



Appropriations Conference Chairs

Senate Offer #1

Conforming Bills

Tuesday, April 30, 2013

10:30 p.m.

412 Knott Building

2013-2014 Budget Conference, Education Appropriations
Conforming Bill Differences (SB 1514 & CS/HB 5101) - Senate Bump Offer #1

ITEM	SENATE BILL SECTION	HOUSE BILL SECTION	ISSUE	HOUSE FINAL OFFER	SENATE FINAL OFFER	SENATE BUMP OFFER # 1
1	1		FEFP Sparsity Supplement	House does not accept Senate position.	Makes FAU Lab School Palm Beach eligible for the Sparsity Supplement. Senate modified -- add September 1, 2005 (request of FAU).	House position
2	3, 4, 6, 9	9, 11, 12, 13, 24, 25, 26	K-12 Virtual Education	Accept Senate offer except maintain the House position on the authorization for school districts and virtual charters to report virtual courses in the summer for course completion and credit recovery.	<p>Modified Senate Position. Accept House Offer #2 except for the following:</p> <p>Eliminate from House Offer #2</p> <p>Authorizes school districts and virtual charter schools to provide virtual courses for a student in the summer for course completion and credit recovery.</p> <p>Add to House Offer #2</p> <p>Eliminates the Virtual Education Contribution allocation which guarantees an amount per FTE for virtual education.</p>	<p>Modified House position, with the following changes</p> <p>1011.61(1)(c)2. A student in membership in a program scheduled for more or less than 180 days...is limited to students enrolled in:</p> <p>c. Virtual instruction programs and virtual charter schools pursuant to ss. 1002.45 and 1003.498 for the purpose of course completion and credit recovery. <u>Course completion applies only to a student who does not complete a virtual education course by the end of the regular school year. The course must be completed no later than the deadline for amending the final student enrollment survey for that year. Credit recovery applies only to a student who has unsuccessfully completed a traditional or virtual education course during the regular school year and must re-take the course in order to be eligible to graduate with the student's class.</u></p> <p>1002.37(3)(d) Full-time equivalent student credit completion for courses offered through the Florida Virtual School shall be reported only by the Florida Virtual School. School districts shall report full-time equivalent student membership only for courses for which the district provides the instruction. <u>Courses delivered by the Florida Virtual School on a public school campus shall be reported only by the school district in which the student is enrolled.</u></p> <p>1011.622 Adjustments for students without a common student identifier. —<u>The Florida Education Finance Program funding calculations including the calculations authorized in ss. 1011.62, 1011.67, 1011.68, and 1011.685 shall include funding for a student only when all of the student's records are reported to the Department of Education under a common student identifier. The State Board of Education may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section. For a student without a common student identifier who transfers from a public school district or the Florida Virtual School to another public school district or the Florida Virtual School, the Department of Education shall decrease the Florida Education Finance Program funds from the district or the Florida Virtual School which the student attended prior to the transfer.</u></p>
3	6		Discretionary Millage Compression Adjustment	House does not accept Senate position.	Increases the Discretionary Millage Compression Supplement calculation in the FEFP from the state average to 105 percent of the state average.	House position
4		19	University Fee Flexibility	Expands the fee limitation on the health, activity and service, athletic, student financial aid, technology, and Capital Improvement Trust Fund fees to include a percentage of the base tuition and the tuition differential fee.	Senate does not accept House position.	Senate position
5		22	Knott Data Center Working Capital Trust Fund	Maintain House Position	House modified/ Do not delete "as authorized in s. 216.272"	House Modified Position
6			Athletic Fee Authority	Allow a university to increase the athletic fee to defray the costs associated with the addition of National Collegiate Athletic Association Division II football.	Senate does not accept House position.	Senate position
7			Common Student Identifier	N/A	N/A	NEW ISSUE: Require a common student identifier to be reported with student record to generate FEFP funding.

Conforming Bill Differences (SB 1514 & CS/HB 5101) - Senate Bump Offer #1

ITEM	SENATE BILL SECTION	HOUSE BILL SECTION	ISSUE	HOUSE FINAL OFFER	SENATE FINAL OFFER	SENATE BUMP OFFER # 1
8			University Development Agreements	N/A	N/A	NEW ISSUE: Notwithstanding ss. 1013.30(10), (11), (12), and (13) and 1013.51(4), Florida Statutes, for the 2013-2014 fiscal year, a state university may enter into a local development agreement with an affected host local government to identify specific projects in the university’s campus master plan to be constructed by the university for purposes of negotiating mitigation of the impact of such projects on the host local government.
9			Civic Center - FSU	N/A	N/A	NEW ISSUE: In order to implement Specific Appropriation 142 of the 2013-2014 General Appropriations Act and notwithstanding any other law, for the 2013-2014 and 2014-2015 fiscal years only, a university board of trustees may expend reserve or carryforward balances from previous years’ operational and programmatic appropriations for deferred maintenance needs at the Donald L. Tucker Civic Center.
10			Salary Increase proviso in SB 1500	N/A	N/A	<u>New Issue:</u> Section _____. Notwithstanding the distribution provisions in the salary increase portion of the proviso following Specific Appropriation 87 contained in Senate Bill 1500, enacted during the 2013 Regular Session of the Florida Legislature, a school board or charter school board may distribute salary increases at any time before June 2014 in conformance with requirements of the proviso and as negotiated with appropriate collective bargaining units and educators, as appropriate.
11			Technology Transformation Grants for Rural School Districts Proviso & Allocations	N/A	N/A	New Issue: Clarify the allocation of funding in the SB 1500, Specific Appropriation 102A, for the Technology Transformation Grants for Rural School Districts.
12			Title I, Supplemental Education Services	N/A	N/A	New Issue: Repeal s.1008.331, FS, and create s.1008.333, FS, providing expanded opportunities to receive supplemental education services from district contracted providers.

HOUSE HEALTH CARE APPROPRIATIONS / SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
MEDICAID CONFORMING BILL, FY 2013-2014

