



Health & Human Services Access Subcommittee

Action Packet

**Wednesday, March 23, 2011
1:00 – 4:00 PM
12 HOB**

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

Summary:

Health & Human Services Access Subcommittee

Wednesday March 23, 2011 01:00 pm

HB 49 Discussed

HB 145 Favorable With Committee Substitute Yeas: 15 Nays: 0
1 Amendment Adopted

CS/HB 479 Favorable With Committee Substitute Yeas: 12 Nays: 3
Strike All Amendment Adopetd
1 Amendment to Strike All Amendment Adopted

HB 909 Favorable Yeas: 14 Nays: 0

HB 935 Favorable With Committee Substitute Yeas: 13 Nays: 2
Strike All Amendment Adopted

HB 959 Favorable With Committee Substitute Yeas: 15 Nays: 0
Strike All Amendment Adopted

HB 1117 Favorable Yeas: 10 Nays: 5

HB 1171 Not Considered

HB 1241 Favorable With Committee Substitute Yeas: 14 Nays: 0
Strike All Amendment Adopted
1 Amendment to Strike All Amendment Adopted

HB 1271 Temporarily Deferred

HB 4151 Favorable Yeas: 15 Nays: 0

PCB HSAS 11-01 Favorable Yeas: 15 Nays: 0

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Gayle Harrell (Chair)	X		
Lori Berman	X		
Gwyndolen Clarke-Reed	X		
Fredrick Costello	X		
Brad Drake	X		
Reggie Fullwood	X		
Shawn Harrison	X		
Mike Horner	X		
Ana Logan	X		
Jeanette Nuñez	X		
Steven Perman	X		
Ari Porth	X		
Kenneth Roberson	X		
Michael Weinstein	X		
Dana Young	X		
Totals:	15	0	0

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

HB 49 : Massage Therapy

Discussed

Appearances:

HB 49

Lorena Haynes - Opponent

Self

203 Magellan Dr

Kissimmee FL 34758

Phone: (503) 798-8178

HBH 49

Joanna Godwin - Opponent

Florida State Massage Therapy Association

Melbourne FL 32901

Phone: (321) 652-8402

HB 49 Amendment 2

Lambert, Paul (Lobbyist) - Opponent

Florida State Massage Therapy Association, Inc

502 North Adams St

Tallahassee FL 32301

Phone: (850)224-9393

HB 49 Amendment 2

Bridgett Burke-Wammacz - Opponent

Board of Massage Therapy

1235 Conservancy Dr E

Tallahassee FL 32312

Phone: (850) 524-6346

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

HB 145 : Sexual Exploitation

Favorable With Committee Substitute - 1 Amendment Adopted

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Gwyndolen Clarke-Reed	X				
Fredrick Costello	X				
Brad Drake	X				
Reggie Fullwood	X				
Shawn Harrison	X				
Mike Horner	X				
Ana Logan	X				
Jeanette Nuñez	X				
Steven Perman	X				
Ari Porth	X				
Kenneth Roberson	X				
Michael Weinstein	X				
Dana Young	X				
Gayle Harrell (Chair)	X				
Total Yeas: 15		Total Nays: 0			

Appearances:

Sexual Exploitation
Hopkins, Sheila (Lobbyist) - Waive In Support
Florida Catholic Conference
201 W Park Ave
Tallahassee FL 32301-7715
Phone: (850)222-3803

Sexually Exploited Children
Adriane P. Reese (General Public) - Proponent
BHTC
1007 N Federal Highway # 15
FT Lauderdale FL 33304
Phone: (954) 594-3439

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 959 (2011)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

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

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee

3 Representative(s) Young offered the following:

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

6 Remove everything after the enacting clause and insert:
7 Section 1. Section 402.7306, Florida Statutes, is amended to
8 read:

9 402.7306 Administrative monitoring of ~~for~~ child welfare
10 providers, and administrative, licensure, and programmatic
11 monitoring of mental health and substance abuse service
12 providers. For the purpose of this section mental health and
13 substance abuse service providers are those providers who
14 provide services to the state's priority population defined
15 under s. 394.674 F.S. The Department of Children and Family
16 Services, the Department of Health, the Agency for Persons with
17 Disabilities, the Agency for Health Care Administration, and
18 community-based care lead agencies, managing entities as defined
19 in s. 394.9082, and agencies contracted monitoring agents shall

Amendment No. 1

20 identify and implement changes that improve the efficiency of
21 administrative monitoring of child welfare services, and the
22 administrative, licensure, and programmatic monitoring of mental
23 health and substance abuse services. To assist with that goal,
24 each such agency shall adopt the following policies:

25 (1) Limit administrative monitoring to once every 3 years
26 if the child welfare provider is accredited by the Joint
27 ~~Commission on Accreditation of Healthcare Organizations~~, the
28 Commission on Accreditation of Rehabilitation Facilities, or the
29 Council on Accreditation of Children and Family Services. If the
30 accrediting body does not require documentation that the state
31 agency requires, that documentation shall be requested by the
32 state agency and may be posted by the service provider on the
33 data warehouse for the agency's review. Notwithstanding the
34 survey or inspection of an accrediting organization specified in
35 this subsection, an agency specified in and subject to this
36 section may continue to monitor the service provider as
37 necessary with respect to:

38 (a) Ensuring that services for which the agency is paying
39 are being provided.

40 (b) Investigating complaints or suspected problems and
41 monitoring the service provider's compliance with any resulting
42 negotiated terms and conditions, including provisions relating
43 to consent decrees that are unique to a specific service and are
44 not statements of general applicability.

45 (c) Ensuring compliance with federal and state laws,
46 federal regulations, or state rules if such monitoring does not

Amendment No. 1

47 duplicate the accrediting organization's review pursuant to
 48 accreditation standards.

49
 50 Medicaid certification and precertification reviews are exempt
 51 from this subsection to ensure Medicaid compliance.

52
 53 (2) Limit administrative, licensure, and programmatic
 54 monitoring to once every 3 years if the mental health and
 55 substance abuse service provider is accredited by the Joint
 56 Commission, the Commission on Accreditation of Rehabilitation
 57 Facilities, or the Council on Accreditation of Children and
 58 Family Services. If the services being monitored are not the
 59 services for which the provider is accredited, the limitations
 60 of this subsection do not apply. If the accrediting body does
 61 not require documentation that the state agency requires, that
 62 documentation shall be requested by the state agency and may be
 63 posted by the service provider on the data warehouse for the
 64 agency's review. Notwithstanding the survey or inspection of an
 65 accrediting organization specified in this subsection, an agency
 66 specified in and subject to this section may continue to monitor
 67 the service provider as necessary with respect to:

68 (a) Ensuring that services for which the agency is paying
 69 are being provided.

70 (b) Investigating complaints, identified problems that
 71 would affect the safety or viability of the service provider,
 72 and monitoring the service provider's compliance with any
 73 resulting negotiated terms and conditions, including provisions

Amendment No. 1

74 relating to consent decrees that are unique to a specific
75 service and are not statements of general applicability.

76 (c) Ensuring compliance with federal and state laws,
77 federal regulations, or state rules if such monitoring does not
78 duplicate the accrediting organization's review pursuant to
79 accreditation standards.

80
81 Medicaid certification and precertification reviews are exempt
82 from this subsection to ensure Medicaid compliance.

83
84 (3) Allow private sector development and implementation of
85 an Internet-based, secure, and consolidated data warehouse and
86 archive for maintaining corporate, fiscal, and administrative
87 records of child welfare providers, mental health or substance
88 abuse service providers. A service provider shall ensure that
89 the data is up to date and accessible to the applicable agency
90 under this section and the appropriate agency subcontractor. A
91 service provider shall submit any revised, updated information
92 to the data warehouse within 10 business days after receiving
93 the request. An agency that conducts administrative monitoring
94 of child welfare, mental health, or substance abuse service
95 providers under this section must use the data warehouse for
96 document requests. If the information provided to the agency by
97 the service provider's data warehouse is not current or is
98 unavailable from the data warehouse and archive, the agency may
99 contact the service provider directly. A service provider that
100 fails to comply with an agency's requested documents may be
101 subject to a site visit to ensure compliance. Access to the data

Amendment No. 1

102 warehouse must be provided without charge to an applicable
103 agency under this section. At a minimum, the records must
104 include the service provider's:

- 105 (a) Articles of incorporation.
- 106 (b) Bylaws.
- 107 (c) Governing board and committee minutes.
- 108 (d) Financial audits.
- 109 (e) Expenditure reports.
- 110 (f) Compliance audits.
- 111 (g) Organizational charts.
- 112 (h) Governing board membership information.
- 113 (i) Human resource policies and procedures.
- 114 (j) Staff credentials.
- 115 (k) Monitoring procedures, including tools and schedules.
- 116 (l) Procurement and contracting policies and procedures.
- 117 (m) Monitoring reports.

118 Section 2. This act shall take effect upon becoming a law.
119
120
121
122

123 -----
124 **T I T L E A M E N D M E N T**

125 Remove the entire title and insert:

126 An act relating to administrative, licensure and
127 programmatic monitoring of mental health and substance
128 abuse service providers; amending s. 402.7306, F.S.;
129 including mental health and substance abuse providers for

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 959 (2011)

Amendment No. 1

130 purposes of administrative, licensure and programmatic
131 monitoring; requiring the Department of Children and
132 Family Services, the Department of Health, the Agency for
133 Persons with Disabilities, the Agency for Health Care
134 Administration, community-based care lead agencies,
135 managing entities, and agencies contracted monitoring
136 agents to adopt policies for the monitoring of mental
137 health, and substance abuse service providers; limiting
138 frequency of administrative, licensure, and programmatic
139 monitoring of mental health and substance abuse service
140 providers under certain conditions; requiring use of data
141 warehouse for document requests for administrative
142 monitoring; providing an effective date.

143

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

CS/HB 479 : Medical Malpractice

Favorable With Committee Substitute - Strike All Amendment Adopetd
 1 Amendment to Strike All Amendment Adopted

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman		X			
Gwyndolen Clarke-Reed		X			
Fredrick Costello	X				
Brad Drake	X				
Reggie Fullwood		X			
Shawn Harrison	X				
Mike Horner	X				
Ana Logan	X				
Jeanette Nuñez	X				
Steven Perman	X				
Ari Porth	X				
Kenneth Roberson	X				
Michael Weinstein	X				
Dana Young	X				
Gayle Harrell (Chair)	X				
Total Yeas: 12		Total Nays: 3			

Appearances:

Opposing the Bill in General
 Kuvin, Grant (General Public) - Opponent
 Legal Practitioner
 20 N Orange Ave, Suite 1600
 Orlando FL 32801
 Phone: 407-236-5996

HB 479
 Large, Toni (Lobbyist) - Waive In Support
 Florida College of Emergency Physicians
 3717 S Conway Rd
 Orlando FL 32812
 Phone: (850)201-0888

Medical Malpractice
 Winn, Stephen (Lobbyist) - Waive In Support
 Florida Osteopathic Medical Association
 2007 Apalachee Pky
 Tallahassee FL 32301
 Phone: (850)878-3056

HB 479
 Large, William (Lobbyist) - Information Only
 Florida Justice Reform Institute
 210 S Monroe St
 Tallahassee FL 32301-1824
 Phone: (850)222-0170

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Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

HB 479

Bell, Bill (Lobbyist) - Proponent

Florida Hospital Association

306 E College Ave

Tallahassee FL 32301

Phone: (850) 222-9800

HB 479

Chris Roland (Lobbyist) - Proponent

Florida Chapter ACP

1000 Riverside Ave # 115

Jacksonville FL 32204

Phone: (904) 350-155

Medical Malpractice

Hart, Joe Anne (Lobbyist) - Waive In Support

Florida Dental Association

1111 E Tennessee St

Tallahassee FL 32308

Phone: (850)224-1089

Medical Malpractice

Scott, Jeff (Lobbyist) - Waive In Support

Florida Medical Association

PO Box 10269

Tallahassee FL 32302

Phone: (850)224-6496

Informed Consent ss. 3 & 6

Dudley, Fred (Lobbyist) - Proponent

FSO

315 S Calhoun #600

Tallahassee FL 32301

Phone: (850) 425-5668

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 479 (2011)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

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

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Access Subcommittee
3 Representative Horner offered the following:
4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:
7 Section 1. Section 458.3175, Florida Statutes, is created to
8 read:

9 458.3175 Expert witness certificate.-

10 (1) (a) The department shall issue a certificate
11 authorizing a physician who holds an active and valid license to
12 practice medicine in another state or a province of Canada to
13 provide expert testimony in this state, if the physician submits
14 to the department:

15 1. A complete registration application containing the
16 physician's legal name, mailing address, telephone number,
17 business locations, the names of the jurisdictions where the
18 physician holds an active and valid license to practice
19 medicine, and the license number or other identifying number

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 479 (2011)

Amendment No.

20 issued to the physician by the jurisdiction's licensing entity;

21 and

22 2. An application fee of \$50.

23 (b) The department shall approve an application for an
24 expert witness certificate within 7 business days after receipt

25 of the completed application and payment of the application fee

26 if the applicant holds an active and valid license to practice

27 medicine in another state or a province of Canada and has not

28 had a previous expert witness certificate revoked by the board.

29 An application is approved by default if the department does not

30 act upon the application within the required period. A physician

31 must notify the department in writing of his or her intent to

32 rely on a certificate approved by default.

33 (c) An expert witness certificate is valid for 2 years

34 after the date of issuance.

35 (2) An expert witness certificate authorizes the physician
36 to whom the certificate is issued to do only the following:

37 (a) Provide a verified written medical expert opinion as
38 provided in s. 766.203.

39 (b) Provide expert testimony about the prevailing
40 professional standard of care in connection with medical
41 negligence litigation pending in this state against a physician
42 licensed under this chapter or chapter 459.

43 (3) An expert witness certificate does not authorize a
44 physician to engage in the practice of medicine as defined in s.
45 458.305. A physician issued a certificate under this section who
46 does not otherwise practice medicine in this state is not
47 required to obtain a license under this chapter or pay any

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 479 (2011)

Amendment No.

48 license fees, including, but not limited to, a neurological
49 injury compensation assessment. An expert witness certificate
50 shall be treated as a license in any disciplinary action, and
51 the holder of an expert witness certificate shall be subject to
52 discipline by the board.

53 Section 2. Subsection (11) is added to section 458.331,
54 Florida Statutes, paragraphs (oo) through (qq) of subsection (1)
55 of that section are redesignated as paragraphs (pp) through
56 (rr), respectively, and a new paragraph (oo) is added to that
57 subsection, to read:

58 458.331 Grounds for disciplinary action; action by the
59 board and department.—

60 (1) The following acts constitute grounds for denial of a
61 license or disciplinary action, as specified in s. 456.072(2):

62 (oo) Providing misleading, deceptive, or fraudulent expert
63 witness testimony related to the practice of medicine.

64 (11) The purpose of this section is to facilitate uniform
65 discipline for those acts made punishable under this section
66 and, to this end, a reference to this section constitutes a
67 general reference under the doctrine of incorporation by
68 reference.

69 Section 3. Subsection (6) of section 458.351, Florida
70 Statutes, is renumbered as subsection (7), and a new subsection
71 (6) is added to that section, to read:

72 458.351 Reports of adverse incidents in office practice
73 settings.—

74 (6) (a) The board shall adopt rules establishing a standard
75 informed consent form that sets forth the recognized specific

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 479 (2011)

Amendment No.

76 risks related to cataract surgery. The board must propose such
77 rules within 90 days after the effective date of this
78 subsection.

