



Health & Human Services Access Subcommittee

Meeting Packet

Monday, January 30, 2012

2:00 – 4:00 PM

Webster Hall (212 Knott)

REVISED

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health & Human Services Access Subcommittee

Start Date and Time: Monday, January 30, 2012 02:00 pm
End Date and Time: Monday, January 30, 2012 04:00 pm
Location: Webster Hall (212 Knott)
Duration: 2.00 hrs

Consideration of the following bill(s):

HB 1401 Public Assistance by Plakon
HB 1229 Reorganization of the Department of Children and Family Services by Drake
HB 291 Youth Athletes by Renuart

Pursuant to rule 7.12, the deadline for amendments to bills on the agenda by non-appointed members shall be 6:00 p.m., Friday, January 27, 2012.

By request of the chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Friday, January 27, 2012.

NOTICE FINALIZED on 01/26/2012 16:08 by Villar.Melissa

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1401 Public Assistance
SPONSOR(S): Plakon
TIED BILLS: IDEN./SIM. **BILLS:** SB 1658

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health & Human Services Access Subcommittee		Batchelor <i>B</i>	Schoolfield <i>A</i>
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

House Bill 1401 amends ss. 402.82 and 414.095, F.S., relating to the Supplemental Nutrition Assistance Program and the Temporary Cash Assistance Program. Specifically the bill does the following:

- Prohibits a recipient from using his or her electronic benefit transfer (EBT) card to access cash benefits outside this state, to purchase alcohol or tobacco products, to access automated teller machines (ATM) located in specific gambling and adult entertainment establishments, or to use the card for purchases in these establishments.
- Provides a list of establishments inside the state that a cash assistance recipient may not access cash benefits through an EBT card from an ATM.
- Requires the Department of Children and Family Services (DCF) to add a list of food items that may not be purchased with federal Supplemental Nutrition Assistance Program funds. The list is titled nonstaple, unhealthy foods, including, but not limited to, sweetened beverages, soda, jello, candy, cakes, etc.).
- Prohibits the use of Supplemental Nutrition Assistance Program benefits at restaurants.
- Requires DCF to develop culturally sensitive campaigns to promote modifications made by the bill as well as the benefits of healthy and nutritious eating habits.
- Directs DCF to seek any federal approvals to carry out provisions of the bill.

The bill has an approximate fiscal impact of \$35,000 in order to restrict the use of cash assistance benefits outside the state.

The bill provides an effective date of July 1, 2012.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

History of the Food Stamp Program

The food stamp program began in 1939, providing a discount for surplus food to people on relief. From 1939-1943, those who qualified were able to purchase stamps redeemable for the purchase of food, and were given additional stamps redeemable only towards purchasing surplus food.¹ In 1961 the Pilot Food Stamp Program was created by President Kennedy. The pilot program used the original food stamp program, but did not limit the use of additional stamps toward surplus food; those stamps could be used for perishables as well.²

The Food Stamp Act of 1964 made the program permanent and expanded the use of food stamps to “all items eligible for consumption, with the exception of alcohol and imported foods.”³ Since then a number of changes and reforms to the program have taken place including changing the name of the program to the Supplemental Nutrition Assistance Program (SNAP), changing eligibility determinations and the introduction of the use of an Electronic Benefits Transaction card (EBT).⁴

Supplemental Nutrition Assistance Program-SNAP (Federal Program)

SNAP is a federal program that is administered by the individual states. SNAP aims to “provide children and low income people access to food, a healthy diet, and nutrition education.”⁵

The Food and Nutrition Act of 2008 defines “eligible food” as “any food or food product intended for human consumption except alcoholic beverages, tobacco, hot foods and hot food products prepared for immediate consumption.”⁶ Eligible food also includes seeds and plants to grow foods for personal consumption, as well as some additional exceptions to allow for hot food products ready for consumption in certain circumstances.⁷

The following items may be purchased under the food assistance program:⁸

- breads and cereals;
- fruits and vegetables;
- meats, fish and poultry;
- dairy products.
- seeds and plants which produce food for the household to eat.

The following items may NOT be purchased under the food assistance program:⁹

- Beer, wine, cigarettes, liquor or tobacco;
- Items that are not intended for human consumption (paper products, pet foods, etc.);
- Foods that will be eaten in the store;

¹ A Short History of SNAP, USDA Food and Nutrition Service, *available at*: <http://www.fns.usda.gov/snap/rules/Legislation/about.htm>. (last visited 1/27/12).

² *Id.*

³ *Id.*

⁴ *Id.*

⁵ Nutrition Assistance Programs, USDA Food and Nutrition Service, *available at*: <http://www.fns.usda.gov/fns/>. (last visited 1/27/12).

⁶ 7 C.F.R. s. 271.2.

⁷ P.L. 110-246, provides that certain individuals because of age, disability or living arrangement may purchase hot foods with their SNAP EBT card.

⁸ Supplemental Nutrition Assistance Program, USDA Food and Nutrition Service, *available at*: <http://www.fns.usda.gov/snap/retailers/eligible.htm>. (last visited 1/27/12).

⁹ *Id.*

- Hot foods;
- Vitamins and medicines.

The federal government does not prohibit the purchase of soft drinks, candy, cookies, snack crackers, ice cream, birthday cakes, seafood or steak.¹⁰ As all of these items are eligible food products per federal definition.¹¹ The federal government issued a report in March of 2007 outlining some of the reasons why additional restrictions for eligible foods have not been mandated. The report provides the following key points:¹²

- No clear standards exist for defining foods as good or bad, or healthy or not healthy;
- Implementation of food restrictions would increase program complexity and cost;
- Restrictions may be ineffective in changing the purchases of food stamp recipients;
- No evidence exists that food stamp participation contributes to poor diet quality or obesity.

Federal Waiver Process for SNAP

Since the definition of “eligible foods” is part of a federal act, in order to change the definition it would require federal legislation. Under current law, the Administrator of the Food and Nutrition Service (administrator) may grant a waiver to a state to deviate from specific regulatory provisions of the act. Waivers may only be granted in the following situations:

- The specific regulatory provision cannot be implemented due to extraordinary temporary situations;
- The Food and Nutrition Service (FNS) determines that the waiver would result in a more effective and efficient administration of the program; or
- Unique geographic or climatic conditions within a state preclude effective implementation of the specific regulatory provision and require an alternate procedure.¹³

The administrator may not approve requests for waivers when the waiver would be inconsistent with the provisions of the act or the waiver would result in material impairment of any statutory or regulatory rights of participants or potential participants.¹⁴

In 2004, Minnesota submitted a request for a waiver of the definition of eligible foods in order to prohibit the purchase of candy and soft drinks with SNAP benefits. The request was denied because the act defines food in a certain manner and the proposed change to the definition of food would be in direct conflict with the statute.¹⁵ Additional concerns related to the waiver included:

- A uniform food stamp program allows FNS and states to implement interoperability;
- Allowing conflicting definitions of eligible food items would introduce obstacles to continuing interoperability and would undermine the significant benefits that interoperability provides to program recipients;
- Approval of such a waiver could include the reintroduction of a stigma to participants and would perpetuate the myth that participants do not make wise purchasing decisions; and
- Administrative difficulties ranging from what penalties would be brought against retailers for noncompliance and what entity – the state or the USDA – would be responsible for monitoring compliance.¹⁶

¹⁰ *Id.*

¹¹ *Id.*

¹² Food and Nutrition Serv., *supra* note 18. In 2007, the USDA issued a detailed report relating to the challenges of restricting the use of SNAP benefits. See U.S. Dep’t of Agriculture, *Implications of Restricting the Use of Food Stamp Benefits* (Mar. 1, 2007), available at <http://www.fns.usda.gov/ora/menu/Published/snap/FILES/ProgramOperations/FSPFoodRestrictions.pdf> (last visited 1/27/12).

¹³ 7 C.F.R. s. 272.3(c).

¹⁴ *Id.*

¹⁵ Correspondence from Ollice C. Holden, Regional Admin., Food and Nutrition Servs., U.S. Dep’t of Agriculture, to Maria Gomez, Assistant Commissioner, Minnesota Dep’t of Human Servs. (May 4, 2004), available at: <http://www.fns.usda.gov/snap/rules/Memo/2004/050404.htm>

¹⁶ *Id.*

Florida Food Assistance Program (SNAP)

The Florida Department of Children and Families (DCF) administers the state's food assistance program.¹⁷ The Food Assistance Program is a 100 % federally funded program. The USDA determines the amount of food assistance benefits an individual or family receives, based on the families' income and resources.¹⁸ Food assistance benefits are a supplement to a family's food budget. Households may need to spend some of their own cash, along with their food assistance benefits, to buy enough food for a month.¹⁹ State law provides that DCF shall establish procedures in compliance with federal law for notifying the appropriate federal and state agencies of any violation of law regarding the food assistance program and the department must also notify the Department of Financial Services.²⁰

Currently, the state does not have any restrictions on the types of foods that can be purchased under the food assistance program²¹, as the USDA does not allow for such restrictions.²² DCF reports that approximately 3,311,095 people are currently receiving food stamps at approximately \$450 million dollars annually.²³

Temporary Assistance for Needy Families (TANF)

Under the welfare reform legislation of 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PWRORA), Public Law 104-193, the Temporary Assistance for Needy Families (TANF) program replaced the welfare programs known as Aid to Families with Dependent Children (AFDC), the Job Opportunities and Basic Skills Training (JOBS) program and the Emergency Assistance (EA) program. The law ended federal entitlement to assistance and instead created TANF as a block grant that provides States, territories and tribes federal funds each year. These funds cover benefits, administrative expenses, and services targeted to needy families. TANF became effective July 1, 1997, and was reauthorized in February 2006 under the Deficit Reduction Act of 2005.²⁴ States receive block grants to operate their individual programs and to accomplish the goals of the TANF program. DCF administers the TANF program in conjunction with the Agency for Workforce Innovation.

Temporary Cash Assistance Program (Cash Assistance)

DCF administers the cash assistance program with TANF funds to help families become self-supporting while allowing children to remain in their own homes.²⁵ Current law provides that families are eligible for temporary cash assistance for a lifetime cumulative total of 48 months (4 years).²⁶ DCF reports that approximately 92,979 people are currently receiving temporary cash assistance.²⁷ The FY 2011-2012 appropriation of TANF funds to support temporary cash assistance was \$177,522,123.

