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|--------------|---|---|-----|----------------|--|
| Tab 1 | SB 144 by Grimsley (CO-INTRODUCERS) Stargel ; (Identical to H 00119) Adult Cardiovascular Services | | | | |
| Tab 2 | SB 434 by Passidomo (CO-INTRODUCERS) Book, Young, Hutson, Campbell ; (Similar to H 00407) Neonatal Abstinence Syndrome Pilot Project | | | | |
| 454658 | D | S | RCS | AHS, Passidomo | Delete everything after 12/07 03:01 PM |
| Tab 3 | SB 498 by Garcia ; Office of Public and Professional Guardians Direct-support Organization | | | | |

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
**APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND
HUMAN SERVICES**
Senator Flores, Chair
Senator Stargel, Vice Chair

MEETING DATE: Thursday, December 7, 2017

TIME: 12:30—3:30 p.m.

PLACE: James E. "Jim" King, Jr. Committee Room, 401 Senate Office Building

MEMBERS: Senator Flores, Chair; Senator Stargel, Vice Chair; Senators Baxley, Book, Passidomo, Powell, and Rader

| TAB | BILL NO. and INTRODUCER | BILL DESCRIPTION and SENATE COMMITTEE ACTIONS | COMMITTEE ACTION |
|-----|---|---|----------------------------|
| 1 | SB 144 Grimsley (Identical H 119, Compare H 597, S 622) | Adult Cardiovascular Services; Establishing criteria that must be included by the Agency for Health Care Administration in rules relating to the licensure of certain hospitals performing percutaneous coronary intervention procedures, etc. HP 11/07/2017 Favorable AHS 12/07/2017 Favorable AP RC | Favorable Yeas 7 Nays 0 |
| 2 | SB 434 Passidomo (Similar H 407) | Neonatal Abstinence Syndrome Pilot Project; Requiring the Agency for Health Care Administration, in consultation with the Department of Children and Families, to establish a pilot project to license one or more facilities in Medicaid Region 8 to treat infants who suffer from neonatal abstinence syndrome in certain circumstances; authorizing the agency to charge an initial licensure fee and a biennial renewal fee; prohibiting a facility licensed under this section from treating an infant for longer than 6 months; requiring the Department of Health to contract with a state university to study certain components of the pilot project and establish certain baseline data for studies on the neurodevelopmental outcomes of infants with neonatal abstinence syndrome, etc. HP 11/07/2017 Favorable AHS 12/07/2017 Fav/CS AP | Fav/CS Yeas 7 Nays 0 |
| 3 | SB 498 Garcia | Office of Public and Professional Guardians Direct-support Organization; Abrogating the scheduled repeal of provisions governing a direct-support organization established under the Office of Public and Professional Guardians within the Department of Elderly Affairs, etc. CF 11/13/2017 Favorable AHS 12/07/2017 Favorable AP | Favorable Yeas 7 Nays 0 |
| 4 | Presentation on Governor's Fiscal Year 2018-2019 Budget Recommendations | | Presented |

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Subcommittee on Health and Human Services
Thursday, December 7, 2017, 12:30—3:30 p.m.

| TAB | BILL NO. and INTRODUCER | BILL DESCRIPTION and SENATE COMMITTEE ACTIONS | COMMITTEE ACTION |
|-------|---------------------------------------|--|------------------|
| | Agency for Health Care Administration | | |
| | Agency for Persons with Disabilities | | |
| | Department of Children and Families | | |
| | Department of Elderly Affairs | | |
| | Department of Health | | |
| | Department of Veterans' Affairs | | |
| <hr/> | | | |
| | Other Related Meeting Documents | | |

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: SB 144

INTRODUCER: Senator Grimsley

SUBJECT: Adult Cardiovascular Services

DATE: December 6, 2017

REVISED: _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|--------------|-----------------|------------|--------------------|
| 1. | <u>Looke</u> | <u>Stovall</u> | <u>HP</u> | Favorable |
| 2. | <u>Kidd</u> | <u>Williams</u> | <u>AHS</u> | Pre-meeting |
| 3. | _____ | _____ | <u>AP</u> | _____ |
| 4. | _____ | _____ | <u>RC</u> | _____ |

I. Summary:

SB 144 requires the Agency for Health Care Administration (AHCA) to include in its licensure rules for hospitals providing adult cardiovascular services that nursing and technical staff have demonstrated experience in handling acutely ill patients requiring intervention in dedicated cardiovascular interventional laboratories or surgical centers. Current AHCA rules require the experience to be acquired in a hospital providing percutaneous coronary intervention (PCI) with onsite cardiac surgery (licensure Level II). The bill allows the experience also to be acquired in a Level I hospital (providing PCI without onsite cardiac surgery) if, at the time the experience was acquired, the Level I dedicated cardiovascular interventional laboratory met specified minimum standards for volume, performance, and types of procedures performed.

This bill has no fiscal impact on state funds.

The bill takes effect on July 1, 2018.

II. Present Situation:

Percutaneous coronary intervention (PCI), also commonly known as coronary angioplasty or angioplasty, is a nonsurgical technique for treating obstructive coronary artery disease, including unstable angina, acute myocardial infarction, and multi-vessel coronary artery disease.¹

PCI uses a catheter to insert a small structure called a stent to reopen blood vessels in the heart that have been narrowed by plaque build-up, a condition known as atherosclerosis. Using a special type of X-ray called fluoroscopy, the catheter is threaded through blood vessels into the

¹ Medscape: Percutaneous cardiac intervention, available at <http://emedicine.medscape.com/article/161446-overview>, (last visited Oct. 30, 2017).

heart where the coronary artery is narrowed. When the tip is in place, a balloon tip covered with a stent is inflated. The balloon tip compresses the plaque and expands the stent. Once the plaque is compressed and the stent is in place, the balloon is deflated and withdrawn. The stent stays in the artery, holding it open.²

Hospital and Adult Cardiovascular Services Licensure and Regulation

Hospitals are regulated by the AHCA under ch. 395, F.S., and the general licensure provisions of part II of ch. 408, F.S. Hospitals are subject to the certificate of need (CON) provisions in part I of ch. 408, F.S. A CON is a written statement issued by the AHCA evidencing community need for a new, converted, expanded, or otherwise significantly modified health care facility or health service.³

Adult cardiovascular services (ACS), including PCI, were previously regulated through the CON program.⁴ However, in 2004, the Legislature established a licensure process for adult interventional cardiology services (the predecessor terminology for ACS), dependent upon rulemaking, in lieu of the CON procedure.⁵ Among other things, that law required the rules to establish two hospital program licensure levels: a Level I program authorizing the performance of adult primary PCI for emergency patients without onsite cardiac surgery, and a Level II program authorizing the performance of PCI with onsite cardiac surgery.⁶ Additionally the rules must require compliance with the most recent guidelines of the American College of Cardiology and American Heart Association guidelines for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient-selection criteria to ensure quality and safety.⁷

The AHCA adopted rules for Level I ACS⁸ and Level II ACS.⁹ Staffing rules for both levels require the nursing and technical catheterization laboratory staff to meet the following:

- Be experienced in handling acutely ill patients requiring intervention or balloon pump;
- Have at least 500 hours of previous experience in dedicated cardiac interventional laboratories at a hospital with a Level II ACS program;¹⁰
- Be skilled in all aspects of interventional cardiology equipment; and
- Participate in a 24-hour-per-day, 365 day-per-year call schedule;

² Heart and Stroke Foundation, available at <https://www.heartandstroke.ca/heart/treatments/surgery-and-other-procedures/percutaneous-coronary-intervention>, (last visited Oct. 30, 2017).

³ Section 408.032(3), F.S.

⁴ See s. 408.036(3)(m) and (n), F.S., allowing for an exemption from the full review process for certain adult open-heart services and PCI services.

⁵ Ch. 2004-383, s. 7, Laws of Fla.

⁶ Level I and Level II ACS programs may also perform adult diagnostic cardiac catheterization in accordance with Rule 59A-3.2085(13), F.A.C. Adult diagnostic cardiac catheterization involves the insertion of a catheter into one or more heart chambers for the purpose of diagnosing cardiovascular diseases.

⁷ See s. 408.0361(3), F.S.

⁸ Fla. Admin. Code R. 59A-3.2085(16)

⁹ Fla. Admin. Code R. 59A-3.2085(17)

¹⁰ The standard in the CON exemption in s. 408.036(3)(n), F.S., for providing PCI in a hospital without an approved adult open-heart-surgery program required previous experience in dedicated interventional laboratories or surgical centers.

One of the authoritative sources referenced in the AHCA's rulemaking is The American College of Cardiology/American Heart Association Task Force on Practice Guidelines' report: ACC/AHA/SCAI 2005 Guideline Update for PCI.¹¹ Table 15 in that report provides criteria for the performance of primary PCI at hospitals without onsite cardiac surgery. It states:

The nursing and technical catheterization laboratory staff must be experienced in handling acutely ill patients and must be comfortable with interventional equipment. They must have acquired experience in dedicated interventional laboratories at a surgical center.

In 2014, the Society for Cardiovascular Angiography and Interventions, the American College of Cardiology Foundation, and the American Heart Association, Inc., issued the SCAI/ACC/AHA Expert Consensus Document: 2014 Update on PCI Without On-Site Surgical Backup.¹² That report acknowledged advances and best practices in PCI performed in hospitals without onsite surgery. Table IV in that report addresses personnel requirements for PCI programs without onsite surgery. It recommends the program have experienced nursing and technical laboratory staff with training in interventional laboratories. The report does not reference a requirement that the training or experience should occur in a dedicated interventional laboratory at a surgical center.