	HB 5201	SENATE OFFER #1	SB 1520
Rural Hospitals			
1	Section 2. (s. 395.602, F.S.) Revises definition of “rural hospital” so that a hospital licensed as a rural hospital during the 2010-2011 or 2011-2012 fiscal years is deemed to continue as a rural hospital through June 30, 2015, if the hospital continues to have 100 or fewer licensed beds and an emergency room.	House	Section 1. (s. 395.602, F.S.) Identical to House, except also contains statutory clean-up language.
Graduate Medical Education			
2	Section 1. (s. 381.0403, F.S.) Deletes from statute the Community Hospital Education Act.	House	
3	Section 6, part 1. (s. 409.9111, F.S.) Creates this section of statute and the Statewide Medicaid Graduate Medical Education program. Requires AHCA to make quarterly payments to participating hospitals for GME funding, based on a formula and funds appropriated for the program in the GAA, instead of including such funds in regular Medicaid hospital reimbursement payments as under current law. Requires annual allocation fractions to be calculated on or before October 1.	Senate	Section 4, part 1. (s. 409.909, F.S.) Creates this section of statute and the Statewide Medicaid Residency Program. Basic principles virtually identical to House program created under different section of statute in Section 6 of House bill, except requires annual allocation fractions to be calculated on or before September 15.
4	Section 6, part 2. (s. 409.9111, F.S.) Provides that much of the data used by AHCA to calculate each hospital’s GME allocation must be based on a hospital’s most recent cost report filed with the Medicare program.	Senate	Section 4, part 2. (s. 409.909, F.S.) Provides that data used by AHCA to calculate each hospital’s GME allocation is either determined by AHCA or reported by hospitals to AHCA.
5	Section 6, part 3. (s. 409.9111(2)(a), F.S.) Defines the number of “residents” to mean the number of unweighted full-time-equivalent allopathic and osteopathic medical interns, residents, and fellows enrolled in certain accredited programs as reported in a hospital’s most recently filed Medicare cost report.	Senate	Section 4, part 3. (s. 409.909(2)(a), F.S.) Defines “full-time equivalent” as a resident in his or her initial residency period, which is the minimum number of years of training required before the resident may become board-eligible for accredited allopathic or osteopathic certification in the specialty in which he or she first began training, not to exceed 5 years. A resident training beyond the initial residency period is counted as half of one FTE, unless his or her chosen specialty is in general surgery or primary care, in which case the resident is counted as a full FTE. Primary care specialties include: 1. Family medicine;

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			2. General internal medicine; 3. General pediatrics; 4. Preventive medicine; 5. Geriatric medicine; 6. Osteopathic general practice; 7. Obstetrics and gynecology; and 8. Emergency medicine.
6		Senate	Section 4, part 5. (s. 409.909(4), F.S.) Provides that if a hospital's annual allocation exceeds \$50,000 per FTE, that hospital's allocation is reduced to a sum equaling no more than \$50,000 per FTE with the excess funds redistributed to participating hospitals whose allocation does not exceed \$50,000 per FTE.
7	Section 6, part 4. (s. 409.9111(2)(b), F.S.) For purposes of calculating GME allocations, defines "Medicaid payments" to include all of a hospital's Medicaid reimbursements, along with a calculation of the hospital's direct medical education costs and total facility costs as reported in the most recently filed Medicare cost report.	Modified Senate language	Section 4, part 4. (s. 409.909(2)(b), F.S.) For purposes of calculating GME allocations, defines "Medicaid payments" as AHCA's estimated total payments for direct inpatient services based on the annual appropriation and the parameters for the DRG base rate, including applicable intergovernmental transfers. (This describes the modified language.)
Diagnosis-Related Group (DRG) Methodology for Hospital Inpatient Reimbursement			
8	Section 3, part 1. (s. 409.905(5)(c), F.S.) Requires AHCA to reimburse Medicaid hospitals for inpatient services utilizing a DRG methodology. Requiring a single, uniform base rate for all hospitals unless specifically exempt pursuant to s. 409.908(1).	House	Section 2 part 1. (s. 409.905(c), F.S.) Similar to House, except also requiring that the uniform base rate is limited by the hospital inpatient appropriation in the GAA before the inclusion of intergovernmental transfer (IGT) dollars.
9	Section 3, part 2. (s. 409.905(5)(c)1., F.S.) Requires that local governmental entities wishing to donate IGTs must submit to AHCA, by no later than October 15 of each year, a final executed letter of agreement containing the total amount of IGTs authorized by the entity in order for AHCA to consider the IGTs in hospital rate calculations.	Senate	No language here, but Senate bill creates a similar provision under s. 409.908(1)(a) in Section 3 of Senate bill and has an October 1 deadline instead of October 15.
10	Section 3, part 3. (s. 409.905(5)(c)2., F.S.) Changes AHCA's deadline for finalizing inpatient hospital rates from October 31 to November 15, in cases where errors in source data or calculations are discovered by November 7. Also includes a conforming provision for DRG transition.	Senate	Section 2 part 2. (s. 409.905(c)2., F.S.) Includes only the conforming provision for DRG transition and statutory clean-up language.

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	HB 5201	SENATE OFFER #1	SB 1520
11	Section 3, part 4. (s. 409.905(5)(d)., F.S.) Conforms to DRG transition.	Senate (identical)	Section 2, part 3. (s. 409.905(d), F.S.) Identical to House.
12	Section 3, part 5. (s. 409.905(5)(f), F.S.) Deletes this paragraph that required AHCA to develop a DRG transition plan. The plan has been completed and submitted.	Senate (identical)	Section 2, part 4. (s. 409.905(f), F.S.) Identical to House.
13	Section 3, part 6. (s. 409.905(6)., F.S.) Maintains the current cost-based methodology for hospital outpatient reimbursement. Also, changes AHCA's deadline for finalizing outpatient hospital rates from October 31 to November 15, in cases where errors in source data or calculations are discovered by November 7.	Senate	Section 2, part 5. (s. 409.905(6)., F.S.) Similar to House language, except does not include provisions to extend AHCA's deadline from October 31 to November 15.
14	Section 4, part 1. (s. 409.908(1)(a), F.S.) Allows AHCA to modify inpatient DRG reimbursement rates for specific types of services or diagnoses, patient ages, and hospital provider types, when authorized by the GAA.	House	Section 3, part 1. (s. 409.908(1)(a), F.S.) Similar to House.
15	Section 4, part 2. (s. 409.908(1)(a), F.S.) Prohibits AHCA from modifying reimbursement rates for any individual hospital providing specialized services if those services are accounted for in DRGs used by the agency, unless otherwise provided. Allows AHCA to modify reimbursement rates for specialized DRG categories.	Senate (no language)	
16	Section 4, part 3. (s. 409.908(1)(a), F.S.) Prohibits AHCA from modifying reimbursement rates for statutory teaching hospitals or costs associated with graduate medical education if hospitals receive funding through the GME funding program or the DSH program for teaching hospitals.	Senate (no language)	
17		House (no language)	Section 3, part 2. (s. 409.908(1)(a), F.S.) Authorizes AHCA to modify reimbursement to long-term acute care hospitals, while maintaining budget neutrality.
18	Section 4, part 4. (s. 409.908(1)(a), F.S.) Allows AHCA to establish an alternative system of reimbursement for the DRG payment system for: a. State-owned psychiatric hospitals; b. Newborn hearing screening services; c. Transplant services for which AHCA may establish global fee; and d. Patients with treatment-resistant tuberculosis who need	Senate (identical)	Section 3, part 3. (s. 409.908(1)(a), F.S.) Identical to House.