Use of the Electronic Benefits Card

Both temporary cash assistance and food assistance monies are placed on an Electronic Benefits Transaction (EBT) card. Once an individual applies for cash assistance or food assistance with DCF, they will receive an EBT card in the mail²⁸, the card functions much like a credit card or debit card. Food assistance money can be used at any retail store that accepts the EBT SNAP card. Cash

¹⁷ s. 414.31, F.S.

¹⁸ *Id.*

¹⁹ DCF Food Assistance Program Fact Sheet, www.dcf.state.fl.us/programs/access/docs/fafactsheet.pdf .(last visited 1/27/12).

²⁰ s. 414.33, F.S.

²¹ DCF Bill Analysis, HB 1401(2012). (on file with committee staff

²² 7 C.F.R. s. 271.2.

²³ DCF Standard Data Reports. <http://www.dcf.state.fl.us/programs/access/StandardDataReports.asp>. (last visited 1/27/12).

²⁴ US Dept. of Health and Human Services, Administration on Children and Families <http://www.acf.hhs.gov/programs/ofa/tanf/about.html> (last visited on 12/21/11).

²⁵ DCF Food Assistance Program Fact Sheet, www.dcf.state.fl.us/programs/access/docs/fafactsheet.pdf .(last visited 1/4/12).

²⁶ Section 414.105, F.S.

²⁷ DCF Standard Data Reports. <http://www.dcf.state.fl.us/programs/access/StandardDataReports.asp>. (last visited 12/22/11).

²⁸ Department of Children and Families Access Program. <http://www.dcf.state.fl.us/programs/access/foodassistance.shtml>. (last visited 1/27/12).

assistance money can be used to purchase a variety of items and may also be used at automatic teller machines (ATM's). Currently, there are no prohibitions on the use of the EBT card for out of state purchases. DCF estimates that on average approximately 200 cash assistance recipients use an EBT card out of state for more than 90 days, at approximately \$49,000 a month.²⁹ Current DCF rule³⁰ provides that cash assistance benefits can continue for one month after an individual has left the state, if the recipient requests the extension.³¹ Additionally, DCF permits households who are temporarily absent from the state to access cash assistance for two months if they plan to return to the state.³²

Effect of Proposed Changes

EBT Card Use Out of State

This bill provides that the EBT system shall prevent a recipient from using an EBT card to access cash benefits outside this state. DCF reports that this restriction can be accomplished through the card vendor JP Morgan, Inc³³. However, there would be no prohibition for recipients to access cash from the EBT card while in the state and then travel out of state. This limitation may also negatively impact families that live near the Alabama or Georgia border who frequent out of state vendors.

Restrictions on Use of EBT Card Cash Assistance

Currently, the EBT card has both cash assistance and food assistance money on the same card. Neither federal law nor state law prohibits items that can be purchased with cash assistance.

The bill requires DCF to restrict the use of the EBT card, cash assistance portion, for the purchase of alcohol or tobacco products. DCF reports that the cash assistance portion of the card currently does not have the processing infrastructure to identify items being purchased which contain alcohol or tobacco products. DCF indicates they will need to implement contracts with various establishments that sell alcohol or tobacco products to prevent purchases from taking place.³⁴ The number of establishments that DCF would need to contract with is unknown and would include a range of establishments, including but not limited to, grocery stores and convenience stores. In addition, a recipient of cash assistance could still access an ATM and withdraw money from the card to purchase alcohol or tobacco products.

²⁹ DCF Bill Analysis, HB 1401(January 11, 2012). (on file with committee staff).

³⁰ 65A-4.220(6). F.A.C.

³¹ *Id.*

³² *Id.*

³³ Telephone interview with Ann Berner, Director, DCF ACCESS program, January 28, 2012

³⁴ *Id.*

Restricting Use of EBT Card for Certain Foods

The bill directs DCF to add to the list of ineligible foods under the Supplemental Nutrition Assistance (food assistance) program to include nonstaple, unhealthy foods. The bill does provide a list of “nonstaple” or “unhealthy” foods, but specifies that this list is not all inclusive.

- Sweetened beverages;
- Sodas;
- Jello;
- Candy;
- Ice cream;
- Pudding;
- Popsicles;
- Muffins;
- Sweet rolls;
- Cakes;
- Cupcakes;
- Pies;
- Cobblers;
- Pastries;
- Doughnuts;
- Corn-based salty snacks;
- Pretzels;
- Party mix;
- Popcorn;
- Potato chips.

The bill directs DCF to seek all necessary federal approvals to implement these restrictions. DCF will need to apply for a waiver with FNS in order to prohibit these foods. Other states have attempted to apply for waivers for similar type restrictions and have been denied.³⁵

The bill prohibits the use of benefits at restaurants, including fast-food restaurants. This is already restricted as a point of purchase sale on the food assistance portion of the EBT cards.

The bill also requires DCF to use culturally sensitive campaigns to promote the modifications made pursuant to the bill, as well as the benefits of healthy and nutritious eating habits.

Restrictions on Use of ATMs or EBT Cards in Certain Establishments

The bill specifies that a recipient may not use an ATM in this state, if the ATM is located in certain establishments or facilities. In addition, the bill prohibits the use of an EBT card to purchase any service or good from certain establishments or facilities. The establishments or facilities include:

- An adult entertainment establishment;
- A pari-mutuel facility;
- A gaming facility under a tribal-state compact;
- A commercial bingo facility;
- A retail establishment licensed to sell malt, vinous, or spirituous liquors;
- A gambling establishment – including internet cafés, corner store casinos, internet gambling café, etc.; or
- A card room.

A retail establishment that is licensed to sell malt, vinous or spirituous liquors could include many various supermarkets and retail stores. These items can be sold in a store that carries more than just alcoholic beverages and a recipient would be prohibited from using an ATM at one of these stores.

DCF would need to work with Third Party Processors and Networks in order to prohibit the use of ATMs and terminals in gambling and adult entertainment establishments from processing EBT transactions.³⁶

³⁵ Correspondence from Ollice C. Holden, Regional Admin., Food and Nutrition Servs., U.S. Dep't of Agriculture, to Maria Gomez, Assistant Commissioner, Minnesota Dep't of Human Servs. (May 4, 2004), available at: <http://www.fns.usda.gov/snap/rules/Memo/2004/050404.htm>

³⁶ DCF Bill Analysis, HB 1401(January 11,2012). (on file with committee staff).

General:

The bill clarifies in statute that cash assistance may be placed on an EBT card. DCF currently is placing cash assistance on EBT cards, in compliance with federal program changes.

B. SECTION DIRECTORY:

Section 1: Amends s. 402.82, F.S., relating to Electronic Benefit Transfer Program;

Section 2: Amends s. 414.095, F.S., relating to Determining eligibility for temporary cash assistance;

Section 3: Provides an effective date of July 1, 2012.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

DCF estimates that in order to restrict the use of cash assistance benefits outside the state will cost \$35,000 for the EBT vendor to reprogram their system to add this restriction. The current EBT vendor is JP Morgan.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

This bill increases the list of foods that may not be purchased using food assistance funds. Accordingly, individuals would be required to use private funds to purchase the items listed in the bill. The bill also restricts the use of cash assistance at certain ATMs.

D. FISCAL COMMENTS:

DCF estimates that it will cost approximately \$35,000 to restrict the use of cash assistance benefits outside of the state. The cost is generated from the EBT vendor as they will need to reprogram their system to include additional restrictions. The current EBT vendor is JP Morgan.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Line 61 - The bill directs DCF to add nonstaple, unhealthy foods to the list of items that may not be purchased with federal SNAP funds. Although the bill provides a list of some items that are prohibited, the bill does not define "nonstaple, unhealthy foods," nor does it provide any guidelines for determining what is unhealthy. It is unclear how the department will determine what is or is not unhealthy for purposes of using SNAP funds.

The bill prohibits a recipient of food assistance from purchasing sweetened beverages. The bill does not specify what these beverages are and could include beverages that are naturally sweetened.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

1 A bill to be entitled
 2 An act relating to public assistance; amending s.
 3 402.82, F.S.; restricting the use of an electronic
 4 benefit transfer card to prohibit accessing cash from
 5 outside the state and purchasing certain products;
 6 expanding the list of items that may not be purchased
 7 with the federal Supplemental Nutrition Assistance
 8 Program funds; prohibiting the use of benefits in
 9 restaurants; directing the Department of Children and
 10 Family Services to promote the benefits of healthy and
 11 nutritious eating habits; requiring the department to
 12 seek federal authorization or waiver when necessary;
 13 amending s. 414.095, F.S.; revising the method of
 14 payment of temporary cash assistance to include an
 15 electronic benefit transfer card; prohibiting a cash
 16 assistance recipient from using an electronic benefit
 17 transfer card for certain purposes or in certain
 18 locations, including accessing cash benefits through
 19 an electronic benefit transfer card from an automatic
 20 teller machine located in such locations; providing an
 21 effective date.

22
 23 Be It Enacted by the Legislature of the State of Florida:

24
 25 Section 1. Section 402.82, Florida Statutes, is amended to
 26 read:

27 402.82 Electronic benefit transfer program; federal
 28 Supplemental Nutrition Assistance Program.—

29 (1) The Department of Children and Family Services shall
 30 establish an electronic benefit transfer program for the
 31 dissemination of food assistance benefits and temporary cash
 32 assistance payments, including refugee cash assistance payments,
 33 asylum applicant payments, and child support disregard payments.
 34 Except to the extent prohibited by federal law, the electronic
 35 benefit transfer system designed and implemented pursuant to
 36 this chapter shall prevent a recipient from using the electronic
 37 benefit transfer card to access cash benefits outside this
 38 state, to purchase alcohol or tobacco products, or to use in,
 39 including accessing automatic teller machines located in,
 40 gambling establishments and adult entertainment establishments.
 41 This section does not prohibit the use of an electronic benefit
 42 transfer card to access federal Supplemental Nutrition
 43 Assistance Program (SNAP) benefits in any manner authorized by
 44 federal law.

