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# **Health & Family Services Policy Council**

**Tuesday, April 13, 2010  
9:15 AM - 11:15 AM  
Webster Hall (212 Knott)**

# **ACTION PACKET**

**Larry Cretul  
Speaker**

**Ed Homan  
Chair**

**COUNCIL MEETING REPORT**  
**Health & Family Services Policy Council**  
**4/13/2010 9:15:00AM**

**Location:** Webster Hall (212 Knott)

**Summary:**

**Health & Family Services Policy Council**

*Tuesday April 13, 2010 09:15 am*

CS/HB 509	Favorable With Council Substitute	Yeas: 14	Nays: 0
CS/HB 645	Favorable With Council Substitute	Yeas: 10	Nays: 4
CS/HB 729	Favorable	Yeas: 15	Nays: 0
CS/HB 1503	Favorable With Council Substitute	Yeas: 10	Nays: 5

Committee meeting was reported out: Tuesday, April 13, 2010 4:09:24PM

**COUNCIL MEETING REPORT**  
**Health & Family Services Policy Council**

**4/13/2010 9:15:00AM**

**Location:** Webster Hall (212 Knott)

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Ed Homan (Chair)	X		
Thomas Anderson	X		
Gwyndolen Clarke-Reed	X		
Keith Fitzgerald	X		
Denise Grimsley	X		
D. Alan Hays	X		
Matt Hudson	X		
Kurt Kelly	X		
Paige Kreegel	X		
Ari Porth	X		
Michelle Rehwinkel Vasilinda	X		
Ronald Renuart	X		
Elaine Schwartz	X		
Kelly Skidmore	X		
Nicholas Thompson	X		
Juan Zapata			X
<b>Totals:</b>	<b>15</b>	<b>0</b>	<b>1</b>

Committee meeting was reported out: Tuesday, April 13, 2010 4:09:24PM

**COUNCIL MEETING REPORT**  
**Health & Family Services Policy Council**

**4/13/2010 9:15:00AM**

**Location:** Webster Hall (212 Knott)

**CS/HB 509 : Blood Establishments**

Favorable With Council Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thomas Anderson	X				
Gwyndolen Clarke-Reed	X				
Keith Fitzgerald	X				
Denise Grimsley	X				
D. Alan Hays	X				
Matt Hudson	X				
Kurt Kelly	X				
Paige Kreegel	X				
Ari Porth	X				
Michelle Rehwinkel Vasilinda	X				
Ronald Renuart	X				
Elaine Schwartz	X				
Kelly Skidmore	X				
Nicholas Thompson			X		
Juan Zapata			X		
Ed Homan (Chair)	X				
<b>Total Yeas: 14</b>		<b>Total Nays: 0</b>			

**Appearances:**

Jeanne Dariotis - Proponent  
 Florida Association of Blood Banks  
 1731 Riggins Road  
 Tallahassee Florida 32308

Committee meeting was reported out: Tuesday, April 13, 2010 4:09:24PM

**COUNCIL MEETING REPORT**  
**Health & Family Services Policy Council**

**4/13/2010 9:15:00AM**

**Location:** Webster Hall (212 Knott)

**CS/HB 645 : Community Residential Homes**

Favorable With Council Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thomas Anderson			X		
Gwyndolen Clarke-Reed		X			
Keith Fitzgerald		X			
Denise Grimsley	X				
D. Alan Hays	X				
Matt Hudson		X			
Kurt Kelly	X				
Paige Kreegel	X				
Ari Porth	X				
Michelle Rehwinkel Vasilinda		X			
Ronald Renuart	X				
Elaine Schwartz	X				
Kelly Skidmore	X				
Nicholas Thompson	X				
Juan Zapata			X		
Ed Homan (Chair)	X				
<b>Total Yeas: 10</b>		<b>Total Nays: 4</b>			

**Appearances:**

Tito Balducci - Proponent  
 2402 Miranda Ave.  
 Tallahassee Florida 32304  
 Phone: (850) 575-7627

Susan Goldstine (Lobbyist) - Proponent  
 Parent Advocate  
 3158 Inverness  
 Weston Florida 33332  
 Phone: (954) 830-6300

Fausto Gomez, President (Lobbyist) - Proponent  
 Town of Lake Park, Town of Cutler Bay  
 2350 Coral Way, #301  
 Miami Florida 33145  
 Phone: (305) 860-0780

Maragaret Hooper (Lobbyist) - Opponent  
 Florida Developmental Disabilities Council  
 124 Marriott Dr., Suite 203  
 Tallahassee Florida 32311

Eugene Klausman - Proponent  
 356 Las Olas Dr.  
 Melbourne Beach Florida 32951  
 Phone: (321) 724-8899

Committee meeting was reported out: Tuesday, April 13, 2010 4:09:24PM

**COUNCIL MEETING REPORT**  
**Health & Family Services Policy Council**

**4/13/2010 9:15:00AM**

**Location:** Webster Hall (212 Knott)

Lila Klausman - Proponent

Family Care Council/Parents Planning Programs for the Developmentally Disabled of Florida

356 Las Olas Dr.

Melbourne Beach Florida 32951`

Phone: (321) 724-8899

Jack Kosik, Executive Director - Proponent

Noah's Ark

402 E. Palm Dr.

Lakeland Florida 33803

Phone: (863) 698-1159

Kingsley Ross - Opponent

Sunrise Community

200 W. College Ave.

Tallahassee Florida

Phone: (850) 322-8889

Sharon Spano - Opponent

1540 International Parkway

Heathrow Florida 32746

Phone: (407) 333-0224

Casey & Doreene Stewart - Opponent

Florida Developmental Disabilities Council

11510 NW 23 Street

Pembroke Pines Florida 33026

Phone: (954) 632-7319

Committee meeting was reported out: Tuesday, April 13, 2010 4:09:24PM

**COUNCIL MEETING REPORT**  
**Health & Family Services Policy Council**

**4/13/2010 9:15:00AM**

**Location:** Webster Hall (212 Knott)

**CS/HB 729 : Practice of Tattooing**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Thomas Anderson	X				
Gwyndolen Clarke-Reed	X				
Keith Fitzgerald	X				
Denise Grimsley	X				
D. Alan Hays	X				
Matt Hudson	X				
Kurt Kelly	X				
Paige Kreegel	X				
Ari Porth	X				
Michelle Rehwinkel Vasilinda	X				
Ronald Renuart	X				
Elaine Schwartz	X				
Kelly Skidmore	X				
Nicholas Thompson	X				
Juan Zapata			X		
Ed Homan (Chair)	X				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**Appearances:**

Mark Longenecker, President - Proponent  
 Florida Professional Tattoo Artists Guild  
 210 N. Atlantic Ave.  
 Cocoa Beach Florida  
 Phone: (954) 249-7959

Waive In Support  
 Jeanne Dariotis - Proponent  
 Florida Association of Blood Banks  
 1731 Riggins Road  
 Tallahassee Florida 32308

Waive In Support  
 Wes Diffie - Proponent  
 Florida Professional tattoo Artist Guild  
 1380 Cypress Ave.  
 Melbourne Florida 32935  
 Phone: (321) 255-9449

Committee meeting was reported out: Tuesday, April 13, 2010 4:09:24PM

**COUNCIL MEETING REPORT**  
**Health & Family Services Policy Council**

**4/13/2010 9:15:00AM**

**Location:** Webster Hall (212 Knott)

**CS/HB 1503 : Health Care**

Favorable With Council Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thomas Anderson	X				
Gwyndolen Clarke-Reed		X			
Keith Fitzgerald		X			
Denise Grimsley	X				
D. Alan Hays	X				
Matt Hudson	X				
Kurt Kelly	X				
Paige Kreegel	X				
Ari Porth	X				
Michelle Rehwinkel Vasilinda		X			
Ronald Renuart	X				
Elaine Schwartz		X			
Kelly Skidmore		X			
Nicholas Thompson	X				
Juan Zapata			X		
Ed Homan (Chair)	X				
<b>Total Yeas: 10      Total Nays: 5</b>					

**Appearances:**

Stephen Cain - Opponent  
 Florida Justice Association  
 218 S. Monroe St.  
 Tallahassee Florida  
 Phone: (305) 458-8544

Mark Delegal (Lobbyist) - Proponent  
 Safety Net Hospital Alliance  
 215 S Monroe St., 2nd Floor  
 Tallahassee Florida 32301  
 Phone: (850) 222-3533

Waive In Support  
 Andy Behrman, President/CEO - Proponent  
 Florida Association of Community Health Centers  
 Tallahassee Florida

Waive In Support  
 Slater Bayliss (Lobbyist) - Proponent  
 Preferred Care Partners  
 215 S Monroe St., Suite 602  
 Tallahassee Florida 32301  
 Phone: (850) 222-8900

Committee meeting was reported out: Tuesday, April 13, 2010 4:09:24PM



**COUNCIL MEETING REPORT**  
**Health & Family Services Policy Council**

**4/13/2010 9:15:00AM**

**Location:** Webster Hall (212 Knott)

Waive In Support

Terry Meek (Lobbyist) - Proponent  
Council of Florida Medical School Deans  
P.O. Box 13441  
Tallahassee Florida 32317

Waive In Support

Lindy Kennedy (Lobbyist) - Proponent  
Safety Net Hospital Alliance of Florida  
101 N. Gadsden  
Tallahassee Florida 32309  
Phone: (850) 201-2096

Waive In Support

Paul Palo, DMD - Proponent  
Florida Dental Association  
151 Ave. F. N.W.  
Winter Haven Florida 33881  
Phone: (863) 294-7605

Waive In Support

Leroy Collins, Executive Director (Lobbyist) (State Employee) - Proponent  
Florida Department of Veterans' Affairs  
4040 Esplanade Way #152  
Tallahassee Florida 32399  
Phone: (850) 487-1533

Waive In Support

Pete Buigas (Lobbyist) - Proponent  
Simply Healthcare Plans  
713 E. Park Ave.  
Tallahassee Florida 32301  
Phone: (850) 224-7946

Committee meeting was reported out: Tuesday, April 13, 2010 4:09:24PM



COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 509 (2010)

Amendment No. 1

COUNCIL/COMMITTEE ACTION

ADOPTED	—	(Y/N)
ADOPTED AS AMENDED	—	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	—	(Y/N)
WITHDRAWN	—	(Y/N)
OTHER	_____	

1 Council/Committee hearing bill: Health & Family Services Policy  
2 Council

3 Representative(s) Tobia offered the following:

4  
5 **Amendment**

6 Remove lines 49-68 and insert:

7 3. Drug that is a blood derivative, or a recombinant or  
8 synthetic form of a blood derivative; or

9 4. Drug necessary to collect blood or blood components  
10 from volunteer blood donors; for blood establishment personnel  
11 to perform therapeutic procedures under the direction and  
12 supervision of a licensed physician; and to diagnose, treat,  
13 manage, and prevent any reaction of either a volunteer blood  
14 donor or a patient undergoing a therapeutic procedure performed  
15 under the direction and supervision of a licensed physician.

16  
17 A blood establishment's distribution of products are excluded  
18 under this paragraph as long as all health care services  
19 provided by the blood establishment are related to its

COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 509 (2010)

Amendment No. 1

20 activities as a registered blood establishment or the health  
21 care services provided by the blood establishment consisting of  
22 collecting, processing, storing, or administering human  
23 hematopoietic stem or progenitor cells or performing diagnostic  
24 testing of specimens that are tested together with specimens  
25 undergoing routine donor testing. A blood establishment must  
26 satisfy the requirements of s. 499.0121, F.S., and s.499.01212,  
27 F.S.

COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 509 (2010)

Amendment No. 2

COUNCIL/COMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

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1 Council/Committee hearing bill: Health & Family Services Policy  
2 Council  
3 Representative(s) Tobia offered the following:

4

5

**Amendment**

6

Remove line 89 and insert:

7

in s. 499.003(53)(d) is not required to obtain a permit



COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 645 (2010)

Amendment No. 1

COUNCIL/COMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Council/Committee hearing bill: Health & Family Services Policy  
2 Council

3 Representative Stargel offered the following:  
4

5 **Amendment**

6 Remove lines 70-108 and insert:

7 the residents or a dwelling unit that operates as a sober house-  
8 transitional living home that is established July 1, 2010 or  
9 thereafter.

10 (b) "Licensing entity" or "licensing entities" means the  
11 Department of Elderly Affairs, the Agency for Persons with  
12 Disabilities, the Department of Juvenile Justice, the Department  
13 of Children and Family Services, or the Agency for Health Care  
14 Administration, all of which are authorized to license a  
15 community residential home to serve residents, ~~as defined in~~  
16 ~~paragraph (d).~~

17 (c) "Local government" means a county as set forth in  
18 chapter 7 or a municipality incorporated under the provisions of  
19 chapter 165.

COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 645 (2010)

Amendment No. 1

20 (d) "Planned residential community" means a local  
21 government approved planned unit development which is under  
22 unified control, is planned and developed as a whole, has a  
23 minimum gross lot area of 8 acres, and has amenities that are  
24 designed to serve residents with a developmental disability as  
25 defined in s. 393.063 but which may also provide housing options  
26 for other individuals. This community shall provide choices with  
27 regard to housing arrangements, support providers, and  
28 activities. The residents may enjoy unrestricted freedom of  
29 movement within and outside of the community. For the purposes  
30 of this paragraph, local government approval must be based on  
31 criteria that include, but are not limited to, compliance with  
32 appropriate land use, zoning, and building codes. A planned  
33 residential community may contain two or more community  
34 residential homes that are contiguous to one another.

35 (e)-(d) "Resident" means any of the following: a frail  
36 elder as defined in s. 429.65; a person who has a handicap  
37 physically disabled or handicapped person as defined in s.  
38 760.22(7)(a); a developmentally disabled person who has a  
39 handicap as defined in s. 393.063; a nondangerous mentally ill  
40 person who has a mental illness as defined in s. 394.455(18); or  
41 a child who is found to be dependent as defined in s. 39.01 or  
42 s. 984.03, or a child in need of services as defined in s.  
43 984.03 or s. 985.03.

44 (f) "Sober house-transitional living home" means a  
45 community residential home that provides a peer supported and  
46 managed alcohol and drug-free living environment for no more  
47 than 6 unrelated residents that are recovering from substance



Amendment No. 1

48 | abuse and are actively participating in licensed substance abuse  
49 | treatment, non-licensed peer support services, or are  
50 | transitioning back in the community from residential treatment  
51 | programs or incarceration. Sober houses-transitional living  
52 | homes are supervised by a House Manager who ensures that the  
53 | sober living environments offer structure and strong peer  
54 | support. Residents pay weekly or monthly rent and other living  
55 | expenses associated with operation of the sober house-  
56 | transitional living home while working, attending treatment, or  
57 | attending school during the day and engaging in recovery  
58 | activities in the evenings.

59 |        ~~(g)-(e)~~ "Sponsoring agency" means an agency or unit of  
60 | government, a profit or nonprofit agency, or any other person or  
61 | organization which intends to establish or operate a community  
62 | residential home.





House of Representatives  
COMMITTEE BILL ACTION WORKSHEET

Council/Committee on HEALTH & FAMILY SERVICES POLICY COUNCIL Bill No. CS/HB 1503

Meeting Date 4-13-10 Time 9:15 Am Place 212 Ruoff

COMMITTEE ACTION:

- Favorable
- Favorable with Amendments
- Favorable with Committee Substitute
- Unfavorable
- Temporarily Deferred
- Reconsidered

Other Action: \_\_\_\_\_

Final Vote on Bill		Members	#5							
			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Rep. Thomas Anderson	✓							
		Rep. Gwendolen Clarke-Reed	✓							
		Rep. Keith Fitzgerald	✓							
		Rep. Denise Grimsley	✓							
		Rep. D. Alan Hays	✓							
		Rep. Matt Hudson	✓							
		Rep. Kurt Kelly	✓							
		Rep. Paige Kreegel	✓							
		Rep. Ari Porth	✓							
		Rep. Michelle Rehwinkel Vasilinda	✓							
		Rep. Ronald Renuart	✓							
		Rep. Elaine Schwartz	✓							
		Rep. Kelly Skidmore	✓							
		Rep. Nicholas Thompson	✓							
		Rep. Juan Zapata								
		Rep. Ed Homan, Chair	✓							
Yeas	Nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		TOTALS	15	0						

Amendment No. 1

COUNCIL/COMMITTEE ACTION

ADOPTED                                    — (Y/N)  
ADOPTED AS AMENDED                   — (Y/N)  
ADOPTED W/O OBJECTION                ✓ (Y/N)  
FAILED TO ADOPT                       — (Y/N)  
WITHDRAWN                               — (Y/N)  
OTHER                                     —

1 Council/Committee hearing bill: Health & Family Services Policy  
2 Council  
3 Representative(s) Flores offered the following:  
4

5 **Amendment (with title amendment)**

6 Between lines 129 and 130, insert:

7 Section 2. Subsection (3) is added to section 381.00315,  
8 Florida Statutes, to read:

9 381.00315 Public health advisories; public health  
10 emergencies.—The State Health Officer is responsible for  
11 declaring public health emergencies and issuing public health  
12 advisories.

13 (3) To facilitate effective emergency management, when the  
14 United States Department of Health and Human Services contracts  
15 for the manufacturing and delivery of licensable products in  
16 response to a public health emergency and the terms of those  
17 contracts are made available to the states, the department shall  
18 accept funds provided by cities, counties and other entities  
19 designated in the state emergency management plan required under

Amendment No. 1

20 s. 252.35(2)(a) for the purpose of participation in these  
21 contracts. The department shall deposit said funds in the Grants  
22 and Donations Trust Fund and expend those funds on behalf of the  
23 donor city, county or other entity for the purchase the  
24 licensable products made available under the contract.

27 -----  
28 **T I T L E A M E N D M E N T**

29 Remove line 5 and insert:

30 retroactively; conforming a cross-reference; amending s.  
31 381.00315, F.S., directing the Department of Health to accept  
32 funds from counties, municipalities, and certain other entities  
33 for the purchase of certain products made available under a  
34 contract of the United States Department of Health and Human  
35 Services for the manufacture and delivery of such products in  
36 response to a public health emergency; repealing s.

Amendment No. 2

COUNCIL/COMMITTEE ACTION

ADOPTED	<input checked="" type="checkbox"/> (Y/N)	9-6
ADOPTED AS AMENDED	<input type="checkbox"/> (Y/N)	
ADOPTED W/O OBJECTION	<input type="checkbox"/> (Y/N)	
FAILED TO ADOPT	<input type="checkbox"/> (Y/N)	
WITHDRAWN	<input type="checkbox"/> (Y/N)	
OTHER	<input type="checkbox"/>	

1 Council/Committee hearing bill: Health & Family Services Policy  
2 Council

3 Representative(s) Flores offered the following:

4  
5 **Amendment (with title amendment)**

6 Between lines 130 and 131, insert:

7 Section 3. Subsection (20) of section 395.0197, Florida  
8 Statutes, is created to read:

9 395.0197 Internal risk management program.-

10 (20) A hospital's implementation of a comprehensive plan  
11 to reduce healthcare associated infections prior to a patient  
12 becoming infected constitutes a rebuttable presumption against a  
13 claim of negligence or malpractice by the hospital or any of its  
14 employees or independent contractors. Any such plan must  
15 include the following components:

16 (a) A baseline measurement of healthcare associated  
17 infections in the hospital that uses the National Healthcare  
18 Safety Network and Centers for Disease Control and Prevention  
19 surveillance definitions and reports the number of infections in

Amendment No. 2

20 each category relative to the volume of possible cases in the  
21 hospital.

22 (b) A goal for reducing the incidence of infections by a  
23 specific amount in a defined period of time. The hospital's  
24 goals for reduction of infections must be commensurate with the  
25 national goal for reducing each type of healthcare associated  
26 infection.

27 (c) An action plan for reducing each type of infection,  
28 including the use of real time infection surveillance technology  
29 or automated infection control or prevention technology.

30 (d) Methods for making information available to patients  
31 and the public regarding baseline measurements and periodic  
32 reports on the hospital's progress in improving those measures.

33  
34  
35 -----  
36 **T I T L E A M E N D M E N T**

37 Remove line 8 and insert:

38 reports; amending s. 395.0197, F.S., providing for a rebuttable  
39 presumption against negligence or malpractice claims for  
40 hospitals and their employees or independent contractors under  
41 specified circumstances; establishing components for the plan;  
42 repealing s. 395.1046, F.S., relating to the



Amendment No. 3

COUNCIL/COMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	✓___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Council/Committee hearing bill: Health & Family Services Policy  
2 Council

3 Representative(s) Flores offered the following:  
4

5 **Amendment (with title amendment)**

6 Between lines 563 and 564, insert:

7 Section 13. Section 409.91255, Florida Statutes, is  
8 amended to read:

9 409.91255 Federally qualified health center access  
10 program.—

11 (1) SHORT TITLE.—This section may be cited as the  
12 "Community Health Center Access Program Act."

13 (2) LEGISLATIVE FINDINGS AND INTENT.—

14 (a) The Legislature finds that, despite significant  
15 investments in health care programs, nearly 6 ~~more than 2~~  
16 million low-income Floridians, primarily the working poor and  
17 minority populations, continue to lack access to basic health  
18 care services. Further, the Legislature recognizes that  
19 federally qualified health centers have a proven record of

Amendment No. 3

20 providing cost-effective, comprehensive primary and preventive  
21 health care and are uniquely qualified to address the lack of  
22 adequate health care services for the uninsured.

23 (b) It is the intent of the Legislature to recognize the  
24 significance of increased federal investments in federally  
25 qualified health centers and to leverage that investment through  
26 the creation of a program to provide for the expansion of the  
27 primary and preventive health care services offered by federally  
28 qualified health centers. Further, such a program will support  
29 the coordination of federal, state, and local resources to  
30 assist such health centers in developing an expanded community-  
31 based primary care delivery system.

32 (3) ASSISTANCE TO FEDERALLY QUALIFIED HEALTH CENTERS.—The  
33 agency shall administer ~~Department of Health shall develop~~ a  
34 program for the expansion of federally qualified health centers  
35 for the purpose of providing comprehensive primary and  
36 preventive health care and urgent care services that may reduce  
37 the morbidity, mortality, and cost of care among the uninsured  
38 population of the state. The program shall provide for  
39 distribution of financial assistance to federally qualified  
40 health centers that apply and demonstrate a need for such  
41 assistance in order to sustain or expand the delivery of primary  
42 and preventive health care services. In selecting centers to  
43 receive this financial assistance, the program:

44 (a) Shall give preference to communities that have few or  
45 no community-based primary care services or in which the current  
46 services are unable to meet the community's needs. To assist in  
47 the assessment and identification of areas of critical need, a

Amendment No. 3

48 federally qualified health center based statewide assessment and  
49 strategic plan shall be developed by the Florida Association of  
50 Community Health Centers, Inc., every 5 years, beginning January  
51 1, 2011.

52 (b) Shall require that primary care services be provided  
53 to the medically indigent using a sliding fee schedule based on  
54 income.

55 (c) Shall promote allow innovative and creative uses of  
56 federal, state, and local health care resources.

57 (d) Shall require that the funds provided be used to pay  
58 for operating costs of a projected expansion in patient  
59 caseloads or services or for capital improvement projects.  
60 Capital improvement projects may include renovations to existing  
61 facilities or construction of new facilities, provided that an  
62 expansion in patient caseloads or services to a new patient  
63 population will occur as a result of the capital expenditures.  
64 The agency department shall include in its standard contract  
65 document a requirement that any state funds provided for the  
66 purchase of or improvements to real property are contingent upon  
67 the contractor granting to the state a security interest in the  
68 property at least to the amount of the state funds provided for  
69 at least 5 years from the date of purchase or the completion of  
70 the improvements or as further required by law. The contract  
71 must include a provision that, as a condition of receipt of  
72 state funding for this purpose, the contractor agrees that, if  
73 it disposes of the property before the agency's department's  
74 interest is vacated, the contractor will refund the

Amendment No. 3

75 proportionate share of the state's initial investment, as  
76 adjusted by depreciation.

77 (e) Shall ~~May~~ require in-kind support from other sources.

78 (f) Shall promote ~~May encourage~~ coordination among  
79 federally qualified health centers, other private sector  
80 providers, and publicly supported programs.

81 (g) Shall promote ~~allow~~ the development of community  
82 emergency room diversion programs in conjunction with local  
83 resources, providing extended hours of operation to urgent care  
84 patients. Diversion programs shall include case management for  
85 emergency room followup care.

86 (4) EVALUATION OF APPLICATIONS.—A review panel shall be  
87 established, consisting of four persons appointed by the  
88 Secretary of Health Care Administration ~~State Surgeon General~~  
89 and three persons appointed by the chief executive officer of  
90 the Florida Association of Community Health Centers, Inc., to  
91 review all applications for financial assistance under the  
92 program. Applicants shall specify in the application whether the  
93 program funds will be used for the expansion of patient  
94 caseloads or services or for capital improvement projects to  
95 expand and improve patient facilities. The panel shall use the  
96 following elements in reviewing application proposals and shall  
97 determine the relative weight for scoring and evaluating these  
98 elements:

99 (a) The target population to be served.

100 (b) The health benefits to be provided.

101 (c) The methods that will be used to measure cost-  
102 effectiveness.