As of October 31, 2017, there are 56 Florida hospitals providing Level I ACS services and 79 Florida hospitals providing Level II ACS services.¹³

III. Effect of Proposed Changes:

The bill requires AHCA licensure rules for hospitals providing ACS to include, at a minimum, a requirement that all nursing and technical staff have demonstrated experience in handling acutely ill patients requiring PCI in dedicated cardiac interventional laboratories or surgical centers. A staff member's previous experience in a dedicated cardiac interventional laboratory at a hospital that did not have an approved adult open-heart-surgery program will qualify if the laboratory met the following criteria during the staff member's tenure. The laboratory must have:

- Had an annual volume of 500 or more PCI procedures;
- Achieved a demonstrated success rate of 95 percent or higher for PCI;
- Experienced a complication rate of less than 5 percent for PCI; and

¹¹ Smith SC Jr, Feldman TE, Hirshfeld JW Jr, Jacobs AK, Kern MJ, King SB III, Morrison DA, O'Neill WW, Schaff HV, Whitlow PL, Williams DO. ACC/AHA/SCAI 2005 guideline update for percutaneous coronary intervention: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (ACC/AHA/SCAI Writing Committee to Update the 2001 Guidelines for Percutaneous Coronary Intervention). the Society for Cardiovascular Angiography and Interventions Web Site, *available at* http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwizrYy2zubKAhUBfSYKHafZCiAQFggvMAI&url=http%3A%2F%2Fwww.scai.org%2Fasset.axd%3Fid%3Da1d96b40-b6c7-42e7-9b71-1090e581b58c%26t%3D634128854999430000&usq=AFQjCNF0t0334L9yMm_XLA5rl0pXoCvPDw (last visited Oct. 30, 2017).

¹² Gregory J. Dehmer, et.al, *available at* <http://circ.ahajournals.org/content/129/24/2610.full.pdf+html> (last visited Oct. 30, 2017).

¹³ See The AHCA FloridaHealthFinder.gov *available at* <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx>, (last visited Oct. 31, 2017).

- Performed diverse cardiac procedures, including, but not limited to, balloon angioplasty and stenting, rotational atherectomy, cutting balloon atheroma remodeling, and procedures relating to left ventricular support capability.

The bill also makes technical changes replacing the term “percutaneous cardiac intervention” with “percutaneous coronary intervention.”

The bill takes effect July 1, 2018.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

SB 144 may have a positive fiscal impact on hospitals providing Level I ACS by expanding the number of programs where their nursing and technical staff may be trained as well as potentially allowing such hospitals to provide the required training at their own facilities.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill’s mandate to establish rules to require nursing and technical staff in hospitals performing adult cardiovascular services to have specified experience appears to apply to both hospitals providing Level I and Level II services, however, this is placed within a statutory paragraph only

relating to a hospital seeking a Level I program license. As such, it is unclear whether the staff training requirement applies to both hospitals providing Level I and Level II services or only to hospitals providing Level I services. The bill may need to be amended to indicate clearly to which hospitals the requirement applies.

VIII. Statutes Affected:

This bill substantially amends section 408.0361 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

By Senator Grimsley

26-00116-18

2018144__

1 A bill to be entitled
 2 An act relating to adult cardiovascular services;
 3 amending s. 408.0361, F.S.; establishing criteria that
 4 must be included by the Agency for Health Care
 5 Administration in rules relating to the licensure of
 6 certain hospitals performing percutaneous coronary
 7 intervention procedures; providing an effective date.
 8
 9 Be It Enacted by the Legislature of the State of Florida:
 10
 11 Section 1. Paragraphs (a) and (b) of subsection (3) of
 12 section 408.0361, Florida Statutes, are amended to read:
 13 408.0361 Cardiovascular services and burn unit licensure.—
 14 (3) In establishing rules for adult cardiovascular
 15 services, the agency shall include provisions that allow for:
 16 (a) Establishment of two hospital program licensure levels:
 17 a Level I program authorizing the performance of adult
 18 percutaneous ~~coronary cardiac~~ intervention without onsite
 19 cardiac surgery and a Level II program authorizing the
 20 performance of percutaneous ~~coronary cardiac~~ intervention with
 21 onsite cardiac surgery.
 22 (b) For a hospital seeking a Level I program, demonstration
 23 that, for the most recent 12-month period as reported to the
 24 agency, it has provided a minimum of 300 adult inpatient and
 25 outpatient diagnostic cardiac catheterizations or, for the most
 26 recent 12-month period, has discharged or transferred at least
 27 300 inpatients with the principal diagnosis of ischemic heart
 28 disease and that it has a formalized, written transfer agreement
 29 with a hospital that has a Level II program, including written

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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30 transport protocols to ensure safe and efficient transfer of a
 31 patient within 60 minutes. However, a hospital located more than
 32 100 road miles from the closest Level II adult cardiovascular
 33 services program does not need to meet the 60-minute transfer
 34 time protocol if the hospital demonstrates that it has a
 35 formalized, written transfer agreement with a hospital that has
 36 a Level II program. The agreement must include written transport
 37 protocols to ensure the safe and efficient transfer of a
 38 patient, taking into consideration the patient's clinical and
 39 physical characteristics, road and weather conditions, and
 40 viability of ground and air ambulance service to transfer the
 41 patient. At a minimum, the rules for adult cardiovascular
 42 services must require nursing and technical staff to have
 43 demonstrated experience in handling acutely ill patients
 44 requiring intervention based on the staff members' previous
 45 experience in dedicated cardiovascular interventional
 46 laboratories or surgical centers. If a staff member's previous
 47 experience is in a dedicated cardiovascular interventional
 48 laboratory at a hospital that does not have an approved adult
 49 open-heart surgery program, the staff member's previous
 50 experience qualifies only if, at the time the staff member
 51 acquired his or her experience, the dedicated cardiovascular
 52 interventional laboratory:
 53 1. Had an annual volume of 500 or more percutaneous
 54 coronary intervention procedures;
 55 2. Achieved a demonstrated success rate of 95 percent or
 56 greater for percutaneous coronary intervention procedures;
 57 3. Experienced a complication rate of less than 5 percent
 58 for percutaneous coronary intervention procedures; and

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59 4. Performed diverse cardiac procedures, including, but not
60 limited to, balloon angioplasty and stenting, rotational
61 atherectomy, cutting balloon atheroma remodeling, and procedures
62 relating to left ventricular support capability.

63 Section 2. This act shall take effect July 1, 2018.



The Florida Senate

Committee Agenda Request

To: Senator Anitere Flores, Chair
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: November 7, 2017

I respectfully request that **Senate Bill #144**, relating to Adult Cardiovascular Services, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in cursive script that reads "Denise Grimsley".

Senator Denise Grimsley
Florida Senate, District 26

cc: Phil Williams, Staff Director
Robin Jackson, Committee Administrative Assistant

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: SB 434

INTRODUCER: Senator Passidomo and others

SUBJECT: Neonatal Abstinence Syndrome Pilot Project

DATE: December 6, 2017

REVISED: _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|--------------|-----------------|------------|--------------------|
| 1. | <u>Looke</u> | <u>Stovall</u> | <u>HP</u> | Favorable |
| 2. | <u>Kidd</u> | <u>Williams</u> | <u>AHS</u> | Pre-meeting |
| 3. | _____ | _____ | <u>AP</u> | _____ |

I. Summary:

SB 434 establishes a pilot project to license facilities specifically to treat neonatal abstinence syndrome (NAS) that, subject to specific appropriation, will begin on July 1, 2018, and expire on June 30, 2020. The bill requires the Agency for Health Care Administration (AHCA), in consultation with the Department of Children and Families (DCF), to establish a licensure program in AHCA region 8¹ for a community-based care option to treat infants with NAS after they have been stabilized in a hospital. The bill also establishes minimum standards that a facility must meet in order to obtain a license. The bill requires the Department of Health (DOH) to contract with a state university to study the risks, benefits, cost differentials, and transition to social services for infants treated at facilities licensed under the pilot project as well as the establishment of baseline data for long term studies on the neurodevelopmental outcomes for infants with NAS.

The AHCA is expected to incur costs of \$200,000 in FY 2018-2019 relating to implementation of the new licenses. The DOH is expected to incur costs of \$140,000 in FY 2018-2019 and \$70,000 in FY 2019-2020 relating to the pilot project study. The funding for the services provided under the pilot project established by the bill is subject to a specific appropriation. The amount of such appropriation is unknown at this time but is expected to be less than the costs of the services provided in a traditional setting.

The bill takes effect upon becoming a law.

¹ AHCA region 8 includes Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Monroe and Sarasota counties.

II. Present Situation:

Neonatal Abstinence Syndrome

NAS occurs in a newborn who was exposed to addictive opiate drugs while in the mother's womb. The most common opiate drugs that are associated with NAS are heroin, codeine, oxycodone (oxycontin), methadone and buprenorphine.² When a pregnant mother uses opiate drugs the fetus can become addicted to the drug in-utero. Since the baby is no longer receiving the opiate drug from its mother when born, the baby may go into opiate withdrawal. The baby may exhibit symptoms including: blotchy skin coloring (mottling), diarrhea, excessive crying or high-pitched crying, excessive sucking, fever, hyperactive reflexes, increased muscle tone, irritability, jitteriness, poor feeding, rapid breathing, seizures, sleep problems, slow weight gain, stuffy nose, sneezing, sweating, trembling (tremors), and vomiting.³ Most symptoms begin within 72 hours of birth, but some may appear immediately after birth or up to several weeks after birth. Symptoms can last between one week and 6 months.⁴ Additional complications from NAS may include low birthweight, jaundice, the need for treatment in a neonatal intensive care unit (NICU), and the need for treatment with medicine.⁵

In correlation with the general increase in the rate of opioid addiction, the rate of NAS in Florida has increased between 1998 and 2013 from approximately 66.7 to 69.2 infants per 10,000 live births. However, between 2013 and 2014 the rate increased significantly to 76.6 infants per 10,000 live births, which is an increase of approximately 10 percent. The rate of NAS is substantially higher among non-Hispanic white infants (156.2) when compared to non-Hispanic black infants (26.6) and Hispanic infants (20.2).⁶

Non-hospital Based Treatment of Infants with NAS

Infants with NAS are at increased risk for admission to the neonatal intensive care unit, birth complications, the need for pharmacologic treatment, and a prolonged hospital stay, all of which are outcomes that separate the mother and her infant at a critical time for infant development and bonding. The average length of a hospital stay for an infant with NAS is 17 days overall and 23 days for those requiring treatment. Prolonged hospitalization results in the use of a greater portion of health care resources for the care of infants with the NAS than for those without the syndrome.⁷

West Virginia has had success in reducing the length of hospital stays for newborns and infants with NAS through the use of a neonatal abstinence center called "Lily's Place." Lily's Place is a facility that provides a safe recovery environment for the infant, offers parental education, and

² DOH *Neonatal Abstinence Syndrome*, available at <http://www.floridahealth.gov/diseases-and-conditions/neonatal-abstinence-syndrome/index.html>, (last visited Oct. 31, 2017).

