to the public to be a mobile office because the structure or vehicle operates at more than one address, shall be construed to be a mobile surgical facility.

Section 3. Present subsections (6) through (10) of section 395.003, Florida Statutes, are redesignated as subsections (7) through (11), respectively, a new subsection (6) is added to that section, and present subsections (9) and (10) of that section are amended, to read:

395.003 Licensure; denial, suspension, and revocation.—

*(6) An ambulatory surgical center, as a condition of initial licensure and license renewal, must provide services to Medicare patients, Medicaid patients, and patients who qualify for charity care in an amount equal to or greater than the applicable district average among licensed providers of similar services. Ambulatory surgical centers shall report the same financial, patient, postoperative surgical infection, and other data pursuant to s. 408.061 as reported by hospitals to the Agency for Health Care Administration or otherwise published by the agency. For the purposes of this subsection, "charity care" means uncompensated care delivered to uninsured patients with incomes at or below 200 percent of the federal poverty level when such services are preauthorized by the licensee and not subject to collection procedures. An ambulatory surgical center that keeps patients later than midnight on the day of the procedure must comply with the same building codes and lifesafety codes as a hospital.*

*(10)*~~(9)~~ A hospital licensed as of June 1, 2004, shall be exempt from *subsection (9)* ~~subsection (8)~~ as long as the hospital maintains the same ownership, facility street address, and range of services that were in existence on June 1, 2004. Any transfer of beds, or other agreements that result in the establishment of a hospital or hospital services within the intent of this section, shall be subject to *subsection (9)* ~~subsection (8)~~. Unless the hospital is otherwise exempt under *subsection (9)* ~~subsection (8)~~, the agency shall deny or revoke the license of a hospital that violates any of the criteria set forth in that subsection.

*(11)*~~(10)~~ The agency may adopt rules implementing the licensure requirements set forth in *subsection (9)* ~~subsection (8)~~. Within 14 days after rendering its decision on a license application or revocation, the agency shall publish its proposed decision in the Florida Administrative Register. Within 21 days after publication of the agency's decision, any authorized person may file a request for an administrative hearing. In administrative proceedings challenging the approval, denial, or revocation of a license pursuant to *subsection (9)* ~~subsection (8)~~, the hearing must be based on the facts and law existing at the time of the agency's proposed agency action. Existing hospitals may initiate or intervene in an administrative hearing to approve, deny, or revoke licensure under *subsection (9)* ~~subsection (8)~~ based upon a showing that an established program will be substantially affected by the issuance or renewal of a license to a hospital within the same district or service area.

Section 4. Section 624.27, Florida Statutes, is created to read:

*624.27 Application of code as to direct primary care agreements.—*

*(1) As used in this section, the term:*

*(a) "Direct primary care agreement" means a contract between a primary care provider and a patient, the patient's legal representative, or an employer which meets the requirements specified under subsection (4) and does not indemnify for services provided by a third party.*

*(b) "Primary care provider" means a health care practitioner licensed under chapter 458, chapter 459, chapter 460, or chapter 464, or a primary care group practice that provides medical services to patients which are commonly provided without referral from another health care provider.*

*(c) "Primary care service" means the screening, assessment, diagnosis, and treatment of a patient for the purpose of promoting health or detecting and managing disease or injury within the competency and training of the primary care provider.*

*(2) A direct primary care agreement does not constitute insurance and is not subject to chapter 636 or any other chapter of the Florida Insurance Code. The act of entering into a direct primary care agreement does not constitute the business of insurance and is not subject to chapter 636 or any other chapter of the Florida Insurance Code.*

*(3) A primary care provider or an agent of a primary care provider is not required to obtain a certificate of authority or license under chapter 636 or any other chapter of the Florida Insurance Code to market, sell, or offer to sell a direct primary care agreement.*

*(4) For purposes of this section, a direct primary care agreement must:*

*(a) Be in writing.*

*(b) Be signed by the primary care provider or an agent of the primary care provider and the patient, the patient's legal representative, or an employer.*

*(c) Allow a party to terminate the agreement by giving the other party at least 30 days' advance written notice. The agreement may provide for immediate termination due to a violation of the physician-patient relationship or a breach of the terms of the agreement.*

*(d) Describe the scope of primary care services that are covered by the monthly fee.*

*(e) Specify the monthly fee and any fees for primary care services not covered by the monthly fee.*

*(f) Specify the duration of the agreement and any automatic renewal provisions.*

*(g) Offer a refund to the patient of monthly fees paid in advance if the primary care provider ceases to offer primary care services for any reason.*

*(h) Contain in contrasting color and in not less than 12-point type the following statements on the same page as the applicant's signature:*

*1. The agreement is not health insurance and the primary care provider will not file any claims against the patient's health insurance policy or plan for reimbursement of any primary care services covered by the agreement.*

*2. The agreement does not qualify as minimum essential coverage to satisfy the individual shared responsibility provision of the Patient Protection and Affordable Care Act, 26 U.S.C. s. 5000A.*

Section 5. *The sections created and amendments made by this act to ss. 409.967, 627.42392, 641.31, and 641.394, Florida Statutes, may be known as the "Right Medicine Right Time Act."*

Section 6. Effective January 1, 2017, paragraph (c) of subsection (2) of section 409.967, Florida Statutes, is amended to read:

409.967 Managed care plan accountability.—

(2) The agency shall establish such contract requirements as are necessary for the operation of the statewide managed care program. In addition to any other provisions the agency may deem necessary, the contract must require:

(c) Access.—

1. The agency shall establish specific standards for the number, type, and regional distribution of providers in managed care plan networks to ensure access to care for both adults and children. Each plan must maintain a regionwide network of providers in sufficient numbers to meet the access standards for specific medical services for all recipients enrolled in the plan. The exclusive use of mail-order pharmacies may not be sufficient to meet network access standards. Consistent with the standards established by the agency, provider networks may include providers located outside the region. A plan may contract with a new hospital facility before the date the hospital becomes operational if the hospital has commenced construction, will be licensed and operational by January 1, 2013, and a final order has issued in any civil or administrative challenge. Each plan shall establish and maintain an accurate and complete electronic database of contracted providers, including information about licensure or registration, locations and hours of operation, specialty credentials and other certifications, specific performance indicators, and such other information as the agency deems necessary. The database must be available online to both the agency and the public and have the capability to compare the availability of providers to network adequacy standards and to accept and display feedback from each provider's patients. Each plan shall submit quarterly reports to the agency identifying the number of enrollees assigned to each primary care provider.

2.*a.* Each managed care plan must publish any prescribed drug formulary or preferred drug list on the plan's website in a manner that is accessible to and searchable by enrollees and providers. The plan must update the list within 24 hours after making a change. Each plan must ensure that the prior authorization process for prescribed drugs is readily accessible to health care providers, including posting appropriate contact information on its website and providing timely responses to providers. For Medicaid recipients diagnosed with hemophilia who have been prescribed anti-hemophilic-factor replacement products, the agency shall provide for those products and hemophilia overlay services through the agency's hemophilia disease management program.