79 (b) Before formally proposing the rule, the board must
80 consider information from physicians licensed under this chapter
81 or chapter 459 regarding recognized specific risks related to
82 cataract surgery and the standard informed consent forms adopted
83 for use in the medical field by other states.

84 (c) A patient's informed consent is not executed until the
85 patient, or a person authorized by the patient to give consent,
86 and a competent witness sign the form adopted by the board.

87 (d) An incident resulting from recognized specific risks
88 described in the signed consent form is not considered an
89 adverse incident for purposes of s. 395.0197 and this section.

90 (e) In a civil action or administrative proceeding against
91 a physician based on his or her alleged failure to properly
92 disclose the risks of cataract surgery, a patient's informed
93 consent executed as provided in paragraph (c) on the form
94 adopted by the board is admissible as evidence and creates a
95 rebuttable presumption that the physician properly disclosed the
96 risks.

97 Section 4. Section 459.0066, Florida Statutes, is created
98 to read:

99 459.0066 Expert witness certificate.—

100 (1) (a) The department shall issue a certificate
101 authorizing a physician who holds an active and valid license to
102 practice osteopathic medicine in another state or a province of

Amendment No.

103 Canada to provide expert testimony in this state, if the
104 physician submits to the department:

105 1. A complete registration application containing the
106 physician's legal name, mailing address, telephone number,
107 business locations, the names of the jurisdictions where the
108 physician holds an active and valid license to practice
109 osteopathic medicine, and the license number or other
110 identifying number issued to the physician by the jurisdiction's
111 licensing entity; and

112 2. An application fee of \$50.

113 (b) The department shall approve an application for an
114 expert witness certificate within 7 business days after receipt
115 of the completed application and payment of the application fee
116 if the applicant holds an active and valid license to practice
117 osteopathic medicine in another state or a province of Canada
118 and has not had a previous expert witness certificate revoked by
119 the board. An application is approved by default if the
120 department does not act upon the application within the required
121 period. A physician must notify the department in writing of his
122 or her intent to rely on a certificate approved by default.

123 (c) An expert witness certificate is valid for 2 years
124 after the date of issuance.

125 (2) An expert witness certificate authorizes the physician
126 to whom the certificate is issued to do only the following:

127 (a) Provide a verified written medical expert opinion as
128 provided in s. 766.203.

129 (b) Provide expert testimony about the prevailing
130 professional standard of care in connection with medical

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 479 (2011)

Amendment No.

131 | negligence litigation pending in this state against a physician
132 | licensed under chapter 458 or this chapter.

133 | (3) An expert witness certificate does not authorize a
134 | physician to engage in the practice of osteopathic medicine as
135 | defined in s. 459.003. A physician issued a certificate under
136 | this section who does not otherwise practice osteopathic
137 | medicine in this state is not required to obtain a license under
138 | this chapter or pay any license fees, including, but not limited
139 | to, a neurological injury compensation assessment. An expert
140 | witness certificate shall be treated as a license in any
141 | disciplinary action, and the holder of an expert witness
142 | certificate shall be subject to discipline by the board.

143 | Section 5. Subsection (11) is added to section 459.015,
144 | Florida Statutes, paragraphs (qq) through (ss) of subsection (1)
145 | of that section are redesignated as paragraphs (rr) through
146 | (tt), respectively, and a new paragraph (qq) is added to that
147 | subsection, to read:

148 | 459.015 Grounds for disciplinary action; action by the
149 | board and department.—

150 | (1) The following acts constitute grounds for denial of a
151 | license or disciplinary action, as specified in s. 456.072(2):

152 | (qq) Providing misleading, deceptive, or fraudulent expert
153 | witness testimony related to the practice of osteopathic
154 | medicine.

155 | (11) The purpose of this section is to facilitate uniform
156 | discipline for those acts made punishable under this section
157 | and, to this end, a reference to this section constitutes a

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 479 (2011)

Amendment No.

158 general reference under the doctrine of incorporation by
159 reference.

160 Section 6. Subsection (6) of section 459.026, Florida
161 Statutes, is renumbered as subsection (7), and a new subsection
162 (6) is added to that section, to read:

163 459.026 Reports of adverse incidents in office practice
164 settings.—

165 (6) (a) The board shall adopt rules establishing a standard
166 informed consent form that sets forth the recognized specific
167 risks related to cataract surgery. The board must propose such
168 rules within 90 days after the effective date of this
169 subsection.

170 (b) Before formally proposing the rule, the board must
171 consider information from physicians licensed under chapter 458
172 or this chapter regarding recognized specific risks related to
173 cataract surgery and the standard informed consent forms adopted
174 for use in the medical field by other states.

175 (c) A patient's informed consent is not executed until the
176 patient, or a person authorized by the patient to give consent,
177 and a competent witness sign the form adopted by the board.

178 (d) An incident resulting from recognized specific risks
179 described in the signed consent form is not considered an
180 adverse incident for purposes of s. 395.0197 and this section.

181 (e) In a civil action or administrative proceeding against
182 a physician based on his or her alleged failure to properly
183 disclose the risks of cataract surgery, a patient's informed
184 consent executed as provided in paragraph (c) on the form
185 adopted by the board is admissible as evidence and creates a

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 479 (2011)

Amendment No.

186 rebuttable presumption that the physician properly disclosed the
187 risks.

188 Section 7. Paragraph (b) of subsection (1) of section
189 627.4147, Florida Statutes, is amended to read:

190 627.4147 Medical malpractice insurance contracts.—

191 (1) In addition to any other requirements imposed by law,
192 each self-insurance policy as authorized under s. 627.357 or s.
193 624.462 or insurance policy providing coverage for claims
194 arising out of the rendering of, or the failure to render,
195 medical care or services, including those of the Florida Medical
196 Malpractice Joint Underwriting Association, shall include:

197 ~~(b)1. Except as provided in subparagraph 2., a clause~~
198 ~~authorizing the insurer or self-insurer to determine, to make,~~
199 ~~and to conclude, without the permission of the insured, any~~
200 ~~offer of admission of liability and for arbitration pursuant to~~
201 ~~s. 766.106, settlement offer, or offer of judgment, if the offer~~
202 ~~is within the policy limits. It is against public policy for any~~
203 ~~insurance or self-insurance policy to contain a clause giving~~
204 ~~the insured the exclusive right to veto any offer for admission~~
205 ~~of liability and for arbitration made pursuant to s. 766.106,~~
206 ~~settlement offer, or offer of judgment, when such offer is~~
207 ~~within the policy limits. However, any offer of admission of~~
208 ~~liability, settlement offer, or offer of judgment made by an~~
209 ~~insurer or self-insurer shall be made in good faith and in the~~
210 ~~best interests of the insured.~~

211 ~~2.a. With respect to dentists licensed under chapter 466,~~
212 A clause clearly stating whether or not the insured has the
213 exclusive right to veto any offer of admission of liability and

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 479 (2011)

Amendment No.

214 for arbitration pursuant to s. 766.106, settlement offer, or
215 offer of judgment if the offer is within policy limits. An
216 insurer or self-insurer shall not make or conclude, without the
217 permission of the insured, any offer of admission of liability
218 and for arbitration pursuant to s. 766.106, settlement offer, or
219 offer of judgment, if such offer is outside the policy limits.
220 However, any offer for admission of liability and for
221 arbitration made under s. 766.106, settlement offer, or offer of
222 judgment made by an insurer or self-insurer shall be made in
223 good faith and in the best interest of the insured.

224 ~~2.b.~~ If the policy contains a clause stating the insured
225 does not have the exclusive right to veto any offer or admission
226 of liability and for arbitration made pursuant to s. 766.106,
227 settlement offer or offer of judgment, the insurer or self-
228 insurer shall provide to the insured or the insured's legal
229 representative by certified mail, return receipt requested, a
230 copy of the final offer of admission of liability and for
231 arbitration made pursuant to s. 766.106, settlement offer or
232 offer of judgment and at the same time such offer is provided to
233 the claimant. A copy of any final agreement reached between the
234 insurer and claimant shall also be provided to the insurer or
235 his or her legal representative by certified mail, return
236 receipt requested not more than 10 days after affecting such
237 agreement.

238 Section 8. Subsections (3), (4), and (5) of section
239 766.102, Florida Statutes, are amended, subsection (12) of that
240 section is renumbered as subsection (14), and new subsections
241 (12) and (13) are added to that section, to read:

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 479 (2011)

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242 766.102 Medical negligence; standards of recovery; expert
243 witness.—

244 (3) (a) As used in this subsection, the term:

245 1. "Insurer" means any public or private insurer,
246 including the Centers for Medicare and Medicaid Services.

247 2. "Reimbursement determination" means an insurer's
248 determination of the amount that the insurer will reimburse a
249 health care provider for health care services.

250 3. "Reimbursement policies" means an insurer's policies
251 and procedures governing its decisions regarding health
252 insurance coverage and method of payment and the data upon which
253 such policies and procedures are based, including, but not
254 limited to, data from national research groups and other patient
255 safety data as defined in s. 766.1016.

256 (b) The existence of a medical injury does shall not
257 create any inference or presumption of negligence against a
258 health care provider, and the claimant must maintain the burden
259 of proving that an injury was proximately caused by a breach of
260 the prevailing professional standard of care by the health care
261 provider. Any records, policies, or testimony of an insurer's
262 reimbursement policies or reimbursement determination regarding
263 the care provided to the plaintiff are not admissible as
264 evidence in any medical negligence action. However, the
265 discovery of the presence of a foreign body, such as a sponge,
266 clamp, forceps, surgical needle, or other paraphernalia commonly
267 used in surgical, examination, or diagnostic procedures, shall
268 be prima facie evidence of negligence on the part of the health
269 care provider.

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270 (4) (a) The Legislature is cognizant of the changing trends
271 and techniques for the delivery of health care in this state and
272 the discretion that is inherent in the diagnosis, care, and
273 treatment of patients by different health care providers. The
274 failure of a health care provider to order, perform, or
275 administer supplemental diagnostic tests is shall not be
276 actionable if the health care provider acted in good faith and
277 with due regard for the prevailing professional standard of
278 care.

279 (b) In an action for damages based on death or personal
280 injury which alleges that such death or injury resulted from the
281 failure of a health care provider to order, perform, or
282 administer supplemental diagnostic tests, the claimant has the
283 burden of proving by clear and convincing evidence that the
284 alleged actions of the health care provider represented a breach
285 of the prevailing professional standard of care.

286 (5) A person may not give expert testimony concerning the
287 prevailing professional standard of care unless the that person
288 is a ~~licensed~~ health care provider who holds an active and valid
289 license and conducts a complete review of the pertinent medical
290 records and meets the following criteria:

291 (a) If the health care provider against whom or on whose
292 behalf the testimony is offered is a specialist, the expert
293 witness must:

294 1. Specialize in the same specialty as the health care
295 provider against whom or on whose behalf the testimony is
296 offered; or specialize in a similar specialty that includes the
297 evaluation, diagnosis, or treatment of the medical condition

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298 that is the subject of the claim and have prior experience
299 treating similar patients; and

300 2. Have devoted professional time during the 5 3 years
301 immediately preceding the date of the occurrence that is the
302 basis for the action to:

303 a. The active clinical practice of, or consulting with
304 respect to, the same or similar specialty that includes the
305 evaluation, diagnosis, or treatment of the medical condition
306 that is the subject of the claim and have prior experience
307 treating similar patients;

308 b. Instruction of students in an accredited health
309 professional school or accredited residency or clinical research
310 program in the same or similar specialty; or

311 c. A clinical research program that is affiliated with an
312 accredited health professional school or accredited residency or
313 clinical research program in the same or similar specialty.

314 (b) If the health care provider against whom or on whose
315 behalf the testimony is offered is a general practitioner, the
316 expert witness must have devoted professional time during the 5
317 years immediately preceding the date of the occurrence that is
318 the basis for the action to:

319 1. The active clinical practice or consultation as a
320 general practitioner;

321 2. The instruction of students in an accredited health
322 professional school or accredited residency program in the
323 general practice of medicine; or

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324 3. A clinical research program that is affiliated with an
325 accredited medical school or teaching hospital and that is in
326 the general practice of medicine.

327 (c) If the health care provider against whom or on whose
328 behalf the testimony is offered is a health care provider other
329 than a specialist or a general practitioner, the expert witness
330 must have devoted professional time during the 5 3 years
331 immediately preceding the date of the occurrence that is the
332 basis for the action to:

333 1. The active clinical practice of, or consulting with
334 respect to, the same or similar health profession as the health
335 care provider against whom or on whose behalf the testimony is
336 offered;

337 2. The instruction of students in an accredited health
338 professional school or accredited residency program in the same
339 or similar health profession in which the health care provider
340 against whom or on whose behalf the testimony is offered; or

341 3. A clinical research program that is affiliated with an
342 accredited medical school or teaching hospital and that is in
343 the same or similar health profession as the health care
344 provider against whom or on whose behalf the testimony is
345 offered.

346 (12) If a physician licensed under chapter 458 or chapter
347 459 is the party against whom, or on whose behalf, expert
348 testimony about the prevailing professional standard of care is
349 offered, the expert witness must be licensed under chapter 458
350 or chapter 459 or possess a valid expert witness certificate
351 issued under s. 458.3175 or s. 459.0066.

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352 (13) If a dentist licensed under chapter 466 is the party
353 against whom, or on whose behalf, expert testimony about the
354 prevailing professional standard of care is offered, the expert
355 witness must be licensed under chapter 466 or possess a valid
356 expert witness certificate issued under s. 466.005.

357 (14) A health care provider's failure to comply with or
358 breach of any federal requirement is not admissible as evidence
359 in any medical negligence case in this state.

360 Section 9. Paragraph (a) of subsection (2), subsection
361 (5), and paragraph (b) of subsection (6) of section 766.106,
362 Florida Statutes, are amended to read:

363 766.106 Notice before filing action for medical
364 negligence; presuit screening period; offers for admission of
365 liability and for arbitration; informal discovery; review.—

366 (2) PRESUIT NOTICE.—

367 (a) After completion of presuit investigation pursuant to
368 s. 766.203(2) and prior to filing a complaint for medical
369 negligence, a claimant shall notify each prospective defendant
370 by certified mail, return receipt requested, of intent to
371 initiate litigation for medical negligence. Notice to each
372 prospective defendant must include, if available, a list of all
373 known health care providers seen by the claimant for the
374 injuries complained of subsequent to the alleged act of
375 negligence, all known health care providers during the 2-year
376 period prior to the alleged act of negligence who treated or
377 evaluated the claimant, and copies of all of the medical records
378 relied upon by the expert in signing the affidavit, and the
379 executed authorization form provided in s. 766.1065. The

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380 ~~requirement of providing the list of known health care providers~~
381 ~~may not serve as grounds for imposing sanctions for failure to~~
382 ~~provide presuit discovery.~~

383 (5) DISCOVERY AND ADMISSIBILITY.—A No statement,
384 discussion, written document, report, or other work product
385 generated by the presuit screening process is not discoverable
386 or admissible in any civil action for any purpose by the
387 opposing party. All participants, including, but not limited to,
388 physicians, investigators, witnesses, and employees or
389 associates of the defendant, are immune from civil liability
390 arising from participation in the presuit screening process.
391 This subsection does not prevent a physician licensed under
392 chapter 458 or chapter 459 or a dentist licensed under chapter
393 466 who submits a verified written expert medical opinion from
394 being subject to denial of a license or disciplinary action
395 under s. 458.331(1)(oo), s. 459.015(1)(qq) or s. 466.028(1)(ll).