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	long-term hospital-based treatment.		
19	Section 4, part 5. (s. 409.908(1)(a), F.S.) Requires AHCA to modify reimbursement according to other methodologies recognized in the GAA.	House	
20	No language here, but House bill creates a similar provision under s. 409.905(5)(c)1. in Section 3 of House bill except with October 15 deadline instead of October 1.	Senate	Section 3, part 4. (s. 409.908(1)(a), F.S.) Amends this statute that currently authorizes the use of IGTs for funding hospital rates, to require that a local government wishing to contribute IGTs must submit a final, executed letter of agreement to AHCA, which must be received by October 1, specifying the total amount of IGTs authorized for inpatient and outpatient reimbursement.
Disproportionate Share Hospital Programs			
21	Section 5, part 1. (s. 409.911(2)(a), F.S.) Updates the three years of audited data that AHCA must use to determine each hospital's Medicaid days and charity care for the disproportionate share hospital (DSH) program.	Senate (identical)	Section 5. (s. 409.911(2)(a), F.S.) Identical to House.
22	Section 5, part 2. (s. 409.911(4)(d), F.S.) Provides that any hospital not owned or operated by state government that was eligible for regular DSH payments on July 1, 2011, remains eligible for payments during the 2013-2014 fiscal year.	House	
23	Section 7. (s. 409.9118, F.S.) Amends the DSH program for specialty hospitals to allow AHCA to take DSH funds that once went to A.G. Holley and redirect them to hospitals under contract with DOH to provide similar services, now that A.G. Holley has been closed.	House	Section 6. (s. 409.9118, F.S.) Similar to House language.

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New Provisions Offered by the Senate			
24		Senate	Medicaid Third-party Liability: <i>s. 409.910(17), F.S.</i> Amends Medicaid third-party liability statute to conform to a recent U.S. Supreme Court ruling.
25		Senate	Technical DRG language: <i>s. 409.908(23), F.S.</i> Conforms an additional provision in the Medicaid provider reimbursement statute to the new DRG methodology.
26		Senate	Medicaid Recipients with HIV/AIDS: <i>s. 409.9122, F.S.</i> Removes the sunset on current law for Medicaid recipients with HIV/AIDS to be assigned to an HIV/AIDS specialty plan if they fail to choose a managed care plan on their own.
27		Senate	Medicaid County Billing: <i>s. 409.915, F.S.</i> Replaces the current Medicaid county billing methodology with a new cost-sharing system. The language: <ul style="list-style-type: none"> • Sets the total counties' contribution at \$269.6m in 2013-14; \$277M in 2014-15; • Thereafter the amount grows at 50% of the growth in state Medicaid expenditures through 2019-20; growth is 100% of growth in state Medicaid expenditures beginning in 2020-21. • County contribution percentages are based on 2012-13 actual collections for 1st two years and transition to percentages based on county Medicaid enrollees over next 5 years. • AHCA will provide a data report that includes information needed for a comprehensive evaluation of the system.
28		Senate	Technical Correction for GAA Proviso: <i>Specific Appropriation 195.</i> Replaces a paragraph of proviso with new language to correct a scrivener's error.

HOUSE HEALTH CARE APPROPRIATIONS/ SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
CANCER CARE CONFORMING BILL, FY 2013-2014

	CS/HB 7153	SENATE OFFER #1	CS/CS/SB 1660
1	<p>Section 1 (s. 381.925(1), F.S.)</p> <p>381.925 Cancer Center of Excellence Award.—</p> <p>(1) The Legislature intends to recognize hospitals, treatment centers, and other providers in this state which demonstrate excellence in patient-centered, coordinated care for persons undergoing cancer treatment and therapy in this state. The goal of this program is to encourage excellence in cancer care in this state, attract and retain the best cancer care providers to the state, and help Florida providers be recognized nationally as a preferred destination for quality cancer care. The Cancer Center of Excellence Award will recognize providers that exceed service standards and excel in providing a quality, comprehensive, and patient-centered coordinated care program.</p>	<p style="text-align: center;">Senate (identical to House)</p>	<p>Section 1 (s. 381.925(1), F.S.)</p> <p>381.925 Cancer Center of Excellence Award.—</p> <p>(1) The Legislature intends to recognize hospitals, treatment centers, and other providers in this state which demonstrate excellence in patient-centered, coordinated care for persons undergoing cancer treatment and therapy in this state. The goal of this program is to encourage excellence in cancer care in this state, attract and retain the best cancer care providers to the state, and help Florida providers be recognized nationally as a preferred destination for quality cancer care. The Cancer Center of Excellence Award will recognize providers that exceed service standards and excel in providing a quality, comprehensive, and patient-centered coordinated care program.</p>
2	<p>Section 1 (s. 381.925(2), F.S.)</p> <p>(2) The Florida Cancer Control and Research Advisory Council, established in s. 1004.435, and the Biomedical Research Advisory Council, established in s. 215.5602, shall select seven members and six members, respectively, to form a joint committee.</p> <p>(a) The joint committee, consisting of 13 members, shall:</p> <p>1. By January 1, 2014, develop rigorous performance measures, a rating system, and a rating standard that must be achieved to document and distinguish a cancer center that excels in providing quality, comprehensive, and patient-centered coordinated care.</p> <p>2. Review at least every 3 years, and revise if applicable, the performance measures, rating system, and rating standard to ensure providers are continually enhancing their programs to reflect best practices and advances in cancer treatment and care from the perspective of quality, comprehensive and patient-centered coordinated care.</p>	<p style="text-align: center;">Modified House language</p>	<p>Section 1 (s. 381.925(2), F.S.)</p> <p>(2) The Florida Cancer Control and Research Advisory Council, established in s. 1004.435, and the Biomedical Research Advisory Council, established in s. 215.5602, shall jointly develop rigorous performance measures, a rating system, and a rating standard that must be achieved to document and distinguish a cancer center that excels in providing a quality, comprehensive, and patient-centered coordinated care program. The two councils shall review at least every 3 years, and jointly revise if applicable, the performance measures, rating system, and rating standard to ensure providers are continually enhancing their programs to reflect best practices and advances in cancer treatment and care from the perspective of comprehensive and patient-centered coordinated care. At a minimum, the criteria must require that each hospital, treatment center, or other provider:</p> <p>(a) Maintain a license in this state which authorizes</p>