Amendment No. 3

- 103 (d) How patient satisfaction will be measured.  
104 (e) The proposed internal quality assurance process.  
105 (f) Projected health status outcomes.  
106 (g) How data will be collected to measure cost-  
107 effectiveness, health status outcomes, and overall achievement  
108 of the goals of the proposal.  
109 (h) All resources, including cash, in-kind, voluntary, or  
110 other resources that will be dedicated to the proposal.  
111 (5) ADMINISTRATION AND TECHNICAL ASSISTANCE.--The agency  
112 shall ~~Department of Health may~~ contract with the Florida  
113 Association of Community Health Centers, Inc., to develop and  
114 coordinate ~~administer~~ the program and provide technical  
115 assistance to the federally qualified health centers selected to  
116 receive financial assistance. The contracted entity shall be  
117 responsible for program support and assume all costs related to  
118 administration of this program.

-----  
**T I T L E   A M E N D M E N T**

122 Remove line 72 and insert:  
123 program; amending s. 409.91255, F.S.; transferring  
124 administrative responsibility for the application  
125 procedure for federally qualified health centers from the  
126 Department of Health to the Agency for Health Care  
127 Administration; requiring the Florida Association of  
128 Community Health Centers, Inc., to provide support and  
129

COUNCIL/COMMITTEE AMENDMENT

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130 | assume administrative costs for the program; repealing s.  
131 | 429.12(2), F.S., relating to the

Amendment No. 4

COUNCIL/COMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	✓	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Council/Committee hearing bill: Health & Family Services Policy  
2 Council

3 Representative(s) Flores offered the following:

4  
5 **Amendment (with title amendment)**

6 Between lines 563 and 564, insert:

7 Section 13. Subsection (13) of section 409.9122, Florida  
8 Statutes, is repealed.

9  
10  
11 -----  
12 **T I T L E A M E N D M E N T**

13 Remove line 72 and insert:

14 program; repealing s. 409.9122, F.S., relating to Medicaid  
15 managed prepaid plan minimum enrollment levels for plans  
16 operating in Miami-Dade County; repealing s. 429.12(2), F.S.,  
17 relating to the

Amendment No. 5

COUNCIL/COMMITTEE ACTION

ADOPTED	<input checked="" type="checkbox"/> (Y/N) 15-0
ADOPTED AS AMENDED	<input type="checkbox"/> (Y/N)
ADOPTED W/O OBJECTION	<input type="checkbox"/> (Y/N)
FAILED TO ADOPT	<input type="checkbox"/> (Y/N)
WITHDRAWN	<input type="checkbox"/> (Y/N)
OTHER	<input type="checkbox"/>

1 Council/Committee hearing bill: Health & Family Services Policy  
2 Council

3 Representative(s) Homan offered the following:  
4

5 **Amendment (with title amendment)**

6 Between lines 770 and 771, insert:

7 Section 21. Subsections (4) and (9) of section 381.0403,  
8 Florida Statutes, are repealed.

9 Section 22. Section 381.4018, Florida Statutes, is amended  
10 to read:

11 381.4018 Physician workforce assessment and development.—

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

13 (a) "Consortium" or "consortia" means a combination of  
14 statutory teaching hospitals, statutory rural hospitals, other  
15 hospitals, accredited medical schools, clinics operated by the  
16 Department of Health, clinics operated by the Department of  
17 Veterans' Affairs, area health education centers, community  
18 health centers, federally qualified health centers, prison  
19 clinics, local community clinics, or other programs. At least



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20 one member of the consortium shall be a sponsoring institution  
21 accredited or currently seeking accreditation by the  
22 Accreditation Council for Graduate Medical Education or the  
23 American Osteopathic Association.

24 (b) "Council" means the Physician Workforce Advisory  
25 Council.

26 (c) "Department" means the Department of Health.

27 (d) "Graduate medical education program" means a program  
28 accredited by the Accreditation Council for Graduate Medical  
29 Education or the American Osteopathic Association.

30 (e) "Primary care specialty" means emergency medicine,  
31 family practice, internal medicine, pediatrics, psychiatry,  
32 geriatrics, general surgery, obstetrics and gynecology, and  
33 combined pediatrics and internal medicine and other specialties  
34 as determined by the Physician Workforce Advisory Council or the  
35 Department of Health.

36 (2)-(1) LEGISLATIVE INTENT.—The Legislature recognizes that  
37 physician workforce planning is an essential component of  
38 ensuring that there is an adequate and appropriate supply of  
39 well-trained physicians to meet this state's future health care  
40 service needs as the general population and elderly population  
41 of the state increase. The Legislature finds that items to  
42 consider relative to assessing the physician workforce may  
43 include physician practice status; specialty mix; geographic  
44 distribution; demographic information, including, but not  
45 limited to, age, gender, race, and cultural considerations; and  
46 needs of current or projected medically underserved areas in the  
47 state. Long-term strategic planning is essential as the period

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48 | from the time a medical student enters medical school to  
49 | completion of graduate medical education may range from 7 to 10  
50 | years or longer. The Legislature recognizes that strategies to  
51 | provide for a well-trained supply of physicians must include  
52 | ensuring the availability and capacity of quality ~~graduate~~  
53 | medical schools and graduate medical education programs in this  
54 | state, as well as using new or existing state and federal  
55 | programs providing incentives for physicians to practice in  
56 | needed specialties and in underserved areas in a manner that  
57 | addresses projected needs for physician manpower.

58 |       (3)-(2) PURPOSE.—The department ~~of Health~~ shall serve as a  
59 | coordinating and strategic planning body to actively assess the  
60 | state's current and future physician workforce needs and work  
61 | with multiple stakeholders to develop strategies and  
62 | alternatives to address current and projected physician  
63 | workforce needs.

64 |       (4)-(3) GENERAL FUNCTIONS.—The department shall maximize  
65 | the use of existing programs under the jurisdiction of the  
66 | department and other state agencies and coordinate governmental  
67 | and nongovernmental stakeholders and resources in order to  
68 | develop a state strategic plan and assess the implementation of  
69 | such strategic plan. In developing the state strategic plan, the  
70 | department shall:

71 |           (a) Monitor, evaluate, and report on the supply and  
72 | distribution of physicians licensed under chapter 458 or chapter  
73 | 459. The department shall maintain a database to serve as a  
74 | statewide source of data concerning the physician workforce.

75 |           (b) Develop a model and quantify, on an ongoing basis, the

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76 adequacy of the state's current and future physician workforce  
77 as reliable data becomes available. Such model must take into  
78 account demographics, physician practice status, place of  
79 education and training, generational changes, population growth,  
80 economic indicators, and issues concerning the "pipeline" into  
81 medical education.

82 (c) Develop and recommend strategies to determine whether  
83 the number of qualified medical school applicants who might  
84 become competent, practicing physicians in this state will be  
85 sufficient to meet the capacity of the state's medical schools.  
86 If appropriate, the department shall, working with  
87 representatives of appropriate governmental and nongovernmental  
88 entities, develop strategies and recommendations and identify  
89 best practice programs that introduce health care as a  
90 profession and strengthen skills needed for medical school  
91 admission for elementary, middle, and high school students, and  
92 improve premedical education at the precollege and college level  
93 in order to increase this state's potential pool of medical  
94 students.

95 (d) Develop strategies to ensure that the number of  
96 graduates from the state's public and private allopathic and  
97 osteopathic medical schools is ~~are~~ adequate to meet physician  
98 workforce needs, based on the analysis of the physician  
99 workforce data, so as to provide a high-quality medical  
100 education to students in a manner that recognizes the uniqueness  
101 of each new and existing medical school in this state.

102 (e) Pursue strategies and policies to create, expand, and  
103 maintain graduate medical education positions in the state based

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104 on the analysis of the physician workforce data. Such strategies  
105 and policies must take into account the effect of federal  
106 funding limitations on the expansion and creation of positions  
107 in graduate medical education. The department shall develop  
108 options to address such federal funding limitations. The  
109 department shall consider options to provide direct state  
110 funding for graduate medical education positions in a manner  
111 that addresses requirements and needs relative to accreditation  
112 of graduate medical education programs. The department shall  
113 consider funding residency positions as a means of addressing  
114 needed physician specialty areas, rural areas having a shortage  
115 of physicians, and areas of ongoing critical need, and as a  
116 means of addressing the state's physician workforce needs based  
17 on an ongoing analysis of physician workforce data.

118 (f) Develop strategies to maximize federal and state  
119 programs that provide for the use of incentives to attract  
120 physicians to this state or retain physicians within the state.  
121 Such strategies should explore and maximize federal-state  
122 partnerships that provide incentives for physicians to practice  
123 in federally designated shortage areas. Strategies shall also  
124 consider the use of state programs, such as the Florida Health  
125 Service Corps established pursuant to s. 381.0302 and the  
126 Medical Education Reimbursement and Loan Repayment Program  
127 pursuant to s. 1009.65, which provide for education loan  
128 repayment or loan forgiveness and provide monetary incentives  
129 for physicians to relocate to underserved areas of the state.

130 (g) Coordinate and enhance activities relative to  
131 physician workforce needs, undergraduate medical education, and

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132 | graduate medical education, and reentry of retired military and  
133 | other physicians into the physician workforce provided by the  
134 | Division of Medical Quality Assurance, ~~the Community Hospital~~  
135 | ~~Education Program and the Graduate Medical Education Committee~~  
136 | ~~established pursuant to s. 381.0403,~~ area health education  
137 | center networks established pursuant to s. 381.0402, and other  
138 | offices and programs within the department ~~of Health~~ as  
139 | designated by the State Surgeon General.

140 |       (h) Work in conjunction with and act as a coordinating  
141 | body for governmental and nongovernmental stakeholders to  
142 | address matters relating to the state's physician workforce  
143 | assessment and development for the purpose of ensuring an  
144 | adequate supply of well-trained physicians to meet the state's  
145 | future needs. Such governmental stakeholders shall include, but  
146 | need not be limited to, the State Surgeon General or his or her  
147 | designee, the Commissioner of Education or his or her designee,  
148 | the Secretary of Health Care Administration or his or her  
149 | designee, and the Chancellor of the State University System or  
150 | his or her designee ~~from the Board of Governors of the State~~  
151 | ~~University System,~~ and, at the discretion of the department,  
152 | other representatives of state and local agencies that are  
153 | involved in assessing, educating, or training the state's  
154 | current or future physicians. Other stakeholders shall include,  
155 | but need not be limited to, organizations representing the  
156 | state's public and private allopathic and osteopathic medical  
157 | schools; organizations representing hospitals and other  
158 | institutions providing health care, particularly those that  
159 | currently provide or have an interest in providing accredited

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160 | medical education and graduate medical education to medical  
161 | students and medical residents; organizations representing  
162 | allopathic and osteopathic practicing physicians; and, at the  
163 | discretion of the department, representatives of other  
164 | organizations or entities involved in assessing, educating, or  
165 | training the state's current or future physicians.

166 |       (i) Serve as a liaison with other states and federal  
167 | agencies and programs in order to enhance resources available to  
168 | the state's physician workforce and medical education continuum.

169 |       (j) Act as a clearinghouse for collecting and  
170 | disseminating information concerning the physician workforce and  
171 | medical education continuum in this state.

172 |       (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created  
173 | in the department the Physician Workforce Advisory Council, an  
174 | advisory council as defined in s. 20.03. The council shall  
175 | comply with the requirements of s. 20.052, except as otherwise  
176 | provided in this section.

177 |       (a) The council shall consist of 19 members. Members  
178 | appointed by the State Surgeon General shall include:

179 |       1. A designee from the department who is a physician  
180 | licensed under chapter 458 or chapter 459 and recommended by the  
181 | State Surgeon General.

182 |       2. An individual who is affiliated with the Science  
183 | Students Together Reaching Instructional Diversity and  
184 | Excellence program and recommended by the area health education  
185 | center network.

186 |       3. Two individuals recommended by the Council of Florida  
187 | Medical School Deans, one representing a college of allopathic

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188 medicine and one representing a college of osteopathic medicine.

189 4. One individual recommended by the Florida Hospital  
190 Association, representing a hospital that is licensed under  
191 chapter 395, has an accredited graduate medical education  
192 program, and is not a statutory teaching hospital.

193 5. One individual representing a statutory teaching  
194 hospital as defined in s. 408.07 and recommended by the Safety  
195 Net Hospital Alliance.

196 6. One individual representing a family practice teaching  
197 hospital as defined in s. 395.805 and recommended by the Council  
198 of Family Medicine and Community Teaching Hospitals.

199 7. Two individuals recommended by the Florida Medical  
200 Association, one representing a primary care specialty and one  
201 representing a nonprimary care specialty.

202 8. Two individuals recommended by the Florida Osteopathic  
203 Medical Association, one representing a primary care specialty  
204 and one representing a nonprimary care specialty.

205 9. Two individuals who are program directors of accredited  
206 graduate medical education programs, one representing a program  
207 that is accredited by the Accreditation Council for Graduate  
208 Medical Education and one representing a program that is  
209 accredited by the American Osteopathic Association.

210 10. An individual recommended by the Florida Association  
211 of Community Health Centers representing a federally qualified  
212 health center located in a rural area as defined in s.  
213 381.0406(2)(a).

214 11. An individual recommended by the Florida Academy of  
215 Family Physicians.

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216 12. An individual recommended by the Florida Alliance for  
217 Health Professions Diversity.

218 13. The Chancellor of the State University System or his  
219 or her designee.

220 14. A layperson member as determined by the State Surgeon  
221 General.

222  
223 Appointments to the council shall be made by the State Surgeon  
224 General. Each entity authorized to make recommendations under  
225 this subsection shall make at least two recommendations to the  
226 State Surgeon General for each appointment to the council. The  
227 State Surgeon General shall name one appointee for each position  
228 from the recommendations made by each authorized entity.

229 (b) Each council member shall be appointed to a 4-year  
230 term. An individual may not serve more than two terms. Any  
231 council member may be removed from office for malfeasance;  
232 misfeasance; neglect of duty; incompetence; permanent inability  
233 to perform official duties; or pleading guilty or nolo  
234 contendere to, or being found guilty of, a felony. Any council  
235 member who meets the criteria for removal, or who is otherwise  
236 unwilling or unable to properly fulfill the duties of the  
237 office, shall be succeeded by an individual chosen by the State  
238 Surgeon General to serve out the remainder of the council  
239 member's term. If the remainder of the replaced council member's  
240 term is less than 18 months, notwithstanding the provisions of  
241 this paragraph, the succeeding council member may be reappointed  
242 twice by the State Surgeon General.

243 (c) The chair of the council is the State Surgeon General,



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244 who shall designate a vice chair from the membership of the  
245 council to serve in the absence of the State Surgeon General. A  
246 vacancy shall be filled for the remainder of the unexpired term  
247 in the same manner as the original appointment.

248 (d) Council members are not entitled to receive  
249 compensation or reimbursement for per diem or travel expenses.

250 (e) The council shall meet at least twice a year in person  
251 or by teleconference.

252 (f) The council shall:

253 1. Advise the State Surgeon General and the department on  
254 matters concerning current and future physician workforce needs  
255 in this state;

256 2. Review survey materials and the compilation of survey  
257 information;

258 3. Annually review the number, location, cost, and  
259 reimbursement of graduate medical education programs and  
260 positions;

261 4. Provide recommendations to the department regarding the  
262 survey completed by physicians licensed under chapter 458 or  
263 chapter 459;

264 5. Assist the department in preparing the annual report to  
265 the Legislature pursuant to ss. 458.3192 and 459.0082;

266 6. Assist the department in preparing an initial strategic  
267 plan, conduct ongoing strategic planning in accordance with this  
268 section, and provide ongoing advice on implementing the  
269 recommendations;

270 7. Monitor and provide recommendations regarding the need  
271 for an increased number of primary care or other physician

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272 specialties to provide the necessary current and projected  
273 health and medical services for the state; and

274 8. Monitor and make recommendations regarding the status  
275 of the needs relating to graduate medical education in this  
276 state.

277 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION  
278 INNOVATION PILOT PROJECTS.-

279 (a) The Legislature finds that:

280 1. In order to ensure a physician workforce that is  
281 adequate to meet the needs of this state's residents and its  
282 health care system, policymakers must consider the education and  
283 training of future generations of well-trained health care  
284 providers.

85 2. Physicians are likely to practice in the state where  
286 they complete their graduate medical education.

287 3. It can directly affect the makeup of the physician  
288 workforce by selectively funding graduate medical education  
289 programs to provide needed specialists in geographic areas of  
290 the state which have a deficient number of such specialists.

291 4. Developing additional positions in graduate medical  
292 education programs is essential to the future of this state's  
293 health care system.

294 5. It was necessary in 2007 to pass legislation that  
295 provided for an assessment of the status of this state's current  
296 and future physician workforce. The department is collecting and  
297 analyzing information on an ongoing basis to assess this state's  
298 physician workforce needs, and such assessment may facilitate  
299 the determination of graduate medical education needs and

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300 strategies for the state.

301 (b) There is established under the department a program to  
302 foster innovative graduate medical education pilot projects that  
303 are designed to promote the expansion of graduate medical  
304 education programs or positions to prepare physicians to  
305 practice in needed specialties and underserved areas or settings  
306 and to provide demographic and cultural representation in a  
307 manner that addresses current and projected needs for this  
308 state's physician workforce. Funds appropriated annually by the  
309 Legislature for this purpose shall be distributed to  
310 participating hospitals, medical schools, other sponsors of  
311 graduate medical education programs, consortia engaged in  
312 developing new graduate medical education programs or positions  
313 in those programs, or pilot projects providing innovative  
314 graduate medical education in community-based clinical settings.  
315 Pilot projects shall be selected on a competitive grant basis,  
316 subject to available funds.

317 (c) Pilot projects shall be designed to meet one or more  
318 of this state's physician workforce needs, as determined  
319 pursuant to this section, including, but not limited to:

320 1. Increasing the number of residencies or fellowships in  
321 primary care or other needed specialties.

322 2. Enhancing the retention of primary care physicians or  
323 other needed specialties in this state.

324 3. Promoting practice in rural or medically underserved  
325 areas of the state.

326 4. Encouraging racial and ethnic diversity within the  
327 state's physician workforce.

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328 | 5. Encouraging practice in community health care or other  
329 | ambulatory care settings.

330 | 6. Encouraging practice in clinics operated by the  
331 | department, including, but not limited to, county health  
332 | departments, clinics operated by the Department of Veterans'  
333 | Affairs, prison clinics, or similar settings of need.

334 | 7. Encouraging the increased production of geriatricians.

335 | (d) Priority shall be given to a proposal for a pilot  
336 | project that:

337 | 1. Demonstrates a collaboration of federal, state, and  
338 | local entities that are public or private.

339 | 2. Obtains funding from multiple sources.

340 | 3. Focuses on enhancing graduate medical education in  
341 | rural or underserved areas.

342 | 4. Focuses on enhancing graduate medical education in  
343 | ambulatory or community-based settings other than a hospital  
344 | environment.

345 | 5. Includes the use of technology, such as electronic  
346 | medical records, distance consultation, and telemedicine, to  
347 | ensure that residents are better prepared to care for patients  
348 | in this state, regardless of the community in which the  
349 | residents practice.

350 | 6. Is designed to meet multiple policy needs as enumerated  
351 | in subsection (3).

352 | 7. Uses a consortium to provide for graduate medical  
353 | education experiences.

354 | (e) The department shall adopt by rule appropriate  
355 | performance measures to use in order to consistently evaluate

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356 the effectiveness, safety, and quality of the programs, as well  
357 as the impact of each program on meeting this state's physician  
358 workforce needs.

359 (f) Participating pilot projects shall submit to the  
360 department an annual report on the project in a manner required  
361 by the department.

362 (g) Funding provided to a pilot project may be used only  
363 for the direct costs of providing graduate medical education.  
364 Accounting of such costs and expenditures shall be documented in  
365 the annual report.

366 (h) State funds shall be used to supplement funds from any  
367 local government, community, or private source. The state may  
368 provide up to 50 percent of the funds, and local governmental  
369 grants or community or private sources shall provide the  
370 remainder of the funds.

371 (7) RULEMAKING.—The department shall adopt rules as  
372 necessary to administer this section.

373 Section 23. Section 458.3192, Florida Statutes, is amended  
374 to read:

375 458.3192 Analysis of survey results; report.—

376 (1) Each year, the Department of Health shall analyze the  
377 results of the physician survey required by s. 458.3191 and  
378 determine by geographic area and specialty the number of  
379 physicians who:

380 (a) Perform deliveries of children in this state Florida.

381 (b) Read mammograms and perform breast-imaging-guided  
382 procedures in this state Florida.

383 (c) Perform emergency care on an on-call basis for a

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384 hospital emergency department.

385 (d) Plan to reduce or increase emergency on-call hours in  
386 a hospital emergency department.

387 (e) Plan to relocate ~~their allopathic or osteopathic~~  
388 ~~practice~~ outside the state.

389 (f) Practice medicine in this state.

390 (g) Plan to reduce or modify the scope of their practice.

391 (2) The Department of Health must report its findings to  
392 the Governor, the President of the Senate, and the Speaker of  
393 the House of Representatives by November 1 each year. The  
394 department shall also include in its report findings,  
395 recommendations, and strategic planning activities as provided  
396 in s. 381.4018. The department may also include other  
397 information requested by the Physician Workforce Advisory  
398 Council.

399 Section 24. Section 459.0082, Florida Statutes, is amended  
400 to read:

401 459.0082 Analysis of survey results; report.—

402 (1) Each year, the Department of Health shall analyze the  
403 results of the physician survey required by s. 459.0081 and  
404 determine by geographic area and specialty the number of  
405 physicians who:

406 (a) Perform deliveries of children in this state Florida.

407 (b) Read mammograms and perform breast-imaging-guided  
408 procedures in this state Florida.

409 (c) Perform emergency care on an on-call basis for a  
410 hospital emergency department.

411 (d) Plan to reduce or increase emergency on-call hours in

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412 a hospital emergency department.

413 (e) Plan to relocate ~~their allopathic or osteopathic~~  
414 ~~practice~~ outside the state.

415 (f) Practice medicine in this state.

416 (g) Plan to reduce or modify the scope of their practice.

417 (2) The Department of Health must report its findings to  
418 the Governor, the President of the Senate, and the Speaker of  
419 the House of Representatives by November 1 each year. The  
420 department shall also include in its report findings,  
421 recommendations, and strategic planning activities as provided  
422 in s. 381.4018. The department may also include other  
423 information requested by the Physician Workforce Advisory  
424 Council.

425 Section 25. Section 458.315, Florida Statutes, is amended  
426 to read:

427 458.315 Temporary certificate for practice in areas of  
428 critical need.—

429 (1) Any physician who:

430 (a) Is licensed to practice in any jurisdiction in the  
431 United States and ~~other state,~~ whose license is currently valid;  
432 or

433 (b) Has served as a physician in the United States Armed  
434 Forces for at least 10 years and received an honorable discharge  
435 from the military;

436

437 and who pays an application fee of \$300 may be issued a  
438 temporary certificate for ~~to~~ practice in areas of ~~communities of~~  
439 ~~Florida where there is a critical need for physicians.~~

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440       (2) A certificate may be issued to a physician who:  
441       (a) Practices in an area of critical need;  
442       (b) Will be employed by or practice in a county health  
443 department, correctional facility, Department of Veterans'  
444 Affairs clinic, community health center funded by s. 329, s.  
445 330, or s. 340 of the United States Public Health Services Act,  
446 or other agency or institution that is approved by the State  
447 Surgeon General and provides health care to meet the needs of  
448 underserved populations in this state; or

449       (c) Will practice for a limited time to address critical  
450 physician-specialty, demographic, or geographic needs for this  
451 state's physician workforce as determined by the State Surgeon  
452 General entity that provides health care to indigents and that  
453 is approved by the State Health Officer.

454       (3) The Board of Medicine may issue this temporary  
455 certificate with the following restrictions:

456       (a)-(1) The State Surgeon General board shall determine the  
457 areas of critical need, ~~and the physician so certified may~~  
458 ~~practice in any of these areas for a time to be determined by~~  
459 ~~the board.~~ Such areas shall include, but are not be limited to,  
460 health professional shortage areas designated by the United  
461 States Department of Health and Human Services.

462       1.-(a) A recipient of a temporary certificate for practice  
463 in areas of critical need may use the certificate license to  
464 work for any approved entity employer in any area of critical  
465 need or as authorized by the State Surgeon General approved by  
466 the board.

467       2.-(b) The recipient of a temporary certificate for



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468 practice in areas of critical need shall, within 30 days after  
469 accepting employment, notify the board of all approved  
470 institutions in which the licensee practices and of all approved  
471 institutions where practice privileges have been denied.

472 (b)-(2) The board may administer an abbreviated oral  
473 examination to determine the physician's competency, but ~~a~~ no  
474 written regular examination is not required necessary. Within 60  
475 days after receipt of an application for a temporary  
476 certificate, the board shall review the application and issue  
477 the temporary certificate, ~~or~~ notify the applicant of denial, or  
478 notify the applicant that the board recommends additional  
479 assessment, training, education, or other requirements as a  
480 condition of certification. If the applicant has not actively  
481 practiced during the prior 3 years and the board determines that  
482 the applicant may lack clinical competency, possess diminished  
483 or inadequate skills, lack necessary medical knowledge, or  
484 exhibit patterns of deficits in clinical decisionmaking, the  
485 board may:

- 486 1. Deny the application;
- 487 2. Issue a temporary certificate having reasonable  
488 restrictions that may include, but are not limited to, a  
489 requirement for the applicant to practice under the supervision  
490 of a physician approved by the board; or
- 491 3. Issue a temporary certificate upon receipt of  
492 documentation confirming that the applicant has met any  
493 reasonable conditions of the board which may include, but are  
494 not limited to, completing continuing education or undergoing an  
495 assessment of skills and training.