396 (6) INFORMAL DISCOVERY.—

397 (b) Informal discovery may be used by a party to obtain
398 unsworn statements, the production of documents or things, and
399 physical and mental examinations, as follows:

400 1. Unsworn statements.—Any party may require other parties
401 to appear for the taking of an unsworn statement. Such
402 statements may be used only for the purpose of presuit screening
403 and are not discoverable or admissible in any civil action for
404 any purpose by any party. A party desiring to take the unsworn
405 statement of any party must give reasonable notice in writing to
406 all parties. The notice must state the time and place for taking
407 the statement and the name and address of the party to be

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408 examined. Unless otherwise impractical, the examination of any
409 party must be done at the same time by all other parties. Any
410 party may be represented by counsel at the taking of an unsworn
411 statement. An unsworn statement may be recorded electronically,
412 stenographically, or on videotape. The taking of unsworn
413 statements is subject to the provisions of the Florida Rules of
414 Civil Procedure and may be terminated for abuses.

415 2. Documents or things.—Any party may request discovery of
416 documents or things. The documents or things must be produced,
417 at the expense of the requesting party, within 20 days after the
418 date of receipt of the request. A party is required to produce
419 discoverable documents or things within that party's possession
420 or control. Medical records shall be produced as provided in s.
421 766.204.

422 3. Physical and mental examinations.—A prospective
423 defendant may require an injured claimant to appear for
424 examination by an appropriate health care provider. The
425 prospective defendant shall give reasonable notice in writing to
426 all parties as to the time and place for examination. Unless
427 otherwise impractical, a claimant is required to submit to only
428 one examination on behalf of all potential defendants. The
429 practicality of a single examination must be determined by the
430 nature of the claimant's condition, as it relates to the
431 liability of each prospective defendant. Such examination report
432 is available to the parties and their attorneys upon payment of
433 the reasonable cost of reproduction and may be used only for the
434 purpose of presuit screening. Otherwise, such examination report

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435 is confidential and exempt from the provisions of s. 119.07(1)
436 and s. 24(a), Art. I of the State Constitution.

437 4. Written questions.—Any party may request answers to
438 written questions, the number of which may not exceed 30,
439 including subparts. A response must be made within 20 days after
440 receipt of the questions.

441 5. Ex parte interviews of treating health care providers.—
442 A prospective defendant or his or her legal representative may
443 interview the claimant's treating health care providers without
444 notice to or the presence of the claimant or the claimant's
445 legal representative.

446 6.5. Unsworn statements of treating health care providers
447 ~~Medical information release. The claimant must execute a medical~~
448 ~~information release that allows~~ A prospective defendant or his
449 or her legal representative may also ~~to~~ take unsworn statements
450 of the claimant's treating health care providers ~~physicians~~. The
451 statements must be limited to those areas that are potentially
452 relevant to the claim of personal injury or wrongful death.
453 Subject to the procedural requirements of subparagraph 1., a
454 prospective defendant may take unsworn statements from a
455 claimant's treating physicians. Reasonable notice and
456 opportunity to be heard must be given to the claimant or the
457 claimant's legal representative before taking unsworn
458 statements. The claimant or claimant's legal representative has
459 the right to attend the taking of such unsworn statements.

460 Section 10. Section 766.1065, Florida Statutes, is created
461 to read:

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462 766.1065 Authorization for release of protected health
463 information.-

464 (1) Presuit notice of intent to initiate litigation for
465 medical negligence under s. 766.106(2) must be accompanied by an
466 authorization for release of protected health information in the
467 form specified by this section, authorizing the disclosure of
468 protected health information that is potentially relevant to the
469 claim of personal injury or wrongful death. The presuit notice
470 is void if this authorization does not accompany the presuit
471 notice and other materials required by s. 766.106(2).

472 (2) If the authorization required by this section is
473 revoked, the presuit notice under s. 766.106(2) is deemed
474 retroactively void from the date of issuance, and any tolling
475 effect that the presuit notice may have had on any applicable
476 statute-of-limitations period is retroactively rendered void.

477 (3) The authorization required by this section shall be in
478 the following form and shall be construed in accordance with the
479 "Standards for Privacy of Individually Identifiable Health
480 Information" in 45 C.F.R. parts 160 and 164:

481
482 AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

483
484 A. I, (...Name of patient or authorized representative...)
485 [hereinafter "Patient"], authorize that (...Name of health care
486 provider to whom the presuit notice is directed...) and
487 his/her/its insurer(s), self-insurer(s), and attorney(s) may
488 obtain and disclose (within the parameters set out below) the

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489 protected health information described below for the following
490 specific purposes:

491 1. Facilitating the investigation and evaluation of the
492 medical negligence claim described in the accompanying presuit
493 notice; or

494 2. Defending against any litigation arising out of the
495 medical negligence claim made on the basis of the accompanying
496 presuit notice.

497 B. The health information obtained, used, or disclosed
498 extends to, and includes, the verbal as well as the written and
499 is described as follows:

500 1. The health information in the custody of the following
501 health care providers who have examined, evaluated, or treated
502 the Patient in connection with injuries complained of after the
503 alleged act of negligence: (List the name and current address of
504 all health care providers). This authorization extends to any
505 additional health care providers that may in the future
506 evaluate, examine, or treat the Patient for the injuries
507 complained of.

508 2. The health information in the custody of the following
509 health care providers who have examined, evaluated, or treated
510 the Patient during a period commencing 2 years before the
511 incident which is the basis of the accompanying presuit notice.

512
513 (List the name and current address of such health care
514 providers, if applicable.)

515

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516 C. This authorization does not apply to the following list
517 of health care providers possessing health care information
518 about the Patient because the Patient certifies that such health
519 care information is not potentially relevant to the claim of
520 personal injury or wrongful death which is the basis of the
521 accompanying presuit notice.

522

523 (List the name of each health care provider to whom this
524 authorization does not apply and the inclusive dates of
525 examination, evaluation, or treatment to be withheld from
526 disclosure. If none, specify "none.")

527

528 D. The persons or class of persons to whom the Patient
529 authorizes such health information to be disclosed or by whom
530 such health information is to be used:

531 1. Any health care provider providing care or treatment
532 for the Patient.

533 2. Any liability insurer or self-insurer providing
534 liability insurance coverage, self-insurance, or defense to any
535 health care provider to whom presuit notice is given regarding
536 the care and treatment of the Patient.

537 3. Any consulting or testifying expert employed by or on
538 behalf of (name of health care provider to whom presuit notice
539 was given) his/her/its insurer(s), self-insurer(s), or
540 attorney(s) regarding to the matter of the presuit notice
541 accompanying this authorization.

542 4. Any attorney (including secretarial, clerical, or
543 paralegal staff) employed by or on behalf of (name of health

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544 care provider to whom presuit notice was given) regarding the
545 matter of the presuit notice accompanying this authorization.

546 5. Any trier of the law or facts relating to any suit
547 filed seeking damages arising out of the medical care or
548 treatment of the Patient.

549 E. This authorization expires upon resolution of the claim
550 or at the conclusion of any litigation instituted in connection
551 with the matter of the presuit notice accompanying this
552 authorization, whichever occurs first.

553 F. The Patient understands that, without exception, the
554 Patient has the right to revoke this authorization in writing.
555 The Patient further understands that the consequence of any such
556 revocation is that the presuit notice under s. 766.106(2),
57 Florida Statutes, is deemed retroactively void from the date of
558 issuance, and any tolling effect that the presuit notice may
559 have had on any applicable statute-of-limitations period is
560 retroactively rendered void.

561 G. The Patient understands that signing this authorization
562 is not a condition for continued treatment, payment, enrollment,
563 or eligibility for health plan benefits.

564 H. The Patient understands that information used or
565 disclosed under this authorization may be subject to additional
566 disclosure by the recipient and may not be protected by federal
567 HIPAA privacy regulations.

568
569 Signature of Patient/Representative:

570 Date:

571 Name of Patient/Representative:

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572 | Description of Representative's Authority:

573 | Section 11. Subsection (2) of section 766.206, Florida
574 | Statutes, is amended to read:

575 | 766.206 Presuit investigation of medical negligence claims
576 | and defenses by court.—

577 | (2) If the court finds that the notice of intent to
578 | initiate litigation mailed by the claimant does is not comply in
579 | compliance with the reasonable investigation requirements of ss.
580 | 766.201-766.212, including a review of the claim and a verified
581 | written medical expert opinion by an expert witness as defined
582 | in s. 766.202, or that the authorization accompanying the notice
583 | of intent required under s. 766.1065 is not completed in good
584 | faith by the claimant, the court shall dismiss the claim, and
585 | the person who mailed such notice of intent, whether the
586 | claimant or the claimant's attorney, shall be personally liable
587 | for all attorney's fees and costs incurred during the
588 | investigation and evaluation of the claim, including the
589 | reasonable attorney's fees and costs of the defendant or the
590 | defendant's insurer.

591 | Section 12. Section 768.0981, Florida Statutes, is amended
592 | to read:

593 | 768.0981 Limitation on actions against insurers, prepaid
594 | limited health service organizations, health maintenance
595 | organizations, hospitals, or prepaid health clinics.—An entity
596 | licensed or certified under chapter 395, chapter 624, chapter
597 | 636, or chapter 641 is shall not be liable for the medical
598 | negligence of a health care provider with whom the licensed or
599 | certified entity has entered into a contract, other than an

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600 employee of such licensed or certified entity, unless the
601 licensed or certified entity expressly directs or exercises
602 actual control over the specific conduct that caused injury.

603 Section 13. Section 466.005, Florida Statutes, is created
604 to read:

605 466.005 Expert witness certificate.-

606 (1) (a) The department shall issue a certificate
607 authorizing a dentist who holds an active and valid license to
608 practice dentistry in another state or a province of Canada to
609 provide expert testimony in this state, if the dentist submits
610 to the department:

611 1. A complete registration application containing the
612 dentist's legal name, mailing address, telephone number,
613 business locations, the names of the jurisdictions where the
614 dentist holds an active and valid license to practice dentistry,
615 and the license number or other identifying number issued to the
616 dentist by the jurisdiction's licensing entity; and

617 2. An application fee of \$50.

618 (b) The department shall approve an application for an
619 expert witness certificate within 7 business days after receipt
620 of the completed application and payment of the application fee
621 if the applicant holds an active and valid license to practice
622 dentistry in another state or a province of Canada and has not
623 had a previous expert witness certificate revoked by the board.
624 An application is approved by default if the department does not
625 act upon the application within the required period. A dentist
626 must notify the department in writing of his or her intent to
627 rely on a certificate approved by default.

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628 (c) An expert witness certificate is valid for 2 years
629 after the date of issuance.

630 (2) An expert witness certificate authorizes the dentist
631 to whom the certificate is issued to do only the following:

632 (a) Provide a verified written medical expert opinion as
633 provided in s. 766.203.

634 (b) Provide expert testimony about the prevailing
635 professional standard of care in connection with medical
636 negligence litigation pending in this state against a dentist
637 licensed under this chapter.

638 (3) An expert witness certificate does not authorize a
639 dentist to engage in the practice of dentistry as defined in s.
640 466.003. A dentist issued a certificate under this section who
641 does not otherwise practice dentistry in this state is not
642 required to obtain a license under this chapter or pay any
643 license fees. An expert witness certificate shall be treated as
644 a license in any disciplinary action, and the holder of an
645 expert witness certificate shall be subject to discipline by the
646 board.

647 Section 14. Subsection (11) is added to section 466.028,
648 Florida Statutes, paragraph (11) of subsection (1) of that
649 section is redesignated as paragraphs (mm), and a new paragraph
650 (11) is added to that subsection, to read:

651 466.028 Grounds for disciplinary action; action by the
652 board-

653 (1) The following acts constitute grounds for denial of a
654 license or disciplinary action, as specified in s. 456.072(2):

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655 (11) Providing misleading, deceptive, or fraudulent expert
656 witness testimony related to the practice of dentistry.

657 (8) The purpose of this section is to facilitate uniform
658 discipline for those acts made punishable under this section
659 and, to this end, a reference to this section constitutes a
660 general reference under the doctrine of incorporation by
661 reference.

662 Section 15. This act shall take effect July 1, 2011.

663
664

665 -----

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

667 Between lines 53 and 54, insert:

668 creating s. 466.005, F.S.; requiring the Department of Health to
669 issue expert witness certificates to certain dentists licensed
670 outside of the state; providing application and certification
671 requirements; establishing application fees; providing for the
672 validity and use of certifications; exempting dentists issued
673 certifications from certain licensure and fee requirements;
674 amending s. 466.028, F.S.; providing additional acts that
675 constitute grounds for denial of a license or disciplinary
676 action to which penalties apply; providing construction with
677 respect to the doctrine of incorporation by reference;



HOUSE OF REPRESENTATIVES

Committee/Subcommittee Health and Human Serv. Access

Date 3/23/2011 Action Adopted

HOUSE AMENDMENT FOR DRAFTING PURPOSES ONLY
(may be used in Committee/Subcommittee, but **not** on House Floor)

Amendment No. 1

Bill No. CS/HB 479

(For filing with the Clerk, Committee/Subcommittee and Member Amendments **must** be prepared by House Bill Drafting Services (Rule 12.1))

Representative(s)/The Council/Committee on Rep. Horner

offered the following amendment: Amendment to the strikeall amendment

Amendment:

on page 12, line(s) 300 remove line and insert:

2. Have devoted professional time during the ~~5~~ 3 years

on page 13, line 330, remove line and insert:

must have devoted professional time during the ~~5~~ 3 years

Copy to Committee/Subcommittee Administrative Assistant

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

HB 909 : Emergency Medical Services

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Gwyndolen Clarke-Reed	X				
Fredrick Costello	X				
Brad Drake	X				
Reggie Fullwood	X				
Shawn Harrison			X		
Mike Horner	X				
Ana Logan	X				
Jeanette Nuñez	X				
Steven Perman	X				
Ari Porth	X				
Kenneth Roberson	X				
Michael Weinstein	X				
Dana Young	X				
Gayle Harrell (Chair)	X				
Total Yeas: 14		Total Nays: 0			

Appearances:

HB 909

Daniel Griffin (General Public) - Proponent
 EMS Educators
 4621 NW 46 CT
 Gainesville FL 32696
 Phone: (352) 494-1158

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

HB 935 : Health Care Price Transparency

Favorable With Committee Substitute - Strike All Amendment Adopted

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Gwyndolen Clarke-Reed		X			
Fredrick Costello	X				
Brad Drake	X				
Reggie Fullwood	X				
Shawn Harrison	X				
Mike Horner	X				
Ana Logan	X				
Jeanette Nuñez	X				
Steven Perman		X			
Ari Porth	X				
Kenneth Roberson	X				
Michael Weinstein	X				
Dana Young	X				
Gayle Harrell (Chair)	X				
Total Yeas: 13		Total Nays: 2			

Appearances:

Healthcare Transparency
 Ashwell, Brad (Lobbyist) - Information Only
 Florida PIRG (The Public Interest Research Group)
 926 E Park Ave
 Tallahassee FL 32301
 Phone: (850)224-3321

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 935 (2011)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

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

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Access Subcommittee
3 Representative(s) Nunez offered the following:
4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:
7 Section 1. Subsection (2) and paragraph (c) of subsection
8 (4) of section 381.026, Florida Statutes, are amended to read:
9 381.026 Florida Patient's Bill of Rights and
10 Responsibilities.—

11 (2) DEFINITIONS.—As used in this section and s. 381.0261,
12 the term:

13 (a) "Department" means the Department of Health.

14 (b) "Health care facility" means a facility licensed under
15 chapter 395.