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	<p>3. Submit its proposed performance measures, rating system, and rating standard to the Florida Cancer Control and Research Advisory Council and the Biomedical Research Advisory Council to be approved by both councils prior to the evaluation of any provider under such criteria.</p> <p>(b) The criteria established by the joint committee must require, at a minimum, that each hospital, treatment center, or other provider:</p> <ol style="list-style-type: none"> 1. Maintain a license in good standing in this state which authorizes health care services to be provided. A provider may not have been disciplined or subjected to any administrative enforcement action by state or federal regulatory authorities within the preceding 3 years. 2. Be accredited by the Commission on Cancer of the American College of Surgeons. 3. Actively participate in at least one regional cancer control collaborative that is operating pursuant to the Florida Comprehensive Cancer Control Program's cooperative agreement with the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program. 4. Demonstrate excellence in and dissemination of scientifically rigorous cancer research. 5. Integrate training and education of biomedical researchers and health care professionals. 6. Meet enhanced cancer care coordination standards which, at a minimum, focus on: <ol style="list-style-type: none"> a. Coordination of care by cancer specialists and nursing and allied health professionals. b. Psychosocial assessment and services. c. Suitable and timely referrals and followup. d. Providing accurate and complete information on treatment options, including clinical trials, which consider each person's needs, preferences, and resources, whether provided by that center or available through other health care 		<p>health care services to be provided. A provider may not have been disciplined or subjected to any administrative enforcement action by state or federal regulatory authorities within the preceding 3 years.</p> <p>(b) Be accredited by the Commission on Cancer of the American College of Surgeons.</p> <p>(c) Actively participate in at least one regional cancer control collaborative that is operating pursuant to the Florida Comprehensive Cancer Control Program's cooperative agreement with the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program.</p> <p>(d) Meet enhanced cancer care coordination standards set by the councils which, at a minimum, focus on:</p> <ol style="list-style-type: none"> 1. Coordination of care by cancer specialists and nursing and allied health professionals. 2. Psychosocial assessment and services. 3. Suitable and timely referrals and followup. 4. Providing accurate and complete information on treatment options, including clinical trials, which consider each person's needs, preferences, and resources, whether provided by that center or available through other health care providers. 5. Participation in a comprehensive network of cancer specialists of multiple disciplines, which enables the patient to consult with a variety of experts to examine treatment alternatives. 6. Family services and support. 7. Aftercare and survivor services. 8. Patient and family satisfaction survey results.

**HOUSE HEALTH CARE APPROPRIATIONS/ SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
CANCER CARE CONFORMING BILL, FY 2013-2014**

	CS/HB 7153	SENATE OFFER #1	CS/CS/SB 1660
	<p>providers.</p> <p>e. Participation in a comprehensive network of cancer specialists of multiple disciplines, which enables the patient to consult with a variety of experts to examine treatment alternatives.</p> <p>f. Family services and support.</p> <p>g. Aftercare and survivor services.</p> <p>h. Patient and family satisfaction survey results.</p> <p>(c) The members of the joint committee shall serve without compensation but may receive reimbursement as provided in s. 112.061 for travel and other necessary expenses incurred in the performance of their official duties.</p> <p>(d) The Department of Health shall provide such staff, information, and other assistance as is reasonably necessary to assist the joint committee in carrying out its responsibilities.</p>		
3	<p>Section 1 (s. 381.925(3), F.S.)</p> <p>(3)(a) A provider may apply to the Department of Health for a Cancer Center of Excellence Award. The joint committee must develop an application form to be used by the Department of Health that requires, among other things, submission of documentation by the provider which demonstrates that the criteria in subsection (2) have been met.</p> <p>(b) After January 1, 2014, the Department of Health shall annually conduct two application cycles. The applications are not applications for licensure, the grant of the award by the State Surgeon General is not final agency action, and the Cancer Center of Excellence Award program is not subject to the provisions of chapter 120.</p>	<p>Modified House language</p>	<p>Section 1 (s. 381.925(3), F.S.)</p> <p>(3)(a) A provider may apply to the Department of Health for a Cancer Center of Excellence Award. The Florida Cancer Control and Research Advisory Council and the Biomedical Research Advisory Council shall jointly develop an application form that requires, among other things, submission of documentation by the provider which demonstrates that the criteria in subsection (2) have been met.</p> <p>(b) The Department of Health shall annually conduct two application cycles. The applications are not applications for licensure; the notification by the State Surgeon General to the Governor of the entities that are eligible for the award is not final agency action; and the Cancer Center of Excellence Award program is not subject to the provisions of chapter 120.</p>

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CANCER CARE CONFORMING BILL, FY 2013-2014

	CS/HB 7153	SENATE OFFER #1	CS/CS/SB 1660
4	<p>Section 1 (s. 381.925(4), F.S.)</p> <p>(4)(a) The State Surgeon General shall appoint a team of independent evaluators to assess applicants to determine eligibility for the award. An application is to be evaluated independently of any other application. The team shall consist of five evaluators to be selected, in any combination, from the following:</p> <ol style="list-style-type: none"> 1. No more than five health care practitioners or health care facilities not licensed in this state which provide health care services involving cancer diagnoses or treatment; 2. No more than three members from the Florida Cancer Control and Research Advisory Council; 3. No more than two members from the Biomedical Research and Advisory Council; and 4. No more than one layperson who has experience as a cancer patient or as a family member of a cancer patient if that person or his or her family member did not receive care from the applicant or providers being evaluated. <p>(b) Each evaluator must be independent and free of any conflict of interest with respect to a health care provider or facility licensed in this state. Each person selected to participate on the evaluation team must sign a conflict of interest attestation before being appointed to the evaluation team.</p>	<p>Senate (identical to House)</p>	<p>Section 1 (s. 381.925(4), F.S.)</p> <p>(4)(a) The State Surgeon General shall appoint a team of independent evaluators to assess applicants to determine eligibility for the award. An application is to be evaluated independently of any other application. The team shall consist of five evaluators to be selected, in any combination, from the following:</p> <ol style="list-style-type: none"> 1. No more than five health care practitioners or health care facilities not licensed in this state which provide health care services involving cancer diagnoses or treatment; 2. No more than three members from the Florida Cancer Control and Research Advisory Council; 3. No more than two members from the Biomedical Research and Advisory Council; and 4. No more than one layperson who has experience as a cancer patient or as a family member of a cancer patient if that person or his or her family member did not receive care from the applicant or providers being evaluated. <p>(b) Each evaluator must be independent and free of any conflict of interest with respect to a health care provider or facility licensed in this state. Each person selected to participate on the evaluation team must sign a conflict of interest attestation before being appointed to the evaluation team.</p>
5	<p>Section 1 (s. 381.925(5), F.S.)</p> <p>(5)(a) Two evaluation team members may, as necessary, verify onsite documentation submitted with an application for the award.</p> <p>(b) Each member on the evaluation team shall report to the State Surgeon General those applicants that achieved or exceeded the required score based on the rating system developed in subsection (2) which demonstrates the cancer center excels in providing a quality, comprehensive, and patient-centered coordinated care program.</p>	<p>Senate (identical to House)</p>	<p>Section 1 (s. 381.925(5), F.S.)</p> <p>(5)(a) Two evaluation team members may, as necessary, verify onsite documentation submitted with an application for the award.</p> <p>(b) Each member on the evaluation team shall report to the State Surgeon General those applicants that achieved or exceeded the required score based on the rating system developed in subsection (2) which demonstrates the cancer center excels in providing a quality, comprehensive, and patient-centered coordinated care program.</p>

HOUSE HEALTH CARE APPROPRIATIONS/ SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
CANCER CARE CONFORMING BILL, FY 2013-2014