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496        (c)-(3) Any certificate issued under this section ~~is shall~~  
497 be valid only so long as the State Surgeon General determines  
498 that the reason area for which it ~~was is~~ issued remains a an  
499 ~~area of~~ critical need to the state. The Board of Medicine shall  
500 review each temporary certificateholder not the service within  
501 ~~said area not~~ less than annually to ascertain that the minimum  
502 requirements of the Medical Practice Act and its adopted the  
503 ~~rules and regulations promulgated thereunder~~ are being complied  
504 with. If it is determined that such minimum requirements are not  
505 being met, the board shall ~~forthwith~~ revoke such certificate or  
506 shall impose restrictions or conditions, or both, as a condition  
507 of continued practice under the certificate.

508        (d)-(4) The board ~~may shall~~ not issue a temporary  
509 certificate for practice in an area of critical need to any  
510 physician who is under investigation in any jurisdiction in the  
511 United States another state for an act that which would  
512 constitute a violation of this chapter until such time as the  
513 investigation is complete, at which time the provisions of s.  
514 458.331 ~~shall~~ apply.

515        (4)-(5) The application fee and all licensure fees,  
516 including neurological injury compensation assessments, shall be  
517 waived for those persons obtaining a temporary certificate to  
518 practice in areas of critical need for the purpose of providing  
519 volunteer, uncompensated care for low-income residents  
520 Floridians. The applicant must submit an affidavit from the  
521 employing agency or institution stating that the physician will  
522 not receive any compensation for any service involving the  
523 practice of medicine.

Amendment No. 5

524 Section 26. Section 459.0076, Florida Statutes, is created  
525 to read:

526 459.0076 Temporary certificate for practice in areas of  
527 critical need.—

528 (1) Any physician who:

529 (a) Is licensed to practice in any jurisdiction in the  
530 United States and whose license is currently valid; or

531 (b) Has served as a physician in the United States Armed  
532 Forces for at least 10 years and received an honorable discharge  
533 from the military;

534

535 and who pays an application fee of \$300 may be issued a  
536 temporary certificate for practice in areas of critical need.

537 (2) A certificate may be issued to a physician who:

538 (a) Will practice in an area of critical need;

539 (b) Will be employed by or practice in a county health  
540 department, correctional facility, Department of Veterans'  
541 Affairs clinic, community health center funded by s. 329, s.  
542 330, or s. 340 of the United States Public Health Services Act,  
543 or other agency or institution that is approved by the State  
544 Surgeon General and provides health care to meet the needs of  
545 underserved populations in this state; or

546 (c) Will practice for a limited time to address critical  
547 physician-specialty, demographic, or geographic needs for this  
548 state's physician workforce as determined by the State Surgeon  
549 General.

550 (3) The Board of Osteopathic Medicine may issue this  
551 temporary certificate with the following restrictions:

Amendment No. 5

552        (a) The State Surgeon General shall determine the areas of  
553 critical need. Such areas include, but are not limited to,  
554 health professional shortage areas designated by the United  
555 States Department of Health and Human Services.

556        1. A recipient of a temporary certificate for practice in  
557 areas of critical need may use the certificate to work for any  
558 approved entity in any area of critical need or as authorized by  
559 the State Surgeon General.

560        2. The recipient of a temporary certificate for practice in  
561 areas of critical need shall, within 30 days after accepting  
562 employment, notify the board of all approved institutions in  
563 which the licensee practices and of all approved institutions  
564 where practice privileges have been denied.

65        (b) The board may administer an abbreviated oral  
566 examination to determine the physician's competency, but a  
567 written regular examination is not required. Within 60 days  
568 after receipt of an application for a temporary certificate, the  
569 board shall review the application and issue the temporary  
570 certificate, notify the applicant of denial, or notify the  
571 applicant that the board recommends additional assessment,  
572 training, education, or other requirements as a condition of  
573 certification. If the applicant has not actively practiced  
574 during the prior 3 years and the board determines that the  
575 applicant may lack clinical competency, possess diminished or  
576 inadequate skills, lack necessary medical knowledge, or exhibit  
577 patterns of deficits in clinical decisionmaking, the board may:

578        1. Deny the application;

579        2. Issue a temporary certificate having reasonable

Amendment No. 5

580 restrictions that may include, but are not limited to, a  
581 requirement for the applicant to practice under the supervision  
582 of a physician approved by the board; or

583 3. Issue a temporary certificate upon receipt of  
584 documentation confirming that the applicant has met any  
585 reasonable conditions of the board which may include, but are  
586 not limited to, completing continuing education or undergoing an  
587 assessment of skills and training.

588 (c) Any certificate issued under this section is valid only  
589 so long as the State Surgeon General determines that the reason  
590 for which it was issued remains a critical need to the state.  
591 The Board of Osteopathic Medicine shall review each temporary  
592 certificateholder not less than annually to ascertain that the  
593 minimum requirements of the Osteopathic Medical Practice Act and  
594 its adopted rules are being complied with. If it is determined  
595 that such minimum requirements are not being met, the board  
596 shall revoke such certificate or shall impose restrictions or  
597 conditions, or both, as a condition of continued practice under  
598 the certificate.

599 (d) The board may not issue a temporary certificate for  
600 practice in an area of critical need to any physician who is  
601 under investigation in any jurisdiction in the United States for  
602 an act that would constitute a violation of this chapter until  
603 such time as the investigation is complete, at which time the  
604 provisions of s. 459.015 apply.

605 (4) The application fee and all licensure fees, including  
606 neurological injury compensation assessments, shall be waived  
607 for those persons obtaining a temporary certificate to practice

Amendment No. 5

608 in areas of critical need for the purpose of providing  
609 volunteer, uncompensated care for low-income residents. The  
610 applicant must submit an affidavit from the employing agency or  
611 institution stating that the physician will not receive any  
612 compensation for any service involving the practice of medicine.

613

614

615

616

-----  
**T I T L E   A M E N D M E N T**

617

Remove line 109 and insert:

618

Association and appointed by the Governor; repealing s.

619

381.0403(4) and (9), F.S., relating to the program for graduate

620

medical education innovations and the graduate medical education

621

committee and report; amending s. 381.4018, F.S.; providing

622

definitions; requiring the Department of Health to coordinate

623

and enhance activities regarding the reentry of retired military

624

and other physicians into the physician workforce; revising the

625

list of governmental stakeholders that the Department of Health

626

is required to work with regarding the state strategic plan and

627

in assessing the state's physician workforce; creating the

628

Physician Workforce Advisory Council; providing membership of

629

the council; providing for appointments to the council;

630

providing terms of membership; providing for removal of a

631

council member; providing for the chair and vice chair of the

632

council; providing that council members are not entitled to

633

receive compensation or reimbursement for per diem or travel

634

expenses; providing the duties of the council; establishing the

635

physician workforce graduate medical education innovation pilot

COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 1503 (2010)

Amendment No. 5

636 projects under the department; providing the purposes of the  
637 pilot projects; providing for the appropriation of state funds  
638 for the pilot projects; requiring the pilot projects to meet  
639 certain policy needs of the physician workforce in this state;  
640 providing criteria for prioritizing proposals for pilot  
641 projects; requiring the department to adopt by rule appropriate  
642 performance measures; requiring participating pilot projects to  
643 submit an annual report to the department; requiring state funds  
644 to be used to supplement funds from other sources; requiring the  
645 department to adopt rules; amending ss. 458.3192 and 459.0082,  
646 F.S.; requiring the department to determine by geographic area  
647 and specialty the number of physicians and osteopathic  
648 physicians who plan to relocate outside the state, practice  
649 medicine in this state, and reduce or modify the scope of their  
650 practice; authorizing the department to report additional  
651 information in its findings to the Governor and the Legislature;  
652 amending s. 458.315, F.S.; revising the standards for the Board  
653 of Medicine to issue a temporary certificate to a certain  
654 physicians to practice medicine in areas of critical need;  
655 authorizing the State Surgeon General to designate areas of  
656 critical need; creating s. 459.0076, F.S.; authorizing the Board  
657 of Osteopathic Medicine to issue temporary certificates to  
658 osteopathic physicians who meet certain requirements to practice  
659 osteopathic medicine in areas of critical need; providing  
660 restrictions for issuance of a temporary certificate;  
661 authorizing the State Surgeon General to designate areas of  
662 critical need; authorizing the Board of Osteopathic Medicine to

COUNCIL/COMMITTEE AMENDMENT  
Bill No. CS/HB 1503 (2010)

Amendment No. 5

663 | waive the application fee and licensure fees for obtaining  
664 | temporary certificates for certain purposes; providing an



Determined to evolve we pursue yet a **NEW**  
and **Improved** option . . .

## The Planned Community (or) Intentional Community

■ The Written Law should assure the following rights:

- Inclusion ( no segregation )
- Choice of Services ( type of services needed )
- Choice of Service Providers ( Any Provider )
- Choice of Schedule ( Individualized )
- Unfettered access to the broader community at will with safety
- Choice of Living Styles within the same community
  - Assisted living - Independent living
  - Single Family Homes - A group home option
- Special Safety features promoting maximum freedom
- Affordable housing
- Optional common dining

Let's get it right this time!



# The Federal Law is Clear

- Med Waiver dollars are to be used to promote inclusion into the community.
- To promote equal treatment among all people with all abilities and disabilities.
- Segregation is a thing of the past!
- Please help Florida lead the way in the new age of Intentional Communities!

Is it so difficult to see how  
People with Developmental Disabilities, Seniors and  
Students can all live together?

## What have we learned?

- ❑ **Institutions** ( Society's answer to take care of people with disabilities )
- ❑ Segregate away from community
- ❑ Dictate Services & providers
- ❑ Isolate No Friendships or Relationships
- ❑ No Choices of activities or living style
- ❑ No Outside activities or experiences
- ❑ **Group Homes** ( The answer to institutions )
- ❑ No Choice of services or providers
- ❑ Socialization limited to the few residents
- ❑ Activities - limited to group home staff decisions (not individualized
- ❑ Friendships – No outside friendships
- ❑ No Choice of living style (Live on group home's schedule)
- ❑ **Independent Living** ( The answer to Group Homes)
- ❑ Full Choice of services & providers
- ❑ Safety - None ( on your own )
- ❑ Socialization – None ( on your own – isolated )
- ❑ Activities, Relationships, Friendships - ( on your own – limited )

Let's get it Right this time !

# Similar Needs ?

- **Seniors & Persons with Disabilities**
  - **Both need Different Housing options.**
    - **Assisted living, independent living, group living, etc.**
  - **Both need Optional common dining.**
  - **Both need unfettered access to the broader community.**
  - **Both need the freedom to create their own activity and work schedule.**
  - **Both need special safety features.**
  - **Both need the ability to use & share their abilities.**
- **Students**
  - **Need affordable housing.**
  - **Need optional common dining.**
  - **Need to learn about seniors and persons with DD.**
  - **Graduate students often need to complete a practicum.**

# Empower the Persons with DD, the Seniors & the Student Residents ( not the landlord )

- **Write a bill for Intentional Communities that requires:**
  - **The provider to offer varying Housing Options**
    - Assisted Living, Group Home, Single Family, & Apartments
    - 1 Group Home Max – Only persons with DD can live in a group home.
  - **Optional common dining**
  - **Optional cafeteria style services (never required)**
    - Always permitting free competition from outside services.
    - For Cleaning, supported living, job coach, etc.
  - **Ensure easy access to the broader community**
    - At the will and schedule of the individual.
  - **Encourage the broader community into the community.**
  - **Ensures all residents create their own daily schedule**
    - Including activities within the community & the broader community.
  - **Offers affordable housing**
  - **Provide special safety features**
    - To permit maximum freedom and safety
  - **Includes residents with and without disabilities.**

# The Bottom Line . . .

- ❑ All people are not alike.
- ❑ Everyone has different Abilities.
- ❑ Everyone has different Disabilities.
- ❑ Parents are trying to retire (and)
  - ❑ prepare their young adult with disabilities to survive them
  - ❑ Both Physically and Financially
- ❑ There are similar needs between
  - ❑ Persons with Developmental Disabilities
  - ❑ Seniors
  - ❑ Students

Is it so difficult to see how

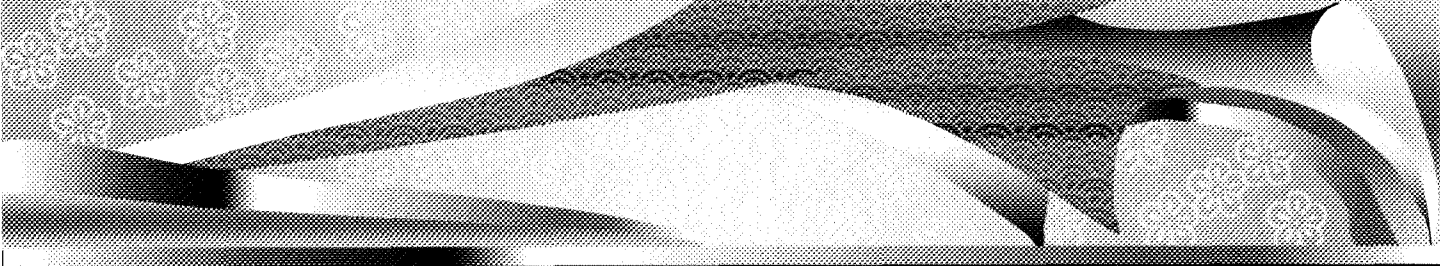
People with Developmental Disabilities, Seniors and Students can all live together?

# **Invest 11 Minutes**

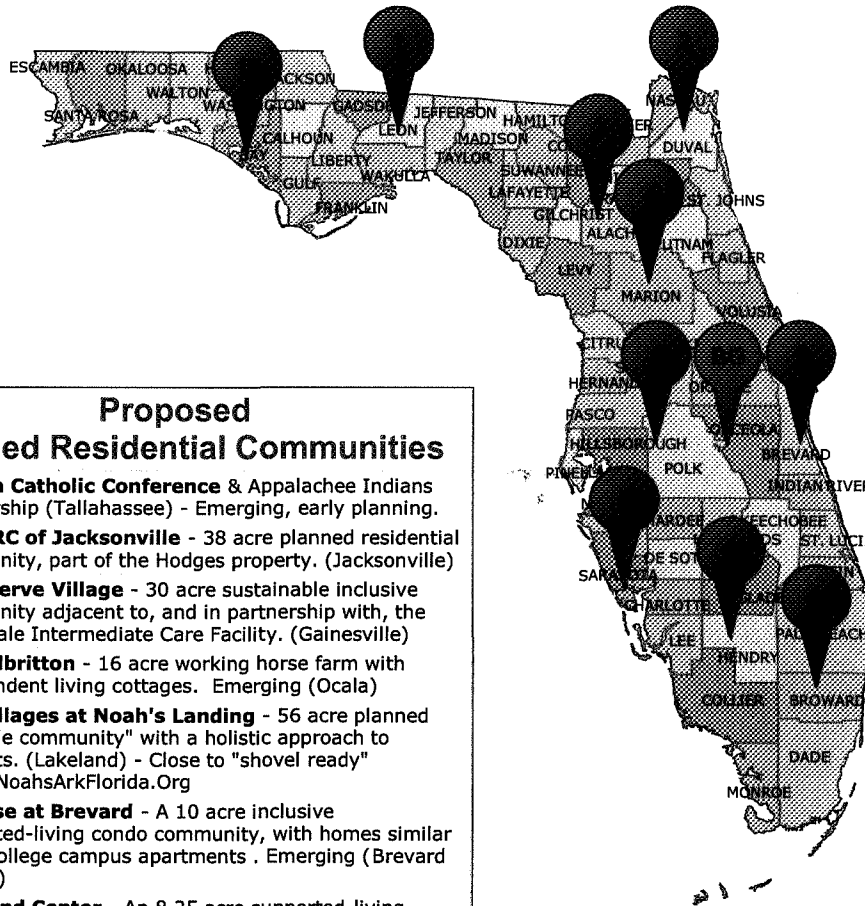
**To understand the perspective  
of a person with**

**Developmental Disabilities**

**( watch the CD )**



# Planned Residential Communities For Individuals With Developmental Disabilities



## Proposed Planned Residential Communities

- 1 **Florida Catholic Conference & Appalachian Indians Partnership** (Tallahassee) - Emerging, early planning.
- 2 **The ARC of Jacksonville** - 38 acre planned residential community, part of the Hodges property. (Jacksonville)
- 3 **Earthserve Village** - 30 acre sustainable inclusive community adjacent to, and in partnership with, the Tacachale Intermediate Care Facility. (Gainesville)
- 4 **Tina Albritton** - 16 acre working horse farm with independent living cottages. Emerging (Ocala)
- 5 **The Villages at Noah's Landing** - 56 acre planned "lifestyle community" with a holistic approach to supports. (Lakeland) - Close to "shovel ready"  
<http://NoahsArkFlorida.Org>
- 6 **Promise at Brevard** - A 10 acre inclusive supported-living condo community, with homes similar to off college campus apartments . Emerging (Brevard County)
- 7 **Loveland Center** - An 8.25 acre supported-living community.- Zoning & Permitting (Venice)
- 8 **Dr. David Clayman** - Sustainable permaculture farm, organic garden and residential community. (Hendry County)
- 9 **Independence Heights** - A planned community with a holistic approach to support services. (Broward County)
- 10 **Chautauqua Residential** - Emerging...details to follow.

## Existing Planned Residential Communities

- BG **Bishop Grady Villas** - 11 acre Assisted Living Facility with Medicaid Home and Community Based Waiver Services - St. Cloud (Osceola Co.) Visit their website at:  
[www.BishopGradyVillas.Org](http://www.BishopGradyVillas.Org)

Each of the Planned Residential Communities listed are all unique and have their own characteristics.

**Note:** This is NOT a comprehensive list of all communities proposed or "on the drawing boards", but merely a representation of the fact that individuals and families from all over the state are asking for more choices in housing.

All these initiatives are individual and family-driven, not big corporations.



# House Bill 645 / Senate Bill 1166

This sheet will attempt to clarify the many conflicting claims regarding planned communities and to remove the emotions of what HB 645 and SB 1166 is meant to accomplish.

All stakeholders agree that the following are important areas of concern:

- |                            |   |   |
|----------------------------|---|---|
| 1. Safety (#1 concern)     | 4. Meaningful Contribution to community (purpose in life) | 7. Choice of Housing Options  |
| 2. Isolation               | 5. Opportunity and choice of with whom to socialize       | 8. Reliable, quality and individualized supports are critical for successful independent living |
| 3. Reliable Transportation | 6. Affordability  | 9. Ability to develop "natural" supports  |

The Issues	Opponents Say:	Supporters Say:	Data Suggests:
<p><b>A. Safety (#1 concern) and Isolation -</b></p>	<p>Opponents say that safety is compromised in planned communities because individuals are segregated and make them more susceptible to abuse.</p> <p>They claim that "More than half the violations of an individual's safety are committed by family members." <u>This is simply not true.</u></p> <p><b><u>Currently the requirement for Group Home oversight is only one visit per month, there is no oversight requirement for supported-living homes...NONE.</u></b></p>	<p>Choice supporters believe a planned community that carefully blends residents with developmental disabilities with selected, "cream-of-the-crop" caregivers and family members will offer daily oversight for all residents.</p> <p><u>All non-disabled residents will have a Level Two background screening, a vested interest in the community, and will be the eyes and ears of the families. A safeguard that cannot be offered in the greater community.</u></p> <p>Concerns being addressed: 1, 2,5,9</p>	<p>Individuals with DD that live in group homes or supported-living homes are generally accepted, but not welcomed into the social fabric of their neighborhood and are easily isolated within the community. They are easy prey for those who choose to take advantage of this population.</p> <p>Agency for Persons With Disabilities' (APD) Zero Tolerance Training states:</p> <ul style="list-style-type: none"> <li>• <b>90% of individuals with DD experience sexual abuse.</b></li> <li>• <b>That 43% of abuse comes from caregivers and people familiar with the person receiving care.</b></li> </ul> <p>APD representatives in Alachua County (Area 3) have recently stated that abuse in supported-living homes is increasing at an alarming rate.</p>

The Issues	Opponents Say:	Supporters Say:	Data Suggests:
<p><b>B. Central Dining -</b></p>	<p>Congregate dining should not be allowed because it looks and feels like an institution.</p> <p>Residents should be able to choose what they eat, when they eat and with whom they eat but this must be in the home or at a public restaurant outside the community.</p>	<p>Having the <u>option</u> of central dining within the community gives residents the opportunity to have healthier choices of food, socialize with their friends, and expand on their natural support network.</p> <p><u>It's no different than living in a golf course community and meeting your neighbors at the "club" for dinner.</u></p> <p>Concerns being addressed: 1, 2,4,5,9</p>	<p>A paid lobbyist representing an organization that has invested heavily Group Homes, neglected to say that people in their Group Homes do not have the ability to choose what they eat, when they eat and with whom they eat. They share congregate meals every day!</p> <p><u>A more forthright concern is the potential of lost revenue should some of their Group Home residents choose to live in a planned community with greater freedoms and opportunities for personal growth.</u></p> <p><u>A survey of 224 families shows that 88% would like the option of central dining in their community.</u></p>
The Issues	Opponents Say:	Supporters Say:	Data Suggests:
<p><b>C. Resident Quotas -</b></p>	<p>Opponents say that planned communities must include "individuals in a sufficient mix so as not to create a segregated community"</p>	<p>Supporters say that an individual has the right to choose where and with whom they live without arbitrary restrictions and barriers being imposed. There are no health and safety issues being addressed.</p> <p>Individuals with DD want to live with individuals that accept them for who they are and welcome them into the community.</p> <p>"Not in my backyard" still prevails in the general community, most of the time individuals with DD are tolerated, not welcomed, as neighbors.</p> <p>Concerns being addressed: 1, 2,5,9</p>	<p>Public Law 106-402, and Chapter 393.13 F.S. , states that <u>an individual with developmental disabilities has the same rights as all citizens and they and their families are the decision makers on where and with whom an individual lives.</u></p> <p>The <u>Florida Medicaid Developmental Disabilities Wavier embraces the principles of self-determination, which include the freedom to exercise the same rights as all citizens. The waiver is designed around recipient choice.</u></p> <p>Their position is in direct conflict with the FDDC's "Guiding Principles" (see their website).</p>

The Issues	Opponents Say:	Supporters Say:	Data Suggests:
<p><b>D. No Workshops or Adult Day Training On-Site -</b></p>	<p>Opponents say that Workshops and Adult Day Training (ADT) services should not be permitted in planned communities because it has a characteristic or feeling of being institutional.</p> <p>(A subjective opinion)</p>	<p>Supporters believe that having the option of a workshop or adult day training is just common sense.</p> <p><u>Many, many individuals have had their waiver services cut because of funding constraints, so having an on-site meaningful daytime activity where an individual can “walk to work” removes the need to fund transportation services.</u></p> <p>In spite of what some profess, not all individuals with DD will be competitively employed in the greater community.</p> <p>Concerns being addressed: 1,2,3,5,9</p>	<p>A very high percentage of individuals receiving services through the Medicaid Home and Community Based Waiver program have had their services cut to the point that health and safety concerns have surfaced.</p> <p>Individual who find themselves limited to Tier 4 funding, must now choose whether to attend an ADT with transportation (while the family is at work) or choose supported-living coaching and in-home supports to better prepare them for living independently. There is not enough money for both.</p> <p>We need to be smarter on how we approach providing services. We need to leverage our human and fiscal resources like never before. Providing services using the same old methods and expecting different results is insanity.</p> <p><u>90% of Individuals with DD will never drive a car, so requiring individuals to be transported unnecessarily to an ADT does not make any sense and complicated an individual’s daily life due to lack of reliable and affordable transportation.</u></p>

The Issues	Opponents Say:	Supporters Say:	Data Suggests:
<p><b>E. Caregivers cannot live in the same community</b></p>	<p>Opponents state that caregivers cannot live in the same community. (Not sure what the motivation is for this restriction).</p>	<p>Supporters believe that having the ability to “hand-pick” quality providers to live “in-community” within the community is a huge advantage.</p> <p>There are a number of service providers that have the right heart for providing services (they certainly are not in the business for the money).</p> <p><u>Residents will be able to select the service provider of their choice; it does not have to be an individual who lives in the community. This is already required in the Medicaid Waiver Handbook.</u></p> <p>Families will be quick to tell you that finding quality service providers that are reliable is a real challenge (Item 8 above).</p> <p>Concerns being addressed: 1,2,5,8</p>	<p>The industry has suffered two major funding cuts in the past two years (a third cut is currently proposed) and is underfunded to the point of risking an individual’s health and safety.</p> <p>Restricting caregivers from living in the same community is arbitrary would limit individuals who are on the CDC+ waiver, or the upcoming iBudget waiver, or private pay from hiring their neighbor to help support them.</p> <p><u>This restriction is a disaster with HUGE unintended consequences.</u></p> <p>A recent report entitled a “Blueprint for Affordable Elder Housing” clearly illustrates the need for planned communities that have residents that support each other to keep people out of nursing homes.</p> <p>This is the first generation that individuals with developmental disabilities are outliving their parents and the State of Florida is not preparing for the wave of elders with developmental disabilities.</p>

The Issues	Opponents Say:	Supporters Say:	Data Suggests:
<p><b>F. Medicaid Home and Community Based Waiver Funds Should Not Be Used For Support Services -</b></p>	<p>Opponents state that Medicaid Home and Community Based Waiver funds (services) should not be available to individuals who live in a planned community.</p> <p>Opponents state that unless there are restrictions in place to “protect” individuals, that these communities could become institutional.</p> <p>Opponents say that ALL individuals must be included in their Council’s definition of community. They keep making reference to upcoming “Federal Guidelines” which have been years in the “coming”.</p>	<p>Supporters believe that an individual’s choice is paramount.</p> <p>An individual receiving support services through the Medicaid Waiver should not be denied services because they choose to live in a planned community.</p> <p>An individual with a developmental disability has huge obstacles to overcome in finding a decent place to live that is affordable and safe. Finding a reliable support service provider is extremely difficult, withholding Medicaid Waiver Services in unconscionable.</p> <p>Concerns being addressed: All areas</p>	<p>Individual choice is paramount. That’s what the Federal law says (Public Law 106-402); that’s what State law says (Chapter 393.13 F.S.); and that’s what the Medicaid Waiver Handbook says (Pages 1-9 and 1-15).</p> <p><b><u>CHOICE is what individuals and families have been screaming for.</u></b></p> <p>The afternoon of Thursday, March 11<sup>th</sup>, 2010, in a driving rain storm, <b><u>53 individuals and families attended the Florida Developmental Disabilities Council’s (FDDC) Public Policy Committee meeting (it is rare that one or two people attend).</u></b></p> <p><u>Four individuals (representing hundreds of families across the state) presented testimony and then asked the Committee to reconsider their position of opposition to HB 645; to remove their opposition to the Bill; and to work with the families to help design a planned residential community that could serve as a national model.</u></p> <p><u>The committee refused to reconsider their position and ended the meeting.</u></p> <p><u>This inaction by the FDDC clearly illustrates that <b>they are not fairly representing the will of the individuals and families they are entrusted to serve</b> and is in direct conflict with the Housing Goals stated in their Five-Year State Plan.</u></p>

## **Supporting Data Sources**

### **A. Safety & Isolation -**

Abuse statistics: Page 29 - <http://www.apd.myflorida.com/training/docs/zero-tolerance-participants-guide.pdf>

Alachua County: Meeting with Susan Thiele of Gainesville (phone number available by request)

### **B. Central Dining -**

Detailed Survey Results: <http://www.noahsarkflorida.org> Click on "Residential Survey Results" in left-hand column.