16 (c) "Health care provider" means a physician licensed
17 under chapter 458, an osteopathic physician licensed under
18 chapter 459, or a podiatric physician licensed under chapter
19 461.

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20 (d) "Primary care provider" means a health care provider
21 who provides medical services to patients which are commonly
22 provided without referral from another health care provider,
23 including family and general practice, general pediatrics and
24 general internal medicine.

25 (e)-(d) "Responsible provider" means a health care provider
26 who is primarily responsible for patient care in a health care
27 facility or provider's office.

28 (4) RIGHTS OF PATIENTS.—Each health care facility or
29 provider shall observe the following standards:

30 (c) Financial information and disclosure.—

31 1. A patient has the right to be given, upon request, by
32 the responsible provider, his or her designee, or a
33 representative of the health care facility full information and
34 necessary counseling on the availability of known financial
35 resources for the patient's health care.

36 2. A health care provider or a health care facility shall,
37 upon request, disclose to each patient who is eligible for
38 Medicare, before in advance of treatment, whether the health
39 care provider or the health care facility in which the patient
40 is receiving medical services accepts assignment under Medicare
41 reimbursement as payment in full for medical services and
42 treatment rendered in the health care provider's office or
43 health care facility.

44 3. A primary care provider may publish a schedule of
45 charges for the medical services that the provider offers to
46 patients. The schedule must include the prices charged to an
47 uninsured person paying for such services by cash, check, credit

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48 card, or debit card. The schedule must be posted in a
49 conspicuous place in the reception area of the provider's
50 office, and the posting must be at least 15 square feet in size.
51 The schedule must include, but is not limited to, the 50
52 services most frequently provided by that primary care provider.
53 The schedule may group the services by three price levels,
54 listing the services in each price level. A primary care
55 provider who publishes and maintains such a schedule is exempt
56 from the continuing education requirements of ch. 456 and rules
57 implementing those requirements for a single two-year period.

58 4.3. A health care provider or a health care facility
59 shall, upon request, furnish a person, before the ~~prior to~~
60 provision of medical services, a reasonable estimate of charges
61 for such services. The health care provider or the health care
62 facility shall provide an uninsured person, before ~~prior to~~ the
63 provision of a planned nonemergency medical service, a
64 reasonable estimate of charges for such service and information
65 regarding the provider's or facility's discount or charity
66 policies for which the uninsured person may be eligible. Such
67 estimates by a primary care provider must be consistent with the
68 schedule posted under subparagraph 3. Estimates shall, to the
69 extent possible, be written in a language comprehensible to an
70 ordinary layperson. Such reasonable estimate does ~~shall~~ not
71 preclude the health care provider or health care facility from
72 exceeding the estimate or making additional charges based on
73 changes in the patient's condition or treatment needs.

74 5.4. Each licensed facility not operated by the state
75 shall make available to the public on its Internet website or by

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76 other electronic means a description of and a link to the
77 performance outcome and financial data that is published by the
78 agency pursuant to s. 408.05(3)(k). The facility shall place a
79 notice in the reception area that such information is available
80 electronically and the website address. The licensed facility
81 may indicate that the pricing information is based on a
82 compilation of charges for the average patient and that each
83 patient's bill may vary from the average depending upon the
84 severity of illness and individual resources consumed. The
85 licensed facility may also indicate that the price of service is
86 negotiable for eligible patients based upon the patient's
87 ability to pay.

88 ~~6.5.~~ A patient has the right to receive a copy of an
89 itemized bill upon request. A patient has a right to be given an
90 explanation of charges upon request.

91 Section 2. This act shall take effect July 1, 2011.

92
93
94
95 -----
96 **T I T L E A M E N D M E N T**

97 Remove the entire title and insert:

98 amending s. 381.026, F.S.; providing a definition; allowing
99 primary care providers to publish and post a schedule of certain
100 charges for medical services offered to patients; providing a
101 minimum size for the posting; requiring such a schedule to
102 include at least the 50 most frequently provided services;
103 allowing the schedule to be grouped into three levels; providing

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 935 (2011)

Amendment No.

104 an exemption from continuing education requirements for
105 providers who post such a schedule; requiring a primary care
106 provider's estimates of charges for medical services to be
107 consistent with the posted schedule; providing an effective
108 date.

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

HB 959 : Administrative Monitoring of Mental Health and Substance Abuse Service Providers

Favorable With Committee Substitute - Strike All Amendment Adopted

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Gwyndolen Clarke-Reed	X				
Fredrick Costello	X				
Brad Drake	X				
Reggie Fullwood	X				
Shawn Harrison	X				
Mike Horner	X				
Ana Logan	X				
Jeanette Nufiez	X				
Steven Perman	X				
Ari Porth	X				
Kenneth Roberson	X				
Michael Weinstein	X				
Dana Young	X				
Gayle Harrell (Chair)	X				
Total Yeas: 15		Total Nays: 0			

Appearances:

Contract Monitoring

Koch, Karen (Lobbyist) - Waive In Support
 Florida Council for Behavioral Healthcare, Inc
 316 E Park Ave
 Tallahassee FL 32301-1514
 Phone: (850)224-6048

Administrative Monitoring of Mental Health

Christopher Brown - Waive In Support
 Broward County Board of County Commissioners
 115 S Andrews Ave
 Fort Lauderdale FL 33308
 Phone: (954) 357-7577

HB 959

Fontaine, Mark (Lobbyist) - Waive In Support
 Florida Alcohol & Drug Abuse Association, Inc
 2868 Mahan Dr Ste 1
 Tallahassee FL 32308
 Phone: (850)878-2196

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 959 (2011)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

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

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee

3 Representative(s) Young offered the following:

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

6 Remove everything after the enacting clause and insert:
7 Section 1. Section 402.7306, Florida Statutes, is amended to
8 read:

9 402.7306 Administrative monitoring of ~~for~~ child welfare
10 providers, and administrative, licensure, and programmatic
11 monitoring of mental health and substance abuse service
12 providers. For the purpose of this section mental health and
13 substance abuse service providers are those providers who
14 provide services to the state's priority population defined
15 under s. 394.674 F.S. The Department of Children and Family
16 Services, the Department of Health, the Agency for Persons with
17 Disabilities, the Agency for Health Care Administration, and
18 community-based care lead agencies, managing entities as defined
19 in s. 394.9082, and agencies contracted monitoring agents shall

Amendment No. 1

20 identify and implement changes that improve the efficiency of
21 administrative monitoring of child welfare services, and the
22 administrative, licensure, and programmatic monitoring of mental
23 health and substance abuse services. To assist with that goal,
24 each such agency shall adopt the following policies:

25 (1) Limit administrative monitoring to once every 3 years
26 if the child welfare provider is accredited by the Joint
27 ~~Commission on Accreditation of Healthcare Organizations~~, the
28 Commission on Accreditation of Rehabilitation Facilities, or the
29 Council on Accreditation of Children and Family Services. If the
30 accrediting body does not require documentation that the state
31 agency requires, that documentation shall be requested by the
32 state agency and may be posted by the service provider on the
33 data warehouse for the agency's review. Notwithstanding the
34 survey or inspection of an accrediting organization specified in
35 this subsection, an agency specified in and subject to this
36 section may continue to monitor the service provider as
37 necessary with respect to:

38 (a) Ensuring that services for which the agency is paying
39 are being provided.

40 (b) Investigating complaints or suspected problems and
41 monitoring the service provider's compliance with any resulting
42 negotiated terms and conditions, including provisions relating
43 to consent decrees that are unique to a specific service and are
44 not statements of general applicability.

45 (c) Ensuring compliance with federal and state laws,
46 federal regulations, or state rules if such monitoring does not

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47 duplicate the accrediting organization's review pursuant to
48 accreditation standards.

49
50 Medicaid certification and precertification reviews are exempt
51 from this subsection to ensure Medicaid compliance.

52
53 (2) Limit administrative, licensure, and programmatic
54 monitoring to once every 3 years if the mental health and
55 substance abuse service provider is accredited by the Joint
56 Commission, the Commission on Accreditation of Rehabilitation
57 Facilities, or the Council on Accreditation of Children and
58 Family Services. If the services being monitored are not the
59 services for which the provider is accredited, the limitations
60 of this subsection do not apply. If the accrediting body does
61 not require documentation that the state agency requires, that
62 documentation shall be requested by the state agency and may be
63 posted by the service provider on the data warehouse for the
64 agency's review. Notwithstanding the survey or inspection of an
65 accrediting organization specified in this subsection, an agency
66 specified in and subject to this section may continue to monitor
67 the service provider as necessary with respect to:

68 (a) Ensuring that services for which the agency is paying
69 are being provided.

70 (b) Investigating complaints, identified problems that
71 would affect the safety or viability of the service provider,
72 and monitoring the service provider's compliance with any
73 resulting negotiated terms and conditions, including provisions

Amendment No. 1

74 relating to consent decrees that are unique to a specific
75 service and are not statements of general applicability.

76 (c) Ensuring compliance with federal and state laws,
77 federal regulations, or state rules if such monitoring does not
78 duplicate the accrediting organization's review pursuant to
79 accreditation standards.

80
81 Medicaid certification and precertification reviews are exempt
82 from this subsection to ensure Medicaid compliance.

83
84 (3) Allow private sector development and implementation of
85 an Internet-based, secure, and consolidated data warehouse and
86 archive for maintaining corporate, fiscal, and administrative
87 records of child welfare providers, mental health or substance
88 abuse service providers. A service provider shall ensure that
89 the data is up to date and accessible to the applicable agency
90 under this section and the appropriate agency subcontractor. A
91 service provider shall submit any revised, updated information
92 to the data warehouse within 10 business days after receiving
93 the request. An agency that conducts administrative monitoring
94 of child welfare, mental health, or substance abuse service
95 providers under this section must use the data warehouse for
96 document requests. If the information provided to the agency by
97 the service provider's data warehouse is not current or is
98 unavailable from the data warehouse and archive, the agency may
99 contact the service provider directly. A service provider that
100 fails to comply with an agency's requested documents may be
101 subject to a site visit to ensure compliance. Access to the data

Amendment No. 1

102 warehouse must be provided without charge to an applicable
103 agency under this section. At a minimum, the records must
104 include the service provider's:

- 105 (a) Articles of incorporation.
- 106 (b) Bylaws.
- 107 (c) Governing board and committee minutes.
- 108 (d) Financial audits.
- 109 (e) Expenditure reports.
- 110 (f) Compliance audits.
- 111 (g) Organizational charts.
- 112 (h) Governing board membership information.
- 113 (i) Human resource policies and procedures.
- 114 (j) Staff credentials.
- 115 (k) Monitoring procedures, including tools and schedules.
- 116 (l) Procurement and contracting policies and procedures.
- 117 (m) Monitoring reports.

118 Section 2. This act shall take effect upon becoming a law.
119
120
121
122

123 -----
124 **T I T L E A M E N D M E N T**

125 Remove the entire title and insert:

126 An act relating to administrative, licensure and
127 programmatic monitoring of mental health and substance
128 abuse service providers; amending s. 402.7306, F.S.;
129 including mental health and substance abuse providers for

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 959 (2011)

Amendment No. 1

130 purposes of administrative, licensure and programmatic
131 monitoring; requiring the Department of Children and
132 Family Services, the Department of Health, the Agency for
133 Persons with Disabilities, the Agency for Health Care
134 Administration, community-based care lead agencies,
135 managing entities, and agencies contracted monitoring
136 agents to adopt policies for the monitoring of mental
137 health, and substance abuse service providers; limiting
138 frequency of administrative, licensure, and programmatic
139 monitoring of mental health and substance abuse service
140 providers under certain conditions; requiring use of data
141 warehouse for document requests for administrative
142 monitoring; providing an effective date.
143

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

HB 1117 : Interstate Health Insurance Policies

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman		X			
Gwyndolen Clarke-Reed		X			
Fredrick Costello	X				
Brad Drake	X				
Reggie Fullwood		X			
Shawn Harrison	X				
Mike Horner	X				
Ana Logan	X				
Jeanette Nufiez	X				
Steven Perman		X			
Ari Porth		X			
Kenneth Roberson	X				
Michael Weinstein	X				
Dana Young	X				
Gayle Harrell (Chair)	X				
Total Yeas: 10		Total Nays: 5			

Appearances:

HB 1117

Sanford, Paul (Lobbyist) - Information Only
 Blue Cross
 106 S Monroe St
 Tallahassee FL 32301
 Phone: (850)222-7200

Interstate Sale of Insurance

Garner, Michael (Lobbyist) - Proponent
 Florida Association of Health Plans, Inc
 200 W College Ave Ste 104
 Tallahassee FL 32301
 Phone: (850)386-2904

HB 1117

Meenan, Timothy (Lobbyist) - Proponent
 Fidelity National Financial, Inc
 204 S Monroe St

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

HB 1171 : Long-Term Care Ombudsman Program

Not Considered

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

HB 1241 : Independent Living

Favorable With Committee Substitute - Strike All Amendment Adopted
 1 Amendment to Strike All Amendment Adopted

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Gwyndolen Clarke-Reed	X				
Fredrick Costello	X				
Brad Drake	X				
Reggie Fullwood			X		
Shawn Harrison	X				
Mike Horner	X				
Ana Logan	X				
Jeanette Nuñez	X				
Steven Perman	X				
Ari Porth	X				
Kenneth Roberson	X				
Michael Weinstein	X				
Dana Young	X				
Gayle Harrell (Chair)	X				
Total Yeas: 14 Total Nays: 0					

Appearances:

Independent Living Services

Amy Guinan (Lobbyist) - Proponent

Florida Legal Services

2425 Torreya Dr

Tallahassee FL 32303

Phone: (850) 385-7900

Independent Living

Riggins, Derrick - Proponent

Florida Youth Shine

6775 Timberland Ln

Sarasota FL 34241

Phone: (321) 297-9958

Independent Living

Farmer, Dana (Lobbyist) - Proponent

Disability Rights Florida

2728 Centerview Dr Ste 102

Tallahassee FL 32301-6298

Phone: (850)488-9071

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1241 (2011)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

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

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Access Subcommittee
3 Representative Glorioso offered the following:
4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:
7 Section 1. Subsection (2) of section 39.013, Florida
8 Statutes, is amended to read:

9 39.013 Procedures and jurisdiction; right to counsel.—

10 (2) The circuit court has exclusive original jurisdiction
11 of all proceedings under this chapter, of a child voluntarily
12 placed with a licensed child-caring agency, a licensed child-
13 placing agency, or the department, and of the adoption of
14 children whose parental rights have been terminated under this
15 chapter. Jurisdiction attaches when the initial shelter
16 petition, dependency petition, or termination of parental rights
17 petition is filed or when a child is taken into the custody of
18 the department. The circuit court may assume jurisdiction over
19 any such proceeding regardless of whether the child was in the

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Bill No. HB 1241 (2011)

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20 physical custody of both parents, was in the sole legal or
21 physical custody of only one parent, caregiver, or some other
22 person, or was in the physical or legal custody of no person
23 when the event or condition occurred that brought the child to
24 the attention of the court. When the court obtains jurisdiction
25 of any child who has been found to be dependent, the court shall
26 retain jurisdiction, unless relinquished by its order, until the
27 child reaches 18 years of age. However, if a young adult chooses
28 to participate in the Foundations First Program, the court shall
29 retain jurisdiction until the young adult leaves the program as
30 provided for in s. 409.1451(4). The court shall review the
31 status of the young adult at least every 12 months or more
32 frequently if the court deems it necessary ~~youth petitions the~~
33 ~~court at any time before his or her 19th birthday requesting the~~
34 ~~court's continued jurisdiction, the juvenile court may retain~~
35 ~~jurisdiction under this chapter for a period not to exceed 1~~
36 ~~year following the youth's 18th birthday for the purpose of~~
37 ~~determining whether appropriate aftercare support, Road-to-~~
38 ~~Independence Program, transitional support, mental health, and~~
39 ~~developmental disability services, to the extent otherwise~~
40 ~~authorized by law, have been provided to the formerly dependent~~
41 ~~child who was in the legal custody of the department immediately~~
42 ~~before his or her 18th birthday. If a petition for special~~
43 ~~immigrant juvenile status and an application for adjustment of~~
44 ~~status have been filed on behalf of a foster child and the~~
45 ~~petition and application have not been granted by the time the~~
46 ~~child reaches 18 years of age, the court may retain jurisdiction~~
47 ~~over the dependency case solely for the purpose of allowing the~~

Amendment No.