*b. If a managed care plan restricts the use of prescribed drugs through a fail-first protocol, it must establish a clear and convenient process that a prescribing physician may use to request an override of the restriction from the managed care plan. The managed care plan shall grant an override of the protocol within 24 hours if:*

*(I) Based on sound clinical evidence, the prescribing provider concludes that the preferred treatment required under the fail-first protocol has been ineffective in the treatment of the enrollee's disease or medical condition; or*

*(II) Based on sound clinical evidence or medical and scientific evidence, the prescribing provider believes that the preferred treatment required under the fail-first protocol:*

*(A) Is likely to be ineffective given the known relevant physical or mental characteristics and medical history of the enrollee and the known characteristics of the drug regimen; or*

*(B) Will cause or is likely to cause an adverse reaction or other physical harm to the enrollee.*

*If the prescribing provider follows the fail-first protocol recommended by the managed care plan for an enrollee, the duration of treatment under the fail-first protocol may not exceed a period deemed appropriate by the prescribing provider. Following such period, if the prescribing provider deems the treatment provided under the protocol clinically ineffective, the enrollee is entitled to receive the course of therapy that the prescribing provider recommends, and the provider is not required to seek approval of an override of the fail-first protocol. As used in this subparagraph, the term "fail-first protocol" means a prescription practice that begins medication for a medical condition with the most cost-effective drug therapy and progresses to other more costly or risky therapies only if necessary.*

3. Managed care plans, and their fiscal agents or intermediaries, must accept prior authorization requests for any service electronically.

4. Managed care plans serving children in the care and custody of the Department of Children and Families *shall* ~~must~~ maintain complete medical, dental, and behavioral health encounter information and participate in making such information available to the department or the applicable contracted community-based care lead agency for use in providing comprehensive and coordinated case management. The agency and the department shall establish an interagency agreement to provide guidance for the format, confidentiality, recipient, scope, and method of information to be made available and the deadlines for submission of the data. The scope of information available to the department *are* ~~shall be~~ the data that managed care plans are required to submit to the agency. The agency shall determine the plan's compliance with standards for access to medical, dental, and behavioral health services; the use of medications; and followup on all medically necessary services recommended as a result of early and periodic screening, diagnosis, and treatment.

Section 7. Effective January 1, 2017, section 627.42392, Florida Statutes, is created to read:

*627.42392 Fail-first protocols.—If an insurer restricts the use of prescribed drugs through a fail-first protocol, it must establish a clear and convenient process that a prescribing physician may use to request an override of the restriction from the insurer. The insurer shall grant an override of the protocol within 24 hours if:*

*(1) Based on sound clinical evidence, the prescribing provider concludes that the preferred treatment required under the fail-first protocol has been ineffective in the treatment of the insured's disease or medical condition; or*

*(2) Based on sound clinical evidence or medical and scientific evidence, the prescribing provider believes that the preferred treatment required under the fail-first protocol:*

*(a) Is likely to be ineffective given the known relevant physical or mental characteristics and medical history of the insured and the known characteristics of the drug regimen; or*

*(b) Will cause or is likely to cause an adverse reaction or other physical harm to the insured.*

*If the prescribing provider follows the fail-first protocol recommended by the insurer for an insured, the duration of treatment under the fail-first protocol may not exceed a period deemed appropriate by the prescribing provider. Following such period, if the prescribing provider deems the treatment provided under the protocol clinically ineffective, the insured is entitled to receive the course of therapy that the prescribing provider recommends, and the provider is not required to seek approval of an override of the fail-first protocol. As used in this section, the term "fail-first protocol" means a prescription practice that begins medication for a medical condition with the most cost-effective drug therapy and progresses to other more costly or risky therapies only if necessary.*

Section 8. Effective January 1, 2017, subsection (44) is added to section 641.31, Florida Statutes, to read:

641.31 Health maintenance contracts.—

*(44) A health maintenance organization may not require a health care provider, by contract with another health care provider, a patient, or another individual or entity, to use a clinical decision support system or a laboratory benefits management program before the provider may order clinical laboratory services or in an attempt to direct or limit the provider's medical decisionmaking relating to the use of such services. This subsection may not be construed to prohibit any prior authorization requirements that the health maintenance organization may have regarding the provision of clinical laboratory services. As used in this subsection, the term:*

*(a) "Clinical decision support system" means software designed to direct or assist clinical decisionmaking by matching the characteristics of an individual patient to a computerized clinical knowledge base and providing patient-specific assessments or recommendations based on the match.*

*(b) "Clinical laboratory services" means the examination of fluids or other materials taken from the human body, which examination is ordered by a health care provider for use in the diagnosis, prevention, or treatment of a disease or in the identification or assessment of a medical or physical condition.*

*(c) "Laboratory benefits management program" means a health maintenance organization protocol that dictates or limits health care provider decisionmaking relating to the use of clinical laboratory services.*

Section 9. Effective January 1, 2017, section 641.394, Florida Statutes, is created to read:

*641.394 Fail-first protocols.—If a health maintenance organization restricts the use of prescribed drugs through a fail-first protocol, it must establish a clear and convenient process that a prescribing physician may use to request an override of the restriction from the health maintenance organization. The health maintenance organization shall grant an override of the protocol within 24 hours if:*

*(1) Based on sound clinical evidence, the prescribing provider concludes that the preferred treatment required under the fail-first protocol has been ineffective in the treatment of the subscriber's disease or medical condition; or*

*(2) Based on sound clinical evidence or medical and scientific evidence, the prescribing provider believes that the preferred treatment required under the fail-first protocol:*

*(a) Is likely to be ineffective given the known relevant physical or mental characteristics and medical history of the subscriber and the known characteristics of the drug regimen; or*

*(b) Will cause or is likely to cause an adverse reaction or other physical harm to the subscriber.*

*If the prescribing provider follows the fail-first protocol recommended by the health maintenance organization for a subscriber, the duration of treatment under the fail-first protocol may not exceed a period deemed appropriate by the prescribing provider. Following such period, if the prescribing provider deems the treatment provided under the protocol clinically ineffective, the subscriber is entitled to receive the course of therapy that the prescribing provider recommends, and the provider is not required to seek approval of an override of the fail-first protocol. As used in this section, the term "fail-first protocol" means a prescription practice that begins medication for a medical condition with the most cost-effective drug therapy and progresses to other more costly or risky therapies only if necessary.*

Section 10. Paragraphs (a) and (d) of subsection (3) and subsections (4) and (5) of section 766.1115, Florida Statutes, are amended to read:

766.1115 Health care providers; creation of agency relationship with governmental contractors.—

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

(a) "Contract" means an agreement executed in compliance with this section between a health care provider and a governmental contractor *for volunteer, uncompensated services* which allows the health care provider to deliver health care services to low-income recipients as an agent of the governmental contractor. ~~The contract must be for volunteer, uncompensated services, except as provided in paragraph (4)(g).~~ For services to qualify as volunteer, uncompensated services under this section, the health care provider*, or any employee or agent of the health care provider,* must receive no compensation from the governmental contractor for any services provided under the contract and must not bill or accept compensation from the recipient, or a public or private third-party payor, for the specific services provided to the low-income recipients covered by the contract*, except as provided in paragraph (4)(g). A free clinic as described in subparagraph (d)14. may receive a legislative appropriation, a grant through a legislative appropriation, or a grant from a governmental entity or nonprofit corporation to support the delivery of contracted services by volunteer health care providers, including the employment of health care providers to supplement, coordinate, or support the delivery of such services. The appropriation or grant for the free clinic does not constitute compensation under this paragraph from the governmental contractor for services provided under the contract, nor does receipt or use of the appropriation or grant constitute the acceptance of compensation under this paragraph for the specific services provided to the low-income recipients covered by the contract*.