	CS/HB 7153	SENATE OFFER #1	CS/CS/SB 1660
6	Section 1 (s. 381.925(6), F.S.) (6) The State Surgeon General shall notify the Governor regarding the providers that are eligible to receive the Cancer Center of Excellence Award.	Senate (identical to House)	Section 1 (s. 381.925(6), F.S.) (6) The State Surgeon General shall notify the Governor regarding the providers that are eligible to receive the Cancer Center of Excellence Award.
7	Section 1 (s. 381.925(7), F.S.) (7) The award shall be recognized for a period of 3 years from the date of the award. A provider may reapply for subsequent awards.	Senate (identical to House)	Section 1 (s. 381.925(7), F.S.) (7) The award shall be recognized for a period of 3 years from the date of the award. A provider may reapply for subsequent awards.
8	Section 1 (s. 381.925(8), F.S.) (8) A provider that receives a Cancer Center of Excellence Award may use the designation in its advertising and marketing for up to 3 years after the date of the award. In addition, a provider that receives a Cancer Center of Excellence Award may be granted, for 3 years after the date of the award, a preference in competitive solicitations related to cancer care or research undertaken by a state agency or state university.	Modified House language	Section 1 (s. 381.925(8), F.S.) (8) A provider that receives a Cancer Center of Excellence Award may use the designation in its advertising and marketing for up to 3 years from the date of the award. In addition, a provider that receives a Cancer Center of Excellence Award may be granted, for 3 years from the date of the award, a preference in competitive cancer care solicitations undertaken by a state agency or state university.
9	Section 1 (s. 381.925(9), F.S.) (9) The State Surgeon General shall report to the President of the Senate and the Speaker of the House of Representatives by January 31, 2014, the status of implementing the Cancer Center of Excellence Award program, and by December 15 annually thereafter, the number of applications received, the number of award recipients by application cycle, a list of award recipients, and recommendations to strengthen the program.	Modified House language	Section 1 (s. 381.925(9), F.S.) (9) The State Surgeon General shall report to the President of the Senate and the Speaker of the House of Representatives by January 31, 2014, and annually thereafter, the status of implementing the Cancer Center of Excellence Award program, metrics on the number of applications received and the number of award recipients by application cycle, a list of award recipients, and recommendations for legislation to strengthen the program.
10	Section 1 (s. 381.925(10), F.S.) (10) The Department of Health shall adopt necessary rules related to the application cycles and submission of the application form.	Modified House language	Section 1 (s. 381.925(10), F.S.) (10) The Department of Health shall adopt rules related to the application cycles and submission of the application form.
11	Section 2 (s. 215.5602(4)(j), F.S.) (j) The council shall select, by majority vote, six members of the council who must combine with seven members of the Florida Cancer Control and Research Advisory Council to form	Modified House language	Section 2 (s. 215.5602(4)(j), F.S.) (j) The council shall, with the Florida Cancer Control and Research Advisory Council, jointly develop performance measures, a rating system, a rating standard, and an

**HOUSE HEALTH CARE APPROPRIATIONS/ SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
CANCER CARE CONFORMING BILL, FY 2013-2014**

	CS/HB 7153	SENATE OFFER #1	CS/CS/SB 1660
	a joint committee to develop performance measures, a rating system, a rating standard, and an application form for the Cancer Center of Excellence Award created in s. 381.925.		application form for the Cancer Center of Excellence Award created in s. 381.925. The council shall also support the State Surgeon General in implementing the award program by ensuring that at least two members of the council, who must be independent of the applicants for the award, are available to serve on the evaluation team as requested by the State Surgeon General. The council shall advise the State Surgeon General with respect to the Cancer Center for Excellence Award program.
12	<p>Section 2 (s. 215.5602(12)(b), F.S.)</p> <p><u>(b) Beginning July 1, 2014, an entity which performs or is associated with cancer research or care that receives a specific appropriation for biomedical research, research-related functions, operations or other supportive functions, or expansion of operations in the General Appropriations Act without statutory reporting requirements for the receipt of those funds, must submit an annual fiscal-year progress report to the President of the Senate and the Speaker of the House of Representatives by December 15. The report must:</u></p> <ol style="list-style-type: none"> <u>1. Describe the general use of the funds.</u> <u>2. Specify the research, if any, funded by the appropriation.</u> <u>3. Describe any fixed capital outlay project funded by the appropriation, the need for the project, how the project will be utilized, and the timeline for and status of the project, if applicable.</u> <u>4. Identify any federal or private grants or donations generated as a result of the appropriation or activities funded by the appropriation, if applicable and traceable.</u> 	House	
13	<p>Section 3 (s. 381.922(4)(a), F.S.)</p> <p>(4) In order to attract and retain experienced research talent and attendant national grant-producing researchers to integrated cancer research and care institutions in this state,</p>	Modified House language	<p>Section 3 (s. 381.922(4)(a), F.S.)</p> <p>(4) In order to attract and retain experienced research talent and attendant national grant-producing researchers to integrated cancer research and care institutions in this state,</p>

**HOUSE HEALTH CARE APPROPRIATIONS/ SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
CANCER CARE CONFORMING BILL, FY 2013-2014**

	CS/HB 7153	SENATE OFFER #1	CS/CS/SB 1660
	<p>the Department of Health shall award endowments to integrated cancer research and care institutions for establishing a funded research chair, pursuant to the General Appropriations Act specifying an appropriation for this purpose. Funding for the endowed chairs must be independent of funds appropriated pursuant to s. 215.5602(12). The purpose of the endowment is to provide secure funding for at least 7 years to attract an experienced and promising researcher whose continued employment for this period is not contingent upon grant awards associated with time-limited research projects. In addition, the Legislature intends for a chair to specialize in a cancer-related research field that will facilitate coordination among research institutions within the state and attract other promising researchers and funding to the state.</p> <p>(a) Upon selection of an endowed research chair, the institution shall notify the chairs of the appropriations committees of the Senate and the House of Representatives. An institution funded pursuant to this subsection shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives an annual progress report by December 15 that must, at a minimum, provide the research chair's name; the amount of the endowment fund used for the chair's salary; research responsibilities; the percentage of time devoted to research if the chair also serves as a member of the faculty; research progress; progress toward achieving the goals of this program; endowment expenditures; balance, interest rate, and interest earned on the endowment; and the amount of federal or private grants or donations generated, if any, as a result of the research chair's efforts.</p> <p>(b) If an institution must replace an endowed research chair, the endowment must cease funding expenses associated with the endowed research chair, other than reasonable costs for recruitment, until a replacement chair has been retained.</p>		<p>the Department of Health shall award endowments to integrated cancer research and care institutions for establishing a funded research chair, pursuant to the General Appropriations Act specifying an appropriation for this purpose. The purpose of the endowment is to provide secure funding for at least 7 years to attract an experienced and promising researcher whose continued employment for this period is not contingent upon grant awards associated with time-limited research projects. In addition, the Legislature intends for a chair to specialize in a cancer-related research field that will facilitate coordination among research institutions within the state and attract other promising researchers and funding to the state.</p> <p>(a) If it becomes necessary for an institution that has been granted an endowed chair to replace the researcher, the endowment must cease funding expenses associated with the endowed chair other than reasonable costs for recruitment until a replacement researcher has been retained. While the endowed chair is vacant, the endowment must continue to earn interest and all earnings must be added to the balance of the endowment. A vacancy tolls the 7-year timeframe for the endowed chair.</p> <p>(b) An institution funded pursuant to this subsection shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives a report that must, at a minimum, describe the research program and general responsibilities of the researcher who is to be selected for the endowed chair. Upon final selection of the research chair, or if it becomes necessary to replace a research chair, the institution shall notify the chair of the Appropriations Committee of the Senate and the chair of the Appropriations Committee of the House of Representatives of the research chair's name, the endowment budget, and the specific research responsibilities. The institution shall annually report</p>

