

Healthcare Council

Tuesday, April 17, 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. 0049

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WITHDRAWN	(Y/N)

COUNCIL/COMMITTEE ACTION

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

Substitute Amendment to traveling amendment #1 (with directory and title amendments)

Remove line(s) 11-32 and insert:

408.0361 Cardiology services and burn unit licensure.--

the holder of a certificate of need for a newly licensed hospital that meets the requirements of this subsection may apply for and shall be granted Level I program status regardless of whether rules relating to Level I programs have been adopted. To qualify for a Level I program under this subsection, a hospital seeking a Level I program must be a newly licensed hospital established pursuant to a certificate of need in a physical location previously licensed and operated as a hospital, the former hospital must have provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac catheterizations for the most recent 12-month period as reported to the agency, and the newly licensed hospital must have a formalized, written transfer agreement with a hospital that has

OTHER

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

22 a Level II program, including written transport protocols to ensure safe and efficient transfer of a patient within 60 23 24 minutes. A hospital meeting the requirements of this subsection may apply for certification of Level I program status before 25 26 taking possession of the physical location of the former 27 hospital, and the effective date of Level I program status shall 28

be concurrent with the effective date of the newly issued

hospital license.

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

Remove line(s) 9 and 10 and insert:

Section 1. Subsections (4), (5), and (6) of section 408.0361, Florida Statutes, are renumbered as subsections (5), (6), and (7), respectively, and a new subsection (4) is added to that section to read:

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

39 Remove line(s) 2-5 and insert:

providing an effective date.

An act relating to certificates of need; amending s. 408.0361, F.S.; revising provisions applicable to hospitals seeking certification as Level I programs; providing criteria for certification to provide certain Level I cardiology services;

Amendment No. __1__ (20137)

Bill No. 0049

De Dalo Sites

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
The Committee on Health Innovation offered the following:

Amendment

Remove everything after the enacting clause and insert:
Section 1. Subsections (4), (5), and (6) of section

408.0361, Florida Statutes, are renumbered as subsections (5),

(6), and (7), respectively, and a new subsection (4) is added to that section to read:

408.0361 Cardiology services and burn unit licensure.--

the holder of a certificate of need for a newly licensed hospital that meets the requirements of this subsection may apply for and shall be granted Level I program status regardless of whether rules relating to Level I programs have been adopted. To qualify for a Level I program under this subsection, a hospital seeking a Level I program must be a newly licensed hospital established pursuant to a certificate of need in a physical location previously licensed and operated as a hospital, the former hospital must have provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac

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

Page 1 of 2

HB 49 strike all.HCC.doc

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Amendment No. __1__ (20137)

hospital license.

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22	catheterizations for the most recent 12-month period as reported
23	to the agency, and the newly licensed hospital must have a
24	formalized, written transfer agreement with a hospital that has
25	a Level II program, including written transport protocols to
26	ensure safe and efficient transfer of a patient within 60
27	minutes. A hospital meeting the requirements of this subsection
28	may apply for certification of Level I program status before
29	taking possession of the physical location of the former
30	hospital, and the effective date of Level I program status shall
31	be concurrent with the effective date of the newly issued

Section 2. This act shall take effect July 1, 2007.

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

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

Bill No. HB 127

COUNCIL/COMMITTEE ACTION

ADOPTED	(Y/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) Nehr offered the following:

Substitute Amendment for Amendment (1) (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 393.35, Florida Statutes, is created to read:

- 393.35 Developmental disabilities institutions.--
- (1) LEGISLATIVE INTENT.--It is the intent of the Legislature that:
- (a) The agency timely notify residents and guardians of residents of the Marianna Sunland developmental disabilities institution or the Tacachale developmental disabilities institution when the agency or the Legislature announces its intent to close or reduce the census by 20 percent or more at either the Marianna Sunland institution or the Tacachale institution. For purposes of this section, "census reduction" or "reduce the census" means to reduce the current resident population of an institution over a 1-year period that begins on July 1 and ends on June 30 annually. Residents placed in the institution under court order and residents or their guardians

who have requested in writing to leave the institution shall not be included in the census reduction calculation.

- (b) The agency provide assurance to residents and guardians of residents that planning for transition to another residential setting shall be conducted with the involvement of the residents and their guardians, designated family members, or designees and shall address the needs of the resident in the most appropriate setting.
- (c) The agency ensure the health and safety of the residents of a developmental disabilities institutions during a transition to closure of or a census reduction of 20 percent or more at the institution.
- (d) The agency conduct a thorough planning process for activities associated with closing of or a census reduction of 20 percent or more at a developmental disabilities institution and comply with the provisions of this section.
- (2) INTENT TO CLOSE OR REDUCE CENSUS OF MARIANNA SUNLAND
 OR TACACHALE DEVELOPMENTAL DISABILITIES INSTITUTIONS.--
- (a) If the agency or the Legislature announces its intent to close or reduce the census by 20 percent or more at either the Marianna Sunland developmental disabilities institution or the Tacachale developmental disabilities institution after July 1, 2007, the agency must first provide a report regarding plans related to closure or reduction of census at the developmental disabilities institution to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The President of the Senate and the Speaker of the House of Representatives shall have 90 days to provide comments to the Governor after receipt of notification of intent to close or reduce the census by 20 percent or more at the institution. The

activities:

 1. A plan for providing notification of closure or reduction of census. The agency shall notify each affected resident of the institution, the resident's quardian, designated members of the resident's family, or a designee of the intent to close or reduce the census at the institution. The notice must be delivered by registered mail and include the reasons for closure or census reduction, the timeline for closure or census reduction activities, and contact information for the recipient of the notice to obtain additional information.

- 2. A plan for providing education to staff and to residents and their quardians, family members, or designees about residential placement opportunities available to residents after leaving the institution.
- 3. A plan for providing services and other residential placements for residents after they leave the institution.
- 4. An assessment of the capacity of service providers and their ability to meet the needs of the residents in the communities where residents will likely reside after they leave the institution.
- 5. A plan for service provider recruitment, development, and training, as needed, to ensure that adequate services are available to residents as they make the transition into the community.
- 6. A plan for monitoring and ensuring safety and service quality for residents after they have left the institution.
- 7. A process for developing a support plan that includes consultation with the residents and quardians of the residents and provides a community living plan for delivering services to those residents.

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- 8. A process for residents and quardians to appeal the services planned through the support planning process.
- 9. A plan for adjusting employee staffing levels during the census reduction or transition to closure to ensure the safety of and quality of care for residents and includes assistance for employees seeking new employment.
- 10. A complete timeline for closure of or census reduction at the institution that includes a financial plan for the closure or census reduction and the projected savings associated with the closure or census reduction.
- 11. A communications plan to keep residents, quardians of residents, designated family members, employees, and designees informed of the progress of the closure or census reduction.
- 12. The responsibility of each state agency involved in the closure of or census reduction at the institution.
- 13. A plan for closure activities and the disposition of property of the physical plant of the institution.
- (b) After consideration of comments from the President of the Senate and the Speaker of the House of Representatives and other evidence, the Governor shall approve or disapprove the plan of the agency to close or reduce the census by 20 percent or more at the developmental disabilities institution. The Governor's approval or disapproval of closure or census reduction of an institution is not binding on the Legislature.
 - (3) REPORTS ON CLOSURE ACTIVITIES OR CENSUS REDUCTION . --
- (a) The agency shall provide a quarterly report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the progress of the closure of or census reduction at an institution and shall post the report on the agency's Internet website. This report requirement shall apply to the closure of the Gulf Coast Center and any other

- 1. The number of residents, guardians, designated family members, and designees that have been notified and have yet to be notified of the planned closure or census reduction activities.
- 2. Current resident population compared to targeted census reduction.
- 3. The locations of residential placements by number and type of facilities.
- 4. The number of significant reportable events for residents in the institution.
- 5. Statistics that indicate the successful placement of residents in locations in the community or in other institutions chosen by those residents or their guardians and an assessment of the efforts made by the agency in assisting residents and their guardians in making those choices.
 - Section 2. This act shall take effect July 1, 2007.

Remove the entire title and insert:

A bill to be entitled

An act relating to developmental disabilities institutions; creating s. 393.35, F.S.; providing legislative intent; requiring the Agency for Persons with Disabilities to submit a plan to the Governor and the Legislature if the agency or the Legislature proposes to close or reduce by a certain percentage the resident population of a developmental disabilities

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

146	institution; providing for content of the plan; authorizing the
147	Governor to approve the plan to close or reduce the population
148	of an institution; providing that the Governor's decision is not
149	binding on the Legislature; requiring the agency to provide
150	quarterly reports; providing for content of the reports;
151	providing an effective date.

Amendment No. 1

Bill No. 127

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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
Committee on Healthy Families offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 393.35, Florida Statutes, is created to read:

- 393.35 Developmental disabilities institutions.--
- (1) INTENT.--It is the intent of the Legislature that the Agency for Persons with Disabilities not close or reduce by more than ten percent the resident population of a developmental disabilities institution unless it has complied with the provisions of this section.
 - (2) NOTICE. --
- (a) If the agency intends to take action resulting in the closure or reduction by more than ten percent in the resident population of a developmental disabilities institution or in any manner authorizes or encourages the immediate or staged closure or reduction by more than ten percent in the resident population of an institution, the agency must provide written notice to the Governor and Cabinet, each resident of the institution, the

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

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HB 127 strike all.doc

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- resident's quardian, and any other family member designated by the resident.
- (b) Notice of the agency's intent to close or reduce the resident population by more than ten percent of a developmental disabilities institution must be delivered to each resident, the quardian of the resident or any other family member designated by the resident by registered mail.
- (c) The notice must advise the resident, the quardian of the resident or any other family member designated by the resident that the resident has the right to initiate legal action relating to the notice provision of this subsection and to the closure or such reduction in the resident population of the developmental disabilities institution.
 - (3) PUBLIC HEARING. --
- (a) The agency may not close or reduce the resident population by more than ten percent of a developmental disabilities institution unless the requirements for a public hearing set forth in this subsection have been met.
- (b) If the agency proposes to close or reduce the resident population of a developmental disabilities institution by more than ten percent, the Governor and Cabinet must schedule a public hearing.
- (c) The Governor and Cabinet must give notice of the public hearing to each resident, the quardian of the reside, or any other family member designated by the resident, and each member of the Legislature not less than 90 days before the scheduled date of the hearing. Notice of the public hearing shall be by registered mail.
- (4) TESTIMONY. -- In order to ensure the health, safety, and welfare of each resident affected by the closure or reduction in

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

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- the resident population of the institution by more than ten percent, the public hearing shall include, but need not be limited to, testimony concerning:
- (a) The capacity of the community to provide services, including health care, from experienced community providers that have appropriate staff.
- (b) The total cost of reducing the resident population or closing the institution.
- (c) The effect that such reduction in the resident population or closure of the institution will have on the residents of the institution.
- (d) The monitoring and safety systems for individuals in the community that will be in place to protect the health and safety of each resident.
- (e) The process that will be used to develop a community living plan for each resident.
- (f) The services that are necessary to provide family and quardian involvement in the development of the community living plan.
- (q) The responsibility of each state agency and local government for the closure or reduction in the resident population of the institution by more than ten percent.
- (h) The procedures that will be used to transfer ownership of the institution to another entity or the plan to reuse the property.
- (i) The plan of the agency to reemploy the employees of the institution.
- (j) Any other issue identified by the Legislature, a resident, quardian, or any other family member designated by the resident or other interested party.

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

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES
Amendment No. 1

- (5) ACTION BY GOVERNOR AND CABINET REQUIRED. --
- (a) After consideration of the testimony and other evidence, the Governor and Cabinet shall approve or disapprove the plan of the agency to close or reduce by more than ten percent the resident population of the developmental disabilities institution.
- (b) If the Governor and Cabinet approve the plan of the agency to close or reduce the resident population by more than ten percent of a specific developmental disabilities institution, the Governor and Cabinet shall direct the agency to give each affected resident, the quardian of an affected resident, or any other family member designated by the resident, written assurance that the resident may choose to receive services in another developmental disabilities institution or in a community-based setting.

Section 2. The Agency for Persons with Disabilities shall provide a monthly report to the Governor, President of the Senate and Speaker of the House of Representatives, and a posting on the agency website detailing the progress of the phase-down of Gulf Coast Center located in Fort Myers, Florida. Such report shall include actual population in conjunction with targeted census, the location of residential placements by number and type, number of significant reportable events, and statistics regarding placement choice and placement preference of individuals residing in the facility, or their legal guardian, and efforts the agency has made to assist in placement decisions with individuals or their guardians. The agency shall also conduct a study and report on the feasibility of developing an alternate facility for families who choose to stay in the

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

Amendment No. 1

existing facility or an intermediate care facility setting. The study must be completed by December 1, 2007.

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

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

117 Remove the entire title and insert:

An act relating to developmental disabilities institutions; creating s. 393.35, F.S.; providing legislative intent; requiring the Agency for Persons with Disabilities to give written notice to certain specified persons if the agency proposes to close or reduce the resident population by more than ten percent of a developmental disabilities institution; providing the content of the notice; requiring the Governor and Cabinet to hold a public hearing; requiring that notice of the public hearing be given in a specified manner; providing the content to be considered at the public hearing; requiring the Governor and Cabinet to approve or disapprove the proposal of the agency; requiring the agency to provide monthly reports, requiring the agency conduct a study on feasibility of an alternate facility; providing an effective date.

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

Page 5 of 5

Page 192

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Amendment No. 1

Bill No. HB 283

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

The Committee on Health Innovation offered the following:

Amendment

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Remove line(s) 162 and insert:

accessing appropriate providers.

This amendment was adopted in HI on 3/6/07 and is traveling with the bill and requires no further action.

Amendment No. 2

Bill No. HB 283

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
The Committee on Health Innovation offered the following:

Amendment

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Between lines 172 and 173 insert:

Section 3. The sums of \$193,516 in recurring general revenue and \$7,830 in nonrecurring general revenue are appropriated to the Agency for Health Care Administration and three full-time equivalent positions are authorized for the 2007-2008 fiscal year for the purpose of implementing s. 408.918, F.S.

This amendment was adopted in HI on 3/6/07 and is traveling with the bill and requires no further action.

Amendment No. 2a

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			Bill	No.	HB	283		
COUNCIL/COMMITTEE	ACTION							
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WITHDRAWN	(Y/N)							
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Council/Committee heari	ng bill: Heal	thcare Counc	il			<u></u>		
Representative(s) Bean	offered the fo	llowing:						
Amendment 1 to traveling amendment #2								
Pemove lines 5-11								

Amendment No. 3

Bill No. HB 283

COUNCIL/COMMITTEE ACTION

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WITHDRAWN

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

Amendment

Remove line(s) 173 and insert:

Section 3. This act shall take effect July 1, 2007 only if a specific appropriation to the Agency for Health Care Administration to fund s. 408.918, F.S., is made in the General Appropriations Act for fiscal year 2007-2008.

This amendment was adopted in HI on 3/6/07 and is traveling with the bill and requires no further action.

Amendment No. 4 (for drafter's use only)

		Bill No. HB 283					
	COUNCIL/COMMITTEE	ACTION					
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	ADOPTED AS AMENDED	(Y/N)					
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	FAILED TO ADOPT	(Y/N)					
	WITHDRAWN	(Y/N)					
	OTHER	<u></u>					
1	Council/Committee heari	ng bill: Healthcare Council					
2	Representative(s) Chestnut offered the following:						
3							
4	Amendment (with ti	tle amendment)					
5	Remove line(s) 163	-172.					
6							
7	======= T I T	L E A M E N D M E N T =========					
8	Remove line(s) 15	and insert:					
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10	providing an effec	tive date.					

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

Bill No. HB 291

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) Bean offered the following:

Substitute Amendment to traveling amendment #1

Remove line(s) 105 and insert:

Section 2. This act shall take effect October 1, 2007, except that changes to the State Group Insurance Program established pursuant to s. 110.123, Florida Statutes, shall take effect only if a specific appropriation is made in the General Appropriations Act for Fiscal Year 2007-2008.

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Amendment	No.	1	(for	drafter's	use	only)
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Bill No. HB 291

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 directory and title amendments)

Remove line(s) 105 and insert:

Section 2. This act shall take effect October 1, 2007.

This amendment was adopted in HI on 3/27/07 and is traveling with the bill and requires no further action.

Coun		mittee: $\frac{1}{\sqrt{2}}$ g Date: $\frac{1}{\sqrt{2}}$ Place: $\frac{1}{\sqrt{2}}$ Time: $\frac{1}{\sqrt{2}}$	elth 17/01 onz ovar	Half	Date 1	Receive Reporte			500	rerio	L
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Amendment No. 1

		Bill No.	нв 509
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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			

Council/Committee hearing bill: Healthcare Council Committee on Healthy Families offered the following:

Amendment

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Between line(s) 117 & 118 insert:

(g) Identify existing and potential funding streams and resources for children's services, including, but not limited to, public funding, foundation and organization grants, and other forms of private funding opportunities, including public-private partnerships.

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

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Amendment No. 1

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Bill No. HB 599

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	
	ing bill: Healthcare Council amilies offered the following:
Amendment (with t	itle amendment)
Remove lines 737-	738 and insert: the court.
======== T I T	LE AMENDMENT ========
Domove lines 58-5	9 and insert: requiring

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

Amendment No. 2

Bill	No	HB	599
D I I I I	140.	111	

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	
Amendment (with ti	amilies offered the following: Ltle amendment) 767 and restore current law.
======= T I T	LE AMENDMENT ========
Remove lines 59-62	2 and insert:
adoptive parents under	certain circumstances; providing

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

Amendment No. 3

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	Bil	ll No. HB 599
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 heari	ng bill: Healthcare Council	
Committee on Healthy Far	milies offered the following:	
Amendment		
Remove line 766 and	d insert:	

supervision reports to the court, department until

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

Amendment No. 4

Bill No. HB 599

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 Committee on Healthy Families offered the following:

Amendment

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Remove line 807 and insert:

pending further proceedings if they desire continued placement,

and if the court finds it is in the child's best interest.