48 continued consideration of the petition and application by
49 federal authorities. Review hearings for the child shall be set
50 solely for the purpose of determining the status of the petition
51 and application. The court's jurisdiction terminates upon the
52 final decision of the federal authorities. Retention of
53 jurisdiction in this instance does not affect the services
54 available to a young adult under s. 409.1451. The court may not
55 retain jurisdiction of the case after the immigrant child's 22nd
56 birthday.

57 Section 2. Subsections (2) and (3) of section 39.6012,
58 Florida Statutes, are amended to read:

59 39.6012 Case plan tasks; services.--

60 (2) The case plan must include all available information
61 that is relevant to the child's care including, at a minimum:

62 (a) A description of the identified needs of the child
63 while in care.

64 (b) A description of the plan for ensuring that the child
65 receives safe and proper care and that services are provided to
66 the child in order to address the child's needs. To the extent
67 available and accessible, the following health, mental health,
68 and education information and records of the child must be
69 attached to the case plan and updated throughout the judicial
70 review process:

71 1. The names and addresses of the child's health, mental
72 health, and educational providers;

73 2. The child's grade level performance;

74 3. The child's school record;

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75 4. Assurances that the child's placement takes into
76 account proximity to the school in which the child is enrolled
77 at the time of placement and that efforts were made to allow the
78 child to remain in that school if it is in the best interest of
79 the child;

80 5. A record of the child's immunizations;

81 6. The child's known medical history, including any known
82 problems;

83 7. The child's medications, if any; and

84 8. Any other relevant health, mental health, and education
85 information concerning the child.

86 (3) In addition to any other requirement, if the child is
87 in an out-of-home placement, the case plan must include:

88 (a) A description of the type of placement in which the
89 child is to be living.

90 (b) A description of the parent's visitation rights and
91 obligations and the plan for sibling visitation if the child has
92 siblings and is separated from them.

93 (c) When appropriate, for a child who is in middle school
94 or high school ~~13 years of age or older~~, a written description
95 of the programs and services that will help the child prepare
96 for the transition from ~~foster~~ care to independent living.

97 (d) A discussion of the safety and the appropriateness of
98 the child's placement, which placement is intended to be safe,
99 and the least restrictive and the most family-like setting
100 available consistent with the best interest and special needs of
101 the child and in as close proximity as possible to the child's
102 home.

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103 Section 3. Section 39.6015, Florida Statutes, is created
104 to read:

105 39.6015 Services for older children in licensed care.—

106 (1) PURPOSE AND INTENT.—The Legislature recognizes that
107 education and the other positive experiences of a child are key
108 to a successful future as an adult and that it is particularly
109 important for a child in care to be provided with opportunities
110 to succeed. The Legislature intends that individuals and
111 communities become involved in the education of a child in care,
112 address issues that will improve the educational outcomes for
113 the child, and find ways to ensure that the child values and
114 receives a high-quality education. Many professionals in the
115 local community understand these issues, and it is the intent of
116 the Legislature that, in fulfilling their responsibilities to
117 the child, biological parents, caregivers, educators, advocates,
118 the department and its community-based care providers, guardians
119 ad litem, and judges work together to ensure that an older child
120 in care has access to the same academic resources, services, and
121 extracurricular and enrichment activities that are available to
122 all children. Engaging an older child in a broad range of the
123 usual activities of family, school, and community life during
124 adolescence will help to empower the child in his or her
125 transition into adulthood and in living independently. The
126 Legislature intends for services to be delivered in an age-
127 appropriate and developmentally appropriate manner, along with
128 modifications or accommodations as may be necessary to include
129 every child, specifically including a child with a disability.
130 It is also the intent of the Legislature that while services to

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Bill No. HB 1241 (2011)

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131 prepare an older child for life on his or her own are important,
132 these services will not diminish efforts to achieve permanency
133 goals of reunification, adoption, or permanent guardianship.

134 (2) EDUCATION PROVISIONS.—Perhaps more than any other
135 population, an older child in care is in need of a quality
136 education. The child depends on the school to provide positive
137 role models, to provide a network of relationships and
138 friendships that will help the child gain social and personal
139 skills, and to provide the educational opportunities and other
140 activities that are needed for a successful transition into
141 adulthood.

142 (a) School stability.—The mobility of a child in care can
143 disrupt the educational experience. Whenever a child enters
144 care, or is moved from one home to another, the proximity of the
145 new home to the child's school of origin shall be considered. If
146 the child is relocated outside the area of the school of origin,
147 the department and its community-based providers shall provide
148 the necessary support to the caregiver so that the child can
149 continue enrollment in the school of origin if it is in the best
150 interest of the child. As used in this paragraph, the term
151 "school of origin" means the school that the child attended
152 before coming into care or the school in which the child was
153 last enrolled. The case plan shall include tasks or a plan for
154 ensuring the child's educational stability while in care. As
155 part of this plan, the community-based care provider shall
156 document assurances that:

157 1. When an child comes into care, the appropriateness of
158 the current educational setting and the proximity to the school

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159 in which the child is enrolled at the time of coming into care
160 have been taken into consideration.

161 2. The community-based care provider has coordinated with
162 appropriate local school districts to determine if the child can
163 remain in the school in which he or she is enrolled.

164 3. The child in care has been asked about his or her
165 educational preferences and needs, including his or her view on
166 whether to change schools when the living situation changes.

167 4. A child with a disability is allowed to continue in an
168 appropriate educational setting, regardless of changes to the
169 location of the home, and transportation is addressed and
170 provided in accordance with the child's individualized education
171 program. A children with a disability shall receive the
172 protections provided in federal and state law, including
173 timelines for evaluations, implementation of an individualized
174 education plan or an individual family service plan, and
175 placement in the least restrictive environment, even when the
176 child changes school districts.

177 5. If the school district does not provide transportation,
178 or the individualized education plan does not include
179 transportation as a service, the department and its community-
180 based providers shall provide special reimbursement for expenses
181 associated with transporting a child to his or her school of
182 origin. Transportation arrangements shall follow a route that is
183 as direct and expedient for the child as is reasonably possible.

184 (b) School transitions.—When a change in schools is
185 necessary, it shall be as least disruptive as possible and the
186 support necessary for a successful transition shall be provided

COMMITTEE/SUBCOMMITTEE AMENDMENT

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187 by the department, the community-based provider, and the
188 caregiver. The department and the community-based providers
189 shall work with school districts to develop and implement
190 procedures to will ensure that a child in care:

191 1. Is enrolled immediately in a new school and can begin
192 classes promptly.

193 2. Does not experience a delay in enrollment and delivery
194 of appropriate services due to school or record requirements as
195 required by s. 1003.22.

196 3. Has education records that are comprehensive and
197 accurate and promptly follow the child to a new school.

198 4. Is allowed to participate in all academic and
199 extracurricular programs when arriving at a new school in the
200 middle of a school term, even if normal timelines have passed or
201 programs are full.

202 5. Receives credit and partial credit for coursework
203 completed at the prior school.

204 6. Has the ability to receive a high school diploma even
205 when the child has attended multiple schools that have varying
206 graduation requirements.

207 (c) School attendance.—A child in care shall attend school
208 as required by s. 1003.26.

209 1. The community-based care provider and caregiver shall
210 eliminate any barriers to attendance such as required school
211 uniforms or school supplies.

212 2. Appointments and court appearances for a child in care
213 shall be scheduled to minimize the impact on the child's
214 education and to ensure that the child is not penalized for

Amendment No.

215 school time or work missed because of court or child-welfare-
216 case-related activities.

217 3. A caregiver who refuses or fails to ensure that a child
218 who is in his or her care attends school regularly shall be
219 subject to the same procedures and penalties as a parent under
220 s. 1003.27.

221 (d) Education advocacy.-

222 1. A child in care should have an adult who is
223 knowledgeable about schools and children in care and who serves
224 as an education advocate to reinforce the value of the child's
225 investment in education, to ensure that the child receives a
226 high-quality education, and to help the child plan for middle
227 school, high school, and postschool training, employment, or
228 college. The advocate may be a caregiver, care manager, guardian
229 ad litem, educator, or individual hired and trained for the
230 specific purpose of serving as an educational advocate.

231 2. A child in care with disabilities who is eligible for
232 the appointment of a surrogate parent, as required in s.
233 39.0016, shall be assigned a surrogate in a timely manner, but
234 no later than 30 days after a determination that a surrogate is
235 needed.

236 3. The community-based provider shall document in the
237 child's case plan that an education advocate has been identified
238 for each child in care or that a surrogate parent has been
239 appointed for each child in care with a disability.

240 (e) Academic requirements and support; middle school
241 students.-In order to be promoted from a state school composed
242 of middle grades 6, 7, and 8, a child must complete the required

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243 courses that include mathematics, English, social studies, and
244 science.

245 1. In addition to other academic requirements, a child
246 must complete one course in career and education planning in 7th
247 or 8th grade. As required by s. 1003.4156, the course must
248 include career exploration using Florida CHOICES Explorer or
249 Florida CHOICES Planner and must include educational planning
250 using the online student advising system known as Florida
251 Academic Counseling and Tracking for Students at the Internet
252 website FACTS.org.

253 a. Each child shall complete an electronic personal
254 academic and career plan that must be signed by the child, the
255 child's teacher, guidance counselor, or academic advisor, and
256 the child's parent, caregiver, or other designated education
257 advocate.

258 b. The required personalized academic and career plan must
259 inform students of high school graduation requirements, high
260 school assessment and college entrance test requirements,
261 Florida Bright Futures Scholarship Program requirements, state
262 university and Florida college admission requirements, and
263 programs through which a high school student may earn college
264 credit, including Advanced Placement, International
265 Baccalaureate, Advanced International Certificate of Education,
266 dual enrollment, career academy opportunities, and courses that
267 lead to national industry certification.

268 c. A caregiver shall attend the parent meeting held by the
269 school to inform parents about the career and education planning
270 course curriculum and activities associated with it.

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271 2. For a child with disabilities, the decision whether to
272 work toward a standard diploma or a special diploma shall be
273 addressed at the transition individual education plan meeting
274 conducted during the child's 8th grade year or the year the
275 child turns 14 years of age, whichever occurs first. The child
276 shall be invited to participate in this and each subsequent
277 transition individual education plan meeting. At this meeting,
278 the transition individual education plan team, including the
279 child, the caregiver, or other designated education advocate,
280 shall determine whether a standard or special diploma best
281 prepares the child for his or her education and career goals
282 after high school.

283 a. The team shall plan the appropriate course of study,
284 which may include basic education courses, career education
285 courses, and exceptional student education courses.

286 b. The team shall identify any special accommodations and
287 modifications needed to help the child participate fully in the
288 educational program.

289 c. All decisions shall be documented on the transition
290 individual education plan, and this information shall be used to
291 guide the child's educational program as he or she enters high
292 school.

293 3. A caregiver or the community-based care provider shall
294 provide the child with all information related to the Road-to-
295 Independence Program as provided in s. 409.1451.

296 4. A caregiver or another designated education advocate
297 shall attend parent-teacher conferences and monitor each child's
298 academic progress.

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299 5. Each district school board, as required by s. 1002.23,
300 shall develop and implement a well-planned, inclusive, and
301 comprehensive program to assist parents and families in
302 effectively participating in their child's education. A school
303 district shall have available resources and services for parents
304 and their children, such as family literacy services; mentoring,
305 tutorial, and other academic reinforcement programs; college
306 planning, academic advisement, and student counseling services;
307 and after-school programs. A caregiver shall access these
308 resources as necessary to enable the child in their care to
309 achieve educational success.

310 6. A child in care, particularly a child with a
311 disability, shall be involved and engaged in all aspects of his
312 or her education and educational planning and must be empowered
313 to be an advocate for his or her education needs. Community-
314 based care providers shall enter into partnerships with school
315 districts to deliver curriculum on self-determination or self-
316 advocacy to engage and empower the child to be his or her own
317 advocate, along with support from the caregiver, community-based
318 care provider, guardian ad litem, teacher, school guidance
319 counselor, or other designated education advocate.

320 7. The community-based care provider shall document in the
321 case plan evidence of the child's progress toward, and
322 achievement of, academic, life, social, and vocational skills.
323 The case plan shall be amended to fully and accurately reflect
324 the child's academic and career plan, identify the services and
325 tasks needed to support that plan, and identify the party

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326 responsible for accomplishing the tasks or providing the needed
327 services.

328 (f) Academic requirements and support; high school
329 students.-Graduation from high school is essential for a child
330 to be able to succeed and live independently as an adult. In
331 Florida, 70 percent of children in care reach 18 years of age
332 without having obtained a high school diploma. It is the
333 responsibility of the department, its community-based providers,
334 and caregivers to ensure that a child in care is able to take
335 full advantage of every resource and opportunity in order to be
336 able to graduate from high school and be adequately prepared to
337 pursue postsecondary education at a college or university or to
338 acquire the education and skills necessary to enter the
339 workplace. In preparation for accomplishing education and career
340 goals after high school, the child must select the appropriate
341 course of study that best meets his or her needs.

342 1. An older child who plans to attend a college or
343 university after graduation must take certain courses to meet
344 state university admission requirements. The course requirements
345 for state university admission are the same for two Bright
346 Futures Scholarship awards, the Florida Academic Scholars, and
347 Florida Medallion Scholars. By following this course of study,
348 which is required for state university admission and recommended
349 if the child intends to pursue an associate in arts degree at a
350 state college and transfer to a college or university to
351 complete a bachelor's degree, the child will meet the course
352 requirements for high school graduation, state university
353 admission, and two Bright Futures Scholarship awards.

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354 2. Older children who plan to focus on a career technical
355 program in high school in order to gain skills for work or
356 continue after graduation at a state college, technical center,
357 or registered apprenticeship program should choose a course of
358 study that will meet the course requirements for high school
359 graduation, the third Bright Futures Scholarship award, and the
360 Gold Seal Vocational Scholars. This course of study is
361 recommended if the child intends to pursue a technical
362 certificate or license, associate's degree, or bachelor's
363 degree, or wishes to gain specific career training.

364 3. Older children with disabilities may choose to work
365 toward a standard diploma, a special diploma, or a certificate
366 of completion. The child shall be assisted in choosing a diploma
367 option by school and district staff through the development of
368 the individual educational plan. The diploma choice shall be
369 reviewed each year at the child's individual education plan
370 meeting.

371 a. Older children or young adults with disabilities who
372 have not earned a standard diploma or who have been awarded a
373 special diploma, certificate of completion, or special
374 certificate of completion before reaching 22 years of age may
375 stay in school until they reach 22 years of age.