### **C. Resident Quotas -**

Public Law 106-402 Stat. 1681: <http://www.acf.hhs.gov/programs/add/ddact/DDA.html> See Pages 2,3,10, and the very last paragraph.

Chapter 393.13 F.S.: [http://www.flsenate.gov/Statutes/index.cfm?App\\_mode=Display\\_Statute&Search\\_String=&URL=Ch0393/SEC13.HTM&Title=->2004->Ch0393->Section%2013#0393.13](http://www.flsenate.gov/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=Ch0393/SEC13.HTM&Title=->2004->Ch0393->Section%2013#0393.13)

Medicaid Waiver Handbook: See Pages 1-9 & 1-15

[https://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL\\_08\\_070701\\_Waiver\\_DevSev\\_ver1%203%20\(2\).pdf](https://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_08_070701_Waiver_DevSev_ver1%203%20(2).pdf)

FDDC's Guiding Principles: (see sections on Freedom and Justice, Self-Determination and Opportunity) <http://www.fddc.org/about>

### **E. Caregivers Cannot Live in the Same Community -**

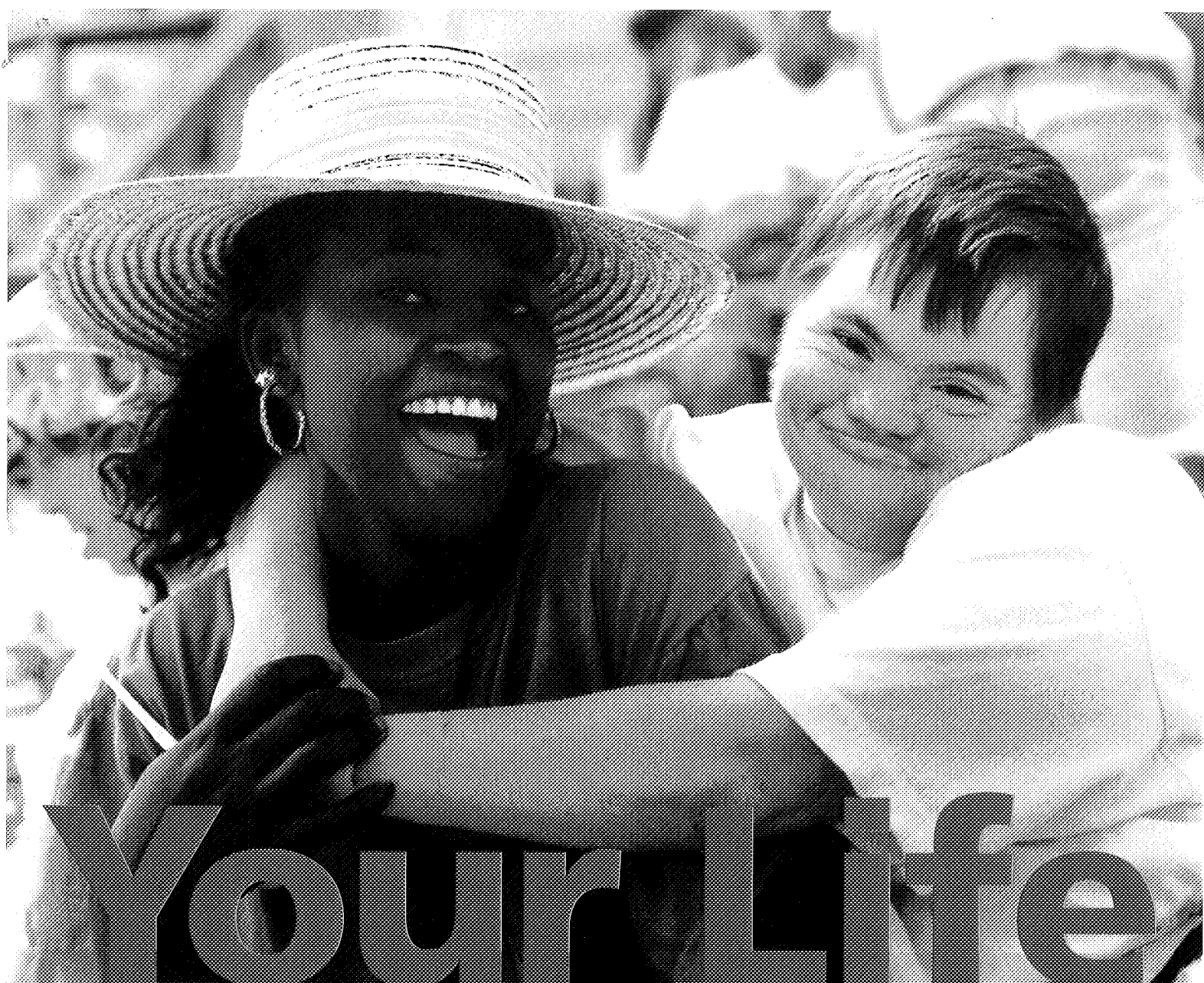
Blueprint for Affordable Elder Housing: <http://www.flhousing.org/sites/default/files/THE%20BLUEPRINT.pdf>

### **F. Medicaid Home and Community Based Waiver Funds Should Not Be Used For Support Services -**

Public Law 106-402 Stat. 1681: <http://www.acf.hhs.gov/programs/add/ddact/DDA.html> See Pages 2,3,10, and the very last paragraph.

FDDC's Five Year State Plan: See Housing Goals and Objectives Page 13

[http://www.fddc.org/sites/default/files/file/about/state\\_plan/2006-2011State%20Plan%20-%20Amended%2008-20-08.pdf](http://www.fddc.org/sites/default/files/file/about/state_plan/2006-2011State%20Plan%20-%20Amended%2008-20-08.pdf)



Your Life

Your Way

Self-Directed Supports and Services for Individuals  
with Developmental Disabilities and Their Families



Sponsored by the United States Department of Health and Human Services, Administration  
on Developmental Disabilities, and the Florida Developmental Disabilities Council, Inc.

# Self-Determination

The waivers are based on self-determination. This means —

- You have the freedom to exercise the same rights as all citizens.
- You have the authority to exercise control over approved funds needed for your support, including changing priorities of these funds when necessary.
- You have the responsibility for the wise use of public funds.
- You can advocate for yourself in order to gain independence and ensure equality.

Self-determination is based on five principles. These principles mean that people with intellectual and other developmental disabilities can —

1. Make their own decisions and plan their futures.
2. Decide how they want to be part of the community.
3. Decide how much time they spend in the community.
4. Decide what type of support they want and need to live their lives.
5. Have important leadership roles in self-determination and self-advocacy.

There may be people in your life who give you advice, but it is **YOUR** life.

You have the control. This means you can listen to a person's advice, but you do not have to follow it. You have the final say in how you live your life.

When you take control of your life, it means you are responsible getting the information you need for informed decisions. This includes the following —

- Hiring and training your service providers.
- Speaking out for yourself.
- Telling people what you need and want.





## The Principles of Self-Determination<sup>1</sup>

- **Freedom.** You have the freedom to choose a meaningful life in the community.
- **Authority.** You have the authority to control the money given to you to buy services and supports you need.
- **Support.** You have the support that you need to arrange resources and service providers to help you be involved in your community as much as you want.
- **Responsibility.** You take the responsibility for the choices and decisions you make.
- **Confirmation.** Self-determination supports the important leadership role that people with disabilities and their families play in the service delivery system. This role supports the self-advocacy movement.

<sup>1</sup> Adapted from Nerney, T. (n.d.).

# Self-Direction

Self-direction means that you have control over your budget and that you choose which services and supports you use. Self-direction means you have the power to hire people to support you.

When you self-direct your services, you have more choice, flexibility, control, and responsibility than when an agency decides your services.

What does this mean? It means —

- You decide what services and purchases you need.
- You make sure services and purchases are funded in your support and cost plans.
- You schedule when you receive services.
- You decide who your support coordinator will be.
- If you go through an agency service provider, you find people within that agency to hire, train, and manage.
- If you do not want to go through an agency service provider, you find, hire, train, and manage an independent service provider.
- You call your support coordinator if there are problems.

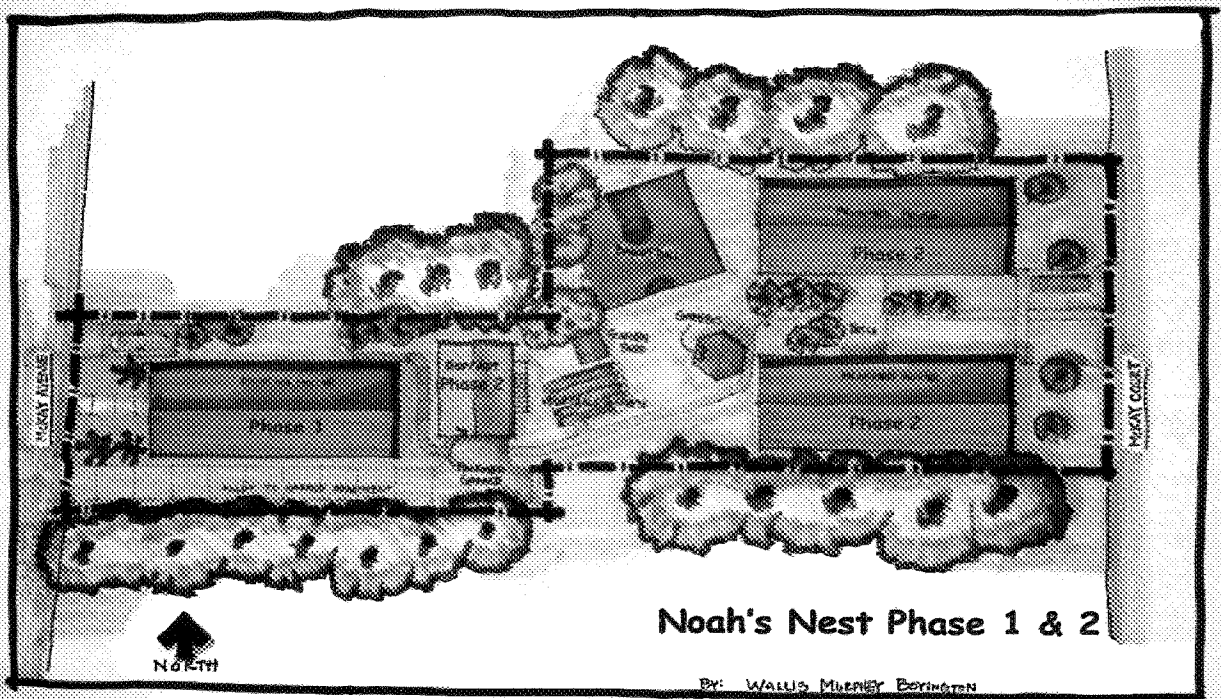
When you self-direct your services, you have rights and responsibilities.

You have the right to —

- Be safe.
- Be treated with courtesy, consideration, and respect.
- Agree or disagree with others.
- Make decisions about your services.
- Ask questions until you understand.
- Privacy.
- Look at your records anytime.
- Be free from mental, physical, and sexual abuse.
- Voice complaints.
- Receive monthly account statements.
- Make written complaints about your support coordinator and other providers.
- Receive prompt responses when you file complaints about your support coordinator and other service providers.
- Fire your support coordinator and other service providers.
- Call your APD area office and request and receive a list of support coordinators, agency service providers, and independent service providers.

# Noah's Nest—"It Takes A Village"

*A Creative Pilot Program Designed To Leverage Resources,  
Create Social Opportunities, and Build Natural Supports*

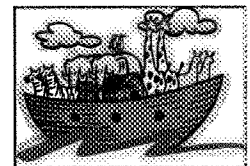


Game Night



Hangin' With Friends

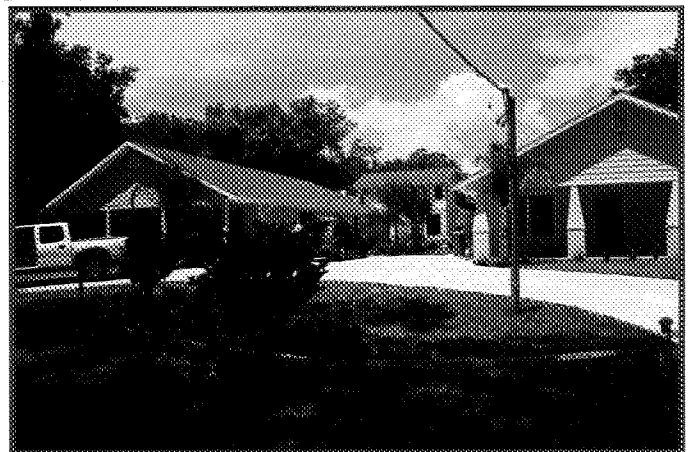
Backyard B.B.Q.  
*Want A Hot Dog?*



"We're All In This Together"



Help With Checkbook



Front Yards

## Noah's Ark of Central Florida

PO Box 92221 • Lakeland, FL 33804 • (863) 687-0804 • <http://NoahsArkFlorida.Org>

# Noah's Nest—"It Takes A Village"

*A Creative Pilot Program Designed To Leverage Resources,  
Create Social Opportunities, and Build Natural Supports*



**Susan & Charles - 1st Prom Ever**  
(Susan is 57 years old)



**Trip To MOSI In Tampa**



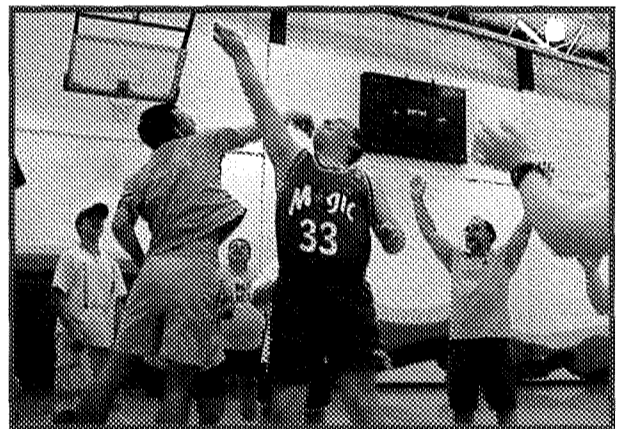
**Hawaiian Luau Celebration**



**Cooking Dinner For Company**



**Group Camping Trip**



**Friday Night Basketball**



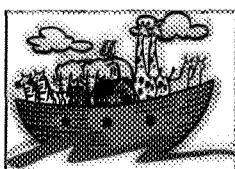
**"Yes-U-Can-Ski" Lessons**



**First Dance**



**Yoga Night**



"We're All In This Together"



"We Have Been Blessed"

**Noah's Ark of Central Florida**

PO Box 92221 • Lakeland, FL 33804 • (863) 687-0804 • <http://NoahsArkFlorida.Org>



House of Representatives  
COMMITTEE BILL ACTION WORKSHEET

Council/Committee on HEALTH & FAMILY SERVICES POLICY COUNCIL Bill No. CS/HB 1503

Meeting Date 4-13-10 Time 9:15 Am Place 212 Ruoff

COMMITTEE ACTION:

- Favorable
- Favorable with Amendments \_\_\_\_\_
- Favorable with Committee Substitute
- Unfavorable
- Temporarily Deferred
- Reconsidered

Other Action: \_\_\_\_\_

Final Vote on Bill		Members	#5							
Yeas	Nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Rep. Thomas Anderson	✓							
		Rep. Gwyndolen Clarke-Reed	✓							
		Rep. Keith Fitzgerald	✓							
		Rep. Denise Grimsley	✓							
		Rep. D. Alan Hays	✓							
		Rep. Matt Hudson	✓							
		Rep. Kurt Kelly	✓							
		Rep. Paige Kreegel	✓							
		Rep. Ari Porth	✓							
		Rep. Michelle Rehwinkel Vasilinda	✓							
		Rep. Ronald Renuart	✓							
		Rep. Elaine Schwartz	✓							
		Rep. Kelly Skidmore	✓							
		Rep. Nicholas Thompson	✓							
		Rep. Juan Zapata								
		Rep. Ed Homan, Chair	✓							
Yeas	Nays	TOTALS	15	0						

**HOUSE OF REPRESENTATIVES STAFF ANALYSIS**

**BILL #:** CS/HB 1503                      Health Care  
**SPONSOR(S):** Health Care Regulation Policy Committee; Flores  
**TIED BILLS:**                                      **IDEN./SIM. BILLS:** SB 2138

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	Health Care Regulation Policy Committee	12 Y, 0 N, As CS	Holt	Calamas
2)	Health & Family Services Policy Council		Holt <i>RH</i>	Gormley <i>OG</i>
3)				
4)				
5)				

**SUMMARY ANALYSIS**

The bill repeals obsolete or duplicative provisions in licensing laws, to include expired reports and unnecessary documentation requirements regulated by the Agency for Health Care Administration (AHCA).

The bill makes various changes to the regulation of home health agencies. The bill provides a home health agency patient a bill of rights. Home health agency administrators are required to direct the operation of the home health agency and have qualified alternate administrators. The director of nursing must be available during the hours the home health agency is open. The bill specifies the duties of the director of nursing, registered nurse, licensed practical nurse, therapists and therapist's assistants in providing home health care and supervision. Home health aides must be competent to provide care to patients. Skilled services must be performed in compliance with state practice acts and the patient's plan of care. The plan of care is to be reviewed and updated according to specified time frames. The home health agency must provide one type of service directly and may provide other services through arrangements with others if they have a written contract.

The bill establishes a new requirement that dentists and dental hygienist complete a dental workforce survey at the time of licensure renewal. Beginning with the 2014 licensure renewal cycle, individuals will not be permitted to renew their license if they do not complete the survey. The bill requires the Department of Health to assume responsibilities for collecting, updating, and disseminating dental workforce data and serve as the coordinating and strategic planning body. The bill creates a dental workforce advisory body.

The bill exempts licensed dentists who are part of a professional corporation or Limited Liability Company comprised of dentists from having to obtain a health care clinic establishment permit. The bill provides that the dentist is deemed the purchaser and owner of the prescription drugs.

The bill adds a representative of the Florida Dental Association to the Florida Healthy Kids Corporation board of directors.

This bill does not appear to have a fiscal impact on state or local government revenues or expenditures.

The bill has an effective date of July 1, 2010.

## HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### **Health Care Licensing Procedures Act**

The Agency for Health Care Administration (AHCA) regulates over 41,000 health care providers under various regulatory programs. Regulated providers include:

- Laboratories authorized to perform testing under the Drug-Free Workplace Act (ss. 112.0455, 440.102, F.S.)
- Birth centers (Ch. 383, F.S.).
- Abortion clinics (Ch. 390, F.S.).
- Crisis stabilization units (Pts. I and IV of Ch. 394, F.S.).
- Short-term residential treatment facilities (Pt. I and IV of Ch. 394, F.S.).
- Residential treatment facilities (Pt. IV of Ch. 394, F.S.).
- Residential treatment centers for children and adolescents (Pt. IV of Ch. 394, F.S.).
- Hospitals (Part I of Ch. 395, F.S.).
- Ambulatory surgical centers (Pt. I of Ch. 395, F.S.).
- Mobile surgical facilities (Pt. I of Ch. 395, F.S.).
- Health care risk managers (Pt. I of Ch. 395, F.S.).
- Nursing homes (Pt. II of Ch. 400, F.S.).
- Assisted living facilities (Pt. I of Ch. 429, F.S.).
- Home health agencies (Pt. III of Ch. 400, F.S.).
- Nurse registries (Pt. III of Ch. 400, F.S.).
- Companion services or homemaker services providers (Pt. III of Ch. 400, F.S.).
- Adult day care centers (Pt. III of Ch. 429, F.S.).
- Hospices (Pt. IV of Ch. 400, F.S.).
- Adult family-care homes (Pt. II of Ch. 429, F.S.).
- Homes for special services (Pt. V of Ch. 400, F.S.).
- Transitional living facilities (Pt. V of Ch. 400, F.S.).
- Prescribed pediatric extended care centers (Pt. VI of Ch. 400, F.S.).
- Home medical equipment providers (Pt. VII of Ch. 400, F.S.).
- Intermediate care facilities for persons with developmental disabilities (Pt. VIII of Ch. 400, F.S.).
- Health care services pools (Pt. IX of Ch. 400, F.S.).
- Health care clinics (Pt. X of Ch. 400, F.S.).



- Clinical laboratories (Pt. I of Ch. 483, F.S.).
- Multiphasic health testing centers (Pt. II of Ch. 483, F.S.).
- Organ, tissue, and eye procurement organizations (Pt. V of Ch. 765, F.S.).

Providers are regulated under individual licensing statutes and the Health Care Licensing Procedures Act (Act) in Part II of Chapter 408, Florida Statutes. The Act provides uniform licensing procedures and standards applicable to most AHCA-regulated entities. The Act contains basic licensing standards for 29 provider types in areas such as licensure application requirements, ownership disclosure, staff background screening, inspections, and administrative sanctions, license renewal notices, and bankruptcy and eviction notices.

### **Hospital Licensure**

Currently, Florida law allows AHCA to consider and use hospital accreditation by certain accrediting organizations for various purposes, including accepting accreditation surveys in lieu of AHCA survey, requiring accreditation for designation as certain specialty hospitals, and setting standards for quality improvement programs. Section 395.002, F.S., defines “accrediting organizations” as the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, the Commission on Accreditation of Rehabilitation Facilities, and the Accreditation Association for Ambulatory Health Care, Inc.

Complaint investigation procedures for hospitals exist in the hospital authorizing chapter as well as in the Act. Section 395.1046, F.S., provides special procedures for hospital complaints regarding emergency access issues. For example, AHCA must: investigate emergency access complaints even if the complaint is withdrawn; prepare an investigative report; and make a probable cause determination. According to AHCA, the federal process for emergency access complaints dictates that these complaints should not be handled any differently from other types of complaints, thereby creating two separate processes for emergency access complaints, one state and one federal.

The bill broadens the definition of “accrediting organizations” for hospitals and ambulatory surgery centers to include any nationally recognized accrediting organization which has standards comparable to AHCA’s licensure standards, as determined by AHCA. This gives AHCA and providers greater flexibility to accept new or improving accrediting organizations, and reconsider existing ones based on current statutory and rule-based standards.

The bill repeals s. 395.1046, F.S., which modifies the procedures for investigations in hospital emergency access complaints. Under the bill, AHCA would use existing hospital complaint investigation procedures used for all other types of complaints.

### **Home Health Agency Licensure**

Currently, services provided by a home health agency must be covered by an agreement between the home health agency and the patient or the patient’s legal representative. The agreement must specify the services being provided, rates or charges for services paid with private funds, and sources of payment.<sup>1</sup> The bill provides that the home health agency must provide a copy of the agreement to the patient or patient’s representative.

### **Patient Rights**

In addition, the bill creates new provisions requiring a home health agency to protect and promote the rights of each individual under its care. The home health agency is required to provide the patient a written notice of the patients rights prior to the initiation of treatment. The provisions are:

- The patient has the right to exercise their rights as a patient;
- The patient has the right to have their property treated with respect;

<sup>1</sup> s. 400.487(1), F.S.

- The patient has the right to voice grievances regarding treatment, care, or lack of respect for personal property;
- The patient must be informed of the right to report complaints via the statewide toll-free telephone number;
- The patient has the right to be informed prior to receiving care and any changes in the plan of care; and
- The patient has the right to participate in the planning of care and they must be advised in advance.

The home health agency must investigate any complaint about patient care and failure to respect the patient's property and document both the existence and resolution of the complaint. The patient must be informed of the disciplines (such as registered nurse, home health aide, physical therapist) that will provide the care; notified in advance of the individuals who will provide treatment and care; and the frequency of visits.