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

Page 1 of 1

Amendment No. 5

Bill No. HB 599

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 Committee on Healthy Families offered the following:

Amendment

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Remove line 1750 and insert:

and the <u>names</u> name of <u>the petitioner and</u> the minor shall not

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

Amendment No. 6

	Bill No. HB 599
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	
Amendment (with ti	itle amendment)
Remove lines 1872-	-1909 and renumber subsequent sections.
======= T I T	LEAMENDMENT ========
Remove lines 140-1	146 and insert:
effect at the time the	petition was filed; amending s. 409.176,

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

Page 1 of 1

Amendment No. 7 (for drafter's use only)

Bill No. HB 599

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 Committee on Healthy Families offered the following:

Amendment (with directory and title amendments)

Between lines 931 and 932 insert:

- (2) DISCLOSURE TO ADOPTIVE PARENTS. --
- (a) At the time that an adoption entity identifies prospective adoptive parents for a born or unborn child whose parents are seeking to place the child for adoption or whose rights were terminated pursuant to chapter 39, the adoption entity shall provide the prospective adoptive parents with information on the background of the child to the extent such information is available. The adoption entity has the right and duty to request from the biological mother, custodian or the Department of Children and Families all information necessary to provide disclosure under this section. If any of the information is unavailable because the birth mother or custodian refuses to disclose such information, the adoption entity has an affirmative duty to provide the information within 14 days after the information becomes available. In all cases, the prospective

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

Page 1 of 4

Amendment 7 to HB 599converted.doc

- adoptive parents shall receive all available information by the date that the final hearing on the adoption is noticed with the court. The information that is required to be disclosed includes:
- 1. A family social and medical history form completed pursuant to s. 63.082.
- 2. The biological mother's medical records documenting her prenatal care and the birth and delivery of the child.
- 3. A complete set of the child's medical records
 documenting all medical treatment and care since the child's
 birth.
- 4. All mental health, psychological, and psychiatric records, reports, and evaluations concerning the child.
- 5. The child's educational records, which include all records concerning any special education needs of the child.
- 6. Records documenting all incidents that required the department to provide services to the child, including, but not limited to, all orders of adjudication of dependency or termination of parental rights issued pursuant to chapter 39, any case plans drafted to address the child's needs, all protective services investigations identifying the child as a victim, and all guardian ad litem reports filed with the court concerning the child.
- 7. Written information concerning the availability of adoption subsidies for the child.
- (b) When providing disclosure pursuant to this subsection, the adoption entity shall redact any confidential identifying information concerning the child's parents, siblings, and relatives, and perpetrators of crimes against the child or involving the child.

 This amendment was adopted in HF on 3/20/07 and is traveling.

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

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(3) (2) ACKNOWLEDGMENT OF DISCLOSURE. -- The adoption entity must obtain a written statement acknowledging receipt of the disclosures disclosure required under subsections subsection (1) and (2) and signed by the persons receiving the disclosure or, if it is not possible to obtain such an acknowledgment, the adoption entity must execute an affidavit stating why an acknowledgment could not be obtained. If the disclosure was delivered by certified United States mail, return receipt requested, a return receipt signed by the person from whom acknowledgment is required is sufficient to meet the requirements of this subsection. A copy of the acknowledgment of receipt of the disclosure must be provided to the person signing it. A copy of the acknowledgment or affidavit executed by the adoption entity in lieu of the acknowledgment must be maintained in the file of the adoption entity. The original acknowledgment or affidavit must be filed with the court.

(4) (3) REVOCATION OF CONSENT.--Failure to meet the requirements of this section subsection (1) or subsection (2) does not constitute grounds for revocation of a consent to adoption or withdrawal of an affidavit of nonpaternity unless the extent and circumstances of such a failure result in a material failure of fundamental fairness in the administration of due process, or the failure constitutes or contributes materially to fraud or duress in obtaining a consent to adoption or affidavit of nonpaternity.

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

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Remove line 843 and insert:

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Section 13. Section 63.085, Florida

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

Amendment No. 7 (for drafter's use only)

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Remove line 66 and insert:

for required disclosures by an adoption entity; requiring that background information on the child be revealed to prospective adoptive parents; amending

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

Amendment No. 8

Bill No. HB 599

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 Committee on Healthy Families offered the following:

Amendment (with title amendment)

Remove lines 1462-1485 and insert:

(3) PRELIMINARY HOME STUDY. -- Before placing the minor in the intended adoptive home, a preliminary home study must be performed by a licensed child-placing agency, a child-caring agency registered under s. 409.176, a licensed professional, or an agency described in s. 61.20(2), unless the adoptee is an adult or the petitioner is a stepparent or a relative. If the adoptee is an adult or the petitioner is a stepparent or a relative, a preliminary home study may be required by the court for good cause shown. The department is required to perform the preliminary home study only if there is no licensed child placing agency, child-caring agency registered under s. 409.176, licensed professional, or agency described in s. 61.20(2), in the county where the prospective adoptive parents reside. The preliminary home study must be made to determine the suitability of the intended adoptive parents and may be completed <u>before</u> prior to identification of a prospective adoptive minor. A This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

Page 1 of 2

Amendment 8 to HB 599converted.doc

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Amendment No. 8

favorable preliminary home study is valid for 1 year after the date of its completion. Upon its completion, a copy of the home study must be provided to the intended adoptive parents who were the subject of the home study. A minor may not be placed in an intended adoptive home before a favorable preliminary home study is completed unless the adoptive home is also a licensed foster home under s. 409.175. The preliminary home study must include, at a minimum:

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

Remove line 92-93 and insert:

33 the court; amending s. 63.097,

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

Amendment No. 9

Bill No. 599

COUNCIL/COMMITTEE ACTION

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

Council hearing bill: Health Care
Representative Mahon offered the following:

Amendment (with title amendment)

Remove line(s) 182-291 and insert:

- (1) "Abandoned" means a situation in which the parent or person having legal custody of a child, while being able, makes no provision for the child's support and makes little or no effort to communicate with the child, which situation is sufficient to evince an intent to reject parental responsibilities. If, in the opinion of the court, the efforts of such parent or person having legal custody of the child to support and communicate with the child are only marginal efforts that do not evince a settled purpose to assume all parental duties, the court may declare the child to be abandoned. In making this decision, the court may consider the conduct of a father towards the child's mother during her pregnancy.
- (2) "Adoption" means the act of creating the legal relationship between parent and child where it did not exist, thereby declaring the child to be legally the child of the adoptive parents and their heir at law and entitled to all the

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 9

rights and privileges and subject to all the obligations of a child born to such adoptive parents in lawful wedlock.

- (3) "Adoption entity" means the department, an agency, a child-caring agency registered under s. 409.176, an intermediary, or a child-placing agency licensed in another state which is qualified by the department to place children in the State of Florida.
- (4)(20) "Adoption plan" means an arrangement arrangements made by a birth parent or other individual having a legal right to custody of a minor child, born or to be born, with an adoption entity in furtherance of placing the placement of the minor for adoption.
 - (5) (4) "Adult" means a person who is not a minor.
- (6) "Agency" means any child-placing agency licensed by the department pursuant to s. 63.202 to place minors for adoption.
 - (7) (6) "Child" has the same meaning as in s. 39.01.
- (8)(7) "Court" means any circuit court of this state and, when the context requires, the court of any state that is empowered to grant petitions for adoption.
- (9) "Department" means the Department of Children and Family Services.
- (10)(9) "Intermediary" means an attorney who is licensed or authorized to practice in this state and who is placing or intends to place a child for adoption, including placing children born in another state with citizens of this state or country or placing children born in this state with citizens of another state or country.
- (11) "Legal custodian" means the person or entity in whom the legal right to custody is vested.

(12) (10) "Legal custody" means a legal status created by court order or letter of quardianship that vests in a custodian or quardian of the child, whether an agency or an individual, the right to have physical custody of the child and the right and duty to protect, train, and discipline the child and to provide him or her with food, shelter, education, and ordinary medical, dental, psychiatric, and psychological care has the meaning ascribed in s. 39.01.

(13)(11) "Minor" means a person under the age of 18 years.

(14) (12) "Parent" means a woman who gives birth to a child or a man whose consent to the adoption of the child would be required under s. 63.062(1). If a child has been legally adopted, the term "parent" means the adoptive mother or father of the child. The term does not include an individual whose parental relationship to the child has been legally terminated or an alleged or prospective father has the same meaning ascribed in s. 39.01.

(15)(13) "Person" includes a natural person, corporation, government or governmental subdivision or agency, business trust, estate, trust, partnership, or association, and any other legal entity.

- parent or legal guardian surrendering a child for adoption and the prospective adoptive parents receiving and adopting the child, and includes all actions by any person or adoption entity participating in the process.
- (17) "Primarily lives and works in Florida" means that a person lives and works in this state at least 6 months and 1 day of the year, is a member of military personnel who designates Florida as his or her place of residence in accordance with the

designates Florida as his or her place of residence.

Servicemembers Civil Relief Act, Pub. L. No. 108-189, or is a citizen of the United States living in a foreign country who

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child. "Primarily lives and works outside Florida" means (18)that a person who lives and works outside this state at least 6 months and 1 day of the year, is a member of military personnel who designates a state other than designate Florida as his or her their place of residence in accordance with the Servicemembers Civil Relief Act, Pub. L. No. 108-189 Soldiers and Sailors' Civil Relief Act of 1940, or is a citizen employees of the United States Department of State living in a foreign

(16) - "Placement" means the process of a parent or legal

quardian surrendering a child for adoption and the prospective

adoptive parents receiving and adopting the child and all

actions by any adoption entity participating in placing the

(19) (14) "Relative" means a person related by blood within the third degree of consanquinity, by adoption, or by marriage to the person being adopted within the third degree of consanquinity.

country who <u>designates</u> designate a state other than Florida as

his or her their place of residence.

(20) (18) "Suitability of the intended placement" includes the fitness of the intended placement, with primary consideration being given to the best interest of the child.

(21) (19) "Unmarried biological father" means the child's biological father who is not married to the child's mother at the time of conception or birth of the child and who, prior to the filing of the petition to terminate parental rights, has not been declared by a court of competent jurisdiction to be the

	HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES
	Amendment No. 9
12	legal father of the child or has not executed an affidavit
113	pursuant to s. 382.013(2)(c).
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116	========= T I T L E A M E N D M E N T =========
117	Remove line 9 and insert:
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119	the terms "legal custodian" and "primarily lives and works
120	in Florida"; amending

Amendment No. 10

Bill No. 599

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 hearing bill: Health Care

Representative Mahon offered the following:

Amendment (with title amendment)

Remove line(s) 1647-1650.

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

Remove line(s) 103-105 and insert:

circumstances; amending s. 63.125, F.S.; providing that

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Bill No. 599

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 hearing bill: Healthcare

Representative Mahon offered the following:

Amendment (with title amendment)

Between lines 1761 and 1762 insert:

Section 28. Section 63.182, Florida Statutes, is amended to read:

63.182 Statute of repose.--

- (1) Notwithstanding s. 95.031 or s. 95.11 or any other statute, an action or proceeding of any kind to vacate, set aside, or otherwise nullify a judgment of adoption or an underlying judgment terminating parental rights on any ground may not be filed more than 1 year after entry of the judgment terminating parental rights.
- (2)(a) Except for the specific persons expressly entitled to be given notice of an adoption in accordance with this chapter, the interest that entitles a person to notice of an adoption of a minor must be direct, financial, and immediate, and the person must show that he or she will gain or lose by the direct legal operation and effect of the judgment. A showing of

Amendment No. 11

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stand	ding t	0	set	as	ide	a	judgme	ent	of	adoption	of a	a mir	or.	

(b) This subsection is remedial and shall apply to all adoptions, including those in which a judgment of adoption has already been entered.

Remove line 126 and insert:

pertaining to an adoption; amending s.63.182, F.S.; providing that the statute of repose applies to the adoption of a minor; amending s. 63.192, F.S.;

Bill No. **599**

,	COUNCIL/COMMITTEE ACTION
	ADOPTED (Y/N)
	ADOPTED AS AMENDED (Y/N)
·	ADOPTED W/O OBJECTION (Y/N)
	FAILED TO ADOPT (Y/N)
	WITHDRAWN (Y/N)
	OTHER
1	Council hearing bill: Healthcare
2	Representative Mahon offered the following:
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4	Amendment (with title amendment)
5	Remove line 2033 and insert:
6	Section 37. <u>If any provision of this act or the</u>
7	application thereof to any person or circumstances is held
8	invalid, the invalidity does not affect other provisions or
9	applications of the act which can be given effect without the
10	invalid provision or application and, to this end, the
11	provisions of this act are severable.
12	Section 38. This act shall take effect July 1, 2007.
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16	========== T I T L E A M E N D M E N T =========
17	Remove line(s) 157-158 and insert:
18	for children born out of wedlock; providing for
19	severability; providing an effective date.
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Bill No. 599

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 hearing bill: Healthcare
Representatives Galvano, Zapata, Garcia and Ausley offered the
following:

Amendment (with title amendment)

Between lines 1871 and 1872 insert:

Section 33. Section 382.017, Florida Statutes, is amended to read:

382.017 Foreign births.-

(1) Upon request, the department shall prepare and register a certificate of foreign birth for an adoptee born in a foreign country who is not a citizen of the United States and whose judgment of adoption was entered by a court of competent jurisdiction of this state. The certificate shall be established upon receipt of the report or certified copy of the adoption decree, proof of the date and place of the adoptee's birth, and a request that the certificate be prepared from the court, the adopting parents, or the adoptee if of legal age. The certificate shall be labeled "Certificate of Foreign Birth" and shall show the true country and date of birth of the adoptee,

and must include a statement that the certificate is not evidence of United States citizenship. After registering the certificate of foreign birth in the new name of the adoptee, the department shall place the adoption report or decree under seal, not to be broken except pursuant to court order.

- (2) A certificate of foreign birth for an adoptee born in a foreign country may be issued without a judgment of adoption by a court of competent jurisdiction of this state if the adopting parents submit:
- 1. A certified translation of all documents described in this subsection that are not in English;
- 2. The decree, order, or certificate of adoption evidencing finalization of the adoption in the foreign country;
- 3. An IR-3 visa with proof of U.S. citizenship issued upon entry into the United States for the adoptee;
- 4. Each adopting parent certifies in writing under penalty of perjury the adoption complies with eligibility requirements set forth in s. 63.042(3); and
 - 5. Proof that each adopting parent is a Florida resident.
- (3) (2) If the adoptee was born in a foreign country but was a citizen of the United States at the time of birth, the department shall not prepare a certificate of foreign birth but shall notify the adoptive parents, or the adoptee if of legal age, of the procedure for obtaining a revised birth certificate through the United States Department of State.

Remove line 140 and insert:

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 13

effect at the time the petition was filed; amending s. 382.017, F.S.; providing that a certificate of foreign birth for an adoptee born in a foreign country may be issued without a judgment of adoption by a court of competent jurisdiction of this state if the adopting parents submit specified documentation; amending s.

COUNCIL/COMMITTEE ACTION _ (Y/N) ADOPTED (X/N) ADOPTED AS AMENDED (Y/N)ADOPTED W/O OBJECTION (Y/N)FAILED TO ADOPT (Y/N)WITHDRAWN OTHER Council hearing bill: Healthcare 1 Representative Garcia offered the following: 2 3 Amendment (with title amendment) 4 Between lines 1871 and 1872 insert: 5 6 Section 33. Section 383.50, Florida Statutes, is amended to 7 read: 8 383.50 Treatment of abandoned newborn infant.-9 383.50 Treatment of abandoned newborn infant.--10 (1) As used in this section, the term "newborn infant" 11 means a child that a licensed physician reasonably believes to 12 be approximately 7/3 days old or younger at the time the child 13 is left at a hospital, emergency medical services station, or 14 fire station. 15 16 ========== T I T L E A M E N D M E N T ========== Remove line 140 and insert:

17 18

> effect at the time the petition was filed; amending s. 383.50, F.S.; increasing the age used to define newborn infant; amending s.

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House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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

Bill No. 0803

COUNCIL/COMMITTEE ACTION

ADOPTED	(Y/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) Cusack offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 409.1663, Florida Statutes, is created
to read:

- 409.1663 Adoption benefits for qualifying adoptive employees of state agencies.--
 - (1) As used in this section, the term:
- (a) "Department" means the Department of Children and Family Services.
- (b) "Licensed child-placing agency" has the same meaning as in s. 39.01.
- (c) "Qualifying adoptive employee" means a full-time or part-time employee of a state agency who is paid from regular salary appropriations or who otherwise meets the employer's definition of a regular rather than temporary employee and who adopts a child pursuant to this section. For purposes of this section, the term includes instructional personnel, as defined

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

- in s. 1012.01, employed by the Florida School for the Deaf and the Blind.
- 23 (d) "Special needs child" has the same meaning as in s. 24 409.166.
 - (e) "State agency" means a branch, department, or agency of state government for which the Chief Financial Officer processes payroll requisitions, a state university or community college as defined in s. 1000.21, a school district unit as defined in s. 1001.30, or a water management district as defined in s. 373.019.
 - (2) A qualifying adoptive employee who adopts a special needs child shall be eligible to receive a lump-sum monetary benefit in the amount of \$10,000 per child subject to applicable taxes. Any qualifying adoptive employee who adopts a child whose permanent custody has been awarded to the department or to a licensed child-placing agency, other than a special needs child, shall be eligible to receive a lump-sum monetary benefit in the amount of \$5,000 per child subject to applicable taxes.
 - (a) Benefits paid to a part-time employee must be prorated based on the employee's full-time-equivalency status at the time of applying for the benefits.
 - (b) Monetary benefits are limited to one award per child adopted regardless of the number of adoptive parents or an employee's change of employer.
 - (c) The payment of a lump-sum monetary benefit for adopting a child under this section is subject to a specific appropriation to the department for such purpose.
 - (3) A qualifying adoptive employee must apply to his or her agency head to obtain the monetary benefit provided in subsection (2). Applications must be on forms approved by the

department and must include a certified copy of the final order of adoption naming the applicant as the adoptive parent.

- (4) This section does not affect the right of any qualifying adoptive employee who adopts a special needs child to receive adoption assistance under s. 409.166 or any other statute that provides financial incentives for the adoption of children.
- (5) Parental leave for qualifying adoptive employees must be provided in accordance with the personnel policies and procedures of the respective state agency employer.
- (6) The department shall adopt rules to administer this section. The rules may provide for an application process such as, but not limited to, an open enrollment period during which qualifying adoptive parents may apply for monetary benefits under this section.
- employee employed in a state agency for which the Chief
 Financial Officer processes payroll requisitions shall be
 disbursed by the Chief Financial Office upon submission of a
 payroll requisition by the department. The Chief Financial
 Officer shall transfer funds from the department to a state
 university, community college, school district unit, or water
 management district to enable payment to the respective
 qualifying adoptive employee through the respective payroll
 systems as long as funds are available for such purpose.
- (8) Each state agency shall develop a uniform procedure for informing employees about this benefit and for assisting the department in making eligibility determinations and processing applications. Any procedure adopted by a state agency is valid

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

and enforceable so long as it does not conflict with the express
terms of this section.

Section 2. Participation by employees of a state university, community college, or school district unit as provided in this act shall commence with the 2008 open enrollment period for adoption benefits to be funded in the 2008-2009 fiscal year.

Section 3. <u>Sections 110.152, 110.15201, 215.32(2)(c)5.,</u> and 373.6065, Florida Statutes, are repealed.

Section 4. The resources provided to the Department of Management Services for the adoption benefits for state employees originally enacted in section 110.152, Florida Statutes, are transferred to the Department of Children and Family Services by a type two transfer pursuant to section 20.06(2), Florida Statutes.