**HOUSE HEALTH CARE APPROPRIATIONS/ SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
CANCER CARE CONFORMING BILL, FY 2013-2014**

	CS/HB 7153	SENATE OFFER #1	CS/CS/SB 1660
	While the endowed research chair is vacant, the endowment must continue to earn interest and all earnings must be added to the balance of the endowment. A vacancy tolls the 7-year timeframe for the endowed research chair.		to the President of the Senate and the Speaker of the House of Representatives the research chair's name, the amount of the endowment fund used for the chair's salary, research responsibilities, the percentage of time devoted to research if the chair also serves as a member of the faculty, research progress, progress toward achieving the goals of this program, endowment expenditures and balance, interest rate, and interest earned on the endowment.
14	<p>Section 4 (s. 1004.435(4), F.S.)</p> <p>(r) The council shall select, by majority vote, seven members of the council who must combine with six members of the Biomedical Research Advisory Council to form a joint committee to develop performance measures, a rating system, a rating standard, and an application form for the Cancer Center of Excellence Award created in s. 381.925.</p> <p>(conforming)</p>	Modified House language	<p>Section 4 (s. 1004.435(4), F.S.)</p> <p>(4) FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL; CREATION; COMPOSITION.—</p> <p>(r) The council shall, with the Biomedical Research Advisory Council, jointly develop performance measures, a rating system, a rating standard, and an application form for the Cancer Center of Excellence Award created in s. 381.925. The council shall also support the State Surgeon General in implementing the Cancer Center of Excellence Award program by ensuring that at least three members of the council, who must be independent of the applicants for the award, are available to serve on the evaluation team as requested by the State Surgeon General. The council shall advise the State Surgeon General with respect to the Cancer Center for Excellence Award program.</p>

Education Appropriations Conference Committee
Budget Conforming Bill (CS/CS/SB 1720 and CS/CS/HB 7057) - SENATE BUMP OFFER #1

	ISSUE	Statutes affected	SENATE BILL 1720	HOUSE OFFER #1	SENATE OFFER #1	HOUSE FINAL OFFER	SENATE BUMP OFFER # 1
1	Auditor General Reporting Requirements	s. 11.45, F.S.	Revises actions to be taken by the Legislative Auditing Committee relating to audits of state universities and FCS institutions	Closed (identical)	Closed (Identical 1720 and 7057 provisions)	Closed (Identical 1720 and 7057 provisions)	Closed (Identical 1720 and 7057 provisions)
2	Establish new Office of K-20 Articulation in DOE	s. 20.15, F.S.	Not in Senate bill.	House Position: Creates a K-20 Office of Articulation within DOE	Accept House Offer	Closed: House Position	Closed: House position
3	Provide rule authority regarding penalties relating to reporting of child abuse	s. 39.205, F.S.	Not in Senate bill.	House Position: Grants regulation/rule making authority to BOG and SBE to implement provisions of CS/CS/CS/HB 1355 from 2012 relating to failure to report child abuse on college campuses	Accept House Offer	Closed: House Position	Closed: House position
4	Authorize SUS extra compensation; bonuses; severance	s. 215.425, F.S.	Not in Senate bill.	House Position: Expands the exception for bonus or severance pay paid wholly from non-tax revenues and non state-appropriated funds to officers, agents, employees of state universities	Senate Position	Closed: Senate Position	Closed: Senate Position
5	Revise general powers of the State Board of Education	s. 1001.02, F.S.	Revises language relating to general education	Closed (identical)	Accept House Offer	Closed: House Position	Closed: House position
6	Reconstitute membership of the Higher Education Coordinating Council (HECC)	s. 1004.015, F.S.	Not in Senate bill.	House Position: Revises membership and duties of the HECC	Accept House Offer, except remove HECC requirement related to data elements identified by the NCES per 878 House Offer.	Closed (Senate Offer # 1)	Closed: Modified House Position
7	H. Lee Moffitt Cancer Center & Research Institute	s. 1004.43, F.S.	Transfers oversight of the H. Lee Moffitt Cancer Center and Research Institute to the Board of Trustees of USF, revises lease agreement, revises membership of the Board of Directors	Closed (identical)	Closed (Identical 1720 and 7057 provisions)	Closed (Identical 1720 and 7057 provisions)	Closed (Identical 1720 and 7057 provisions)
8	Leadership Board for Applied Research and Public Service	s. 1004.58, F.S.	Repeal the Board	Accept Senate Position	Accept House offer to adopt Senate position.	Closed: Senate Position	Closed: Senate Position

	ISSUE	Statutes affected	SENATE BILL 1720	HOUSE OFFER #1	SENATE OFFER #1	HOUSE FINAL OFFER	SENATE BUMP OFFER # 1
9	Purpose and responsibilities for career education	s. 1004.92, F.S.	Not in Senate bill.	House Position: Allows district school boards and FCS institutions to vary the intended learning outcomes of each career education program up to 10% if no state or federal licensure required		Accept Senate Position	Closed: Senate Position
10	Revise membership and duties of the Articulation Coordinating Committee	s. 1007.01, F.S.	Not in Senate bill.	House Position: Revises duties and membership of the ACC	Accept House Offer	Closed: House Position	Closed: House Position
11	Statewide Articulation Agreement	s. 1007.23, F.S.	Revises General Education Provisions - changes from 30 to 36 hours	Closed (identical)	Closed (Identical 1720 and 7057 provisions)	Closed (Identical 1720 and 7057 provisions)	Delete from the bill. (Amending this statute is not pertinent for the general education changes addressed in the bill.)
12	General Education courses	s. 1007.25, F.S.	Revises general education core course provisions and timeline for implementation	Closed (identical)	Closed (Identical 1720 and 7057 provisions)	Closed (Identical 1720 and 7057 provisions)	Closed (Identical 1720 and 7057 provisions)
13	SBE oversight enforcement authority	s. 1008.32, F.S.	Not in Senate bill.	House Position: Conforms SBE oversight authority language with changes made to BOG authority	Accept House Offer	Closed: House Position	Closed: House Position
14	BOG oversight enforcement authority	new section 1008.322, F.S.	Creates s. 1008.322, to delineate the Board of Governors' authority to oversee the performance of state university boards of trustees in the enforcement of laws, rules and regulations.	Closed (identical)	Closed (Identical 1720 and 7057 provisions)	Closed (Identical 1720 and 7057 provisions)	Closed (Identical 1720 and 7057 provisions)
15	Workforce Education Postsecondary Student Fees	s. 1009.22, F.S.	Not in Senate bill.	House Position: Revises residency requirements for adult education students	Senate Position	Maintain House Position in CS/CS/ HB 7057	Senate Position
16	FCS Institution Fees	s. 1009.25, F.S.	Not in Senate bill.	House Position: Increases fee limit for FCS institutions from 40 to 54 FTE or 1% of total FTE, whichever is greater.	Senate Position	Closed: House Position	Closed: House Position
17	FRAG - repeal FAFSA requirement	s. 1009.89, F.S.	Not in Senate bill.	House Position: Repeal FAFSA requirement for FRAG	Accept House Offer	Closed	Closed: House Position
18	ABLE - repeal FAFSA requirement	s. 1009.891, F.S.	Not in Senate bill.	House Position: Repeal FAFSA requirement for ABLE	Accept House Offer	Closed	Closed: House Position
19	Reviser's Bill for 2014 GED	N/A	Directs creation of reviser's bill to change GED terminology.	Accept Senate Position	Accept House offer to adopt Senate position.	Closed	Closed: Senate Position