45 (2) If the Federal Government does not enact legislation
 46 or regulations providing for dissemination of supplemental
 47 security income by electronic benefit transfer, the state may
 48 include supplemental security income in the electronic benefit
 49 transfer program.

50 ~~(3)~~-(2) The department shall, in accordance with applicable
 51 federal laws and regulations, develop minimum program
 52 requirements and other policy initiatives for the electronic
 53 benefit transfer program.

54 ~~(4)~~-(3) The department shall enter into public-private
 55 contracts for all provisions of electronic transfer of public
 56 assistance benefits.

57 (5) The department shall, in accordance with applicable
 58 federal laws and regulations:

59 (a) Add to the list of items that may not be purchased
 60 with federal Supplemental Nutrition Assistance Program funds
 61 nonstaple, unhealthy foods. Such prohibited items include, but
 62 are not limited to, sweetened beverages, including sodas;
 63 sweets, such as jello, candy, ice cream, pudding, popsicles,
 64 muffins, sweet rolls, cakes, cupcakes, pies, cobblers, pastries,
 65 and doughnuts; and salty snack foods, such as corn-based salty
 66 snacks, pretzels, party mix, popcorn, and potato chips.

67 (b) Prohibit the use of benefits at restaurants, including
 68 fast-food restaurants.

69 (c) Use culturally sensitive campaigns to promote the
 70 modifications made pursuant to this section as well as the
 71 benefits of healthy and nutritious eating habits.

72 (6) For purposes of implementing this section, the
 73 department may collaborate with any public or nongovernmental
 74 organization that promotes the health and well-being of all
 75 residents of this state. The department shall seek all necessary
 76 federal approvals to implement this section, which may include a
 77 waiver of federal law from the United States Department of
 78 Agriculture.

79 Section 2. Paragraph (a) of subsection (13) of section
 80 414.095, Florida Statutes, is amended to read:

81 414.095 Determining eligibility for temporary cash
 82 assistance.—

83 (13) METHODS OF PAYMENT OF TEMPORARY CASH ASSISTANCE.—
 84 Temporary cash assistance may be paid as follows:

85 (a) Direct payment through state warrant, electronic
 86 transfer of temporary cash assistance, electronic benefit
 87 transfer card, or voucher. A cash assistance recipient may not:

88 1. Access cash benefits through an electronic benefit
 89 transfer card from an automated teller machine in this state
 90 located in:

91 a. An adult entertainment establishment as defined in s.
 92 847.001.

93 b. A pari-mutuel facility as defined in s. 550.002.

94 c. A gaming facility authorized under a tribal-state
 95 gaming compact under part II of chapter 285.

96 d. A commercial bingo facility that operates outside the
 97 provisions of s. 849.0931.

98 e. A retail establishment licensed to sell malt, vinous,
 99 or spirituous liquors under the Beverage Law.

100 f. A gambling establishment, including businesses referred
 101 to as casino-style Internet cafes, convenience casinos, corner
 102 store casinos, gambling halls, game parlors, Internet gambling
 103 café, Internet sweepstakes cafes, Internet sweepstakes parlors,
 104 Internet sweepstakes rooms, low-end casinos, neighborhood
 105 casinos, neighborhood gambling halls, pop-up casinos, simulated
 106 gambling centers, simulated slots centers, storefront casinos,
 107 strip mall casinos, sweepstakes casinos, sweepstakes parlors,
 108 virtual slot machine cafes, or any such business ceteris
 109 paribus.

110 g. A cardroom as defined in s. 849.086.

111 2. Use a benefit transfer card to purchase any good or
 112 service in any entity listed in subparagraph 1.

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2012

113

Section 3. This act shall take effect July 1, 2012.

HB 291

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 291 Youth Athletes
SPONSOR(S): Renuart and others
TIED BILLS: IDEN./SIM. BILLS: SB 256, SB 948

Table with 4 columns: REFERENCE, ACTION, ANALYST, STAFF DIRECTOR or BUDGET/POLICY CHIEF. Row 1: 1) K-20 Innovation Subcommittee, 11 Y, 1 N, Valenstein, Sherry. Row 2: 2) Health & Human Services Access Subcommittee, Holt, Schoolfield. Row 3: 3) Education Committee.

SUMMARY ANALYSIS

The bill requires independent sanctioning authorities and the Florida High School Athletic Association (FHSAA) to adopt guidelines to educate athletic coaches, officials, administrators, athletes, and their parents or guardians of the nature and risk of concussions and head injuries.

Independent sanctioning authorities and the FHSAA must also adopt bylaws or policies that require the parent or guardian of an athlete who is participating in an athletic competition or is a candidate for an athletic team to sign an informed consent that explains the nature and risk of concussions and head injuries. The bill requires the signed informed consent to be returned prior to the athlete participating in any practice, tryout, workout, athletic competition, or other physical activity associated with candidacy for an athletic team.

Additionally, the bill requires the independent sanctioning authority and the FHSAA to adopt bylaws or policies that require each athlete who is suspected of sustaining a concussion or head injury to be removed from practice or competition until the athlete receives written medical clearance to return from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions, as defined by the Sports Medicine Advisory Committee of the FHSAA.

The bill has no fiscal impact on the state or local governments.

The bill provides an effective date of July 1, 2012.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Overview

Youth Athletics: Current law defines a youth athletic independent sanctioning authority as a private, nongovernmental entity that organizes, operates or coordinates a youth athletic team in Florida that includes one or more minors and is not affiliated with a private school. As an example, Pop Warner is an independent sanctioning authority in Florida.¹ An independent sanctioning authority is currently required to conduct background screenings on each current and prospective athletic coach, disqualify an athletic coach that fails the background screening, and provide written notice to a disqualified athletic coach.²

Public High School Athletics: The Florida High School Athletic Association (FSHAA) is designated as the governing nonprofit organization of athletics in Florida public schools.³ Currently, the FHSAA is required to adopt bylaws to establish eligibility requirements for all students, prohibit recruiting students for athletic purposes, and require students participating in athletics to satisfactorily pass an annual medical evaluation.⁴

Over 30 states⁵ across the country have passed legislation that targets youth sports-related head injuries.⁶ Additionally, the "Protecting Student Athletes from Concussions Act of 2011" has been filed in the U.S. House of Representatives. This legislation requires each state educational agency to issue regulations establishing minimum requirements for the prevention and treatment of concussions, in order to be eligible to receive funds under the Elementary and Secondary Education Act. The bill is currently in the Subcommittee on Early Childhood, Elementary, and Secondary Education.⁷

The Centers for Disease Control and Prevention (CDC) define a concussion as a type of traumatic brain injury that is caused by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions may also occur from a blow to the body that causes the head to move rapidly back and forth. Additional damage can occur from repeat concussions. A repeat concussion occurs when a person receives another concussion before the brain recovers from the first. Repeat concussions can slow recovery or increase the likelihood of having long-term problems, and in rare cases, can result in brain swelling, permanent brain damage, and even death.⁸ In an effort to raise awareness and provide education to coaches, athletes and parents of athletes, the CDC has created free tools that provide important information on preventing, recognizing, and responding to a concussion.⁹

As an example of one independent athletic sanctioning authority, Pop Warner adopted a rule related to concussions on September 30, 2010. The rule requires a player who is suspected of having a concussion to be removed from practice, play, or competition. Pursuant to the rule, a player may not

¹ See Pop Warner Little Scholars, Inc., <http://www.popwarner.com/aboutus/pop.asp> (last visited Jan. 13, 2012).

² Section 943.0438, F.S.

³ While high school is typically defined to include grades 9 through 12, for the purposes of athletics in public K-12 schools, high school is defined to include grades 6-12. Section 1006.20(1), F.S.

⁴ Section 1006.20(1) and (2), F.S.

⁵ The states with laws that target youth sports-related head injuries are: Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Minnesota, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Texas, Utah, Vermont, Virginia, Washington, and Wyoming. National Conference of State Legislatures, *Traumatic Brain Injury Legislation*, Nov. 2011, available at www.ncsl.org/default.aspx?tabid=18687 (last visited Jan. 13, 2012).

⁶ *Id.*

⁷ Protecting Student Athletes from Concussions Act of 2011, H.R. 469, 112th Cong. (2011).

⁸ Centers for Disease Control and Prevention, *Heads Up Concussion in Youth Sports, A Fact Sheet for Coaches*, available at http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf.

⁹ Centers for Disease Control and Prevention, *Concussion in Sports*, Centers for Disease Control and Prevention, available at <http://www.cdc.gov/concussion/sports/index.html> (last visited Jan. 13, 2012).

return to Pop Warner activities until the player has been evaluated by a currently licensed medical professional trained in the evaluation and management of concussions and receives written clearance to return to play from that licensed practitioner.¹⁰

On June 14, 2011, the FHSAA Board of Directors addressed the issue of safety of student athletes by adopting the *FHSAA Concussion Action Plan*, which is incorporated into the *2011-12 FHSAA Handbook*; adding language to the *Consent and Release from Liability Certificate* about the potential dangers of concussions and head and neck injuries in interscholastic athletics; and adding a required course, *Concussion in Sports – What You Need to Know*, for all FHSAA-member school head coaches and paid coaches.¹¹ The FHSAA currently requires that any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest or practice and shall not return to play until cleared by an appropriate health-care professional.¹² An appropriate health-care professional is defined as a “licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physicians assistant [sic] under the supervision of a MD/DO (as per Chapters [sic] 458.347 and 459.022, Florida Statutes) or a health care professional trained in the management of concussions.”¹³

Additionally, the FHSAA has established the following “Return to Play Criteria”:

- (1) No athlete should return to play or practice on the same day of a suspected concussion. “When in doubt, sit them out!”
- (2) Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day or within 24 hours.
- (3) Any athlete with a suspected concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
- (4) After medical clearance, return to play should follow a step-wise protocol with provisions for delayed return to play based upon the return of any signs or symptoms.¹⁴

Effect of Proposed Changes

Youth Athletics: The bill requires an independent sanctioning authority to adopt guidelines to educate athletic coaches, officials, administrators, youth athletes, and their parents or guardians relating to the nature and risk of concussions and head injuries. An independent sanctioning authority must also adopt bylaws or policies that require the parent or guardian of a youth athlete who is participating in an athletic competition, or is a candidate for an athletic team, to sign an informed consent that explains the nature and risk of concussions and head injuries. The bill requires the signed informed consent to be returned before the youth athlete participates in any practice, tryout, workout, athletic competition, or other physical activity associated with candidacy for an athletic team. By requiring those involved in athletics to receive information related to concussions and head injuries, the bill may reduce the number of concussions and long-term problems associated with repeat concussions.