#### Personnel

The bill amends s. 400.476, F.S., to provide additional requirements and limitations of staffing services for home health agencies.

The bill amends the responsibilities of a home health agency administrator. It requires that an alternate administrator meet the same qualifications as an administrator which includes not working for multiple unrelated home health agencies. It prohibits delegation of supervisory and administrative functions to another agency or organization.

The bill requires the director of nursing or a similarly qualified alternate to be available at all times during operating hours; to oversee the assignment of personnel and nursing services, home health aides and certified nursing assistants; and to participate in all activities related to the provision of professional services by the home health agency.

The bill provides that a home health agency's professional staff must comply with applicable state practice acts, accepted professional standards and principles, and the home health agency's policies and procedures. According to AHCA, by referencing the professional practice acts in state law, AHCA surveyors can cite for non-compliance, and follow up to see if a correction is made.<sup>2</sup>

The bill provides that a home health agency may not use a home health aide unless the individual has successfully completed a training and competency evaluation program to ensure they are adequately trained. All aides must be competent and cannot perform tasks for which they received an unsatisfactory evaluation except under direct supervision of a licensed practical nurse.

The bill amends s. 400.487, F.S., to require home health aides and certified nursing assistants to be supervised by a registered nurse. However, supervision may be provided by therapists if therapy services are only provided. The bill requires that a supervisory visit be made to the home of a patient at least once every 60 days while the home health aide or certified nursing is providing care to a patient. If a patient receiving skilled nursing or therapy services a nurse or therapist is required to visit at least once every two weeks, however, the visit does not have to be made while the aide or certified nursing assistant is providing care. The bill requires that home health aides and certified nursing assistants to receive written patient care instructions from their supervisors.

#### Provision of Services

The bill provides in s. 400.476, F.S., that a home health agency must provide at least one of the types of services directly. The services provided by individuals that are not direct employees and by other organizations under arrangements must have a written contract that specifies the services to be

provided, procedures for scheduling visits, submitting notes, evaluating patients, and payment for services.

The bill specifies in s. 400.487, F.S., the services to be provided by a registered nurse, licensed practical nurse, home health aide, certified nursing assistant, therapist and therapist assistant are specified. All personnel serving patients must coordinate their efforts to provide care and show this communication in the patient's record. Verbal orders must be put in writing and plans of care are to be reviewed every 60 days or more frequently if there is a significant change in the patient's condition. The bill specifies that drugs and treatments can only be provided as ordered by a physician, or advanced registered nurse practitioner or physician's assistant who works under the supervision of a physician. Flu and pneumonia vaccines may be administered to patients in accordance with home health agency policy that is developed in consultation with a physician.

The bill amends the definition of "admission" in s. 400.462, F.S., so that the evaluation of the patient does not have to occur when the patient gets home, but can be done while the patient is still at a hospital or rehabilitation facility. In addition, "home health services" is revised to include the provision of durable medical equipment. The bill provides a new definition for "primary home health agency" designating the agency that is responsible for the services provided as well as the plan of care since many home health agencies contract with other agencies for services.

## **Nursing Home Licensure**

### **Litigation Notices**

Since 2001, nursing homes have been required by s. 400.147(10), F.S., to report civil notices of intent to litigate (required by s. 400.0233, F.S.) and civil complaints filed with clerks of courts by a resident or representative of a resident. This information has been used to produce the Semi-Annual Report on Nursing Homes required by s. 400.195, F.S. Information is reported in aggregate for all facilities.

The bill eliminates the requirement to report notices of intent to litigate and civil complaints.

### **Assisted Living Facility Licensure**

Assisted Living Facilities (ALFs) are not currently required to submit resident population data to AHCA. However, there is a requirement to submit disaster/emergency information electronically via AHCA's Emergency Status System (ESS).<sup>3</sup> Submission of ESS data was a result of SB 1986 (Ch. 2009-223 L.O.F), and is being required at the time of licensure renewal. Currently, 42.1 percent (1197) of ALFs are currently enrolled in this system.

Section 429.23, F.S., requires each ALF to submit a monthly report on civil liability claims filed against the facility, and provides that the reports are not discoverable on civil or administrative actions.

### **Pilot Projects**

The Medicaid "Up-or-Out" Quality of Care Contract Management Program in s. 400.148, F.S., was created as a pilot program in 2001 to improve care in poor performing nursing homes and assisted living facilities by assigning trained medical personnel to facilities in select counties similar to Medicare models for managing the medical and supportive-care needs of long-term nursing home residents. The pilot was subject to appropriation; however, an appropriation was not allocated to this program and it was never implemented. According to AHCA, the criteria specified to identify poor performing facilities has been replaced by more comprehensive information for consumers to make informed choices for care.

The bill repeals the Medicaid Up or Out Pilot Quality of Care Contract Management Program.

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<sup>3</sup> The Emergency Status System is a web-based system for reporting and tracking health care facility status before, during and after an emergency.

## Reports

The semi-annual report on nursing homes in s. 400.195, F.S., was provided from December 2002 through June 2005 as a tool to provide information about litigation in Florida nursing homes. The report included demographic and regulatory information about nursing homes in Florida and aggregate numbers of notices of intent to litigate and civil complaints filed with the clerks of courts against Florida nursing homes. The reporting requirement ended June 2005 by law. The statutory obligation to publish this report has been met and by law expired on June 30, 2005.

The Comprehensive Review for Long Term Care Services program report was required to be submitted to the Legislature by July 1, 2005. However, the language requiring the report still exists in s. 409.912(15)(g), F.S.

The bill repeals these two report requirements.

## Dental Workforce

In January of 2008, the State Surgeon General established the Florida Health Practitioner Oral Healthcare Workforce Ad Hoc Committee (Ad Hoc Committee).<sup>4</sup> The mission of the Ad Hoc Committee was to evaluate and address the complex range of oral health workforce concerns that impact Florida's ability to recruit or retain available practicing dental providers (dentists, dental hygienists, and dental assistants), especially for Florida's disadvantaged and underserved populations.<sup>5</sup> The Ad Hoc Committee published the Health Practitioner Oral Healthcare Workforce Ad Hoc Committee Report (report) in February 2009, which provided recommendations on dental workforce and access to oral health care. The 2009 report the committee suggested "monitoring dental workforce trends through surveys that accompany licensure renewal and assessing dental needs of all persons in Florida through a statewide oral health needs assessment or a statewide oral health surveillance system."<sup>6</sup>

The Department of Health (DOH) is conducting a voluntary workforce survey as a part of the current renewal cycle for all Florida licensed dentists and dental hygienists. During the 2010 licensure renewal cycle 10,240 of 11,214 dentists or 91 percent participated in the survey.<sup>7</sup> And 11,026 of 11,710 dental hygienists or 94 percent participated in the survey.<sup>8</sup>

The bill requires that beginning in 2012, at the time of licensure renewal dentist and dental hygienist will be requested to provide information in a dental workforce survey. If the dentist or dental hygienist does not complete the survey within 90 days after renewal, then the Board of Dentistry is required to issue a non-disciplinary citation stating that their license will not be renewed unless the survey is completed. In addition the dentist or dental hygienist must submit a statement that the information they provided in the survey is true and accurate to the best of their knowledge and belief.

The bill provides that DOH:

- Maintain a database to serve as a statewide source of dental workforce data;
- Act as a clearinghouse and coordinator for the collection, and dissemination of dental workforce data;
- Work with stakeholders to assess and share all data collected in a timely fashion;
- Work in conjunction with the Board of Dentistry to develop strategies to maximize federal and state programs that provide incentives for dentists to practice in federally designated shortage areas;
- Work in conjunction with the Board of Dentistry and the advisory body to address matters relating to the state's dental workforce; and

<sup>4</sup> Florida Department of Health, Health Practitioner Oral healthcare Workforce Ad Hoc Committee Report, February 2009.

<sup>5</sup> *Id.*

<sup>6</sup> Florida Department of Health, Health Practitioner Oral healthcare Workforce Ad Hoc Committee Report (February 2009).

<sup>7</sup> Telephone conversation with the Executive Director for the Florida Board of Dentistry (March 2010).

<sup>8</sup> Email correspondence with the Executive Director for the Florida Board of Dentistry (April 1, 2010).

- Adopt rules to administer the provisions of the bill.

The bill creates an advisory body tasked with providing input on the development of questions for the dental workforce survey. The bill provides that the advisory body be comprised of:

- State Surgeon General or designee;
- Dean of each accredited dental school in the state;
- Representative of the Florida Dental Hygiene Association;
- Representative of the Florida Dental Association;
- Representative from the Board of Dentistry;
- A dentist from each of the dental specialties<sup>9</sup> recognized by the American Dental Association's Commission on Dental Accreditation.

The bill provides that DOH create a dental workforce survey that contains, but is not limited, to the following questions that are codified into statute:

- Questions Related to the Licensee:
  - Name of dental school or dental hygiene program that individual graduated from and the year of graduation;
  - Geographic location of the practice;
  - Anticipated plans of the dentist to change license or practice status;
  - Dentists areas of specialty or certification;
  - Year that the dentist completed specialty program recognized by the American Dental Association;
  - Dentist's membership in professional organizations;
  - Number of pro bono hours provided by the dentist or dental hygienist during the last biennium;
  - Dentists in private practice:
    - Number of full-time dentists and dental hygienists employed by the dentist during the reporting period;
    - Average number of patients treated per week by the dentist during the reporting period;
  - For dental hygienists:
    - Average number of patients treated per week during the reporting period; and
    - Settings where dental care was delivered.
- Questions Concerning the Availability and Trends of Critically Needed Services Provided by the Dentist or Dental Hygienist:
  - Dental care to children having special needs;
  - Geriatric dental care;
  - Dental services in emergency departments;
  - Medicaid services; and
  - Other critically needed specialty areas, as determined by the advisory body.

The bill provides that members of the advisory body are required to serve without compensation. The bill provides legislative intent specifying that DOH implement the provisions of the bill within existing resources.

### **Health Care Clinic Establishment Permit**

The Florida Drug and Cosmetic Act (Act) is found in part I of ch. 499, F.S. DOH is responsible for administering and enforcing efforts to prevent fraud, adulteration, misbranding, or false advertising in

<sup>9</sup> Currently there are nine recognized specialties: Dental Public Health, Endodontics, Oral and Maxillofacial Surgery, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Periodontics, and Prosthodontics.

the preparation, manufacture, repackaging, or distribution of drugs, devices, and cosmetics. The regulatory structure provides for prescription drugs to be under the responsibility of a permit at all times, until a prescription drug is dispensed to a patient.<sup>10</sup>

One of the permits issued by DOH under the Act is the Health Care Clinic Establishment (HCCE) permit. The biennial fee for the HCCE permit is \$255<sup>11</sup> and the permit is valid for 2 years, unless suspended or revoked.<sup>12</sup>

The HCCE permit was established in 2008 to enable a business entity to purchase prescription drugs.<sup>13</sup> The HCCE permit is a permit that a medical practice may obtain in order to purchase and own prescription drugs in the business entity's name. The HCCE permit is not required if a practitioner in the clinic or practice wants to purchase and own prescription drugs in his or her own name using his or her professional license that authorizes that practitioner to prescribe prescription drugs.

Under the requirements of the permit, a qualifying practitioner or a veterinarian licensed under ch. 474, F.S., is designated to be responsible for complying with all legal and regulatory requirements related to the purchase, recordkeeping, storage, and handling of the prescription drugs purchased and possessed by the business entity.<sup>14</sup> Both the qualifying practitioner and the permitted health care clinic must notify the DOH within 10 days after any change in the qualifying practitioner.

The bill exempts licensed dentists who are part of a professional corporation or Limited Liability Company comprised of dentists from having to obtain a health care clinic establishment permit. The bill provides that the dentist is deemed the purchaser and owner of the prescription drugs.

### **Florida Healthy Kids Corporation**

The Florida Healthy Kids Corporation ("Corporation"), under contract with the Agency, performs administrative functions for the overall Florida KidCare program and administers the SCHIP HealthyKids program. The Corporation handles eligibility determination, premium billing and collection, refunds, and customer service for KidCare, except for the large Medicaid component, which is administered by the Agency and the Department of Children and Families.

The corporation is governed by a 12-member board of directors (board) who serve for 3-year terms of office. The current membership includes:<sup>15</sup>

- The Chief Financial Officer, or designee;
- The Secretary of Health Care Administration, or designee;
- One member appointed by the Commissioner of Education from the Office of School Health Programs of the Florida Department of Education;
- One member appointed by the Chief Financial Officer from among three members nominated by the Florida Pediatric Society;
- One member, appointed by the Governor, who represents the Children's Medical Services Program;
- One member appointed by the Chief Financial Officer from among three members nominated by the Florida Hospital Association;
- One member, appointed by the Governor, who is an expert on child health policy;
- One member, appointed by the Chief Financial Officer, from among three members nominated by the Florida Academy of Family Physicians;
- One member, appointed by the Governor, who represents the state Medicaid program;
- One member, appointed by the Chief Financial Officer, from among three members nominated by the Florida Association of Counties;

<sup>10</sup> s. 499.01, F.S.

<sup>11</sup> The fee for a HCCE permit may not be less than \$125 or more than \$250 annually. See s. 499.041(2)(c), F.S.

<sup>12</sup> 64F-12.018, F.A.C.

<sup>13</sup> s. 499.01(2)(t), F.S.

<sup>14</sup> s. 499.01(2)(t)1., F.S.

<sup>15</sup> s. 624.91(6), F.S.

- The State Health Officer or designee; and
- The Secretary of Children and Family Services, or designee.

In 2009, the Legislature passed two separate bills that amended the membership to the board.<sup>16</sup> The first bill HB 185, was approved by the Governor on May 20, 2009.<sup>17</sup> This bill added a representative nominated by the Florida Dental Association to the board. The second bill SB 918, was approved by the Governor on June 2, 2009.<sup>18</sup> This bill added the Secretary of Children and Family Services or designee to the board. According to provisions of statutory construction, the law “last passed” by the Legislature is published with a footnote in statute noting the conflict.<sup>19</sup>

The bill adds a representative of the dental community to the Florida Healthy Kids Corporation board of directors. The member will be appointed by the Governor from three candidates nominated by the Florida Dental Association.

## B. SECTION DIRECTORY:

- Section 1.** Repeals paragraph (e) of subsection (10) of s. 112.0455, F.S., relating to disciplinary remedies in the drug-free workplace act.
- Section 2.** Repeals s. 383.325, F.S., relating to inspection reports.
- Section 3.** Repeals s. 395.1046, F.S., relating to complaint investigation procedures.
- Section 4.** Repeals s. 395.3037, F.S., relating to definitions.
- Section 5.** Amends s. 400.0239, F.S., relating to quality of long-term care facility improvement trust fund.
- Section 6.** Repeals subsection (10) of s. 400.147, F.S., relating to required reporting to the internal risk management and quality assurance program.
- Section 7.** Repeals s. 400.148, F.S., relating to the Medicaid “Up-or-Out” Quality of Care Contract Management Program.
- Section 8.** Repeals s. 400.195, F.S., relating to agency reporting requirements for nursing homes.
- Section 9.** Amends s. 400.476, F.S., relating to staffing requirements, notifications, and limitations on staffing services.
- Section 10.** Amends s.400.487, F.S., relating to home health agreements; physician’s, physician assistant’s, and advanced registered nurse practitioner’s treatment orders; patient assessment; establishment and review of plan of care; provision of services; and orders not to resuscitate.
- Section 11.** Repeals subsection (11) of s. 408.802, F.S., relating to applicability of private review agents.
- Section 12.** Repeals paragraphs (e), (f), and (g) of subsection (15) of s. 409.912, F.S., relating to the report on the CARES program and impact of modifying the level of care to eliminate the Intermediate II level of care.
- Section 13.** Repeals subsection (2) of s. 429.12, F.S., relating to requirement for a plan of corrective action pending sale or transfer of ownership of a facility.
- Section 14.** Repeals subsection (5) of s. 429.23, F.S., relating to the reporting requirements of any liability claim.
- Section 15.** Repeals s. 429.911, F.S., relating to adult day care facilities grounds for action when intentional or negligent acts occur that affect the safety and health of a resident.
- Section 16.** Creates an unnumbered section relating to dental workforce survey.
- Section 17.** Creates an unnumbered section relating to dental workforce advisory body.
- Section 18.** Creates an unnumbered section relating to legislative intent.
- Section 19.** Amends s. 499.01, F.S., relating to health care clinic establishment permit.
- Section 20.** Amends s. 624.91, F.S., relating to the Florida Healthy Kids Corporation Act.
- Section 21.** Provides that the bill takes effect July 1, 2010.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

<sup>16</sup> See chapters 2009-41 and 2009-113, L.O.F.

<sup>17</sup> ch. 2009-41, L.O.F.

<sup>18</sup> ch. 2009-113, L.O.F.

<sup>19</sup> See preface to the Florida Statutes, “Statutory Construction.”

**A. FISCAL IMPACT ON STATE GOVERNMENT:**

**1. Revenues:**

None.

**2. Expenditures:**

None.

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

**1. Revenues:**

None.

**2. Expenditures:**

None.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

According to AHCA as of March 31, 2010, 63 percent (1,485) of the 2,361 licensed home health agencies are also Medicare and/or Medicaid certified. Approximately one-third of these agencies are in the process of becoming certified.<sup>20</sup> Certified agencies are already required to meet the new requirements in this bill. Non-certified home health agencies may be impacted if they are not doing the following:<sup>21</sup>

- Supervisory visits for home health aides and certified nursing assistants
- Reviewing plans of care
- Investigating complaints from patients
- Preparing written contracts for individuals not directly employed and other agencies that are providing services under arrangements
- Having a director of nursing or alternate available during operating hours
- Having a registered nurse provide written instructions on patient care to home health aides and certified nursing assistants

**D. FISCAL COMMENTS:**

None.

**III. COMMENTS**

**A. CONSTITUTIONAL ISSUES:**

None.

**1. Applicability of Municipality/County Mandates Provision:**

This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

**2. Other:**

None.

**B. RULE-MAKING AUTHORITY:**

AHCA and DOH have sufficient rule-making authority to implement the provisions of the bill.

<sup>20</sup> Agency for Health Care Administration 2010 Bill Analysis & Economic Impact Statement of House Bill 1503 (March 24, 2010).

<sup>21</sup> *Id.*



### C. DRAFTING ISSUES OR OTHER COMMENTS:

The bill creates a dental workforce advisory body. The bill is silent on the terms of membership terms and how members will be appointed. However s. 20.052(5), F.S., provides that private citizen members must be appointed by the Governor, the head of the department, the executive director of the department, or a Cabinet officer and members must be appointed for 4-year staggered terms. Staff recommends adding a statutory cross reference to s. 20.052, F.S., or providing membership terms and appointment provisions into the bill.

On line 629, the bill provides that the Board of Dentistry is required to issue a non-disciplinary citation or renew a license. This is usually a function of the department, not the board. Staff recommends amending the language to provide this authority to the department

According to the proponents for the dental workforce survey, one of the reasons for supporting the legislation was to provide confidentiality to dentist and dental hygienists who provided information concerning their practice in a survey. However, Committee Substitute for HB 1503, does not provide a public records exemption. House Bill 537, which was amended into House Bill 1503, was tied to House bill 539, which provided a public records exemption for the information contained in dental workforce surveys.

### IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

On March 31, 2010, the Health Care Regulation Policy Committee adopted a strike-all amendment and an amendment to the amendment. The bill was reported favorably as a committee substitute. The amendments:

#### **Amendment 1: Conforms to SB 2138.**

- Retains original bill's repeals of the Medicaid 'Up or Out' program, AHCA reporting and investigative requirements, and various regulatory functions.
- Eliminates all other bill provisions except those related to home health agencies:
  - Creates a patient bill of rights for home health agency clients;
  - Delineates the duties of the director of nursing and any alternates;
  - Delineates the duties of the administrator;
  - Provides detailed requirements for supervision of various services;
  - Specifies service functions and duties of various professionals;
  - Prohibits employment of home health aides without certain scores on competency tests, as set by rule; and
  - Requires various contracts and contract terms.

#### **Amendment to Amendment:**

- Amends the provisions of HB 537, modified, onto the bill.
  - Requires dentists and dental hygienists to complete a dental workforce survey to at the time of licensure renewal;
  - Dentists and hygienists who fail to complete the survey will receive a non-disciplinary citation;
  - Beginning with 2014 licensure renewal cycle, individuals will not be permitted to renew their license if they do not complete the survey;
  - DOH must maintain a database of dental workforce data;
  - Creates an advisory body to provide input in the development of survey questions;
  - Members of the advisory body are required to serve without compensation;
  - DOH must implement the provisions of the bill within existing resources;
  - Exempts dental practices from the health care clinic establishment permit and deems such dentists are the purchaser and owner of prescription drugs (regardless of who pays for the drugs); and
- Adds a member nominated by the Florida Dental Association to the Florida Healthy Kids Corporation Board of Directors.

This analysis is drafted to the committee substitute.

Amendment No. 1

COUNCIL/COMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Council/Committee hearing bill: Health & Family Services Policy  
 2 Council  
 3 Representative(s) Flores offered the following:

**Amendment (with title amendment)**

Between lines 129 and 130, insert:

Section 2. Subsection (3) is added to section 381.00315, Florida Statutes, to read:

381.00315 Public health advisories; public health emergencies.—The State Health Officer is responsible for declaring public health emergencies and issuing public health advisories.

(3) To facilitate effective emergency management, when the United States Department of Health and Human Services contracts for the manufacturing and delivery of licensable products in response to a public health emergency and the terms of those contracts are made available to the states, the department shall accept funds provided by cities, counties and other entities designated in the state emergency management plan required under

Amendment No. 1

20 s. 252.35(2)(a) for the purpose of participation in these  
21 contracts. The department shall deposit said funds in the Grants  
22 and Donations Trust Fund and expend those funds on behalf of the  
23 donor city, county or other entity for the purchase the  
24 licensable products made available under the contract.  
25  
26

27 -----  
28 **T I T L E A M E N D M E N T**

29 Remove line 5 and insert:

30 retroactively; conforming a cross-reference; amending s.  
31 381.00315, F.S., directing the Department of Health to accept  
32 funds from counties, municipalities, and certain other entities  
33 for the purchase of certain products made available under a  
34 contract of the United States Department of Health and Human  
35 Services for the manufacture and delivery of such products in  
36 response to a public health emergency; repealing s.

Amendment No. 2

COUNCIL/COMMITTEE ACTION

ADOPTED	<input checked="" type="checkbox"/> (Y/N)	9-6
ADOPTED AS AMENDED	<input type="checkbox"/> (Y/N)	
ADOPTED W/O OBJECTION	<input type="checkbox"/> (Y/N)	
FAILED TO ADOPT	<input type="checkbox"/> (Y/N)	
WITHDRAWN	<input type="checkbox"/> (Y/N)	
OTHER	<input type="checkbox"/>	

1 Council/Committee hearing bill: Health & Family Services Policy  
2 Council  
3 Representative(s) Flores offered the following:

4  
5 **Amendment (with title amendment)**

6 Between lines 130 and 131, insert:

7 Section 3. Subsection (20) of section 395.0197, Florida  
8 Statutes, is created to read:

9 395.0197 Internal risk management program.-

10 (20) A hospital's implementation of a comprehensive plan  
11 to reduce healthcare associated infections prior to a patient  
12 becoming infected constitutes a rebuttable presumption against a  
13 claim of negligence or malpractice by the hospital or any of its  
14 employees or independent contractors. Any such plan must  
15 include the following components:

16 (a) A baseline measurement of healthcare associated  
17 infections in the hospital that uses the National Healthcare  
18 Safety Network and Centers for Disease Control and Prevention  
19 surveillance definitions and reports the number of infections in

Amendment No. 2

20 each category relative to the volume of possible cases in the  
21 hospital.

22 (b) A goal for reducing the incidence of infections by a  
23 specific amount in a defined period of time. The hospital's  
24 goals for reduction of infections must be commensurate with the  
25 national goal for reducing each type of healthcare associated  
26 infection.

27 (c) An action plan for reducing each type of infection,  
28 including the use of real time infection surveillance technology  
29 or automated infection control or prevention technology.

30 (d) Methods for making information available to patients  
31 and the public regarding baseline measurements and periodic  
32 reports on the hospital's progress in improving those measures.

33  
34  
35 -----  
36 **T I T L E A M E N D M E N T**

37 Remove line 8 and insert:  
38 reports; amending s. 395.0197, F.S., providing for a rebuttable  
39 presumption against negligence or malpractice claims for  
40 hospitals and their employees or independent contractors under  
41 specified circumstances; establishing components for the plan;  
42 repealing s. 395.1046, F.S., relating to the

Amendment No. 3

COUNCIL/COMMITTEE ACTION

ADOPTED                                   \_\_\_ (Y/N)  
ADOPTED AS AMENDED                   \_\_\_ (Y/N)  
ADOPTED W/O OBJECTION                ✓\_\_\_ (Y/N)  
FAILED TO ADOPT                       \_\_\_ (Y/N)  
WITHDRAWN                              \_\_\_ (Y/N)  
OTHER                                    \_\_\_\_\_

1 Council/Committee hearing bill: Health & Family Services Policy  
2 Council  
3 Representative(s) Flores offered the following:

4  
5           **Amendment (with title amendment)**

6           Between lines 563 and 564, insert:

7           Section 13. Section 409.91255, Florida Statutes, is  
8 amended to read:

9           409.91255 Federally qualified health center access  
10 program.—

11           (1) SHORT TITLE.—This section may be cited as the  
12 "Community Health Center Access Program Act."