	ISSUE	Statutes affected	SENATE BILL 1720	HOUSE OFFER #1	SENATE OFFER #1	HOUSE FINAL OFFER	SENATE BUMP OFFER # 1
20	Developmental Education -- terminology	ss. 250.10, 1001.03, 1001.64, 1004.02, 1007.21, 1008.34, 1009.23, 1009.73, 1009.53, F.S.	Changes terminology relating to developmental education (to remove reference to college-preparatory instruction)	House Position: Changes terms relating to developmental ed and college placement test	Senate Position	Maintain House Position in CS/CS/ HB 7057	Modified Senate Position
21	Dev Ed - General Powers of the State Board of Education.	s. 1001.02(4)(g), F.S.	Revises language relating to SBE specifying in rule the college credit courses that may be taken by FCS students who are concurrently participating in developmental education	House Position: s. 1001.02(4)(g) deleted because it is an obsolete rule provision - SBE does not identify these courses		Maintain House Position in CS/CS/ HB 7057	House Position
22	Dev Ed -- General powers of the State Board of Education (tuition)	s. 1001.02(5), F.S.	Deletes authority for SBE to establish tuition and out of state fees for college preparatory instruction.	House Position: conforming change only to s. 1001.02(5), F.S.	Senate Position	Maintain House Position in CS/CS/ HB 7057	House Position
23	Dev Ed -- General powers of the State Board of Education	s. 1001.02(6)(c), F.S.	Deletes authority for the SBE to adopt rules to require students to acquire college-level skills through college-preparatory instruction before progressing from one level to the next.	House Position: no amendment to s. 1001.02(6)(c), F.S.	Senate Position	Maintain House Position in CS/CS/ HB 7057	Delete from the bill. (Amending this statute is not pertinent for the developmental education changes addressed in the bill.)
24	Dev Ed -- Definitions	s. 1004.02, F.S.	Limits Developmental Education definition to "while also enrolled in college credit instruction"	House Position: Revises definition and includes terminology changes without limiting developmental education delivery options	Senate Position	Maintain House Position in CS/CS/ HB 7057	House Position
25	Dev Ed -- Adult General Education	s. 1004.93, F.S.	Deletes funding provisions and rule-making authority relating to college preparatory instruction.	House Position: Conforming terminology changes only	Senate Position	Maintain House Position in CS/CS/ HB 7057	House Position
26	Dev Ed -- FCS institutions; admissions of students	s. 1007.263, F.S.	Requires FCS institutions' admissions counseling to provide students with developmental education options.	House Position: Similar language but provides flexibility for innovative practices	Senate Position	Maintain House Position in CS/CS/ HB 7057	Senate Position.
27	Dev Ed -- Dual Enrollment programs	s. 1007.271, F.S.	Revises terminology relating to developmental education.	Accept Senate Position (with terminology change from "common" to "college")	Senate Position	Maintain House Position in CS/CS/ HB 7057	Senate Position
28	Dev Ed -- Definitions	s. 1008.02, F.S.	Provides for definitions related to developmental education and prohibits offering developmental education as a non-credit course for which a student pays tuition.	House Position: Many similarities to Senate language, but does not expressly prohibit any method of delivery of developmental education for which a student pays tuition	Senate Position	Maintain House Position in CS/CS/ HB 7057	House Position

	ISSUE	Statutes affected	SENATE BILL 1720	HOUSE OFFER #1	SENATE OFFER #1	HOUSE FINAL OFFER	SENATE BUMP OFFER # 1
29	Dev Ed - Common Placement Testing / Developmental Education	s. 1008.30, F.S.	Revises developmental education programs to require corequisite enrollment in college credit courses; requires the SBE to adopts rules to implement developmental education, including alternative assessments to the common placement test; and strikes requirements for college preparatory instruction.	House Position: Many similarities, but does not limit to corequisite enrollment; Requires institutions to submit an approved plan for implementing developmental education; Provides for accountability and data collection; makes additional conforming terminology changes.	Senate Position	Maintain House Position in CS/CS/ HB 7057	Modified Senate Position
30	Dev Ed -- Postsecondary Feedback of information to high schools	s. 1008.37, F.S.	Revises language relating to the postsecondary feedback report and developmental education	Accept Senate Position (with additional conforming terminology changes from House)	Senate Position	Maintain House Position in CS/CS/ HB 7057	Senate Position
31	Dev Ed -- Workforce Education Postsecondary Student Fees	s. 1009.22, F.S.	Deletes authority for FCS institutions to charge fees for college preparatory instruction. No tuition or fee increases.	House Position: Does not delete language	Senate Position	Maintain House Position in CS/CS/ HB 7057	Modified House Position
32	Dev Ed -- FCS institution fees	s. 1009.23, F.S.	Deletes authorization for FCS institutions to charge fees for non-credit college preparatory courses. No tuition or fee increases.	House Position: Do not eliminate reference to developmental ed in tuition and fee structure; revise tuition rates to reflect updated numbers	Senate Position	Maintain House Position in CS/CS/ HB 7057	Modified House Position
33	FCS institution fees and tuition for non-resident distance learning students	s. 1009.23, F.S.	Not in Senate bill.	House Position: Allows for FCS boards of trustees to establish differential out of state fee for non-resident distance learners	Senate Position	Closed: House Position	House Position
34	Dev Ed -- FCS Institution fees	s. 1009.23, F.S.	Eliminates authority for FCS institutions to assess a technology fee for non-credit college preparatory instruction.	House Position: Does not delete fee authority	Senate Position	Maintain House Position in CS/CS/ HB 7057	House Position
35	Dev Ed -- Fees for repeated enrollment in developmental ed courses	s. 1009.28, F.S.	Repeals section.	House Position: Does not repeal section	Senate Position	Maintain House Position in CS/CS/ HB 7057	Modified House Position
36	Dev Ed -- Fees for repeated enrollment in college credit courses	s. 1009.285, F.S.	Requires 100% fee for repeated enrollment in college credit course on 2nd attempt, except for students enrolled in a gateway course for an extended period of time.	House Position: NO change to current policy	Senate Position	Maintain House Position in CS/CS/ HB 7057	House Position
37	Dev Ed -- Excess Hours Calculation	s. 1009.286, F.S.	Eliminates remedial courses as an exception to the excess hours calculation.	House Position: NO change to current policy	Senate Position	Maintain House Position in CS/CS/ HB 7057	House Position

