

# Healthcare Council

Tuesday, April 10, 2007 9:00 AM Morris Hall

**Action Packet** 

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# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 2 (for drafter's use only)

Bill No. 877

### COUNCIL/COMMITTEE ACTION

ADOPTED	(Y/N) (Y/N)
ADOPTED AS AMENDED	<u>į∕</u> (Y/N)
ADOPTED W/O OBJECTION	(Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Healthcare Council Representative(s) Homan offered the following:

### Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 381.4018, Florida Statutes, is created to read:

381.4018 Office of Physician Workforce Assessment and Development.--

(1) LEGISLATIVE INTENT.--The Legislature recognizes that physician workforce planning is an essential component in ensuring that there is an adequate and appropriate supply of well-trained physicians to meet the state's future healthcare service needs as both the general population and elderly population of the state increase. The Legislature finds that issues to consider relative to the assessment of physician workforce need may include physician practice status; specialty mix; geographic distribution; demographic information, including, but not limited to, age, gender, race, and cultural considerations; and meeting the needs of current or projected medically underserved areas in the state. Long-term strategic planning is essential, as the period of time from the time of

- (2) CREATION; PURPOSE.--The Office of Physician Workforce
  Assessment and Development is created in the Department of
  Health and shall serve as a coordinating and strategic planning
  body to actively assess the state's current and future physician
  workforce needs and shall work with multiple stakeholders to
  develop strategies and alternatives to address the state's
  current and projected physician workforce needs.
- Assessment and Development shall maximize the utilization of existing programs under the jurisdiction of the department and other state agencies; coordinate among governmental and nongovernmental stakeholders and resources to determine a state strategic plan; and assess implementation of such strategic plan to:
- (a) Monitor, evaluate, and report on the supply and distribution of physicians licensed under chapters 458 and 459.

  The department shall maintain a database to serve as the official statewide source of valid, objective, and reliable data on the physician workforce.
- (b) Develop a model and quantify, on an ongoing basis, the adequacy of the state's current and future physician workforce,

education.

- (c) Develop and recommend strategies to determine whether availability of qualified state medical school applicants who might become competent practicing physicians in the state will be sufficient to meet medical school capacity of the state's medical schools. If appropriate, the Office of Physician Workforce Assessment and Development, working with representatives of appropriate governmental and nongovernmental entities, shall develop strategies and recommendations and identify best-practice programs that introduce health care as a profession and strengthen skills needed for medical school admission for elementary, middle, and high school students, and improve premedical education at the K-12 and college level to increase the state's potential pool of medical students.
- (d) Assess strategies to ensure that graduates from the state's public and private allopathic and osteopathic medical schools are adequate to meet physician workforce needs, based on the analysis of the physician workforce data, and strategies to ensure that the state's medical schools are adequately funded to provide a high quality medical education to students in a manner that recognizes the uniqueness of each of the state's new and existing medical schools.
- (e) Pursue strategies and policies to create, expand, and maintain graduate medical education positions in the state, based on the analysis of the physician workforce data. Such strategies and policies shall consider the impact of federal

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES
Amendment No. 2 (for drafter's use only)

funding limitations on the expansion and creation of graduate medical education positions and shall develop options to address such federal funding limitations. Options to provide direct state funding for graduate medical education positions shall be considered in a manner that addresses requirements and needs relative to accreditation of graduate medical education programs. Funding for residency positions should be targeted to address needed physician specialty areas, rural and physician shortage areas, areas of ongoing critical need, and otherwise address the physician workforce needs of the state, based on the analysis of ongoing physician workforce data.

- (f) Develop strategies to maximize federal and state programs that provide for the use of incentives to attract physicians to the state or retain physicians in the state in order to meet the state's physician workforce needs. Such strategies should explore and maximize federal-state partnerships available to provide for incentives for physicians to practice in federally designated shortage areas. Strategies shall also consider the use of state programs, such as the Florida Health Service Corps established pursuant to s. 381.0302 and the Medical Education Reimbursement and Loan Repayment Program pursuant to s. 1009.65, that provide for education loan repayment or loan forgiveness to provide physicians monetary incentives to relocate to underserved areas of the state.
- (g) Coordinate and enhance activities relative to physician workforce needs, undergraduate medical education, and graduate medical education provided by the Division of Medical Quality Assurance, the Community Hospital Education Program and the Graduate Medical Education Committee established pursuant to s. 381.0403, the area health education center network established

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- (h) Monitor, evaluate and quantify, on an ongoing basis, the availability of critical physician services statewide and by geographic area. Such critical physician services shall include, but are not limited to, availability of and trends relating to obstetric care and services, particularly delivery of babies; radiological services, particularly performance of mammograms and breast-imaging services; physician specialty services for hospital emergency departments and trauma centers; and additional items as may be determined by the department.
- (i) Work in conjunction with and act as a coordinating body for governmental and nongovernmental stakeholders to develop strategies and recommendations regarding assessment and development of Florida's physician workforce. The Office of Physician Workforce Assessment and Development must report its findings to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1 of each year. The report shall include, at a minimum, a description of the status of each item in this section, recommendations of strategies needed to address each item, assessment of the implementation of previous recommendations, and recommendations relative to other alternative strategies or matters deemed important by the department to ensure that Florida has an adequate supply of well-trained physicians to meet the state's future health care needs. Stakeholders that may serve as resources may include, but are not limited to, the secretaries or designees of the Department of Health, Department of Education, and Agency for Healthcare Administration; the Chancellor or designee of the Board of Governors; and, at the discretion of the department, other representatives of state and

- (j) Serve as a state liaison with other states and federal agencies and programs to enhance resources available to the state's physician workforce and medical education continuum.
- (k) Act as a clearinghouse for collecting and disseminating information regarding physician workforce and medical education continuum issues in the state.
- (4) DATA COLLECTION.--In order to collect the physician workforce data described in subsection (3), the department must develop a physician workforce survey instrument that must be provided to each person who applies for licensure renewal as a physician under chapter 458 or chapter 459 in conjunction with the renewal of such license, under procedures adopted by the department. Completion of the physician workforce survey instrument shall be voluntary.

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# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 1a (for drafter's use only)

Bill No. 877

COUNCIL/COMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	<u>/</u> (Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	
Council/Committee hear	ing bill: Healthcare
Representative(s) Bean	offered the following:
	·
Amendment to Amen	dment (strike-all) by Representative Homan
(with title amendment)	
Remove line 180 a	nd insert:
Section 2. This	act shall take effect only if a specific
appropriation is made	in the General Appropriations Act for
fiscal year 2007-2008.	
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Remove line(s) 19	1 and insert:
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Amendment No. 1 (for drafter's use only)

		Bill No.	877	
COUNCIL/COMMITTEE	ACTION			
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ADOPTED AS AMENDED	(Y/N)			
ADOPTED W/O OBJECTION	(Y/N)			
FAILED TO ADOPT	(Y/N)			
WITHDRAWN	(Y/N)			
OTHER				
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Council/Committee hear:	ing bill: Healthcare Council			
Committee on Health Qua	ality offered the following:			
Amendment				
Remove line 116 ar	nd insert:			
graduate medical education provided by the Division of Medical				

This amendment was adopted in HQ on 03/13/07 and is traveling with the bill and requires no further action. However, the new strike all will supercede the traveling amendment which is encompassed in the strike all.

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Amendment No. 1(for drafter's use only)

		Bill No.	0889
COUNCIL/COMMITTEE	ACTION		
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ADOPTED AS AMENDED	( <i>Y</i> /N)		
ADOPTED W/O OBJECTION	<u> </u>		
FAILED TO ADOPT	(Y/N)		
WITHDRAWN	(Y/N)		
OTHER			
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Council/Committee heari	ng bill: Healthcare Council		
Representative(s) Harre	ll offered the following:		
Amendment			
Remove line(s) 20	and insert:		
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Amendment No (1	Bill No. HB 977
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	
Council/Committee heari	ing bill: Healthcare Council
The Committee on Health	Innovation offered the following:
	act shall take effect July 1, 2007, only
<del>-</del>	the pilot program is made in the General
Appropriations Act for	
Appropriations Act for	listai year 2007 2000.
	LE AMENDMENT ========
Remove line(s) 12	and insert:
providing an appropriat	tion; providing a contingent effective
date.	

This amendment was adopted in HI on 03/20/07 and is traveling with the bill and requires no further action.

Amendment No. 2 (for drafter's use only)

Bill No. HB 977

#### 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

Council/Committee hearing bill: Healthcare Council Representative(s) Galvano offered the following:

Amendment (with directory and title amendments)

Remove line(s) 39-42 and insert:

Section 2. The sum of \$3.5 million is appropriated from the General Revenue Fund to the Agency for Health Care

Administration for the purpose of implementing this act during the 2007-2008 fiscal year. Of the funds provided, the sum of \$2.3 million shall be used for programs in Orange and Pasco counties, and \$1.2 million shall be used for programs in Manatee, Sarasota and DeSoto counties.

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Bill No. HB 977

### COUNCIL/COMMITTEE ACTION

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

OTHER \_\_\_\_

Council/Committee hearing bill: Healthcare Council Representative(s) Galvano offered the following:

Amendment (with directory and title amendments)

Remove line(s) 25 and insert:

and Pasco Counties, and a 1 year pilot program in Manatee,

Sarasota, and DeSoto counties to offer health care services

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Amendment No. \_\_4\_ (for drafter's use only)

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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
Council/Committee hearing bill: Healthcare Council
Representative(s) Galvano offered the following:
Amendment (with directory and title amendments)  Remove line(s) 43 and insert:  Section 3. This act shall take effect July 1, 2007, only
if a specific appropriation to the Agency for Health Care
Administration is made in the General Appropriations Act for
fiscal year 2007-2008.
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providing an appropriation; providing a contingent effective date.

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Council/Committee: Health as Bill Number: HB 1065  Meeting Date: 4100 Date Received: Date Reported: Subject: Subject:										
Council/Committee Action:    Favorable										
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Amendment No. (for drafter's use only)

Bill No. HB 1065

#### COUNCIL/COMMITTEE ACTION

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

Council/Committee hearing bill: Healthcare Council Representative(s) Flores offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 381.99, Florida Statutes, is created to read:

- 381.99 Florida Hope Offered through Principled, Ethically Sound Stem Cell Research Act.--
- (1) SHORT TITLE.--This section may be cited as the "Florida Hope Offered through Principled, Ethically Sound Stem Cell Research Act."
  - (2) DEFINITIONS. -- As used in this section, the term:
- (a) "Adult stem cell" means a cell found within differentiated tissue or an organ that can renew itself and give rise to the major cell types of the tissue or organ. This includes cells from the fetal to adult stages of development, including bone marrow.
- (b) "Amniotic stem cell" means a stem cell extracted from human amniotic fluid.
- (c) "Cord blood stem cell" means a stem cell extracted from the umbilical cord.