Additionally, the bill requires the independent sanctioning authority to adopt bylaws or policies that require a youth athlete who is suspected of sustaining a concussion or head injury to be removed from practice or competition, until the youth receives written medical clearance to return from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions, as defined by the Sports Medicine Advisory Committee of the FHSAA. The medical clearance must state that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or

¹⁰ Pop Warner Little Scholars Official Rules 2010, Part III, Art. 17, s. 2, available at <http://www.popwarner.com/admin/pdf/2010%20Concussion%20Rule%20Change.pdf>.

¹¹ Florida Department of Education Analysis of SB 256, Oct. 11, 2011, at 4; see also Official Minutes of Board of Directors Meeting, June 13-14, 2011, Florida High School Athletic Association, available at http://www.fhsaa.org/sites/default/files/orig_uploads/gov/board/2010-11/minutes/june.pdf.

¹² Administrative Policy 6.1.3.1 Concussions, Florida High School Athletic Association, available at http://www.fhsaa.org/sites/default/files/attachments/2010/09/16/node-235/administrative_policies_77pgs.pdf.

¹³ Administrative Procedure 1.2.1 Appropriate Health-Care Professional Defined, Florida High School Athletic Association, available at http://www.fhsaa.org/sites/default/files/attachments/2010/09/16/node-235/administrative_procedures_126pgs.pdf.

¹⁴ Administrative Procedure 1.2.3 Return to Play Criteria, Florida High School Athletic Association, available at http://www.fhsaa.org/sites/default/files/attachments/2010/09/16/node-235/administrative_procedures_126pgs.pdf.

other head injury. By requiring written medical clearance for a youth athlete to return to play, the bill will help prevent further injury by preventing a youth athlete from returning to play before his or her brain has recovered.

Public High School Athletics: The bill requires the FHSAA to adopt additional guidelines and bylaws or policies related to concussions and head injuries. The FHSAA must adopt guidelines to educate athletic coaches, officials, administrators, student athletes, and their parents relating to the nature and risk of concussions and head injuries. The FHSAA must also adopt either bylaws or policies that require the parent of a student athlete who is a candidate for an interscholastic athletic team or is participating in an interscholastic athletic competition to sign an informed consent that explains the nature and risk of concussions and head injuries. The bill requires the signed informed consent to be returned before the student athlete participates in any practice, tryout, workout, athletic competition, or other physical activity associated with candidacy for an athletic team. By requiring those involved in athletics to receive information related to concussions and head injuries, the bill may reduce the number of concussions and long-term problems associated with repeat concussions.

Additionally, the bill requires the FHSAA to adopt bylaws or policies that require each student athlete who is suspected of sustaining a concussion or head injury to be removed from practice or competition, until the student athlete receives written medical clearance to return from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions, as defined by the Sports Medicine Advisory Committee of the FHSAA. The medical clearance must state that the student athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury. By requiring written medical clearance for a student to return to play, the bill will help prevent further injury by preventing a student from returning to play before his or her brain has recovered.

The bill requires both independent sanctioning authorities and the FHSAA to adopt policies relating to concussions and head injuries. The FHSAA and some independent sanctioning authorities have already adopted policies that comply with the bill, but for those independent sanctioning authorities that have not yet adopted policies, the entities will be able to use policies and information made available through the CDC and other sources, as the bill only requires the entities to adopt policies, not develop them.

B. SECTION DIRECTORY:

Section 1. Amends s. 943.0438, F.S., relating to athletic coaches for independent sanctioning authorities.

Section 2. Amends s. 1006.20, F.S., relating to athletics in public K-12 schools.

Section 3. Provides an effective date of July 1, 2012.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

- The bill requires the adoption of guidelines to educate “their parents.” It is unclear whose parents need to be educated.
- The bill requires the FHSAA to adopt guidelines or policies; however, the section of law being amended is entitled “Adoption of Bylaws.” The word “guidelines” on line 50 should be changed to bylaws, and the word “policies” should be removed from line 54, or the catchline should be amended to include guidelines and policies.
- On lines 42 and 74, the bill uses the term “health care professional.” Chapter 456, F.S., contains the general provisions for all health care professions and defines the term “health care practitioner” it may be advantageous to change the terminology to mirror the general definitions.
- The bill requires the youth athlete or student to receive a written medical clearance but does not require them to submit the medical clearance to the athletic coach or school. It may be advantageous to include this requirement.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

None.

1 A bill to be entitled
 2 An act relating to youth athletes; amending ss.
 3 943.0438 and 1006.20, F.S.; requiring an independent
 4 sanctioning authority for youth athletic teams and the
 5 Florida High School Athletic Association to adopt
 6 guidelines, bylaws, and policies relating to the
 7 nature and risk of concussion and head injury in youth
 8 athletes; requiring informed consent for participation
 9 in practice or competition; requiring removal from
 10 practice or competition under certain circumstances
 11 and written medical clearance to return; providing an
 12 effective date.

13
 14 Be It Enacted by the Legislature of the State of Florida:

15
 16 Section 1. Paragraphs (e), (f), and (g) are added to
 17 subsection (2) of section 943.0438, Florida Statutes, to read:

18 943.0438 Athletic coaches for independent sanctioning
 19 authorities.—

20 (2) An independent sanctioning authority shall:

21 (e) Adopt guidelines to educate athletic coaches,
 22 officials, administrators, youth athletes, and their parents or
 23 guardians of the nature and risk of concussion and head injury.

24 (f) Adopt bylaws or policies that require the parent or
 25 guardian of a youth who is participating in athletic competition
 26 or who is a candidate for an athletic team to sign and return an
 27 informed consent that explains the nature and risk of concussion
 28 and head injury, including the risk of continuing to play after

29 concussion or head injury, each year before participating in
 30 athletic competition or engaging in any practice, tryout,
 31 workout, or other physical activity associated with the youth's
 32 candidacy for an athletic team.

33 (g) Adopt bylaws or policies that require each youth
 34 athlete who is suspected of sustaining a concussion or head
 35 injury in a practice or competition to be immediately removed
 36 from the activity. A youth athlete who has been removed from an
 37 activity may not return to practice or competition until the
 38 youth receives written medical clearance to return stating that
 39 the youth athlete no longer exhibits signs, symptoms, or
 40 behaviors consistent with a concussion or other head injury.
 41 Medical clearance must be authorized by the appropriate health
 42 care professional trained in the diagnosis, evaluation, and
 43 management of concussions as defined by the Sports Medicine
 44 Advisory Committee of the Florida High School Athletic
 45 Association.

46 Section 2. Paragraphs (e), (f), and (g) are added to
 47 subsection (2) of section 1006.20, Florida Statutes, to read:

48 1006.20 Athletics in public K-12 schools.—

49 (2) ADOPTION OF BYLAWS.—

50 (e) The organization shall adopt guidelines to educate
 51 athletic coaches, officials, administrators, student athletes,
 52 and their parents of the nature and risk of concussion and head
 53 injury.

54 (f) The organization shall adopt bylaws or policies that
 55 require the parent of a student who is participating in
 56 interscholastic athletic competition or who is a candidate for

57 an interscholastic athletic team to sign and return an informed
 58 consent that explains the nature and risk of concussion and head
 59 injury, including the risk of continuing to play after
 60 concussion or head injury, each year before participating in
 61 interscholastic athletic competition or engaging in any
 62 practice, tryout, workout, or other physical activity associated
 63 with the student's candidacy for an interscholastic athletic
 64 team.

65 (g) The organization shall adopt bylaws or policies that
 66 require each student athlete who is suspected of sustaining a
 67 concussion or head injury in a practice or competition to be
 68 immediately removed from the activity. A student athlete who has
 69 been removed from an activity may not return to practice or
 70 competition until the student receives written medical clearance
 71 to return stating that the student athlete no longer exhibits
 72 signs, symptoms, or behaviors consistent with a concussion or
 73 other head injury. Medical clearance must be authorized by the
 74 appropriate health care professional trained in the diagnosis,
 75 evaluation, and management of concussions as defined by the
 76 Sports Medicine Advisory Committee of the Florida High School
 77 Athletic Association.

78 Section 3. This act shall take effect July 1, 2012.

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

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

Committee/Subcommittee hearing bill: Health & Human Services
Access Subcommittee

Representative Renuart offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:
Section 1. Paragraphs (e), (f), and (g) are added to subsection
(2) of section 943.0438, Florida Statutes, to read:

943.0438 Athletic coaches for independent sanctioning
authorities.—

(2) An independent sanctioning authority shall:

(e) Adopt guidelines to educate youth athlete and their
parents, athletic coaches, officials, and administrators of the
nature and risk of concussion and head injury.

(f) Adopt bylaws or policies that require the parent or
guardian of a youth who is participating in athletic competition
or who is a candidate for an athletic team to sign and return an
informed consent that explains the nature and risk of concussion
and head injury, including the risk of continuing to play after

Amendment No. 1

20 concussion or head injury, each year before participating in
21 athletic competition or engaging in any practice, tryout,
22 workout, or other physical activity associated with the youth's
23 candidacy for an athletic team.

24 (g) Adopt bylaws or policies that require each youth
25 athlete who is suspected of sustaining a concussion or head
26 injury in a practice or competition to be immediately removed
27 from the activity. A youth athlete who has been removed from an
28 activity may not return to practice or competition until the
29 youth submits to the athletic coach a written medical clearance
30 to return stating that the youth athlete no longer exhibits
31 signs, symptoms, or behaviors consistent with a concussion or
32 other head injury. Medical clearance must be authorized by the
33 appropriate health care practitioner trained in the diagnosis,
34 evaluation, and management of concussions as defined by the
35 Sports Medicine Advisory Committee of the Florida High School
36 Athletic Association.