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

Remove the entire title and insert:

A bill to be entitled

An act relating to adoption benefits; creating s. 409.1663, F.S.; providing definitions; expanding a monetary benefit paid to employees who adopt special needs children and children in the custody of the state to include employees of state universities, community colleges, and school districts; clarifying that the availability of the monetary benefit is subject to an appropriation; authorizing the Department of Children and Family Services to administer the program; providing for rules; providing for parental leave; providing for

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

application and eligibility procedures; providing for the transfer of funding from the department to nonstate public entities; providing that application for the monetary benefit will begin with the 2008 open enrollment period and the availability of the benefit will begin in the 2008-2009 fiscal year; repealing ss. 110.152, 110.15201, 215.32(2)(c)5., and 373.6065, F.S., relating to the present program that provides a monetary benefit only to state agency employees and employees of a water management district and that is administered by the Department of Management Services; transferring resources allocated to provide adoption benefits for state employees from the Department of Management Services to the Department of Children and Family Services by a type two transfer; providing an effective date.

House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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COUNCIL/COMMITTEE ACTION

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ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
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FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	-

Council/Committee hearing bill: Healthcare Council Representative Harrell offered the following:

Amendment to Amendment (2) by Representative Nehr (with title amendments)

Remove line(s) 45 and insert:

Section 2. Subsection (2) of section 429.907, Florida Statutes, is amended to read:

429.907 License requirement; fee; exemption; display.--

- (2) Except as otherwise provided in this subsection,

 separate Separate licenses are required for centers operated on

 separate premises, even though operated under the same

 management. Separate licenses are not required for separate

 buildings on the same premises.
- (a) In the event a licensed center becomes wholly or substantially unusable due to a disaster as defined in s. 252.34(1) or due to an emergency as defined in s. 252.34(3):
- 1. The licensee may continue to operate under its current license in a premise or premises separate from that authorized under the license if the licensee has:
- a. Specified the location of the premise or premises in its Comprehensive Emergency Management Plan submitted to and

- authority within 24 hours of operating in the separate premise
- The licensee shall operate the separate premise or 2. premises only while the licensed center's original location is substantially unusable and for no longer than 180 days. AHCA may extend use of the alternate premise or premises beyond the initial 180 days. AHCA may also review the operation of the disaster premise or premises quarterly.

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

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

Remove line(s) 49-55 and insert:

A bill to be entitled

An act relating to assisted living facilities and adult day care centers; amending s. 429.52, F.S.; requiring the Department of Elderly Affairs to develop a staff training curriculum; requiring trainers to be registered with the department; requiring trainers to document experience and credentials; requiring the adoption of rules; amending s.429.907, F.S.; providing for operation of adult day care centers in temporary locations in the event of disaster or emergency; providing notification requirements when adult day care centers relocate; providing an effective date.

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

Bill No. 1019

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) Nehr offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:
Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (8) of section 429.52, Florida Statutes, is amended, and subsections (9) through (11) are added to that section, to read:

- 429.52 Staff training and educational programs; core educational requirement.--
- (8) The department shall adopt rules related to these training requirements, the competency test, necessary procedures, and competency test fees and shall adopt or contract with another entity to develop a curriculum, which shall be used as the minimum core training requirements. The department shall consult with representatives of stakeholder associations and agencies in the development of the curriculum.
- (9) The training required by this section shall be conducted by persons registered with the department as having the requisite experience and credentials to conduct the

Amendment	No.	2 ((for	drafter'	s	use	only)
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- training. A person seeking to register as a trainer must provide
 the department with proof of completion of the minimum core
 training education requirements, successful passage of the
 competency test established under this section, and proof of
 compliance with the continuing education requirement in
 subsection (4).
 - (10) A person seeking to register as a trainer must also:
 - (a) Provide proof of completion of a 4-year degree from an accredited college or university and must have worked in a management position in an assisted living facility for 3 years after being core certified;
 - (b) Have worked in a management position in an assisted living facility for 5 years after being core certified and have 1 year of teaching experience as an educator or staff trainer for persons who work in assisted living facilities or other long-term care settings;
 - (c) Have been previously employed as a core trainer for the department; or
 - (d) Meet other qualification criteria as defined in rule, which the department is authorized to adopt.
 - (11) The department shall adopt rules to establish trainer registration requirements.
 - Section 2. This act shall take effect July 1, 2007

======== 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 assisted living facilities; amending s. 429.52, F.S.; requiring the Department of Elderly Affairs to develop a staff training curriculum; requiring trainers to be registered with the department; requiring trainers

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

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56 57 to document experience and credentials; requiring the adoption of rules; providing a conditional effective date.

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

Bill No. 1019

COUNCIL/COMMITTEE ACTION

ADOPTED ___ (Y/N)
ADOPTED AS AMENDED ___ (Y/N)
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Council/Committee hearing bill: Healthcare Council Committee on Healthy Seniors offered the following:

Amendment (with title amendments)

Remove line(s) 58 and insert:

Section 3. This act shall take effect July 1, 2007, only if a specific appropriation to the Department of Elder Affairs to fund the provisions of this act is made in the General Appropriations Act for fiscal year 2007-2008.

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

Remove line(s) 7 through 8 and insert:

adoption of rules; providing appropriations; providing a conditional effective date.

This amendment was adopted in HS 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.

House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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Amendment No. 1					
			Bill	No. H	IB 1021
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ADOPTED W/O OBJECTION	(Y/N)				
FAILED TO ADOPT	(Y/N)				
WITHDRAWN	(Y/N)				
OTHER					
Representative Hasner of	offered the	following:			
Amendment					
Remove line(s) 111	L and inser	t:			
warrant in the sum of \$	668,781.96	, plus the	interest	that :	<u>has</u>
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Amendment No. 2

Bill No. HB 1021

ADOPTED		(Y/N)
ADOPTED	AS AMENDED	(Y/N)
ADOPTED	W/O OBJECTION	(Y/N)

COUNCIL/COMMITTEE ACTION

FAILED TO ADOPT __ (Y/N)

WITHDRAWN __ (Y/N)

OTHER

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

Amendment

Remove line(s) 116 and insert:

Section 3. Payment for attorney's fees and costs incurred by the claimant's attorney(s) shall not exceed \$108,764.

Payment for the professional services and costs of lobbyist(s) advocating for passage of this claim shall not exceed \$6,688.

Section 4. This act shall take effect upon becoming a law.

House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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

Bill No. 1179

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) Richardson offered the following:

Amendment

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Remove line(s) 48-50 and insert:

"social worker" in his or her employment.

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

Bill No. 1179

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) Richardson offered the following:

Amendment

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Remove line(s) 40 and insert:

social work program by the Council on Social Work Education; or

House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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Amendment No. 1

Bill No. 1215

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 Committee on Healthy Families offered the following:

Amendment

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Remove line 404 and insert:

Section 5. This act shall take effect July 1, 2007, except that changes made to s. 409.1451(2) and (5), Florida Statutes, in Section 2. of the bill, and to s. 409.903, Florida Statutes, in Section 3. of the bill, shall take effect only if a specific appropriation to fund those provisions is made in the General Appropriations Act for fiscal year 2007-2008.

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

Amendment No. 2

Bill No. 1215

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 hearing bill: Healthcare

Representative Glorioso offered the following:

Amendment

Between lines 69-70 insert:

(5) Notwithstanding the provisions of subsection (1) and (2), a caseworker at the agency at which the state has placed a minor in foster care may sign the minor's application for a driver's license if part of a court approved transition plan. Prior to signing the application, the caseworker shall notify the foster parents or other responsible party of the intent to sign the application. The caseworker does not assume any obligation or become liable for any damages caused by the negligence or willful misconduct of the minor by reason of having signed the application.

Page 19_2

House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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Amendment No. 1

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Bill No. HB 1309

COUNCIL/COMMITTEE ACTION

Council/Committee hearing bill: Healthcare Council Committee on Healthy Families offered the following:

Amendment

Remove line 298 and insert:

c. Information concerning the number

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

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

Bill No. HB 1309

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 Committee on Healthy Families offered the following:

Amendment

Remove lines 447-464 and insert:

annually as determined by the adoptive parents and the

department and memorialized in a written agreement with the

department. However, the amount of the adoption subsidy payment

shall only exceed \$5,000 annually when the secretary approves a

higher enhanced rate due to circumstances such as, but not

limited to, a child's need for extensive care and supervision.

2. For support and maintenance of a child not within the child welfare system for 3 years following the finalization of the adoption, a payment in an amount of \$3,000 annually or an amount less than \$3,000 annually as determined by the adoptive parents and the department and memorialized in a written agreement with the department. To be eligible for a subsidy under this subparagraph, an adoptive parent must be a legal resident of the state and have made a statement of domicile pursuant to s. 222.17. A stepparent who is legally married to a

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

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

shild shiplogical parent is not eligible for a subside

21 <u>child's biological parent is not eligible for a subsidy under</u>
22 <u>this subparagraph.</u>

(b) The department shall keep the necessary data and records to

This amendment was adopted in HF on 3/20/07 and is traveling with the bill and requires no further action.

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Amendment No. 3

			Bill No. HB 1309
	COUNCIL/COMMITTEE	ACTION	
!	ADOPTED	(Y/N)	
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	OTHER		
1	Council hearing bill: H	ealthcare	
2	Representative Galvano	offered the following:	
3			
4	Amendment (with ti	tle amendment)	
5	Remove lines 261-2	65	·
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8	======= T I T	LE AMENDMENT	=======================================
9	Remove lines 11-16	and insert:	
10			
11	providing for comp	osition thereof; provi	ding additional
12	purposes for		

Amendment No. 4

Bill No. HB 1309

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 hearing bill: Healthcare

Representative Galvano offered the following:

Amendment (with title amendment)

Remove lines 418-481 and insert:

Section 5. Section 409.166, Florida Statutes, is amended to read:

409.166 Special needs children; subsidized adoption assistance program.—

Legislature to protect and promote <u>each</u> every child's right to the security and stability of a permanent family home. The Legislature intends to make <u>adoption assistance</u>, <u>including financial aid</u>, available to prospective adoptive parents <u>to financial aid</u> which will enable them to adopt a child in <u>the state's</u> foster care <u>system</u> who, because of his or her special needs, has proven difficult to place in an adoptive home. In providing subsidies for children with special needs in foster homes, it is the intent of the Legislature to reduce state expenditures for long term foster care. It is also the intent

Amendment No. 4

22	of the Legislature that placement without subsidy be the
23	placement of choice unless it can be shown that such placement
24	is not in the best interest of the child.

- (2) DEFINITIONS. -- As used in this section, the term:
- (a) "Special needs child" means:
- 1. A child whose permanent custody has been awarded to the department or to a licensed child-placing agency; and
- 2.1. A child who has established significant emotional ties with his or her foster parents; or
 - 2. is not likely to be adopted because he or she is:
 - a. Eight years of age or older;
 - b. Developmentally disabled Mentally retarded;
 - c. Physically or emotionally handicapped;
 - d. Of black or racially mixed parentage; or
- e. A member of a sibling group of any age, provided two or more members of a sibling group remain together for purposes of adoption; and-
- 3. Except when the child is being adopted by the child's foster parents or relative caregivers, a reasonable, but unsuccessful effort has been made to place the child without providing a maintenance subsidy.
- (b) "Adoption assistance" means financial assistance and services provided to a special needs child and his or her adoptive family. Such assistance may include a maintenance subsidy, medical assistance, Medicaid assistance, and reimbursement of nonrecurring expenses associated with the legal adoption. The term also includes a tuition exemption at a postsecondary career program, community college, or state university, and a state employee adoption benefit under s. 110.152.

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and Family Services. (d) "Licensed child-placing agency" has the same meaning as in s. 39.01.

(c) (b) "Department" means the Department of Children

- (e) (c) "Maintenance subsidy" means a monthly payment as provided in subsection (4) special services or money payments.
 - (3) ADMINISTRATION OF PROGRAM. --
- (a) The department shall establish and administer an adoption program for special needs children to be carried out by the department or by contract with a licensed child-placing agency. The program shall attempt to increase the number of persons seeking to adopt special needs children and the number of finalized adoptions adoption placements and shall extend adoption assistance subsidies and services, when needed, to the adopting parents of a special needs child.
- (b) The department shall collect and maintain the necessary data and records to evaluate the effectiveness of the program in encouraging and promoting the adoption of special needs children.
 - (4) ADOPTION ASSISTANCE. --
 - (a) A maintenance subsidy shall:
- (b) Authorization for subsidized adoption placement is to be granted only when all other resources available to \underline{a} place the child in question have been thoroughly explored and when it can be clearly established that this is the most acceptable plan for providing permanent placement for the child. The maintenance Adoption subsidy must will not be used as a substitute for adoptive parent recruitment or as an inducement to adopting adopt a child who might be placed

without providing a subsidy through nonsubsidized means.

However, it shall be the policy of the department that no child be denied adoption if providing a maintenance when subsidy would make adoption possible. The best interest of the child must shall be the deciding factor in every case. This section does not Nothing contained herein shall prohibit foster parents from applying to adopt a special needs child placed in their care. Foster parents or relative caregivers must be asked if they would adopt without a maintenance subsidy.

(c) The department shall keep the necessary records to evaluate the effectiveness of the program in encouraging and promoting the adoption of special needs children.

(4) ELIGIBILITY FOR SERVICES.

- (b) (a) The department may pay either one or both of the following adoption-assistance subsidies to the adopting parents:
- 1. A monthly payment for the For support and maintenance of a special needs child until the 18th birthday of such child, a monthly payment in an amount determined through agreement between the adoptive parents and the department. The agreement shall take into consideration the circumstances of the adopting parents and the needs of the child being adopted., and The amount of the subsidy may be adjusted readjusted periodically based upon changes in the needs of the child or circumstances of the adoptive parents. Changes shall not be made without the concurrence of the adoptive parents. those circumstances. However, in no case shall the amount of the adoption subsidy monthly payment shall not exceed the foster care maintenance payment that which

Amendment No. 4

would have been paid during the same period if the child had been in a foster family home. The department shall establish procedures designed to maximize the use of available funding for maintenance subsidies under this subsection. Such payment shall be negotiated yearly between the parents and the department.

2. Medical Assistance initiated after the adoption of the child for medical, surgical, hospital, and related services needed as a result of a physical or mental condition of the child which existed before the adoption and not covered by Medicaid, Children's Medical Services, or Children's Mental Health Services. Such assistance for medical, surgical, hospital, and related services needed as a result of a physical or mental condition of the child which existed before the adoption, a subsidy which may be initiated at any time but shall terminate on or before the child's 18th birthday.

(5) ELIGIBILITY FOR SERVICES. --

(a) (b) As a condition of providing adoption assistance under this section for continuation of the subsidy, the adoptive parents must enter into an adoption-assistance agreement with the department which specifies the financial assistance and other services to be provided shall file a sworn statement with the department at least once each year to include any social or financial conditions which may have changed.

(b)(c) A child who is handicapped at the time of adoption shall be eligible for services through of the Division of Children's Medical Services network established under part I of chapter 391 if the child was eligible for such services prior to the adoption.

(6) (5) WAIVER OF ADOPTION FEES. -- The adoption fees

Amendment No. 4

shall be waived for all adoptive parents who participate in the program who adopt special needs children in the custody of the department. Fees may be waived for families who adopt children in the custody of a licensed child-placing agency agencies or who adopt children through independent adoptions, and who receive or may be eligible for maintenance subsidies through the department. Retroactive reimbursement of fees is may not be required for families who adopt children in the custody of licensed child-placing agencies.

(7) (6) REIMBURSEMENT FOR EXPENSES. The department is authorized to reimburse, retroactive to January 1, 1987, up to \$1,000 in nonrecurring expenses related to the adoption of a special needs child which have been incurred by adoptive parents who participate in the program for up to \$1,000 in nonrecurring expenses the parents incurred relating to the adoption. For purposes of this subsection, "nonrecurring expenses" means one-time expenses, such as attorney's fees, court costs, birth certificate fees, travel expenses, agency fees, and physical examination fees.

(8) (7) RULES.-- The department shall adopt promulgate all necessary rules to administer implement the provisions of this section.

Section 6. The sum of \$1,519,811 in recurring funds is appropriated from the General Revenue Fund to the Executive Office of the Governor for the purposes of implementing the Office of Adoption and Child Protection as described in sections 1.-4. of this bill.

Section 7. This act shall take effect July 1, 2007.

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

Amendment No. 4

Remove lines 25-31 and insert:

made by the act; amending s. 409.166, F.S.; amending
definitions; revising provisions relating to the adoption of
children with special needs; distinguishing between subsidies
and adoption assistance; providing for an adoption-assistance
agreement; providing for an appropriation; providing an
effective date.

Amendment No. > 5

Bill No. 1309

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 hearing bill: Healthcare

Representative Galvano offered the following:

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Amendment

Remove lines 418-463 and insert:

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Section 5. Section 409.1661, Florida Statutes, is created to read:

409.1661 Subsidized adoption program. --

- (1) LEGISLATIVE INTENT.--It is the intent of the

 Legislature to protect and promote every child's right to the
 security and stability of a permanent family home. The

 Legislature intends to make available to prospective adoptive
 parents financial aid that will enable them to adopt a child. It
 is also the intent of the Legislature that the best interest of
 the child shall be the deciding factor in every case.
 - (2) DEFINITIONS. -- As used in this section, the term:
- (a) "Child within the child welfare system" means a special needs child as defined in s. 409.166 and any other child who was removed from the child's caregiver due to abuse or neglect and whose permanent custody has been awarded to the

Amendment No. 25

- 22 department or to a licensed child-placing agency.
 - (b) "Subsidy" means money payments.
 - (3) ADMINISTRATION OF PROGRAM. --
 - (a) The department shall pay the following subsidies to adoptive parents:
 - 1. For support and maintenance of a child within the child welfare system until the 18th birthday of the child, a payment in an amount of \$5,000 annually or an amount less than \$5,000 annually as determined by the adoptive parents and memorialized in a written agreement with the department. However, the amount of the adoption subsidy payment shall only exceed \$5,000 annually when the secretary approves a higher enhanced rate due to circumstances such as, but not limited to, a child's need for extensive care and supervision.

Amendment No. 3

Bill No. 1309

	Bill No. 1309
	COUNCIL/COMMITTEE ACTION
	ADOPTED (Y/N)
	ADOPTED AS AMENDED (Y/N)
	ADOPTED W/O OBJECTION (Y/N)
	FAILED TO ADOPT (Y/N)
	WITHDRAWN (Y/N)
	OTHER
1	Council hearing bill: Healthcare
2	Representative Galvano offered the following:
3	
4	Amendment (with directory and title amendments)
5	Remove line 481 and insert:
6	Section 6. The sum of \$1,519,811 in recurring funds is
7	appropriated from the General Revenue Fund to the Executive
8	Office of the Governor for the purposes of implementing the
9	Office of Adoption and Child Protection as described in sections
10	14. of this bill.
11	Section 7. This act shall take effect July 1, 2007, except
12	section 5. of the bill, which is subject to a specific
13	appropriation in the General Appropriations Act for fiscal year
14	2007-2008.
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19	========= T I T L E A M E N D M E N T =========
20	Remove lines 30-31 and insert:

Amendment No. 3 6

Children and Family Services to adopt rules; providing for an 21 22

appropriation; providing an effective date subject to

appropriations. 23

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House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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Amendment	No.	1	(20171)
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Bill No. 1575

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
The Committee on Health Innovation offered the following:

Amendment (with title amendment)

Between line(s) 574 and 575, insert:

Section 3. Section 381.7366, Florida Statutes, is created to read:

381.7366 Office of Minority Health; legislative intent; duties.--

- (1) LEGISLATIVE INTENT.--The Legislature recognizes that despite significant investments in health care programs certain racial and ethnic populations suffer disproportionately with chronic diseases when compared to the non-Hispanic white population. The Legislature intends to address these disparities by developing programs that target causal factors and recognize the specific health care needs of racial and ethnic minorities.
- (2) ORGANIZATION. -- The Office of Minority Health is established within the Department of Health. The office shall be headed by a director who shall report directly to the Secretary of Health.
- (3) DUTIES.--The office shall: This amendment was adopted in HI on 3/20/07 and is traveling with the bill and requires no further action.