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- (d) "Placental stem cell" means a stem cell extracted from 23 the placenta.
  - (e) "Embryonic stem cell" means a stem cell obtained from the undifferentiated inner mass of an early stage embryo.
  - (f) "Stem cell" means a cell that can renew itself and retains the potential to generate some or all other cell types.
  - (3) STEM CELL RESEARCH AND ETHICS ADVISORY COUNCIL.—There is created the Stem Cell Research and Ethics Advisory Council within the Department of Health.
  - (a) 1. The advisory council shall consist of the Secretary of Health or his or her designee, who shall act as chair, and six additional members, who shall be appointed as follows:
  - a. Two persons appointed by the Governor, one of whom shall be an academic researcher in the field of stem cell research and one of whom shall have a background in bioethics.
  - b. One person appointed by the President of the Senate, who shall have a background in private-sector stem cell funding and development or public-sector biomedical research and funding.
  - c. One person appointed by the Speaker of the House of Representatives, who shall have a background in private-sector stem cell funding and development or public-sector biomedical research and funding.
  - d. One person appointed by the President of the Senate, who shall have a background and experience in either publicsector or private-sector stem cell research and development.
  - e. One person appointed by the Speaker of the House of Representatives, who shall be an executive of a biotech company, or his or her designee.
  - 2. All members must demonstrate knowledge and understanding of the ethical, medical, and scientific

Amendment No. (for drafter's use only)

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implications of stem cell research. Each member shall serve a term of 2 years commencing on July 15, 2007. No member shall serve for more than two consecutive 2-year terms; however, for the purpose of providing staggered terms, of the initial appointments, three members shall be appointed to a 1-year term and three members shall be appointed to a 2-year term. Any vacancy on the advisory council shall be filled in the same manner as the original appointment. All initial appointments shall be made by July 15, 2007. The first meeting shall take place no later than August 15, 2007. All meetings are subject to the call of the chair. Members shall meet at least twice a year or as often as necessary to discharge their duties but shall have no more than four meetings during any 12-month period. Members shall serve without compensation but may be reimbursed for per diem and travel expenses in accordance with s. 112.061.

- (b) The advisory council shall:
- 1. Develop a donated funds program for recommendation to the Secretary of Health to encourage the development of funds other than state appropriations for human adult, amniotic, cord blood and placental stem cell research in the state.
- 2. Examine and identify specific ways to improve and promote for-profit and not-for-profit human adult, amniotic, cord blood and placental stem cell and related research in the state, including, but not limited to, identifying both public and private funding sources for such research, maintaining existing human adult, amniotic, cord blood and placental stem cell-related businesses, recruiting new human adult, amniotic, cord blood and placental stem cell-related businesses to the state, and recruiting scientists and researchers in such fields to the state and state universities.

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- 3. Develop a biomedical research grant program for recommendation to the Secretary of Health that shall provide grants-in-aid to eliqible state institutions for the advancement of human adult, amniotic, cord blood and placental stem cell research.
- 4. Develop, no later than September 15, 2007, an application for grants-in-aid under this section for recommendation to the Secretary of Health for the purpose of conducting human adult, amniotic, cord blood and placental stem cell research.
- 5. Review applications from eligible institutions for grants-in-aid on and after September 15, 2007, and provide to the Secretary of Health recommendations for grant awards.
- 6. Review the stem cell research conducted by eligible institutions that receive such grants-in-aid.
- 7. The advisory council shall review all stem cell research that is funded or supported in any manner through the Biomedical Research Trust Fund to ensure the adherence to ethical and safety quidelines and procedures as set forth by federal ethical standards established by the United States Department of Health and Human Services.
- The advisory council shall submit an annual progress report on the status of biomedical research in the state to the Florida Center for Universal Research to Eradicate Disease and to the Governor, the Secretary of Health, the President of the Senate, and the Speaker of the House of Representatives by June 30. The report must include:
- 1. The amount of grants-in-aid awarded to eliqible institutions from the Biomedical Research Trust Fund.
  - 2. The names of the recipients of such grants-in-aid.

- 3. The current status and progress of stem cell research in the state.
- 4. A list of research projects supported by grants-in-aid awarded under the program.
- 5. A list of publications in peer-reviewed journals involving research supported by grants-in-aid awarded under the program.
- 6. The total amount of biomedical research funding currently flowing into the state.
- 7. New grants for biomedical research that were funded based on research supported by grants-in-aid awarded under the program.
- 8. All other materials the advisory council deems advisable to include.
- (d) Advisory council members shall disclose any conflict of interest or potential conflict of interest to the Secretary of Health.
- (e) The Department of Health shall provide administrative staff to assist the advisory council in developing the application for the grants-in-aid, reviewing the applications, preparing the written consent form described in paragraph (5)(b), and performing other administrative functions as the advisory council requires.
  - (4) BIOMEDICAL RESEARCH TRUST FUND AND GRANTS-IN-AID. --
- (a) The Secretary of Health shall make grants-in-aid from the Biomedical Research Trust Fund in accordance with the provisions of this section.
- (b) The Department of Health shall require any applicant for a grant-in-aid under this section, for the purpose of conducting stem cell research, to submit a complete description of the applicant's organization, the applicant's plans for stem

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cell research, the applicant's proposed funding for such
research from sources other than the state, and the applicant's
proposed arrangements concerning financial benefits to the state
as a result of any patent, royalty payment, or similar right
resulting from any stem cell research made possible by the
awarding of the grant-in-aid. The Stem Cell Research and Ethics
Advisory Council shall provide recommendations to the Secretary

of Health with respect to the awarding such grants-in-aid.

- (c) Beginning with the 2007-2008 fiscal year, and for 10 consecutive years thereafter, not less than \$20 million shall be made available annually from the Biomedical Research Trust Fund within the Department of Health for grants-in-aid to eligible institutions for the purpose of conducting adult, amniotic, cord blood, and placental stem cell research pursuant to this section. Any unexpended funds not used for grants-in-aid during the current fiscal year shall be carried forward for the following fiscal year to fund the grants-in-aid.
  - (5) USE OF FUNDS; REQUIREMENTS AND RESTRICTIONS. --
- (a) Funds provided under this section may only be used for research involving:
- 1. Human adult stem cells. Funding for research may be given for human adult stem cells derived from postmortem tissues, other than from medically induced abortions. Funds may be used for studies of human adult stem cells obtained from either normal or transformed tissues.
- 2. Amniotic stem cells extracted from human amniotic fluid that are otherwise discarded after birth.
- 3. Cord blood stem cells extracted from a human umbilical cord that are otherwise discarded after birth.
- 4. Placental stem cells extracted from the placenta that are otherwise discarded after birth.

- (b) Adult, amniotic, cord blood and placental stem cell material may only be donated for research purposes with the informed consent of the donor.
- (c) No funds shall be used for research with human embryonic stem cells that are derived by a process entailing the donor embryo's death or destruction.
- (d) Funds provided under this section may only be used for research that is conducted in facilities located in Florida.
- (6) CONTINUING APPROPRIATION.--Beginning in fiscal year 2007-2008, the sum of \$20 million is appropriated annually from recurring funds in the General Revenue Fund to the Biomedical Research Trust Fund within the Department of Health for the purpose of carrying out the provisions of this section. The amount of funds appropriated shall not exceed \$200 million for the 10-year period beginning in fiscal year 2007-2008 and ending in fiscal year 2016-2017.
- Section 2. Paragraph (h) of subsection (1) of section 20.435, Florida Statutes, is amended to read:
  - 20.435 Department of Health; trust funds.--
- (1) The following trust funds are hereby created, to be administered by the Department of Health:
  - (h) Biomedical Research Trust Fund.
- 1. Funds to be credited to the trust fund shall consist of funds deposited pursuant to ss. s. 215.5601, 288.955, and 381.99 and any other funds appropriated by the Legislature. Funds shall be used for the purposes of the James and Esther King Biomedical Research Program, and the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program, and the Florida Hope Offered through Principled, Ethically Sound Stem Cell Research Act as specified in ss. 215.5602, 288.955, and 381.922, and

207 <u>381.99</u>. The trust fund is exempt from the service charges imposed by s. 215.20.

- 2. Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year shall remain in the trust fund at the end of the year and shall be available for carrying out the purposes of the trust fund. The department may invest these funds independently through the Chief Financial Officer or may negotiate a trust agreement with the State Board of Administration for the investment management of any balance in the trust fund.
- 3. Notwithstanding s. 216.301 and pursuant to s. 216.351, any balance of any appropriation from the Biomedical Research Trust Fund which is not disbursed but which is obligated pursuant to contract or committed to be expended may be carried forward for up to 3 years following the effective date of the original appropriation.
- 4. The trust fund shall, unless terminated sooner, be terminated on July 1, 2008.
- Section 3. Subsection (1) of section 381.86, Florida Statutes, is amended to read:
  - 381.86 Institutional Review Board.-
- (1) The Institutional Review Board is created within the Department of Health in order to satisfy federal requirements under 45 C.F.R. part 46 and 21 C.F.R. parts 50 and 56 that an institutional review board review all biomedical and behavioral research on human subjects which is funded or supported in any manner by the department, except that a separate Stem Cell Research and Ethics Advisory Council shall be appointed under s. 381.99.

	HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES
	Amendment No. (for drafter's use only)
37	Section 4. (1) The Department of Health shall prepare an
238	educational publication that includes objective information
239	regarding:
240	(a) The medical processes involved in the collection of
241	umbilical cord blood;
242	(b) The medical risks to the mother and her newborn child
243	of umbilical cord blood collection;
244	(c) The options available to a mother relating to stem
245	cells that are contained in the umbilical cord blood after the
246	delivery of her newborn, including:
247	1. Discarding the stem cells;
248	2. Donating the stem cells to a public umbilical cord blood
249	bank;
250	3. Storing the stem cells in a family or private umbilical
251	cord blood bank for use by family members; or
52	4. Storing the stem cells for family use through a family
253	or sibling donor banking program that provides free collection,
254	processing, and storage where there is a medical need;
255	(d) The current and potential future medical uses, risks,
256	and benefits of umbilical cord blood collection to a mother, her
257	newborn child, and her biological family;
258	(e) The current and potential future medical uses, risks,
259	and benefits of umbilical cord blood collection to persons who
260	are not biologically related to a mother or her newborn child;
261	(f) Any costs that may be incurred by a pregnant woman who
262	chooses to make an umbilical cord blood donation;
263	(g) Options for ownership and future use of the donated
264	<pre>material; and</pre>
265	(h) The average cost of public and private umbilical cord
266	blood banking.

(2) The department shall update the publication as

Amendment No. (for drafter's use only)

### necessary.

- (3) The department shall distribute the pamphlet free of charge to physicians and health care institutions on request and shall make the pamphlet available on its web site in printable format.
- (4) The department shall encourage health and maternal care professionals providing health care services to a pregnant woman, when those health care services are directly related to her pregnancy, to provide the pregnant woman with the publication by the end of her second trimester.

Section 5. This act shall take effect July 1, 2007.

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Remove the entire title and insert:

A bill to be entitled

An act relating to stem cell research; creating s. 381.99, F.S.; providing a short title; providing definitions; creating the Stem Cell Research and Ethics Advisory Council within the Department of Health; providing for membership and terms; providing duties and responsibilities; requiring the Secretary of Health to make grants-in-aid from the Biomedical Research Trust Fund for stem cell research; providing requirements relating to applications for and awards of such grants-in-aid; providing specifications for moneys to be made available from the trust fund for stem cell research grants-in-aid; providing restrictions and requirements for uses of funds from such grants-in-aid; providing an appropriation; amending s. 20.435, F.S.; revising references; amended s. 381.86, F.S.; providing an exception to the Institutional Review Board for Stem Cell Research and Ethics Advisory Council; requiring the Department of Health to prepare and distribute a publication regarding

Amendment No. (for drafter's use only)

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the process, otions, medical uses, risks, and benefits of umbilical cord blood collection; providing an effective date.

Bill No. 1065

### COUNCIL/COMMITTEE ACTION

ADOPTED	(Y/N)
ADOPTED AS AMENDED	X/N)
ADOPTED W/O OBJECTION	<u>/</u> (Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	· ·

Council/Committee hearing bill: Healthcare

Representative(s) Bean offered the following:

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Amendment to Amendment (01 strike-all) by Representative Flores (with title amendment)

Remove line(s) 138-162 and insert:

- (4) BIOMEDICAL RESEARCH TRUST FUND AND GRANTS-IN-AID.-
- The Secretary of Health shall make grants-in-aid from the Biomedical Research Trust Fund in accordance with the provision of this section, subject to a specific appropriation in the General Appropriations Act.
- (b) The Department of Health shall require any applicant for a grant-in-aid under this section, for the purpose of conducting stem cell research, to submit a complete description of the applicant's organization, the applicant's plans for stem cell research, the applicant's proposed funding for such research from sources other than the state, and the applicant's proposed arrangements concerning financial benefits to the state as a result of any patent, royalty payment, or similar right resulting from any stem cell research made possible by the awarding of the grant-in-aid. The Stem Cell Research and Ethics Advisory Council shall provide recommendation to the Secretary of Health with respect to the as warding such grants-in-aid.