37 Section 2. Paragraphs (e), (f), and (g) are added to
38 subsection (2) of section 1006.20, Florida Statutes, to read:

39 1006.20 Athletics in public K-12 schools.—

40 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

41 (e) The organization shall adopt guidelines to educate
42 youth athletes and their parents, athletic coaches, officials,
43 and administrators of the nature and risk of concussion and head
44 injury.

45 (f) The organization shall adopt bylaws or policies that
46 require the parent of a student who is participating in
47 interscholastic athletic competition or who is a candidate for

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Amendment No. 1

48 an interscholastic athletic team to sign and return an informed
49 consent that explains the nature and risk of concussion and head
50 injury, including the risk of continuing to play after
51 concussion or head injury, each year before participating in
52 interscholastic athletic competition or engaging in any
53 practice, tryout, workout, or other physical activity associated
54 with the student's candidacy for an interscholastic athletic
55 team.

56 (g) The organization shall adopt bylaws or policies that
57 require each student athlete who is suspected of sustaining a
58 concussion or head injury in a practice or competition to be
59 immediately removed from the activity. A student athlete who has
60 been removed from an activity may not return to practice or
61 competition until the student submits to the school a written
62 medical clearance to return stating that the student athlete no
63 longer exhibits signs, symptoms, or behaviors consistent with a
64 concussion or other head injury. Medical clearance must be
65 authorized by the appropriate practitioner trained in the
66 diagnosis, evaluation, and management of concussions as defined
67 by the Sports Medicine Advisory Committee of the Florida High
68 School Athletic Association.

69 Section 3. This act shall take effect July 1, 2012.

70 -----

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

72 Remove the entire title and insert:

73 A bill to be entitled

74 An act relating to youth athletes; amending ss.

75 943.0438 and 1006.20, F.S.; requiring an independent

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 291 (2012)

Amendment No. 1

76 sanctioning authority for youth athletic teams and the
77 Florida High School Athletic Association to adopt
78 guidelines, bylaws, and policies relating to the
79 nature and risk of concussion and head injury in youth
80 athletes; requiring informed consent for participation
81 in practice or competition; requiring removal from
82 practice or competition under certain circumstances
83 and written medical clearance to return; providing an
84 effective date.

85

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1229 Reorganization of the Department of Children and Family Services

SPONSOR(S): Drake

TIED BILLS: IDEN./SIM. BILLS:

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health & Human Services Access Subcommittee		Batchelor <i>B</i>	Schoolfield <i>W</i>
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

HB 1229 amends s. 20.04, F.S. and substantially rewords s.20.19, F.S., to provide for the reorganization of the Department of Children and Families (department). The 2007 Legislature directed the department to begin the process of reorganization subject to further legislative review and approval. The bill places in statute the reorganization plans of the department. The bill makes the following changes:

- Replaces the title "Department of Children and Family Services" with the "Department of Children and Families" in ss. 20.04, 20.19, and 420.622, F.S.
- Deletes the mission and purpose statement of the department in statute.
- Integrates the substance abuse and mental health programs into the department, by deleting statutory responsibilities of the directors for these programs and eliminating the director's direct line authority over circuit program staff.
- Retains the appointment of assistant secretaries as needed and retains the position of Assistant Secretary for Substance Abuse and Mental Health.
- Provides for a Director for Substance Abuse and Mental Health.
- Deletes the establishment of 8 program offices and provides for certain services to be provided by the department.
- Changes the sub-state structure of the department by eliminating service districts and providing that services will be delivered through organizational units known as circuits, which must be aligned with judicial circuits.
- Establishes an unspecified number of regions which are comprised of multiple circuits which are in geographical proximity to each other.
- Provides the department with discretion on the establishment of community alliances, partnerships and advisory groups.
- Deletes provisions relating to the establishment of a prototype region.
- Deletes a duplicative competitive bidding exemption for health services.
- Deletes the requirement that the Executive Director of the state Office of Homelessness be appointed by the Governor.

The bill does not appear to have a fiscal impact on state or local governments.

This bill provides an effective date of July 1, 2012.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Department of Children and Families

The Department of Children and Family Services (department) is created and its organizational structure established in section 20.19, Florida Statutes. In 2007, the Legislature authorized the department through Chapter 2007-174 Laws of Florida, to begin a process of reorganization and change the organizational structure in specific areas subject to further Legislative review.

Legislative Direction for Reorganization

The 2007 Legislature directed the department to begin the process of reorganization to improve efficiency and effectiveness.¹ The legislation in Chapter 2007-174, Laws of Florida directed that the reorganization:

- Shall integrate substance abuse and mental health programs into the overall department structure and priorities;
- May plan for realignment of the department districts to conform to judicial circuits;
- May phase in organizational changes to ensure children are not adversely affected;
- May establish community partnerships with the department at the request of local communities;
- Provide the department Secretary with the discretion to establish advisory groups at the state level as necessary.

The 2007 legislation also authorized the department to begin using the name Department of Children and Families instead of Department of Children and Family Services. The changes to the department structure which were authorized in Laws of Florida have yet to be codified into statute.²

*Current Organizational Structure:*³

The Secretary of the department is appointed by the Governor. The staff offices under the Secretary include: General Counsel, Inspector General, Chief of Staff and the Executive Offices of the Secretary (Communications, Executive Communications, Legislative Affairs, and External Affairs), and Children's Legal Services.

The Deputy Secretary which is required by statute⁴, oversees all operational and business units. The Deputy Secretary position supervises three Assistant Secretaries:

- The Assistant Secretary for Administration, which oversees all business functions, including Information Technology, General Services, Human Resources, Finance, Accounting and Budget, and Contract Administration.
- The Assistant Secretary for Substance Abuse and Mental Health oversees staff offices with expertise in these program areas, as well as exercising line authority over all state mental health hospitals, both directly operated and contracted. This position is required by statute to be appointed by the Secretary.⁵

¹Chapter 2007-174, L.O.F.

²The authority for reorganization has been reauthorized each year since 2007 by resetting the expiration dates in Chapters 2009-82, 2010-153, 2011-47, L.O.F.

³ Email from Amanda Prater, DCF dated January 26, 2012, on file with committee.

⁴ S.20.19(2)(b), F.S.

⁵ s.20.19(2)(c)1., F.S.

- The Assistant Secretary for Operations oversees all programmatic staff offices: Family and Community Services (encompassing the Hotline, Interstate Compact for Children, Domestic Violence, Child Care, Adult Protective Services, Homelessness, and Child Welfare), Economic Self-Sufficiency (ACCESS), and Refugee Services. Each of these offices are currently named in statute and are required to have a Director who is appointed by the Secretary.

Service Regions⁶

The department administers programs and services through 20 circuit offices (aligned with judicial circuits) which operate within six larger service regions⁷. The Assistant Secretary for Operations also has direct line authority to the field, overseeing six Regional Managing Directors, corresponding to the six service regions of the department. Within each Region, the Regional Managing Directors oversee a small staff complement, which includes a Client Relations Coordinator, and a Regional Community Development Administrator which interfaces with the community and stakeholders on key department initiatives, as well as Program Administrators in Family and Community Services and Economic Self Sufficiency, and associated field managers, supervisors and direct service employees.

Effect of Proposed Changes

The bill changes the name of the “Department of Children and Family Services” to the “Department of Children and Families” in ss. 20.04, 20.19, and 420.622, F.S.

The bill amends current law by changing service districts to organizational units and provides that the department will administer programs through organizational units, known as circuits, which conform to the geographic boundaries of judicial circuits prescribed in s. 26.021, F.S. There are currently 20 circuit offices.

The bill provides for the creation of an unspecified number of regions, consisting of multiple circuits in the same geographic area. The bill language provides the department with unlimited flexibility as to the number of region offices to establish. The department currently operates with 6 regions. Region offices provide management oversight to circuits and consolidate administrative activities.

The bill retains current law which mandates the appointment of an Assistant Secretary for Substance Abuse and Mental Health. The Assistant Secretary for Substance Abuse and Mental Health is one of three assistant secretary positions currently established and the only one specifically required in the department structure. The bill also provides for the appointment of a Director for Substance Abuse and Mental Health. The Director for Substance Abuse and Mental Health is also the only director position that is specifically mentioned in statute as it relates to the department.

The bill deletes the mission and purpose statement of the department. The statutory mission statement is different from the mission statement currently used by the department which is to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency.

The bill integrates the substance abuse and mental health programs into the department; by deleting statutory responsibilities of the directors of the programs and eliminating the directors direct line authority over circuit program staff. This will codify in statute actions already taken by the department to integrate these programs under the authority of Chapter 2007-174, L.O.F.

⁶ Email from Amanda Prater, DCF dated January 26, 2012, on file with committee.

⁷ S.20.19 (5), F.S. directs the department to administer programs through 15 service districts and specified sub-districts. This was modified into the current circuit regions structure under the authority of Chapter 2007-174, L.O.F. The region structure began as a prototype authorized in s. 20.19(7), F.S. which became known as the Suncoast region, headquartered in Tampa.

The bill deletes the requirement that the Executive Director of the Office on Homelessness be appointed by the Governor. The Executive Director will be appointed by the Secretary of the department.

The bill deletes language establishing 8 program offices and program directors that correlate with those offices. Instead the bill requires the department to provide the following services and changes the family safety service to the name child welfare.

- Adult Protection;
- Child Care Regulation;
- Child Welfare;
- Domestic Violence;
- Economic Self-Sufficiency;
- Mental Health;
- Refugees;
- Substance Abuse.

The department also provides services to the homeless under the Office on Homelessness. Homeless services may need to be added to the above list to clarify that these services are authorized.

The bill retains current language that permits the Secretary to consolidate, reconstruct, or rearrange offices in consultation with the Executive Office of the Governor.⁸ However, the bill does not specify how many offices the department may have. This may require further clarification since it is not clear which offices the bill is referring to.

The bill deletes the requirement each fiscal year for the department to develop projections of the number of child abuse cases and include in the department's legislative budget request a specific appropriation for an adequate number of child protective investigators and caseworkers.