(d) "Health care provider" or "provider" means:

1. A birth center licensed under chapter 383.

2. An ambulatory surgical center licensed under chapter 395.

3. A hospital licensed under chapter 395.

4. A physician or physician assistant licensed under chapter 458.

5. An osteopathic physician or osteopathic physician assistant licensed under chapter 459.

6. A chiropractic physician licensed under chapter 460.

7. A podiatric physician licensed under chapter 461.

8. A registered nurse, nurse midwife, licensed practical nurse, or advanced registered nurse practitioner licensed or registered under part I of chapter 464 or any facility which employs nurses licensed or registered under part I of chapter 464 to supply all or part of the care delivered under this section.

9. A midwife licensed under chapter 467.

10. A health maintenance organization certificated under part I of chapter 641.

11. A health care professional association ~~and its employees~~ or a corporate medical group ~~and its employees~~.

12. Any other medical facility the primary purpose of which is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes an office maintained by a provider.

13. A dentist or dental hygienist licensed under chapter 466.

14. A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients.

*15. A pharmacy or pharmacist licensed under chapter 465.*

*16.*~~15.~~ Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as any one of the professionals listed in subparagraphs 4.-9.

The term includes any nonprofit corporation qualified as exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c) of the Internal Revenue Code, which delivers health care services provided by licensed professionals listed in this paragraph, any federally funded community health center, and any volunteer corporation or volunteer health care provider that delivers health care services.

(4) CONTRACT REQUIREMENTS.—A health care provider that executes a contract with a governmental contractor to deliver health care services ~~on or after April 17, 1992,~~ as an agent of the governmental contractor*, or any employee or agent of such health care provider,* is an agent for purposes of s. 768.28(9), while acting within the scope of duties under the contract, if the contract complies with the requirements of this section and regardless of whether the individual treated is later found to be ineligible. A health care provider*, or any employee or agent of such health care provider,* shall continue to be an agent for purposes of s. 768.28(9) for 30 days after a determination of ineligibility to allow for treatment until the individual transitions to treatment by another health care provider. A health care provider*, or any employee or agent of such health care provider,* under contract with the state may not be named as a defendant in any action arising out of medical care or treatment ~~provided on or after April 17, 1992,~~ under contracts entered into under this section. The contract must provide that:

(a) The right of dismissal or termination of any health care provider delivering services under the contract is retained by the governmental contractor.

(b) The governmental contractor has access to the patient records of any health care provider delivering services under the contract.

(c) Adverse incidents and information on treatment outcomes must be reported by any health care provider to the governmental contractor if the incidents and information pertain to a patient treated under the contract. The health care provider shall submit the reports required by s. 395.0197. If an incident involves a professional licensed by the Department of Health or a facility licensed by the Agency for Health Care Administration, the governmental contractor shall submit such incident reports to the appropriate department or agency, which shall review each incident and determine whether it involves conduct by the licensee that is subject to disciplinary action. All patient medical records and any identifying information contained in adverse incident reports and treatment outcomes which are obtained by governmental entities under this paragraph are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(d) Patient selection and initial referral must be made by the governmental contractor or the provider. Patients may not be transferred to the provider based on a violation of the antidumping provisions of the Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget Reconciliation Act of 1990, or chapter 395.

(e) If emergency care is required, the patient need not be referred before receiving treatment, but must be referred within 48 hours after treatment is commenced or within 48 hours after the patient has the mental capacity to consent to treatment, whichever occurs later.

(f) The provider is subject to supervision and regular inspection by the governmental contractor.

(g) ~~As an agent of the governmental contractor for purposes of s. 768.28(9), while acting within the scope of duties under the contract,~~ A health care provider licensed under chapter 466*, as an agent of the governmental contractor for purposes of s. 768.28(9),* may allow a patient, or a parent or guardian of the patient, to voluntarily contribute a monetary amount to cover costs of dental laboratory work related to the services provided to the patient *within the scope of duties under the*

*contract*. This contribution may not exceed the actual cost of the dental laboratory charges.

A governmental contractor that is also a health care provider is not required to enter into a contract under this section with respect to the health care services delivered by its employees.

(5) NOTICE OF AGENCY RELATIONSHIP.—The governmental contractor must provide written notice to each patient, or the patient's legal representative, receipt of which must be acknowledged in writing *at the initial visit*, that the provider is an agent of the governmental contractor and that the exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to ~~the provisions of~~ s. 768.28. *Thereafter, or* with respect to any federally funded community health center, the notice requirements may be met by posting in a place conspicuous to all persons a notice that the *health care provider, or* federally funded community health center, is an agent of the governmental contractor and that the exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to ~~the provisions of~~ s. 768.28.

Section 11. Paragraphs (a) and (b) of subsection (9) of section 768.28, Florida Statutes, are amended to read:

768.28 Waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.—

(9)(a) *An* ~~No~~ officer, employee, or agent of the state or of any of its subdivisions *may not* ~~shall~~ be held personally liable in tort or named as a party defendant in any action for any injury or damage suffered as a result of any act, event, or omission of action in the scope of her or his employment or function, unless such officer, employee, or agent acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property. However, such officer, employee, or agent shall be considered an adverse witness in a tort action for any injury or damage suffered as a result of any act, event, or omission of action in the scope of her or his employment or function. The exclusive remedy for injury or damage suffered as a result of an act, event, or omission of an officer, employee, or agent of the state or any of its subdivisions or constitutional officers *is* ~~shall be~~ by action against the governmental entity, or the head of such entity in her or his official capacity, or the constitutional officer of which the officer, employee, or agent is an employee, unless such act or omission was committed in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property. The state or its subdivisions *are* ~~shall~~ not ~~be~~ liable in tort for the acts or omissions of an officer, employee, or agent committed while acting outside the course and scope of her or his employment or committed in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property.

(b) As used in this subsection, the term:

1. "Employee" includes any volunteer firefighter.

2. "Officer, employee, or agent" includes, but is not limited to, any health care provider*, and its employees or agents,* when providing services pursuant to s. 766.1115; any nonprofit independent college or university located and chartered in this state which owns or operates an accredited medical school, and its employees or agents, when providing patient services pursuant to paragraph (10)(f); and any public defender or her or his employee or agent, including~~, among others,~~ an assistant public defender *or* ~~and~~ an investigator.

Section 12. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2016.