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 1a (for drafter's use only)

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25	======================================
26	Remove line 289 and insert:
27	Trust Fund for stem cell research subject to a specific
28	appropriation in the General Appropriations Act; providing
29	requirements

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 2a (for drafter's use only)

Bill No. 1065

COUNCIL/COMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	
Council/Committee heari	ng bill: Healthcare
Representative(s) Bean	
Amendment to Amend	ment (01 strike-all) by Representative
Flores (with title amen	dment)
Remove line(s) 185	-192.
====== T I T	L E A M E N D M E N T ========
Remove line(s) 294	and insert:
grants-in-aid ame	nding g 20 425

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 3a (for drafter's use only)

Bill No. 1065

COUNCIL/COMMITTEE ACTION				
ADOPTED (Y/N)				
ADOPTED AS AMENDED(Y/N)				
ADOPTED W/O OBJECTION V (Y/N)				
FAILED TO ADOPT (Y/N)				
WITHDRAWN (Y/N)				
OTHER				
Council/Committee hearing bill: Healthcare				
Representative(s) Bean offered the following:				
Amendment to Amendment (01 strike-all) by Representative				
Flores (with title amendments)				
Insert before the period at the end of line 69:				
, subject to a specific appropriation in the General				
Appropriations Act				
========= T I T L E A M E N D M E N T ========				
Remove line(s) 287 and insert:				
providing duties and responsibilities; providing per diem				
and travel expenses, subject to a specific appropriation;				
providing requirements				

### HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 4a (for drafter's use only)

Bill No. 1065

)	COUNCIL/COMMITTEE ACTION
	ADOPTED (Y/N)
	ADOPTED AS AMENDED (Y/N)
	ADOPTED W/O OBJECTION $\sqrt{(Y/N)}$
	FAILED TO ADOPT (Y/N)
	WITHDRAWN (Y/N)
	OTHER
1	Council/Committee hearing bill: Healthcare
2	Representative(s) Bean offered the following:
3	Zaxoto
4	Amendment to Amendment (01 strike-all) by Representative
5	Flores (with title amendments)
6	Remove line 238 and insert:
7	Educational publication, subject to a specific
8	appropriation in the General Appropriations Act, that includes
9	objective information
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12	========== T I T L E A M E N D M E N T ==========
13	Remove line(s) 298 and insert:
14	Health to prepare and distribute, subject to a specific
15	appropriation, a publication regarding the process,

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Amendment No. (for drafter's use only)

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Bill No. 1065

### 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

Council/Committee hearing bill: Healthcare Council Representative(s) Ausley, Taylor, and Skidmore offered the following:

Substitute Amendment for Amendment (1) by Representative Flores

Remove line(s) 180-182.

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## HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

Bill No. 1065

### 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)

Ruled out of

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OTHER

Council/Committee hearing bill: Healthcare Council Representative(s) Sands offered the following:

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Remove everything after the enacting clause and insert: Section 1. Paragraph (h) of subsection (1) of section

20.435 Department of Health; trust funds.--

- (1) The following trust funds are hereby created, to be administered by the Department of Health:
  - (h) Biomedical Research Trust Fund.

20.435, Florida Statutes, is amended to read:

Amendment (with title amendment)

1. Funds to be credited to the trust fund shall consist of funds deposited pursuant to <u>ss. s.</u> 215.5601, <u>288.955</u>, <u>and</u>

381.99, and any other funds appropriated by the Legislature.

Funds shall be used for the purposes of the James and Esther King Biomedical Research Program, <u>and</u> the William G. "Bill"

Bankhead, Jr., and David Coley Cancer Research Program, <u>and the Florida Better Quality of Life and Biomedical Research Act as specified in ss. 215.5602, 288.955, <u>and 381.922</u>, <u>and 381.999</u>. The trust fund is exempt from the service charges imposed by s. 215.20.</u>

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2. Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year shall remain in the trust fund at the end of the year and shall be available for carrying out the purposes of the trust fund. The department may invest these funds independently through the Chief Financial Officer or may negotiate a trust agreement with the State Board of Administration for the investment management of any balance in the trust fund.

- 3. Notwithstanding s. 216.301 and pursuant to s. 216.351, any balance of any appropriation from the Biomedical Research Trust Fund which is not disbursed but which is obligated pursuant to contract or committed to be expended may be carried forward for up to 3 years following the effective date of the original appropriation.
- 4. The trust fund shall, unless terminated sooner, be terminated on July 1, 2008.
- Section 2. Subsection (2) of section 381.86, Florida Statutes, is amended to read:
  - 381.86 Institutional Review Board.--
- (2) Consistent with federal requirements, the Secretary of Health shall determine and appoint the membership of the board and designate its chair, except that a separate Stem Cell Research Advisory Council shall be appointed pursuant to s.

  381.99 for the sole purpose of reviewing research funded under that section.
- Section 3. Section 381.99, Florida Statutes, is created to read:
- 381.99 Florida Better Quality of Life and Biomedical Research Act.--

"Florida Better Quality of Life and Biomedical Research Act."

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

SHORT TITLE. -- This section may be cited as the

- (a) "Adult stem cell" means an undifferentiated cell found among differentiated cells in a tissue or an organ that can renew itself and can differentiate to yield the major specialized cell types of the tissue or organ.
- (b) "Amniotic stem cell" means a cell extracted from human amniotic fluid or a placenta.
- (c) "Embryonic stem cell" means a cell obtained from the undifferentiated inner mass of an early stage embryo.
- (d) "Human reproductive cloning" means the practice of creating or attempting to create a human being by transferring the nucleus from a human cell into an egg cell from which the nucleus has been removed for the purpose of implanting the resulting product in a uterus or a substitute for a uterus to initiate a pregnancy.
- (e) "In vitro fertilization" means a technique by which occytes are fertilized by sperm outside of a woman's body resulting in organisms that are not genetically identical to any one existing human.
- (f) "Stem cell" means an undifferentiated cell that retains the potential to differentiate into some or all other cell types.
- (3) STEM CELL RESEARCH ADVISORY COUNCIL. -- There is created the Stem Cell Research Advisory Council.
- (a) The advisory council shall consist of the Secretary of Health or his or her designee, who shall act as chair, and six additional members, who shall be appointed as follows:

shall be an academic researcher in the field of stem cell

funding.

2. One person appointed by the President of the Senate, who shall have a background in private sector stem cell funding and development and public sector biomedical research and

Two persons appointed by the Governor, one of whom

- 3. One person appointed by the Speaker of the House of Representatives, who shall have a background in private sector stem cell funding and development and public sector biomedical research and funding.
- 4. One person appointed by the Minority Leader of the Senate, who shall have a background and experience in either public sector or private sector stem cell research and development.
- 5. One person appointed by the Minority Leader of the House of Representatives, who shall have a background and experience in business and financial investments.

Each member shall serve a term of 2 years commencing on October 1, 2007. No member shall serve for more than two consecutive 2-year terms; however, for the purpose of providing staggered terms, of the initial appointments, three members shall be appointed to a 1-year term and three members shall be appointed to a 2-year term. No member shall serve for more than two consecutive terms. Any vacancy on the council shall be filled in the same manner as the original appointment. All initial appointments must be made by October 1, 2007. The first meeting shall take place no later than November 1, 2007. All meetings are subject to the call of the chair. Members shall meet at least twice a year or as often as necessary to discharge their

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duties but shall have no more than four meetings during any 12month period. Members shall serve without compensation but may be reimbursed for per diem and travel expenses in accordance with s. 112.061.

- (b) The advisory council shall:
- 1. Develop a donated funds program for recommendation to the Secretary of Health to encourage the development of funds other than state appropriations for embryonic, amniotic, and human adult stem cell research in the state.
- 2. Examine and identify specific ways to improve and promote for-profit and not-for-profit embryonic, amniotic, and human adult stem cell and related research in the state, including, but not limited to, identifying both public and private funding sources for such research, maintaining existing embryonic, amniotic, and human adult stem cell related businesses, recruiting new embryonic, amniotic, and human adult stem cell related businesses to the state, and recruiting scientists and researchers in such fields to the state and state universities.
- 3. Develop a biomedical research grant program for recommendation to the Secretary of Health, which shall provide grants-in-aid to eligible institutions for the advancement of embryonic, amniotic, or human adult stem cell research.
- 4. Develop, no later than December 1, 2007, an application for grants-in-aid under this section for recommendation to the Secretary of Health for the purpose of conducting embryonic, amniotic, or human adult stem cell research.
- 5. Review applications from eligible institutions for grants-in-aid on and after December 1, 2007, and provide to the Secretary of Health recommended grant awards.

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- 6. Review the stem cell research conducted by eligible institutions that receive such grants-in-aid.
- The advisory council shall submit an annual progress report on the status of biomedical research in the state to the Florida Center for Universal Research to Eradicate Disease and to the Governor, the Secretary of Health, the President of the Senate, and the Speaker of the House of Representatives by June 30. The report must include:
- 1. The amount of grants-in-aid awarded to eligible institutions from the Biomedical Research Trust Fund.
  - 2. The names of the recipients of such grants-in-aid.
- 3. The current status and progress of stem cell research in the state.
- 4. A list of research projects supported by grants-in-aid awarded under the program.
- 5. A list of publications in peer-reviewed journals involving research supported by grants-in-aid awarded under the program.
- 6. The total amount of biomedical research funding currently flowing into the state.
- 7. New grants for biomedical research that were funded based on research supported by grants-in-aid awarded under the program.
- 8. All other materials the council deems advisable to include.
- (d) Advisory council members shall disclose any conflict of interest or potential conflict of interest to the Secretary of Health.
- (e) The Department of Health shall provide administrative staff to assist the advisory council in developing the application for the grants-in-aid, reviewing the applications,

term. No member shall serve for more than two consecutive terms.

Any vacancy on the council shall be filled in the same manner as

the original appointment. All initial appointments must be made

2-year term and three members shall be appointed to a 4-year

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Amendment No. (for drafter's use only)

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by October 1, 2007. The first meeting shall take place no later than November 1, 2007. All meetings are subject to the call of the chair. Members shall meet at least twice a year or as often as necessary to discharge their duties but shall have no more than one meeting per month during any 12-month period. Members shall serve without compensation but may be reimbursed for per diem and travel expenses in accordance with s. 112.061.

- (b) The council shall review all embryonic, amniotic, or human adult stem cell research that is funded or supported in any manner through the Biomedical Research Trust Fund to ensure the adherence to ethical and safety guidelines and procedures as laid out by federal ethical standards established by the United States Department of Health and Human Services.
  - (5) BIOMEDICAL RESEARCH TRUST FUND AND GRANTS-IN-AID. --
- (a) The Secretary of Health shall make grants-in-aid from the Biomedical Research Trust Fund in accordance with the provisions of this section.
- (b) The Department of Health shall require any applicant for a grant-in-aid under this section, for the purpose of conducting stem cell research, to submit a complete description of the applicant's organization, the applicant's plans for stem cell research, the applicant's proposed funding for such research from sources other than the state, and the applicant's proposed arrangements concerning financial benefits to the state as a result of any patent, royalty payment, or similar right resulting from any stem cell research made possible by the awarding of the grant-in-aid. The Stem Cell Research Advisory Council shall provide recommendations to the Secretary of Health with respect to awarding such grants-in-aid after considering the recommendations of the Biomedical Ethics Advisory Council.