The bill provides the department with discretion on the establishment of community alliances/partnerships and provides for their duties. The department reports that community alliances never developed as intended in some locations while in other locations strong alliances were created.⁹ The bill deletes the specification of initial membership of a community alliance in s. 20.19(6)(d), F.S., and replaces it with a more general description of the organizations who should be included in the alliance and requires membership to reflect the diversity of the community. The bill deletes the requirement that membership of the community alliance after the initial meeting is increased to include the state attorney for the judicial circuit or the public defender for the judicial circuit.

The bill deletes authority for a prototype region structure in current law, s. 20.19(7), F.S. The region structure prototype was established and has evolved into the current six region structure of the department.

The bill also deletes exemption language for competitive bids for health services involving examination, diagnosis and treatment. This is duplicative language since the exemption already exists in s. 287.057(3)(f), F.S.

The bill makes conforming changes to certain sections of statute and directs the legislature to adopt conforming legislation during the 2013 regular session.

B. SECTION DIRECTORY:

Section 1: Amends s. 20.04, F.S., relating to Structure of the Executive Branch.

Section 2: Amends s. 20.19, F.S., relating to Department of Children and Family Services.

⁸ s. 20.19(4)(c), F.S.

⁹ Department of Children and Families analysis of HB 1229, December 28, 2011.

Section 3: Amends s. 20.43, F.S., relating to the Department of Health.

Section 4: Amends s. 420.622, F.S., relating to State Office on Homelessness; Council on Homelessness.

Section 5: Amends s. 394.78, F.S., relating to Operation and administration; personnel standards; procedures for audit and monitoring of service providers; resolution of disputes.

Section 6: Creates an unnumbered section of law relating to adopting legislation to conform to the provisions of this act.

Section 7: Provides an effective date of July 1, 2012.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The bill removes the establishment of 8 program offices and the program directors that correlate with those offices. The bill retains current law that permits the Secretary in conjunction with the Executive Office of the Governor to consolidate, reconstruct, or rearrange offices. The bill does not establish what offices the department will have so it is unclear what offices could be consolidated, reconstructed or rearranged.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

1 A bill to be entitled
 2 An act relating to the reorganization of the
 3 Department of Children and Family Services; amending
 4 s. 20.04, F.S.; changing the name of the Department of
 5 Children and Family Services to the Department of
 6 Children and Families; authorizing the department to
 7 restructure its organizational units to establish
 8 circuits, aligned geographically with judicial
 9 circuits and regions, which include multiple circuits
 10 in geographical proximity to each other; revising
 11 requirements relating to community alliances; deleting
 12 provisions relating to service districts, the
 13 prototype region, and the procurement of health
 14 services; amending s. 20.19, F.S.; deleting provisions
 15 relating to the mission and purpose of the department;
 16 deleting provisions establishing service districts;
 17 revising provisions relating to the structure of and
 18 services provided by the department; s. 20.43, F.S.;
 19 revising provisions aligning the boundaries of service
 20 areas for the Department of Health to those of the
 21 service districts of the department to conform to
 22 changes made by this act; s. 420.622, F.S.; deleting
 23 authority of the Governor to appoint the executive
 24 director of the State Office on Homelessness; amending
 25 s. 394.78, F.S.; deleting obsolete references;
 26 providing for legislation to conform the Florida
 27 Statutes to changes made by the act; providing an
 28 effective date.

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

Section 1. Subsections (3) and (4) and paragraph (b) of subsection (7) of section 20.04, Florida Statutes, are amended to read:

20.04 Structure of executive branch.—The executive branch of state government is structured as follows:

(3) For their internal structure, all departments, except for the Department of Financial Services, the Department of Children and Families ~~Family Services~~, the Department of Corrections, the Department of Management Services, the Department of Revenue, and the Department of Transportation, must adhere to the following standard terms:

(a) The principal unit of the department is the "division." Each division is headed by a "director."

(b) The principal unit of the division is the "bureau." Each bureau is headed by a "chief."

(c) The principal unit of the bureau is the "section." Each section is headed by an "administrator."

(d) If further subdivision is necessary, sections may be divided into "subsections," which are headed by "supervisors."

(4) Within the Department of Children and Families ~~Family Services~~ there are organizational units called "circuits" and "regions" ~~"program offices,"~~ headed by program directors. Each circuit is aligned geographically with each judicial circuit and each region comprises multiple circuits which are in geographical proximity to each other.

57 (7)
 58 (b) Within the limitations of this subsection, the head of
 59 the department may recommend the establishment of additional
 60 divisions, bureaus, sections, and subsections of the department
 61 to promote efficient and effective operation of the department.
 62 However, additional divisions, or offices in the Department of
 63 Children and Families ~~Family Services~~, the Department of
 64 Corrections, and the Department of Transportation, may be
 65 established only by specific statutory enactment. New bureaus,
 66 sections, and subsections of departments may be initiated by a
 67 department and established as recommended by the Department of
 68 Management Services and approved by the Executive Office of the
 69 Governor, or may be established by specific statutory enactment.

70 Section 2. Section 20.19, Florida Statutes, is amended to
 71 read:

72 20.19 Department of Children and Families ~~Family~~
 73 ~~Services~~.—There is created a Department of Children and Families
 74 ~~Family Services~~.

75 ~~(1) MISSION AND PURPOSE.—~~

76 ~~(a) The mission of the Department of Children and Family~~
 77 ~~Services is to work in partnership with local communities to~~
 78 ~~ensure the safety, well-being, and self-sufficiency of the~~
 79 ~~people served.~~

80 ~~(b) The department shall develop a strategic plan for~~
 81 ~~fulfilling its mission and establish a set of measurable goals,~~
 82 ~~objectives, performance standards, and quality assurance~~
 83 ~~requirements to ensure that the department is accountable to the~~
 84 ~~people of Florida.~~

85 ~~(c) To the extent allowed by law and within specific~~
 86 ~~appropriations, the department shall deliver services by~~
 87 ~~contract through private providers.~~

88 ~~(1)(2)~~ SECRETARY OF CHILDREN AND FAMILIES ~~FAMILY SERVICES~~;
 89 DEPUTY SECRETARY.—

90 (a) The head of the department is the Secretary of
 91 Children and Families ~~Family Services~~. The secretary is
 92 appointed by the Governor, subject to confirmation by the
 93 Senate. The secretary serves at the pleasure of the Governor.

94 (b) The secretary shall appoint a deputy secretary who
 95 shall act in the absence of the secretary. The deputy secretary
 96 is directly responsible to the secretary, performs such duties
 97 as are assigned by the secretary, and serves at the pleasure of
 98 the secretary.

99 (c)1. The secretary shall appoint an Assistant Secretary
 100 for Substance Abuse and Mental Health. The assistant secretary
 101 shall serve at the pleasure of the secretary and must have
 102 expertise in both areas of responsibility.

103 2. The secretary shall appoint a ~~Program~~ Director for
 104 Substance Abuse and a ~~Program Director for~~ Mental Health who has
 105 have the requisite expertise and experience in his or her ~~their~~
 106 respective fields to head the ~~state's~~ Substance Abuse and Mental
 107 Health Office ~~programs~~.

108 ~~a. Each program director shall have line authority over~~
 109 ~~all district substance abuse and mental health program~~
 110 ~~management staff.~~

111 ~~b. The assistant secretary shall enter into a memorandum~~
 112 ~~of understanding with each district or region administrator,~~

113 ~~which must be approved by the secretary or the secretary's~~
 114 ~~designee, describing the working relationships within each~~
 115 ~~geographic area.~~

116 ~~e. The mental health institutions shall report to the~~
 117 ~~Program Director for Mental Health.~~

118 ~~d. Each program director shall have direct control over~~
 119 ~~the program's budget and contracts for services. Support staff~~
 120 ~~necessary to manage budget and contracting functions within the~~
 121 ~~department shall be placed under the supervision of the program~~
 122 ~~directors.~~

123 ~~(d) The secretary has the authority and responsibility to~~
 124 ~~ensure that the mission of the department is fulfilled in~~
 125 ~~accordance with state and federal laws, rules, and regulations.~~

126 ~~(3) PROGRAM DIRECTORS. The secretary shall appoint program~~
 127 ~~directors who serve at the pleasure of the secretary. The~~
 128 ~~secretary may delegate to the program directors responsibilities~~
 129 ~~for the management, policy, program, and fiscal functions of the~~
 130 ~~department.~~

131 ~~(2)(4) SERVICES PROVIDED PROGRAM OFFICES AND SUPPORT~~
 132 ~~OFFICES.-~~

133 ~~(a) The department shall provide services relating to is~~
 134 ~~authorized to establish program offices and support offices,~~
 135 ~~each of which shall be headed by a director or other management~~
 136 ~~position who shall be appointed by and serves at the pleasure of~~
 137 ~~the secretary.~~

138 ~~(b) The following program offices are established:~~

- 139 1. Adult protection Services.
- 140 2. Child care regulation Services.