376 b. The school district shall continue to offer services
377 until the young adult reaches 22 years of age or until he or she
378 earns a standard diploma, whichever occurs first, as required by
379 the Individuals with Disabilities Education Act.

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380 4. The provisions of this paragraph do not preclude an
381 older child from seeking the International Baccalaureate Diploma
382 or the Advanced International Certificate of Education Diploma.

383 5. Educational guidance and planning for high school shall
384 be based upon the decisions made during middle school.

385 Caregivers shall remain actively involved in the child's
386 academic life by attending parent-teacher conferences and taking
387 advantage of available resources to enable the child to achieve
388 academic success.

389 6. The community-based care provider shall document in the
390 case plan evidence of the child's progress toward, and
391 achievement of, academic, life, social, and vocational skills.
392 The case plan shall be amended to completely reflect the child's
393 academic and career plan, identify the services and tasks needed
394 to support that plan, and identify the party responsible for
395 accomplishing the tasks or providing the needed services.

396 7. At the high school level, participation in workforce
397 readiness activities is essential to help a child in care
398 prepare himself or herself to be a self-supporting and
399 productive adult. The caregiver and the community-based care
400 provider shall ensure that each child:

401 a. Who is interested in pursuing a career after high
402 school graduation is exposed to job-preparatory instruction in
403 the competencies that prepare students for effective entry into
404 an occupation, including diversified cooperative education, work
405 experience, and job-entry programs that coordinate directed
406 study and on-the-job training.

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407 b. Is provided with the opportunity to participate in
408 enrichment activities that are designed to increase the child's
409 understanding of the workplace, to explore careers, and to
410 develop goal-setting, decisionmaking, and time-management
411 skills.

412 c. Is provided with volunteer and service learning
413 opportunities in order to begin developing workplace and
414 planning skills, self esteem, and personal leadership skills.

415 d. Is provided with an opportunity to participate in
416 activities and services provided by the Agency for Workforce
417 innovation and its regional workforce boards which are designed
418 to prepare all young adults, including those with disabilities,
419 for the workforce.

420 (3) EXTRA CURRICULAR ACTIVITIES.—An older child in care
421 shall be accorded to the fullest extent possible the opportunity
422 to participate in the activities of community, school, and
423 family life.

424 (a) A caregiver shall encourage and support participation
425 in age-appropriate extracurricular and social activities for an
426 older child, including a child with a disability.

427 (b) A caregiver shall be expected to provide
428 transportation for such activities and community-based care
429 providers shall provide special reimbursement for expenses for
430 such activities, including mileage reimbursement.

431 (c) The department and its community-based providers may
432 not place an older child in a home if the caregiver does not
433 encourage and facilitate participation in and provide
434 transportation to the extracurricular activities of the child's

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435 choice, unless other arrangements can be made by the community-
436 based care provider to enable the child's participation in such
437 activities.

438 (d) A caregiver is not responsible under administrative
439 rules or laws pertaining to state licensure, and a caregiver's
440 licensure status is not subject to jeopardy in any manner, for
441 the actions of a child in their care who engages in age-
442 appropriate activities.

443 (4) DEVELOPMENT OF THE TRANSITION PLAN.--If a child is
444 planning to leave care upon reaching 18 years of age, during the
445 90-day period before the child reaches 18 years of age, the
446 department and community-based care provider, in collaboration
447 with the caregiver, any other designated education advocate, and
448 any other individual whom the child would like to have included,
449 shall assist and support the older child in developing a
450 transition plan. The transition plan must take into account all
451 of the education and other skills achieved by the child in
452 middle and high school, include specific options for the child
453 on housing, health insurance, education, local opportunities for
454 mentors and continuing support services, and workforce support
455 and employment services, and must be reviewed by the court
456 during the last review hearing before the child reaches 18 years
457 of age. In developing the plan, the department and community-
458 based provider shall:

459 (a) Provide the child with the documentation required in
460 s. 39.701(7);

461 (b) Coordinate with local public and private entities in
462 designing the transition plan as appropriate;

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463 (c) Coordinate the transition plan with the independent
464 living provisions in the case plan and the Individuals with
465 Disabilities Education Act transition plan for a child with a
466 disability; and

467 (d) Create a clear and developmentally appropriate notice
468 specifying the options available for a young adult who chooses
469 to remain in care for a longer period. The notice must include
470 information about what services the child is eligible for and
471 how such services may be obtained.

472 (5) ACCOUNTABILITY.—

473 (a) The community-based care lead agencies and its
474 contracted providers shall report to the department the
475 following information:

476 1. The total number of children in care who are enrolled
477 in middle school or high school and, in a breakdown by age, how
478 many had their living arrangements change one time and how many
479 were moved two or more times. For the children who were moved,
480 how many had to change schools and how many of those changes
481 were due to a lack of transportation.

482 2. For those children for whom transportation was
483 provided, how many children were provided transportation, how
484 was it provided, how was the transportation paid for, and the
485 amount of the total expenditure by the lead agency.

486 3. The same information required in subparagraphs 1. and
487 2., specific to children in care with a disability.

488 4. In a breakdown by age, for those children who change
489 schools at least once, how many children experienced problems in
490 the transition, what kinds of problems were encountered, and

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491 what steps did the lead agency and the caregiver take to remedy
492 those problems.

493 5. In a breakdown by age, out of the total number of
494 children in care, the number of children who were absent from
495 school more than 10 days in a semester and the steps taken by
496 the lead agency and the caregiver to reduce absences.

497 6. Evidence that the lead agency has established a working
498 relationship with each school district in which a child in care
499 attends school.

500 7. In a breakdown by age, out of the total number of
501 children in care, the number who have documentation in the case
502 plan that either an education advocate or a surrogate parent has
503 been designated or appointed.

504 8. In a breakdown by age, out of the total number of
505 children in care, the number of children who have documentation
506 in the case plan that they have an education advocate who
507 regularly participates in parent-teacher meetings and other
508 school-related activities.

509 9. For those children in care who have finished 8th grade,
510 the number of children who have documentation in the case plan
511 that they have completed the academic and career plan required
512 by s. 1003.4156 and that the child and the caregiver have signed
513 the plan.

514 10. For those children in care who have a disability and
515 have finished 8th grade, the number of children who have
516 documentation in the case plan that they have had a transition
517 individual education plan meeting.

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518 11. The total number of children in care who are in middle
519 school or high school, with a breakdown by age. For each age,
520 the number of children who are reading at or above grade level,
521 the number of children who have successfully completed the FCAT
522 and end-of-course assessments, the number of children who have
523 dropped out of school, the number of children who have enrolled
524 in any dual enrollment or advanced placement courses, and the
525 number of children completing the required number of courses,
526 assessments, and hours needed to be promoted to the next grade
527 level.

528 12. The total number of children in care who are in middle
529 school or high school, with a breakdown by age. For each age,
530 the number of children who have documentation in the case plan
531 that they are involved in at least one extracurricular activity,
532 whether it is a school-based or community-based activity,
533 whether they are involved in at least one service or volunteer
534 activity, and who provides the transportation.

535 13. The total number of children in care who are 17 years
536 of age and who are obtaining services from the lead agency or
537 its contracted providers and how many of that total number have
538 indicated that they plan to remain in care after turning 18
539 years of age, and for those children who plan to leave care, how
540 many children have a transition plan.

541 14. A breakdown of documented expenses for children in
542 middle and high school.

543 (b) Each community-based care lead agency shall provided
544 its report to the department by September 30 of each year. The
545 department shall compile the reports from each community-based

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546 care lead agency and provide them to the Legislature by December
547 31 of each year, with the first report due to the Legislature on
548 December 31, 2011.

549 Section 4. Subsections (7), (8), and (9) of section
550 39.701, Florida Statutes, are amended to read:

551 39.701 Judicial review.—

552 (7) (a) In addition to paragraphs (1) (a) and (2) (a), the
553 court shall hold a judicial review hearing within 90 days after
554 a child's ~~youth's~~ 17th birthday. The court shall also issue an
555 order, separate from the order on judicial review, that the
556 disability of nonage of the child ~~youth~~ has been removed
557 pursuant to s. 743.045. The court shall continue to hold timely
558 judicial review hearings thereafter. In addition, the court may
559 review the status of the child more frequently during the year
560 prior to the child's ~~youth's~~ 18th birthday if necessary. At each
561 review held under this subsection, in addition to any
562 information or report provided to the court, the caregiver
563 ~~foster parent~~, legal custodian, guardian ad litem, and the child
564 shall be given the opportunity to address the court with any
565 information relevant to the child's best interests, particularly
566 as it relates to the requirements of s. 39.6015 and the Road-to-
567 Independence Program under s. 409.1451 ~~independent living~~
568 ~~transition services~~. In addition to any information or report
569 provided to the court, the department shall include in its
570 judicial review social study report written verification that
571 the child has been provided with:

572 1. ~~Has been provided with~~ A current Medicaid card and ~~has~~
573 ~~been provided~~ all necessary information concerning the Medicaid

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574 program sufficient to prepare the child ~~youth~~ to apply for
575 coverage upon reaching age 18, if such application would be
576 appropriate.

577 2. ~~Has been provided with~~ A certified copy of his or her
578 birth certificate and, if the child does not have a valid
579 driver's license, a Florida identification card issued under s.
580 322.051.

581 3. A social security card and ~~Has been provided~~
582 information relating to Social Security Insurance benefits if
583 the child is eligible for these benefits. If the child has
584 received these benefits and they are being held in trust for the
585 child, a full accounting of those funds must be provided and the
586 child must be informed about how to access those funds.

587 4. ~~Has been provided with information and training related~~
588 ~~to budgeting skills, interviewing skills, and parenting skills.~~

589 4.5. ~~Has been provided with~~ All relevant information
590 related to the Road-to-Independence Program, including, but not
591 limited to, eligibility requirements, information on how forms
592 ~~necessary~~ to participate ~~apply~~, and assistance in gaining
593 admission to the program ~~completing the forms~~. The child shall
594 also be informed that, if he or she is eligible for the Road-to-
595 Independence Program, he or she may reside with the licensed
596 ~~foster~~ family or group care provider with whom the child was
597 residing at the time of attaining his or her 18th birthday or
598 may reside in another licensed ~~foster~~ home or with a group care
599 provider arranged by the department.

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600 5.6. An opportunity to ~~Has an~~ open a bank account, or
601 obtain ~~has~~ identification necessary to open an account, and has
602 been provided with essential banking and budgeting skills.

603 6.7. ~~Has been provided with~~ Information on public
604 assistance and how to apply.

605 7.8. ~~Has been provided~~ A clear understanding of where he
606 or she will be living on his or her 18th birthday, how living
607 expenses will be paid, and what educational program or school he
608 or she will be enrolled in.

609 8.9. Information related to the ability ~~Has been provided~~
610 with notice of the child youth's right to remain in care until
611 he or she reaches 21 years of age ~~petition for the court's~~
612 ~~continuing jurisdiction for 1 year after the youth's 18th~~
613 ~~birthday~~ as specified in s. 39.013(2) and ~~with~~ information on
614 how to participate in the Road-to-Independence Program ~~obtain~~
615 ~~access to the court.~~

616 9. A letter providing the dates that the child was under
617 the jurisdiction of the court.

618 10. A letter stating that the child was in care, in
619 compliance with financial aid documentation requirements.

620 11. His or her entire educational records.

621 12. His or her entire health and mental health records.

622 13. The process for accessing his or her case file.

623 14.10. Encouragement ~~Has been encouraged~~ to attend all
624 judicial review hearings occurring after his or her 17th
625 birthday.

626 (b) At the first judicial review hearing held subsequent
627 to the child's 17th birthday, in addition to the requirements of

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628 subsection (8), the department shall provide the court with an
629 updated case plan that includes specific information related to
630 the provisions of s. 39.6015, independent living services that
631 have been provided since the child entered middle school child's
632 13th birthday, or since the date the child came into foster
633 care, whichever came later.

634 (c) At the last judicial review hearing held before the
635 child's 18th birthday, in addition of the requirements of
636 subsection (8), the department shall provide for the court to
637 review the transition plan for a child who is planning to leave
638 care after reaching his or her 18th birthday.

639 (d)(e) At the time of a judicial review hearing held
640 pursuant to this subsection, if, in the opinion of the court,
641 the department has not complied with its obligations as
642 specified in the written case plan or in the provision of
643 independent living services as required by s. 39.6015, s.
644 409.1451, and this subsection, the court shall issue a show
645 cause order. If cause is shown for failure to comply, the court
646 shall give the department 30 days within which to comply and, on
647 failure to comply with this or any subsequent order, the
648 department may be held in contempt.

649 (8) (a) Before every judicial review hearing or citizen
650 review panel hearing, the social service agency shall make an
651 investigation and social study concerning all pertinent details
652 relating to the child and shall furnish to the court or citizen
653 review panel a written report that includes, but is not limited
654 to:

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655 1. A description of the type of placement the child is in
656 at the time of the hearing, including the safety of the child
657 and the continuing necessity for and appropriateness of the
658 placement.

659 2. Documentation of the diligent efforts made by all
660 parties to the case plan to comply with each applicable
661 provision of the plan.

662 3. The amount of fees assessed and collected during the
663 period of time being reported.

664 4. The services provided to the caregiver ~~foster family~~ or
665 legal custodian in an effort to address the needs of the child
666 as indicated in the case plan.

667 5. A statement that either:

668 a. The parent, though able to do so, did not comply
669 substantially with the case plan, and the agency
670 recommendations;

671 b. The parent did substantially comply with the case plan;
672 or

673 c. The parent has partially complied with the case plan,
674 with a summary of additional progress needed and the agency
675 recommendations.

676 6. A statement from the caregiver ~~foster parent~~ or legal
677 custodian providing any material evidence concerning the return
678 of the child to the parent or parents.

679 7. A statement concerning the frequency, duration, and
680 results of the parent-child visitation, if any, and the agency
681 recommendations for an expansion or restriction of future
682 visitation.

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683 8. The number of times a child has been removed from his
684 or her home and placed elsewhere, the number and types of
685 placements that have occurred, and the reason for the changes in
686 placement.

687 9. The number of times a child's educational placement has
688 been changed, the number and types of educational placements
689 which have occurred, and the reason for any change in placement.

690 10. If the child has entered middle school ~~reached 13~~
691 ~~years of age~~ but is not yet 18 years of age, the specific
692 information contained in the case plan related to the provisions
693 of s. 39.6015 ~~results of the preindependent living, life skills,~~
694 ~~or independent living assessment;~~ the specific services needed;
695 and the status of the delivery of the identified services.

696 11. Copies of all medical, psychological, and educational
697 records that support the terms of the case plan and that have
698 been produced concerning the parents or any caregiver since the
699 last judicial review hearing.

700 12. Copies of the child's current health, mental health,
701 and education records as identified in s. 39.6012.

702 (b) A copy of the social service agency's written report
703 and the written report of the guardian ad litem must be served
704 on all parties whose whereabouts are known; to the caregivers
705 ~~foster parents~~ or legal custodians; and to the citizen review
706 panel, at least 72 hours before the judicial review hearing or
707 citizen review panel hearing. The requirement for providing
708 parents with a copy of the written report does not apply to
709 those parents who have voluntarily surrendered their child for

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710 adoption or who have had their parental rights to the child
711 terminated.

712 (c) In a case in which the child has been permanently
713 placed with the social service agency, the agency shall furnish
714 to the court a written report concerning the progress being made
715 to place the child for adoption. If the child cannot be placed
716 for adoption, a report on the progress made by the child towards
717 alternative permanency goals or placements, including, but not
718 limited to, guardianship, long-term custody, long-term licensed
719 custody, or independent living, must be submitted to the court.
720 The report must be submitted to the court at least 72 hours
721 before each scheduled judicial review.