- (c) Beginning with the 2007-2008 fiscal year, and for 10 consecutive years thereafter, not less than \$20 million shall be made available from the Biomedical Research Trust Fund within the Department of Health for grants-in-aid to eligible institutions for the purpose of conducting embryonic, amniotic, or human adult stem cell research pursuant to this section. Up to 15 percent of the funds may be used for administrative costs. Any unexpended funds not used for grants-in-aid during the current fiscal year shall be carried forward for the following fiscal year to fund the grants-in-aid.
- (6) USE OF FUNDS; REQUIREMENTS AND RESTRICTIONS REGARDING DISPOSITION OF HUMAN EMBRYOS FOLLOWING INFERTILITY TREATMENT.--
- (a) Funds provided under this section may only be used for research involving:
- 1. Human adult stem cells, including, but not limited to, adult stem cells derived from umbilical cord blood and bone marrow.
- 2. Human embryonic stem cells taken from donated leftover embryos from in vitro fertilization treatments that would otherwise be thrown away or destroyed.
- 3. Amniotic stem cells extracted from human amniotic fluid or placentas, which are otherwise discarded after birth.
- (b) A physician or other health care provider treating a patient for infertility shall provide the patient with timely, relevant, and appropriate information sufficient to allow the person to make an informed and voluntary choice regarding the disposition of any human embryos that remain following infertility treatment. The person to whom the information is provided:
- 1. Shall be presented with the option of storing any unused embryos remaining after receiving in vitro fertilization,

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donating the remaining embryos to another person, donating the remaining embryos for research purposes, or selecting other means of disposition of the remaining embryos.

- 2. Who elects to donate, for research purposes, any embryos remaining after receiving infertility treatment shall provide written consent for that donation on a consent form provided by the Department of Health and made available to the public on the department's Internet website.
- 3. May not knowingly, for material or financial gain, purchase, sell, or otherwise transfer or obtain, or promote the sale or transfer of, embryonic fetal tissue for research purposes pursuant to this section. Embryonic, amniotic, and adult stem cell material may only be donated for research purposes with the informed consent of the donor. A person who violates any provision of this subparagraph commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
  - (7) HUMAN REPRODUCTIVE CLONING; PROHIBITION; PENALTIES. --
  - (a) It is unlawful for any person to knowingly:
- 1. Perform or attempt to perform human reproductive cloning;
- 2. Participate or assist in an attempt to perform human reproductive cloning; or
- 3. Ship or receive for any purpose an embryo produced by human reproductive cloning or any product derived from such embryo.
- (b) A person who violates any provision of paragraph (a) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (8) CONTINUING APPROPRIATION. -- Beginning in fiscal year 2007-2008, the sum of \$20 million is appropriated annually from

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

recurring funds in the General Revenue Fund to the Biomedical Research Trust Fund within the Department of Health for the purposes of carrying out the provisions of this section. The amount of funds appropriated shall not exceed \$200 million for the 10-year period beginning in fiscal year 2007-2008 and ending in fiscal year 2016-2017.

Section 4. This act shall take effect July 1, 2007.

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Remove the entire title and insert:

An act relating to biomedical research; amending s. 20.435, F.S.; revising uses for funds credited to the Biomedical Research Trust Fund; amending s. 381.86, F.S.; providing that the Institutional Review Board within the Department of Health shall not review certain research within the jurisdiction of the Stem Cell Research Advisory Council; creating s. 381.99, F.S.; creating the Florida Better Quality of Life and Biomedical Research Act; providing a short title; providing definitions; creating the Stem Cell Research Advisory Council; providing for appointment, terms, and duties of members; authorizing reimbursement for per diem and travel expenses; requiring a report; requiring the Department of Health to provide administrative support; creating the Biomedical Ethics Advisory Council to regulate research procedures and enforce ethical guidelines; providing for appointment, terms, and duties of members; authorizing reimbursement for per diem and travel expenses; providing duties of the council; providing for a grants-in-aid program for the purpose of conducting embryonic, amniotic, or human adult stem cell research; providing that grants-in-aid shall be

## HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

35.7

provided through funds in the Biomedical Research Trust Fund; restricting the use of such funds for research on certain stem cells; providing requirements with respect to the disposition of human embryos following infertility treatment; requiring the Department of Health to develop and maintain on its Internet website a consent form for the donation of certain embryos; prohibiting purchase or sale of embryonic fetal tissue for research purposes; prohibiting certain acts relating to human reproductive cloning; providing penalties; providing a continuing appropriation; providing an effective date.

WHEREAS, an estimated 130 million Americans suffer from acute, chronic, and degenerative diseases and there is enormous potential for lifesaving treatment and therapy as a result of recent advances in biomedical research, and

WHEREAS, Florida is unique among all states because of the size of the projected net population increase within the next 20 years which raises significant health care concerns as a new generation of retirees moves to Florida, resulting in a corresponding rise in the number of persons suffering from illnesses such as cancer, heart disease, Alzheimer's Disease, Parkinson's Disease, cerebral palsy, juvenile diabetes, atherosclerosis, Amyotrophic Lateral Sclerosis, AIDS, spinal cord injuries, severe burns, osteoporosis, osteoarthritis, cystic fibrosis, muscular dystrophy, multiple sclerosis, macular degeneration, diabetic retinopathy, retinitis pigmentosa, cirrhosis of the liver, motor neuron disease, brain trauma, stroke, sickle cell anemia, and intestinal diseases, and

all Floridians, research into stem cell regenerative therapies

WHEREAS, in order to maintain a high quality of life for

Amendment No. (for drafter's use only)

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and treatment should be supported to give hope and relief to the millions of citizens who suffer from degenerative and crippling diseases, and

WHEREAS, to reduce the burden on the health care infrastructure, the state must shift its health care objectives from costly long-term maintenance toward prevention and cures, and

WHEREAS, to bolster and advance Florida's burgeoning biotechnology industry, the state should provide funds and incentives for private research companies to work in the state, and

WHEREAS, the state should advance the goal of scientific and academic discourse in its universities and help bring its public and private universities to the forefront in biomedical research and technology, and

WHEREAS, it will benefit the economy of the state to create a wide array of new projects and high-paying jobs relating to biomedical research, and

WHEREAS, it will benefit the state to foster cooperation between the state's universities and private sector research in terms of jobs, resources, and academic discourse relating to biomedical research, and

WHEREAS, the public funds provided under the Florida Better Quality of Life and Biomedical Research Act are intended to spur innovation and development in Florida's biomedical technology sector, which will be used to treat debilitating chronic diseases, NOW, THEREFORE,

## House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

Council/Committee:   Colline   Bill Number:   Bill										
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Amendment No. 1 (for drafter's use only)

Bill No. HB 1111

### 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 \_\_\_\_

Council/Committee hearing bill: Healthcare Council Representative(s) Kendrick offered the following:

Amendment (with directory and title amendments)

Remove line(s) 35 and insert:

health service organization licensed under chapter 636, a notfor-profit corporation which provides health care services directly to patients through employed, salaried physicians and that is affiliated with an accredited hospital licensed in this state, a health

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Amendment No. \_\_\_2 (for drafter's use only)

Bill No. HB 1111

### 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

Council/Committee hearing bill: Healthcare Council Representative(s) Galvano offered the following:

Amendment (with directory and title amendments)

Between line(s) 29-30 insert:

described in subsection (3), shall secure and maintain a surety bond on file with the office, naming the intermediary as principal. The bond must be obtained from a company authorized to write surety insurance in the state, and the office shall be obligee on behalf of itself and third parties. The penal sum of the bond may not be less than 5 percent of the funds handled by the intermediary in connection with its fiscal and fiduciary services during the prior year or \$250,000, whichever is less. The minimum bond amount must be \$10,000. The condition of the bond must be that the intermediary shall register with the office and shall not misappropriate funds within its control or custody as a fiscal intermediary or fiduciary. The aggregate liability of the surety for any and all breaches of the conditions of the bond may not exceed the penal sum of the bond.

	Amendment No2_ (for drafter's use only)
22	The bond must be continuous in form, must be renewed annually by
23	a continuation certificate, and may be terminated by the surety
24	upon its giving 30 days' written notice of termination to the
25	office. This subsection does not apply to a fiscal intermediary
26	services organization that is owned, operated, or controlled by
27	a third-party administrator holding a certificate of authority
28	under part VII of chapter 626.
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30	======= D I R E C T O R Y A M E N D M E N T ========
31	Remove line(s) 13-14 and insert:
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33	Section 1. Paragraph (b) of subsection (2), subsection
34	(4), and subsection (6) of section 641.316, Florida Statutes,
35	are amended to read:
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37	========= T I T L E A M E N D M E N T =========
38	Remove line(s) 6 and insert:
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40	the business affairs of health care professionals;
41	providing an exception from the requirement to obtain a
42	bond;

## House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

Council/Committee: Health Bill Number: HB 115  Meeting Date: Health Cara Climic litter  Place: Time: 9:00 pm Subject: Health Cara Climic litter									bit	
	Council/Committee Action:    Favorable   Retained for Reconsideration   Reconsidered   Reconsidered   Temporarily Postponed   Unfavorable   Unfavorable   Unfavorable   Council/Committee Substitute   Council/Council/Committee Substitute   Council/Counc									
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Amendment No. 1 (for drafter's use only)

Bill No. 1115

COUNCIL/COMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	<i>(X</i> /N)
ADOPTED W/O OBJECTION	(Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Healthcare Council

Representative(s) Kreegel offered the following:

Amendment (with directory and title amendments)

Between lines 18 and 19, insert:

(a) Entities licensed or registered by the state under chapter 395; or entities licensed or registered by the state and providing only health care services within the scope of services authorized under their respective licenses granted under ss. 383.30-383.335, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; or providers certified under 42 C.F.R. part 485, subpart B or subpart H; or any entity that provides neonatal or pediatric hospital-based health care services or other health care services by licensed practitioners solely within a hospital licensed under chapter 395.

20 ===== D I R E C T O R Y A M E N D M E N T =====

Remove line(s) 10 and 11 and insert:

Amendment No. 1 (for drafter's use only)

22 Section 1. Paragraph (a) of subsection (4) of section 400.9905,

Florida Statutes, is amended, and paragraph (1) is added to that

24 subsection, to read:

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

Remove line(s) 3 and insert:

400.9905, F.S.; revising the definition of the term "clinic" to

29 exclude an entity that provides certain neonatal or pediatric

health care services from licensure requirements; providing that

31 pt. X of ch. 400, F.S.,

# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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Amendment No. 1 (for drafter's use only)

Bill No. HB 1361

COUNCIL/COMMITTEE ACTION
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ADOPTED \_\_\_\_ (Y/N)
ADOPTED AS AMENDED \_\_\_\_ (Y/N)
ADOPTED W/O OBJECTION \_\_\_\_ (Y/N)
FAILED TO ADOPT \_\_\_\_ (Y/N)
WITHDRAWN (Y/N)

OTHER \_\_\_\_\_

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Council/Committee hearing bill: Healthcare Council

The Committee on Health Innovation offered the following:

### Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Subsection (8) is added to section 395.1041, Florida Statutes, to read:

395.1041 Access to emergency services and care.--

- apply for a license to operate an emergency department at a location off the hospital's premises and the agency shall approve such license provided that the application complies with all of the requirements of this section. Off-premises emergency departments must provide emergency services and care for any emergency medical condition that is within the service capability of the hospital seeking a license for an off-premises emergency department. Criteria for licensure of off-premises emergency departments are as follows:
- (a) In counties of more than 200,000 persons, an offpremises emergency department may not be located within a 10

This amendment was adopted in HI on 03/20/07 and is traveling with the bill and requires no further action.