13           (2) LEGISLATIVE FINDINGS AND INTENT.—

14           (a) The Legislature finds that, despite significant  
15 investments in health care programs, nearly 6 ~~more than 2~~  
16 million low-income Floridians, primarily the working poor and  
17 minority populations, continue to lack access to basic health  
18 care services. Further, the Legislature recognizes that  
19 federally qualified health centers have a proven record of

Amendment No. 3

20 providing cost-effective, comprehensive primary and preventive  
21 health care and are uniquely qualified to address the lack of  
22 adequate health care services for the uninsured.

23 (b) It is the intent of the Legislature to recognize the  
24 significance of increased federal investments in federally  
25 qualified health centers and to leverage that investment through  
26 the creation of a program to provide for the expansion of the  
27 primary and preventive health care services offered by federally  
28 qualified health centers. Further, such a program will support  
29 the coordination of federal, state, and local resources to  
30 assist such health centers in developing an expanded community-  
31 based primary care delivery system.

32 (3) ASSISTANCE TO FEDERALLY QUALIFIED HEALTH CENTERS.—The  
33 agency shall administer ~~Department of Health shall develop~~ a  
34 program for the expansion of federally qualified health centers  
35 for the purpose of providing comprehensive primary and  
36 preventive health care and urgent care services that may reduce  
37 the morbidity, mortality, and cost of care among the uninsured  
38 population of the state. The program shall provide for  
39 distribution of financial assistance to federally qualified  
40 health centers that apply and demonstrate a need for such  
41 assistance in order to sustain or expand the delivery of primary  
42 and preventive health care services. In selecting centers to  
43 receive this financial assistance, the program:

44 (a) Shall give preference to communities that have few or  
45 no community-based primary care services or in which the current  
46 services are unable to meet the community's needs. To assist in  
47 the assessment and identification of areas of critical need, a

Amendment No. 3

48 federally qualified health center based statewide assessment and  
49 strategic plan shall be developed by the Florida Association of  
50 Community Health Centers, Inc., every 5 years, beginning January  
51 1, 2011.

52 (b) Shall require that primary care services be provided  
53 to the medically indigent using a sliding fee schedule based on  
54 income.

55 (c) Shall promote ~~allow~~ innovative and creative uses of  
56 federal, state, and local health care resources.

57 (d) Shall require that the funds provided be used to pay  
58 for operating costs of a projected expansion in patient  
59 caseloads or services or for capital improvement projects.  
60 Capital improvement projects may include renovations to existing  
61 facilities or construction of new facilities, provided that an  
62 expansion in patient caseloads or services to a new patient  
63 population will occur as a result of the capital expenditures.  
64 The agency department shall include in its standard contract  
65 document a requirement that any state funds provided for the  
66 purchase of or improvements to real property are contingent upon  
67 the contractor granting to the state a security interest in the  
68 property at least to the amount of the state funds provided for  
69 at least 5 years from the date of purchase or the completion of  
70 the improvements or as further required by law. The contract  
71 must include a provision that, as a condition of receipt of  
72 state funding for this purpose, the contractor agrees that, if  
73 it disposes of the property before the agency's department's  
74 interest is vacated, the contractor will refund the



Amendment No. 3

75 proportionate share of the state's initial investment, as  
76 adjusted by depreciation.

77 (e) Shall ~~May~~ require in-kind support from other sources.

78 (f) Shall promote ~~May encourage~~ coordination among  
79 federally qualified health centers, other private sector  
80 providers, and publicly supported programs.

81 (g) Shall promote ~~allow~~ the development of community  
82 emergency room diversion programs in conjunction with local  
83 resources, providing extended hours of operation to urgent care  
84 patients. Diversion programs shall include case management for  
85 emergency room followup care.

86 (4) EVALUATION OF APPLICATIONS.—A review panel shall be  
87 established, consisting of four persons appointed by the  
88 Secretary of Health Care Administration ~~State Surgeon General~~  
89 and three persons appointed by the chief executive officer of  
90 the Florida Association of Community Health Centers, Inc., to  
91 review all applications for financial assistance under the  
92 program. Applicants shall specify in the application whether the  
93 program funds will be used for the expansion of patient  
94 caseloads or services or for capital improvement projects to  
95 expand and improve patient facilities. The panel shall use the  
96 following elements in reviewing application proposals and shall  
97 determine the relative weight for scoring and evaluating these  
98 elements:

99 (a) The target population to be served.

100 (b) The health benefits to be provided.

101 (c) The methods that will be used to measure cost-  
102 effectiveness.

Amendment No. 3

- 103 (d) How patient satisfaction will be measured.  
104 (e) The proposed internal quality assurance process.  
105 (f) Projected health status outcomes.  
106 (g) How data will be collected to measure cost-  
107 effectiveness, health status outcomes, and overall achievement  
108 of the goals of the proposal.  
109 (h) All resources, including cash, in-kind, voluntary, or  
110 other resources that will be dedicated to the proposal.

111 (5) ADMINISTRATION AND TECHNICAL ASSISTANCE.—The agency  
112 shall ~~Department of Health may~~ contract with the Florida  
113 Association of Community Health Centers, Inc., to develop and  
114 coordinate ~~administer~~ the program and provide technical  
115 assistance to the federally qualified health centers selected to  
16 receive financial assistance. The contracted entity shall be  
117 responsible for program support and assume all costs related to  
118 administration of this program.

119  
120  
121 -----  
122 **T I T L E A M E N D M E N T**

123 Remove line 72 and insert:  
124 program; amending s. 409.91255, F.S.; transferring  
125 administrative responsibility for the application  
126 procedure for federally qualified health centers from the  
127 Department of Health to the Agency for Health Care  
128 Administration; requiring the Florida Association of  
129 Community Health Centers, Inc., to provide support and

COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 1503 (2010)

Amendment No. 3

130 | assume administrative costs for the program; repealing s.  
131 | 429.12(2), F.S., relating to the

Amendment No. 4

COUNCIL/COMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	✓	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	___	

1 Council/Committee hearing bill: Health & Family Services Policy  
2 Council  
3 Representative(s) Flores offered the following:

4  
5 **Amendment (with title amendment)**

6 Between lines 563 and 564, insert:

7 Section 13. Subsection (13) of section 409.9122, Florida  
8 Statutes, is repealed.

9  
10  
11 -----  
12 **T I T L E A M E N D M E N T**

13 Remove line 72 and insert:

14 program; repealing s. 409.9122, F.S., relating to Medicaid  
15 managed prepaid plan minimum enrollment levels for plans  
16 operating in Miami-Dade County; repealing s. 429.12(2), F.S.,  
17 relating to the

COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 1503 (2010)

Amendment No. 5

COUNCIL/COMMITTEE ACTION

ADOPTED  (Y/N) 15-0  
ADOPTED AS AMENDED  (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT  (Y/N)  
WITHDRAWN  (Y/N)  
OTHER \_\_\_\_\_

1 Council/Committee hearing bill: Health & Family Services Policy  
2 Council

3 Representative(s) Homan offered the following:

4  
5 **Amendment (with title amendment)**

6 Between lines 770 and 771, insert:

7 Section 21. Subsections (4) and (9) of section 381.0403,  
8 Florida Statutes, are repealed.

9 Section 22. Section 381.4018, Florida Statutes, is amended  
10 to read:

11 381.4018 Physician workforce assessment and development.—

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

13 (a) "Consortium" or "consortia" means a combination of  
14 statutory teaching hospitals, statutory rural hospitals, other  
15 hospitals, accredited medical schools, clinics operated by the  
16 Department of Health, clinics operated by the Department of  
17 Veterans' Affairs, area health education centers, community  
18 health centers, federally qualified health centers, prison  
19 clinics, local community clinics, or other programs. At least

Amendment No. 5

20 one member of the consortium shall be a sponsoring institution  
21 accredited or currently seeking accreditation by the  
22 Accreditation Council for Graduate Medical Education or the  
23 American Osteopathic Association.

24 (b) "Council" means the Physician Workforce Advisory  
25 Council.

26 (c) "Department" means the Department of Health.

27 (d) "Graduate medical education program" means a program  
28 accredited by the Accreditation Council for Graduate Medical  
29 Education or the American Osteopathic Association.

30 (e) "Primary care specialty" means emergency medicine,  
31 family practice, internal medicine, pediatrics, psychiatry,  
32 geriatrics, general surgery, obstetrics and gynecology, and  
33 combined pediatrics and internal medicine and other specialties  
34 as determined by the Physician Workforce Advisory Council or the  
35 Department of Health.

36 (2)-(1) LEGISLATIVE INTENT.—The Legislature recognizes that  
37 physician workforce planning is an essential component of  
38 ensuring that there is an adequate and appropriate supply of  
39 well-trained physicians to meet this state's future health care  
40 service needs as the general population and elderly population  
41 of the state increase. The Legislature finds that items to  
42 consider relative to assessing the physician workforce may  
43 include physician practice status; specialty mix; geographic  
44 distribution; demographic information, including, but not  
45 limited to, age, gender, race, and cultural considerations; and  
46 needs of current or projected medically underserved areas in the  
47 state. Long-term strategic planning is essential as the period

Amendment No. 5

48 from the time a medical student enters medical school to  
49 completion of graduate medical education may range from 7 to 10  
50 years or longer. The Legislature recognizes that strategies to  
51 provide for a well-trained supply of physicians must include  
52 ensuring the availability and capacity of quality ~~graduate~~  
53 medical schools and graduate medical education programs in this  
54 state, as well as using new or existing state and federal  
55 programs providing incentives for physicians to practice in  
56 needed specialties and in underserved areas in a manner that  
57 addresses projected needs for physician manpower.

58 (3) ~~(2)~~ PURPOSE.—The department ~~of Health~~ shall serve as a  
59 coordinating and strategic planning body to actively assess the  
60 state's current and future physician workforce needs and work  
61 with multiple stakeholders to develop strategies and  
62 alternatives to address current and projected physician  
63 workforce needs.

64 (4) ~~(3)~~ GENERAL FUNCTIONS.—The department shall maximize  
65 the use of existing programs under the jurisdiction of the  
66 department and other state agencies and coordinate governmental  
67 and nongovernmental stakeholders and resources in order to  
68 develop a state strategic plan and assess the implementation of  
69 such strategic plan. In developing the state strategic plan, the  
70 department shall:

71 (a) Monitor, evaluate, and report on the supply and  
72 distribution of physicians licensed under chapter 458 or chapter  
73 459. The department shall maintain a database to serve as a  
74 statewide source of data concerning the physician workforce.

75 (b) Develop a model and quantify, on an ongoing basis, the

Amendment No. 5

76 adequacy of the state's current and future physician workforce  
77 as reliable data becomes available. Such model must take into  
78 account demographics, physician practice status, place of  
79 education and training, generational changes, population growth,  
80 economic indicators, and issues concerning the "pipeline" into  
81 medical education.

82 (c) Develop and recommend strategies to determine whether  
83 the number of qualified medical school applicants who might  
84 become competent, practicing physicians in this state will be  
85 sufficient to meet the capacity of the state's medical schools.  
86 If appropriate, the department shall, working with  
87 representatives of appropriate governmental and nongovernmental  
88 entities, develop strategies and recommendations and identify  
89 best practice programs that introduce health care as a  
90 profession and strengthen skills needed for medical school  
91 admission for elementary, middle, and high school students, and  
92 improve premedical education at the precollege and college level  
93 in order to increase this state's potential pool of medical  
94 students.

95 (d) Develop strategies to ensure that the number of  
96 graduates from the state's public and private allopathic and  
97 osteopathic medical schools is ~~are~~ adequate to meet physician  
98 workforce needs, based on the analysis of the physician  
99 workforce data, so as to provide a high-quality medical  
100 education to students in a manner that recognizes the uniqueness  
101 of each new and existing medical school in this state.

102 (e) Pursue strategies and policies to create, expand, and  
103 maintain graduate medical education positions in the state based



Amendment No. 5

104 on the analysis of the physician workforce data. Such strategies  
105 and policies must take into account the effect of federal  
106 funding limitations on the expansion and creation of positions  
107 in graduate medical education. The department shall develop  
108 options to address such federal funding limitations. The  
109 department shall consider options to provide direct state  
110 funding for graduate medical education positions in a manner  
111 that addresses requirements and needs relative to accreditation  
112 of graduate medical education programs. The department shall  
113 consider funding residency positions as a means of addressing  
114 needed physician specialty areas, rural areas having a shortage  
115 of physicians, and areas of ongoing critical need, and as a  
116 means of addressing the state's physician workforce needs based  
117 on an ongoing analysis of physician workforce data.

118 (f) Develop strategies to maximize federal and state  
119 programs that provide for the use of incentives to attract  
120 physicians to this state or retain physicians within the state.  
121 Such strategies should explore and maximize federal-state  
122 partnerships that provide incentives for physicians to practice  
123 in federally designated shortage areas. Strategies shall also  
124 consider the use of state programs, such as the Florida Health  
125 Service Corps established pursuant to s. 381.0302 and the  
126 Medical Education Reimbursement and Loan Repayment Program  
127 pursuant to s. 1009.65, which provide for education loan  
128 repayment or loan forgiveness and provide monetary incentives  
129 for physicians to relocate to underserved areas of the state.

130 (g) Coordinate and enhance activities relative to  
131 physician workforce needs, undergraduate medical education, and

Amendment No. 5

132 | graduate medical education, and reentry of retired military and  
133 | other physicians into the physician workforce provided by the  
134 | Division of Medical Quality Assurance, ~~the Community Hospital~~  
135 | ~~Education Program and the Graduate Medical Education Committee~~  
136 | ~~established pursuant to s. 381.0403,~~ area health education  
137 | center networks established pursuant to s. 381.0402, and other  
138 | offices and programs within the department ~~of Health~~ as  
139 | designated by the State Surgeon General.

140 |       (h) Work in conjunction with and act as a coordinating  
141 | body for governmental and nongovernmental stakeholders to  
142 | address matters relating to the state's physician workforce  
143 | assessment and development for the purpose of ensuring an  
144 | adequate supply of well-trained physicians to meet the state's  
145 | future needs. Such governmental stakeholders shall include, but  
146 | need not be limited to, the State Surgeon General or his or her  
147 | designee, the Commissioner of Education or his or her designee,  
148 | the Secretary of Health Care Administration or his or her  
149 | designee, and the Chancellor of the State University System or  
150 | his or her designee ~~from the Board of Governors of the State~~  
151 | ~~University System,~~ and, at the discretion of the department,  
152 | other representatives of state and local agencies that are  
153 | involved in assessing, educating, or training the state's  
154 | current or future physicians. Other stakeholders shall include,  
155 | but need not be limited to, organizations representing the  
156 | state's public and private allopathic and osteopathic medical  
157 | schools; organizations representing hospitals and other  
158 | institutions providing health care, particularly those that  
159 | currently provide or have an interest in providing accredited

## Amendment No. 5

160 medical education and graduate medical education to medical  
161 students and medical residents; organizations representing  
162 allopathic and osteopathic practicing physicians; and, at the  
163 discretion of the department, representatives of other  
164 organizations or entities involved in assessing, educating, or  
165 training the state's current or future physicians.

166 (i) Serve as a liaison with other states and federal  
167 agencies and programs in order to enhance resources available to  
168 the state's physician workforce and medical education continuum.

169 (j) Act as a clearinghouse for collecting and  
170 disseminating information concerning the physician workforce and  
171 medical education continuum in this state.

172 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created  
173 in the department the Physician Workforce Advisory Council, an  
174 advisory council as defined in s. 20.03. The council shall  
175 comply with the requirements of s. 20.052, except as otherwise  
176 provided in this section.

177 (a) The council shall consist of 19 members. Members  
178 appointed by the State Surgeon General shall include:

179 1. A designee from the department who is a physician  
180 licensed under chapter 458 or chapter 459 and recommended by the  
181 State Surgeon General.

182 2. An individual who is affiliated with the Science  
183 Students Together Reaching Instructional Diversity and  
184 Excellence program and recommended by the area health education  
185 center network.

186 3. Two individuals recommended by the Council of Florida  
187 Medical School Deans, one representing a college of allopathic

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188 medicine and one representing a college of osteopathic medicine.

189 4. One individual recommended by the Florida Hospital  
190 Association, representing a hospital that is licensed under  
191 chapter 395, has an accredited graduate medical education  
192 program, and is not a statutory teaching hospital.

193 5. One individual representing a statutory teaching  
194 hospital as defined in s. 408.07 and recommended by the Safety  
195 Net Hospital Alliance.

196 6. One individual representing a family practice teaching  
197 hospital as defined in s. 395.805 and recommended by the Council  
198 of Family Medicine and Community Teaching Hospitals.

199 7. Two individuals recommended by the Florida Medical  
200 Association, one representing a primary care specialty and one  
201 representing a nonprimary care specialty.

202 8. Two individuals recommended by the Florida Osteopathic  
203 Medical Association, one representing a primary care specialty  
204 and one representing a nonprimary care specialty.

205 9. Two individuals who are program directors of accredited  
206 graduate medical education programs, one representing a program  
207 that is accredited by the Accreditation Council for Graduate  
208 Medical Education and one representing a program that is  
209 accredited by the American Osteopathic Association.

210 10. An individual recommended by the Florida Association  
211 of Community Health Centers representing a federally qualified  
212 health center located in a rural area as defined in s.  
213 381.0406(2)(a).

214 11. An individual recommended by the Florida Academy of  
215 Family Physicians.

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216 12. An individual recommended by the Florida Alliance for  
217 Health Professions Diversity.

218 13. The Chancellor of the State University System or his  
219 or her designee.

220 14. A layperson member as determined by the State Surgeon  
221 General.

222

223 Appointments to the council shall be made by the State Surgeon  
224 General. Each entity authorized to make recommendations under  
225 this subsection shall make at least two recommendations to the  
226 State Surgeon General for each appointment to the council. The  
227 State Surgeon General shall name one appointee for each position  
228 from the recommendations made by each authorized entity.

229 (b) Each council member shall be appointed to a 4-year  
230 term. An individual may not serve more than two terms. Any  
231 council member may be removed from office for malfeasance;  
232 misfeasance; neglect of duty; incompetence; permanent inability  
233 to perform official duties; or pleading guilty or nolo  
234 contendere to, or being found guilty of, a felony. Any council  
235 member who meets the criteria for removal, or who is otherwise  
236 unwilling or unable to properly fulfill the duties of the  
237 office, shall be succeeded by an individual chosen by the State  
238 Surgeon General to serve out the remainder of the council  
239 member's term. If the remainder of the replaced council member's  
240 term is less than 18 months, notwithstanding the provisions of  
241 this paragraph, the succeeding council member may be reappointed  
242 twice by the State Surgeon General.

243 (c) The chair of the council is the State Surgeon General,

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244 who shall designate a vice chair from the membership of the  
245 council to serve in the absence of the State Surgeon General. A  
246 vacancy shall be filled for the remainder of the unexpired term  
247 in the same manner as the original appointment.

248 (d) Council members are not entitled to receive  
249 compensation or reimbursement for per diem or travel expenses.

250 (e) The council shall meet at least twice a year in person  
251 or by teleconference.

252 (f) The council shall:

253 1. Advise the State Surgeon General and the department on  
254 matters concerning current and future physician workforce needs  
255 in this state;

256 2. Review survey materials and the compilation of survey  
257 information;

258 3. Annually review the number, location, cost, and  
259 reimbursement of graduate medical education programs and  
260 positions;

261 4. Provide recommendations to the department regarding the  
262 survey completed by physicians licensed under chapter 458 or  
263 chapter 459;

264 5. Assist the department in preparing the annual report to  
265 the Legislature pursuant to ss. 458.3192 and 459.0082;

266 6. Assist the department in preparing an initial strategic  
267 plan, conduct ongoing strategic planning in accordance with this  
268 section, and provide ongoing advice on implementing the  
269 recommendations;

270 7. Monitor and provide recommendations regarding the need  
271 for an increased number of primary care or other physician

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272 specialties to provide the necessary current and projected  
273 health and medical services for the state; and

274 8. Monitor and make recommendations regarding the status  
275 of the needs relating to graduate medical education in this  
276 state.

277 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION  
278 INNOVATION PILOT PROJECTS.—

279 (a) The Legislature finds that:

280 1. In order to ensure a physician workforce that is  
281 adequate to meet the needs of this state's residents and its  
282 health care system, policymakers must consider the education and  
283 training of future generations of well-trained health care  
284 providers.

85 2. Physicians are likely to practice in the state where  
286 they complete their graduate medical education.

287 3. It can directly affect the makeup of the physician  
288 workforce by selectively funding graduate medical education  
289 programs to provide needed specialists in geographic areas of  
290 the state which have a deficient number of such specialists.

291 4. Developing additional positions in graduate medical  
292 education programs is essential to the future of this state's  
293 health care system.

294 5. It was necessary in 2007 to pass legislation that  
295 provided for an assessment of the status of this state's current  
296 and future physician workforce. The department is collecting and  
297 analyzing information on an ongoing basis to assess this state's  
298 physician workforce needs, and such assessment may facilitate  
299 the determination of graduate medical education needs and

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300 strategies for the state.

301 (b) There is established under the department a program to  
302 foster innovative graduate medical education pilot projects that  
303 are designed to promote the expansion of graduate medical  
304 education programs or positions to prepare physicians to  
305 practice in needed specialties and underserved areas or settings  
306 and to provide demographic and cultural representation in a  
307 manner that addresses current and projected needs for this  
308 state's physician workforce. Funds appropriated annually by the  
309 Legislature for this purpose shall be distributed to  
310 participating hospitals, medical schools, other sponsors of  
311 graduate medical education programs, consortia engaged in  
312 developing new graduate medical education programs or positions  
313 in those programs, or pilot projects providing innovative  
314 graduate medical education in community-based clinical settings.  
315 Pilot projects shall be selected on a competitive grant basis,  
316 subject to available funds.

317 (c) Pilot projects shall be designed to meet one or more  
318 of this state's physician workforce needs, as determined  
319 pursuant to this section, including, but not limited to:

320 1. Increasing the number of residencies or fellowships in  
321 primary care or other needed specialties.

322 2. Enhancing the retention of primary care physicians or  
323 other needed specialties in this state.

324 3. Promoting practice in rural or medically underserved  
325 areas of the state.

326 4. Encouraging racial and ethnic diversity within the  
327 state's physician workforce.



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328 5. Encouraging practice in community health care or other  
329 ambulatory care settings.

330 6. Encouraging practice in clinics operated by the  
331 department, including, but not limited to, county health  
332 departments, clinics operated by the Department of Veterans'  
333 Affairs, prison clinics, or similar settings of need.

334 7. Encouraging the increased production of geriatricians.

335 (d) Priority shall be given to a proposal for a pilot  
336 project that:

337 1. Demonstrates a collaboration of federal, state, and  
338 local entities that are public or private.

339 2. Obtains funding from multiple sources.

340 3. Focuses on enhancing graduate medical education in  
341 rural or underserved areas.

342 4. Focuses on enhancing graduate medical education in  
343 ambulatory or community-based settings other than a hospital  
344 environment.

345 5. Includes the use of technology, such as electronic  
346 medical records, distance consultation, and telemedicine, to  
347 ensure that residents are better prepared to care for patients  
348 in this state, regardless of the community in which the  
349 residents practice.

350 6. Is designed to meet multiple policy needs as enumerated  
351 in subsection (3).

352 7. Uses a consortium to provide for graduate medical  
353 education experiences.

354 (e) The department shall adopt by rule appropriate  
355 performance measures to use in order to consistently evaluate

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356 the effectiveness, safety, and quality of the programs, as well  
357 as the impact of each program on meeting this state's physician  
358 workforce needs.

359 (f) Participating pilot projects shall submit to the  
360 department an annual report on the project in a manner required  
361 by the department.

362 (g) Funding provided to a pilot project may be used only  
363 for the direct costs of providing graduate medical education.  
364 Accounting of such costs and expenditures shall be documented in  
365 the annual report.

366 (h) State funds shall be used to supplement funds from any  
367 local government, community, or private source. The state may  
368 provide up to 50 percent of the funds, and local governmental  
369 grants or community or private sources shall provide the  
370 remainder of the funds.

371 (7) RULEMAKING.—The department shall adopt rules as  
372 necessary to administer this section.

373 Section 23. Section 458.3192, Florida Statutes, is amended  
374 to read:

375 458.3192 Analysis of survey results; report.—

376 (1) Each year, the Department of Health shall analyze the  
377 results of the physician survey required by s. 458.3191 and  
378 determine by geographic area and specialty the number of  
379 physicians who:

380 (a) Perform deliveries of children in this state Florida.

381 (b) Read mammograms and perform breast-imaging-guided  
382 procedures in this state Florida.

383 (c) Perform emergency care on an on-call basis for a

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384 hospital emergency department.

385 (d) Plan to reduce or increase emergency on-call hours in  
386 a hospital emergency department.

387 (e) Plan to relocate ~~their allopathic or osteopathic~~  
388 ~~practice~~ outside the state.

389 (f) Practice medicine in this state.

390 (g) Plan to reduce or modify the scope of their practice.

391 (2) The Department of Health must report its findings to  
392 the Governor, the President of the Senate, and the Speaker of  
393 the House of Representatives by November 1 each year. The  
394 department shall also include in its report findings,  
395 recommendations, and strategic planning activities as provided  
396 in s. 381.4018. The department may also include other  
397 information requested by the Physician Workforce Advisory  
398 Council.