722 (d) In addition to or in lieu of any written statement
723 provided to the court, the caregiver ~~foster-parent~~ or legal
724 custodian, or any preadoptive parent, shall be given the
725 opportunity to address the court with any information relevant
726 to the best interests of the child at any judicial review
727 hearing.

728 (9) The court and any citizen review panel shall take into
729 consideration the information contained in the social services
730 study and investigation and all medical, psychological, and
731 educational records that support the terms of the case plan;
732 testimony by the social services agency, the parent, the
733 caregiver ~~foster-parent~~ or legal custodian, the guardian ad
734 litem or surrogate parent for educational decisionmaking if one
735 has been appointed for the child, and any other person deemed
736 appropriate; and any relevant and material evidence submitted to
737 the court, including written and oral reports to the extent of

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738 their probative value. These reports and evidence may be
739 received by the court in its effort to determine the action to
740 be taken with regard to the child and may be relied upon to the
741 extent of their probative value, even though not competent in an
742 adjudicatory hearing. In its deliberations, the court and any
743 citizen review panel shall seek to determine:

744 (a) If the parent was advised of the right to receive
745 assistance from any person or social service agency in the
746 preparation of the case plan.

747 (b) If the parent has been advised of the right to have
748 counsel present at the judicial review or citizen review
749 hearings. If not so advised, the court or citizen review panel
750 shall advise the parent of such right.

751 (c) If a guardian ad litem needs to be appointed for the
752 child in a case in which a guardian ad litem has not previously
753 been appointed or if there is a need to continue a guardian ad
754 litem in a case in which a guardian ad litem has been appointed.

755 (d) Who holds the rights to make educational decisions for
756 the child. If appropriate, the court may refer the child to the
757 district school superintendent for appointment of a surrogate
758 parent or may itself appoint a surrogate parent under the
759 Individuals with Disabilities Education Act and s. 39.0016.

760 (e) The compliance or lack of compliance of all parties
761 with applicable items of the case plan, including the parents'
762 compliance with child support orders.

763 (f) The compliance or lack of compliance with a visitation
764 contract between the parent and the social service agency for
765 contact with the child, including the frequency, duration, and

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766 results of the parent-child visitation and the reason for any
767 noncompliance.

768 (g) The compliance or lack of compliance of the parent in
769 meeting specified financial obligations pertaining to the care
770 of the child, including the reason for failure to comply if such
771 is the case.

772 (h) Whether the child is receiving safe and proper care
773 according to s. 39.6012, including, but not limited to, the
774 appropriateness of the child's current placement, including
775 whether the child is in a setting that is as family-like and as
776 close to the parent's home as possible, consistent with the
777 child's best interests and special needs, and including
778 maintaining stability in the child's educational placement, as
779 documented by assurances from the community-based care provider
780 that:

781 1. The placement of the child takes into account the
782 appropriateness of the current educational setting and the
783 proximity to the school in which the child is enrolled at the
784 time of placement.

785 2. The community-based care agency has coordinated with
786 appropriate local educational agencies to ensure that the child
787 remains in the school in which the child is enrolled at the time
788 of placement.

789 (i) A projected date likely for the child's return home or
790 other permanent placement.

791 (j) When appropriate, the basis for the unwillingness or
792 inability of the parent to become a party to a case plan. The
793 court and the citizen review panel shall determine if the

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794 efforts of the social service agency to secure party
795 participation in a case plan were sufficient.

796 (k) For a child who has entered middle school ~~reached 13~~
797 ~~years of age~~ but is not yet 18 years of age, the progress the
798 child has made in achieving the goals outlined in s. 39.6015
799 ~~adequacy of the child's preparation for adulthood and~~
800 ~~independent living.~~

801 Section 5. Section 409.1451, Florida Statutes, is amended
802 to read:

803 (Substantial rewording of section. See
804 s. 409.1451, F.S., for present text).

805 409.1451 The Road-to-Independence Program.—The Legislature
806 recognizes that most children and young adults are resilient
807 and, with adequate support, can expect to be successful as
808 independent adults. Not unlike all young adults, some young
809 adults who have lived in care need additional resources and
810 support for a period of time after reaching 18 years of age. The
811 Legislature intends for these young adults to receive the
812 education, training, and health care services necessary for them
813 to become self-sufficient through the Road-to-Independence
814 Program. Young adults who participate in the Road-to-
815 Independence Program may choose to remain in care until 21 years
816 of age and receive help achieving their postsecondary goals by
817 participating in the Foundations First Program, or they may
818 choose to receive financial assistance to attend college through
819 the College Bound Program.

820 (1) THE FOUNDATIONS FIRST PROGRAM.—The Foundations First
821 Program is designed for young adults who have reached 18 years

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822 of age but are not yet 21 years of age, and who need to finish
823 high school or who have a high school diploma, or its
824 equivalent, and want to achieve additional goals. These young
825 adults are ready to try postsecondary or vocational education,
826 try working part-time or full-time, or need help with issues
827 that might stand in their way of becoming employed. Young adults
828 who are unable to participate in any of these programs or
829 activities full time due to an impairment, including behavioral,
830 developmental, and cognitive disabilities, might also benefit
831 from remaining in out-of-home care longer.

832 (a) Eligibility; termination; and reentry.—

833 1. A young adult in licensed care who spent at least 6
834 months in care before reaching 18 years of age and who is a
935 resident of this state, as defined in s. 1009.40, is eligible
836 for the Foundations First Program if he or she is:

837 a. Completing secondary education or a program leading to
838 an equivalent credential;

839 b. Enrolled in an institution that provides postsecondary
840 or vocational education;

841 c. Participating in a program or activity designed to
842 promote, or eliminate barriers to, employment;

843 d. Employed for at least 80 hours per month; or

844 e. Unable to participate in these programs or activities
845 full time due to a physical, intellectual, emotional, or
846 psychiatric condition that limits participation. Any such
847 restriction to participation must be supported by information in
848 the young adult's case file or school or medical records of a
849 physical, intellectual, or psychiatric condition that impairs

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850 the young adult's ability to perform one or more life
851 activities.

852 2. The young adult in care must leave the Foundations
853 First Program on the earliest of the date the young adult:

854 a. Knowingly and voluntarily withdraws his or her consent
855 to participate;

856 b. Leaves care to live in a permanent home consistent with
857 his or her permanency plan;

858 c. Reaches 21 years of age;

859 d. Becomes incarcerated in an adult or juvenile justice
860 facility; or

861 e. In the case of a young adult with a disability, reaches
862 22 years of age.

863 3. Notwithstanding the provisions of this paragraph, the
864 department may not close a case and the court may not terminate
865 its jurisdiction until it finds, following a hearing held after
866 notice to all parties, that the following criteria have been
867 met:

868 a. Attendance of the young adult at the hearing; or

869 b. Findings by the court that:

870 (I) The young adult has been informed by the department of
871 his or her right to attend the hearing and has provided written
872 consent to waive this right;

873 (II) The young adult has been informed of the potential
874 negative effects of terminating care early, the option to
875 reenter care before reaching 21 years of age, the procedure to,
876 and limitations on, reentering care, the availability of
877 alternative services, and that the young adult has signed a

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878 document attesting that he or she has been so informed and
879 understands these provisions; and

880 (III) The department and the community-based care provider
881 have complied with the case plan and any individual education
882 plan. At the time of this judicial hearing, if, in the opinion
883 of the court, the department and community-based provider have
884 not complied with their obligations as specified in the case
885 plan and any individual education plan, the court shall issue a
886 show cause order. If cause is shown for failure to comply, the
887 court shall give the department and community-based provider 30
888 days within which to comply and, on failure to comply with this
889 or any subsequent order, the department and community-based
890 provider may be held in contempt.

991 4. A young adult who left care at or after reaching his or
992 her 18th birthday, but before reaching age 21, may petition the
993 court to resume jurisdiction and for the department to reopen
994 its case. The court shall resume jurisdiction and the department
995 shall reopen the case if the young adult is engaged in the
996 programs or activities described in this paragraph. If the young
997 adult comes back into the Foundations First Program, the
998 department and community-based provider shall update the case
999 plan within 30 days after reentry.

900 (b) The transition plan.—For all young adults during the
901 90-day period immediately before leaving care before reaching 21
902 years of age or after leaving care on or after reaching 21 years
903 of age, the department and the community-based care provider, in
904 collaboration with the caregiver, any other designated education
905 advocate, and any other individual whom the young adult would

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906 like to have included, shall assist and support the young adult
907 in developing a transition plan. The transition plan must take
908 into account all of the education and other achievements of the
909 young adult, include specific options for the young adult on
910 housing, health insurance, education, local opportunities for
911 mentors and continuing support services, and workforce support
912 and employment services, and must be reviewed by the court
913 during the last review hearing before the child leaves care. In
914 developing the plan, the department and community-based provider
915 shall:

916 1. Provide the young adult with the documentation required
917 in s. 39.701(7);

918 2. Coordinate with local public and private entities in
919 designing the transition plan as appropriate;

920 3. Coordinate the transition plan with the independent
921 living provisions in the case plan and the Individuals with
922 Disabilities Education Act transition plan for a young adult
923 with disabilities; and

924 4. Create a clear and developmentally appropriate notice
925 specifying the rights of a young adult who is leaving care. The
926 notice must include information about what services the young
927 adult may be eligible for and how such services may be obtained.
928 The plan must clearly identify the young adult's goals and the
929 work that will be required to achieve those goals.

930 (c) Periodic reviews for young adults.-

931 1. For any young adult who continues to remain in care on
932 or after reaching 18 years of age, the department and community-

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933 based provider shall implement a case review system that
934 requires:

935 a. A judicial review at least once a year;

936 b. That the court maintain oversight to ensure that the
937 department is coordinating with the appropriate agencies, and,
938 as otherwise permitted, maintains oversight of other agencies
939 involved in implementing the young adult's case plan and
940 individual education plan;

941 c. That the department prepare and present to the court a
942 report, developed in collaboration with the young adult,
943 addressing the young adult's progress in meeting the goals in
944 the case plan and individual education plan, and shall propose
945 modifications as necessary to further those goals;

946 d. That the court determine whether the department and any
947 service provider under contract with the department is providing
948 the appropriate services as provided in the case plan and any
949 individual education plan. If the court believes that the young
950 adult is entitled to additional services in order to achieve the
951 goals enumerated in the case plan, under the department's
952 policies, or under a contract with a service provider, the court
953 may order the department to take action to ensure that the young
954 adult receives the identified services; and

955 e. That the young adult or any other party to the
956 dependency case may request an additional hearing or review.

957 2. In all permanency hearings or hearings regarding the
958 transition of the young adult from care to independent living,
959 the court shall consult, in an age-appropriate manner, with the

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960 young adult regarding the proposed permanency, case plan, and
961 individual education plan for the young adult.

962 (2) THE COLLEGE BOUND PROGRAM.—

963 (a) Purpose.—This program is designed for young adults who
964 have reached 18 years of age but are not yet 23 years of age,
965 have graduated from high school, have been accepted into
966 college, and need a minimum of support from the state other than
967 the financial resources to attend college.

968 (b) Eligibility; termination; and reentry.—

969 1. A young adult who has earned a standard high school
970 diploma or its equivalent as described in s. 1003.43 or s.
971 1003.435, has earned a special diploma or special certificate of
972 completion as described in s. 1003.438, or has been admitted for
973 full-time enrollment in an eligible postsecondary educational
974 institution as defined in s. 1009.533, and has reached 18 years
975 of age but is not yet 23 years of age is eligible for the
976 College Bound Program if he or she:

977 a. Was a dependent child, as provided under chapter 39,
978 and was living in licensed care at the time of his or her 18th
979 birthday or is currently living in licensed care, or, after
980 reaching 16 years of age, was adopted from care or placed with a
981 court-approved dependency guardian and has spent a minimum of 6
982 months in care immediately preceding such placement or adoption;

983 b. Spent at least 6 months in care before reaching his or
984 her 18th birthday; and

985 c. Is a resident of this state as defined in s. 1009.40.

986 2. A young adult with a disability may attend school part
987 time and be eligible for this program.

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988 3. An eligible young adult may receive a stipend for the
989 subsequent academic years if, for each subsequent academic year,
990 the young adult meets the standards by which the approved
991 institution measures a student's satisfactory academic progress
992 toward completion of a program of study for the purposes of
993 determining eligibility for federal financial aid under the
994 Higher Education Act. Any young adult who is placed on academic
995 probation may continue to receive a stipend for one additional
996 semester if the approved institution allows the student to
997 continue in school. If the student fails to make satisfactory
998 academic progress in the semester or term subsequent to the term
999 in which he received academic probation, stipend assistance
1000 shall be discontinued for the period required for the young
1001 adult to be reinstated by the college or university. Upon
1002 reinstatement, a young adult who has not yet reached 23 years of
1003 age may reapply for financial assistance.

1004 (3) PORTABILITY.—The provision of services pursuant to
1005 this section must be portable across county and state lines.

1006 (a) The services provided for in the original transition
1007 plan shall be provided by the county where the young adult
1008 resides but shall be funded by the county where the transition
1009 plan was initiated. The care managers of the county of residence
1010 and the county of origination must coordinate to ensure a smooth
1011 transition for the young adult.

1012 (b) If a child in care under 18 years of age is placed in
1013 another state, the sending state is responsible for care
1014 maintenance payments, case planning, including a written
1015 description of the programs and services that will help a child

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1016 16 years of age or older prepare for the transition from care to
1017 independence, and a case review system as required by federal
1018 law. The sending state has placement and care responsibility for
1019 the child.

1020 (c) If a young adult formerly in care moves to another
1021 state from the state in which he or she has left care due to
1022 age, the state shall certify that it will provide assistance and
1023 federally funded independent living services to the young adult
1024 who has left care because he or she has attained 18 years of
1025 age. The state in which the young adult resides is responsible
1026 for services if the state provides the services needed by the
1027 young adult.

1028 (4) ACCOUNTABILITY.—

1029 (a) The community-based care lead agencies and their
1030 contracted providers shall report the following information to
1031 the department:

1032 1. Out of the total number of young adults who decided to
1033 remain in care upon reaching 18 years of age, the number of
1034 young adults who do not have a high school diploma or its
1035 equivalent, a special diploma, or a certificate of completion.
1036 Out of those young adults without a diploma or its equivalent, a
1037 special diploma, or a certificate of completion, the number of
1038 young adults who are receiving assistance through tutoring and
1039 other types of support.

1040 2. Out of the total number of young adults who decided to
1041 remain in care upon reaching 18 years of age, a breakdown of
1042 academic and career goals and type of living arrangement.

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1043 3. The same information required in subparagraphs 1. and
1044 2., specific to young adults in care with a disability.

1045 4. Out of the total number of young adults remaining in
1046 care, the number of young adults who are enrolled in an
1047 educational or vocational program and a breakdown of the types
1048 of programs.

1049 5. Out of the total number of young adults remaining in
1050 care, the number of young adults who are working and a breakdown
1051 of the types of employment held.

1052 6. Out of the total number of young adults remaining in
1053 care, the number of young adults who have a disability and a
1054 breakdown of how many young adults are in school, are training
1055 for employment, are employed, or are unable to participate in
1056 any of these activities.

1057 7. Evidence that the lead agency has established a working
1058 relationship with the Agency for Workforce Innovation and its
1059 regional workforce boards, the Able Trust, and other entities
1060 that provide services related to gaining employment.