Amendment No. \_\_1\_\_ (for drafter's use only)

- 22 mile radius of the nearest licensed Class 1 general hospital.
- In counties of less than 200,000 persons, an off-premises
- 24 emergency department may not be located within a 20 mile radius
- of the nearest licensed Class 1 general hospital. The distance
- requirements of this sub-paragraph shall be determined as of the
- 27 date of initial licensure of the off-premises emergency
- department and shall not be applicable to any off-premises
- 29 <u>emergency department licensed prior to the effective date of</u>
- 30 this act.

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- 31 (b) The off-premises emergency department must ensure that
- the same types of medical specialties as are available on the
  - premises of the hospital are available to consult with patients
- of the off-premises emergency department.
- 35 (c) The license holder must provide for the transport of
- 36 patients between the off-premises emergency department and its
- 1 licensed hospital. The Department of Health shall determine
- 38 whether statewide transport protocols should be developed with
- respect to off-premises emergency departments and shall report
- 40 its findings to the Speaker of the House, President of the
- Senate, and the Governor no later than January 31, 2008.
- (d) Off-premises emergency departments must be directed by
  - a designated physician who is a member of the organized medical
- 44 <u>staff.</u>

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- (e) Off-premises emergency departments shall treat all
  - patients with an emergency medical condition without regard to
- 47 <u>ability to pay.</u>
  - (f) Off-premises emergency departments must comply with
- all adopted rule standards governing emergency care.

This amendment was adopted in HI on 03/20/07 and is traveling with the bill and requires no further action.

	HOUSE	AMENDME	ENT	FOR	COUNC	:IL/	CO	MMITTEE	PURPO	SES
Amendment	No.	1 (	for	dra	fter′	s us	se	only)		

- (g) If the main hospital is accredited, the off-premises emergency departments must be accredited by the same accrediting organization.
- (h) Off-premises emergency departments must meet all physical plant requirements, including electrical, architectural and mechanical, of an onsite emergency department as specified in the Florida Building Code. These facilities must also meet the requirements for Definitive Emergency Care, as described in the Guidelines for the Design and Construction of Health Care Facilities, 2006 edition incorporated by reference in Section 419.2.1.2 of the Florida Building Code.
  - Section 2. This act shall take effect upon becoming a law.

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

Remove the entire title and insert:

 A bill to be entitled

An act relating to emergency services; amending s. 395.1041, F.S.; providing for hospitals to apply for a license to operate off-premises emergency departments; providing licensure criteria; providing an effective date.

This amendment was adopted in HI on 03/20/07 and is traveling with the bill and requires no further action.

Bill No. HB 1361

### 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)
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Council/Committee hearing bill: Healthcare Council

Representative(s) Galvano offered the following:

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Substitute Amendment for Amendment ( 1 ) by the Committee on Health Innovation (with directory and title amendments)

Remove everything after the enacting clause and insert:

Section 1. Subsection (1) of section 395.003, Florida Statutes, is amended to read:

395.003 Licensure; issuance, renewal, denial, modification, suspension, and revocation .--

- (1)(a) A person may not establish, conduct, or maintain a hospital, ambulatory surgical center, or mobile surgical facility in this state without first obtaining a license under this part.
- (b)1. It is unlawful for a person to use or advertise to the public, in any way or by any medium whatsoever, any facility as a "hospital," "ambulatory surgical center," or "mobile surgical facility" unless such facility has first secured a license under the provisions of this part.
- This part does not apply to veterinary hospitals or to commercial business establishments using the word "hospital,"

Amendment No. \_\_\_\_ (for drafter's use only)

"ambulatory surgical center," or "mobile surgical facility" as a part of a trade name if no treatment of human beings is performed on the premises of such establishments.

- 3. Until July 1, 2006, additional emergency departments located off the premises of licensed hospitals may not be authorized by the agency.
- (c) A hospital may apply for a license to operate an emergency department at a location off the hospital's premises and the agency shall approve such license if the hospital complies with all of the following criteria:
- 1. The off-premises emergency department must provide emergency services and care for any emergency medical condition that is within the service capability of the hospital seeking the license.
- 2. The off-premises emergency department must ensure that the same types of medical specialties that are available to the hospital seeking the license are available for consultations to patients of the off-premises emergency department.
- 3. The licenseholder must provide for the transport of patients between the off-premises emergency department and its licensed hospital consistent with chapter 401. The department shall determine whether statewide transport and transfer protocols should be developed with respect to off-premises emergency departments and shall report its findings to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 31, 2008.
- 4. The off-premises emergency department must be directed by a designated physician who is a member of the organized medical staff.

5. The off-premises emergency department must treat all patients who have an emergency medical condition without regard to ability to pay.

- 6. The off-premises emergency departments must comply with all adopted rules governing emergency care.
- 7. If the main hospital is accredited, the off-premises emergency department must be accredited by the same accrediting organization.
- 8. The off-premises emergency department must meet all physical plant requirements, including electrical, architectural, and mechanical of an onsite emergency department as specified in the Florida Building Code. The facility must also meet the requirements for Definitive Emergency Care, as described in the Guidelines for the Design and Construction of Health Care Facilities, 2006 edition, incorporated by reference in Section 419.2.1.2 of the Florida Building Code.
- Section 2. An off-premises emergency department of a hospital operating as of July 1, 2007, may continue to operate in accordance with the licensure criteria under which it was originally approved by the agency. A hospital that has received a letter of nonreviewability from the agency for an off-premises emergency department and has had Stage 2 architectural plans approved by July 1, 2007, is subject to the licensure criteria in existence before July 1, 2007.
  - Section 3. This act shall take effect July 1, 2007.

Remove the entire title and insert:

A bill to be entitled

An act relating to hospitals; amending s. 395.003, F.S.; authorizing hospitals to operate an off-premises emergency

Amendment No. (for drafter's use only)

department; requiring a license; providing criteria; providing that all off-premises emergency departments operating as of a certain date may continue to operate in accordance with the criteria in effect at the time of approval and that an off-premises emergency department that has had architectural plans approved by a certain date is subject to the license criteria in effect at the time of submission; providing an effective date.

# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

Council/Committee:										
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## HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 2 (for drafter's use only)

Bill No. 1477

### COUNCIL/COMMITTEE ACTION

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

Council/Committee hearing bill: Healthcare Council

Representative(s) Ausley offered the following:

### Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. <u>Criminal Justice, Mental Health, and Substance</u>

Abuse Reinvestment Grant Program.--

- (1) There is created within the Department of Children and Family Services the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program. The purpose of the program is to provide funding to counties with which they can plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance use disorder, or co-occurring mental health and substance use disorder and who are in, or at risk of entering, the criminal or juvenile justice system.
- (2) The Florida Substance Abuse and Mental Health
  Corporation created in s. 394.655, shall create a statewide
  grant review subcommittee. The subcommittee shall include:
  - (a) Five current members or appointees of the corporation;

- (b) One representative of the Department of Children and Family Services;
  - (c) One representative of the Department of Corrections;
- (d) One representative of the Department of Juvenile Justice;
- (e) One representative of the Department of Elderly
  Affairs; and
  - (f) One representative of the State Courts Administrator.

To the extent possible, the members of the subcommittee shall have expertise in grant writing, grant reviewing, and grant application scoring.

- (3) (a) A county may apply for a 1-year planning grant or a 3-year implementation or expansion grant. The purpose of the grants are to demonstrate that investment in treatment efforts related to mental illness, substance abuse disorders, or co-occurring mental health and substance abuse disorders results in reduced demand on the resources of the judicial, corrections, juvenile detention, or health and social services systems.
- (b) To be eligible to receive a 1-year planning grant or a 3-year implementation or expansion grant, a county applicant must have a county planning committee that is in compliance with the membership requirements set forth in this section.
- (4) The grant review subcommittee shall notify the Department of Children and Family Services in writing of the applicants who have been selected by the subcommittee to receive a grant. Contingent upon the availability of funds and upon notification by the review committee of those applicants approved to receive planning, implementation, or expansion grants, the Department of Children and Family Services may

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transfer funds appropriated for the grant program to any county awarded a grant.

Section 2. County planning councils or committees .--

- (1) Each board of county commissioners shall use its public safety coordinating council established in s. 951.26, another criminal or juvenile justice mental health and substance abuse council or committee designated or established by the board of county commissioners as the planning council. The public safety coordinating council or other designated criminal or juvenile justice mental health and substance abuse council or committee, in coordination with the county offices of planning and budget, shall make a formal recommendation to the board of county commissioners regarding how the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program may best be implemented within a community. The board of county commissioners may assign any entity to prepare the application on behalf of the county administration for submission to the corporation for review. A county may join with one or more counties to form a consortium and use a regional public safety coordinating council or another county-designated regional criminal or juvenile justice mental health and substance abuse planning council or committee for the geographic area represented by the member counties.
- (2) (a) For the purposes of this section, the membership of a designated planning council or committee must include:
- 1. The state attorney, or an assistant state attorney designated by the state attorney.
- 2. The public defender, or an assistant public defender designated by the public defender.
- 3. A circuit judge designated by the chief judge of the circuit.

Amendment No. 2 (for drafter's use only)

- 84 <u>4. A county court judge designated by the chief judge of</u> 85 <u>the circuit.</u>
  - 5. The chief correctional officer.
  - 6. The sheriff, or a person designated by the sheriff if the sheriff is not the chief correctional officer.
  - 7. A police chief or a person designated by the local police chief's association.
  - 8. The state probation circuit administrator, or a person designated by the state probation circuit administrator.
  - 9. The local court administrator or the court administrator's designee.
  - 10. The chairperson of the board of county commissioners, or another county commissioner designated by the chairperson, or if the planning council is a consortium of counties, a county commissioner or designee from each member county.
  - 11. The director of any county probation or pretrial intervention program, if the county has such a program.
  - 12. The director of a local substance abuse treatment program, or a person designated by the director.
  - 13. The director of a community mental health agency, or a person designated by the director.
  - 14. A representative of the substance abuse and mental health program office of the Department of Children and Family Services, selected by the substance abuse and mental health program supervisor of the district in which the county is located.
  - 15. A primary consumer of mental health services, selected by the substance abuse and mental health program supervisor of the district in which the primary consumer resides. If multiple counties apply together, a primary consumer may be selected to represent each county.

- 16. A primary consumer of substance abuse services, selected by the substance abuse and mental health program supervisor of the district in which the county is located. If the planning council is a consortium of counties, a primary consumer may be selected to represent each county.
- 17. A family member of a primary consumer of community-based treatment services, selected by the abuse and mental health program supervisor of the district in which the family member resides.
- 18. A representative from an area homeless program or a supportive housing program.
- 19. The director or designee of the detention facility of the Department of Juvenile Justice.
- 20. The chief probation officer of the Department of Juvenile Justice, or an employee designated by the chief probation officer.
- (b) The chairperson of the board of county commissioners or another county commissioner, if designated, shall serve as the chairperson of the council or committee until a chairperson is elected from the membership.
- (c) All meetings of the planning council or committee, as well as its records, books, documents, and papers, shall be open and available to the public in accordance with ss. 119.07 and 286.011.
- (3) (a) If a public safety coordinating council established in s. 951.26, is used as the planning council, its membership must include all persons listed in subparagraphs (2)(a)1-20.
- (b) A public safety coordinating council that is acting as the planning council must include an assessment of the availability of mental health programs in addition to the assessments required in s. 951.26(2).