Page 1 of 3

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	HOUSE	AMEND	MENT	FOR	COUN	CIL/COM	MITT:	EE PUR
Amendment	No	1	(201	71)				
<u>(a)</u>	Prote	ct and	l pro	mote	the	health	and	well-

- being of 22 racial and ethnic populations in the state. 23
 - (b) Focus on the issue of health disparities between racial and ethnic minority groups and the general population.
 - (c) Coordinate the department's initiatives, programs, and policies to address racial and ethnic health disparities.
 - (d) Communicate pertinent health information to affected racial and ethnic populations.
 - (e) Collect and analyze data on the incidence and frequency of racial and ethnic health disparities.
 - (f) Promote and encourage cultural competence education and training for health care professionals.
 - (g) Serve as a clearinghouse for the collection and dissemination of information and research findings relating to innovative approaches to the reduction or elimination of health disparities.
 - (h) Dedicate resources to increase public awareness of minority health issues.
 - (i) Seek increased funding for local innovative initiatives and administer grants designed to support initiatives that address health disparities and that can be duplicated.
 - (j) Provide staffing and support for the Closing the Gap grant program advisory committee.
 - Coordinate with other agencies, states, and the (k) Federal Government to reduce or eliminate health disparities.
 - (1) Collaborate with other public health care providers, community and faith-based organizations, the private health care system, historically black colleges and universities and other minority institutions of higher education, medical schools, and This amendment was adopted in HI on 3/20/07 and is traveling with the bill and requires no further action.

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providing for organization and duties of the office; amending

This amendment was adopted in HI on 3/20/07 and is traveling with the bill and requires no further action.

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

Bill No. HB 1575

COUNCIL/COMMITTEE ACTION

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

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

Amendment (with directory and title amendments)

Remove line(s) 1052 and insert:

Section 3. This act shall take effect July 1, 2007, only if specific appropriations are made in the General Appropriations Act for fiscal year 2007-2008 to: the Office of Program Policy Analysis and Government Accountability to fund the study; to the Department of Health for staff positions, rural health network infrastructure implementation and the rural hospital capital improvement grant program; and to the Agency for Health Care administration for the Medicaid fee schedule bonus payment.

========== T I T L E A M E N D M E N T ========== Remove line(s) 63 and insert:

additional positions; providing a contingent effective date.

This amendment was adopted in HI on 3/20/07 and is traveling with the bill and requires no further action.

Page 1 of 1

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

Bill No. HB 1575

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) Bean offered the following:

Amendment to traveling amendment #2

Remove line(s) 9-15, and insert:

Appropriations Act for fiscal year 2007-2008 to the Department of Health to fund rural health network infrastructure implementation and the rural hospital capital improvement grant program.

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Amendment No. 3 (for drafter's use only)

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	COUNCIL/COMMITTEE A	ACTION
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1	Council/Committee hearing	ng bill: Healthcare Council
2	Representative(s) Bean o	offered the following:
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4	Amendment (with dir	rectory and title amendments)
5	Remove line(s) 809-	-817
6		
7	======= T I T I	L E AMENDMENT ========
8	Remove line(s) 48-5	and insert:
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10	to certain rural hospita	als; amending s. 409.908, F.S.; requiring
11	the	

Amendment No. 4 (for drafter's use only)

Bill No. HB 1575

COUNCIL/COMMITTEE	ACTION
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FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	
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Council/Committee hearing bill: Healthcare Council Representative(s) Bean offered the following:

Amendment (with directory and title amendments)

Remove line(s) 902-908

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

Remove line(s) 51-54 and insert:
remaining funds; amending s. 409.908, F.S.; revising a provision
relating to phase-in of a certain fee schedule to delete
obsolete language; amending ss. 408.07,

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 5 (for drafter's use only)

Bill No. HB 1575

ADOPTED			(Y/N)
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COUNCIL/COMMITTEE ACTION

ADOPTED W/O OBJECTION / (Y/N)

FAILED TO ADOPT __ (Y/N)

WITHDRAWN __ (Y/N)

OTHER ____

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

Amendment (with directory and title amendments)

Remove line(s) 1003-1051 and insert:

Relations shall study the financing options for replacing or changing the use of rural hospital facilities having 55 or fewer beds which were built before 1985 and which have not had major renovations since 1985. For each such hospital, the Legislative Committee on Intergovernmental Relations staff shall assess the need to replace or convert the facility, identify all available sources of financing for such replacement or conversion and assess each community's capacity to maximize these funding options, propose a model replacement facility if a facility should be replaced, and propose alternative uses of the facility if continued operation of the hospital is not financially feasible. Based on the results of the contract study, the Legislative Committee on Intergovernmental Relations shall submit recommendations to the Legislature by February 1, 2008,

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 5 (for drafter's use only)

regarding whether the state should provide financial assistance
to replace or convert these rural hospital facilities and what
form that assistance should take.

Section 12. <u>Section 395.605</u>, Florida Statutes, is repealed.

Remove line(s) 56-63 and insert:

requiring the Legislative Committee on Intergovernmental Relations to contract for a study of the financing options for replacing or changing the use of certain rural hospitals; requiring a report to the Legislature by a specified date; repealing s. 395.605, F.S., relating to the licensure of emergency care hospitals; providing an effective date.

House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

	Meeti ncil/Cor Favor Favor	mmittee: $\frac{1}{\sqrt{2}}$ ng Date: $\frac{1}{\sqrt{2}}$ Place: $\frac{1}{\sqrt{2}}$ nmittee Act able able w/ able w/Cour Action:	ion:	endments	Date Date	Receiv Report Subje Subje Rec		Reconsi	deration	145 . Mac	wite
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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Bill No. HB 745

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
The Committee on Healthy Families offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. (1) The Legislature finds that the increased

cost of motor vehicle insurance for a foster child after that

child obtains a driver's license is borne by the foster parents,

the authorized representative of the residential facility, or

the foster child if living independently. This increase in the

cost of insurance creates an additional barrier for a foster

child in gaining independence and may limit the child's

opportunities for obtaining employment. In accordance with these

findings, the Department of Children and Family Services shall

establish a 3-year pilot program in Desoto, Hillsborough,

Manatee, Pasco, Pinellas, and Sarasota Counties to pay a portion

of the cost of motor vehicle insurance for foster children who

have obtained a driver's license.

(2) To the extent that funding is available, the pilot program shall provide funds to pay for a portion of the increase in the cost of motor vehicle insurance incurred by foster parents, residential facilities, and foster children living

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

Page 1 of 3

HB 745 Strike All

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

independently. To be eligible for payment under the pilot program, the person incurring the cost must submit to the department appropriate documentation demonstrating the increase in the cost of insurance. The amount of the payment provided to the foster parent, residential facility, or foster child living independently shall be one-half of the amount of the increase in the cost of motor vehicle insurance which is incurred as a result of adding the foster child to the policy or less than one-half if another source of funding is available to pay for the increase. The foster child must be encouraged to pay the other half of the increase in insurance costs.

- (3) The department shall develop procedures for operating the pilot program, including, but not limited to, determining eligibility, providing the payment, ensuring that payment is limited solely to the additional cost of including the foster child in the insurance policy, and ensuring that the payments are made to eligible persons in the order each person is determined eligible until the funds are exhausted.
- (4) The department shall examine and use, to the extent possible, other available options for funding the cost of the motor vehicle insurance increase, such as, but not limited to, through the child's master trust fund, social security income, child support payments, and other income available to the child.
- (5) Beginning January 1, 2008, and continuing for the duration of the pilot program, the department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives an annual report on the success and outcomes achieved by the pilot program, with a recommendation as to whether the pilot program should be continued, terminated, or expanded.

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

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Section 2. The sum of \$150,000 is appropriated from the General Revenue Fund to the Department of Children and Family Services for the purpose of implementing this act during the 2007-2008 fiscal year.

Section 3. 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.

Remove the entire title and insert:

An act relating to motor vehicle insurance for foster children; creating a pilot program to reimburse foster parents, residential facilities, or foster children who live independently a portion of the increased costs of motor vehicle insurance for a foster child who has a driver's license; directing the Department of Children and Family Services to establish the pilot program in DeSoto, Hillsborough, Manatee, Pasco, Pinellas, and Sarasota Counties; requiring that the person who incurs the increased cost submit to the department documentation of that increase; requiring that foster children be encouraged to pay the remaining portion of the increase in cost; directing the department to develop procedures for operating the pilot program; requiring the department to submit a report with recommendations to the Governor and the Legislature by a specified date each year of the pilot program; providing an appropriation; providing for apportionment of the appropriation; providing an effective date, subject to an appropriation.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

	Amendment No. 2 Bill No.	745
	BIII NO.	725
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	OTHER	
		mindings was a second passed.
1	Council hearing bill: Healthcare	
2	Representative Reagan offered the following:	
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4	Amendment (with title amendments)	
5	Remove lines 53-56	
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8	========== T I T L E A M E N D M E N T =========	
9	Remove lines 79-80 and insert:	
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11	program; providing for	

House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

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

Bill No. 893

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 Committee on Health Quality offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 831.311, Florida Statutes, is created
to read:

831.311 Violations involving certain prescription blanks for controlled substances in Schedules II-IV.--

- (1) It is unlawful for any person with the intent to injure or defraud any person or to facilitate any violation of s. 893.13 to sell, manufacture, alter, deliver, utter, or possess any counterfeit-resistant prescription blank for controlled substances as provided in s. 893.065.
- (2) Any person who violates this section commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Section 2. Section 893.04, Florida Statutes, is amended to read:

893.04 Pharmacist and practitioner.--

This amendment was adopted in HQ on 03/20/07 and a council substitute is recommended to council

Page 1 of 9

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- (1) A pharmacist, in good faith and in the course of professional practice only, may dispense controlled substances upon a written or oral prescription of a practitioner, under the following conditions:
- (a) Oral prescriptions must be promptly reduced to writing or recorded electronically by the pharmacist.
- (b) The written prescription must be dated and signed by the prescribing practitioner on the day when issued.
- (c) There shall appear on the face of the prescription or written record thereof for the controlled substance the following information:
- 1. The full name and address of the person for whom, or the owner of the animal for which, the controlled substance is dispensed.
- 2. The full name and address of the prescribing practitioner and the practitioner's federal controlled substance registry number shall be printed thereon.
- 3. If the prescription is for an animal, the species of animal for which the controlled substance is prescribed.
- 4. The name of the controlled substance prescribed and the strength, quantity, and directions for use thereof.
- 5. The number of the prescription, as recorded in the prescription files of the pharmacy in which it is filled.
- 6. The initials of the pharmacist filling the prescription and the date filled.
- (d) The prescription shall be retained on file by the proprietor of the pharmacy in which it is filled for a period of 2 years.
- (e) Affixed to the original container in which a controlled substance is delivered upon a prescription or

This amendment was adopted in HQ on 03/20/07 and a council substitute is recommended to council

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 1(for drafter's use only) authorized refill thereof, as hereinafter provided, there shall be a label bearing the following information:

- The name and address of the pharmacy from which such controlled substance was dispensed.
- The date on which the prescription for such controlled substance was filled.
- The number of such prescription, as recorded in the prescription files of the pharmacy in which it is filled.
 - The name of the prescribing practitioner.
- The name of the patient for whom, or of the owner and species of the animal for which, the controlled substance is prescribed.
- The directions for the use of the controlled substance prescribed in the prescription.
- A clear, concise warning that it is a crime to transfer the controlled substance to any person other than the patient for whom prescribed.
- A prescription for a controlled substance listed in Schedule II may be dispensed only upon a written prescription of a practitioner, except that in an emergency situation, as defined by regulation of the Department of Health, such controlled substance may be dispensed upon oral prescription but is limited to a 72-hour supply. No prescription for a controlled substance listed in Schedule II may be refilled.
- No prescription for a controlled substance listed in Schedule Schedules III, Schedule IV, or Schedule V may be filled or refilled more than five times within a period of 6 months after the date on which the prescription was written unless the prescription is renewed by a practitioner.

This amendment was adopted in HQ on 03/20/07 and a council substitute is recommended to council Page 3 of 9

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

- (2) (a) A pharmacist may not dispense a controlled substance listed in Schedule II, Schedule III, or Schedule IV to any patient or patient's agent without first determining, in the exercise of her or his professional judgment, that the order is valid. The pharmacist may dispense the controlled substance, in the exercise of her or his professional judgment, when the pharmacist or pharmacist's agent has obtained satisfactory patient information from the patient or the patient's agent.
- (b) Any pharmacist who dispenses by mail a controlled substance listed in Schedule II, Schedule III, or Schedule IV shall be exempt from the requirement to obtain suitable identification for the prescription dispensed by mail.
- (c) Any controlled substance listed in Schedule III or Schedule IV may be dispensed by a pharmacist upon an oral prescription if, before filling the prescription, the pharmacist reduces the prescription to writing or records it electronically. Such prescriptions must contain the date of the oral authorization.
- (d) Each written prescription from a practitioner in this state for a controlled substance listed in Schedule II, Schedule III, or Schedule IV must include both a written and a numerical notation of the quantity on the face of the prescription and a notation of the date with the abbreviated month written out on the face of the prescription. A pharmacist may, upon verification by the prescriber, document any information required by this paragraph.
- (e) A pharmacist may not dispense more than a 30-day supply of a controlled substance listed in Schedule III upon an oral prescription issued in this state.

This amendment was adopted in HQ on 03/20/07 and a council substitute is recommended to council

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

- (f) A pharmacist may not knowingly fill a prescription that has been forged for a controlled substance listed in Schedule II, Schedule III, or Schedule IV.
- (3)(2) Notwithstanding the provisions of subsection (1), a pharmacist may dispense a one-time emergency refill of up to a 72-hour supply of the prescribed medication for any medicinal drug other than a medicinal drug listed in Schedule II, in compliance with the provisions of s. 465.0275.
- (4)(3) The legal owner of any stock of controlled substances in a pharmacy, upon discontinuance of dealing in controlled substances, may sell said stock to a manufacturer, wholesaler, or pharmacy. Such controlled substances may be sold only upon an order form, when such an order form is required for sale by the drug abuse laws of the United States or this state, or regulations pursuant thereto.
- Section 3. Section 893.055, Florida Statutes, is created to read:
 - 893.055 Prescription Drug History. --
 - (1) Definitions.--

- (a) "Agency" means the Agency for Health Care Administration.
 - (b) "Department" means the Department of Health.
- (c) "Federal privacy laws" means the provisions relating to the disclosure of patient privacy information under federal law, including, but not limited to, the Health Insurance

 Portability and Accountability Act of 1996 (HIPAA), Pub. L. No. 104-91, and its implementing regulations, the Federal Privacy Act, 5 U.S.C. s. 552(a), and its implementing regulations, and any other federal law, including, but not limited to, federal

This amendment was adopted in HQ on 03/20/07 and a council substitute is recommended to council

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

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

common law and decisional law, that would prohibit the

disclosure of patient privacy information.

(d) "Health care practitioner" means, with the exception of the exceptio

- (d) "Health care practitioner" means, with the exception of a pharmacist, a practitioner licensed under chapter 456 and authorized by law to prescribe drugs.
- (e) "Pharmacy" means a pharmacy subject to licensure or regulation by the department under chapter 465 that dispenses or delivers a controlled substance listed in Schedule II, Schedule III, or Schedule IV to a patient in this state.
- (2) (a) By June 30, 2008, the agency shall contract with a vendor for the design and operation of a secure, privacy-protected website that shall provide a health care practitioner, pharmacy, or pharmacist access to comprehensive patient medication history. In order to provide comprehensive patient medication history, the agency shall require the contracted vendor to subcontract with private-sector organizations that currently operate electronic prescribing networks that provide such medication history.
- (b) The contracted vendor shall comply with all applicable state and federal privacy laws and maintain the website within the United States.
- (c) The contracted vendor must create a system to verify with the department that each health care practitioner, pharmacy, or pharmacist requesting access to the website holds a valid, active license under the appropriate practice act.
- (3) A health care practitioner authorized to access the website may only use the website to obtain medication history for a current patient for prescribing purposes with the written permission of the patient.

This amendment was adopted in HQ on 03/20/07 and a council substitute is recommended to council

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

- (4) A pharmacy or pharmacist authorized to access the website may only use the website to obtain medication history in dispensing a current prescription for Schedule II, Schedule III, or Schedule IV medicinal drugs with the written permission of the patient. The pharmacy or pharmacist shall not have access to pharmacy identifying information within a patient's medication history.
- (5) No recovery shall be allowed in any court in this state against a health care practitioner, pharmacy, or pharmacist authorized to obtain information under this section for accessing or failing to access such information.
- (6) A violation of this section by a health care practitioner, pharmacy, or pharmacist shall constitute grounds for disciplinary action under each respective licensing chapter and s. 456.072(1)(k).
- (7) Any contractor entering into a contract under this section is liable in tort for the improper release of any confidential information received in addition to any breach of contract liability. Sovereign immunity may not be raised by the contractor, or the insurer of that contractor on the contractor's behalf, as a defense in any action arising out of the performance of any contract entered into under this section or as a defense in tort, or any other application, for the maintenance of confidentiality of information and for any breach of contract.
- Section 4. Section 893.065, Florida Statutes, is created to read:
- 893.065 Counterfeit-resistant prescription blanks for controlled substances listed in Schedules II-IV.--The department shall develop and adopt by rule the form and content for a

This amendment was adopted in HQ on 03/20/07 and a council substitute is recommended to council

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	HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES
	Amendment No. 1(for drafter's use only)
197	counterfeit-resistant prescription blank that may be used by
198	practitioners to prescribe a controlled substance listed in
199	Schedule II, Schedule III, or Schedule IV. The department may
200	require the prescription blanks to be printed on distinctive,
201	watermarked paper and to bear the preprinted name, address, and
202	category of professional licensure of the practitioner and that
203	practitioner's federal registry number for controlled
204	substances. The prescription blanks may not be transferred.
205	Section 5. The penalties created in s. 831.311(2), Florida
206	Statutes, by this act shall be effective only upon the adoption
207	of the rules required pursuant to s. 893.065, Florida Statutes,
208	as created by this act.
209	Section 6. If a person dies of an apparent drug overdose:
210	(1) A law enforcement agency shall prepare a report
211	identifying each prescribed controlled substance listed in
212	Schedule II, Schedule III, or Schedule IV of s. 893.03, Florida
213	Statutes, that is found on or near the deceased or among the
214	deceased's possessions. The report must identify the person who
215	prescribed the controlled substance, if known or ascertainable.
216	Thereafter, the law enforcement agency shall submit a copy of
217	the report to the medical examiner.
218	(2) A medical examiner who is preparing a report pursuant
219	to s. 406.11, Florida Statutes, shall include in the report
220	information identifying each prescribed controlled substance
221	listed in Schedule II, Schedule III, or Schedule IV of s.
222	893.03, Florida Statutes, that was found in, on, or near the
223	deceased or among the deceased's possessions.
224	Section 7. This act shall take effect July 1, 2007.