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 care; creating s. 381.4019, F.S.; establishing a joint local and state dental care access account initiative, subject to the availability of funding; authorizing the creation of dental care access accounts; specifying the purpose of the initiative; defining terms; providing criteria for the selection of dentists for participation in the initiative; providing for the establishment of accounts; requiring the Department of Health to implement an electronic benefit transfer system; providing for the use of funds deposited in the accounts; requiring the department to distribute state funds to accounts, subject to legislative appropriations; authorizing the department to accept contributions from a local source for deposit in a designated account; limiting the number of years that an account may remain open; providing for the immediate closing of accounts under certain circumstances; authorizing the department to transfer state funds remaining in a closed account at a specified time and to return unspent funds from local sources; requiring a dentist to repay funds in certain circumstances; authorizing the department to pursue disciplinary enforcement actions and to use other legal means to recover funds; requiring the department to establish by rule application procedures and a process to verify the use of funds withdrawn from a dental care access account; requiring the department to give priority to applications from dentists practicing in certain areas; requiring the Department of Economic Opportunity to rank dental health professional shortage areas and medically underserved areas; requiring the Department of Health to develop a marketing plan in cooperation with certain dental colleges and the Florida Dental Association; requiring the Department of Health to annually submit a report with certain information to the Governor and the Legislature; providing rulemaking authority to require the submission of information for such reporting; amending s. 395.002, F.S.; revising the definition of the term "ambulatory surgical center" or "mobile surgical facility"; amending s. 395.003, F.S.; requiring, as a condition of licensure and license renewal, that ambulatory surgical centers provide services to specified patients in at least a specified amount; requiring ambulatory surgical centers to report certain data; defining a term; requiring ambulatory surgical centers to comply with certain building and lifesafety codes in certain circumstances; creating s. 624.27, F.S.; defining terms; specifying that a direct primary care agreement does not constitute insurance and is not subject to ch. 636, F.S., relating to prepaid limited health service organizations and discount medical plan organizations, or any other chapter of the Florida Insurance Code; specifying that entering into a direct primary care agreement does not constitute the business of insurance and is not subject to ch. 636, F.S., or any other chapter of the code; providing that certain certificates of authority and licenses are not required to market, sell, or offer to sell a direct primary care agreement; specifying requirements for a direct primary care agreement; providing a short title; amending s. 409.967, F.S.; requiring a managed care plan to establish a process by which a prescribing physician may request an override of certain restrictions in certain circumstances; providing the circumstances under which an override must be granted; defining the term "fail-first protocol"; creating s. 627.42392, F.S.; requiring an insurer to establish a process by which a prescribing physician may request an override of certain restrictions in certain circumstances; providing the circumstances under which an override must be granted; defining the term "fail-first protocol"; amending s. 641.31, F.S.; prohibiting a health maintenance organization from requiring that a health care provider use a clinical decision support system or a laboratory benefits management program in certain circumstances; defining terms; providing for construction; creating s. 641.394, F.S.; requiring a health maintenance organization to establish a process by which a prescribing physician may request an override of certain restrictions in certain circumstances; providing the circumstances under which an override must be granted; defining the term "fail-first protocol"; amending s. 766.1115, F.S.; revising the definitions of the terms "contract" and "health care provider"; deleting an obsolete date; extending sovereign immunity to employees or agents of a health care provider that executes a contract with a governmental contractor; clarifying that a receipt of specified notice must be acknowledged by a patient or the patient's representative at the initial visit; requiring the posting of notice that a specified health care provider is an agent of a governmental contractor; amending s. 768.28, F.S.; revising the definition of the term "officer, employee, or agent" to include employees or agents of a health care provider as it applies to immunity from personal liability in certain actions; providing effective dates.

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendment was allowed:

Senator Garcia moved the following amendment to **Amendment 1 (725590)** which was adopted:

**Amendment 1A (230430) (with title amendment)**—Between lines 240 and 241 insert:

Section 4. Present subsections (1) through (10) of section 395.0191, Florida Statutes, are redesignated as subsections (2) through (11), respectively, a new subsection (1) and subsection (12) are added to that section, and present subsection (6) of that section is amended, to read:

395.0191 Staff membership and clinical privileges.—

*(1) As used in this section, the term:*

*(a) "Certified surgical assistant" means a surgical assistant who maintains a valid and active certification under one of the following designations: certified surgical first assistant, from the National Board of Surgical Technology and Surgical Assisting; certified surgical assistant, from the National Surgical Assistant Association; or surgical assistant-certified, from the American Board of Surgical Assistants.*

*(b) "Certified surgical technologist" means a surgical technologist who maintains a valid and active certification as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting.*

*(c) "Surgeon" means a health care practitioner as defined in s. 456.001 whose scope of practice includes performing surgery and who is listed as the primary surgeon in the operative record.*

*(d) "Surgical assistant" means a person who provides aid in exposure, hemostasis, closures, and other intraoperative technical functions and who assists the surgeon in performing a safe operation with optimal results for the patient.*

*(e) "Surgical technologist" means a person whose duties include, but are not limited to, maintaining sterility during a surgical procedure, handling and ensuring the availability of necessary equipment and supplies, and maintaining visibility of the operative site to ensure that the operating room environment is safe, that proper equipment is available, and that the operative procedure is conducted efficiently.*

*(7)*~~(6)~~ Upon the written request of the applicant, any licensed facility that has denied staff membership or clinical privileges to any applicant specified in ~~subsection (1) or~~ subsection (2) *or subsection (3)* shall, within 30 days of such request, provide the applicant with the reasons for such denial in writing. A denial of staff membership or clinical privileges to any applicant shall be submitted, in writing, to the applicant's respective licensing board.

*(12) At least 50 percent of the surgical assistants and 50 percent of the surgical technologists that a licensed facility employs or with whom it contracts must be certified surgical assistants and certified surgical technologists, respectively. The requirements of this subsection do not apply to the following:*

*(a) A person who has completed an appropriate training program for surgical technology in any branch of the Armed Forces or reserve component of the Armed Forces.*

*(b) A person who was employed or contracted to perform the duties of a surgical technologist or surgical assistant at any time before July 1, 2016.*

*(c) A health care practitioner as defined in s. 456.001 or a student if the duties performed by the practitioner or the student are within the scope of the practitioner's or the student's training and practice.*

*(d) A person enrolled in a surgical technology or surgical assisting training program accredited by the Commission on Accreditation of Allied Health Education Programs, the Accrediting Bureau of Health Education Schools, or another accrediting body recognized by the United States Department of Education on July 1, 2016. A person may practice as a surgical technologist or a surgical assistant for 2 years after completion of such a training program before he or she is required to obtain a certification under this subsection.*

And the title is amended as follows:

Delete line 773 and insert: circumstances; amending s. 395.0191, F.S.; defining terms; conforming cross-references; requiring a certain percentage of surgical assistants and surgical technologists employed or contracting with a hospital to be certified; providing exceptions to the certification requirement; creating s. 624.27, F.S.; defining

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendment was allowed:

Senator Simmons moved the following amendment to **Amendment 1 (725590)** which was adopted:

**Amendment 1B (275292)**—Delete lines 571-572 and insert:

15. Any other health care professional, practitioner,

Pursuant to Rule 7.1(1), there being no objection, consideration of the following late-filed amendment was allowed:

Senator Hays moved the following amendment to **Amendment 1 (725590)**:

**Amendment 1C (861542) (with title amendment)**—Delete lines 442-469 and insert:

Section 8. Effective January 1, 2018, section 627.42393, Florida Statutes, is created to read:

*627.42393 Continuity of care for medically stable patients.—*

*(1) As used in this section, the term:*

*(a) "Complex or chronic medical condition" means a physical, behavioral, or developmental condition that does not have a known cure or that can be severely debilitating or fatal if left untreated or undertreated.*

*(b) "Rare disease" has the same meaning as in 42 U.S.C. s. 287a-1(c).*

*(2) A pharmacy benefits manager or an individual or a group insurance policy that is delivered, issued for delivery, renewed, amended, or continued in this state and that provides medical, major medical, or similar comprehensive coverage must continue to cover a drug for an insured with a complex or chronic medical condition or a rare disease if:*

*(a) The drug was previously covered by the insurer for a medical condition or disease of the insured; and*

*(b) The prescribing provider continues to prescribe the drug for the medical condition or disease, the drug is appropriately prescribed, and neither of the following has occurred:*

*1. The United States Food and Drug Administration has issued a notice, a guidance, a warning, an announcement, or any other statement about the drug which calls into question the clinical safety of the drug; or*

*2. The manufacturer of the drug has notified the United States Food and Drug Administration of any manufacturing discontinuance or potential discontinuance as required by s. 506C of the Federal Food Drug and Cosmetic Act, 21 U.S.C. s. 356c.*

*(3) With respect to a drug for an insured with a complex or chronic medical condition or a rare disease which meets the conditions of paragraphs (2)(a) and (b), except during open enrollment periods, a pharmacy benefits manager or an individual or a group insurance policy may not:*

*(a) Set forth, by contract, limitations on maximum coverage of prescription drug benefits;*

*(b) Subject the insured to increased out-of-pocket costs; or*

*(c) Move a drug for an insured to a more restrictive tier, if an individual or a group insurance policy or a pharmacy benefits manager uses a formulary with tiers.*

*(4) This section does not apply to a grandfathered health plan as defined in s. 627.402, or to benefits set forth in s. 627.6561(5)(b)-(e).*

Section 9. Effective January 1, 2018, paragraph (e) of subsection (5) of section 627.6699, Florida Statutes, is amended to read:

627.6699 Employee Health Care Access Act.—

(5) AVAILABILITY OF COVERAGE.—

(e) All health benefit plans issued under this section must comply with the following conditions:

1. For employers who have fewer than two employees, a late enrollee may be excluded from coverage for no longer than 24 months if he or she was not covered by creditable coverage continually to a date not more than 63 days before the effective date of his or her new coverage.

2. Any requirement used by a small employer carrier in determining whether to provide coverage to a small employer group, including requirements for minimum participation of eligible employees and minimum employer contributions, must be applied uniformly among all small employer groups having the same number of eligible employees applying for coverage or receiving coverage from the small employer carrier, except that a small employer carrier that participates in, administers, or issues health benefits pursuant to s. 381.0406 which do not include a preexisting condition exclusion may require as a condition of offering such benefits that the employer has had no health insurance coverage for its employees for a period of at least 6 months. A small employer carrier may vary application of minimum participation requirements and minimum employer contribution requirements only by the size of the small employer group.

3. In applying minimum participation requirements with respect to a small employer, a small employer carrier shall not consider as an eligible employee employees or dependents who have qualifying existing coverage in an employer-based group insurance plan or an ERISA qualified self-insurance plan in determining whether the applicable percentage of participation is met. However, a small employer carrier may count eligible employees and dependents who have coverage under another health plan that is sponsored by that employer.

4. A small employer carrier shall not increase any requirement for minimum employee participation or any requirement for minimum employer contribution applicable to a small employer at any time after the small employer has been accepted for coverage, unless the employer size has changed, in which case the small employer carrier may apply the requirements that are applicable to the new group size.

5. If a small employer carrier offers coverage to a small employer, it must offer coverage to all the small employer's eligible employees and their dependents. A small employer carrier may not offer coverage limited to certain persons in a group or to part of a group, except with respect to late enrollees.

6. A small employer carrier may not modify any health benefit plan issued to a small employer with respect to a small employer or any eligible employee or dependent through riders, endorsements, or otherwise to restrict or exclude coverage for certain diseases or medical conditions otherwise covered by the health benefit plan.

7. An initial enrollment period of at least 30 days must be provided. An annual 30-day open enrollment period must be offered to each small employer's eligible employees and their dependents. A small employer carrier must provide special enrollment periods as required by s. 627.65615.

*8. A small employer carrier must provide continuity of care for medically stable patients as required by s. 627.42393.*

Section 10. Effective January 1, 2018, subsections (44) and (45) are added to section 641.31, Florida Statutes, to read:

641.31 Health maintenance contracts.—

*(44) A health maintenance organization may not require a health care provider, by contract with another health care provider, a patient, or another individual or entity, to use a clinical decision support system or a laboratory benefits management program before the provider may order clinical laboratory services or in an attempt to direct or limit the provider's medical decisionmaking relating to the use of such services. This subsection may not be construed to prohibit any prior authorization requirements that the health maintenance organization may have regarding the provision of clinical laboratory services. As used in this subsection, the term:*

*(a) "Clinical decision support system" means software designed to direct or assist clinical decisionmaking by matching the characteristics of an individual patient to a computerized clinical knowledge base and providing patient-specific assessments or recommendations based on the match.*

*(b) "Clinical laboratory services" means the examination of fluids or other materials taken from the human body, which examination is ordered by a health care provider for use in the diagnosis, prevention, or treatment of a disease or in the identification or assessment of a medical or physical condition.*

*(c) "Laboratory benefits management program" means a health maintenance organization protocol that dictates or limits health care provider decisionmaking relating to the use of clinical laboratory services.*

*(45)(a) A pharmacy benefits manager or a health maintenance contract that is delivered, issued for delivery, renewed, amended, or continued in this state and that provides medical, major medical, or similar comprehensive coverage must continue to cover a drug for a subscriber with a complex or chronic medical condition or a rare disease if:*

*1. The drug was previously covered by the health maintenance organization for a medical condition or disease of the subscriber; and*

*2. The prescribing provider continues to prescribe the drug for the medical condition or disease, the drug is appropriately prescribed, and neither of the following has occurred:*

*a. The United States Food and Drug Administration has issued a notice, a guidance, a warning, an announcement, or any other statement about the drug which calls into question the clinical safety of the drug; or*

*b. The manufacturer of the drug has notified the United States Food and Drug Administration of any manufacturing discontinuance or potential discontinuance as required by s. 506C of the Federal Food Drug and Cosmetic Act, 21 U.S.C. s. 356c.*

*(b) With respect to a drug for a subscriber with a complex or chronic medical condition or a rare disease that meets the conditions of subparagraph (c)1. or subparagraph (c)2., except during open enrollment periods, a pharmacy benefits manager or a health maintenance contract may not:*