Amendment No. 2 (for drafter's use only)

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Section 3. <u>Criminal Justice, Mental Health, and Substance</u>
Abuse Reinvestment Grant Program requirements.--

- (1) The Substance Abuse and Mental Health Corporation

  Statewide Grant Review Committee, in collaboration with the

  Department of Children and Family Services, the Department of

  Corrections, the Department of Juvenile Justice, the Department

  of Elderly Affairs, and the State Courts Administrator's office,

  shall establish criteria to be used by the corporation to review

  submitted applications and to select the county that will be

  awarded a 1-year planning grant or a 3-year implementation or

  expansion grant. A planning, or implementation or expansion,

  grant may not be awarded unless the application of the county

  meets the established criteria.
- (a) The application criteria for a 1-year planning grant must include a requirement that the applicant county or counties have a strategic plan to initiate systemic change to identify and treat individuals who have mental illnesses, substance abuse disorders, or co-occurring mental health and substance abuse disorders who are in, or at risk of entering, the justice system. The 1-year planning grant must be used to develop effective collaboration efforts among participants in affected governmental agencies, including the criminal, juvenile, and civil justice systems, mental health and substance abuse treatment service providers, transportation programs, and housing assistance programs. The collaboration efforts shall be the basis for developing a problem-solving model and strategic plan for treating adults and juveniles who are in or at risk of entering the criminal or juvenile justice system and doing so at the earliest point of contact, taking into consideration public safety. The planning grant shall include strategies to divert individuals from judicial commitment to community-based service

programs offered by the Department of Children and Family

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Services, in accordance with ss. 916.13 and 916.17.
(b) The application criteria for a 3-year implementation
or expansion grant shall require information from a county that
demonstrates its completion of a well-established collaboration
plan that includes public-private partnership models and the
application of evidence-based practices. The implementation or
expansion grants may support programs and diversion initiatives
that include, but need not be limited to:

- 1. Mental health courts;
- 2. Diversion\_programs;
- 3. Alternative prosecution and sentencing programs;
- 4. Crisis-intervention\_teams;
- 5. Treatment accountability services:
- 6. Specialized training for criminal justice, juvenile justice, and treatment services professionals;
- 7. Service delivery of collateral services such as housing, transitional housing, and supported employment; and
- 8. Reentry services to create or expand mental health and substance abuse and support services for affected persons.
- (c) Each county application must include the following information:
- 1. An analysis of the current population of the jail and juvenile detention center in the county, which includes:
- a. The screening and assessment process that the county uses to identify an adult or juvenile who has a mental illness, substance abuse problem, or co-occurring disorder;
- b. The percentage of each category of persons admitted to the jail and juvenile detention center which represents people who have a mental illness, substance abuse problem, or cooccurring disorder; and

### HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 2 (for drafter's use only)

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- c. An analysis of observed contributing factors that affect population trends in the county jail and juvenile detention center.
- 2. A description of the strategies the county intends to use to serve one or more clearly defined subsets of the population of the jail and juvenile detention center who have a mental illness or to serve those at risk of arrest and incarceration. The proposed strategies may include identifying the population designated to receive the new interventions, a description of the services and supervision methods to be applied to that population, and the goals and measurable objectives of the new interventions. The interventions a county may use with the target population may include, but are not limited to:
  - a. Specialized responses by law enforcement agencies;
- b. Centralized receiving facilities for individuals evidencing behavioral difficulties;
  - c. Post-booking alternatives to incarceration;
- d. New court programs, including pretrial services and specialized dockets;
  - e. Specialized diversion programs;
- f. Intensified transition services that are directed to the designated populations while they are in jail or juvenile detention to facilitate the person's transition to the community;
  - g. Specialized probation processes;
  - h. Day-reporting centers;
- i. Linkages to community-based, evidence-based treatment programs for adults and juveniles who have mental illness or substance abuse problems; and

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criminal justice or juvenile justice involvement of high-risk populations. 3. The projected effect the proposed initiatives will have

j. Community services and programs designed to prevent

- on the population of the jail and juvenile detention center and the budget of the jail and juvenile detention center. The information must include:
- a. The county's estimate of how the initiative will reduce the expenditures associated with the incarceration of adults and the detention of juveniles who have a mental illness;
- b. The methodology that the county intends to use to measure the defined outcomes, and the corresponding savings or averted costs;
- c. The county's estimate of how the cost savings or averted costs will sustain or expand the mental health and substance abuse treatment services and supports needed in the community: and
- d. How the county's proposed initiative will reduce the number of individuals judicially committed to a state mental health treatment facility.
- 4. The proposed strategies that the county intends to use to preserve and enhance its community mental health and substance abuse system, which serves as the local behavioral health safety net for low-income and uninsured individuals.
- 5. The proposed strategies that the county intends to use to continue the implemented or expanded programs and initiatives that have resulted from the grant funding.
- (2) (a) As used in this subsection, the term "available resources" includes in-kind contributions from participating counties.

(b) A 1-year planning grant may not be awarded unless the applicant county makes available resources in an amount equal to the total amount of the grant. A planning grant may not be used to supplant funding for existing programs. For fiscally constrained counties, the available resources may be at 50 percent of the total amount of the grant.

- (c) A 3-year implementation or expansion grant may not be awarded unless the applicant county or consortium of counties makes available resources equal to the total amount of the grant. For fiscally constrained counties, the available resources may be at 50 percent of the total amount of the grant. This match shall be used for expansion of services and may not supplant existing funds for services. An implementation or expansion grant must support the implementation of new services or the expansion of services and may not be used to supplant existing services.
- (3) Using the criteria adopted by rule, the county designated or established criminal justice, juvenile justice, mental health, and substance abuse planning council or committee shall prepare the county or counties' application for the 1-year planning or 3-year implementation or expansion grant. The county shall submit the completed application to the corporation statewide grant review committee.
- Section 4. <u>Criminal Justice, Mental Health, and Substance</u>

  Abuse Technical Assistance Center.--
- (1) There is created a Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Louis de la Parte Florida Mental Health Institute at the University of South Florida which shall:
- (a) Provide technical assistance to counties in preparing a grant application.

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- (b) Assist an applicant county in projecting the effect of the proposed intervention on the population of the county detention facility.
- (c) Assist an applicant county in monitoring the effect of the effect of a grant award on the criminal justice system in the county.
  - (d) Disseminate and share evidence-based practices and est practices among grantees.
- (e) Act as a clearinghouse for information and resources related to criminal justice, juvenile justice, mental health, and substance abuse.
- (f) Coordinate and organize the process of the state interagency justice, mental health, and substance abuse work group with the outcomes of the local grant projects for state and local policy and budget developments and system planning.
- (2) The Substance Abuse and Mental Health Corporation and the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center shall submit an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1 of each year, beginning on January 1, 2009. The report\_must include:
- (a) A detailed description of the progress made by each grantee in meeting the goals described in the application;
- (b) A description of the effect the grant-funded initiatives have had on meeting the needs of adults and juveniles who have mental illness, substance use disorders, or co-occurring mental health and substance use disorders, therefore reducing the number of forensic commitments to state mental health treatment facilities;

## HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 2 (for drafter's use only)

328	(c) A summary of the effect of the grant program on the
329	growth and expenditures of the jail, juvenile detention center,
330	and prison;
331	(d) A summary of the initiative's effect on the
332	availability and accessibility of effective community-based
333	mental health and substance abuse treatment services for adults
334	and juveniles who have mental illnesses, substance use
335	disorders, or co-occurring mental health and substance use
336	disorders. The summary must describe how the expanded community
337	diversion alternatives have reduced incarceration and
338	commitments to state mental health treatment facilities; and
339	(e) A summary of how the local matching funds provided by
340	the county or consortium leveraged additional funding to further
341	the goals of the grant program.
342	Section 5. Administrative costs and number of grants
343	awarded
344	(1) The administrative costs for each applicant county or
345	consortium of counties may not exceed 10 percent of the total
346	funding received for any grant.
347	(2) The number of grants awarded shall be based on funding
348	appropriated for that purpose.
349	Section 6. Subsection (12) is added to section 394.655,
350	Florida Statutes, to read:
351	394.655 The Substance Abuse and Mental Health Corporation;
352	powers and duties; composition; evaluation and reporting
353	requirements
354	(12)(a) There is established a Criminal Justice, Mental
355	Health, and Substance Abuse Policy Council within the Florida
356	Substance Abuse and Mental Health Corporation. The members of
357	the council are:

1. The chairperson of the corporation;

### HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 2 (for drafter's use only)

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- 2. The Secretary of Children and Family Services;
- 3. The Secretary of Corrections;
- 4. The Secretary of Health Care Administration;
- 5. The Secretary of Juvenile Justice;
- 6. The Secretary of Elderly Affairs; and
- 7. The State Courts Administrator.
- (b) The purpose of the council shall be to align policy initiatives in the criminal justice, juvenile justice, and mental health systems to ensure the most effective use of resources and to coordinate the development of legislative proposals and budget requests relating to the shared needs of adults and juveniles who have mental illnesses, substance abuse disorders, and co-occurring disorders who are in, or at risk of entering, the criminal justice system.
- (c) The council shall work in conjunction with the local grantees to ensure that effective strategies identified by local grantees are disseminated statewide and to create a feedback loop for purposes of policy and budget development and system change and improvement. The council shall coordinate its efforts with the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center.
- (d) Each member agency of the council shall designate an agency liaison to assist in the work of the policy council.

Section 7. This act shall take effect July 1, 2007, only if a specific appropriation to fund the provisions of the act is made in the General Appropriations Act for fiscal year 2007-2008.

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Remove the entire title and insert:

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

Amendment No. 2 (for drafter's use only)

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An act relating to forensic mental health; creating the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program within the Department of Children and Family Services; providing for the purpose of the grant program; requiring the Substance Abuse and Mental Health Corporation to establish a statewide justice and mental health reinvestment grant review committee; providing for membership on the review committee; authorizing counties to apply for a planning grant or an implementation or expansion grant; requiring each county applying for a grant to have a planning council committee; providing for membership on the planning council or committee; requiring that all records and meetings be open to the public; requiring the corporation, in collaboration with others, to develop criteria to be used in reviewing submitted applications and selecting counties to be awarded a planning, or implementation or expansion, grant; requiring counties to include certain specified information when submitting the grant application; prohibiting a county from using grant funds to supplant existing funding; creating the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center; providing for certain functions to be performed by the technical assistance center; requiring the technical assistance center to submit an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by a specified date; specifying the information to be included in the annual report; limiting the administrative costs a county may charge to the grant funds; amending s. 394.655, F.S.; creating the Criminal Justice, Mental Health, and Substance Abuse Policy Council in the Florida Substance Abuse and Mental Health Corporation; providing for membership; providing for the purpose

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 2 (for drafter's use only)

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of the council; providing an effective date, subject to appropriation.

#### Amendment No. 1

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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	
Council/Committee heari	ng bill: Healthcare Council
Committee on Healthy Fa	amilies offered the following:
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Amendment (with ti	tle amendment)
Amendment (with ti Remove line 397 and	
Remove line 397 ar	
Remove line 397 are	nd insert:
Remove line 397 and Section 5. This act a specific appropriation	nd insert: ct shall take effect July 1, 2007, only if
Remove line 397 and Section 5. This act a specific appropriation	nd insert: ct shall take effect July 1, 2007, only if on to fund the provisions of the act is
Remove line 397 and Section 5. This act a specific appropriation made in the General Approximate specific specific approximation of the General Approximate specific	nd insert: ct shall take effect July 1, 2007, only if on to fund the provisions of the act is
Remove line 397 and Section 5. This act a specific appropriation made in the General Approximate specific specific approximation of the General Approximate specific	nd insert: ct shall take effect July 1, 2007, only if on to fund the provisions of the act is
Remove line 397 and Section 5. This act a specific appropriation made in the General Appr 2008.	nd insert: ct shall take effect July 1, 2007, only if on to fund the provisions of the act is
Remove line 397 and Section 5. This act a specific appropriation made in the General Appr 2008.	nd insert:  It shall take effect July 1, 2007, only if on to fund the provisions of the act is propriations Act for fiscal year 2007-

This amendment was adopted in HF on 03/20/07 and is traveling with the bill and requires no further action. However, the new strike all will supercede the traveling amendment which is encompassed in the strike all.