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

This amendment was adopted in HQ on 03/20/07 and a council substitute is recommended to council Page 8 of 9

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

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

Remove the entire title and insert:

A bill to be entitled

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An act relating to controlled substances; creating s. 831.311, F.S.; prohibiting the sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances; providing penalties; amending s. 893.04, F.S.; authorizing electronic recording of oral prescriptions for a controlled substance; providing additional requirements for the dispensing of a controlled substance listed in Schedule II, Schedule III, or Schedule IV; creating s. 893.055, F.S.; requiring the Agency for Health Care Administration to contract for creation of a website to provide private-sector medication history to certain pharmacies and health care practitioners; providing limitations on use; providing liability for the improper release of any confidential information; precluding the use of a specified defense by specified defendants in certain actions; providing penalties; creating s. 893.065, F.S.; requiring the department to develop and adopt by rule the form and content for a counterfeit-resistant prescription blank for voluntary use by practitioners to prescribe a controlled substance listed in Schedule II, Schedule III, or Schedule IV; providing contingent applicability of penalties; requiring reports of law enforcement agencies and medical examiners to include specified information if a person dies of an apparent overdose of a controlled substance listed in Schedule II, Schedule III, or Schedule IV; providing an effective date.

This amendment was adopted in HQ on 03/20/07 and a council substitute is recommended to council

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

Bill No. 893

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) Harrell offered the following:

Amendment to Amendment (1) by Representative Harrell (with directory and title amendments)

Remove line(s) 126-191 and insert:

408.0611 Electronic Prescribing Clearinghouse. --

(1) Legislative intent.--It is the intent of the Legislature to promote the implementation of electronic prescribing by healthcare practitioners, healthcare facilities, and pharmacies in order to prevent prescription drug abuse, improve patient safety, and reduce unnecessary prescriptions. To that end, it is the intent of the Legislature to create a clearinghouse of information on electronic prescribing to convey the process and advantages of electronic prescribing; to provide information regarding the availability of electronic prescribing products, including no-cost or low-cost products; and to regularly convene stakeholders to assess and accelerate the implementation of electronic prescribing.

- (2) Definitions. --
- (a) "Electronic prescribing" means, at a minimum, the electronic review of the patient's medication history; the

25 pharmacy.

- (b) "Healthcare practitioner" means an individual authorized by law to prescribe drugs.
- sector electronic prescribing initiatives and relevant stakeholders to create a clearinghouse of information on electronic prescribing for healthcare practitioners, healthcare facilities, and pharmacies. These stakeholders shall include organizations that represent healthcare practitioners; organizations that represent healthcare facilities; organizations that represent healthcare facilities; organizations that represent pharmacies; organizations that operate electronic prescribing networks; organizations that create electronic prescribing products; and regional health information organizations. Specifically, the agency shall, by October 1, 2007:
 - (a) Provide on its website:
- 1. Information regarding the process of electronic prescribing and the availability of electronic prescribing products, including no-cost or low-cost products;
- 2. Information regarding the advantages of electronic prescribing, including utilizing medication history data to prevent drug interactions; prevent allergic reactions; and deter doctor and pharmacy shopping for controlled substances;
- 3. Links to federal and private sector websites that provide guidance on selecting an appropriate electronic prescribing product; and
- 4. Links to state, federal, and private-sector incentive programs for the implementation of electronic prescribing.

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(b) Convene quarterly meetings of the stakeholders to assess and accelerate the implementation of electronic prescribing. (4) Pursuant to s. 408.061, the agency shall monitor the

implementation of electronic prescribing by healthcare practitioners, healthcare facilities, and pharmacies. By January 31 of each year, the agency shall report on the progress of implementation of electronic prescribing to the Governor and the Legislature. Information reported pursuant to this subsection shall include federal and private-sector electronic prescribing initiatives and, to the extent that data is readily available from organizations that operate electronic prescribing networks, the number of healthcare practitioners using electronic prescribing and the number of prescriptions electronically transmitted.

======= D I R E C T O R Y A M E N D M E N T ======== Remove line(s) 124-125 and insert:

Section 3. Section 408.0611, Florida Statutes, is created to read:

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

Remove line(s) 229-245 and insert:

An act relating to prescription drugs; creating s. 831.311, F.S.; prohibiting the sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances; providing penalties; amending s. 893.04, F.S.; authorizing electronic recording of oral prescriptions for a controlled substance; providing additional requirements for the dispensing of a controlled substance listed in Schedule II, Schedule III, or Schedule IV; creating s.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 1a (for drafter's use only) 408.0611, F.S.; providing legislative intent; providing definitions; requiring the agency to create a clearinghouse of information on electronic prescribing; requiring the agency to monitor and report on the implementation of electronic prescribing; creating s. 893.065, F.S.;

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COUNCIL/COMMITTEE ACTION

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

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

Amendment to Amendment (1) by Representative Harrell (with title amendment)

Remove line(s) 224 and insert:

Remove line(s) 255 and insert:

Section 7. The sum of \$100,000 in non-recurring general revenue funds is appropriated to the Agency for Health Care Administration to implement the provisions of this act.

Section 8. This act shall take effect July 1, 2007.

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

IV; providing an appropriation; providing an effective date.

Page M2

House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. (for drafter's use only)

Bill No. PCB HCC 07-04

COUNCIL/COMMITTEE ACTION

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ADOPTED	(X/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 title amendment)

Remove everything after the enacting clause and insert: Section 1. Subsection (4) of section 408.915, Florida Statutes, is amended to read:

408.915 Eligibility pilot project.--The Agency for Health Care Administration, in consultation with the steering committee established in s. 408.916, shall develop and implement a pilot project to integrate the determination of eligibility for health care services with information and referral services.

- (4) The pilot project shall include eligibility determinations for the following programs:
 - (a) Medicaid under Title XIX of the Social Security Act.
 - (b) Medikids as created in s. 409.8132.
- (b) (c) Florida Healthy Kids as described in s. 624.91 and within eligibility guidelines provided in s. 409.814.
- (c) (d) Eligibility for Florida Kidcare services outside of the scope of Title XIX or Title XXI of the Social Security Act as provided in s. 409.814.

services programs as determined appropriate by the steering 24 committee.

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Section 2. Paragraph (a) of subsection (9) of section 409.1451, Florida Statutes, is amended to read:

(d) (e) State and local publicly funded health and social

- Independent living transition services.--409.1451
- MEDICAL ASSISTANCE FOR YOUNG ADULTS FORMERLY IN FOSTER CARE .-- The department shall enroll in the Florida Kidcare program, outside the open enrollment period, each young adult who is eligible as described in paragraph (2)(b) and who has not yet reached his or her 19th birthday.
- A young adult who was formerly in foster care at the time of his or her 18th birthday and who is 18 years of age but not yet 19- shall pay the premium for the Florida Kidcare program as required in s. 409.8141 409.814.
- Section 3. Subsections (20) through (26) of section 409.811, Florida Statutes, are renumbered as subsections (19) through (25), respectively, and present subsections (6), (19), and (25) of that section are amended to read:
- 409.811 Definitions relating to Florida Kidcare Act. -- As used in ss. 409.810-409.820, the term:
- "Child with special health care needs" means a child who has chronic physical, developmental, behavioral, or emotional conditions and who also requires health care and related services of a type or amount beyond that which is generally required by a child whose serious or chronic physical or developmental condition requires extensive preventive and maintenance care beyond that required by typically healthy children. Health care utilization by such a child exceeds the statistically expected usage of the normal child adjusted for chronological age, and such a child often needs complex care

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requiring multiple providers, rehabilitation services, and specialized equipment in a number of different settings.

(19) "Medikids" means a component of the Florida Kideare program of medical assistance authorized by Title XXI of the Social Security Act, and regulations thereunder, and s. 409.8132, as administered in the state by the agency.

(24)(25) "Rural county" means a county having a population density of <u>fewer less</u> than 100 persons per square mile, or a county defined by the most recent United States Census as rural, in which there is no prepaid health plan participating in the Medicaid program as of July 1, 1998.

Section 4. Section 409.812, Florida Statutes, is amended to read:

409.812 Program created; purpose.--The Florida Kidcare program is created to provide a defined set of health benefits to previously uninsured, low-income children through the establishment of a variety of affordable health benefits coverage options from which families may select coverage and through which families may contribute financially to the health care of their children.

Section 5. Section 409.813, Florida Statutes, is amended to read:

409.813 Program components; entitlement and nonentitlement.--The Florida Kidcare program includes health benefits coverage provided to children through the following program components, which shall be marketed as the Florida Kidcare program:

- (1) Medicaid;
- (2) Medikids as created in s. 409.8132;
- (2)(3) The Florida Healthy Kids Corporation as created in s. 624.91; and

- (4) Employer sponsored group health insurance plans approved under ss. 409.810 409.820; and
 - (3) (5) The Children's Medical Services network established in chapter 391.

- Except for <u>Title XIX-funded Florida Kidcare</u> coverage <u>under the Medicaid program</u>, coverage under the Florida Kidcare program is not an entitlement. No cause of action shall arise against the state, the department, the Department of Children and Family Services, or the agency, or the Florida Healthy Kids Corporation for failure to make health services available to any person under ss. 409.810-409.820.
- Section 6. <u>Section 409.8132</u>, <u>Florida Statutes</u>, is repealed.
- Section 7. Subsection (2) of section 409.8134, Florida Statutes, is amended to read:
 - 409.8134 Program expenditure ceiling.--
- any time throughout the year for the purpose of enrolling children eligible for all program components listed in s.

 409.813 except Medicaid. The four Florida Kidcare administrators shall work together to ensure that the year round enrollment period is announced statewide. Eligible children shall be enrolled on a first come, first served basis using the date the enrollment application is received. Enrollment shall immediately cease when the expenditure ceiling is reached. Year-round enrollment shall only be held if the Social Services Estimating Conference determines that sufficient federal and state funds will be available to finance the increased enrollment through federal fiscal year 2007. Any individual who is not enrolled must reapply by submitting a new application. The application

Amendment No. (for drafter's use only)

for the Florida Kidcare program shall be valid for a period of
120 days after the date it was received. At the end of the 120
day period, if the applicant has not been enrolled in the
program, the application shall be invalid and the applicant
shall be notified of the action. The applicant may resubmit the
application after notification of the action taken by the
program. Except for the Medicaid program, whenever the Social
Services Estimating Conference determines that there are
presently, or will be by the end of the current fiscal year,
insufficient funds to finance the current or projected
enrollment in the Florida Kidcare program, all additional
enrollment must cease and additional enrollment may not resume
until sufficient funds are available to finance the such
enrollment.

Section 8. Section 409.814, Florida Statutes, is amended to read:

(Substantial rewording of section. See s. 409.814, F.S., for present text.)

409.814 Eligibility.--

- (1) ELIGIBILITY FOR THE FLORIDA KIDCARE PROGRAM. --
- (a) To be eligible for the Florida Kidcare program, a child must be:
 - 1. A resident of the state.
 - Under 19 years of age.
 - 3. Uninsured at the time of application.
- (b) Once a child is enrolled in the Florida Kidcare program, the child is eligible for coverage under the program for 12 months without redetermination or reverification of eligibility.
- (2) ELIGIBILITY FOR CHILDREN'S MEDICAL SERVICES.--To be eliqible for the Children's Medical Services component of the

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. (for drafter's use only)

- Florida Kidcare program, a child must meet the requirements of subsection (1) and must be a child with special health care needs as determined through clinical eligibility screening by the Department of Health pursuant to s. 409.818(2).
- Section 9. Section 409.8141, Florida Statutes, is created to read:

409.8141 Premium assistance.--

- (1) The Florida Kidcare program may provide premium assistance to certain children enrolled in the program. To be eligible for premium assistance, the child must meet the requirements of s. 409.814 and must:
- (a) Reside in a household where the family income is equal to or less than 200 percent of the federal poverty level; and
- (b) Be a United States citizen or a qualified alien as defined in s. 409.811(22).
- assistance for enrollees who do not reside in a household where the family income is equal to or less than 200 percent of the federal poverty level, who are noncitizens, who are not qualified aliens, or who are children of state employees. Such premium assistance may be funded by general revenue or local contributions pursuant to s. 624.91 and is subject to specific appropriation. If the program does not provide such premium assistance, enrollees not meeting the eligibility requirements of subsection (1) shall pay the full cost of the premium and are not required to document income.
- (3) Eligibility for premium assistance shall be verified for each applicant and enrollee during the application and reverification processes based on:
- (a) Family income verified electronically. If electronic verification of income eligibility is not available, family

Amendment No. (for drafter's use only)

- income shall be documented with a copy of the applicant's most recent federal income tax return. In the absence of a federal income tax return, an applicant's wages and earnings statements, W-2 forms, or other appropriate documentation obtained from other government sources, including electronic records, may be considered. An assets test is not required.
- (b) A statement from the applicant or enrollee that the child is not currently insured by an employer-sponsored or other benefit plan.
- (4) Once a child is found eligible for premium assistance, the child shall receive premium assistance for 12 months without reverification of eligibility if the family continues to participate in any applicable cost-sharing pursuant to s.

 409.816. The Florida Kidcare program shall conduct an annual eligibility reverification for each enrollee eligible for premium assistance.

Section 10. Section 409.8142, Florida Statutes, is created to read:

409.8142 Penalties.--

shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that, because of such evidence, program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 days after the date of notice, to discuss and resolve the matter. The program shall make every effort to resolve the matter within a

timeframe that will not cause benefits to be withheld from an

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eligible enrollee. (2) The following individuals may be subject to

- prosecution in accordance with s. 414.39:
- (a) An applicant obtaining or attempting to obtain benefits for a potential enrollee under the Florida Kidcare program when the applicant knows or should have known the potential enrollee does not qualify for the Florida Kidcare program.
- (b) An individual who assists an applicant in obtaining or attempting to obtain benefits for a potential enrollee under the Florida Kidcare program when the individual knows or should have known the potential enrollee does not qualify for the Florida Kidcare program.

Section 11. Section 409.8149, Florida Statutes, is created to read:

409.8149 Enrollment; plan choice; choice counseling. --

(1) ENROLLMENT. -- The Florida Kidcare program may conduct enrollment at any time throughout the year for the purpose of enrolling children eligible for all program components listed in s. 409.813 except Medicaid. The four Florida Kidcare administrators shall work together to ensure that the year-round enrollment period is announced statewide. Eligible children shall be enrolled on a first-come, first-served basis, based upon the date the enrollment application is received. The application for the Florida Kidcare program is valid for a period of 120 days after the date the application is received. At the end of the 120-day period, if the applicant has not been enrolled in the program, the application is invalid and the applicant shall be notified of the action. The applicant may

Amendment No. (for drafter's use only)

resubmit the application after notification of the action taken by the program.

(2) PLAN CHOICE. --

- (a) Each enrollee shall have 30 days after the date of enrollment to voluntarily choose a benefit plan. Enrollees may choose the Children's Medical Services Network or any managed care plan operating in the Medicaid program or any plan selected pursuant to s. 624.91 in the geographical area in which the enrollee resides. An enrollee eligible for Medicaid may also choose the Medicaid fee-for-service program.
- (b) Enrollees who do not voluntarily choose a benefit plan shall be assigned to a managed care plan by the Florida Kidcare program. The program shall assign enrollees eligible for Medicaid to a Medicaid managed care plan or to the Medicaid feefor-service program if a Medicaid managed care plan does not exist in the geographical area in which the enrollee resides. The program shall assign all other enrollees to plans selected pursuant to s. 624.91 in the geographical area in which each enrollee resides.
- (c) Upon selection or assignment, an enrollee shall have 90 days during which to voluntarily disenroll from a benefit plan and select another.
- (d) Upon the anniversary of enrollment, each enrollee may voluntarily select another benefit plan. The Florida Kidcare program shall notify enrollees of their annual open enrollment options 60 days prior to the anniversary of initial enrollment.
- (3) CHOICE COUNSELING. -- The Florida Kidcare program shall provide education on the available benefit plans pursuant to s. 409.818(4). The program shall provide choice counseling upon initial enrollment and prior to an enrollee's annual optional reselection. The program shall coordinate with Medicaid to

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provide choice counseling regarding Medicaid fee-for-service and managed care options.

Section 12. Section 409.815, Florida Statutes, is amended to read:

409.815 Health benefits coverage; limitations .--

- MEDICAID BENEFITS. -- For purposes of the Florida Kidcare program, bBenefits available under all Florida Kidcare components shall meet the federal Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) standard and Medicaid and Medikids include those goods and services provided under the medical assistance program authorized by Title XIX of the Social Security Act, and regulations thereunder, as administered in this state by the agency. This includes those mandatory Medicaid services authorized under s. 409.905 and optional Medicaid services authorized under s. 409.906, rendered on behalf of eligible individuals by qualified providers, in accordance with federal requirements for Title XIX, subject to any limitations or directions provided for in the General Appropriations Act or chapter 216, and according to methodologies and limitations set forth in agency rules and policy manuals and handbooks incorporated by reference thereto.
- (2) BENCHMARK BENEFITS.—In order for health benefits coverage to qualify for premium assistance payments for an eligible child under ss. 409.810-409.820, the health benefits coverage, except for coverage under Medicaid and Medikids, must include the following minimum benefits, as medically necessary.
 - (a) Preventive health services. Covered services include:
- 1. Well-child care, including services recommended in the Guidelines for Health Supervision of Children and Youth as developed by the American Academy of Pediatrics;
 - 2. Immunizations and injections;

4. Vision screening; and

5. Hearing screening.

(b) Inpatient hospital services. All covered services provided for the medical care and treatment of an enrollee who is admitted as an inpatient to a hospital licensed under part I of chapter 395, with the following exceptions:

1. All admissions must be authorized by the enrollee's health benefits coverage provider.

- 2. The length of the patient stay shall be determined based on the medical condition of the enrollee in relation to the necessary and appropriate level of care.
- 3. Room and board may be limited to semiprivate accommodations, unless a private room is considered medically necessary or semiprivate accommodations are not available.
- 4. Admissions for rehabilitation and physical therapy are limited to 15 days per contract year.
- (c) Emergency services. Covered services include visits to an emergency room or other licensed facility if needed immediately due to an injury or illness and delay means risk of permanent damage to the enrollee's health. Health maintenance organizations shall comply with the provisions of s. 641.513.
- (d) Maternity services. Covered services include
 maternity and newborn care, including prenatal and postnatal
 care, with the following limitations:
- 1. Coverage may be limited to the fee for vaginal deliveries; and
- 2. Initial inpatient care for newborn infants of enrolled adolescents shall be covered, including normal newborn care, nursery charges, and the initial pediatric or neonatal

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examination, and the infant may be covered for up to 3 days
following birth.
(e) Organ transplantation services Covered services
include pretransplant, transplant, and postdischarge services
and treatment of complications after transplantation for
transplants deemed necessary and appropriate within the
guidelines set by the Organ Transplant Advisory Council under s.
765.53 or the Bone Marrow Transplant Advisory Panel under s.
627.4236.
(f) Outpatient services Covered services include
preventive, diagnostic, therapeutic, palliative care, and other
services provided to an enrollee in the outpatient portion of a
health facility licensed under chapter 395, except for the
following limitations:
1. Services must be authorized by the enrollee's health
benefits coverage provider; and
2. Treatment for temporomandibular joint disease (TMJ) is
specifically excluded.
(g) Behavioral health services.
1. Mental health benefits include:
a. Inpatient services, limited to not more than 30
innationt days per contract year for psychiatric admissions or

- residential services in facilities licensed under s. 394.875(8) or s. 395.003 in lieu of inpatient psychiatric admissions; however, a minimum of 10 of the 30 days shall be available only for inpatient psychiatric services when authorized by a physician; and
- b. Outpatient services, including outpatient visits for psychological or psychiatric evaluation, diagnosis, and treatment by a licensed mental health professional, limited to a maximum of 40 outpatient visits each contract year.

a. Inpatient services, limited to not more than 7

inpatient days per contract year for medical detoxification only

and 30 days of residential services; and

2. Substance abuse services include:

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b. Outpatient services, including evaluation, diagnosis, and treatment by a licensed practitioner, limited to a maximum of 40 outpatient visits per contract year.