1061 8. Out of the total number of young adults in care upon
1062 reaching 18 years of age, the number of young adults who are in
1063 the Road-to-Independence Program and a breakdown by the schools
1064 or other programs they are attending.

1065 9. Out of the total number of young adults who are in
1066 postsecondary institutions, a breakdown of the types and amounts
1067 of financial support received from sources other than the Road-
1068 to-Independence Program.

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1069 10. Out of the total number of young adults who are in
1070 postsecondary institutions, a breakdown of the types of living
1071 arrangements.

1072 (b) Each community-based care lead agency shall provide
1073 its report to the department by September 31 of each year. The
1074 department shall compile the reports from each community-based
1075 care lead agency and provide them to the Legislature by December
1076 31 of each year, with the first report due to the Legislature on
1077 December 31, 2011.

1078 (5) INDEPENDENT LIVING SERVICES ADVISORY COUNCIL.—The
1079 secretary shall establish the Independent Living Services
1080 Advisory Council for the purpose of reviewing and making
1081 recommendations concerning the implementation and operation of
1082 the provisions of s. 39.6015 and the Road-to-Independence
1083 Program. This advisory council shall continue to function as
1084 specified in this subsection until the Legislature determines
1085 that the advisory council can no longer provide a valuable
1086 contribution to the department's efforts to achieve the goals of
1087 the services designed to enable a young adult to live
1088 independently.

1089 (a) Specifically, the advisory council shall assess the
1090 implementation and operation of the provisions of s. 39.6015 and
1091 the Road-to-Independence Program and advise the department on
1092 actions that would improve the ability of those Road-to-
1093 Independence Program services to meet the established goals. The
1094 advisory council shall keep the department informed of problems
1095 being experienced with the services, barriers to the effective
1096 and efficient integration of services and support across

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1097 systems, and successes that the system of services has achieved.
1098 The department shall consider, but is not required to implement,
1099 the recommendations of the advisory council.

1100 (b) The advisory council shall report to the secretary on
1101 the status of the implementation of the Road-To-Independence
1102 Program; efforts to publicize the availability of the Road-to-
1103 Independence Program; the success of the services; problems
1104 identified; recommendations for department or legislative
1105 action; and the department's implementation of the
1106 recommendations contained in the Independent Living Services
1107 Integration Workgroup Report submitted to the appropriate
1108 substantive committees of the Legislature by December 31, 2002.
1109 The department shall submit a report by December 31 of each year
1110 to the Governor and the Legislature which includes a summary of
1111 the factors reported on by the council and identifies the
1112 recommendations of the advisory council and either describes the
1113 department's actions to implement the recommendations or
1114 provides the department's rationale for not implementing the
1115 recommendations.

1116 (c) Members of the advisory council shall be appointed by
1117 the secretary of the department. The membership of the advisory
1118 council must include, at a minimum, representatives from the
1119 headquarters and district offices of the Department of Children
1120 and Family Services, community-based care lead agencies, the
1121 Agency for Workforce Innovation, the Department of Education,
1122 the Agency for Health Care Administration, the State Youth
1123 Advisory Board, Workforce Florida, Inc., the Statewide Guardian
1124 Ad Litem Office, foster parents, recipients of services and

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1125 funding through the Road-to-Independence Program, and advocates
1126 for children in care. The secretary shall determine the length
1127 of the term to be served by each member appointed to the
1128 advisory council, which may not exceed 4 years.

1129 (d) The department shall provide administrative support to
1130 the Independent Living Services Advisory Council to accomplish
1131 its assigned tasks. The advisory council shall be afforded
1132 access to all appropriate data from the department, each
1133 community-based care lead agency, and other relevant agencies in
1134 order to accomplish the tasks set forth in this section. The
1135 data collected may not include any information that would
1136 identify a specific child or young adult.

1137 (e) The advisory council report required under paragraph
1138 (b) to be submitted to the substantive committees of the Senate
1139 and the House of Representatives by December 31, 2008, shall
1140 include an analysis of the system of independent living
1141 transition services for young adults who attain 18 years of age
1142 while in care prior to completing high school or its equivalent
1143 and recommendations for department or legislative action. The
1144 council shall assess and report on the most effective method of
1145 assisting these young adults to complete high school or its
1146 equivalent by examining the practices of other states.

1147 (6) PERSONAL PROPERTY.—Property acquired on behalf of
1148 clients of this program shall become the personal property of
1149 the clients and is not subject to the requirements of chapter
1150 273 relating to state-owned tangible personal property. Such
1151 property continues to be subject to applicable federal laws.

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1152 (7) MEDICAL ASSISTANCE FOR YOUNG ADULTS FORMERLY IN CARE.—

1153 The department shall enroll in the Florida Kidcare program,
1154 outside the open enrollment period, each young adult who is
1155 eligible as described in paragraph (1)(a) and who has not yet
1156 reached his or her 19th birthday.

1157 (a) A young adult who was formerly in care at the time of
1158 his or her 18th birthday and who is 18 years of age but not yet
1159 19, shall pay the premium for the Florida Kidcare program as
1160 required in s. 409.814.

1161 (b) A young adult who has health insurance coverage from a
1162 third party through his or her employer or who is eligible for
1163 Medicaid is not eligible for enrollment under this subsection.

1164 (8) RULEMAKING.—The department shall adopt by rule
1165 procedures to administer this section. The rules shall describe
1166 the procedure and requirements necessary to administer the Road-
1167 to-Independence Program. The rules shall reflect that the
1168 program is for young adults who have chosen to remain in care
1169 for an extended period of time or who are planning to attain
1170 post secondary education and should be designed to accommodate a
1171 young adult's busy life and schedule. The rules shall make the
1172 program easy to access for a qualified young adult and
1173 facilitate and encourage his or her participation.

1174 Section 6. The Department of Children and Family Services
1175 shall amend the format of the case plan and the judicial review
1176 social service report to reflect the provisions of s. 39.6015,
1177 Florida Statutes, and the changes to s. 409.1451, Florida
1178 Statutes.

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1179 Section 7. Effective October 1, 2011, a child or young
1180 adult who is currently participating in the Road-to-Independence
1181 Program may continue in the program as it exists as of September
1182 30, 2011. A child or young adult applying for the Road-to-
1183 Independence program on or after October 1, 2011, may apply for
1184 program services only as provided in this act.

1185 Section 8. The Department of Children and Family Services
1186 shall develop a request for proposal for the purpose of
1187 establishing and operating a system to provide educational
1188 advocates for a child in care who is in middle and high school.
1189 Competitive proposals shall be solicited by the department
1190 pursuant to chapter 287, Florida Statutes. Entities responding
1191 to the request for proposal must have child advocacy as their
1192 primary focus, have an established statewide infrastructure, and
1193 have experience in working with paid staff and volunteers.

1194 Section 9. The Department of Children and Family Services
1195 shall contract with a national nonprofit organization that
1196 advocates for and provides services to older children in care
1197 and young adults formerly in care for the purpose of
1198 administering the Road-to-Independence Program. The organization
1199 must have experience and expertise in administering scholarship
1200 programs, providing mentoring and academic coaching to help
1201 young adults at risk of failing or dropping out of school, and
1202 assisting young adults locate internship opportunities. The
1203 organization must also be able to report enrollment, attendance,
1204 academic progress, and financial data for each young adult to
1205 the state at an agreed-upon interval.

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1206 Section 10. Funding for postsecondary education students
1207 who are age 21 through age 23 shall be contingent upon available
1208 funding.

1209 Section 11. This act shall take effect July 1, 2011.
1210
1211

1212 -----

1213 **T I T L E A M E N D M E N T**

1214 Remove the entire title and insert:

1215 A bill to be entitled

1216 An act relating to independent living; amending s. 39.013,
1217 F.S.; requiring the court to retain jurisdiction over a
1218 child until the child is 21 years of age if the child
1219 elects to receive Foundations First Program services;
1220 providing for an annual judicial review; amending s.
1221 39.6012, F.S.; requiring assurance in a child's case plan
1222 that efforts were made to avoid a change in the child's
1223 school; creating s. 39.6015, F.S.; providing purpose and
1224 legislative intent with respect to the provision of
1225 services for older children who are in licensed care;
1226 requiring the documentation of assurances that school
1227 stability is considered when a child in care is moved;
1228 providing for the same assurances for children with
1229 disabilities; defining the term "school or origin";
1230 requiring that the Department of Children and Family
1231 Services or the community-based provider provide
1232 reimbursement for the costs of transportation provided for
1233 a child in care; requiring changes in a child's school to

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1234 | be minimally disruptive; specifying criteria to be
1235 | considered by the department and community-based provider
1236 | during the transition of a child to another school;
1237 | requiring children in care to attend school; requiring
1238 | scheduled appointments to consider the child's school
1239 | attendance; providing penalties for caregivers who refuse
1240 | or fail to ensure that the child attends school regularly;
1241 | specifying who may serve as an education advocate;
1242 | requiring documentation that an education advocate or
1243 | surrogate parent has been designated or appointed for a
1244 | child in care; requiring a child in middle school to
1245 | complete an electronic personal academic and career plan;
1246 | requiring caregivers to attend school meetings; specifying
1247 | requirements for transition individual education plan
1248 | meetings for children with disabilities; requiring that a
1249 | child be provided with information relating to the Road-
1250 | to-Independence Program; requiring that the caregiver or
1251 | education advocate attend parent-teacher conferences;
1252 | requiring that a caregiver be provided with access to
1253 | school resources in order to enable a child to achieve
1254 | educational success; requiring the delivery of a
1255 | curriculum model relating to self-advocacy; requiring
1256 | documentation of a child's progress, the services needed,
1257 | and the party responsible for providing services;
1258 | specifying choices for a child with respect to diplomas
1259 | and certificates for high school graduation or completion;
1260 | providing that a child with a disability may stay in
1261 | school until 22 years of age under certain circumstances;

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1262 requiring caregivers to remain involved in the academic
1263 life of child in high school; requiring documentation of a
1264 child's progress, the services needed, and the party who
1265 is responsible for providing services; providing for a
1266 child to be exposed to job-preparatory instruction,
1267 enrichment activities, and volunteer and service
1268 opportunities, including activities and services offered
1269 by the Agency for Workforce Innovation; requiring that
1270 children in care be afforded opportunities to participate
1271 in the usual activities of school, community, and family
1272 life; requiring caregivers to encourage and support a
1273 child's participation in extracurricular activities;
1274 requiring that transportation be provided for a child;
1275 providing for the development of a transition plan;
1276 specifying the contents of a transition plan; requiring
1277 that the plan be reviewed by the court; requiring that a
1278 child be provided with specified documentation; requiring
1279 that the transition plan be coordinated with the case plan
1280 and a transition plan prepared pursuant to the Individuals
1281 with Disabilities Education Act for a child with
1282 disabilities; requiring the creation of a notice that
1283 specifies the options that are available to the child;
1284 requiring that community-based care lead agencies and
1285 contracted providers report specified data to the
1286 department and Legislature; amending s. 39.701, F.S.;
1287 conforming terminology; specifying the required
1288 considerations during judicial review of a child under the
1289 jurisdiction of the court; specifying additional documents

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1290 that must be provided to a child and that must be verified
1291 at the judicial review; requiring judicial review of a
1292 transition plan; conforming references; amending s.
1293 409.1451, F.S., relating to the Road-to-Independence
1294 Program; creating the Foundations First Program for young
1295 adults who want to remain in care after reaching 18 years
1296 of age; providing eligibility, termination, and reentry
1297 requirements for the program; requiring a court hearing
1298 before termination; providing for the development of a
1299 transition plan; specifying the contents of the transition
1300 plan; requiring that a young adult be provided with
1301 specified documentation; requiring that the transition
1302 plan be coordinated with the case plan and a transition
1303 plan prepared pursuant to the Individuals with
1304 Disabilities Education Act for a young adult with
1305 disabilities; requiring the creation of a notice that
1306 specifies the options that are available to the young
1307 adult; requiring annual judicial reviews; creating the
1308 College Bound Program for young adults who have completed
1309 high school and have been admitted to an eligible
1310 postsecondary institution; providing eligibility
1311 requirements; providing for a stipend; requiring
1312 satisfactory academic progress for continuation of the
1313 stipend; providing for reinstatement of the stipend;
1314 providing for portability of services for a child or young
1315 adult who moves out of the county or out of state;
1316 specifying data required to be reported to the department
1317 and Legislature; conforming terminology relating to the

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1318 Independent Living Services Advisory Council; providing
1319 rulemaking authority to the Department of Children and
1320 Family Services; requiring the department to amend the
1321 case plan and judicial social service review formats;
1322 providing for young adults receiving transition services
1323 to continue to receive existing services until their
1324 eligibility for that benefit program expires; requiring
1325 the department to develop a request for proposal for the
1326 creation of an education advocacy system; requiring the
1327 department to contract with a national nonprofit
1328 organization to administer the Road-to-Independence
1329 Program; providing that funding for certain postsecondary
1330 education students is contingent upon available funding;
1331 providing an effective date.



HOUSE OF REPRESENTATIVES

Committee/Subcommittee

HHS ACCESS

Date

3/23/2011

Action

Adopted

HOUSE AMENDMENT FOR DRAFTING PURPOSES ONLY

(may be used in Committee/Subcommittee, but **not** on House Floor)

Amendment No.

7

Bill No.

1241

(For filing with the Clerk, Committee/Subcommittee and Member Amendments **must** be prepared by House Bill Drafting Services (Rule 12.1))

Representative(s)/The Council/Committee on

HORNER

offered the following amendment:

to strike all amendment

Amendment:

on page

40

, line(s)

~~1073~~ 1073

Remove; September 31

and insert; September 30

Copy to Committee/Subcommittee Administrative Assistant

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

HB 1271 : Dentistry

Temporarily Deferred

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

HB 4151 : Standards for Compressed Air

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Gwyndolen Clarke-Reed	X				
Fredrick Costello	X				
Brad Drake	X				
Reggie Fullwood	X				
Shawn Harrison	X				
Mike Horner	X				
Ana Logan	X				
Jeanette Nuñez	X				
Steven Perman	X				
Ari Porth	X				
Kenneth Roberson	X				
Michael Weinstein	X				
Dana Young	X				
Gayle Harrell (Chair)	X				
Total Yeas: 15		Total Nays: 0			

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

PCB HSAS 11-01 : Repeals Obsolete Language relating to Vulnerable Children and Adults

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Gwyndolen Clarke-Reed	X				
Fredrick Costello	X				
Brad Drake	X				
Reggie Fullwood	X				
Shawn Harrison	X				
Mike Horner	X				
Ana Logan	X				
Jeanette Nuñez	X				
Steven Perman	X				
Ari Porth	X				
Kenneth Roberson	X				
Michael Weinstein	X				
Dana Young	X				
Gayle Harrell (Chair)	X				
Total Yeas: 15		Total Nays: 0			

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM

COMMITTEE MEETING REPORT
Health & Human Services Access Subcommittee

3/23/2011 1:00:00PM

Location: 12 HOB

Other Business Appearance:

Wilkins, David (Lobbyist) (State Employee) (At Request Of Chair) - Information Only
Department of Children and Families
1317 Winewood Blvd
Tallahassee FL 32399-0700
Phone: (850) 921-8533

J.C. Planas - Information Only
National Fragile X Foundation
9530 SW St
Miami FL 33165
Phone: (850) 980-6542

Fragile X

Robert Miller (At Request Of Chair) - Information Only
National Fragile X Foundation
1605 Bonanza St # 202
Walnut Creek CA 94596
Phone: (925) 938-9300

Committee meeting was reported out: Wednesday, March 23, 2011 10:13:43PM