## House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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Amendment No. 1 (for drafter's use only)

Bill No. HB 1007

### COUNCIL/COMMITTEE ACTION

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

Council/Committee hearing bill: Healthcare Council Committee on Health Quality offered the following:

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Amendment (with title amendment)

Remove everything after the enacting clause and insert: Section 1. Paragraph (e) of subsection (4) of section 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.--

- PERFORMANCE OF PHYSICIAN ASSISTANTS. --
- A supervisory physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervisory physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:
- A physician assistant must clearly identify to the patient that he or she is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician prior to any prescription being prescribed or dispensed by the physician assistant.

This amendment was adopted in HQ on 03/13/07 and a council substitute is recommended to council.

### HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 1 (for drafter's use only)

- 2. The supervisory physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and notify the department of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.
- 3. The physician assistant must file with the department, before commencing to prescribe or dispense, evidence that he or she has completed a continuing medical education course of at least 3 classroom hours in prescriptive practice, conducted by an accredited program approved by the boards, which course covers the limitations, responsibilities, and privileges involved in prescribing medicinal drugs, or evidence that he or she has received education comparable to the continuing education course as part of an accredited physician assistant training program.
- 4. The physician assistant must file with the department, before commencing to prescribe <u>or dispense</u>, evidence that the physician assistant has a minimum of 3 months of clinical experience in the specialty area of the supervising physician.
- 5. The physician assistant must file with the department a signed affidavit that he or she has completed a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal application.
- 6. The department shall issue a license and a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the foregoing requirements. The physician

This amendment was adopted in HQ on 03/13/07 and a council substitute is recommended to council.

The prescription must be written in a form that

supervisory physician's name, address, and telephone number, the

physician assistant's prescriber number. Unless it is a drug or

complies with chapter 499 and must contain, in addition to the

assistant shall not be required to independently register

drug sample dispensed by the physician assistant, the

prescription must be filled in a pharmacy permitted under

pharmacist licensed under chapter 465. The appearance of the

assistant is authorized to prescribe the medicinal drug and the

dispensing of medication in the appropriate medical record, and

physician to comply with these requirements does not affect the

9. This paragraph does not prohibit a supervisory physician from delegating to a physician assistant the authority

This paragraph does not apply to facilities licensed pursuant to

Section 2. Paragraph (e) of subsection (4) of section

the supervisory physician must review and sign each notation.

For dispensing purposes only, the failure of the supervisory

The physician assistant must note the prescription or

prescriber number creates a presumption that the physician

chapter 465 and must be dispensed in that pharmacy by a

pursuant to s. 465.0276.

prescription is valid.

supervisory physician.

chapter 395.

validity of the prescription.

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(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.--

to order medication for a hospitalized patient of the

This amendment was adopted in HQ on 03/13/07 and a council substitute is recommended to council.

Page 3 of 6

459.022, Florida Statutes, is amended to read:

459.022 Physician assistants.--

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 1 (for drafter's use only)

- (e) A supervisory physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervisory physician's practice unless such medication is listed on the formulary created pursuant to s. 458.347. A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:
- 1. A physician assistant must clearly identify to the patient that she or he is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician prior to any prescription being prescribed or dispensed by the physician assistant.
- 2. The supervisory physician must notify the department of her or his intent to delegate, on a department-approved form, before delegating such authority and notify the department of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervisory physician who is registered as a dispensing practitioner in compliance with s. 465.0276.
- 3. The physician assistant must file with the department, before commencing to prescribe or dispense, evidence that she or he has completed a continuing medical education course of at least 3 classroom hours in prescriptive practice, conducted by an accredited program approved by the boards, which course covers the limitations, responsibilities, and privileges involved in prescribing medicinal drugs, or evidence that she or he has received education comparable to the continuing education course as part of an accredited physician assistant training program.

This amendment was adopted in HQ on 03/13/07 and a council substitute is recommended to council.

before commencing to prescribe or dispense, evidence that the

experience in the specialty area of the supervising physician.

signed affidavit that she or he has completed a minimum of 10

continuing medical education hours in the specialty practice in

which the physician assistant has prescriptive privileges with

number to the physician assistant granting authority for the

upon completion of the foregoing requirements. The physician

assistant shall not be required to independently register

drug sample dispensed by the physician assistant, the

prescription must be filled in a pharmacy permitted under

chapter 465, and must be dispensed in that pharmacy by a

pharmacist licensed under chapter 465. The appearance of the

assistant is authorized to prescribe the medicinal drug and the

dispensing of medication in the appropriate medical record, and

The physician assistant must note the prescription or

prescriber number creates a presumption that the physician

prescribing of medicinal drugs authorized within this paragraph

The prescription must be written in a form that

complies with chapter 499 and must contain, in addition to the

supervisory physician's name, address, and telephone number, the

physician assistant's prescriber number. Unless it is a drug or

each licensure renewal application.

pursuant to s. 465.0276.

physician assistant has a minimum of 3 months of clinical

The physician assistant must file with the department,

The physician assistant must file with the department a

The department shall issue a license and a prescriber

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the supervisory physician must review and sign each notation. For dispensing purposes only, the failure of the supervisory

This amendment was adopted in HQ on 03/13/07 and a council substitute is recommended to council.

prescription is valid.

Amendment No. 1 (for drafter's use only)

physician to comply with these requirements does not affect the validity of the prescription.

9. This paragraph does not prohibit a supervisory physician from delegating to a physician assistant the authority to order medication for a hospitalized patient of the supervisory physician.

This paragraph does not apply to facilities licensed pursuant to chapter 395.

Section 3. This act shall take effect July 1, 2007.

A bill to be entitled

An act relating to physician assistants; amending ss. 458.347 and 459.022, F.S.; requiring that a prescription be filled in a pharmacy unless it is a drug dispensed by a physician assistant; providing that authority to dispense may be delegated only by supervisory physicians registered as dispensing practitioners; providing an effective date.

This amendment was adopted in HQ on 03/13/07 and a council substitute is recommended to council.

Amendment No. 2 (for drafter's use only)

Bill No. 1007

#### 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

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Council/Committee hearing bill: Healthcare Council

Representative(s) Baxley offered the following:

Substitute Amendment for Amendment (1) by Committee on Health Quality (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Effective July 1, 2007, Paragraph (e) of
subsection (4) of section 458.347, Florida Statutes, is amended
to read:

458.347 Physician assistants. --

- (4) PERFORMANCE OF PHYSICIAN ASSISTANTS. --
- (e) A supervisory physician may delegate to a fully licensed physician assistant the authority to prescribe any medication used in the supervisory physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe such medication under the following circumstances:
- 1. A physician assistant must clearly identify to the patient that he or she is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician prior to any prescription being prescribed by the physician assistant.

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his or her intent to delegate, on a department-approved form, before delegating such authority and notify the department of any change in prescriptive privileges of the physician assistant. The physician assistant must file with the department,

The supervisory physician must notify the department of

- before commencing to prescribe, evidence that he or she has completed a continuing medical education course of at least 3 classroom hours in prescriptive practice, conducted by an accredited program approved by the boards, which course covers the limitations, responsibilities, and privileges involved in prescribing medicinal drugs, or evidence that he or she has received education comparable to the continuing education course as part of an accredited physician assistant training program.
- The physician assistant must file with the department, before commencing to prescribe, evidence that the physician assistant has a minimum of 3 months of clinical experience in the specialty area of the supervising physician.
- The physician assistant must file with the department a signed affidavit that he or she has completed a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal application.
- The department shall issue a license and a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the foregoing requirements.
- The prescription must be written in a form that complies with chapter 499 and must contain, in addition to the supervisory physician's name, address, and telephone number, the physician assistant's prescriber number. A physician assistant

Amendment No. 2 (for drafter's use only)

may dispense drugs provided that the supervising physician is a dispensing physician. However, unless it is a drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465 and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The appearance of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.

- 8. The physician assistant must note the prescription in the appropriate medical record, and the supervisory physician must review and sign each notation. For dispensing purposes only, the failure of the supervisory physician to comply with these requirements does not affect the validity of the prescription.
- 9. This paragraph does not prohibit a supervisory physician from delegating to a physician assistant the authority to order medication for a hospitalized patient of the supervisory physician.

This paragraph does not apply to facilities licensed pursuant to chapter 395.

Section 2. Section 465.014, Florida Statutes, is amended to read:

465.014 Pharmacy technician. --

(1) A No person other than a licensed pharmacist or pharmacy intern may not engage in the practice of the profession of pharmacy, except that a licensed pharmacist may delegate to nonlicensed pharmacy technicians registered pursuant to this section those duties, tasks, and functions which do not fall within the purview of s. 465.003(13). All such delegated acts shall be performed under the direct supervision of a licensed

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pharmacist who shall be responsible for all such acts performed by persons under his or her supervision. A <u>registered</u> pharmacy technician, under the supervision of a pharmacist, may initiate or receive communications with a practitioner or his or her agent, on behalf of a patient, regarding refill authorization requests. A No licensed pharmacist <u>may not shall</u> supervise more than one <u>registered</u> pharmacy technician unless otherwise permitted by the guidelines adopted by the board. The board shall establish guidelines to be followed by licensees or permittees in determining the circumstances under which a licensed pharmacist may supervise <u>up to four registered more than one but not more than three</u> pharmacy technicians, <u>at least one of whom shall be certified through the Pharmacy Technician Certification Board or any other nationally accredited certifying body approved by the board.</u>

- (2) Any person who wishes to work as a pharmacy technician in this state must register by filing an application with the board on a form adopted by rule of the board. The board shall register each applicant who has remitted a registration fee set by the board, not to exceed \$50 biennially; has completed the application form and remitted a nonrefundable application fee set by the board, not to exceed \$50; and is at least 16 years of age.
- (3) A person whose license to practice pharmacy has been denied, suspended, or restricted for disciplinary purposes is not eliqible to be registered as a pharmacy technician.
- (4) Notwithstanding the requirements of this section or any other provision of law, a pharmacy technician student may be placed in a pharmacy for the purpose of obtaining practical training required by the body accrediting the pharmacy technician training program. A pharmacy technician student shall

wear identification that indicates his or her student status
when performing the functions of a pharmacy technician, and
registration under this section is not required.

- (5) Notwithstanding the requirements of this section or any other provision of law, a person licensed by the state as a pharmacy intern may be employed as a registered pharmacy technician without paying a registration fee or filing an application with the board to register as a pharmacy technician.
- (6) As a condition of registration renewal, a pharmacy technician shall complete 20 hours biennially of continuing education courses approved by the board or the Accreditation Council for Pharmaceutical Education, of which 4 hours must be via live presentation and 2 hours must be related to the prevention of medication errors and pharmacy law.
- registration issued by the board under this section to be displayed in such a manner as to make it available to the public and to facilitate inspection by the department and such other rules as necessary to administer the provisions of this section.
- (8) If the board finds that an applicant for registration as a pharmacy technician or that a registered pharmacy technician has committed an act that constitutes grounds for discipline as set forth in s. 456.072(1) or has committed an act that constitutes grounds for denial of a license or disciplinary action as set forth in this chapter, including an act that constitutes a substantial violation of s. 456.072(1) or a violation of this chapter which occurred before the applicant or registrant was registered as a pharmacy technician, the board may enter an order imposing any of the penalties specified in s. 456.072(2) against the applicant or registrant.

- (9) The board shall adopt rules requiring and specifying the manner in which a pharmacy shall notify the board when a registered technician is employed or ceases employment with the pharmacy.
- (10) The board shall maintain a current directory of registered pharmacy technicians indicating their place of employment and which must be published on the Internet.