(h) Durable medical equipment. Covered services include equipment and devices that are medically indicated to assist in the treatment of a medical condition and specifically prescribed as medically necessary, with the following limitations:

1. Low-vision and telescopic aides are not included.

2. Corrective lenses and frames may be limited to one pair every 2 years, unless the prescription or head size of the enrollee changes.

3. Hearing aids shall be covered only when medically indicated to assist in the treatment of a medical condition.

4. Covered prosthetic devices include artificial eyes and limbs, braces, and other artificial aids.

(i) Health practitioner services. Covered services include services and procedures rendered to an enrollee when performed to diagnose and treat diseases, injuries, or other conditions, including care rendered by health practitioners acting within the scope of their practice, with the following exceptions:

1. Chiropractic services shall be provided in the same manner as in the Florida Medicaid program.

2. Podiatric services may be limited to one visit per day totaling two visits per month for specific foot disorders.

(j) Home health services. Covered services include prescribed home visits by both registered and licensed practical

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391	nurses to provide skilled nursing services on a part time
3.92	intermittent basis, subject to the following limitations:
393	1. Coverage may be limited to include skilled nursing
394	services only;
395	2. Meals, housekeeping, and personal comfort items may be
396	excluded; and
397	3. Private duty nursing is limited to circumstances where
398	such care is medically necessary.
399	(k) Hospice services. Covered services include reasonable
400	and necessary services for palliation or management of an
401	enrollee's terminal illness, with the following exceptions:
402	1. Once a family elects to receive hospice care for an
403	enrollee, other services that treat the terminal condition will
404	not be covered; and
405	2. Services required for conditions totally unrelated to
406	the terminal condition are covered to the extent that the
407	services are included in this section.
408	(1) Laboratory and X ray services. Covered services
409	include diagnostic testing, including clinical radiologic,
410	laboratory, and other diagnostic tests.
411	(m) Nursing facility services. Covered services include
412	regular nursing services, rehabilitation services, drugs and
413	biologicals, medical supplies, and the use of appliances and
414	equipment furnished by the facility, with the following
415	limitations:
416	1. All admissions must be authorized by the health
417	benefits coverage provider.
418	2. The length of the patient stay shall be determined
419	based on the medical condition of the enrollee in relation to
420	the necessary and appropriate level of care, but is limited to
421	not more than 100 days per contract year.

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sessions within a 60-day period per episode or injury, with the

60-day period beginning with the first treatment.

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- (p) Transportation services. Covered services include emergency transportation required in response to an emergency situation.
- (q) Dental services. Dental services shall be covered and may include those dental benefits provided to children by the Florida Medicaid program under s. 409.906(6).
- (r) Lifetime maximum. Health benefits coverage obtained under ss. 409.810-409.820 shall pay an enrollee's covered expenses at a lifetime maximum of \$1 million per covered child.
- (s) Cost sharing. Cost-sharing provisions must comply with s. 409.816.
 - (t) Exclusions.
- 1. Experimental or investigational procedures that have not been clinically proven by reliable evidence are excluded;
- 2. Services performed for cosmetic purposes only or for the convenience of the enrollee are excluded; and
- 3. Abortion may be covered only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest.
- (2u) <u>ENHANCEMENTS TO BENEFITS</u> Enhancements to minimum requirements.--
- (a)1. This section sets the minimum benefits that must be included in any health benefits coverage, other than Medicaid or Medikids coverage, offered under ss. 409.810-409.820. Health benefits coverage may include additional benefits not included under this subsection, but may not include benefits excluded under paragraph (s).
- (b)2. Health benefits coverage may extend any limitations beyond the minimum benefits described in this section.

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Except for the Children's Medical Services Network, the agency may not increase the premium assistance payment for either additional benefits provided beyond the minimum benefits described in this section or the imposition of less restrictive service limitations.

- (3*) APPLICABILITY OF OTHER STATE LAWSApplicability of other state laws.--Health insurers, health maintenance organizations, and their agents are subject to the provisions of the Florida Insurance Code, except for any such provisions waived in this section.
- (a) 1. Except as expressly provided in this section, a law requiring coverage for a specific health care service or benefit, or a law requiring reimbursement, utilization, or consideration of a specific category of licensed health care practitioner, does not apply to a health insurance plan policy or contract offered or delivered under ss. 409.810-409.820 unless that law is made expressly applicable to such policies or contracts.
- (b) 2. Notwithstanding chapter 641, a health maintenance organization may issue contracts providing benefits equal to, exceeding, or actuarially equivalent to the benchmark benefit plan requiredauthorized by this section and may pay providers located in a rural county negotiated fees or Medicaid reimbursement rates for services provided to enrollees who are residents of the rural county.

Section 13. Section 409.816, Florida Statutes, is amended to read:

(Substantial rewording of section. See s. 409.816, F.S., for present text.)

409.816 Premiums.--

(1) SOURCES OF FUNDING. --

- (a) Premiums for children eligible for Medicaid shall be funded by Medicaid.
- (b) Premiums for children eligible for medical assistance under Title XXI of the Social Security Act shall be funded by Title XXI federal funds.
- (c) Premiums for children not eligible for Medicaid or medical assistance under Title XXI of the Social Security Act shall be fully paid by the children's families. However, such premiums may be funded by general revenue or local contributions pursuant to s. 624.91 and subject to specific appropriation.
- (2) RATES.--The Florida Kidcare program shall set premium rates based on the age, gender, and geographic location of the child and the child's eligibility for enrollment in the Children's Medical Services Network.
- managed care plan operating under the Florida Kidcare program or Medicaid regardless of any change in eligibility for premium assistance. If an enrollee's eligibility for premium assistance changes, the program shall change the premium funding source in accordance with the enrollee's new eligibility status and continue to apply the enrollee's premium to the chosen plan. If an enrollee chooses a different plan during the annual plan selection period provided under s. 409.8149, the program shall ensure that the premium funding follows the enrollee to the new plan.
 - (4) COST SHARING.--
- (a) Enrollees who are eligible for Medicaid shall not pay enrollment fees, premiums, copayments, deductibles, coinsurance, or similar charges.
- (b) Enrollees who are not eligible for Medicaid and have a family income below 150 percent of the federal poverty level

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

shall pay a share of the premium cost and shall pay \$15 per child per month. Cost sharing may be waived by the Florida

Kidcare program when required by Title XXI of the Social

Security Act.

- (c) Enrollees who are not eligible for Medicaid and have a family income below 200 percent of the federal poverty level shall pay a share of the premium cost and shall pay \$20 per child per month. Cost sharing may be waived by the Florida Kidcare program when required by Title XXI of the Social Security Act.
- (d) Enrollees who are not receiving premium assistance shall pay the full cost of the premium.
- Section 14. Section 409.817, Florida Statutes, is amended to read:
- 409.817 Approval of health benefits coverage; financial assistance.--In order for health insurance coverage other than Medicaid managed care plans to qualify for premium assistance payments for an eligible child under ss. 409.810-409.820, the health benefits coverage must:
- (1) Be certified by the Office of Insurance Regulation of the Financial Services Commission under s. 409.818 as meeting, exceeding, or being actuarially equivalent to the benchmark benefit plan;
 - (1) (2) Be guarantee issued;
 - (2)(3) Be community rated;
- (3)(4) Not impose any preexisting condition exclusion for covered benefits; however, group health insurance plans may permit the imposition of a preexisting condition exclusion, but only insofar as it is permitted under s. 627.6561;
- (4)(5) Comply with the applicable limitations on premiums and cost-sharing in s. 409.816;

- (5)(6) Comply with the quality assurance and access standards developed under s. 409.820; and
- (6) (7) Establish periodic open enrollment periods, which may not occur more frequently than quarterly.
- Section 15. Paragraph (i) of subsection (1) of section 409.8177, Florida Statutes, is amended to read:

409.8177 Program evaluation. --

- (1) The agency, in consultation with the Department of Health, the Department of Children and Family Services, and the Florida Healthy Kids Corporation, shall contract for an evaluation of the Florida Kidcare program and shall by January 1 of each year submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives a report of the program. In addition to the items specified under s. 2108 of Title XXI of the Social Security Act, the report shall include an assessment of crowd-out and access to health care, as well as the following:
- (i) An assessment of the effectiveness of <u>the Medikids</u>, Children's Medical Services network, and other public and private programs in the state in increasing the availability of affordable quality health insurance and health care for children.

Section 16. Section 409.818, Florida Statutes, is amended to read:

409.818 Administration.--In order to implement ss.
409.810-409.820, the following agencies shall have the following duties:

- (1) The Department of Children and Family Services shall:
- (a) Develop a comprehensive, statewide outreach program
 through the Community Access Network developed by the department
 that increases enrollment in the Florida Kidcare program by

providing multiple access points throughout the state,
maximizing shared resources, and partnering with a broad variety

of providers, schools, community-based organizations, and local

610 and state agencies.

(b) Develop a standardized intake process for all

Community Access Network partners that informs applicants about

coverage and services available through the Florida Kidcare

program and collects all information necessary to assess
eligibility for any premium assistance.

(c) (a) Develop a simplified eligibility application process mail in form to be used for determining the eligibility of children for coverage through under the Florida Kidcare program, in consultation with the agency, the Department of Health, and the Florida Healthy Kids Corporation. The department shall collect all information necessary to determine eliqibility for premium assistance and provide simplified eligibility application form must include an item that provides an opportunity for the applicant to indicate whether coverage is being sought for a child with special health care needs.

Families applying for children's Medicaid coverage must also be able to use the simplified application form without having to pay a premium.

- (d) Determine eligibility for Medicaid. The department may perform this function either directly or through the services of a contracted third-party administrator. The eligibility determination process must include redetermination or reverification of eligibility every 12 months.
- (e) Coordinate with the Florida Healthy Kids Corporation to establish a seamless eligibility process for children regardless of funding source.

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(b) Establish and maintain the eligibility determination process under the program except as specified in subsection (5). The department shall directly, or through the services of a contracted third party administrator, establish and maintain a process for determining eligibility of children for coverage under the program. The eligibility determination process must be used solely for determining eligibility of applicants for health benefits coverage under the program. The eligibility determination process must include an initial determination of eligibility for any coverage offered under the program, as well as a redetermination or reverification of eligibility each subsequent 6 months. Effective January 1, 1999, a child who has not attained the age of 5 and who has been determined eligible for the Medicaid program is eligible for coverage for 12 months without a redetermination or reverification of eligibility. In conducting an eligibility determination, the department shall determine if the child has special health care needs. The department, in consultation with the Agency for Health Care Administration and the Florida Healthy Kids Corporation, shall develop procedures for redetermining eligibility which enable a family to easily update any change in circumstances which could affect eligibility. The department may accept changes in a family's status as reported to the department by the Florida Healthy Kids Corporation without requiring a new application from the family. Redetermination of a child's eligibility for Medicaid may not be linked to a child's eligibility determination for other programs.

(f)(e) Inform program applicants about eligibility determinations and ensure appropriate followup procedures for choice counseling and plan enrollment provide information about eligibility of applicants to Medicaid, Medikids, the Children's

Medical Services Network, and the Florida Healthy Kids

Corporation, and to insurers and their agents, through a

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- (2) The Department of Health shall <u>determine eligibility</u> for the <u>Children's Medical Services component of the Florida</u>

 <u>Kidcare program based on a clinical eligibility screening.</u>
- (a) Design an eligibility intake process for the program, in coordination with the Department of Children and Family Services, the agency, and the Florida Healthy Kids Corporation. The eligibility intake process may include local intake points that are determined by the Department of Health in coordination with the Department of Children and Family Services.
- (b) Chair a state-level coordinating council to review and make recommendations concerning the implementation and operation of the program. The coordinating council shall include representatives from the department, the Department of Children and Family Services, the agency, the Florida Healthy Kids Corporation, the Office of Insurance Regulation of the Financial Services Commission, local government, health insurers, health maintenance organizations, health care providers, families participating in the program, and organizations representing low income families.
- (c) In consultation with the Florida Healthy Kids

 Corporation and the Department of Children and Family Services,

 establish a toll-free telephone line to assist families with

 questions about the program.
- (d) Adopt rules necessary to implement outreach activities.

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- (3) The Agency for Health Care Administration, under the authority granted in s. 409.914(1), shall:
- Calculate the premium assistance payment necessary to comply with the premium and cost-sharing limitations specified in s. 409.816. The premium assistance payment for each enrollee in a health insurance plan participating in the Florida Healthy Kids Corporation shall equal the premium approved by the Florida Healthy Kids Corporation and the Office of Insurance Regulation of the Financial Services Commission pursuant to ss. 627.410 and 641.31, less any enrollee's share of the premium established within the limitations specified in s. 409.816. The premium assistance payment for each enrollee in an employer sponsored health insurance plan approved under ss. 409.810 409.820 shall equal the premium for the plan adjusted for any benchmark benefit plan actuarial equivalent benefit rider approved by the Office of Insurance Regulation pursuant to ss. 627.410 and 641.31, less any enrollee's share of the premium established within the limitations specified in s. 409.816. In calculating the premium assistance payment levels for children with family coverage, the agency shall set the premium assistance payment levels for each child proportionately to the total cost of family coverage.
- (b) Provide fiscal management for Title XIX and Title XXI funding for the Florida Kidcare program, distributing funds among Florida Healthy Kids, the Department of Children and Family Services, and the Department of Health based on costs and the participation of children in the plans and programs available to Florida Kidcare program participants.
- (c) (b) Make premium assistance payments to health insurance plans on a periodic basis. The agency may use its Medicaid fiscal agent or a contracted third-party administrator

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in making these payments. The agency may require health
insurance plans that participate in the Medikids program or
employer sponsored group health insurance to collect premium
payments from an enrollee's family. Participating health
insurance plans shall report premium payments collected on
behalf of enrollees in the program to the agency in accordance
with a schedule established by the agency.

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- (d) (e) Monitor compliance with quality assurance and access standards developed under s. 409.820.
- (e)(d) Establish a mechanism for investigating and resolving complaints and grievances from program applicants, enrollees, and health benefits coverage providers, and maintain a record of complaints and confirmed problems. In the case of a child who is enrolled in a health maintenance organization, the agency must use the provisions of s. 641.511 to address grievance reporting and resolution requirements.
- (e) Approve health benefits coverage for participation in the program, following certification by the Office of Insurance Regulation under subsection (4).
- (f) Adopt rules, as necessary, for calculating premium assistance payment levels, making premium assistance payments, monitoring access and quality assurance standards, investigating and resolving complaints and grievances, administering the Medikids program, and approving health benefits coverage.
- (q) Seek and implement federal waivers necessary to implement this section and ss. 409.810-409.820.

The agency is designated the lead state agency for Title XXI of the Social Security Act for purposes of receipt of federal funds, for reporting purposes, and for ensuring compliance with federal and state regulations and rules.

- (4) The Office of Insurance Regulation shall certify that health benefits coverage plans that seek to provide services under the Florida Kideare program, except those offered through the Florida Healthy Kids Corporation or the Children's Medical Services Network, meet, exceed, or are actuarially equivalent to the benchmark benefit plan and that health insurance plans will be offered at an approved rate. In determining actuarial equivalence of benefits coverage, the Office of Insurance Regulation and health insurance plans must comply with the requirements of s. 2103 of Title XXI of the Social Security Act. The department shall adopt rules necessary for certifying health benefits coverage plans.
- (4)(5) The Florida Healthy Kids Corporation shall retain its functions as authorized in s. 624.91, including eligibility determination for participation in the Florida Kidcare Healthy Kids program. Additionally, the Florida Healthy Kids Corporation shall:
- (a) Develop and implement a statewide marketing program to promote the Florida Kidcare program. The corporation may contract for marketing services to the extent funds are made available for that specific purpose.
- (b) Provide comprehensive choice counseling to assist families with eligible children to select and enroll in available plans.
- (5)(6) The agency, the Department of Health, the Department of Children and Family Services, the Florida Healthy Kids Corporation, and the Office of Insurance Regulation, after consultation with and approval of the Speaker of the House of Representatives and the President of the Senate, are authorized to make program modifications that are necessary to overcome any objections of the United States Department of Health and Human

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Services to obtain approval of the state's child health insurance plan under Title XXI of the Social Security Act.