³ *Supra* n. 2

⁴ The March of Dimes, *Neonatal Abstinence Syndrome (NAS)* (June 2017), available at [https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-\(nas\).aspx](https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-(nas).aspx), (last visited Oct. 31, 2017).

⁵ *Id.*

⁶ Department of Health, *Senate Bill 434 Analysis* (on file with the Senate Committee on Health Policy).

⁷ Karen McQueen, R.N., Ph.D., and Jodie Murphy-Oikonen, M.S.W., Ph.D., *Neonatal Abstinence Syndrome* (December 22, 2016), the New England Journal of Medicine, available at <http://www.nejm.org/doi/full/10.1056/NEJMra1600879#t=article>, (last visited Nov. 1, 2017).

makes referrals to addiction-recovery programs for caregivers when appropriate. The 7,500 square foot facility was donated and renovated by community volunteers and grant-funded staff to serve as an outpatient neonatal abstinence center.⁸

After creation of Lily's Place, all inpatient newborns were admitted at birth to newborn nursery or NICU if comorbidities existed. When it was determined that medication was required for treatment of NAS, infants were moved to the neonatal therapeutic unit (NTU) or secondarily to NICU when beds were unavailable. After initial assessment and stabilization, neonates could be sent to Lily's Place when beds were available. Babies were preferentially transferred to Lily's Place who were considered to potentially benefit from private rooms with less external stimulation. The protocol for medication management of NAS was the same for the NICU, NTU and Lily's Place.⁹

A study from Cabell Huntington Hospital of the effectiveness Lily's Place found that it contributed to an overall decrease in the number of infants admitted to the NICU. This decrease relieved the strain of an increasing NAS population crowding the hospital's NICU and the study concluded that without [Lily's Place and the opening of the NTU] the NICU would be in a critical state of gridlock and diversion. Additionally, the study found that Lily's Place provided care to NAS infants at a significantly lower cost, charging only \$17,688 on average versus \$90,601 for an NAS infant in the NICU.¹⁰

Mandatory Reporting and DCF Investigations of Child Abuse

Section 39.201, F.S., requires any person who knows, or has reasonable cause to suspect, that a child is abused to report such knowledge or suspicion to the Department of Children and Families (DCF). For the purposes of such reporting, "abuse" means any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm¹¹ and the definition of "harm" includes exposing a child to a controlled substance or alcohol. Exposure to a controlled substance or alcohol is established by:

- A test, administered at birth, which indicated that the child's blood, urine, or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant; or
- Evidence of extensive, abusive, and chronic use of a controlled substance or alcohol by a parent when the child is demonstrably adversely affected by such usage.¹²

Once reported, the DCF must commence an investigation immediately if it appears that the immediate safety or well-being of a child is endangered, that the family may flee or the child will be unavailable for purposes of conducting a child protective investigation, or that the facts otherwise so warrant, or within 24 hours after receiving the report. If the investigation warrants,

⁸ S. Loudin, et. al., *A management strategy that reduces NICU admissions and decreases charges from the front line of the neonatal abstinence syndrome epidemic* (July 6, 2017) *Journal of Perinatology*, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5633652/>, (last visited Nov. 1, 2017).

⁹ *Supra* note 8

¹⁰ *Id.*

¹¹ s. 39.01(2), F.S.

¹² s. 39.01(30)(g), F.S.

a child may be taken into custody by an authorized agent of the DCF if the agent has probable cause to support a finding that the child has been abused. After taking the child into custody the DCF must review the facts of the case and determine whether to file a shelter petition within 24 hours of taking custody.¹³

Authority of Health Care Workers to Detain a Child

Section 39.395, F.S., authorizes any person in charge of a hospital or similar institution, or any physician or licensed health care professional treating a child, to detain that child without the consent of the parents, caregiver, or legal custodian, whether or not additional medical treatment is required, if the circumstances are such, or if the condition of the child is such that returning the child to the care or custody of the parents, caregiver, or legal custodian presents an imminent danger to the child's life or physical or mental health. After doing so, any such person detaining a child must immediately notify the DCF, whereupon the DCF must immediately begin a child protective investigation in accordance with the provisions of this chapter and must make every reasonable effort to immediately notify the parents or legal custodian that such child has been detained. If the department determines, according to the criteria set forth in this chapter, that the child should be detained longer than 24 hours, it shall petition the court through the attorney representing the DCF as quickly as possible, and not to exceed 24 hours, for an order authorizing such custody in the same manner as if the child were placed in a shelter.

III. Effect of Proposed Changes:

SB 434 creates s. 409.9134, F.S. to establish a pilot project to license facilities specifically to treat NAS that, subject to a specific appropriation, will begin on July 1, 2018, and expire on June 30, 2020.

The bill defines the terms:

- “Infant” to include both the terms “newborn” and “infant” as defined in s. 383.145, F.S. As defined in that section “newborn” means an age range from birth to 29 days old and “infant” means an age range from 30 days to 12 months; and
- “Neonatal abstinence syndrome” to mean the postnatal opioid withdrawal experienced by an infant who is exposed in utero to opioids or agents used to treat maternal opioid addiction.

The bill requires the AHCA, in consultation with the DCF, to establish a pilot project in AHCA region 8¹⁴ to license one or more facilities to treat infants who suffer from NAS by providing a community-based care option, rather than hospitalization, after an infant has been stabilized. The bill authorizes the AHCA to charge an initial licensure fee and biennial renewal fee of up to \$1,000; applies the licensure standards of part II of ch. 408, F.S.;¹⁵ exempts facilities licensed under this program from the requirement to obtain a certificate of need; and requires the AHCA, in consultation with the DCF, to adopt rules for minimum licensure standards including:

- Requirements for physical plant and maintenance of facilities;
- Compliance with local building and fire codes;

¹³ s. 39.401, F.S.

¹⁴ Supra note 1.

¹⁵ Part II of ch. 408, F.S., contains the general provisions for health care facility licensing.

- The number, training, and qualifications of essential personnel employed by and working under contract with the facility;
- Staffing requirements intended to ensure adequate staffing to protect the safety of infants being treated in the facility;
- Sanitation requirements for the facility;
- Requirements for programs, basic services, and care provided to infants treated by the facility and their parents;
- Requirements for the maintenance of medical records, data, and other relevant information related to infants treated by the facility; and
- Requirements for application for initial licensure and licensure renewal.

The bill also establishes minimum requirements that, in order to obtain a license and participate in the pilot project, each facility must:

- Be a private, not-for-profit Florida corporation;
- Be a Medicaid provider;¹⁶
- Have an on-call medical director;
- Demonstrate an ability to provide 24-hour nursing and nurturing care to infants with neonatal abstinence syndrome;
- Demonstrate an ability to provide for the medical needs of an infant being treated within the facility, including, but not limited to, pharmacotherapy and nutrition management;
- Maintain a transfer agreement with a nearby hospital that is not more than a 30-minute drive from the licensed facility;
- Demonstrate an ability to provide comfortable residential-type accommodations for an eligible mother to breastfeed her infant or to reside within the facility while her infant is being treated at that facility, if not contraindicated and if funding is available for residential services. The facility may request at any time that the mother's breast milk be tested for contaminants or that the mother submit to a drug test. The mother shall vacate the facility if she refuses to allow her breast milk to be tested or to consent to a drug test or if the facility determines that the mother poses a risk to her infant;
- Be able to provide or make available parenting education, breastfeeding education, counseling, and other resources to the parents of infants being treated at the facility including, if necessary, a referral for addiction treatment services;
- Contract and coordinate with Medicaid managed medical assistance plans as appropriate to ensure that services for both the infant and the parent or the infant's representative are timely and unduplicated;

¹⁶ The Medicaid program covered 63 percent of all births in Florida for SFY 2015-16.

- Identify, and refer parents to, social service providers, such as Healthy Start,¹⁷ Early Steps,¹⁸ and Head Start¹⁹ programs, prior to discharge, if appropriate; and
- Adhere to all applicable standards established by the AHCA.

Additionally, the bill mandates that the AHCA require level 2 background screening for facility personnel.²⁰

Facilities licensed under this program may not accept an infant with a serious or life-threatening condition other than NAS and may not treat an infant for longer than 6 months.

The bill directs the DOH to contract with a state university to study the risks, benefits, cost differentials, and the transition of infants to social services providers for the treatment of infants with NAS in hospital settings and in facilities licensed under the pilot project. The DOH must report the study results and recommendations for the continuation or expansion of the pilot project to the Legislature by December 21, 2019. The contract with the state university must also require the establishment of baseline data for longitudinal studies on the neurodevelopmental outcomes of infants with NAS and the contract may require the evaluation of outcomes and length of stay in facilities for nonpharmacologic and pharmacologic treatment of NAS. Facilities licensed under the pilot project, hospitals that provide services to infants with NAS, and Medicaid medical assistance plans must provide data to the contracted university for its research and studies in compliance with the Health Insurance Portability and Accountability Act of 1996.

The bill takes effect upon becoming a law.

¹⁷ The Healthy Start program is available statewide for eligible Medicaid recipients and provides prenatal services, post-natal, and other child-birth related assistance to low income women and children up to 185 percent of the federal poverty level and to other pregnant women who are identified to be at risk for poor birth outcomes, poor health, and poor developmental outcomes. Substance using pregnant women and exposed newborns are priority populations for automatic inclusion in the Healthy Start program, and most medical providers and hospitals automatically refer them for Healthy Start services.

¹⁸ Early Steps is Florida's early intervention program which offers services to eligible infants and toddlers (birth to age 36 months) who are identified with significant delays or conditions that are likely to result in a developmental delay. Most services are covered by insurance or Medicaid, if eligible, and are provided by local Early Steps offices. Currently, Early Steps policy does not consider NAS to be an established condition. This means that children with NAS may only be made eligible for Early Steps based on meeting a certain level of developmental delay. However, as of January 1, 2018 when new policies become effective, there will be an at-risk category of eligibility. NAS will be considered one of the at-risk conditions for Early Steps, meaning that a child with NAS will be eligible for Early Steps because NAS is known to create a risk of developmental delay. Written confirmation from a licensed physician is required to establish at-risk eligibility and must be in the child's Early Steps record. Services for such at-risk children will include: individualized family support planning, service coordination, developmental surveillance, and family support. (*See* DOH Senate Bill 434 Analysis) (on file with the Senate Committee on Health Policy).