Section 3. Paragraph (d) is added to subsection (3) of section 465.015, Florida Statutes, to read:

465.015 Violations and penalties.--

(3)

- (d) It is unlawful for a person who is not registered as a pharmacy technician under this chapter, or who is not otherwise exempt from the requirement to register as a pharmacy technician, to perform the functions of a registered pharmacy technician or hold himself or herself out to others as a person who is registered to perform the functions of a registered pharmacy technician in this state.
- Section 4. Subsection (5) of section 465.019, Florida Statutes, is amended to read:

465.019 Institutional pharmacies; permits.--

(5) All institutional pharmacies shall be under the professional supervision of a consultant pharmacist, and the compounding and dispensing of medicinal drugs shall be done only by a licensed pharmacist. Every institutional pharmacy that employs or otherwise utilizes registered pharmacy technicians shall have a written policy and procedures manual specifying those duties, tasks, and functions which a pharmacy technician is allowed to perform.

Section 5. Section 465.0196, Florida Statutes, is amended to read:

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465.0196 Special pharmacy permits. -- Any person desiring a permit to operate a special pharmacy shall apply to the department for a special pharmacy permit. If the board certifies that the application complies with the applicable laws and rules of the board governing the practice of the profession of pharmacy, the department shall issue the permit. No permit shall be issued unless a licensed pharmacist is designated to undertake the professional supervision of the compounding and dispensing of all drugs dispensed by the pharmacy. The licensed pharmacist shall be responsible for maintaining all drug records and for providing for the security of the area in the facility in which the compounding, storing, and dispensing of medicinal drugs occurs. The permittee shall notify the department within 10 days of any change of the licensed pharmacist responsible for such duties. Every permittee that employs or otherwise utilizes pharmacy technicians shall have a written policy and procedures manual specifying those duties, tasks, and functions which a registered pharmacy technician is allowed to perform.

Section 6. Subsection (1) of section 465.0197, Florida Statutes, is amended to read:

465.0197 Internet pharmacy permits. --

(1) Any person desiring a permit to operate an Internet pharmacy shall apply to the department for an Internet pharmacy permit. If the board certifies that the application complies with the applicable laws and rules of the board governing the practice of the profession of pharmacy, the department shall issue the permit. No permit shall be issued unless a licensed pharmacist is designated as the prescription department manager for dispensing medicinal drugs to persons in this state. The licensed pharmacist shall be responsible for maintaining all drug records and for providing for the security of the area in

Amendment No. 2 (for drafter's use only)

the facility in which the compounding, storing, and dispensing of medicinal drugs to persons in this state occurs. The permittee shall notify the department within 30 days of any change of the licensed pharmacist responsible for such duties. Every permittee that employs or otherwise utilizes registered pharmacy technicians shall have a written policy and procedures manual specifying those duties, tasks, and functions which a registered pharmacy technician is allowed to perform.

Section 7. Except as otherwise provided herein, this act shall take effect January 1, 2009.

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Remove the entire title and insert:

An act relating to pharmaceuticals; amending s. 458.347, F.S.; requiring that a prescription be filled in a pharmacy unless it is a drug dispensed by a physician assistant; amending s. 465.014, F.S.; providing for the registration of pharmacy technicians; requiring the Board of Pharmacy to set fees and rules to register pharmacy technicians; providing qualification requirements; providing a limitation; exempting pharmacy technician students and licensed pharmacy interns from certain registration requirements; providing continuing education requirements for registration renewal; requiring the board to adopt rules; providing grounds for denial, suspension, or revocation of registration or other disciplinary action; authorizing the board to impose certain penalties; requiring the board to adopt rules requiring a pharmacy to notify the board when employing technicians; requiring the board to maintain a directory of technicians and publish

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the directory on the Internet; amending s. 465.015, F.S.;
prohibiting a person who is not registered as a pharmacy
technician from performing certain functions or holding
himself or herself out to others as a pharmacy technician;
amending ss. 465.019, 465.0196, and 465.0197, F.S.;
conforming references; providing effective dates.

### House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

Coun	cil/Com Meetin	Place: 4/10/00	(hr Hall Am	Date	Receive Reporte				7-16	
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Amendment No. \_\_1 (for drafter's use only)

Bill No. PCB HCC 07-16

#### COUNCIL/COMMITTEE ACTION

ADOPTED		(X/N)
ADOPTED AS AMENDED	$\checkmark$	(Y/N) (Y/N)
ADOPTED W/O OBJECTION		(Y/N)
FAILED TO ADOPT		(Y/N)
WITHDRAWN		(Y/N)
OTHER		

Council/Committee hearing bill: Healthcare Council Representative(s) Garcia offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Subsection (9) of section 395.003, Florida Statutes, is amended to read:

395.003 Licensure; issuance, renewal, denial, modification, suspension, and revocation.--

- (9) A hospital may not be licensed or relicensed if:
- (a) The diagnosis-related groups for 65 percent or more of the discharges from the hospital, in the most recent year for which data is available to the Agency for Health Care Administration pursuant to s. 408.061, are for diagnosis, care, and treatment of patients who have:
- 1. Cardiac-related diseases and disorders classified as diagnosis-related groups in major diagnostic category 5 103 145, 478 479, 514 518, or 525 527;
- 2. Orthopedic-related diseases and disorders classified as diagnosis-related groups in major diagnostic category 8 209 256, 471, 491, 496 503, or 519 520;

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- 3. Cancer-related diseases and disorders classified as discharges in which the principal diagnosis is neoplasm or carcinoma or is for an admission for radiotherapy or antineoplastic chemotherapy or immunotherapy diagnosis related groups 64, 82, 172, 173, 199, 200, 203, 257-260, 274, 275, 303, 306, 307, 318, 319, 338, 344, 346, 347, 363, 366, 367, 400-414, 473, or 492; or
  - 4. Any combination of the above discharges.
- (b) The hospital restricts its medical and surgical services to primarily or exclusively cardiac, orthopedic, surgical, or oncology specialties.
- Section 2. Subsections (2), (3), and (4) of section 408.0361, Florida Statutes, are amended to read:
- 408.0361 <u>Cardiovascular Cardiology</u> services and burn unit licensure.--
- Each provider of adult cardiovascular interventional cardiology services or operator of a burn unit shall comply with rules adopted by the agency that establish licensure standards that govern the provision of adult cardiovascular interventional cardiology services or the operation of a burn unit. Such rules shall consider, at a minimum, staffing, equipment, physical plant, operating protocols, the provision of services to Medicaid and charity care patients, accreditation, licensure period and fees, and enforcement of minimum standards. The certificate-of-need rules for adult cardiovascular interventional cardiology services and burn units in effect on June 30, 2004, are authorized pursuant to this subsection and shall remain in effect and shall be enforceable by the agency until the licensure rules are adopted. Existing providers and any provider with a notice of intent to grant a certificate of need or a final order of the agency granting a certificate of

Amendment No. \_\_1\_\_ (for drafter's use only)

need for adult <u>cardiovascular interventional cardiology</u> services

or burn units shall be considered grandfathered and receive a

license for their programs effective on the effective date of

this act. The grandfathered licensure shall be for at least 3

years or <u>until July 1, 2008 a period specified in the rule</u>,

whichever is longer, but shall be required to meet licensure

standards applicable to existing programs for every subsequent

licensure period.

- (3) In establishing rules for adult <u>cardiovascular</u> interventional <u>cardiology</u> services, the agency shall include provisions that allow for:
- (a) Establishment of two hospital program licensure levels: a Level I program authorizing the performance of adult percutaneous cardiac intervention without onsite cardiac surgery and a Level II program authorizing the performance of percutaneous cardiac intervention with onsite cardiac surgery.
- (b) For a hospital seeking a Level I program, demonstration that, for the most recent 12-month period as reported to the agency, it has provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac catheterizations or, for the most recent 12-month period, has discharged or transferred at least 300 inpatients with the principal diagnosis of ischemic heart disease and that it has a formalized, written transfer agreement with a hospital that has a Level II program, including written transport protocols to ensure safe and efficient transfer of a patient within 60 minutes.
- (c) For a hospital seeking a Level II program, demonstration that, for the most recent 12-month period as reported to the agency, it has performed a minimum of 1,100 adult inpatient and outpatient cardiac catheterizations, of which at least 400 must be therapeutic catheterizations, or, for

the most recent 12-month period, has discharged at least 800 patients with the principal diagnosis of ischemic heart disease.

- (d) Compliance with the most recent guidelines of the American College of Cardiology and American Heart Association guidelines for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety.
- (e) Establishment of appropriate hours of operation and protocols to ensure availability and timely referral in the event of emergencies.
- (f) Demonstration of a plan to provide services to Medicaid and charity care patients.
- (4) (a) The agency shall establish a technical advisory panel to develop procedures and standards for measuring outcomes of adult cardiovascular services interventional cardiac programs. Members of the panel shall include representatives of the Florida Hospital Association, the Florida Society of Thoracic and Cardiovascular Surgeons, the Florida Chapter of the American College of Cardiology, and the Florida Chapter of the American Heart Association and others with experience in statistics and outcome measurement. Based on recommendations from the panel, the agency shall develop and adopt rules for the adult cardiovascular services interventional cardiac programs that include at least the following:
- (a) A standard data set consisting primarily of data elements reported to the agency in accordance with s. 408.061.
- $\frac{1.(b)}{a}$  A risk adjustment procedure that accounts for the variations in severity and case mix found in hospitals in this state.
- <u>2.(c)</u> Outcome standards specifying expected levels of performance in Level I and Level II adult <u>cardiovascular</u>

Amendment No. \_\_1\_\_ (for drafter's use only)

interventional cardiology services. Such standards may include, but shall not be limited to, in-hospital mortality, infection rates, nonfatal myocardial infarctions, length of stay, postoperative bleeds, and returns to surgery.

- 3.(d) Specific steps to be taken by the agency and licensed hospitals that do not meet the outcome standards within specified time periods, including time periods for detailed case reviews and development and implementation of corrective action plans.
- (b) Hospitals licensed for Level I or Level II adult cardiovascular services shall participate in clinical outcome reporting systems operated by the American College of Cardiology and the Society for Thoracic Surgeons.

Section 3. This act shall take effect July 1, 2007.

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Remove the entire title and insert:

A bill to be entitled

An act relating to hospitals; amending s. 395.003, F.S.; revising provisions designating disease classes; amending s. 408.0361, F.S.; revising provisions relating to licensing standards for adult cardiovascular services; revising period of validity for certain grandfathered licenses; revising criteria for adoption of rules by the Agency for Health Care Administration; requiring certain hospitals to participate in clinical outcome reporting systems operated by the American College of Cardiology and the Society for Thoracic Surgeons for purposes of such rule criteria; removing a requirement that the agency include specified data in rules; providing an effective date.

		I FOR COUNCIL/COMMITTEE PURPOSES
	Amendment No (for	•
		Bill No. PCB HCC 07-16
•	COUNCIL/COMMITTEE A	ACTION
	ADOPTED	(Y/N)
	ADOPTED AS AMENDED	— (Y/N)
	ADOPTED W/O OBJECTION	<u>/</u> (Y/N)
	FAILED TO ADOPT	(Y/N)
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1	Council/Committee hearing	ng bill: Healthcare Council
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4	Amendment to Amendment	ment 1 by Rep. Garcia (with directory and
5	title amendments)	
6	Remove line(s) 30 a	and insert:
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8	4. Any combination	of the above discharges. Any hospital
9	classified as an exempt	cancer center hospital pursuant to 42
10		mber 31, 2005, is exempt from the
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13	======= T I T I	E AMENDMENT =======
14	Remove line(s) 135	and insert:
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16	revising provisions desi	gnating disease classes; exempting
17	certain cancer center ho	spitals from licensure restrictions;
18	amending	

# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

Coun	cil/Comm Meeting		ene	Bill No Date Re	umber: ceived: ported: ubject:	PCP	HC Lee	CON Ith c	-17	
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