	ISSUE	Statutes affected	SENATE BILL 1720	HOUSE OFFER #1	SENATE OFFER #1	HOUSE FINAL OFFER	SENATE BUMP OFFER # 1
38	Dev Ed -- Requirements for financial aid eligibility	s. 1009.40, F.S.	Revises developmental education terminology and deletes an obsolete reference to the CLAST test.	House Position: No change to current policy; conforming terminology changes only.	Senate Position	Maintain House Position in CS/CS/ HB 7057	Senate Position
39	Dev Ed -- Determining state financial support and apportionment of state funds	s. 1011.84, F.S.	Makes changes relating to developmental education report.	Accept Senate Position	Senate Position	Maintain House Position in CS/CS/ HB 7057	Senate Position
40	School Grades and School Improvement Rating	ss 1008.34 and 1008.341, F.S.					New section: Specify minimum sample size, minimum percentage of students tested, and other data necessary for schools to receive a school grade or school improvement rating. Define "colocated schools" for purposes of school accountability. Require specified content to be included on student report cards that are distributed to parents.
41	MSID	s. 1008.385, F.S.					New section: Direct DOE to develop criteria for issuing and revoking master school identification (MSID) numbers.
42	Data - CIE	s. 1005.22, F.S.					New Section: Establishes dates by which licensed private postsecondary institutions must report data to CIE for education accountability purposes. Require private postsecondary institutions licensed by the Commission for Independent Education (CIE) to annually report data.
43	Effective Date		Except as otherwise expressly provided, July 1, 2013	Closed (identical)	Closed (Identical 1720 and 7057 provisions)	Closed	Closed (Identical 1720 and 7057 provisions)

CONFERENCE OFFERS RELATING TO SB 1802 STATE EMPLOYEE HEALTH INSURANCE PROGRAM

Line	Issue	SB 1802	HB 5013	Senate Offer 1
1	Section 110.123(2)			
1a	Definition of “full-time state employees”	Includes employees who have worked or are expected to work an average of 30 or more hours per week; includes those employees paid from OPS funds.	Technical change	Modified Senate Position; see proposed language
1b	Definition of “part-time state employees”	Employees working less than an average of 30 hours (and not paid from OPS funds)	Clarifies that fulltime OPS employees are not part-time state employees	Senate Position
1c	Definition of “full-time other-personal-services employees”	Not included	Relies on PPACA and its associated regulations to define full-time employees	Senate Position
1d	Measurement and Stability Period	12 months	Silent	Modified Senate Position; see proposed language
2	Section 110.123(3)			
2a	Coverage in program	OPS employees are first eligible for coverage on January 1, 2014. Full time OPS employees hired before January 1, 2014 who meet the conditions of full-time employment are eligible to participate in health program for CY 2014 as long as they remain employed by participating employer (regardless of hours worked)	Allows full-time OPS employees (as defined by PPACA) to participate in health program;	Modified Senate Position; see proposed language
2b	Type of benefits	Same coverage as other employees	Suggests that a separate benefit plan could be developed for full-time OPS employees	Senate Position
2c	Rulemaking authority	No new rulemaking authority	Grants rulemaking authority to DMS relating to classification of full-time OPS employees	Modified Senate Position to allow emergency rules relating to complying with federal eligibility requirements; see proposed language

Line	Issue	SB 1802	HB 5013	Senate Offer 1
3	Section 110.123(4)			
	Proration of part-time employee premiums paid by state	Part-time employees (working less than 30 hours per week) continue to receive prorated state contributions for health insurance premiums. Full-time employees (working 30 or more hours per week) receive full state contributions for health insurance premiums	Silent	Senate Position
4	Section 110.123(12)			
	Contributions to health savings accounts	Continues state contributions for health savings accounts at \$500 per year for individual coverage and \$1000 per year for family coverage for FY 2013-14. Thereafter, contributions are set in the GAA.	Silent (contained in implementing bill for FY 2013-14 only)	Senate Position
5	Section 110.123(13)			
	Reporting requirements for OPS employees	Requires participating employers to provide certain information on its employees to ensure compliance with federal law	Silent	Senate Position
6	Section 110.12315			
	Prescription drug copayments	Reenacts current copayment levels.	Silent (contained in implementing bill)	House Position
7	Repeal of s. 53 of chapter 2012-119, Laws of Florida	Repeals prior law that would revert the copayments to prior year levels	Silent (contained in implementing bill)	House Position
8	Section 110.131			
	Benefits for OPS employees	Allows OPS employees who work an average of 30 hours or more per week or is reasonably expected to work 30 or more hours per week is eligible for health insurance coverage beginning January 1, 2014.	Similar language with similar intent	Senate Position

CONFERENCE ON HB 5401

	Issue	Senate Position	House Position	Senate Offer 1
1	Transparency Florida Act			Senate offers the substance of SB 1764, 1 st Engrossed, as modified below.
2	Transparency Websites	Create four websites – 1 containing all links; 1 for budgeting information; 1 for planning information and 1 for salary information	Current law	Senate Position (lines 44 through 262 of SB 1764, 1 st Eng)
3	User Experience Task Force	Create task force to ensure consistency between websites (i.e., search functions, glossary, etc.) and develop plan for a single consolidated website	Silent	Senate Position (lines 403-439 of SB 1764, 1 st Eng)
4	Contract Tracking System			Modified Senate Position (see attached proposed language)
4a	Entities required to comply	Executive and judicial branch	Executive branch excluding DFS, DACS and DLA	Modified Senate Position which requires all executive and judicial branch agencies to comply; however, in lieu of posting to the contract tracking system, DLA and DACS can post on their own agency-managed websites with download capability of the data
4b	Documents to be posted	Contracts and procurement documents relating to new and modified contracts	New and modified contracts and any existing contracts executed prior to July 1, 2013	Modified Senate Position to include (a) all contracts payable from state funds after June 30, 2013, and (b) limiting the documents to be posted to the contracts, the procurement documents released by the contracting agency as part of a formal solicitation and those documents submitted by the winning vendor in response to that formal solicitation