¹⁹ Head Start is a national school readiness program for low income families that provides comprehensive education, health, nutrition, and parent involvement services. The federal government awards grants to local public agencies, private and public not-for-profit organizations, school systems, and Indian Tribes to operate the programs in local communities.

²⁰ Pursuant to s. 408.809, F.S., and ch. 435, F.S.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Families with infants with NAS who are able to use a facility licensed under the bill's provisions and their health insurers may enjoy cost savings to the extent a stay at such a facility is less costly than an extended stay in a NICU.

C. Government Sector Impact:

The AHCA has indicated a fiscal impact of \$200,000 to implement the new licensure type for the pilot project facilities.

The funding for the services provided under the pilot project established by the bill is subject to a specific appropriation. The amount of such appropriation is unknown at this time.

The bill requires the DOH to contract with a state university to conduct research and a specified study. The DOH estimates the cost of such a contract at \$140,000 during the first year and \$70,000 during the second year of the pilot project.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill creates a new license type and requires a Medicaid provider number as a condition to be licensed. However, to obtain a Medicaid provider number, a provider typically must submit a state license or authorization as part of Medicaid provider enrollment, and processing may take

several months for a provider number to be issued. This issue is under discussion with the state Medicaid program for resolution.

The current time frames established in the bill may not be achievable due to the need for AHCA to file section 1115 waivers with the Centers for Medicaid and Medicare to waive provisions relating to the need to offer services statewide and potential freedom of choice requirements. The AHCA indicates it could take up to nine to twelve months for approval of a waiver associated with this pilot project.

VIII. Statutes Affected:

This bill creates section 409.9134 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.



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LEGISLATIVE ACTION

| Senate | . | House |
|------------|---|-------|
| Comm: RCS | . | |
| 12/07/2017 | . | |
| | . | |
| | . | |
| | . | |

Appropriations Subcommittee on Health and Human Services
(Passidomo) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 409.9134, Florida Statutes, is created
to read:

409.9134 Pilot project for the treatment of infants with
neonatal abstinence syndrome.—

(1) For purposes of this section, the term:

(a) "Infant" includes both a newborn and an infant, as



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11 those terms are defined in s. 383.145.

12 (b) "Neonatal abstinence syndrome" means the postnatal
13 opioid withdrawal experienced by an infant who is exposed in
14 utero to opioids or agents used to treat maternal opioid
15 addiction.

16 (c) "Stabilized" means that, within reasonable medical
17 probability, no material deterioration of the infant's condition
18 is likely to result from, or occur during, the transfer of the
19 infant from the hospital to a facility licensed under this
20 section for ongoing treatment as provided in this section.

21 (2) The Agency for Health Care Administration, in
22 consultation with the department, shall establish a pilot
23 project to license one or more facilities in the state to treat
24 infants who suffer from neonatal abstinence syndrome, providing
25 a community-based care option, rather than hospitalization,
26 after an infant has been stabilized. The pilot project shall
27 begin on January 1, 2019, and expire on June 30, 2021.

28 (3) The agency, in consultation with the department, shall
29 adopt by rule minimum licensure standards for facilities
30 licensed to provide care under this section.

31 (a) Licensure standards adopted by the agency must include,
32 at a minimum:

33 1. Requirements for the physical plant and maintenance of
34 facilities;

35 2. Compliance with local building and firesafety codes;

36 3. The number, training, and qualifications of essential
37 personnel employed by and working under contract with the
38 facility;

39 4. Staffing requirements intended to ensure adequate



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40 staffing to protect the safety of infants being treated in the
41 facility;

42 5. Sanitation requirements for the facility;

43 6. Requirements for programs, basic services, and care
44 provided to infants treated by the facility and to their
45 parents;

46 7. Requirements for the maintenance of medical records,
47 data, and other relevant information related to infants treated
48 by the facility; and

49 8. Requirements for application for initial licensure and
50 licensure renewal.

51 (b) The agency may establish by rule an initial licensure
52 fee and a biennial renewal fee, each not to exceed \$3,000.

53 (4) In order to obtain a license and participate in the
54 pilot project, a facility must, at a minimum:

55 (a) Be a private, nonprofit Florida corporation;

56 (b) Have an on-call medical director;

57 (c) Adhere to all applicable standards established by the
58 agency by rule pursuant to subsection (3); and

59 (d) Provide the agency with a plan to:

60 1. Provide 24-hour nursing and nurturing care to infants
61 with neonatal abstinence syndrome;

62 2. Provide for the medical needs of an infant being treated
63 at the facility, including, but not limited to, pharmacotherapy
64 and nutrition management;

65 3. Maintain a transfer agreement with a nearby hospital
66 that is not more than a 30-minute drive from the licensed
67 facility;

68 4. Provide comfortable, residential-type accommodations for



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69 an eligible mother to breastfeed her infant or to reside at the
70 facility while her infant is being treated at that facility, if
71 not contraindicated and if funding is available for residential
72 services for the mother;

73 5. Provide or make available parenting education,
74 breastfeeding education, counseling, and other resources to the
75 parents of infants being treated at the facility, including, if
76 necessary, a referral for addiction treatment services;

77 6. Contract and coordinate with Medicaid managed medical
78 assistance plans as appropriate to ensure that services for both
79 the infant and the parent or the infant's representative are
80 timely and unduplicated;

81 7. Identify, and refer parents to, social service
82 providers, such as Healthy Start or the MomCare network, Healthy
83 Families, Early Steps, and Head Start programs, before
84 discharge, if appropriate; and

85 8. Apply to enroll as a Medicaid provider by no later than
86 30 days after receiving a license.

87 (5) A facility licensed under this section may not accept
88 an infant for treatment if the infant has a serious or life-
89 threatening condition other than neonatal abstinence syndrome.

90 (6) A facility licensed under this section may not treat an
91 infant for longer than 6 months.

92 (7) The facility may require the mother or visitors to
93 vacate the facility at any time if:

94 (a) The facility requests that the mother's breast milk be
95 tested for contaminants and she refuses to allow her breast milk
96 to be tested;

97 (b) The facility requests that the mother be drug tested



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98 and the mother refuses to consent to a drug test;

99 (c) The facility determines that the mother poses a risk to
100 her infant; or

101 (d) The facility determines that the mother or a visitor is
102 threatening, intimidating, or posing a risk to any infant in the
103 facility, any other mother or visitor in the facility, or
104 facility staff.

105
106 If the facility requires the mother or other visitor to vacate
107 its premises, a licensed health care professional who is an
108 employee or contracted staff at the facility may refuse to allow
109 the mother, parent, caregiver, or legal custodian to remove the
110 infant from the facility and may detain the infant at the
111 facility pursuant to s. 39.395, if the provisions of that
112 section are met.

113 (8) The agency shall require each licensed facility to meet
114 and maintain the representations made in the facility's plan
115 submitted for licensure pursuant to paragraph (4) (d) or
116 substantially similar provisions that do not degrade the
117 facility's ability to provide the same level of service. The
118 agency shall require level 2 background screening pursuant to
119 chapter 435 and s. 408.809 for facility personnel as required in
120 s. 408.809(1) (e).

121 (9) Facilities licensed under this section are subject to
122 part II of chapter 408.

123 (10) Facilities licensed under this section are not
124 required to obtain a certificate of need.

125 (11) (a) The Department of Health shall contract with a
126 state university to study the risks, benefits, cost



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127 differentials, and the transition of infants to the social
128 service providers identified in paragraph (4) (d) for the
129 treatment of infants with neonatal abstinence syndrome in
130 hospital settings and facilities licensed under the pilot
131 project. By June 30, 2020, the Department of Health shall report
132 to the President of the Senate and the Speaker of the House of
133 Representatives the study results and recommendations for the
134 continuation or expansion of the pilot project.

135 (b) The contract must also require the establishment of
136 baseline data for longitudinal studies on the neurodevelopmental
137 outcomes of infants with neonatal abstinence syndrome, and may
138 require the evaluation of outcomes and length of stay in
139 facilities for nonpharmacologic and pharmacologic treatment of
140 neonatal abstinence syndrome.

141 (c) Facilities licensed under this section, licensed
142 hospitals providing services for infants born with neonatal
143 abstinence syndrome, and Medicaid managed medical assistance
144 plans shall provide relevant financial and medical data
145 consistent with the Health Insurance Portability and
146 Accountability Act of 1996 (HIPAA) and related regulations to
147 the contracted university for research and studies authorized
148 pursuant to this subsection.

149 Section 2. Upon this act becoming law, the Agency for
150 Health Care Administration shall begin the process of adopting
151 rules pursuant to s. 409.9134, Florida Statutes, and shall begin
152 the process of applying for any Medicaid waivers, or other
153 similar permissions, necessary to ensure that facilities
154 licensed pursuant to s. 409.9134, Florida Statutes, are able to
155 enroll as providers in the Medicaid program.



156 Section 3. For the 2018-2019 fiscal year, the sum of
157 \$200,000 is appropriated from the Health Care Trust Fund to the
158 Agency for Health Care Administration for the purpose of
159 implementing s. 409.9134, Florida Statutes.

160 Section 4. For the 2018-2019 fiscal year, the sum of
161 \$140,000 in nonrecurring funds is appropriated from the Maternal
162 and Child Health Block Grant Trust Fund to the Department of
163 Health for the purpose of contracting with a state university to
164 conduct the study required pursuant to s. 409.9134(11), Florida
165 Statutes.

166 Section 5. For the 2019-2020 fiscal year, the sum of
167 \$70,000 in nonrecurring funds is appropriated from the Maternal
168 and Child Health Block Grant Trust Fund to the Department of
169 Health for the purpose of completing the study required pursuant
170 to s. 409.9134(11), Florida Statutes.