*1. Set forth, by contract, limitations on maximum coverage of prescription drug benefits;*

*2. Subject the subscriber to increased out-of-pocket costs; or*

*3. Move a drug for a subscriber to a more restrictive tier, if a health maintenance contract or a pharmacy benefits manager uses a formulary with tiers.*

*(c) As used in this subsection, the term:*

*1. "Complex or chronic medical condition" means a physical, behavioral, or developmental condition that does not have a known cure or that can be severely debilitating or fatal if left untreated or undertreated.*

*2. "Rare disease" has the same meaning as in 42 U.S.C. s. 287a-1(c).*

*(d) This section does not apply to a grandfathered health plan as defined in s. 627.402.*

And the title is amended as follows:

Delete lines 798-804 and insert: defining the term "fail-first protocol"; creating s. 627.42393, F.S.; defining terms; requiring a pharmacy benefits manager or a specified individual or group insurance policy to continue to cover a drug for specified insureds under certain circumstances; prohibiting certain actions by a pharmacy benefits manager or an individual or a group policy with respect to a drug for a certain insured except under certain circumstances; providing applicability; amending s. 627.6699, F.S.; expanding a list of conditions that certain health benefit plans must comply with; amending s. 641.31, F.S.; prohibiting a health maintenance organization from requiring that a health care provider use a clinical decision support system or a laboratory benefits management program in certain circumstances; providing for construction; defining terms; requiring a pharmacy benefits manager or a specified health maintenance contract to continue to cover a drug for specified subscribers under certain circumstances; prohibiting certain actions by a pharmacy benefits manager or a health maintenance contract with respect to a drug for a certain subscriber except under certain circumstances; defining terms; providing applicability; creating s. 641.394, F.S.; requiring a

## POINT OF ORDER

Senator Gaetz raised a point of order that pursuant to Rule 7.1(4)(c), Senator Hays' amendment, **Amendment 1C (861542)**, contained language of a bill not reported favorably by all committees of reference and was therefore out of order.

The President referred the point of order and the amendment to Senator Simmons, Chair of the Committee on Rules.

## RULING ON POINT OF ORDER

On recommendation of Senator Simmons, Chair of the Committee on Rules, **Amendment 1C (861542)** was determined to be the subject of a bill residing in the Committee on Appropriations. The President ruled the point well taken and the amendment to the amendment out of order.

**Amendment 1 (725590)**, as amended, was adopted.

Pursuant to Rule 4.19, **HB 85**, as amended, was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 748**—A bill to be entitled An act relating to physician assistants; amending s. 458.347, F.S.; revising circumstances under which a physician assistant may prescribe medication; authorizing a licensed physician assistant to perform certain services as delegated by a supervising physician; revising physician assistant licensure and license renewal requirements; removing a requirement for letters of recommendation; deleting provisions related to examination by the Department of Health; amending s. 459.022, F.S.; revising circumstances under which a physician assistant may prescribe medication; authorizing a licensed physician assistant to perform certain services as delegated by a supervising physician; revising physician assistant licensure and license renewal requirements; removing a requirement for letters of recommendation; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 748**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 375** was withdrawn from the Committees on Health Policy; Appropriations Subcommittee on Health and Human Services; and Appropriations.

On motion by Senator Flores—

**CS for HB 375**—A bill to be entitled An act relating to physician assistants; amending s. 458.347, F.S.; revising circumstances under which a physician assistant may prescribe medication; authorizing a licensed physician assistant to perform certain services as delegated by a supervising physician; revising physician assistant licensure and license renewal requirements; removing a requirement for letters of recommendation; deleting provisions related to examination by the Department of Health; amending s. 459.022, F.S.; revising circumstances under which a physician assistant may prescribe medication; authorizing a licensed physician assistant to perform certain services as delegated by a supervising physician; revising physician assistant licensure and license renewal requirements; removing a requirement for letters of recommendation; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 748** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 375** was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 1052**—A bill to be entitled An act relating to environmental control; amending s. 373.323, F.S.; revising eligibility requirements for taking the water well contractor licensure examination; repealing s. 373.245, F.S., relating to violations of consumptive use permit conditions; amending s. 378.209, F.S.; exempting certain constructed clay settling areas from reclamation rate and financial responsibility requirements; amending s. 403.067, F.S.; authorizing the use of land set-asides and land use modifications in water quality credit trading; amending s. 403.201, F.S.; providing applicability of prohibited variances concerning discharges of waste into waters of the state and hazardous waste management; amending s. 403.709, F.S.; establishing a solid waste landfill closure account within the Solid Waste Management Trust Fund to provide funding for the closing and long-term care of solid waste facilities; authorizing the department to contract with a third party for such closing and long-term care under certain conditions; requiring the department to deposit certain funds in the solid waste landfill closure account; authorizing the department to use funds from the solid waste landfill closure account to pay for facility closing and long-term care under certain circumstances; deleting an expiration date; amending s. 403.814, F.S.; requiring that a Florida registered professional certify that certain projects meet additional requirements; requiring such certification to be submitted to the department before, rather than after, construction of a stormwater management system begins; reenacting s. 373.414(17), F.S., relating to variances for activities in surface waters and wetlands, to incorporate the amendment made by the act to s. 403.201, F.S., in a reference thereto; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 1052**, pursuant to Rule 3.11(3), there being no objection, **CS for CS for CS for HB 589** was withdrawn from the Committees on Environmental Preservation and Conservation; Appropriations Subcommittee on General Government; and Appropriations.

On motion by Senator Hays—

**CS for CS for CS for HB 589**—A bill to be entitled An act relating to environmental control; repealing s. 373.245, F.S., relating to violations of consumptive use permit conditions; amending s. 373.323, F.S.; revising eligibility requirements for taking the water well contractor licensure examination; amending s. 378.209, F.S.; providing conditions under which certain constructed clay settling areas are exempt from reclamation rate and financial responsibility requirements; amending s. 403.067, F.S.; authorizing the use of land set-asides and land use modifications, including constructed wetlands or other water quality improvement projects, in water quality credit trading; amending s. 403.201, F.S.; providing applicability of prohibited variances concerning discharges of waste into waters of the state and hazardous waste management; amending s. 403.709, F.S.; revising conditions under which the Department of Environmental Protection may use specified funds to contract with a third party for the closing and long-term care of solid waste management facilities; abrogating the scheduled expiration of such authorization; amending s. 403.814, F.S.; requiring Florida re-

gistered professionals to certify that certain stormwater management systems will meet additional requirements for a general permit; requiring that such certification be submitted to the department or water management district before construction of such stormwater management systems begins; reenacting s. 373.414(17), F.S., relating to variances for activities in surface waters and wetlands, to incorporate the amendment made by the act to s. 403.201, F.S., in a reference thereto; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 1052** and read the second time by title.