141 | 3. Child welfare.
 142 | ~~4.3.~~ Domestic violence.
 143 | ~~5.4.~~ Economic self-sufficiency Services.
 144 | ~~5.~~ ~~Family Safety.~~
 145 | 6. Mental health.
 146 | 7. Refugees ~~Refugee services.~~
 147 | 8. Substance abuse.
 148 | (b)(c) Program offices and support Offices of the
 149 | department may be consolidated, restructured, or rearranged by
 150 | the secretary, in consultation with the Executive Office of the
 151 | Governor, provided any such consolidation, restructuring, or
 152 | rearranging is capable of meeting functions and activities and
 153 | achieving outcomes as delineated in state and federal laws,
 154 | rules, and regulations. The secretary may appoint additional
 155 | managers and administrators as he or she determines are
 156 | necessary for the effective management of the department.
 157 | ~~(5) SERVICE DISTRICTS.~~
 158 | ~~(a) The department shall plan and administer its programs~~
 159 | ~~of family services through service districts and subdistricts~~
 160 | ~~composed of the following counties:~~
 161 | 1. ~~District 1. Escambia, Santa Rosa, Okaloosa, and Walton~~
 162 | ~~Counties.~~
 163 | 2. ~~District 2, Subdistrict A. Holmes, Washington, Bay,~~
 164 | ~~Jackson, Calhoun, and Gulf Counties.~~
 165 | 3. ~~District 2, Subdistrict B. Gadsden, Liberty, Franklin,~~
 166 | ~~Leon, Wakulla, Jefferson, Madison, and Taylor Counties.~~
 167 | 4. ~~District 3. Hamilton, Suwannee, Lafayette, Dixie,~~
 168 | ~~Columbia, Gilchrist, Levy, Union, Bradford, Putnam, and Alachua~~

169 ~~Counties.~~
 170 ~~5. District 4. Baker, Nassau, Duval, Clay, and St. Johns~~
 171 ~~Counties.~~
 172 ~~6. District 5. Pasco and Pinellas Counties.~~
 173 ~~7. District 6. Hillsborough and Manatee Counties.~~
 174 ~~8. District 7, Subdistrict A. Seminole, Orange, and~~
 175 ~~Osceola Counties.~~
 176 ~~9. District 7, Subdistrict B. Brevard County.~~
 177 ~~10. District 8, Subdistrict A. Sarasota and DeSoto~~
 178 ~~Counties.~~
 179 ~~11. District 8, Subdistrict B. Charlotte, Lee, Glades,~~
 180 ~~Hendry, and Collier Counties.~~
 181 ~~12. District 9. Palm Beach County.~~
 182 ~~13. District 10. Broward County.~~
 183 ~~14. District 11, Subdistrict A. Miami Dade County.~~
 184 ~~15. District 11, Subdistrict B. Monroe County.~~
 185 ~~16. District 12. Flagler and Volusia Counties.~~
 186 ~~17. District 13. Marion, Citrus, Hernando, Sumter, and~~
 187 ~~Lake Counties.~~
 188 ~~18. District 14. Polk, Hardee, and Highlands Counties.~~
 189 ~~19. District 15. Indian River, Okeechobee, St. Lucie, and~~
 190 ~~Martin Counties.~~
 191 ~~(b) The secretary shall appoint a district administrator~~
 192 ~~for each of the service districts. The district administrator~~
 193 ~~shall serve at the pleasure of the secretary and shall perform~~
 194 ~~such duties as assigned by the secretary.~~
 195 ~~(c) Each fiscal year the secretary shall, in consultation~~
 196 ~~with the relevant employee representatives, develop projections~~

197 ~~of the number of child abuse and neglect cases and shall include~~
 198 ~~in the department's legislative budget request a specific~~
 199 ~~appropriation for funds and positions for the next fiscal year~~
 200 ~~in order to provide an adequate number of full-time equivalent:~~

201 ~~1. Child protection investigation workers so that~~
 202 ~~caseloads do not exceed the Child Welfare League Standards by~~
 203 ~~more than two cases; and~~

204 ~~2. Child protection case workers so that caseloads do not~~
 205 ~~exceed the Child Welfare League Standards by more than two~~
 206 ~~cases.~~

207 ~~(3)(6)~~ COMMUNITY ALLIANCES.—

208 (a) The department may ~~shall~~, in consultation with local
 209 communities, establish a community alliance of the stakeholders,
 210 community leaders, client representatives and funders of human
 211 services in each county to provide a focal point for community
 212 participation and governance of community-based services. An
 213 alliance may cover more than one county when such arrangement is
 214 determined to provide for more effective representation. The
 215 community alliance shall represent the diversity of the
 216 community.

217 (b) The duties of the community alliance ~~shall~~ include,
 218 but are ~~not necessarily be~~ limited to:

219 1. Joint planning for resource utilization in the
 220 community, including resources appropriated to the department
 221 and any funds that local funding sources choose to provide.

222 2. Needs assessment and establishment of community
 223 priorities for service delivery.

224 3. Determining community outcome goals to supplement

225 state-required outcomes.

226 4. Serving as a catalyst for community resource
227 development.

228 5. Providing for community education and advocacy on
229 issues related to delivery of services.

230 6. Promoting prevention and early intervention services.

231 (c) The department shall ensure, to the greatest extent
232 possible, that the formation of each community alliance builds
233 on the strengths of the existing community human services
234 infrastructure.

235 (d) The ~~initial~~ membership of the community alliance in a
236 county shall be composed of the following:

237 1. A representative from the department ~~The district~~
238 ~~administrator.~~

239 2. A representative from county government.

240 3. A representative from the school district.

241 4. A representative from the county United Way.

242 5. A representative from the county sheriff's office.

243 6. A representative from the circuit court corresponding
244 to the county.

245 7. A representative from the county children's board, if
246 one exists.

247 (e) At any time after the initial meeting of the community
248 alliance, the community alliance shall adopt bylaws and may
249 increase the membership of the alliance to include ~~the state~~
250 ~~attorney for the judicial circuit in which the community~~
251 ~~alliance is located, or his or her designee, the public defender~~
252 ~~for the judicial circuit in which the community alliance is~~

253 ~~located, or his or her designee,~~ and other individuals and
 254 organizations who represent funding organizations, are community
 255 leaders, have knowledge of community-based service issues, or
 256 otherwise represent perspectives that will enable them to
 257 accomplish the duties listed in paragraph (b), if, in the
 258 judgment of the alliance, such change is necessary to adequately
 259 represent the diversity of the population within the community
 260 alliance service circuits ~~districts~~.

261 (f) A member of the community alliance, other than a
 262 member specified in paragraph (d), may not receive payment for
 263 contractual services from the department or a community-based
 264 care lead agency.

265 (g) Members of the community alliances shall serve without
 266 compensation, but are entitled to receive reimbursement for per
 267 diem and travel expenses, as provided in s. 112.061. Payment may
 268 also be authorized for preapproved child care expenses or lost
 269 wages for members who are consumers of the department's services
 270 and for preapproved child care expenses for other members who
 271 demonstrate hardship.

272 (h) Members of a community alliance are subject to the
 273 provisions of part III of chapter 112, the Code of Ethics for
 274 Public Officers and Employees.

275 (i) Actions taken by a community alliance must be
 276 consistent with department policy and state and federal laws,
 277 rules, and regulations.

278 (j) Alliance members shall annually submit a disclosure
 279 statement of services interests to the department's inspector
 280 general. Any member who has an interest in a matter under

281 | consideration by the alliance must abstain from voting on that
 282 | matter.

283 | (k) All alliance meetings are open to the public pursuant
 284 | to s. 286.011 and the public records provision of s. 119.07(1).

285 | ~~(7) PROTOTYPE REGION.—~~

286 | ~~(a) Notwithstanding the provisions of this section, the~~
 287 | ~~department may consolidate the management and administrative~~
 288 | ~~structure or function of the geographic area that includes the~~
 289 | ~~counties in the sixth, twelfth, and thirteenth judicial circuits~~
 290 | ~~as defined in s. 26.021. The department shall evaluate the~~
 291 | ~~efficiency and effectiveness of the operation of the prototype~~
 292 | ~~region and upon a determination that there has been a~~
 293 | ~~demonstrated improvement in management and oversight of services~~
 294 | ~~or cost savings from more efficient administration of services,~~
 295 | ~~the secretary may consolidate management and administration of~~
 296 | ~~additional areas of the state. Any such additional consolidation~~
 297 | ~~shall comply with the provisions of subsection (5) unless~~
 298 | ~~legislative authorization to the contrary is provided.~~

299 | ~~(b) Within the prototype region, the budget transfer~~
 300 | ~~authority defined in paragraph (5) (b) shall apply to the~~
 301 | ~~consolidated geographic area.~~

302 | ~~(c) The department is authorized to contract for~~
 303 | ~~children's services with a lead agency in each county of the~~
 304 | ~~prototype area, except that the lead agency contract may cover~~
 305 | ~~more than one county when it is determined that such coverage~~
 306 | ~~will provide more effective or efficient services. The duties of~~
 307 | ~~the lead agency shall include, but not necessarily be limited~~
 308 | ~~to:~~

- 309 ~~1. Directing and coordinating the program and children's~~
- 310 ~~services within the scope of its contract.~~
- 311 ~~2. Providing or contracting for the provision of core~~
- 312 ~~services, including intake and eligibility, assessment, service~~
- 313 ~~planning, and case management.~~
- 314 ~~3. Creating a service provider network capable of~~
- 315 ~~delivering the services contained in client service plans, which~~
- 316 ~~shall include identifying the necessary services, the necessary~~
- 317 ~~volume of services, and possible utilization patterns and~~
- 318 ~~negotiating rates and expectations with providers.~~
- 319 ~~4. Managing and monitoring of provider contracts and~~
- 320 ~~subcontracts.~~
- 321 ~~5. Developing and implementing an effective bill payment~~
- 322 ~~mechanism to ensure all providers are paid in a timely fashion.~~
- 323 ~~6. Providing or arranging for administrative services~~
- 324 ~~necessary to support service delivery.~~
- 325 ~~7. Utilizing departmentally approved training and meeting~~
- 326 ~~departmentally defined credentials and standards.~~
- 327 ~~8. Providing for performance measurement in accordance~~
- 328 ~~with the department's quality assurance program and providing~~
- 329 ~~for quality improvement and performance measurement.~~
- 330 ~~9. Developing and maintaining effective interagency~~
- 331 ~~collaboration to optimize service delivery.~~
- 332 ~~10. Ensuring that all federal and state reporting~~
- 333 ~~requirements are met.~~
- 334 ~~11. Operating a consumer complaint and grievance process.~~
- 335 ~~12. Ensuring that services are coordinated and not~~
- 336 ~~duplicated with other major payors, such as the local schools~~

337 | ~~and Medicaid.~~

338 | ~~13. Any other duties or responsibilities defined in s.~~
 339 | ~~409.1671 related to community-based care.~~

340 | (4)~~(8)~~ CONSULTATION WITH COUNTIES ON MANDATED PROGRAMS.—It
 341 | is the intent of the Legislature that when county governments
 342 | are required by law to participate in the funding of programs,
 343 | the department shall consult with designated representatives of
 344 | county governments in developing policies and service delivery
 345 | plans for those programs.