171 Section 6. This act shall take effect upon becoming a law.

172
173 ===== T I T L E A M E N D M E N T =====

174 And the title is amended as follows:

175 Delete everything before the enacting clause
176 and insert:

177 A bill to be entitled
178 An act relating to a neonatal abstinence syndrome
179 pilot project; creating s. 409.9134, F.S.; defining
180 terms; requiring the Agency for Health Care
181 Administration, in consultation with the Department of
182 Children and Families, to establish a pilot project to
183 license one or more facilities to treat infants who
184 suffer from neonatal abstinence syndrome in certain



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185 circumstances; providing a start and end date for the
186 pilot project; requiring the agency, in consultation
187 with the department, to adopt by rule minimum
188 licensure standards for facilities providing care
189 under this section; requiring certain criteria to be
190 included in licensure standards; authorizing the
191 agency to establish by rule an initial licensure fee
192 and a biennial renewal fee; establishing minimum
193 requirements for a facility to obtain and maintain
194 licensure and to participate in the pilot project;
195 prohibiting a facility licensed under this section
196 from accepting certain infants for treatment or from
197 treating an infant for longer than 6 months;
198 specifying when a facility may require a mother or
199 visitor to vacate its premises; allowing certain
200 health care professionals to prevent the removal of an
201 infant from the facility under certain conditions;
202 requiring background screening of certain facility
203 personnel; subjecting facilities licensed under this
204 section to specified licensing requirements; providing
205 that facilities licensed under this section are not
206 required to obtain a certificate of need; requiring
207 the Department of Health to contract with a state
208 university to study certain components of the pilot
209 project and establish certain baseline data for
210 studies on the neurodevelopmental outcomes of infants
211 with neonatal abstinence syndrome; requiring the
212 Department of Health to report results of the study to
213 the Legislature by a certain date; requiring



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214 facilities licensed under this section, hospitals
215 meeting certain criteria, and Medicaid managed medical
216 assistance plans to provide to the contracted
217 university relevant financial and medical data meeting
218 certain standards, under certain conditions; requiring
219 the agency to begin rulemaking and apply for certain
220 Medicaid waivers after the act becomes a law;
221 providing specific appropriations; providing an
222 effective date.

By Senator Passidomo

28-00496B-18

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1 A bill to be entitled
 2 An act relating to a neonatal abstinence syndrome
 3 pilot project; creating s. 409.9134, F.S.; defining
 4 terms; requiring the Agency for Health Care
 5 Administration, in consultation with the Department of
 6 Children and Families, to establish a pilot project to
 7 license one or more facilities in Medicaid Region 8 to
 8 treat infants who suffer from neonatal abstinence
 9 syndrome in certain circumstances; providing a start
 10 and end date for the pilot project, subject to
 11 appropriation; requiring the agency, in consultation
 12 with the department, to adopt by rule minimum
 13 licensure standards for facilities providing care
 14 under this section; requiring certain criteria to be
 15 included in licensure standards; authorizing the
 16 agency to charge an initial licensure fee and a
 17 biennial renewal fee; establishing minimum
 18 requirements for a facility to obtain licensure and
 19 participate in the pilot project; prohibiting a
 20 facility licensed under this section from treating an
 21 infant for longer than 6 months; requiring background
 22 screening of certain facility personnel; subjecting
 23 facilities licensed under this section to specific
 24 licensing requirements; providing that facilities
 25 licensed under this section are not required to obtain
 26 a certificate of need; requiring the Department of
 27 Health to contract with a state university to study
 28 certain components of the pilot project and establish
 29 certain baseline data for studies on the

Page 1 of 6

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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30 neurodevelopmental outcomes of infants with neonatal
 31 abstinence syndrome; requiring the Department of
 32 Health to report results of the study to specified
 33 legislative officials by a certain date; requiring
 34 facilities licensed under this section, hospitals
 35 meeting certain criteria, and Medicaid managed medical
 36 assistance plans to provide financial and medical data
 37 to the university under certain conditions; providing
 38 an effective date.

39
 40 Be It Enacted by the Legislature of the State of Florida:

41
 42 Section 1. Section 409.9134, Florida Statutes, is created
 43 to read:

44 409.9134 Pilot project for the treatment of infants with
 45 neonatal abstinence syndrome.

46 (1) For purposes of this section, the term:

47 (a) "Infant" includes both a newborn and an infant, as
 48 those terms are defined in s. 383.145.

49 (b) "Neonatal abstinence syndrome" means the postnatal
 50 opioid withdrawal experienced by an infant who is exposed in
 51 utero to opioids or agents used to treat maternal opioid
 52 addiction.

53 (2) The Agency for Health Care Administration, in
 54 consultation with the department, shall establish a pilot
 55 project to license one or more facilities in Medicaid Region 8
 56 to treat infants who suffer from neonatal abstinence syndrome,
 57 providing a community-based care option, rather than
 58 hospitalization, after an infant has been stabilized. Subject to

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59 specific appropriation, the pilot project shall begin on July 1,
 60 2018 and expire on June 30, 2020.

61 (3) The agency, in consultation with the department, shall
 62 adopt by rule minimum licensure standards for facilities
 63 licensed to provide care under this section.

64 (a) Licensure standards adopted by the agency must include,
 65 at a minimum:

66 1. Requirements for the physical plant and maintenance of
 67 facilities;

68 2. Compliance with local building and fire safety codes;

69 3. The number, training, and qualifications of essential
 70 personnel employed by and working under contract with the
 71 facility;

72 4. Staffing requirements intended to ensure adequate
 73 staffing to protect the safety of infants being treated in the
 74 facility;

75 5. Sanitation requirements for the facility;

76 6. Requirements for programs, basic services, and care
 77 provided to infants treated by the facility and their parents;

78 7. Requirements for the maintenance of medical records,
 79 data, and other relevant information related to infants treated
 80 by the facility; and

81 8. Requirements for application for initial licensure and
 82 licensure renewal.

83 (b) The agency may charge an initial licensure fee and a
 84 biennial renewal fee, each not to exceed \$1,000.

85 (4) In order to obtain a license and participate in the
 86 pilot project a facility must, at a minimum:

87 (a) Be a private, not-for-profit Florida corporation;

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88 (b) Be a Medicaid provider;

89 (c) Have an on-call medical director;

90 (d) Demonstrate an ability to provide 24-hour nursing and
 91 nurturing care to infants with neonatal abstinence syndrome;

92 (e) Demonstrate an ability to provide for the medical needs
 93 of an infant being treated within the facility, including, but
 94 not limited to, pharmacotherapy and nutrition management;

95 (f) Maintain a transfer agreement with a nearby hospital
 96 that is not more than a 30-minute drive from the licensed
 97 facility;

98 (g) Demonstrate an ability to provide comfortable
 99 residential-type accommodations for an eligible mother to
 100 breastfeed her infant or to reside within the facility while her
 101 infant is being treated at that facility, if not contraindicated
 102 and if funding is available for residential services. The
 103 facility may request at any time that the mother's breast milk
 104 be tested for contaminants or that the mother submit to a drug
 105 test. The mother shall vacate the facility if she refuses to
 106 allow her breast milk to be tested or to consent to a drug test
 107 or if the facility determines that the mother poses a risk to
 108 her infant;

109 (h) Be able to provide or make available parenting
 110 education, breastfeeding education, counseling, and other
 111 resources to the parents of infants being treated at the
 112 facility including, if necessary, a referral for addiction
 113 treatment services;

114 (i) Contract and coordinate with Medicaid managed medical
 115 assistance plans as appropriate to ensure that services for both
 116 the infant and the parent or the infant's representative are

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117 timely and unduplicated;

118 (j) Identify, and refer parents to, social service
 119 providers, such as Healthy Start, Early Steps, and Head Start
 120 programs, prior to discharge, if appropriate; and

121 (k) Adhere to all applicable standards established by the
 122 agency by rule pursuant to subsection (3).

123 (5) A facility licensed under this section may not accept
 124 an infant for treatment if the infant has a serious or life-
 125 threatening condition other than neonatal abstinence syndrome.

126 (6) A facility licensed under this section may not treat an
 127 infant for longer than 6 months.

128 (7) The agency shall require level 2 background screening
 129 for facility personnel as required in s. 408.809(1)(e) pursuant
 130 to chapter 435 and s. 408.809.

131 (8) Facilities licensed under this section are subject to
 132 the requirements of part II of chapter 408.

133 (9) Facilities licensed under this section are not required
 134 to obtain a certificate of need.

135 (10) (a) The Department of Health shall contract with a
 136 state university to study the risks, benefits, cost
 137 differentials, and the transition of infants to the social
 138 service providers identified in paragraph (4)(j) for the
 139 treatment of infants with neonatal abstinence syndrome in
 140 hospital settings and facilities licensed under the pilot
 141 project. By December 21, 2019, the Department of Health shall
 142 report to the President of the Senate and the Speaker of the
 143 House of Representatives the study results and recommendations
 144 for the continuation or expansion of the pilot project.

145 (b) The contract must also require the establishment of

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146 baseline data for longitudinal studies on the neurodevelopmental
 147 outcomes of infants with neonatal abstinence syndrome, and may
 148 require the evaluation of outcomes and length of stay in
 149 facilities for nonpharmacologic and pharmacologic treatment of
 150 neonatal abstinence syndrome.

151 (c) Facilities licensed under this section, licensed
 152 hospitals providing services for infants born with neonatal
 153 abstinence syndrome, and Medicaid medical assistance plans shall
 154 provide relevant financial and medical data consistent with the
 155 Health Insurance Portability and Accountability Act of 1996
 156 (HIPAA) and related regulations to the contracted university for
 157 research and studies authorized pursuant to this subsection.

158 Section 2. This act shall take effect upon becoming a law.

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.



The Florida Senate

Committee Agenda Request

To: Senator Anitere Flores, Chair
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: November 7, 2017

I respectfully request that **Senate Bill #434**, relating to Neonatal Abstinence Syndrome Pilot Project, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in black ink, appearing to read "K. Passidomo", with a horizontal line extending to the right.

Senator Kathleen Passidomo
Florida Senate, District 28

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/7/17

Meeting Date

434

Bill Number (if applicable)

Topic Neonatal Abstinence Syndrome

Amendment Barcode (if applicable)

Name Ron Watson

Job Title Lobbyist

Address 3738 Menden Way

Phone 856 567-1202

Tallahassee FL 32309

City State Zip

Email watson.stufyis@comcast.net

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Midwife Association of Florida

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-07-17
Meeting Date

434
Bill Number (if applicable)

Topic NEONATAL ABSTINENCE

Amendment Barcode (if applicable)

Name THAD LOWRY

Job Title VP Gov. Operations

Address 7142 WASHINGTON ST
Street

Phone 727-9928508

PORT RICHEY FL 34652
City State Zip

Email flowry@operan.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing OPERATION PAR

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: SB 498

INTRODUCER: Senator Garcia

SUBJECT: Office of Public and Professional Guardians Direct-support Organization

DATE: December 6, 2017

REVISED: _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|----------------|-----------------|------------|--------------------|
| 1. | <u>Preston</u> | <u>Hendon</u> | <u>CF</u> | Favorable |
| 2. | <u>Loe</u> | <u>Williams</u> | <u>AHS</u> | Pre-meeting |
| 3. | _____ | _____ | <u>AP</u> | _____ |

I. Summary:

SB 498 removes the scheduled repeal date of the law governing the Foundation for Indigent Guardianship, Inc. The Foundation serves as a direct-support organization for the Office of Public and Professional Guardians within the Department of Elder Affairs.