Pursuant to Rule 4.19, **CS for CS for CS for HB 589** was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 604**—A bill to be entitled An act relating to mental health services in the criminal justice system; amending ss. 39.001, 39.507, and 39.521, F.S.; conforming provisions to changes made by the act; amending s. 394.4655, F.S.; defining the terms "court" and "criminal county court" for purposes of involuntary outpatient placement; conforming provisions to changes made by act; amending ss. 394.4599 and 394.463, F.S.; conforming provisions to changes made by act; conforming cross-references; amending s. 394.455 and 394.4615, F.S.; conforming cross-references; amending s. 394.47891, F.S.; expanding eligibility for military veterans and servicemembers court programs; creating s. 394.47892, F.S.; authorizing the creation of treatment-based mental health court programs; providing for eligibility; providing program requirements; providing for an advisory committee; amending s. 790.065, F.S.; conforming a provision to changes made by this act; amending s. 910.035, F.S.; revising the definition of the term "problem-solving court"; creating s. 916.185, F.S.; creating the Forensic Hospital Diversion Pilot Program; providing legislative findings and intent; providing definitions; authorizing the Department of Children and Families to implement a Forensic Hospital Diversion Pilot Program in specified judicial circuits; authorizing the department to request specified budget amendments; providing for eligibility for the program; providing legislative intent concerning training; authorizing rulemaking; amending s. 948.001, F.S.; defining the term "mental health probation"; amending ss. 948.01 and 948.06, F.S.; authorizing courts to order certain offenders on probation or community control to post-adjudicatory mental health court programs; amending s. 948.08, F.S.; expanding eligibility requirements for certain pretrial intervention programs; providing for voluntary admission into a pretrial mental health court program; creating s. 916.185, F.S.; creating the Forensic Hospital Diversion Pilot Program; providing legislative findings and intent; providing definitions; requiring the Department of Children and Families to implement a Forensic Hospital Diversion Pilot Program in specified judicial circuits; providing for eligibility for the program; providing legislative intent concerning training; authorizing rulemaking; amending ss. 948.01 and 948.06, F.S.; providing for courts to order certain defendants on probation or community control to post-adjudicatory mental health court programs; amending s. 948.08, F.S.; expanding eligibility requirements for certain pretrial intervention programs; providing for voluntary admission into pretrial mental health court program; amending s. 948.16, F.S.; expanding eligibility of veterans for a misdemeanor pretrial veterans' treatment intervention program; providing eligibility of misdemeanor defendants for a misdemeanor pretrial mental health court program; amending s. 948.21, F.S.; expanding veterans' eligibility for participating in treatment programs while on court-ordered probation or community control; amending s. 985.345, F.S.; authorizing delinquency pretrial mental health court intervention programs for certain juvenile offenders; providing for disposition of pending charges after completion of the program; authorizing expunction of specified criminal history records after successful completion of the program; reenacting s. 397.334(3)(a) and (5), F.S., relating to treatment-based drug court programs, to incorporate the amendments made by the act to ss. 948.01 and 948.06, F.S., in references thereto; reenacting s. 948.012(2)(b), F.S., relating to split sentence probation or community control and imprisonment, to incorporate the amendment made by the act to s. 948.06, F.S., in a reference thereto; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 604**, pursuant to Rule 3.11(3), there being no objection, **CS for CS for CS for HB 439** was withdrawn from the Committees on Judiciary; Appropriations Subcommittee on Health and Human Services; and Appropriations.

On motion by Senator Diaz de la Portilla—

**CS for CS for CS for HB 439**—A bill to be entitled An act relating to mental health services in the criminal justice system; amending ss. 39.001, 39.507, and 39.521, F.S.; conforming provisions to changes made by the act; amending s. 394.4655, F.S.; defining the terms "court" and "criminal county court" for purposes of involuntary outpatient placement; conforming provisions to changes made by act; amending ss. 394.4599 and 394.463, F.S.; conforming provisions to changes made by act; conforming cross-references; amending s. 394.455 and 394.4615, F.S.; conforming cross-references; amending s. 394.47891, F.S.; expanding eligibility for military veterans and servicemembers court programs; creating s. 394.47892, F.S.; authorizing the creation of treatment-based mental health court programs; providing for eligibility; providing program requirements; providing for an advisory committee; amending s. 790.065, F.S.; conforming a provision to changes made by this act; amending s. 910.035, F.S.; revising the definition of the term "problem-solving court"; creating s. 916.185, F.S.; creating the Forensic Hospital Diversion Pilot Program; providing legislative findings and intent; providing definitions; authorizing the Department of Children and Families to implement a Forensic Hospital Diversion Pilot Program in specified judicial circuits; authorizing the department to request specified budget amendments; providing for eligibility for the program; providing legislative intent concerning training; authorizing rulemaking; amending s. 948.001, F.S.; defining the term "mental health probation"; amending ss. 948.01 and 948.06, F.S.; authorizing courts to order certain offenders on probation or community control to post-adjudicatory mental health court programs; amending s. 948.08, F.S.; expanding eligibility requirements for certain pretrial intervention programs; providing for voluntary admission into a pretrial mental health court program; creating s. 916.185, F.S.; creating the Forensic Hospital Diversion Pilot Program; providing legislative findings and intent; providing definitions; requiring the Department of Children and Families to implement a Forensic Hospital Diversion Pilot Program in specified judicial circuits; providing for eligibility for the program; providing legislative intent concerning training; authorizing rulemaking; amending ss. 948.01 and 948.06, F.S.; providing for courts to order certain defendants on probation or community control to post-adjudicatory mental health court programs; amending s. 948.08, F.S.; expanding eligibility requirements for certain pretrial intervention programs; providing for voluntary admission into pretrial mental health court program; amending s. 948.16, F.S.; expanding eligibility of veterans for a misdemeanor pretrial veterans' treatment intervention program; providing eligibility of misdemeanor defendants for a misdemeanor pretrial mental health court program; amending s. 948.21, F.S.; expanding veterans' eligibility for participating in treatment programs while on court-ordered probation or community control; amending s. 985.345, F.S.; authorizing delinquency pretrial mental health court intervention programs for certain juvenile offenders; providing for disposition of pending charges after completion of the program; authorizing expunction of specified criminal history records after successful completion of the program; reenacting s. 397.334(3)(a) and (5), F.S., relating to treatment-based drug court programs, to incorporate the amendments made by the act to ss. 948.01 and 948.06, F.S., in references thereto; reenacting s. 948.012(2)(b), F.S., relating to split sentence probation or community control and imprisonment, to incorporate the amendment made by the act to s. 948.06, F.S., in a reference thereto; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 604** and read the second time by title.

Pursuant to Rule 4.19, **CS for CS for CS for HB 439** was placed on the calendar of Bills on Third Reading.

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**CS for CS for SB 862**—A bill to be entitled An act relating to mental health treatment; amending s. 916.107, F.S.; authorizing forensic and civil facilities to order the continuation of psychotropic medications for

clients receiving such medication in the jail before admission to those facilities under certain circumstances; requiring a jail physician to provide a current psychotropic medication order under certain circumstances; amending s. 916.13, F.S.; requiring that a competency hearing be held within a specified time; amending s. 916.145, F.S.; revising the time for dismissal of certain charges for defendants that remain incompetent to proceed to trial; providing exceptions; amending s. 916.15, F.S.; requiring that a commitment hearing be held within a specified time; reenacting s. 916.106(9), F.S., relating to the definition of the terms "forensic client" or "client," to incorporate the amendments made to ss. 916.13 and 916.15, F.S., in references thereto; reenacting s. 394.467(7)(a), F.S., relating to involuntary inpatient placement, to incorporate the amendments made to s. 916.15, F.S., in a reference thereto; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 862**, pursuant to Rule 3.11(3), there being no objection, **CS for CS for HB 769** was withdrawn from the Committees on Criminal Justice; Children, Families, and Elder Affairs; and Fiscal Policy.