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Section 17. Section 409.821, Florida Statutes, is amended to read:

409.821 Florida Kidcare program public records exemption. -- Notwithstanding any other law to the contrary, Any information identifying a Florida Kidcare program applicant or enrollee, as defined in s. 409.811, held by the Agency for Health Care Administration, the Department of Children and Family Services, the Department of Health, or the Florida Healthy Kids Corporation is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Such information may be disclosed to another governmental entity only if disclosure is necessary for the entity to perform its duties and responsibilities under the Florida Kidcare program and shall be disclosed to the Department of Revenue for purposes of administering the state Title IV-D program. The receiving governmental entity must maintain the confidential and exempt status of such information. Furthermore, such information may not be released to any person without the written consent of the program enrollee or the parent or quardian of the enrollee applicant. This exemption applies to any information identifying a Florida Kidcare program applicant or enrollee held by the Agency for Health Care Administration, the Department of Children and Family Services, the Department of Health, or the Florida Healthy Kids Corporation before, on, or after the effective date of this exemption. A violation of this section is a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Section 18. Section 409.822, Florida Statutes, is created to read:

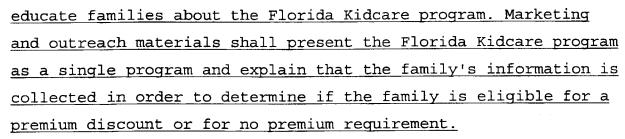
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822 409.822 Florida Kidcare Program Consolidation. --

- (1) It is the intent of the Legislature to consolidate the administration of the Florida Kidcare Program to provide a seamless delivery system of health benefits to uninsured, low-income children. It is further the intent of the Legislature that administration of the program be consolidated under the fewest entities necessary for the purpose of conducting marketing and outreach, eligibility determination, premium collection, contract management of health plans and fiscal agents, quality assurance and grievance resolution, and fiscal management of all the components of the Florida Kidcare program.
- (2) The agency shall manage the consolidation of all components of the Florida Kidcare program. The agency shall develop a comprehensive plan for consolidation and shall submit the plan to the Governor, the President of the Senate and the Speaker of the House of Representatives by November 1, 2009.
- (3) Effective July 1, 2010, the agency shall make payments for medical assistance and related services; conduct contract management of health plans, providers, and fiscal agents; collect premiums; develop and implement quality assurance and grievance resolution processes; and conduct other fiscal-management activities relating to all components of the Florida Kidcare program. The agency shall perform all other functions necessary to administer the program, except that:
- (a) The Department of Children and Family Services shall conduct eligibility determination for all components of the Florida Kidcare program. All correspondence regarding eligibility shall be identified solely with the Florida Kidcare program.
- (b) The Department of Children and Family Services shall develop and distribute marketing and outreach materials to

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- (c) The Department of Children and family Services shall provide a single toll-free line for a customer service call center to access account information and provide general Kidcare information.
- (4) WAIVER AUTHORITY.--The agency shall seek federal waiver approval or amendments to the Medicaid state plan and Title XXI state plan that are necessary to implement the initiative as specified in this section.
- third party to evaluate the effects of the policy changes instituted by this bill. The evaluation shall specifically include assessment of enrollment expansion, enrollment process simplification, component transition simplification, increased choice, and administrative simplification. The study shall specifically analyze the organizational structure of the Florida Kidcare Program, and make recommendations whether and what specific changes should be made, including statutory changes. The agency shall submit the plan to the Governor, the President of the Senate and the Speaker of the House of Representatives by November 1, 2009.
- (6) LEGISLATIVE ADVISORY COMMITTEE. -- The Senate and the House of Representatives may, pursuant to the rules of each house, appoint a select committee as a Legislative Advisory Committee to advise the Legislature regarding the sunset of the Florida Healthy Kids Corporation Act.

Section 19. Section 624.91, Florida Statutes, is amended to read:

- 624.91 The Florida Healthy Kids Corporation Act.--
- (1) SHORT TITLE.--This section may be cited as the "William G. 'Doc' Myers Healthy Kids Corporation Act."
 - (2) LEGISLATIVE INTENT. --

- (a) The Legislature finds that increased access to health care services could improve children's health and reduce the incidence and costs of childhood illness and disabilities among children in this state. Many children do not have comprehensive, affordable health care services available. It is the intent of the Legislature that the Florida Healthy Kids Corporation provide quality comprehensive health insurance coverage to such children. The corporation is encouraged to cooperate with any existing health service programs funded by the public or the private sector.
- (b) It is the intent of the Legislature that the Florida Healthy Kids Corporation serve as one of several providers of services to children eligible for medical assistance under Title XXI of the Social Security Act. Although the corporation may serve other children, the Legislature intends the primary recipients of services provided through the corporation be school-age children with a family income below 200 percent of the federal poverty level, who do not qualify for Medicaid. It is also the intent of the Legislature that state and local government Florida Healthy Kids funds be used to continue coverage, subject to specific appropriations in the General Appropriations Act, to children not eligible for federal matching funds under Title XIX and Title XXI.
- (3) ELIGIBILITY FOR STATE-FUNDED ASSISTANCE.--Only the following Individuals are eligible for premium state funded

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Amendment No. (for drafter's use only) assistance with in paying Florida Kidcare program Healthy Kids premiums:

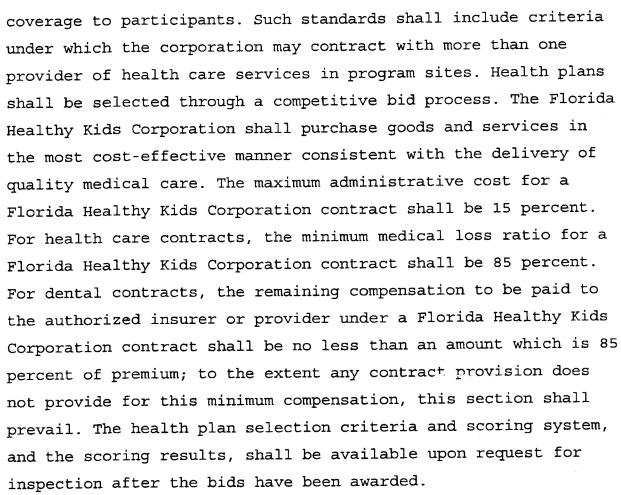
- (a) Residents of this state who are eligible for the Florida Kideare program pursuant to s. 409.814.
- (b) Notwithstanding s. 409.814, legal aliens who are enrolled in the Florida Healthy Kids program as of January 31, 2004, who do not qualify for Title XXI federal funds because they are not qualified aliens as defined in s. 409.811.
- NONENTITLEMENT. -- Nothing in this section shall be construed as providing an individual with an entitlement to health care services. No cause of action shall arise against the state, the Florida Healthy Kids Corporation, or a unit of local government for failure to make health services available under this section.
 - CORPORATION AUTHORIZATION, DUTIES, POWERS. --(5)
- There is created the Florida Healthy Kids Corporation, a not-for-profit corporation.
 - The Florida Healthy Kids Corporation shall:
- Arrange for the collection of any family, local contributions, or employer payment or premium, in an amount to be determined by the board of directors, to provide for payment of premiums for comprehensive insurance coverage and for the actual or estimated administrative expenses.
- 2. Arrange for the collection of any voluntary contributions to provide for payment of premiums for children who are not eligible for premium medical assistance in accordance with ss. 409.8141 and 409.816 under Title XXI of the Social Security Act.
- Subject to the provisions of s. 409.8134, accept voluntary supplemental local match contributions that comply with the requirements of Title XXI of the Social Security Act

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for the purpose of providing additional coverage in contributing counties under Title XXI.

- 4. Establish the administrative and accounting procedures for the operation of the corporation.
- 5. Establish, with consultation from appropriate professional organizations, standards for preventive health services and providers and comprehensive insurance benefits appropriate to children, provided that such standards for rural areas shall not limit primary care providers to board-certified pediatricians.
- 6. Determine eligibility for premium assistance financed by any source other than Title XIX of the Social Security Act children seeking to participate in the Title XXI funded components of the Florida Kideare program consistent with the requirements specified in s. 409.814, as well as the non-Title XXI cligible children as provided in subsection (3).
- 7. Establish procedures under which providers of local match to, applicants to and participants in the program may have grievances reviewed by an impartial body and reported to the board of directors of the corporation.
- 8. Establish participation criteria and, if appropriate, contract with an authorized insurer, health maintenance organization, or third-party administrator to provide administrative services to the corporation.
- 9. Establish enrollment criteria which shall include penalties or waiting periods of not fewer than 60 days for reinstatement of coverage upon voluntary cancellation for nonpayment of family premiums.
- 10. Contract with authorized insurers or any provider of health care services, meeting standards established by the corporation, for the provision of comprehensive insurance

Amendment No. (for drafter's use only)



- 11. Establish disenrollment criteria in the event local matching funds are insufficient to cover enrollments.
- 12. Develop and implement a plan to publicize the Florida Kidcare program Healthy Kids Corporation, the eligibility requirements of the program, and the procedures for enrollment in the program and to maintain public awareness of the corporation and the program.
- 13. Secure staff necessary to properly administer the corporation. Staff costs shall be funded from state and local matching funds and such other private or public funds as become available. The board of directors shall determine the number of staff members necessary to administer the corporation.

Provide a report annually to the Governor, Chief

Financial Officer, Commissioner of Education, Senate President,

Speaker of the House of Representatives, and Minority Leaders of

Establish benefit packages which conform to the

Coverage under the corporation's program is secondary

the Senate and the House of Representatives.

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to any other available private coverage held by, or applicable 1014 to, the participant child or family member. Insurers under contract with the corporation are the payors of last resort and 1016 must coordinate benefits with any other third-party payor that

provisions of the Florida Kidcare program, as created in ss.

- may be liable for the participant's medical care.
- The Florida Healthy Kids Corporation shall be a private corporation not for profit, organized pursuant to chapter 617, and shall have all powers necessary to carry out the purposes of this act, including, but not limited to, the power to receive and accept grants, loans, or advances of funds from any public or private agency and to receive and accept from any source contributions of money, property, labor, or any other thing of value, to be held, used, and applied for the purposes of this act.
 - BOARD OF DIRECTORS. --(6)
- The Florida Healthy Kids Corporation shall operate subject to the supervision and approval of a board of directors chaired by the Chief Financial Officer or her or his designee, and composed of 10 other members selected for 3-year terms of office as follows:
- The Secretary of Health Care Administration, or his or her designee;

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

- 2. One member appointed by the Commissioner of Education from the Office of School Health Programs of the Florida Department of Education;
- 3. One member appointed by the Chief Financial Officer from among three members nominated by the Florida Pediatric Society;
- 4. One member, appointed by the Governor, who represents the Children's Medical Services Program;
- 5. One member appointed by the Chief Financial Officer from among three members nominated by the Florida Hospital Association;
- 6. One member, appointed by the Governor, who is an expert on child health policy;
- 7. One member, appointed by the Chief Financial Officer, from among three members nominated by the Florida Academy of Family Physicians;
- 8. One member, appointed by the Governor, who represents the state Medicaid program;
- 9. One member, appointed by the Chief Financial Officer, from among three members nominated by the Florida Association of Counties; and
 - 10. The State Health Officer or her or his designee.
- (b) A member of the board of directors may be removed by the official who appointed that member. The board shall appoint an executive director, who is responsible for other staff authorized by the board.
- (c) Board members are entitled to receive, from funds of the corporation, reimbursement for per diem and travel expenses as provided by s. 112.061.
- (d) There shall be no liability on the part of, and no cause of action shall arise against, any member of the board of

Amendment No. (for drafter's use only)

directors, or its employees or agents, for any action they take in the performance of their powers and duties under this act.

- (7) LICENSING NOT REQUIRED; FISCAL OPERATION .--
- (a) The corporation shall not be deemed an insurer. The officers, directors, and employees of the corporation shall not be deemed to be agents of an insurer. Neither the corporation nor any officer, director, or employee of the corporation is subject to the licensing requirements of the insurance code or the rules of the Department of Financial Services. However, any marketing representative utilized and compensated by the corporation must be appointed as a representative of the insurers or health services providers with which the corporation contracts.
- (b) The board has complete fiscal control over the corporation and is responsible for all corporate operations.
- (c) The Department of Financial Services shall supervise any liquidation or dissolution of the corporation and shall have, with respect to such liquidation or dissolution, all power granted to it pursuant to the insurance code.
- (8) ACCESS TO RECORDS; CONFIDENTIALITY;

 PENALTIES.--Notwithstanding any other laws to the contrary, the Florida Healthy Kids Corporation shall have access to the medical records of a student upon receipt of permission from a parent or guardian of the student. Such medical records may be maintained by state and local agencies. Any identifying information, including medical records and family financial information, obtained by the corporation pursuant to this subsection is confidential and is exempt from the provisions of s. 119.07(1). Neither the corporation nor the staff or agents of the corporation may release, without the written consent of the participant or the parent or guardian of the participant, to any

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. (for drafter's use only)

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state or federal agency, to any private business or person, or to any other entity, any confidential information received pursuant to this subsection. A violation of this subsection is a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(9) VENUE. -- The venue for all civil and administrative actions against the Florida Healthy Kids Corporation shall be in Leon County.

Section 20. <u>Effective July 1, 2010, section 624.91, Florida Statutes</u>, as amended by this act, is repealed.

Section 21. This act shall take effect July 1, 2007.

Remove the entire title and insert:

A bill to be entitled

An act relating to Florida Kidcare; amending ss. 408.915 and 409.1451, F.S.; conforming provisions to changes made by the act; amending s. 409.811, F.S.; revising and deleting definitions; amending s. 409.812, F.S.; providing for the Florida Kidcare program to provide health benefits to certain uninsured children; amending s. 409.813, F.S.; specifying components of the program; providing that no cause of action shall arise against the Florida Healthy Kids Corporation for failure to make certain services available; repealing s. 409.8132, F.S., relating to the Medikids program component; amending s. 409.8134, F.S.; revising provisions relating to enrollment in the program; amending s. 409.814, F.S.; revising eligibility requirements for the program; creating s. 409.8141, F.S.; authorizing the program to provide premium assistance to certain children under certain circumstances; providing

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

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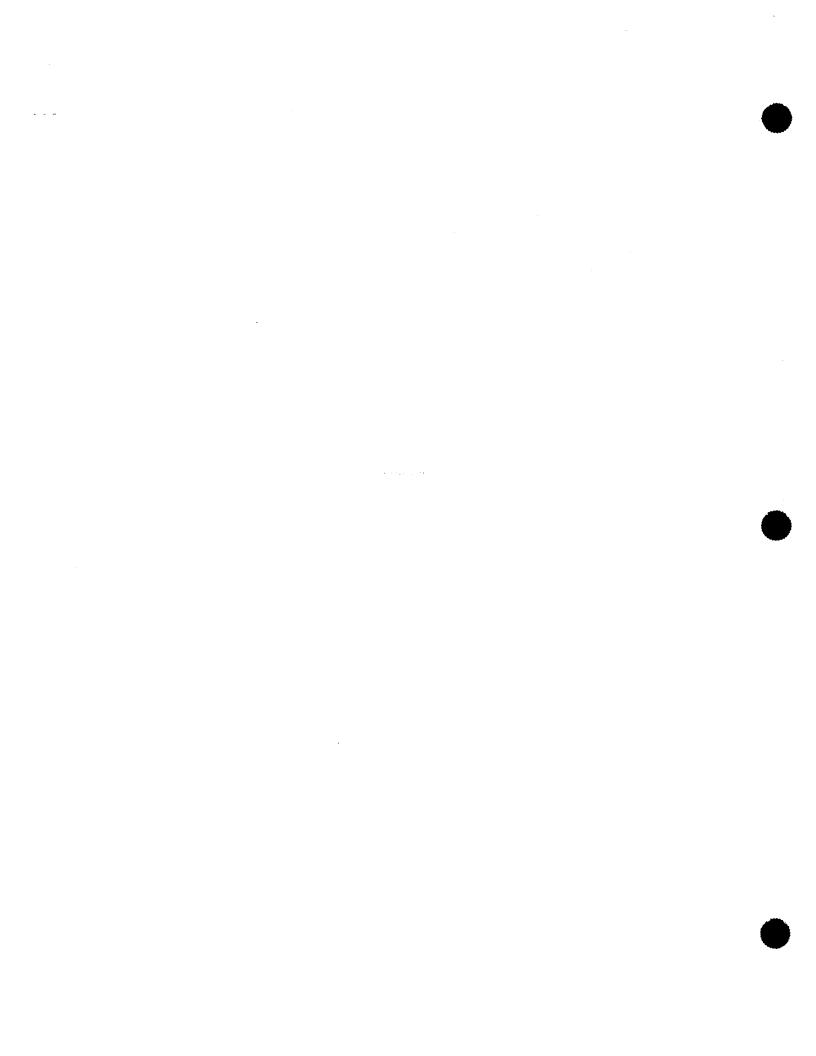
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for verification of assistance eligibility; creating s. 409.8142, F.S.; requiring the program to withhold benefits under specified circumstances; providing penalties for certain actions; creating s. 409.8149, F.S.; providing for enrollment, plan choice, and choice counseling; amending s. 409.815, F.S.; amending plan benefits standards; conforming provisions to changes made by the act; amending s. 409.816, F.S.; providing premium funding sources; providing rate-setting requirements; providing for seamless transition of premium assistance; revising limitations on premiums and cost sharing; amending s. 409.817, F.S.; revising requirements for certain health insurance coverage to qualify for premium assistance; amending s. 409.8177, F.S.; conforming provisions to changes made by the act; amending s. 409.818, F.S.; revising duties of the Department of Children and Family Services, the Department of Health, the Agency for Health Care Administration, the Office of Insurance Regulation, and the Florida Healthy Kids Corporation relating to implementation and administration of the program; amending s. 409.821, F.S., relating to the program's public records exemption; creating s. 409.822; providing for consolidation of the Florida Kidcare program; defining duties of the Agency for Health Care Administration and the Department of Children and Families; authorizing the Agency for Health Care Administration to seek federal Medicaid waivers and state plan amendments; providing for a study; authorizing the appointment of a Legislative Advisory Committee; revising applicability of consent provisions; amending s. 624.91, F.S.; revising legislative intent regarding the Florida Healthy Kids Corporation;

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

60	revising provisions relating to eligibility for state-
1161	funded assistance; revising duties of the corporation;
1162	specifying venue for civil and administrative actions
1163	against the corporation; repealing s. 624.91; providing an
1164	effective date.



HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment	No.	1a	(for	drafter's	use	only)
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Bill No. PCB HCC 07-04

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) Zapata offered the following:

Amendment to the strike all amendment(with title amendments)

Between line(s) 1105-1106 insert:

Section 20. Section 560.214, Florida Statutes, is created to read:

560.214 Out-of-country transfer transaction charge; use of proceeds for children's health care coverage.--

- (1) A charge of 2 percent of the amount of any funds transmitted by a registrant or authorized vendor of a registrant under this part shall be imposed on each funds transmission transaction from this state to any location outside of the United States. For purposes of this section, the term "United States' includes any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession subject to the legislative authority of the United States.
- (2) Each registrant or authorized vendor of a registrant in this state which engages in any funds transmission

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

- transaction under this part shall register with the Department of Revenue to collect the charge imposed under subsection (1) from the person contracting with the registrant or authorized vendor of the registrant to make such transmission and shall remit proceeds of the charge to the Office of Financial Regulation of the Financial Services Commission which will be held in a trust created and administered by this office.
- Agency for Health Care Administration, which shall provide for its distribution to counties to be used to fund health care coverage for Healthy Kids Non-Title XXI program component of the Florida Kidcare program pursuant to s. 624.91(3), but only to the extent equal matching funds are provided by the county in which the money is used. None of the proceeds shall be used for administrative costs. Excess funds may be used to provide relief to qualifying health care clinics who provide a disproportionate share of medical care for indigent persons as provided in 220.1875, or other program for uninsured children.
- (4) The Department of Revenue shall administer, collect, and enforce the charge authorized under this section pursuant to the same procedures used in the administration, collection, and enforcement of the general state sales tax imposed under chapter 212, except as provided in this section. The provisions of this section regarding the authority to audit and make assessments, keeping of books and records, and interest and penalties on deliquent charges apply. The charge shall not be included in the computation of estimated taxes pursuant to s. 212.11 nor shall the dealer's credit for collecting taxes or fees in s. 212.12 apply to this charge.