The bill has no impact on state revenues or expenditures.

The bill takes effect July 1, 2018.

II. Present Situation:

Citizen-Support Organizations and Direct-Support Organizations

Citizen-support organizations (CSOs) and direct-support organizations (DSOs) are statutorily created non-profit organizations¹ authorized to carry out specific tasks in support of public entities or public causes. The function and purpose of a CSO or DSO are prescribed by an enacting statute and a written contract with the agency the CSO or DSO was created to support.²

CSO and DSO Transparency and Reporting Requirements

In 2014, the Legislature created s. 20.058, F.S., establishing a comprehensive set of transparency and reporting requirements for CSOs and DSOs.³ Specifically, the law requires each CSO and DSO to annually submit the following information to the appropriate agency by August 1st:⁴

¹ Chapter 617, F.S.

² See ss. 14.29(9)(a), 16.616(1), and 258.015(1), F.S. See also Rules of the Florida Auditor General, *Audits of Certain Nonprofit Organizations* (effective June 30, 2017), Rule 10.720(1)(b) and (d) available at: https://flauditor.gov/pages/pdf_files/10_700.pdf (last visited November 7, 2017).

³ Section 3, ch. 2014-96, L.O.F

⁴ Section 20.058(1), F.S.

- The name, mailing address, telephone number, and website address of the organization;
- The statutory authority or executive order that created the organization;
- A brief description of the mission of, and results obtained by, the organization;
- A brief description of the organization's plans for the next three fiscal years;
- A copy of the organization's code of ethics; and
- A copy of the organization's most recent Internal Revenue Service (IRS) Form 990.⁵

Additionally, the information submitted annually by a CSO or DSO must be available on the respective agency's website along with a link to the CSO's or DSO's website, if one exists.⁶ Any contract between an agency and a CSO or DSO must be contingent upon the CSO or DSO submitting the required information to the agency and posting the information on the agency's website.⁷ The contract must include a provision for ending operations and returning state-issued funds to the state if the authorizing statute is repealed, the contract is terminated, or the organization is dissolved.⁸ If a CSO or DSO fails to submit the required information to the agency for two consecutive years, the agency head must terminate its contract with the CSO or DSO.⁹

By August 15th of each year, the agency must report to the Governor, President of the Senate, Speaker of the House of Representatives, and the Office of Program Policy Analysis and Government Accountability the information submitted by each CSO or DSO along with the agency's recommendation and supporting rationale to continue, terminate, or modify the agency's association with the CSO or DSO.¹⁰

Any law creating, or authorizing the creation of, a CSO or DSO must state that the authorization for the organization repeals on October 1st of the fifth year after enactment unless reviewed and reenacted by the Legislature. CSOs and DSOs in existence prior to July 1, 2014, must be reviewed by the Legislature by July 1, 2019.¹¹

CSO and DSO Audit Requirements

Section 215.981, F.S., requires each CSO and DSO with annual expenditures in excess of \$100,000 to provide for an annual financial audit of its accounts and records.¹² The audit must be conducted by an independent certified public accountant in accordance with rules adopted by the Auditor General and the state agency that created, approved, or administers the DSO or CSO. The audit report must be submitted within nine months after the end of the fiscal year to the Auditor General and to the state agency the CSO or DSO supports. Additionally, the Auditor

⁵ The IRS Form 990 is an annual information return required to be filed with the IRS by most organizations exempt from federal income tax under 26 U.S.C. 501. 26 C.F.R. 1.6033-2.

⁶ Section 20.058(2), F.S.

⁷ Section 20.058(4), F.S.

⁸ Chapter 2017-75, L.O.F.

⁹ Section 20.058(4), F.S.

¹⁰ Section 20.058(3), F.S.

¹¹ Section 20.058(5), F.S.

¹² The independent audit requirement does not apply to a CSO or DSO for a university, district board of trustees of a community college, or district school board. Additionally, the expenditure threshold for an independent audit is \$300,000 for a CSO or DSO for the Department of Environmental Protection and the Department of Agriculture and Consumer Services.

General may, pursuant to his or her own authority, or at the direction of the Legislative Auditing Committee, conduct audits or other engagements of a CSO's or DSO's accounts and records.¹³

CSO and DSO Ethics Code Requirement

Section 112.3251, F.S., requires a CSO or DSO to adopt a code of ethics. The code of ethics must contain the specified standards of conduct and disclosures provided in ss. 112.313 and 112.3143(2), F.S.¹⁴ A CSO or DSO may adopt additional or more stringent standards of conduct and disclosure requirements and must post its code of ethics on its website.¹⁵

The Department of Elder Affairs

The Florida Constitution provides that the Legislature may create a Department of Elderly Affairs (DOEA or department) and prescribe its duties.¹⁶ In addition to the Florida Constitution, the Florida Statutes provide that the department shall be the state unit on aging as defined in the federal Older Americans Act of 1965, as amended, and shall exercise all responsibilities pursuant to that act.¹⁷ The department has served as the primary state agency for administering human services programs for elders and developing policy recommendations for long-term care since 1992.¹⁸ The department provides most of its direct services through its Division of Statewide Community-Based Services, which works through the state's eleven Area Agencies on Aging and local service providers to deliver essential services to a vital segment of the population. The department also directly administers a wide range of programs, including the Long-Term Care Ombudsman Program, Office of Public and Professional Guardians, Communities for a Lifetime, SHINE (Serving Health Insurance Needs of Elders), and CARES (Comprehensive Assessment and Review for Long-Term Care Services).¹⁹

The Office of Public and Professional Guardians

The Legislature created the Statewide Public Guardianship Office in 1999 to provide oversight for all public guardians.²⁰ In 2016, the Legislature renamed the Statewide Public Guardianship Office within the department as the Office of Public and Professional Guardians (Office)²¹ and expanded the Office's responsibilities. The expansion of the Office's oversight of professional guardians followed reports of abuse and inappropriate behavior by professional guardians. The Office now regulates professional guardians with certain disciplinary and enforcement powers. The Office is required to review and, if determined legally sufficient, investigate any complaint that a professional guardian has violated the standards of practice established by the Office.²²

¹³ Section 11.45(3), F.S.

¹⁴ Some of the standards of conduct and disclosures in ss. 112.313 and 112.3143(2), F.S., include misuse of public position, solicitation or acceptance of gifts, unauthorized compensation, and voting conflicts.

¹⁵ Section 112.3251, F.S.

¹⁶ FLA.CONST. art. IV, s. 12.

¹⁷ Section 20.41, F.S.

¹⁸ Department of Elder Affairs, 2018 Agency Legislative Bill Analysis, SB 498, October 17, 2017.

¹⁹ *Id.*

²⁰ Section 744.7021, F.S.

²¹ Chapter 2016-40, L.O.F. Section 744.7021, F.S. was renumbered as s. 744.2001, F.S.

²² Section 744.2004, F.S.

Foundation for Indigent Guardianship, Inc.

In 2002, the Legislature authorized the Statewide Public Guardianship Office to create a direct-support organization for the direct or indirect benefit of the Office by conducting programs and activities; raising funds; requesting and receiving grants, gifts, and bequests of moneys; and making expenditures to or for the direct or indirect benefit of the Office.²³

The Office established the Foundation for Indigent Guardianship, Inc., (FIG) as its direct-support organization. The Secretary of the department appoints the members of the board of directors. In 2006, FIG founded The Florida Public Guardianship Pooled Special Needs Trust (Trust) with the sole purpose of helping people with disabilities qualify for or maintain means-tested public benefits, such as Medicaid, Supplemental Security Income (SSI), food assistance and public housing while potentially benefitting Florida's statewide public guardianship program.²⁴ Since that date, FIG has distributed over \$1,000,000 to public guardianship programs.

The Foundation provides complimentary educational opportunities for the staff of public guardianship programs as well as other educational projects to raise awareness to educate the public about the needs of public guardians and those they serve, to assist the livelihood and general welfare of Florida-resident elders in need of a public guardian as well as those persons with cognitive impairments who are indigent and have no family or friends to care for their needs.²⁵

The law governing the foundation is repealed on October 1, 2018, unless reviewed and saved from repeal by the Legislature.²⁶ The Foundation meets all of the statutory requirements to remain in existence.

III. Effect of Proposed Changes:

The bill removes the scheduled repeal date for the Foundation for Indigent Guardianship. The Foundation serves as a direct-support organization for the Office of Public and Professional Guardians within the Department of Elder Affairs.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

²³ Chapter 2002-195, L.O.F.

²⁴ Department of Elder Affairs, 2018 Agency Legislative Bill Analysis, SB 498, October 17, 2017.