On motion by Senator Legg—

**CS for CS for HB 769**—A bill to be entitled An act relating to mental health treatment; amending s. 916.107, F.S.; provides for continuation of psychotropic medication by forensic and civil facilities for individuals receiving such medication before admission; amending s. 916.13, F.S.; providing a timeframe within which competency hearings must be held; requiring that a defendant be transported for the hearing; amending s. 916.145, F.S.; revising the time for dismissal of certain charges for defendants who remain incompetent to proceed to trial; providing exceptions; amending s. 916.15, F.S.; providing a timeframe within which commitment hearings must be held; requiring that a defendant be transported for the hearing; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 862** and read the second time by title.

Pursuant to Rule 4.19, **CS for CS for HB 769** was placed on the calendar of Bills on Third Reading.

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Consideration of **CS for CS for SB 1050** was deferred.

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**CS for SB 1426**—A bill to be entitled An act relating to membership associations; creating s. 617.221, F.S.; defining the term "membership association"; requiring membership associations to file an annual report with the Legislature; specifying the requirements for the annual report; prohibiting a membership association from using public funds for certain litigation; requiring the assessment of dues paid to a membership association by certain elected and appointed officials with public funds; requiring the Auditor General to conduct certain audits annually; specifying that all membership association records constitute public records under certain law; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 1426**, pursuant to Rule 3.11(3), there being no objection, **CS for HB 1155** was withdrawn from the Committees on Community Affairs; Education Pre-K - 12; and Appropriations.

On motion by Senator Stargel—

**CS for HB 1155**—A bill to be entitled An act relating to membership associations; creating s. 617.221, F.S.; defining the term "membership association"; requiring a membership association to file an annual report with the Legislature; specifying report requirements; prohibiting a membership association from expending public funds on litigation against the state; requiring the Auditor General to conduct an annual financial and operational audit of membership associations; providing an effective date.

—a companion measure, was substituted for **CS for SB 1426** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 1155** was placed on the calendar of Bills on Third Reading.

## MOTIONS

On motion by Senator Simmons, the rules were waived and all bills remaining and temporarily postponed on the Special Order Calendar this day except **CS for CS for SB 800** were retained on the Special Order Calendar.

On motion by Senator Simmons, the rules were waived and a deadline of one hour after the availability of engrossed bills was set for filing amendments to Bills on Third Reading to be considered Wednesday, March 9, 2016.

## REPORTS OF COMMITTEES

Pursuant to Rule 4.17(1), the Rules Chair, Majority Leader, and Minority Leader submit the following bills to be placed on the Special Order Calendar for Tuesday, March 8, 2016: CS for SB 20, CS for CS for SB 44, CS for SB 46, CS for CS for SJR 170, CS for CS for CS for SB 172, CS for SB 582, CS for CS for SB 604, CS for CS for SB 704, CS for SB 746, CS for CS for SB 748, CS for CS for SB 862, CS for CS for SB 1050, CS for CS for SB 1052, CS for SB 1088, CS for SB 1196, CS for SB 1316, CS for SB 1426, CS for SB 1490.

Respectfully submitted,
*David Simmons*, Rules Chair
*Bill Galvano*, Majority Leader
*Arthenia L. Joyner*, Minority Leader

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Pursuant to Rule 4.18 the Rules Chair submits the following bills to be placed on the Local Bill Calendar for Tuesday, March 8, 2016: HB 419, HB 481, HB 519, CS for HB 649, CS for CS for HB 785, HB 845, HB 847, HB 871, HB 891, CS for HB 895, HB 911, CS for HB 1071, HB 1081, HB 1221, HB 1265, CS for HB 1267, CS for CS for HB 1355, HB 1433.

Respectfully submitted,
*David Simmons*, Rules Chair

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**COMMUNICATION**

March 8, 2016

In compliance with Article III, Section 19(d) of the Florida Constitution, and Joint Rule 2, the Budget Conference Committee Report on **HB 5001** was electronically furnished to each member of the Legislature, the Governor, the Chief Justice of the Supreme Court, and each member of the Cabinet.

The Conference Committee Report on HB 5001 was made available on Tuesday, March 8, 2016 at 2:53 p.m.

Respectfully Submitted,
*Bob Ward*
Clerk of the House

## MESSAGES FROM THE HOUSE OF REPRESENTATIVES

**RETURNING MESSAGES — FINAL ACTION**

The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 90.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 124.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 126 by the required constitutional two-thirds vote of the members voting.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed SB 194.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 436.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 514.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 580.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 592 by the required constitutional two-thirds vote of the members voting.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 626.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed SB 628.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 668.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 708.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 752 by the required constitutional two-thirds vote of the members voting.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 754 by the required constitutional two-thirds vote of the members voting.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 772.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed SB 812.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 826.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 828.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 846.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 854.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed SB 908.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/CS/SB 912.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 922.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 936.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 938.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 964.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 1004.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 1044.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 1104.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed SB 1110.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 1170.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 1176.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed SB 1202.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 1274.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 1318.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 1386.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed SB 1402.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 1416 by the required constitutional two-thirds vote of the members voting.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 1422.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/SB 1432.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 1470.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 1534.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/CS/CS/SB 1602.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed SB 7028.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed CS/SB 7040.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed SB 7048.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

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The Honorable Andy Gardiner, President

I am directed to inform the Senate that the House of Representatives has passed SB 7076.

*Bob Ward,* Clerk

The bill contained in the foregoing message was ordered enrolled.

## ENROLLING REPORTS

SB 238, CS for CS for SB 242, SB 340, SB 450, CS for CS for CS for SB 590, CS for CS for SB 636, CS for SB 860, CS for SB 1174, and SB 7020 have been enrolled, signed by the required constitutional officers, and presented to the Governor on March 8, 2016.

*Debbie Brown,* Secretary

## CORRECTION AND APPROVAL OF JOURNAL

The Journal of March 7 was corrected and approved.

## CO-INTRODUCERS

Senators Altman—CS for SB 582, CS for CS for CS for SB 676; Bean—CS for CS for CS for SB 676; Bullard—CS for CS for CS for SB 676; Detert—CS for CS for CS for SB 676; Flores—CS for CS for CS for SB 676; Latvala—CS for CS for SB 1250; Margolis—CS for CS for CS for SB 676

Senator Grimsley was recorded as introducer of CS for CS for SB 1250.

## ADJOURNMENT

On motion by Senator Simmons, the Senate adjourned at 5:56 p.m. for the purpose of holding committee meetings and conducting other Senate business to reconvene at 10:00 a.m., Wednesday, March 9 or upon call of the President.