399 Section 24. Section 459.0082, Florida Statutes, is amended  
400 to read:

401 459.0082 Analysis of survey results; report.-

402 (1) Each year, the Department of Health shall analyze the  
403 results of the physician survey required by s. 459.0081 and  
404 determine by geographic area and specialty the number of  
405 physicians who:

406 (a) Perform deliveries of children in this state Florida.

407 (b) Read mammograms and perform breast-imaging-guided  
408 procedures in this state Florida.

409 (c) Perform emergency care on an on-call basis for a  
410 hospital emergency department.

411 (d) Plan to reduce or increase emergency on-call hours in

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412 a hospital emergency department.

413 (e) Plan to relocate ~~their allopathic or osteopathic~~  
414 ~~practice~~ outside the state.

415 (f) Practice medicine in this state.

416 (g) Plan to reduce or modify the scope of their practice.

417 (2) The Department of Health must report its findings to  
418 the Governor, the President of the Senate, and the Speaker of  
419 the House of Representatives by November 1 each year. The  
420 department shall also include in its report findings,  
421 recommendations, and strategic planning activities as provided  
422 in s. 381.4018. The department may also include other  
423 information requested by the Physician Workforce Advisory  
424 Council.

425 Section 25. Section 458.315, Florida Statutes, is amended  
426 to read:

427 458.315 Temporary certificate for practice in areas of  
428 critical need.—

429 (1) Any physician who:

430 (a) Is licensed to practice in any jurisdiction in the  
431 United States and ~~other state,~~ whose license is currently valid;  
432 or

433 (b) Has served as a physician in the United States Armed  
434 Forces for at least 10 years and received an honorable discharge  
435 from the military;

436

437 and who pays an application fee of \$300 may be issued a  
438 temporary certificate for ~~to~~ practice in areas of ~~communities of~~  
439 ~~Florida where there is a critical need for physicians.~~

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440       (2) A certificate may be issued to a physician who:  
441       (a) Practices in an area of critical need;  
442       (b) Will be employed by or practice in a county health  
443 department, correctional facility, Department of Veterans'  
444 Affairs clinic, community health center funded by s. 329, s.  
445 330, or s. 340 of the United States Public Health Services Act,  
446 or other agency or institution that is approved by the State  
447 Surgeon General and provides health care to meet the needs of  
448 underserved populations in this state; or

449       (c) Will practice for a limited time to address critical  
450 physician-specialty, demographic, or geographic needs for this  
451 state's physician workforce as determined by the State Surgeon  
452 General entity that provides health care to indigents and that  
453 is approved by the State Health Officer.

454       (3) The Board of Medicine may issue this temporary  
455 certificate with the following restrictions:

456       (a) (1) The State Surgeon General board shall determine the  
457 areas of critical need, and the physician so certified may  
458 practice in any of those areas for a time to be determined by  
459 the board. Such areas shall include, but are not be limited to,  
460 health professional shortage areas designated by the United  
461 States Department of Health and Human Services.

462       1. (a) A recipient of a temporary certificate for practice  
463 in areas of critical need may use the certificate license to  
464 work for any approved entity employer in any area of critical  
465 need or as authorized by the State Surgeon General approved by  
466 the board.

467       2. (b) The recipient of a temporary certificate for

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468 practice in areas of critical need shall, within 30 days after  
469 accepting employment, notify the board of all approved  
470 institutions in which the licensee practices and of all approved  
471 institutions where practice privileges have been denied.

472 (b)-(2) The board may administer an abbreviated oral  
473 examination to determine the physician's competency, but a ~~ne~~  
474 written regular examination is not required ~~necessary~~. Within 60  
475 days after receipt of an application for a temporary  
476 certificate, the board shall review the application and issue  
477 the temporary certificate, ~~or~~ notify the applicant of denial, or  
478 notify the applicant that the board recommends additional  
479 assessment, training, education, or other requirements as a  
480 condition of certification. If the applicant has not actively  
481 practiced during the prior 3 years and the board determines that  
482 the applicant may lack clinical competency, possess diminished  
483 or inadequate skills, lack necessary medical knowledge, or  
484 exhibit patterns of deficits in clinical decisionmaking, the  
485 board may:

486 1. Deny the application;

487 2. Issue a temporary certificate having reasonable  
488 restrictions that may include, but are not limited to, a  
489 requirement for the applicant to practice under the supervision  
490 of a physician approved by the board; or

491 3. Issue a temporary certificate upon receipt of  
492 documentation confirming that the applicant has met any  
493 reasonable conditions of the board which may include, but are  
494 not limited to, completing continuing education or undergoing an  
495 assessment of skills and training.

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496        ~~(c)(3)~~ Any certificate issued under this section ~~is shall~~  
497        be valid only so long as the State Surgeon General determines  
498        that the reason area for which it ~~was is~~ issued remains a an  
499        ~~area of~~ critical need to the state. The Board of Medicine shall  
500        review each temporary certificateholder not the service within  
501        ~~said area not~~ less than annually to ascertain that the minimum  
502        requirements of the Medical Practice Act and its adopted the  
503        ~~rules and regulations promulgated thereunder~~ are being complied  
504        with. If it is determined that such minimum requirements are not  
505        being met, the board shall ~~forthwith~~ revoke such certificate or  
506        shall impose restrictions or conditions, or both, as a condition  
507        of continued practice under the certificate.

508        ~~(d)(4)~~ The board may shall not issue a temporary  
509        certificate for practice in an area of critical need to any  
510        physician who is under investigation in any jurisdiction in the  
511        United States another state for an act that which would  
512        constitute a violation of this chapter until such time as the  
513        investigation is complete, at which time the provisions of s.  
514        458.331 ~~shall~~ apply.

515        ~~(4)(5)~~ The application fee and all licensure fees,  
516        including neurological injury compensation assessments, shall be  
517        waived for those persons obtaining a temporary certificate to  
518        practice in areas of critical need for the purpose of providing  
519        volunteer, uncompensated care for low-income residents  
520        ~~Floridians~~. The applicant must submit an affidavit from the  
521        employing agency or institution stating that the physician will  
522        not receive any compensation for any service involving the  
523        practice of medicine.

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524 Section 26. Section 459.0076, Florida Statutes, is created  
525 to read:

526 459.0076 Temporary certificate for practice in areas of  
527 critical need.-

528 (1) Any physician who:

529 (a) Is licensed to practice in any jurisdiction in the  
530 United States and whose license is currently valid; or

531 (b) Has served as a physician in the United States Armed  
532 Forces for at least 10 years and received an honorable discharge  
533 from the military;

534

535 and who pays an application fee of \$300 may be issued a  
536 temporary certificate for practice in areas of critical need.

537 (2) A certificate may be issued to a physician who:

538 (a) Will practice in an area of critical need;

539 (b) Will be employed by or practice in a county health

540 department, correctional facility, Department of Veterans'

541 Affairs clinic, community health center funded by s. 329, s.

542 330, or s. 340 of the United States Public Health Services Act,

543 or other agency or institution that is approved by the State

544 Surgeon General and provides health care to meet the needs of

545 underserved populations in this state; or

546 (c) Will practice for a limited time to address critical

547 physician-specialty, demographic, or geographic needs for this

548 state's physician workforce as determined by the State Surgeon

549 General.

550 (3) The Board of Osteopathic Medicine may issue this

551 temporary certificate with the following restrictions:



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552       (a) The State Surgeon General shall determine the areas of  
553 critical need. Such areas include, but are not limited to,  
554 health professional shortage areas designated by the United  
555 States Department of Health and Human Services.

556       1. A recipient of a temporary certificate for practice in  
557 areas of critical need may use the certificate to work for any  
558 approved entity in any area of critical need or as authorized by  
559 the State Surgeon General.

560       2. The recipient of a temporary certificate for practice in  
561 areas of critical need shall, within 30 days after accepting  
562 employment, notify the board of all approved institutions in  
563 which the licensee practices and of all approved institutions  
564 where practice privileges have been denied.

65       (b) The board may administer an abbreviated oral  
566 examination to determine the physician's competency, but a  
567 written regular examination is not required. Within 60 days  
568 after receipt of an application for a temporary certificate, the  
569 board shall review the application and issue the temporary  
570 certificate, notify the applicant of denial, or notify the  
571 applicant that the board recommends additional assessment,  
572 training, education, or other requirements as a condition of  
573 certification. If the applicant has not actively practiced  
574 during the prior 3 years and the board determines that the  
575 applicant may lack clinical competency, possess diminished or  
576 inadequate skills, lack necessary medical knowledge, or exhibit  
577 patterns of deficits in clinical decisionmaking, the board may:

578       1. Deny the application;

579       2. Issue a temporary certificate having reasonable

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580 restrictions that may include, but are not limited to, a  
581 requirement for the applicant to practice under the supervision  
582 of a physician approved by the board; or

583 3. Issue a temporary certificate upon receipt of  
584 documentation confirming that the applicant has met any  
585 reasonable conditions of the board which may include, but are  
586 not limited to, completing continuing education or undergoing an  
587 assessment of skills and training.

588 (c) Any certificate issued under this section is valid only  
589 so long as the State Surgeon General determines that the reason  
590 for which it was issued remains a critical need to the state.  
591 The Board of Osteopathic Medicine shall review each temporary  
592 certificateholder not less than annually to ascertain that the  
593 minimum requirements of the Osteopathic Medical Practice Act and  
594 its adopted rules are being complied with. If it is determined  
595 that such minimum requirements are not being met, the board  
596 shall revoke such certificate or shall impose restrictions or  
597 conditions, or both, as a condition of continued practice under  
598 the certificate.

599 (d) The board may not issue a temporary certificate for  
600 practice in an area of critical need to any physician who is  
601 under investigation in any jurisdiction in the United States for  
602 an act that would constitute a violation of this chapter until  
603 such time as the investigation is complete, at which time the  
604 provisions of s. 459.015 apply.

605 (4) The application fee and all licensure fees, including  
606 neurological injury compensation assessments, shall be waived  
607 for those persons obtaining a temporary certificate to practice

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608 in areas of critical need for the purpose of providing  
609 volunteer, uncompensated care for low-income residents. The  
610 applicant must submit an affidavit from the employing agency or  
611 institution stating that the physician will not receive any  
612 compensation for any service involving the practice of medicine.  
613  
614

615 -----  
616 **T I T L E A M E N D M E N T**

617 Remove line 109 and insert:

618 Association and appointed by the Governor; repealing s.  
619 381.0403(4) and (9), F.S., relating to the program for graduate  
620 medical education innovations and the graduate medical education  
621 committee and report; amending s. 381.4018, F.S.; providing  
622 definitions; requiring the Department of Health to coordinate  
623 and enhance activities regarding the reentry of retired military  
624 and other physicians into the physician workforce; revising the  
625 list of governmental stakeholders that the Department of Health  
626 is required to work with regarding the state strategic plan and  
627 in assessing the state's physician workforce; creating the  
628 Physician Workforce Advisory Council; providing membership of  
629 the council; providing for appointments to the council;  
630 providing terms of membership; providing for removal of a  
631 council member; providing for the chair and vice chair of the  
632 council; providing that council members are not entitled to  
633 receive compensation or reimbursement for per diem or travel  
634 expenses; providing the duties of the council; establishing the  
635 physician workforce graduate medical education innovation pilot

COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 1503 (2010)

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636 projects under the department; providing the purposes of the  
637 pilot projects; providing for the appropriation of state funds  
638 for the pilot projects; requiring the pilot projects to meet  
639 certain policy needs of the physician workforce in this state;  
640 providing criteria for prioritizing proposals for pilot  
641 projects; requiring the department to adopt by rule appropriate  
642 performance measures; requiring participating pilot projects to  
643 submit an annual report to the department; requiring state funds  
644 to be used to supplement funds from other sources; requiring the  
645 department to adopt rules; amending ss. 458.3192 and 459.0082,  
646 F.S.; requiring the department to determine by geographic area  
647 and specialty the number of physicians and osteopathic  
648 physicians who plan to relocate outside the state, practice  
649 medicine in this state, and reduce or modify the scope of their  
650 practice; authorizing the department to report additional  
651 information in its findings to the Governor and the Legislature;  
652 amending s. 458.315, F.S.; revising the standards for the Board  
653 of Medicine to issue a temporary certificate to a certain  
654 physicians to practice medicine in areas of critical need;  
655 authorizing the State Surgeon General to designate areas of  
656 critical need; creating s. 459.0076, F.S.; authorizing the Board  
657 of Osteopathic Medicine to issue temporary certificates to  
658 osteopathic physicians who meet certain requirements to practice  
659 osteopathic medicine in areas of critical need; providing  
660 restrictions for issuance of a temporary certificate;  
661 authorizing the State Surgeon General to designate areas of  
662 critical need; authorizing the Board of Osteopathic Medicine to

COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 1503 (2010)

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663 | waive the application fee and licensure fees for obtaining  
664 | temporary certificates for certain purposes; providing an

1 A bill to be entitled  
 2 An act relating to health care; amending s. 112.0455,  
 3 F.S., and repealing paragraph (10)(e), relating to a  
 4 prohibition against applying the Drug-Free Workplace Act  
 5 retroactively; conforming a cross-reference; repealing s.  
 6 383.325, F.S., relating to the requirement of a licensed  
 7 facility under s. 383.305, F.S., to maintain inspection  
 8 reports; repealing s. 395.1046, F.S., relating to the  
 9 investigation of complaints regarding hospitals; repealing  
 10 s. 395.3037, F.S.; deleting definitions relating to  
 11 obsolete provisions governing primary and comprehensive  
 12 stroke centers; amending s. 400.0239, F.S.; deleting an  
 13 obsolete provision; repealing s. 400.147(10), F.S.,  
 14 relating to a requirement that a nursing home facility  
 15 report any notice of a filing of a claim for a violation  
 16 of a resident's rights or a claim of negligence; repealing  
 17 s. 400.148, F.S., relating to the Medicaid "Up-or-Out"  
 18 Quality of Care Contract Management Program; repealing s.  
 19 400.195, F.S., relating to reporting requirements for the  
 20 Agency for Health Care Administration; amending s.  
 21 400.476, F.S.; providing requirements for an alternate  
 22 administrator of a home health agency; revising the duties  
 23 of the administrator; revising the requirements for a  
 24 director of nursing for a specified number of home health  
 25 agencies; prohibiting a home health agency from using an  
 26 individual as a home health aide unless the person has  
 27 completed training and an evaluation program; requiring a  
 28 home health aide to meet certain standards in order to be

29 |       competent in performing certain tasks; requiring a home  
 30 |       health agency and staff to comply with accepted  
 31 |       professional standards; providing certain requirements for  
 32 |       a written contract between certain personnel and the  
 33 |       agency; requiring a home health agency to provide certain  
 34 |       services through its employees; authorizing a home health  
 35 |       agency to provide additional services with another  
 36 |       organization; providing responsibilities of a home health  
 37 |       agency when it provides home health aide services through  
 38 |       another organization; requiring the home health agency to  
 39 |       coordinate personnel who provide home health services;  
 40 |       requiring personnel to communicate with the home health  
 41 |       agency; amending s. 400.487, F.S.; requiring a home health  
 42 |       agency to provide a patient or the patient's legal  
 43 |       representative a copy of the agreement between the agency  
 44 |       and the patient which specifies the home health services  
 45 |       to be provided; providing the rights that are protected by  
 46 |       the home health agency; requiring the home health agency  
 47 |       to furnish nursing services by or under the supervision of  
 48 |       a registered nurse; requiring the home health agency to  
 49 |       provide therapy services through a qualified therapist or  
 50 |       therapy assistant; providing the duties and qualifications  
 51 |       of a therapist and therapy assistant; requiring  
 52 |       supervision by a physical therapist or occupational  
 53 |       therapist of a physical therapist assistant or  
 54 |       occupational therapy assistant; providing duties of a  
 55 |       physical therapist assistant or occupational therapy  
 56 |       assistant; providing for speech therapy services to be

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2010

57 provided by a qualified speech-language pathologist or  
58 audiologist; providing for a plan of care; providing that  
59 only the staff of a home health agency may administer  
60 drugs and treatments as ordered by certain health  
61 professionals; providing requirements for verbal orders;  
62 providing duties of a registered nurse, licensed practical  
63 nurse, home health aide, and certified nursing assistant  
64 who work for a home health agency; providing for  
65 supervisory visits of services provided by a home health  
66 agency; repealing s. 408.802(11), F.S., relating to the  
67 applicability of the Health Care Licensing Procedures Act  
68 to private review agents; repealing s. 409.912(15)(e),  
69 (f), and (g), F.S., relating to a requirement for the  
70 Agency for Health Care Administration to submit a report  
71 to the Legislature regarding the operations of the CARE  
72 program; repealing s. 429.12(2), F.S., relating to the  
73 sale or transfer of ownership of an assisted living  
74 facility; repealing s. 429.23(5), F.S., relating to each  
75 assisted living facility's requirement to submit a report  
76 to the agency regarding liability claims filed against it;  
77 repealing s. 429.911(2)(a), F.S., relating to an  
78 intentional or negligent act materially affecting the  
79 health or safety of center participants as grounds for  
80 which the agency may take action against the owner of an  
81 adult day care center or its operator or employee;  
82 requiring persons who apply for licensure renewal as a  
83 dentist or dental hygienist to furnish certain information  
84 to the Department of Health in a dental workforce survey;

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

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85 requiring the Board of Dentistry to issue a  
 86 nondisciplinary citation and a notice for failure to  
 87 complete the survey within a specified time; providing  
 88 notification requirements for the citation; requiring the  
 89 department to serve as the coordinating body for the  
 90 purpose of collecting, disseminating, and updating dental  
 91 workforce data; requiring the department to maintain a  
 92 database regarding the state's dental workforce; requiring  
 93 the department to develop strategies to maximize federal  
 94 and state programs and to work with an advisory body to  
 95 address matters relating to the state's dental workforce;  
 96 providing membership of the advisory body; providing for  
 97 members of the advisory body to serve without  
 98 compensation; requiring the department to act as a  
 99 clearinghouse for collecting and disseminating information  
 100 regarding the dental workforce; requiring the department  
 101 and the board to adopt rules; providing legislative intent  
 102 regarding implementation of the act within existing  
 103 resources; amending s. 499.01, F.S.; authorizing certain  
 104 business entities to pay for prescription drugs obtained  
 105 by practitioners licensed under ch. 466, F.S.; amending s.  
 106 624.91, F.S.; revising the membership of the board of  
 107 directors of the Florida Healthy Kids Corporation to  
 108 include a member nominated by the Florida Dental  
 109 Association and appointed by the Governor; providing an  
 110 effective date.

111  
 112 Be It Enacted by the Legislature of the State of Florida:

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Section 1. Paragraph (e) of subsection (10) of section 112.0455, Florida Statutes, is repealed, and paragraph (e) of subsection (14) of that section is amended to read:

112.0455 Drug-Free Workplace Act.—

(14) DISCIPLINE REMEDIES.—

(e) Upon resolving an appeal filed pursuant to paragraph (c), and finding a violation of this section, the commission may order the following relief:

1. Rescind the disciplinary action, expunge related records from the personnel file of the employee or job applicant and reinstate the employee.

2. Order compliance with paragraph (10) (f) ~~(g)~~.

3. Award back pay and benefits.

4. Award the prevailing employee or job applicant the necessary costs of the appeal, reasonable attorney's fees, and expert witness fees.

Section 2. Section 383.325, Florida Statutes, is repealed.

Section 3. Section 395.1046, Florida Statutes, is repealed.

Section 4. Section 395.3037, Florida Statutes, is repealed.

Section 5. Paragraph (g) of subsection (2) of section 400.0239, Florida Statutes, is amended to read:

400.0239 Quality of Long-Term Care Facility Improvement Trust Fund.—

(2) Expenditures from the trust fund shall be allowable for direct support of the following:

141 (g) Other initiatives authorized by the Centers for  
 142 Medicare and Medicaid Services for the use of federal civil  
 143 monetary penalties, ~~including projects recommended through the~~  
 144 ~~Medicaid "Up or Out" Quality of Care Contract Management Program~~  
 145 ~~pursuant to s. 400.148.~~

146 Section 6. Subsection (10) of section 400.147, Florida  
 147 Statutes, is repealed.

148 Section 7. Section 400.148, Florida Statutes, is repealed.

149 Section 8. Section 400.195, Florida Statutes, is repealed.

150 Section 9. Section 400.476, Florida Statutes, is amended  
 151 to read:

152 400.476 Staffing requirements; notifications; limitations  
 153 on staffing services.—

154 (1) ADMINISTRATOR.—

155 (a) An administrator may manage only one home health  
 156 agency, except that an administrator may manage up to five home  
 157 health agencies if all five home health agencies have identical  
 158 controlling interests as defined in s. 408.803 and are located  
 159 within one agency geographic service area or within an  
 160 immediately contiguous county. If the home health agency is  
 161 licensed under this chapter and is part of a retirement  
 162 community that provides multiple levels of care, an employee of  
 163 the retirement community may administer the home health agency  
 164 and up to a maximum of four entities licensed under this chapter  
 165 or chapter 429 which all have identical controlling interests as  
 166 defined in s. 408.803. An administrator shall designate, in  
 167 writing, for each licensed entity, a qualified alternate  
 168 administrator to serve during the administrator's absence. An

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169 alternate administrator must meet the requirements in this  
170 paragraph and s. 400.462(1).

171 (b) An administrator of a home health agency who is a  
172 licensed physician, physician assistant, or registered nurse  
173 licensed to practice in this state may also be the director of  
174 nursing for a home health agency. An administrator may serve as  
175 a director of nursing for up to the number of entities  
176 authorized in subsection (2) only if there are 10 or fewer full-  
177 time equivalent employees and contracted personnel in each home  
178 health agency.

179 (c) The administrator shall organize and direct the  
180 agency's ongoing functions, maintain an ongoing liaison with the  
181 board members and the staff, employ qualified personnel and  
182 ensure adequate staff education and evaluations, ensure the  
183 accuracy of public informational materials and activities,  
184 implement an effective budgeting and accounting system, and  
185 ensure that the home health agency operates in compliance with  
186 this part and part II of chapter 408 and rules adopted for these  
187 laws.

188 (d) The administrator shall clearly set forth in writing  
189 the organizational chart, services furnished, administrative  
190 control authority, and lines of authority for the delegation of  
191 responsibilities for patient care. These responsibilities must  
192 be readily identifiable. Administrative and supervisory  
193 functions may not be delegated to another agency or  
194 organization, and the primary home health agency shall monitor  
195 and control all services that are not furnished directly,  
196 including services provided through contracts.

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197 (2) DIRECTOR OF NURSING.—

198 (a) A director of nursing may be the director of nursing  
199 for:

200 1. Up to two licensed home health agencies if the agencies  
201 have identical controlling interests as defined in s. 408.803  
202 and are located within one agency geographic service area or  
203 within an immediately contiguous county; or

204 2. Up to five licensed home health agencies if:

205 a. All of the home health agencies have identical  
206 controlling interests as defined in s. 408.803;

207 b. All of the home health agencies are located within one  
208 agency geographic service area or within an immediately  
209 contiguous county; ~~and~~

210 c. Each home health agency has a registered nurse who  
211 meets the qualifications of a director of nursing and who has a  
212 written delegation from the director of nursing to serve as the  
213 director of nursing for that home health agency when the  
214 director of nursing is not present; ~~and-~~

215 d. This person, or a similarly qualified alternate, is  
216 available at all times during operating hours and participates  
217 in all activities relevant to the professional services  
218 furnished, including, but not limited to, the oversight of  
219 nursing services, home health aides, and certified nursing  
220 assistants and the assignment of personnel.

221

222 If a home health agency licensed under this chapter is part of a  
223 retirement community that provides multiple levels of care, an  
224 employee of the retirement community may serve as the director

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225 of nursing of the home health agency and up to a maximum of four  
226 entities, other than home health agencies, licensed under this  
227 chapter or chapter 429 which all have identical controlling  
228 interests as defined in s. 408.803.

229 (b) A home health agency that provides skilled nursing  
230 care may not operate for more than 30 calendar days without a  
231 director of nursing. A home health agency that provides skilled  
232 nursing care and the director of nursing of a home health agency  
233 must notify the agency within 10 business days after termination  
234 of the services of the director of nursing for the home health  
235 agency. A home health agency that provides skilled nursing care  
236 must notify the agency of the identity and qualifications of the  
237 new director of nursing within 10 days after the new director is  
238 hired. If a home health agency that provides skilled nursing  
239 care operates for more than 30 calendar days without a director  
240 of nursing, the home health agency commits a class II  
241 deficiency. In addition to the fine for a class II deficiency,  
242 the agency may issue a moratorium in accordance with s. 408.814  
243 or revoke the license. The agency shall fine a home health  
244 agency that fails to notify the agency as required in this  
245 paragraph \$1,000 for the first violation and \$2,000 for a repeat  
246 violation. The agency may not take administrative action against  
247 a home health agency if the director of nursing fails to notify  
248 the department upon termination of services as the director of  
249 nursing for the home health agency.

250 (c) A home health agency that is not Medicare or Medicaid  
251 certified and does not provide skilled care or provides only  
252 physical, occupational, or speech therapy is not required to

253 have a director of nursing and is exempt from paragraph (b).

254 (3) TRAINING.—A home health agency shall ensure that each  
 255 certified nursing assistant employed by or under contract with  
 256 the home health agency and each home health aide employed by or  
 257 under contract with the home health agency is adequately trained  
 258 to perform the tasks of a home health aide in the home setting.