²⁵ *Id.*

²⁶ Chapter 2016-40, L.O.F. Section 744.2105, F.S. In 2016, s. 744.7082, F.S., was renumbered as s. 744.2105, F.S.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill has no impact on state revenues or expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

The bill substantially amends s. 744.2105 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Garcia

36-00675-18

2018498__

1 A bill to be entitled
 2 An act relating to the Office of Public and
 3 Professional Guardians direct-support organization;
 4 amending s. 744.2105, F.S.; abrogating the scheduled
 5 repeal of provisions governing a direct-support
 6 organization established under the Office of Public
 7 and Professional Guardians within the Department of
 8 Elderly Affairs; providing an effective date.
 9
 10 Be It Enacted by the Legislature of the State of Florida:
 11
 12 Section 1. Section 744.2105, Florida Statutes, is amended
 13 to read:
 14 744.2105 Direct-support organization; definition; use of
 15 property; board of directors; audit; dissolution.—
 16 (1) DEFINITION.—As used in this section, the term “direct-
 17 support organization” means an organization whose sole purpose
 18 is to support the Office of Public and Professional Guardians
 19 and is:
 20 (a) A not-for-profit corporation incorporated under chapter
 21 617 and approved by the Department of State;
 22 (b) Organized and operated to conduct programs and
 23 activities; to raise funds; to request and receive grants,
 24 gifts, and bequests of moneys; to acquire, receive, hold,
 25 invest, and administer, in its own name, securities, funds,
 26 objects of value, or other property, real or personal; and to
 27 make expenditures to or for the direct or indirect benefit of
 28 the Office of Public and Professional Guardians; and
 29 (c) Determined by the Office of Public and Professional

Page 1 of 4

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

36-00675-18

2018498__

30 Guardians to be consistent with the goals of the office, in the
 31 best interests of the state, and in accordance with the adopted
 32 goals and mission of the Department of Elderly Affairs and the
 33 Office of Public and Professional Guardians.
 34 (2) CONTRACT.—The direct-support organization shall operate
 35 under a written contract with the Office of Public and
 36 Professional Guardians. The written contract must provide for:
 37 (a) Certification by the Office of Public and Professional
 38 Guardians that the direct-support organization is complying with
 39 the terms of the contract and is doing so consistent with the
 40 goals and purposes of the office and in the best interests of
 41 the state. This certification must be made annually and reported
 42 in the official minutes of a meeting of the direct-support
 43 organization.
 44 (b) The reversion of moneys and property held in trust by
 45 the direct-support organization:
 46 1. To the Office of Public and Professional Guardians if
 47 the direct-support organization is no longer approved to operate
 48 for the office;
 49 2. To the Office of Public and Professional Guardians if
 50 the direct-support organization ceases to exist;
 51 3. To the Department of Elderly Affairs if the Office of
 52 Public and Professional Guardians ceases to exist; or
 53 4. To the state if the Department of Elderly Affairs ceases
 54 to exist.
 55
 56 The fiscal year of the direct-support organization shall begin
 57 on July 1 of each year and end on June 30 of the following year.
 58 (c) The disclosure of the material provisions of the

Page 2 of 4

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2018498__

59 contract, and the distinction between the Office of Public and
60 Professional Guardians and the direct-support organization, to
61 donors of gifts, contributions, or bequests, including such
62 disclosure on all promotional and fundraising publications.

63 (3) BOARD OF DIRECTORS.—The Secretary of Elderly Affairs
64 shall appoint a board of directors for the direct-support
65 organization from a list of nominees submitted by the executive
66 director of the Office of Public and Professional Guardians.

67 (4) USE OF PROPERTY.—The Department of Elderly Affairs may
68 permit, without charge, appropriate use of fixed property and
69 facilities of the department or the Office of Public and
70 Professional Guardians by the direct-support organization. The
71 department may prescribe any condition with which the direct-
72 support organization must comply in order to use fixed property
73 or facilities of the department or the Office of Public and
74 Professional Guardians.

75 (5) MONEYS.—Any moneys may be held in a separate depository
76 account in the name of the direct-support organization and
77 subject to the provisions of the written contract with the
78 Office of Public and Professional Guardians. Expenditures of the
79 direct-support organization shall be expressly used to support
80 the Office of Public and Professional Guardians. The
81 expenditures of the direct-support organization may not be used
82 for the purpose of lobbying as defined in s. 11.045.

83 (6) PUBLIC RECORDS.—Personal identifying information of a
84 donor or prospective donor to the direct-support organization
85 who desires to remain anonymous is confidential and exempt from
86 s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

87 (7) AUDIT.—The direct-support organization shall provide

Page 3 of 4

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

36-00675-18

2018498__

88 for an annual financial audit in accordance with s. 215.981.

89 (8) DISSOLUTION.—A not-for-profit corporation incorporated
90 under chapter 617 that is determined by a circuit court to be
91 representing itself as a direct-support organization created
92 under this section, but that does not have a written contract
93 with the Office of Public and Professional Guardians in
94 compliance with this section, is considered to meet the grounds
95 for a judicial dissolution described in s. 617.1430(1)(a). The
96 Office of Public and Professional Guardians shall be the
97 recipient for all assets held by the dissolved corporation which
98 accrued during the period that the dissolved corporation
99 represented itself as a direct-support organization created
100 under this section.

101 ~~(9) REPEAL.—This section is repealed October 1, 2018,~~
102 ~~unless reviewed and saved from repeal by the Legislature.~~

103 Section 2. This act shall take effect July 1, 2018.

Page 4 of 4

CODING: Words ~~stricken~~ are deletions; words underlined are additions.



The Florida Senate
State Senator René García
36th District

Please reply to:

□ District Office:

1490 West 68 Street
Suite # 201
Hialeah, FL. 33014
Phone# (305) 364-3100

November 15, 2017

The Honorable Anitere Flores
Chair, Health and Human Services Appropriations Committee
201 Capitol Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear Senator Flores,

Please have this letter serve as my formal request to have **SB 498: Office of Public and Professional Guardians Direct-support Organization** be heard during the next scheduled Health and Human Services Appropriations Committee Meeting. Should you have any questions or concerns, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read "René García".

State Senator René García
District 36

CC: Phil Williams
Robin Jackson

Committees: Children, Families, and Elder Affairs, Chair, Appropriations Subcommittee on Finance and Tax, Vice Chair, Appropriations Subcommittee on the Environment and Natural Resources, Appropriations Subcommittee on General Government, Banking and Insurance, Judiciary, Joint Administrative Procedures Committee.

GOVERNOR RICK SCOTT'S 2018-2019 BUDGET
SECURING FLORIDA'S
FUTURE



GOVERNOR RICK SCOTT

Fiscal Year 2018-19

Health and Human Services

Policy and Budget Recommendations



The Governor's Office of Policy and Budget Health and Human Services Unit

- **Agency for Health Care Administration**
 - Secretary Justin Senior
- **Department of Children and Families**
 - Secretary Mike Carroll
- **Department of Health**
 - State Surgeon General & Secretary Celeste Philip, MD, MPH
- **Department of Elder Affairs**
 - Secretary Jeffery Bragg
- **Agency for Persons with Disabilities**
 - Director Barbara Palmer

GOVERNOR RICK SCOTT'S 2018-2019 BUDGET
SECURING FLORIDA'S
FUTURE



Governor Scott's priorities for Florida's Future

Tax Cuts for Florida Families

Jobs for Florida Families

Education for Florida's Students

Protecting Florida's Environment

Keeping Florida's Residents and Tourists Safe

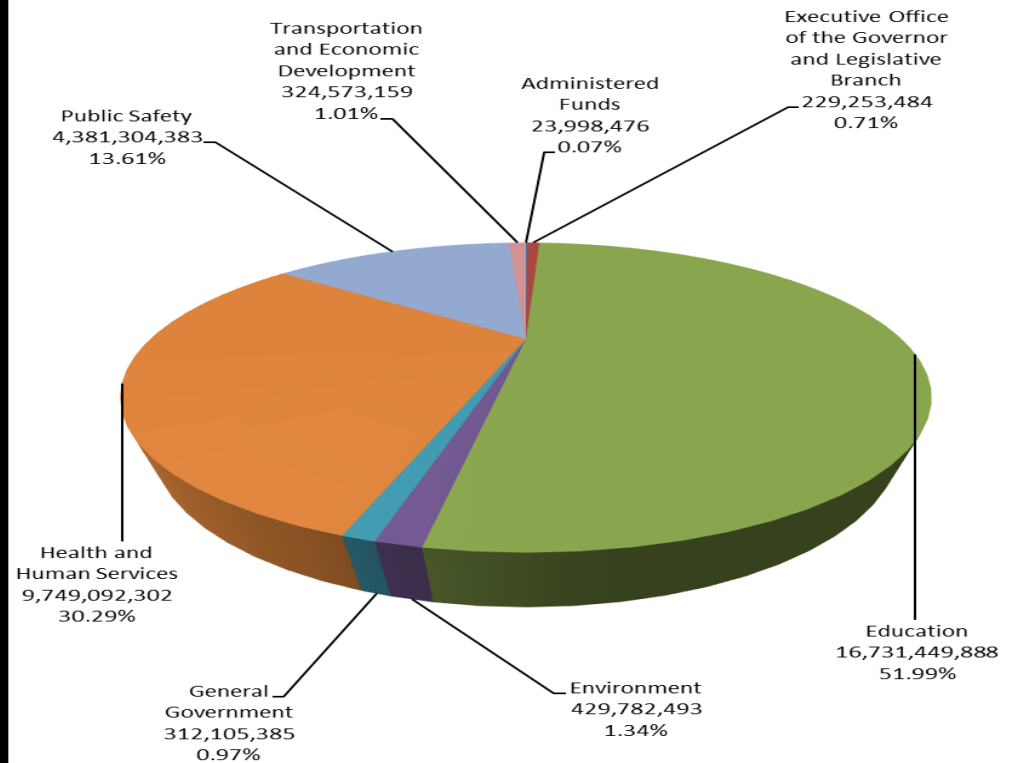
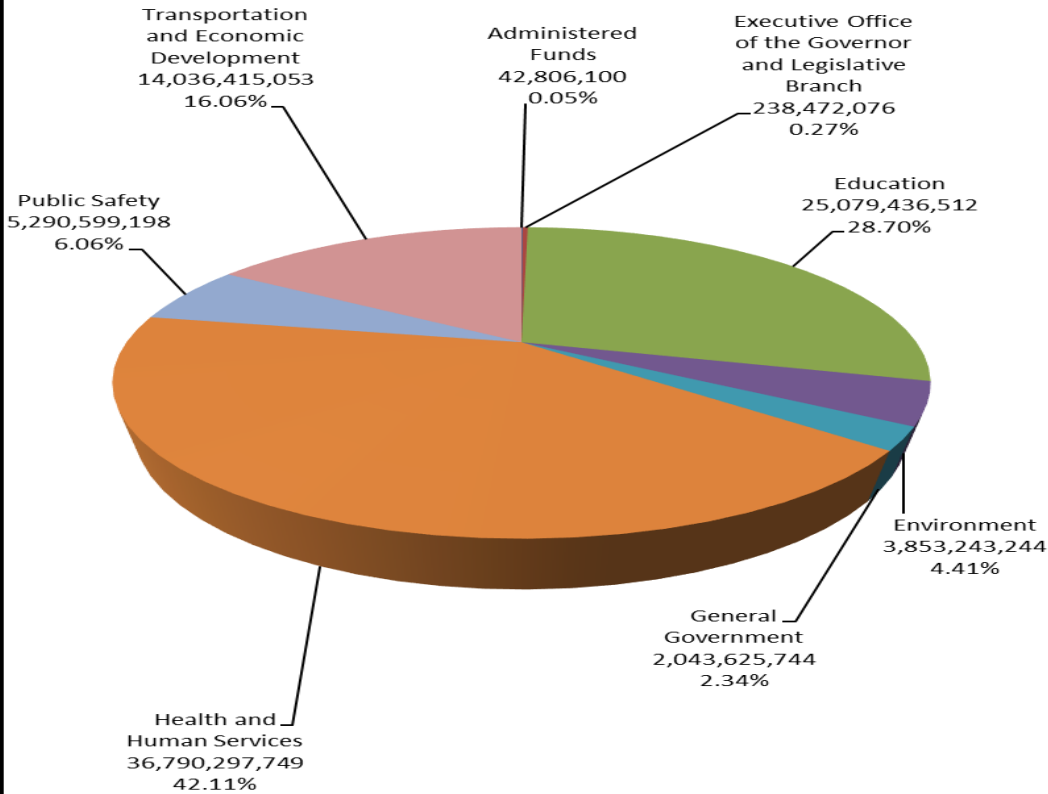
Ensuring a Healthy Future