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	HOUSE	AMENDMEN'	r for	COUNCI	L/COM	MITTEE	PURPOSES
Amendment	No.	1a (f	or dr	after's	use	only)	

(5) Notwithstanding the provisions of chapter 120 to the contrary, the Department of Revenue may adopt rules to administer this provision.

Section 21. The Office of Program Policy Analysis and Government Accountability (OPPAGA) shall review the use of these funds two years after implementation to ensure they are being used to increase health care coverage for children.

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against the corporation; creating s. 560.214, F.S.; imposing a

transaction charge on certain funds transmissions; requiring

administration; providing rule making authority; requiring an

collection and remittance of charge proceeds; providing for

distribution and uses of charge proceeds; providing for

Remove line 1163 and insert:

evaluation; providing an

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

Bill No. PCB HCC 07-04

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 offered the following:

Amendment to the strike all

Remove line(s) 241 and insert:

enrollment to voluntarily choose a benefit plan. A child with special health care needs as determined through clinical evaluation by the Department of Health pursuant to s. 409.818(2) shall be assigned to the Children's Medical Services network, and may opt out of the Children's Medical Services network. Enrollees may

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. $3 \circ (\text{for drafter's use only})$

Bill No. PCB HCC 07-04

COUNCIL/COMMITTEE ACTION

OTHER

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

Amendment to the strike all

Remove line(s) 545-546 and insert:

shall pay a share of the premium cost and shall pay \$15 per family per month. Cost sharing may be waived by the Florida

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FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	
Council/Committee hearing	g bill: Healthcare Council
Representative(s) Ausley	offered the following:

Amendment to the strike all

Remove line(s) 551-552 and insert:

shall pay a share of the premium cost and shall pay \$20 per family per month. Cost sharing may be waived by the Florida

House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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

Bill No. PCB HCC 07-08

COUNCIL/COMMITTEE ACTION

ADOPTED	(X/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) Bean offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 394.9084, Florida Statutes, is amended to read:

394.9084 Florida Self-Directed Care program. --

(1) The Department of Children and Family Services, in cooperation with the Agency for Health Care Administration, shall make the Florida Self-Directed Care program model of service delivery available in every district of the department using existing resources. The Florida Self-Directed Care program is a participant-directed may develop a client directed and choice-based program that provides pilot project in district 4 and three other districts to provide mental health treatment and support services for to adults with severe and persistent who have a serious mental illness. The department may also develop and implement a client directed and choice based pilot project in one district to provide mental health treatment and support services for children with a serious emotional disturbance who live at home. If established, any staff who work with children

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

must be screened under s. 435.04. The department projects shall implement a payment mechanism model in which each participant elient controls the money that is available for that participant's elient's mental health treatment and support services. The department shall establish interagency cooperative agreements and work with the agency as necessary, the division, and the Social Security Administration to implement and administer the Florida Self-Directed Care program.

- (2) To be eligible for enrollment in the Florida Self-Directed Care program, a person must be an adult with a severe and persistent mental illness. Florida Self-Directed Care program applicants with different levels of psychological, social, and occupational functioning may be considered for enrollment. Individuals eligible for enrollment must agree to Florida Self-Directed Care program requirements and responsibilities.
- (3) The Florida Self-Directed Care program <u>includes the</u> following sources of funding has different four subcomponents:
- (a) <u>State funded Department</u> mental health services, which include community mental health outpatient, community support, and case management services funded through the department. This subcomponent excludes Florida Assertive Community Treatment (FACT) services for adults; residential services; and emergency stabilization services, including crisis stabilization units, short-term residential treatment, and inpatient services.
- (b) <u>State and federally funded Agency</u> mental health services, which include community mental health services and mental health targeted case management services reimbursed by Medicaid.

available for an eligible participant as provided by the

pay for the cost-efficient community-based services the

(c) Vocational rehabilitation, which includes funds

Rehabilitation Act of 1973, 29 U.S.C. chapter 16, as amended.

participant selects to meet his or her mental health care and

vocational rehabilitation needs and goals as identified on his

"independent financial agent" means a third-party administrator,

who is an individual, entity, or program that does not provide

mental health services. The fees authorized to be paid to the

independent financial agent shall be paid for within existing

regulations. The agency, in collaboration with the department,

shall seek federal Medicaid waivers, and the department shall

Administration waivers under s. 1110(b) of the federal Social

department, shall seek federal approval to participate in the

the department, agency, and division shall amend and update

Florida Self Directed Care program. No later than June 30, 2005,

their strategic and state plans to reflect participation in the

projects, including intent to seek federal approval to provide

cashout options for eligible services for participants in the

private, state, and federal grants provided for self-directed

care, family-directed care, voucher, and self-determination

The department may apply for and use any funds from

necessary action to ensure state compliance with federal

expeditiously seek any available Supplemental Security

Security Act; and the division, in collaboration with the

The department and the agency shall take all

or her recovery plan. For purposes of this section, the term

The independent financial agent managing entity shall

(d) Social Security Administration.

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Page 3 of 6 Strike all to PCB HCC 07-08.doc

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

programs, including those providing substance abuse and mental health care.

- (6) The department, the agency, and the division may transfer funds to the <u>independent financial agent managing</u> entity.
- (7) The department and, the agency, and the division shall have rulemaking authority <u>pursuant to ss. 120.536(1)</u> and 120.54 to implement the provisions of this section. These rules shall be for the purpose of enhancing choice in and control over the purchased mental health and vocational rehabilitative services accessed by Florida Self-Directed Care <u>program</u> participants.
- (8) The department and the agency <u>shall</u> will complete a memorandum of agreement to delineate management roles for operation of the Florida Self-Directed Care program.
- (9) The department <u>and</u>, the agency, <u>and the division</u> shall each, on an ongoing basis, review and assess the implementation of the Florida Self-Directed Care program.
- (a) The department <u>shall will</u> implement an <u>annual</u> evaluation of the program and <u>shall will</u> include recommendations for improvements in the program.
- (b) At a minimum, the evaluation must compare between program participants and nonparticipants:
 - 1. Re-hospitalization rates.
 - 2. Levels of satisfaction.
 - 3. Service utilization rates.
 - 4. Residential stability.
 - 5. Levels of community integration and interaction.
- (c) The evaluation must <u>assess</u> evaluate adherence to the Centers for Medicare and Medicaid self-direction requirements, including:
 - Person-centered planning.

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- 2. Individual budgets.
- 3. Availability of independently brokered services from recovery coaches and quality advocates.
- 4. Access to the program by all who are eligible to enroll.
- 5. Participant safety and program incident management planning.
 - 6. An independently mediated grievance process.
- (d) The evaluation must assess the economic self-sufficiency of the program participants, including the number of Individual Development Accounts.
- (e) The evaluation must assess any adverse incidents resulting from the Florida Self-Directed Care program, including participant consumer grievances, conflicts of interest, and patterns of self-referral by licensed professions.

 The department is authorized to spend up to \$100,000 to pay for
- the evaluation. If the agency and the department obtain a federal waiver, the evaluation will be used to determine effectiveness.
 - (10) This section expires July 1, 2008.
 - Section 2. This act shall take effect July 1, 2007.

Remove the entire title and insert:

A bill to be entitled

An act relating to self-directed care and mental health system improvements; amending s. 394.9084, F.S., relating to the Florida Self-Directed Care program; requiring the Department of Children and Family Services to expand access to the program, within existing resources; deleting provisions relating to development of a pilot project;

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

removing references to vocational rehabilitation and Social Security Administration; requiring program applicants to be considered for enrollment regardless of level of functioning; requiring eligible individuals to agree with program requirements and responsibilities; defining the term "independent financial agent"; requiring the independent financial agent, rather than the managing entity, to pay for certain services; removing obsolete provisions relating to obtaining federal waivers; providing for family-directed care; requiring an annual evaluation of the program; removing a provision authorizing the department to provide certain funding for the evaluation; deleting the expiration date of the program; providing an effective date.

Bill No. PCB 07-08

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) Bean offered the following:

Amendment to Amendment (1) by Representative Bean (with directory and title amendments)

Between line(s) 133 and 134 insert:

Section 2. Paragraph (d) of subsection (4) of section 409.912, Florida Statutes, is amended to read:

409.912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. To ensure that medical services are effectively utilized, the agency may, in any case, require a confirmation or second physician's opinion of the correct diagnosis for purposes of authorizing future services under the Medicaid program. This section does not restrict access to emergency services or poststabilization care services as defined in 42 C.F.R. part 438.114. Such confirmation or second opinion shall be rendered in a manner approved by the agency. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed—sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed

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

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to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency shall contract with a vendor to monitor and evaluate the clinical practice patterns of providers in order to identify trends that are outside the normal practice patterns of a provider's professional peers or the national guidelines of a provider's professional association. The vendor must be able to provide information and counseling to a provider whose practice patterns are outside the norms, in consultation with the agency, to improve patient care and reduce inappropriate utilization. The agency may mandate prior authorization, drug therapy management, or disease management participation for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization. The agency is authorized to limit the entities it contracts with or enrolls as Medicaid providers by developing a provider network through provider credentialing. The agency may competitively bid singlesource-provider contracts if procurement of goods or services results in demonstrated cost savings to the state without limiting access to care. The agency may limit its network based on the assessment of beneficiary access to care, provider availability, provider quality standards, time and distance standards for access to care, the cultural competence of the provider network, demographic characteristics of Medicaid

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

beneficiaries, practice and provider-to-beneficiary standards, appointment wait times, beneficiary use of services, provider turnover, provider profiling, provider licensure history, previous program integrity investigations and findings, peer review, provider Medicaid policy and billing compliance records, clinical and medical record audits, and other factors. Providers shall not be entitled to enrollment in the Medicaid provider network. The agency shall determine instances in which allowing Medicaid beneficiaries to purchase durable medical equipment and other goods is less expensive to the Medicaid program than long-term rental of the equipment or goods. The agency may establish rules to facilitate purchases in lieu of long-term rentals in order to protect against fraud and abuse in the Medicaid program as defined in s. 409.913. The agency may seek federal waivers necessary to administer these policies.

- (4) The agency may contract with:
- (d) A provider service network, which may be reimbursed on a fee-for-service or prepaid basis. A provider service network which is reimbursed by the agency on a prepaid basis shall be exempt from parts I and III of chapter 641, but must comply with the solvency requirements in s. 641.2261(2) and meet appropriate financial reserve, quality assurance, and patient rights requirements as established by the agency. The agency is authorized to contract with specialty provider service networks that exclusively enroll Medicaid recipients with psychiatric disabilities.
- 1. Except as provided in subparagraph 2., Medicaid recipients assigned to a provider service network shall be chosen equally from those who would otherwise have been assigned to prepaid plans and MediPass. The agency is authorized to seek federal Medicaid waivers as necessary to implement the provisions of this section. Any contract previously awarded to a

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provider service network operated by a hospital pursuant to this
subsection shall remain in effect for a period of 3 years
following the current contract expiration date, regardless of
any contractual provisions to the contrary. A provider service
network is a network established or organized and operated by a
health care provider, or group of affiliated health care
providers, including minority physician networks and emergency
room diversion programs that meet the requirements of s.
409.91211, which provides a substantial proportion of the health
care items and services under a contract directly through the
provider or affiliated group of providers and may make
arrangements with physicians or other health care professionals,
health care institutions, or any combination of such individuals
or institutions to assume all or part of the financial risk on a
prospective basis for the provision of basic health services by
the physicians, by other health professionals, or through the
institutions. The health care providers must have a controlling
interest in the governing body of the provider service network
organization.

2. A Medicaid recipient with psychiatric disabilities who fails to select a managed care plan shall be assigned to a provider service network that exclusively enrolls Medicaid recipients with psychiatric disabilities, if available in the recipient's geographic area.

Section 3. Paragraph (ee) is added to subsection (3) of section 409.91211, Florida Statutes, to read:

409.91211 Medicaid managed care pilot program. --

- (3) The agency shall have the following powers, duties, and responsibilities with respect to the pilot program:
- (ee) To seek applications for and contract with provider service networks specializing in care for recipients with psychiatric disabilities. The agency shall develop and implement

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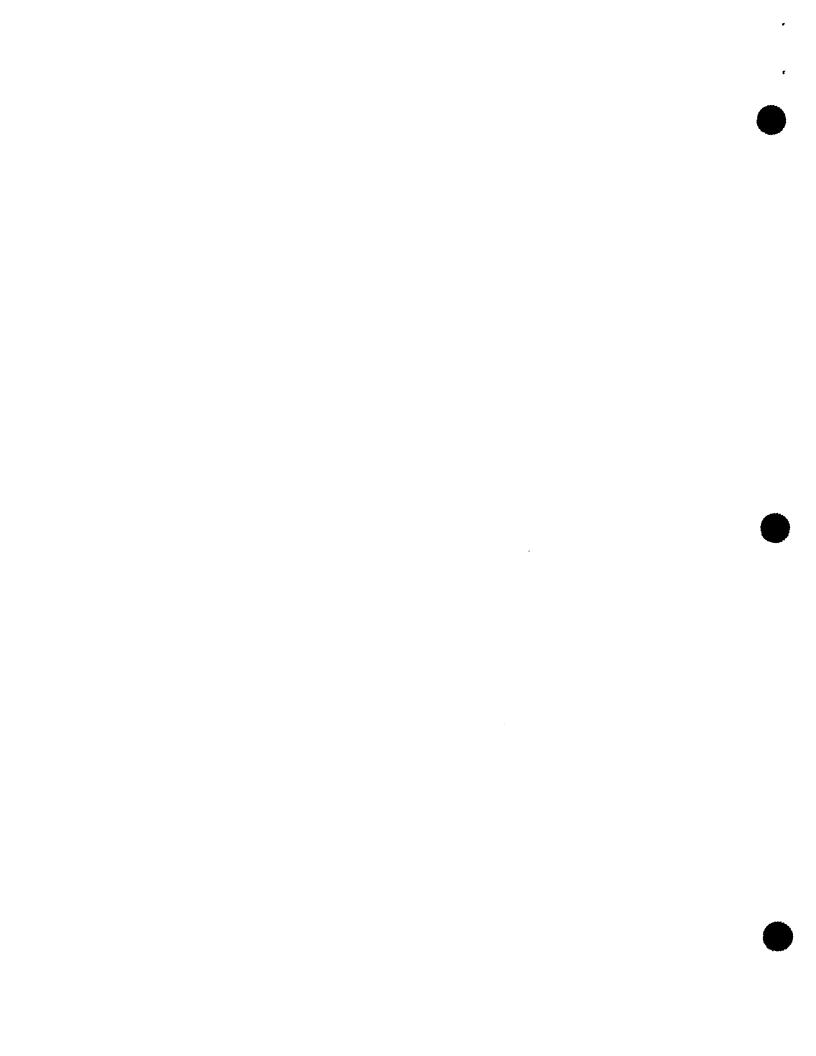
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a definition of psychiatric disabilities for membership and assignment purposes and establish assignment processes for recipients with psychiatric disabilities failing to choose a managed care plan.

Section 4. Paragraph (a) of subsection (4) of section 409.91211, Florida Statutes, is amended to read:

409.91211 Medicaid managed care pilot program. --

- (4)(a) A Medicaid recipient in the pilot area who is not currently enrolled in a capitated managed care plan upon implementation is not eligible for services as specified in ss. 409.905 and 409.906, for the amount of time that the recipient does not enroll in a capitated managed care network. If a Medicaid recipient has not enrolled in a capitated managed care plan within 30 days after eligibility, the agency shall assign the Medicaid recipient to a capitated managed care plan based on the assessed needs of the recipient as determined by the agency and the recipient shall be exempt from s. 409.9122. When making assignments, the agency shall take into account the following criteria:
- 1. A capitated managed care network has sufficient network capacity to meet the needs of members.
- 2. The capitated managed care network has previously enrolled the recipient as a member, or one of the capitated managed care network's primary care providers has previously provided health care to the recipient.
- 3. The agency has knowledge that the member has previously expressed a preference for a particular capitated managed care network as indicated by Medicaid fee-for-service claims data, but has failed to make a choice.
- The capitated managed care network's primary care providers are geographically accessible to the recipient's residence.



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

5. The existence of any known diagnoses or disabilities, including psychiatric disabilities.

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

Remove line(s) 158 and insert:

program; amending s. 409.912, F.S.; authorizing the Agency for

Health Care Administration to contract with provider service

networks specializing in psychiatric disabilities to provide

Medicaid services; providing for assignment to psychiatric

specialty provider service networks; amending s. 409.91211,

F.S.; authorizing the Agency for Health Care Administration to

seek and contract with provider service networks specializing in

psychiatric disabilities to provide services in the Medicaid

managed care pilot program; providing for plan assignment

processes; amending s 409.91211, F.S.; authorizing the Agency

for Health Care Administration to consider diagnoses and

disabilities in making plan assignments; providing an effective

date.

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House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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Amendment No. 1

1			Bill	No.	PCB	HCC	07-14	:
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	ADOPTED W/O OBJECTION	(Y/N)						
	FAILED TO ADOPT	(Y/N)						
	WITHDRAWN	(Y/N)						
	OTHER							
				, <u></u>				-
1	Council hearing bill: H	ealthcare						
2	Representative Galvano	offered the fol	lowing:					
3								
4	========== TITLE AMENDMENT =========							
5	Remove line 2 and	insert:						
6								
_	an act relating to immi	grant victims o	f human					

Amendment No. 2

Bill No. PCB HCC 07-14

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 hearing bill: Healthcare

Representative Galvano offered the following:

Amendment

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Remove lines 31-35 and insert:

(a) Individuals who have filed, or are preparing to file, an application for T Nonimmigrant status under 8 U.S.C. s.

1101(a)(15)(T)(i) or (ii) or are otherwise taking steps to meet the conditions to obtain certification, or in the case of a minor under 18 years of age, a letter of eligibility from the United States Department of Health and Human Services.

Amendment No. 3

Bill No. PCB HCC 07-14

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 hearing bill: Healthcare

Representative Galvano offered the following:

Amendment

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Remove lines 69-71

Amendment No.4

 Bill No. PCB HCC 07-14

COUNCIL/COMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(XY/N)
ADOPTED W/O OBJECTION	$\bigvee (Y/N)$
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
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Council hearing bill:	Healthcare
Representative Galvano	offered the following:
Amendment (with t	itle amendment)
Between lines 97 a	and 98 insert:
(6) Subject to the	e availability of funds, the department
may develop a public av	wareness campaign for employers and other
organizations that may	come into contact with immigrant victims
of human trafficking in	n order to provide education and raise
awareness of the proble	em.
======== T I T	LE AMENDMENT ========
Remove line 7 and	insert:
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	r a termination of benefits; providing for
the creation of a publi	ic awareness campaign; providing

House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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