259 (a) The home health agency may not use as a home health  
 260 aide on a full-time, temporary, per diem, or other basis any  
 261 individual to provide services unless the individual has  
 262 completed a training and competency evaluation program, or a  
 263 competency evaluation program, as permitted in s. 400.497, which  
 264 meets the minimum standards established by the agency in state  
 265 rules.

266 (b) A home health aide is not competent in any task for  
 267 which he or she is evaluated as "unsatisfactory." The aide must  
 268 perform any such task only under direct supervision by a  
 269 licensed nurse until he or she receives training in the task and  
 270 satisfactorily passes a subsequent evaluation in performing the  
 271 task. A home health aide has not successfully passed a  
 272 competency evaluation if the aide does not have a passing score  
 273 on the test as specified by agency rule.

274 (4) STAFFING.—Staffing services may be provided anywhere  
 275 within the state.

276 (5) PERSONNEL.—

277 (a) The home health agency and its staff must comply with  
 278 accepted professional standards and principles that apply to  
 279 professionals, including, but not limited to, the state practice  
 280 acts and the home health agency's policies and procedures.

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281 (b) If personnel under hourly or per-visit contracts are  
 282 used by the home health agency, there must be a written contract  
 283 between those personnel and the agency which specifies the  
 284 following requirements:

- 285 1. Acceptance for care only of patients by the primary  
 286 home health agency.
- 287 2. The services to be furnished.
- 288 3. The necessity to conform to all applicable agency  
 289 policies, including personnel qualifications.
- 290 4. The responsibility for participating in developing  
 291 plans of care.
- 292 5. The manner in which services are controlled,  
 293 coordinated, and evaluated by the primary home health agency.
- 294 6. The procedures for submitting clinical and progress  
 295 notes, scheduling visits, and providing periodic patient  
 296 evaluations.
- 297 7. The procedures for payment for services furnished under  
 298 the contract.

299 (c) A home health agency shall directly provide at least  
 300 one of the types of authorized services through home health  
 301 agency employees, but may provide additional services under  
 302 arrangements with another agency or organization. Services  
 303 furnished under such arrangements must have a written contract  
 304 conforming to the requirements specified in paragraph (b).

305 (d) If home health aide services are provided by an  
 306 individual who is not employed directly by the home health  
 307 agency, the services of the home health aide must be provided  
 308 under arrangements as stated in paragraphs (b) and (c). If the



309 | home health agency chooses to provide home health aide services  
 310 | under arrangements with another organization, the  
 311 | responsibilities of the home health agency include, but are not  
 312 | limited to:

313 |       1. Ensuring the overall quality of the care provided by  
 314 | the aide.

315 |       2. Supervising the aide's services as described in s.  
 316 | 400.487.

317 |       3. Ensuring that each home health aide providing services  
 318 | under arrangements with another organization has met the  
 319 | training requirements or competency evaluation requirements of  
 320 | s. 400.497.

321 |       (e) The home health agency shall coordinate the efforts of  
 322 | all personnel furnishing services, and the personnel shall  
 323 | maintain communication with the home health agency to ensure  
 324 | that personnel efforts support the objectives outlined in the  
 325 | plan of care. The clinical record or minutes of case conferences  
 326 | shall ensure that effective interchange, reporting, and  
 327 | coordination of patient care occurs.

328 |       Section 10. Section 400.487, Florida Statutes, is amended  
 329 | to read:

330 |       400.487 Home health service agreements; physician's,  
 331 | physician assistant's, and advanced registered nurse  
 332 | practitioner's treatment orders; patient assessment;  
 333 | establishment and review of plan of care; provision of services;  
 334 | orders not to resuscitate.—

335 |       (1) Services provided by a home health agency must be  
 336 | covered by an agreement between the home health agency and the

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337 patient or the patient's legal representative specifying the  
 338 home health services to be provided, the rates or charges for  
 339 services paid with private funds, and the sources of payment,  
 340 which may include Medicare, Medicaid, private insurance,  
 341 personal funds, or a combination thereof. The home health agency  
 342 shall provide a copy of the agreement to the patient or the  
 343 patient's legal representative. A home health agency providing  
 344 skilled care must make an assessment of the patient's needs  
 345 within 48 hours after the start of services.

346 (2) When required by the provisions of chapter 464; part  
 347 I, part III, or part V of chapter 468; or chapter 486, the  
 348 attending physician, physician assistant, or advanced registered  
 349 nurse practitioner, acting within his or her respective scope of  
 350 practice, shall establish treatment orders for a patient who is  
 351 to receive skilled care. The treatment orders must be signed by  
 352 the physician, physician assistant, or advanced registered nurse  
 353 practitioner before a claim for payment for the skilled services  
 354 is submitted by the home health agency. If the claim is  
 355 submitted to a managed care organization, the treatment orders  
 356 must be signed within the time allowed under the provider  
 357 agreement. The treatment orders shall be reviewed, as frequently  
 358 as the patient's illness requires, by the physician, physician  
 359 assistant, or advanced registered nurse practitioner in  
 360 consultation with the home health agency.

361 (3) A home health agency shall arrange for supervisory  
 362 visits by a registered nurse to the home of a patient receiving  
 363 home health aide services as specified in subsection (9) in  
 364 ~~accordance with the patient's direction, approval, and agreement~~

365 ~~to pay the charge for the visits.~~

366 (4) The home health agency shall protect and promote the  
 367 rights of each individual under its care, including each of the  
 368 following rights:

369 (a) Notice of rights.—The home health agency shall provide  
 370 the patient with a written notice of the patient's rights in  
 371 advance of furnishing care to the patient or during the initial  
 372 evaluation visit before the initiation of treatment. The home  
 373 health agency must maintain documentation showing that it has  
 374 complied with the requirements of this section.

375 (b) Exercise of rights and respect for property and  
 376 person.—

377 1. The patient has the right to exercise his or her rights  
 378 as a patient of the home health agency.

379 2. The patient has the right to have his or her property  
 380 treated with respect.

381 3. The patient has the right to voice grievances regarding  
 382 treatment or care that is or fails to be furnished, or regarding  
 383 the lack of respect for property by anyone who is furnishing  
 384 services on behalf of the home health agency, and not be  
 385 subjected to discrimination or reprisal for doing so.

386 4. The home health agency must investigate complaints made  
 387 by a patient or the patient's family or guardian regarding  
 388 treatment or care that is or fails to be furnished or regarding  
 389 the lack of respect for the patient's property by anyone  
 390 furnishing services on behalf of the home health agency. The  
 391 home health agency shall document the existence of the complaint  
 392 and its resolution.

393       5. The patient and his or her immediate family or  
 394 representative must be informed of the right to report  
 395 complaints via the statewide toll-free telephone number to the  
 396 agency as required in s. 408.810.

397       (c) Right to be informed and to participate in planning  
 398 care and treatment.-

399       1. The patient has the right to be informed, in advance,  
 400 about the care to be furnished and of any changes in the care to  
 401 be furnished. The home health agency shall advise the patient in  
 402 advance of which disciplines will furnish care and the frequency  
 403 of visits proposed to be furnished. The home health agency must  
 404 advise the patient in advance of any change in the plan of care  
 405 before the change is made.

406       2. The patient has the right to participate in the  
 407 planning of the care. The home health agency must advise the  
 408 patient in advance of the right to participate in planning the  
 409 care or treatment and in planning changes in the care or  
 410 treatment. ~~Each patient has the right to be informed of and to~~  
 411 ~~participate in the planning of his or her care.~~ Each patient  
 412 must be provided, upon request, a copy of the plan of care  
 413 established and maintained for that patient by the home health  
 414 agency.

415       (5) When nursing services are ordered, the home health  
 416 agency to which a patient has been admitted for care must  
 417 provide the initial admission visit, all service evaluation  
 418 visits, and the discharge visit by a direct employee. Services  
 419 provided by others under contractual arrangements to a home  
 420 health agency must be monitored and managed by the admitting

421 | home health agency. The admitting home health agency is fully  
 422 | responsible for ensuring that all care provided through its  
 423 | employees or contract staff is delivered in accordance with this  
 424 | part and applicable rules.

425 |         (6) The skilled care services provided by a home health  
 426 | agency, directly or under contract, must be supervised and  
 427 | coordinated in accordance with the plan of care. The home health  
 428 | agency shall furnish skilled nursing services by or under the  
 429 | supervision of a registered nurse and in accordance with the  
 430 | plan of care. Any therapy services offered directly or under  
 431 | arrangement by the home health agency must be provided by a  
 432 | qualified therapist or by a qualified therapy assistant under  
 433 | the supervision of a qualified therapist and in accordance with  
 434 | the plan of care.

435 |         (a) Duties and qualifications.—A qualified therapist shall  
 436 | assist the physician in evaluating the level of function, help  
 437 | develop or revise the plan of care, prepare clinical and  
 438 | progress notes, advise and consult with the family and other  
 439 | agency personnel, and participate in in-service programs. The  
 440 | therapist or therapy assistant must meet the qualifications in  
 441 | the state practice acts and applicable rules.

442 |         (b) Physical therapist assistants and occupational therapy  
 443 | assistants.—Services provided by a physical therapist assistant  
 444 | or occupational therapy assistant must be under the supervision  
 445 | of a qualified physical therapist or occupational therapist as  
 446 | required in chapter 486 and part III of chapter 468,  
 447 | respectively, and applicable rules. A physical therapist  
 448 | assistant or occupational therapy assistant shall perform

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449 services planned, delegated, and supervised by the therapist,  
450 assist in preparing clinical notes and progress reports,  
451 participate in educating the patient and his or her family, and  
452 participate in in-service programs.

453 (c) Speech therapy services.—Speech therapy services shall  
454 be furnished only by or under supervision of a qualified speech-  
455 language pathologist or audiologist as required in part I of  
456 chapter 468 and applicable rules.

457 (d) Care follows a written plan of care.—The plan of care  
458 shall be reviewed by the physician or health professional who  
459 provided the treatment orders pursuant to subsection (2) and  
460 home health agency personnel as often as the severity of the  
461 patient's condition requires, but at least once every 60 days or  
462 more when there is a patient-elected transfer, a significant  
463 change in condition, or a discharge and return to the same home  
464 health agency during the 60-day episode. Professional staff of a  
465 home health agency shall promptly alert the physician or other  
466 health professional who provided the treatment orders of any  
467 change that suggests a need to alter the plan of care.

468 (e) Administration of drugs and treatment.—Only  
469 professional staff of a home health agency may administer drugs  
470 and treatments as ordered by the physician or health  
471 professional pursuant to subsection (2), with the exception of  
472 influenza and pneumococcal polysaccharide vaccines, which may be  
473 administered according to the policy of the home health agency  
474 developed in consultation with a physician and after an  
475 assessment for contraindications. Verbal orders shall be in  
476 writing and signed and dated with the date of receipt by the

477 | registered nurse or qualified therapist who is responsible for  
 478 | furnishing or supervising the ordered service. A verbal order  
 479 | may be accepted only by personnel who are authorized to do so by  
 480 | applicable state laws, rules, and internal policies of the home  
 481 | health agency.

482 |       (7) A registered nurse shall conduct the initial  
 483 | evaluation visit, regularly reevaluate the patient's nursing  
 484 | needs, initiate the plan of care and necessary revisions,  
 485 | furnish those services requiring substantial and specialized  
 486 | nursing skill, initiate appropriate preventive and  
 487 | rehabilitative nursing procedures, prepare clinical and progress  
 488 | notes, coordinate services, inform the physician and other  
 489 | personnel of changes in the patient's condition and needs,  
 490 | counsel the patient and his or her family in meeting nursing and  
 491 | related needs, participate in in-service programs, and supervise  
 492 | and teach other nursing personnel, unless the home health agency  
 493 | providing the home health aide services is not Medicare-  
 494 | certified or Medicaid-certified and does not provide skilled  
 495 | care.

496 |       (8) A licensed practical nurse shall furnish services in  
 497 | accordance with agency policies, prepare clinical and progress  
 498 | notes, assist the physician and registered nurse in performing  
 499 | specialized procedures, prepare equipment and materials for  
 500 | treatments observing aseptic technique as required, and assist  
 501 | the patient in learning appropriate self-care techniques.

502 |       (9) A home health aide and certified nursing assistant  
 503 | shall provide services that are in the service provision plan  
 504 | provided in s. 400.491 and other services that the home health

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505 aide or certified nursing assistant is permitted to perform  
506 under state law. The duties of a home health aide or certified  
507 nursing assistant include the provision of hands-on personal  
508 care, performance of simple procedures as an extension of  
509 therapy or nursing services, assistance in ambulation or  
510 exercises, and assistance in administering medications that are  
511 ordinarily self-administered and are specified in agency rules.  
512 Any services by a home health aide which are offered by a home  
513 health agency must be provided by a qualified home health aide  
514 or certified nursing assistant.

515 (a) Assignment and duties.-A home health aide or certified  
516 nursing assistant shall be assigned to a specific patient by a  
517 registered nurse, unless the home health agency providing the  
518 home health aide services is not Medicare-certified or Medicaid-  
519 certified and does not provide skilled care. Written patient  
520 care instructions for the home health aide and certified nursing  
521 assistant must be prepared by the registered nurse or other  
522 appropriate professional who is responsible for the supervision  
523 of the home health aide and certified nursing assistant as  
524 stated in this section.

525 (b) Supervision.-If a patient receives skilled nursing  
526 care, the registered nurse shall perform the supervisory visit.  
527 If the patient is not receiving skilled nursing care but is  
528 receiving physical therapy, occupational therapy, or speech-  
529 language pathology services, the appropriate therapist may  
530 provide the supervision. A registered nurse or other  
531 professional must make an onsite visit to the patient's home at  
532 least once every 2 weeks. The visit is not required while the



533 aide is providing care.

534 (c) Supervisory visits.--If home health aide services are  
 535 provided to a patient who is not receiving skilled nursing care,  
 536 physical or occupational therapy, or speech-language pathology  
 537 services, a registered nurse must make a supervisory visit to  
 538 the patient's home at least once every 60 days, unless the home  
 539 health agency providing the home health aide services is not  
 540 Medicare-certified or Medicaid-certified and does not provide  
 541 skilled care, either directly or through contracts. The  
 542 registered nurse shall ensure that the aide is properly caring  
 543 for the patient and each supervisory visit must occur while the  
 544 home health aide is providing patient care. In addition to the  
 545 requirements in this subsection, a home health agency shall  
 546 arrange for additional supervisory visits by a registered nurse  
 547 to the home of a patient receiving home health aide services in  
 548 accordance with the patient's direction, approval, and agreement  
 549 to pay the charge for the visits.

550 (10)-(7) Home health agency personnel may withhold or  
 551 withdraw cardiopulmonary resuscitation if presented with an  
 552 order not to resuscitate executed pursuant to s. 401.45. The  
 553 agency shall adopt rules providing for the implementation of  
 554 such orders. Home health personnel and agencies shall not be  
 555 subject to criminal prosecution or civil liability, nor be  
 556 considered to have engaged in negligent or unprofessional  
 557 conduct, for withholding or withdrawing cardiopulmonary  
 558 resuscitation pursuant to such an order and rules adopted by the  
 559 agency.

560 Section 11. Subsection (11) of section 408.802, Florida

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561 Statutes, is repealed.

562 Section 12. Paragraphs (e), (f), and (g) of subsection  
 563 (15) of section 409.912, Florida Statutes, are repealed.

564 Section 13. Subsection (2) of section 429.12, Florida  
 565 Statutes, is repealed.

566 Section 14. Subsection (5) of section 429.23, Florida  
 567 Statutes, is repealed.

568 Section 15. Paragraph (a) of subsection (2) of section  
 569 429.911, Florida Statutes, is repealed.

570 Section 16. Dental workforce survey.-

571 (1) Beginning in 2012, each person who applies for  
 572 licensure renewal as a dentist or dental hygienist under chapter  
 573 466, Florida Statutes, must, in conjunction with the renewal of  
 574 such license under procedures and forms adopted by the Board of  
 575 Dentistry and in addition to any other information that may be  
 576 required from the applicant, furnish the following information  
 577 to the Department of Health, working in conjunction with the  
 578 board, in a dental workforce survey:

579 (a) Licensee information, including, but not limited to:

580 1. The name of the dental school or dental hygiene program  
 581 that the dentist or dental hygienist graduated from and the year  
 582 of graduation.

583 2. The year that the dentist or dental hygienist began  
 584 practicing or working in this state.

585 3. The geographic location of the dentist's or dental  
 586 hygienist's practice or address within the state.

587 4. For a dentist in private practice:

588 a. The number of full-time dental hygienists employed by

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- 589 the dentist during the reporting period.
- 590 b. The number of full-time dental assistants employed by
- 591 the dentist during the reporting period.
- 592 c. The average number of patients treated per week by the
- 593 dentist during the reporting period.
- 594 d. The settings where the dental care was delivered.
- 595 5. Anticipated plans of the dentist to change the status
- 596 of his or her license or practice.
- 597 6. The dentist's areas of specialty or certification.
- 598 7. The year that the dentist completed a specialty program
- 599 recognized by the American Dental Association.
- 600 8. For a hygienist:
- 601 a. The average number of patients treated per week by the
- 602 hygienist during the reporting period.
- 603 b. The settings where the dental care was delivered.
- 604 9. The dentist's memberships in professional
- 605 organizations.
- 606 10. The number of pro bono hours provided by the dentist
- 607 or dental hygienist during the last biennium.
- 608 (b) Information concerning the availability and trends
- 609 relating to critically needed services, including, but not
- 610 limited to, the following types of care provided by the dentist
- 611 or dental hygienist:
- 612 1. Dental care to children having special needs.
- 613 2. Geriatric dental care.
- 614 3. Dental services in emergency departments.
- 615 4. Medicaid services.
- 616 5. Other critically needed specialty areas, as determined

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617 by the advisory body.

618 (2) In addition to the completed survey, the dentist or  
 619 dental hygienist must submit a statement that the information  
 620 provided is true and accurate to the best of his or her  
 621 knowledge and belief.

622 (3) Beginning in 2012, renewal of a license by a dentist  
 623 or dental hygienist licensed under chapter 466, Florida  
 624 Statutes, is not contingent upon the completion and submission  
 625 of the dental workforce survey; however, for any subsequent  
 626 license renewal, the board may not renew the license of any  
 627 dentist or dental hygienist until the survey required under this  
 628 section is completed and submitted by the licensee.

629 (4) (a) Beginning in 2012, the Board of Dentistry shall  
 630 issue a nondisciplinary citation to any dentist or dental  
 631 hygienist licensed under chapter 466, Florida Statutes, who  
 632 fails to complete the survey within 90 days after the renewal of  
 633 his or her license to practice as a dentist or dental hygienist.

634 (b) The citation must notify a dentist or dental hygienist  
 635 who fails to complete the survey required by this section that  
 636 his or her license will not be renewed for any subsequent  
 637 license renewal unless the dentist or dental hygienist completes  
 638 the survey.

639 (c) In conjunction with issuing the license renewal notice  
 640 required by s. 456.038, Florida Statutes, the board shall notify  
 641 each dentist or dental hygienist licensed under chapter 466,  
 642 Florida Statutes, who fails to complete the survey that the  
 643 survey must be completed before the subsequent license renewal.

644 Section 17. (1) The Department of Health shall serve as

645 the coordinating body for the purpose of collecting and  
 646 regularly updating and disseminating dental workforce data. The  
 647 department shall work with multiple stakeholders, including the  
 648 Florida Dental Association and the Florida Dental Hygiene  
 649 Association, to assess and share with all communities of  
 650 interest all data collected in a timely fashion.

651 (2) The Department of Health shall maintain a current  
 652 database to serve as a statewide source of data concerning the  
 653 dental workforce. The department, in conjunction with the Board  
 654 of Dentistry, shall also:

655 (a) Develop strategies to maximize federal and state  
 656 programs that provide incentives for dentists to practice in  
 657 shortage areas that are federally designated. Strategies shall  
 658 include programs such as the Florida Health Services Corps  
 659 established under s. 381.0302, Florida Statutes.

660 (b) Work in conjunction with an advisory body to address  
 661 matters relating to the state's dental workforce. The advisory  
 662 body shall provide input on developing questions for the dentist  
 663 workforce survey. The advisory body shall include, but need not  
 664 be limited to, the State Surgeon General or his or her designee,  
 665 the dean of each dental school accredited in the United States  
 666 and based in this state or his or her designee, a representative  
 667 from the Florida Dental Association, a representative from the  
 668 Florida Dental Hygiene Association, a representative from the  
 669 Board of Dentistry, and a dentist from each of the dental  
 670 specialties recognized by the American Dental Association's  
 671 Commission on Dental Accreditation. Members of the advisory body  
 672 shall serve without compensation.

673 (c) Act as a clearinghouse for collecting and  
 674 disseminating information concerning the dental workforce.

675 (3) The Department of Health and the Board of Dentistry  
 676 shall adopt rules necessary to administer this section.

677 Section 18. It is the intent of the Legislature that the  
 678 Department of Health and the Board of Dentistry implement the  
 679 provisions of sections 16 through 20 of this act within existing  
 680 resources.

681 Section 19. Paragraph (t) of subsection (2) of section  
 682 499.01, Florida Statutes, is amended to read:

683 499.01 Permits.—

684 (2) The following permits are established:

685 (t) Health care clinic establishment permit.—Effective  
 686 January 1, 2009, a health care clinic establishment permit is  
 687 required for the purchase of a prescription drug by a place of  
 688 business at one general physical location that provides health  
 689 care or veterinary services, which is owned and operated by a  
 690 business entity that has been issued a federal employer tax  
 691 identification number. For the purpose of this paragraph, the  
 692 term "qualifying practitioner" means a licensed health care  
 693 practitioner defined in s. 456.001, or a veterinarian licensed  
 694 under chapter 474, who is authorized under the appropriate  
 695 practice act to prescribe and administer a prescription drug.

696 1. An establishment must provide, as part of the  
 697 application required under s. 499.012, designation of a  
 698 qualifying practitioner who will be responsible for complying  
 699 with all legal and regulatory requirements related to the  
 700 purchase, recordkeeping, storage, and handling of the

701 prescription drugs. In addition, the designated qualifying  
 702 practitioner shall be the practitioner whose name, establishment  
 703 address, and license number is used on all distribution  
 704 documents for prescription drugs purchased or returned by the  
 705 health care clinic establishment. Upon initial appointment of a  
 706 qualifying practitioner, the qualifying practitioner and the  
 707 health care clinic establishment shall notify the department on  
 708 a form furnished by the department within 10 days after such  
 709 employment. In addition, the qualifying practitioner and health  
 710 care clinic establishment shall notify the department within 10  
 711 days after any subsequent change.

712 2. The health care clinic establishment must employ a  
 713 qualifying practitioner at each establishment.

714 3. In addition to the remedies and penalties provided in  
 715 this part, a violation of this chapter by the health care clinic  
 716 establishment or qualifying practitioner constitutes grounds for  
 717 discipline of the qualifying practitioner by the appropriate  
 718 regulatory board.

719 4. The purchase of prescription drugs by the health care  
 720 clinic establishment is prohibited during any period of time  
 721 when the establishment does not comply with this paragraph.

722 5. A health care clinic establishment permit is not a  
 723 pharmacy permit or otherwise subject to chapter 465. A health  
 724 care clinic establishment that meets the criteria of a modified  
 725 Class II institutional pharmacy under s. 465.019 is not eligible  
 726 to be permitted under this paragraph.

727 6. This paragraph does not apply to the purchase of a  
 728 prescription drug by a licensed practitioner under his or her

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729 | license. A professional corporation or limited liability company  
 730 | composed of dentists and operating as authorized in s. 466.0285  
 731 | may pay for prescription drugs obtained by a practitioner  
 732 | licensed under chapter 466, and the licensed practitioner is  
 733 | deemed the purchaser and owner of the prescription drugs.

734 | Section 20. Paragraph (a) of subsection (6) of section  
 735 | 624.91, Florida Statutes, is amended to read:

736 | 624.91 The Florida Healthy Kids Corporation Act.—

737 | (6) BOARD OF DIRECTORS.—

738 | (a) The Florida Healthy Kids Corporation shall operate  
 739 | subject to the supervision and approval of a board of directors  
 740 | chaired by the Chief Financial Officer or her or his designee,  
 741 | and composed of 12 ~~11~~ other members selected for 3-year terms of  
 742 | office as follows:

743 | 1. The Secretary of Health Care Administration, or his or  
 744 | her designee.

745 | 2. One member appointed by the Commissioner of Education  
 746 | from the Office of School Health Programs of the Florida  
 747 | Department of Education.

748 | 3. One member appointed by the Chief Financial Officer  
 749 | from among three members nominated by the Florida Pediatric  
 750 | Society.

751 | 4. One member, appointed by the Governor, who represents  
 752 | the Children's Medical Services Program.

753 | 5. One member appointed by the Chief Financial Officer  
 754 | from among three members nominated by the Florida Hospital  
 755 | Association.

756 | 6. One member, appointed by the Governor, who is an expert



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757 | on child health policy.

758 |         7. One member, appointed by the Chief Financial Officer,  
759 | from among three members nominated by the Florida Academy of  
760 | Family Physicians.

761 |         8. One member, appointed by the Governor, who represents  
762 | the state Medicaid program.

763 |         9. One member, appointed by the Chief Financial Officer,  
764 | from among three members nominated by the Florida Association of  
765 | Counties.

766 |         10. The State Health Officer or her or his designee.

767 |         11. The Secretary of Children and Family Services, or his  
768 | or her designee.

769 |         12. One member, appointed by the Governor, from among  
770 | three members nominated by the Florida Dental Association.

771 |         Section 21. This act shall take effect July 1, 2010.