GOVERNOR RICK SCOTT'S 2018-2019 BUDGET SECURING FLORIDA'S FUTURE



Total Budget \$87.4 Billion

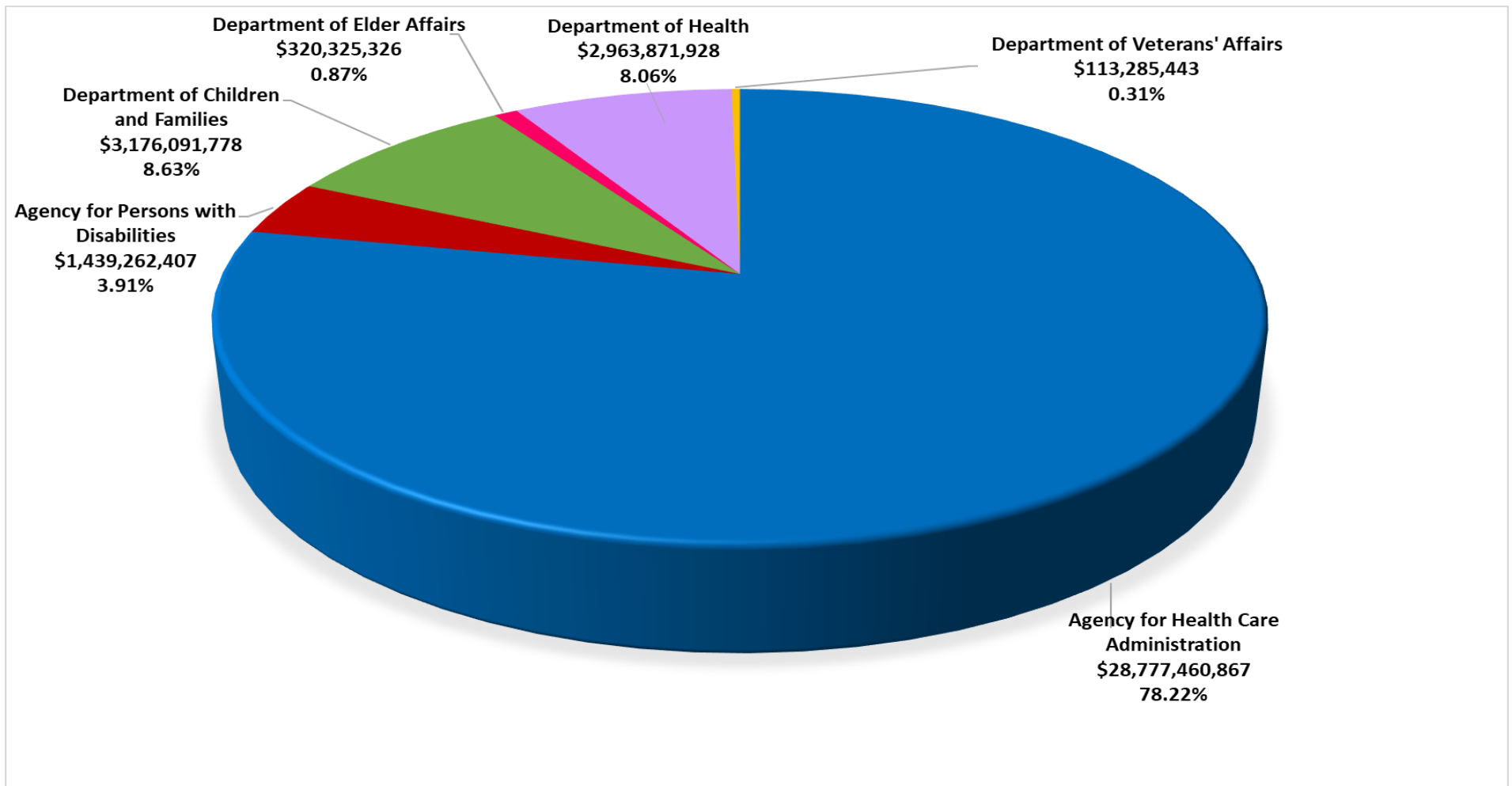
General Revenue \$32.2 Billion



GOVERNOR RICK SCOTT'S 2018-2019 BUDGET SECURING FLORIDA'S FUTURE



Governor's Recommended Budget Fiscal Year 2018-2019 Health and Human Services Budget-\$36.8 Billion





Agency for Health Care Administration Highlights

| Major Issues Funded | Amount |
|--|--------------|
| Transparency Claims Database | \$925,000 |
| Florida Medicaid Management Information System | \$25,863,488 |
| Health Facility Inspection Scheduling System | \$500,000 |
| Prepaid Dental Health Program | \$700,000 |



Department of Children and Families Highlights

| Major Issues Funded | Amount |
|--------------------------------------|--------------|
| Combatting the Opioid Epidemic | \$42,035,352 |
| Mental Health/Substance Abuse Teams | 5,097,000 |
| Supported Employment and Internships | \$1,000,000 |
| Child Protection Workforce | \$10,167,809 |



Department of Health Highlights

| Major Issues Funded | Amount |
|---|--------------|
| Combatting the Opioid Epidemic | \$6,202,464 |
| Evidenced Based HIV Strategies | \$55,939,593 |
| Florida Poison Information Center Network | \$3,672,805 |



Department of Elder Affairs Highlights

| Major Issues Funded | Amount |
|---|-------------|
| Community Care for the Elderly Waiting List | \$5,000,000 |
| Alzheimer's Disease Initiative Waiting List | \$3,000,000 |
| Home Care for the Elderly Waiting List | \$1,000,000 |



Agency for Persons with Disabilities Highlights

| Major Issues Funded | Amount |
|--|--------------|
| Restore Waiver Service Rate Increases | \$41,017,247 |
| Waiver Funding | \$89,341,776 |
| Supporting Individuals with Disabilities | \$18,164,908 |
| Supported Employment and Internships | \$1,000,000 |
| iConnect System | \$3,998,964 |



Department of Veterans' Affairs Highlights

| Major Issues Funded | Amount |
|---------------------------------------|--------------|
| Statewide Crisis Support for Veterans | \$400,000 |
| Veterans' Claims Examiners | \$368,060 |
| State Veteran Nursing Home Operations | \$12,139,085 |

GOVERNOR RICK SCOTT'S 2018-2019 BUDGET
SECURING FLORIDA'S
FUTURE



Questions

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-7-17
Meeting Date

Bill Number (if applicable)

Topic Budget for Elder Affairs

Amendment Barcode (if applicable)

Name Amy Datz

Job Title Daughter of Hurricane Irma Victim

Address 1130 Crestview Ave.

Phone (850) 322-7599

Tallahassee FL 32303

City State Zip

Email amali.datz@mac.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/2017
Meeting Date

Bill Number (if applicable)

Topic Gov Budget Recs

Amendment Barcode (if applicable)

Name Col. Glenn Sutphin

Job Title Executive Director

Address Suite 2105, The Capitol
Street

Phone (950) 487-1533

Tallahassee FL 32399
City State Zip

Email exdir@fdva.state.fl.us

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing The FL Dept. of Veterans' Affairs

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/7/17

Meeting Date

Bill Number (if applicable)

Topic Governor's Recommended Budget FY 18-19

Amendment Barcode (if applicable)

Name Mary Beth Vickers

Job Title Policy Coordinator

Address 400 South Monroe Street

Phone 850-717-9511

Street

Tallahassee FL 32349

City

State

Zip

Email MaryBeth.Vickers@DepPs.State.FL.us

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing EOG/OPB

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17

Meeting Date

Bill Number (if applicable)

Topic GOV REC BUDGET FOR APD

Amendment Barcode (if applicable)

Name BARBARA PALMER

Job Title DIRECTOR APD

Address _____
Street

Phone _____

City

State

Zip

Email _____

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing APD

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/07/17

Meeting Date

Bill Number (if applicable)

Topic DCF 2018-2019 Recommended Budget

Amendment Barcode (if applicable)

Name Mike Carroll

Job Title Secretary

Address 1317 Winewood Blvd

Phone _____

Street

Tallahassee

FL

32399

Email mike.carroll@myflfamiles.com

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Department of Children and Families

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/07/17

Meeting Date

Bill Number (if applicable)

Topic DCF 2018-2019 Recommended Budget

Amendment Barcode (if applicable)

Name Mike Carroll

Job Title Secretary

Address 1317 Winewood Blvd

Phone _____

Street

Tallahassee

FL

32399

Email mike.carroll@myflfamiles.com

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Department of Children and Families

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-7-17

Meeting Date

Bill Number (if applicable)

Topic Governor's Recommended Budget

Amendment Barcode (if applicable)

Name Celeste Philip

Job Title State Surgeon General

Address 4052 Bald Cypress way

Phone 850-245-4444

Street

Tallahassee FL 32399

Email

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Dept. of Health

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)