346 | ~~(9) PROCUREMENT OF HEALTH SERVICES. Nothing contained in~~
 347 | ~~chapter 287 shall require competitive bids for health services~~
 348 | ~~involving examination, diagnosis, or treatment.~~

349 | Section 3. Subsection (5) of section 20.43, Florida
 350 | Statutes, is amended to read:

351 | 20.43 Department of Health.—There is created a Department
 352 | of Health.

353 | (5) The department shall plan and administer its public
 354 | health programs through its county health departments and may,
 355 | for administrative purposes and efficient service delivery,
 356 | establish up to 15 service areas to carry out such duties as may
 357 | be prescribed by the State Surgeon General. The boundaries of
 358 | the service areas shall ~~be the same as, or combinations of, the~~
 359 | ~~service districts of the Department of Children and Family~~
 360 | ~~Services established in s. 20.19 and, to the extent practicable,~~
 361 | shall take into consideration the boundaries of the jobs and
 362 | education regional boards.

363 | Section 4. Subsection (1) of section 420.622, Florida
 364 | Statutes, is amended to read:

365 420.622 State Office on Homelessness; Council on
 366 Homelessness.-

367 (1) The State Office on Homelessness is created within the
 368 Department of Children and Families ~~Family Services~~ to provide
 369 interagency, council, and other related coordination on issues
 370 relating to homelessness. ~~An executive director of the office~~
 371 ~~shall be appointed by the Governor.~~

372 Section 5. Subsection (6) of section 394.78, Florida
 373 Statutes, is renumbered as subsection (5), and present
 374 subsections (4) and (5) of that section are amended to read:

375 394.78 Operation and administration; personnel standards;
 376 procedures for audit and monitoring of service providers;
 377 resolution of disputes.-

378 (4) The department shall monitor service providers for
 379 compliance with contracts and applicable state and federal
 380 regulations. ~~A representative of the district health and human~~
 381 ~~services board shall be represented on the monitoring team.~~

382 ~~(5) In unresolved disputes regarding this part or rules~~
 383 ~~established pursuant to this part, providers and district health~~
 384 ~~and human services boards shall adhere to formal procedures~~
 385 ~~specified under s. 20.19(8)(n).~~

386 Section 6. During the 2013 Regular Session of the
 387 Legislature, the Legislature shall adopt legislation to conform
 388 the Florida Statutes to the provisions of this act.

389 Section 7. This act shall take effect July 1, 2012.

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1229 (2012)

Amendment No.1

COMMITTEE/SUBCOMMITTEE ACTION

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

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

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:
7 Section 1. Subsections (3) and (4) and paragraph (b) of
8 subsection (7) of section 20.04, Florida Statutes, are amended
9 to read:

10 20.04 Structure of executive branch.—The executive branch
11 of state government is structured as follows:

12 (3) For their internal structure, all departments, except
13 for the Department of Financial Services, the Department of
14 Children and Families ~~Family Services~~, the Department of
15 Corrections, the Department of Management Services, the
16 Department of Revenue, and the Department of Transportation,
17 must adhere to the following standard terms:

18 (a) The principal unit of the department is the
19 "division." Each division is headed by a "director."

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20 (b) The principal unit of the division is the "bureau."
21 Each bureau is headed by a "chief."

22 (c) The principal unit of the bureau is the "section."
23 Each section is headed by an "administrator."

24 (d) If further subdivision is necessary, sections may be
25 divided into "subsections," which are headed by "supervisors."

26 (4) Within the Department of Children and ~~Families~~ Family
27 ~~Services~~ there are organizational units called "circuits" and
28 "regions" ~~"program offices,"~~ ~~headed by program directors.~~ Each
29 circuit is aligned geographically with each judicial circuit and
30 each region comprises multiple circuits which are in
31 geographical proximity to each other.

32 (7)

33 (b) Within the limitations of this subsection, the head of
34 the department may recommend the establishment of additional
35 divisions, bureaus, sections, and subsections of the department
36 to promote efficient and effective operation of the department.
37 However, additional divisions, or offices in the Department of
38 Children and ~~Families~~ Family Services, the Department of
39 Corrections, and the Department of Transportation, may be
40 established only by specific statutory enactment. New bureaus,
41 sections, and subsections of departments may be initiated by a
42 department and established as recommended by the Department of
43 Management Services and approved by the Executive Office of the
44 Governor, or may be established by specific statutory enactment.

45 Section 2. Section 20.19, Florida Statutes, is amended to
46 read:

Amendment No.1

47 20.19 Department of Children and Families ~~Family~~
48 ~~Services~~.--There is created a Department of Children and Families
49 ~~Family Services~~.

50 (1) MISSION AND PURPOSE.--

51 (a) The mission of the Department of Children and Families
52 ~~Family Services~~ is to work in partnership with local communities
53 to ensure the safety, well-being, and self-sufficiency of the
54 people served.

55 (b) The department shall develop a strategic plan for
56 fulfilling its mission and establish a set of measurable goals,
57 objectives, performance standards, and quality assurance
58 requirements to ensure that the department is accountable to the
59 people of Florida.

60 (c) To the extent allowed by law and within specific
61 appropriations, the department shall deliver services by
62 contract through private providers.

63 ~~(1)-(2)~~ SECRETARY OF CHILDREN AND FAMILIES ~~FAMILY SERVICES~~;
64 DEPUTY SECRETARY.--

65 (a) The head of the department is the Secretary of
66 Children and Families ~~Family Services~~. The secretary is
67 appointed by the Governor, subject to confirmation by the
68 Senate. The secretary serves at the pleasure of the Governor.

69 (b) The secretary shall appoint a deputy secretary who
70 shall act in the absence of the secretary. The deputy secretary
71 is directly responsible to the secretary, performs such duties
72 as are assigned by the secretary, and serves at the pleasure of
73 the secretary.

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74 ~~(c)1. The secretary shall appoint an Assistant Secretary~~
75 ~~for Substance Abuse and Mental Health. The assistant secretary~~
76 ~~shall serve at the pleasure of the secretary and must have~~
77 ~~expertise in both areas of responsibility.~~

78 ~~2. The secretary shall appoint a Program Director for~~
79 ~~Substance Abuse and a Program Director for Mental Health who has~~
80 ~~have the requisite expertise and experience in his or her their~~
81 ~~respective fields to head the state's Substance Abuse and Mental~~
82 ~~Health Office programs.~~

83 ~~a. Each program director shall have line authority over~~
84 ~~all district substance abuse and mental health program~~
85 ~~management staff.~~

86 ~~b. The assistant secretary shall enter into a memorandum~~
87 ~~of understanding with each district or region administrator,~~
88 ~~which must be approved by the secretary or the secretary's~~
89 ~~designee, describing the working relationships within each~~
90 ~~geographic area.~~

91 ~~e. The mental health institutions shall report to the~~
92 ~~Program Director for Mental Health.~~

93 ~~d. Each program director shall have direct control over~~
94 ~~the program's budget and contracts for services. Support staff~~
95 ~~necessary to manage budget and contracting functions within the~~
96 ~~department shall be placed under the supervision of the program~~
97 ~~directors.~~

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99 ~~ensure that the mission of the department is fulfilled in~~
100 ~~accordance with state and federal laws, rules, and regulations.~~

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101 ~~(3) PROGRAM DIRECTORS. The secretary shall appoint program~~
102 ~~directors who serve at the pleasure of the secretary. The~~
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104 ~~for the management, policy, program, and fiscal functions of the~~
105 ~~department.~~

106 ~~(2)(4) SERVICES PROVIDED PROGRAM OFFICES AND SUPPORT~~
107 ~~OFFICES.-~~

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109 ~~authorized to establish program offices and support offices,~~
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112 ~~the secretary.~~

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- 114 1. Adult protection Services.
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- 117 ~~4.3.~~ Domestic violence.
- 118 ~~5.4.~~ Economic self-sufficiency Services.
- 119 ~~5.~~ Family Safety.
- 120 6. Homelessness.
- 121 ~~7.6.~~ Mental health.
- 122 ~~8.7.~~ Refugees ~~Refugee services.~~
- 123 ~~9.8.~~ Substance abuse.

124 ~~(b)(c) Program offices and support~~ Offices of the
125 department may be consolidated, restructured, or rearranged by
126 the secretary, in consultation with the Executive Office of the
127 Governor, provided any such consolidation, restructuring, or
128 rearranging is capable of meeting functions and activities and

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129 achieving outcomes as delineated in state and federal laws,
130 rules, and regulations. The secretary may appoint additional
131 managers and administrators as he or she determines are
132 necessary for the effective management of the department.

133 ~~(5) SERVICE DISTRICTS.~~

134 ~~(a) The department shall plan and administer its programs~~
135 ~~of family services through service districts and subdistricts~~
136 ~~composed of the following counties:~~

137 ~~1. District 1. Escambia, Santa Rosa, Okaloosa, and Walton~~
138 ~~Counties.~~

139 ~~2. District 2, Subdistrict A. Holmes, Washington, Bay,~~
140 ~~Jackson, Calhoun, and Gulf Counties.~~

141 ~~3. District 2, Subdistrict B. Gadsden, Liberty, Franklin,~~
142 ~~Leon, Wakulla, Jefferson, Madison, and Taylor Counties.~~

143 ~~4. District 3. Hamilton, Suwannee, Lafayette, Dixie,~~
144 ~~Columbia, Gilchrist, Levy, Union, Bradford, Putnam, and Alachua~~
145 ~~Counties.~~

146 ~~5. District 4. Baker, Nassau, Duval, Clay, and St. Johns~~
147 ~~Counties.~~

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151 ~~Osceola Counties.~~

152 ~~9. District 7, Subdistrict B. Brevard County.~~

153 ~~10. District 8, Subdistrict A. Sarasota and DeSoto~~
154 ~~Counties.~~

155 ~~11. District 8, Subdistrict B. Charlotte, Lee, Glades,~~
156 ~~Hendry, and Collier Counties.~~

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- 157 ~~12. District 9. Palm Beach County.~~
158 ~~13. District 10. Broward County.~~
159 ~~14. District 11, Subdistrict A. Miami Dade County.~~
160 ~~15. District 11, Subdistrict B. Monroe County.~~
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162 ~~17. District 13. Marion, Citrus, Hernando, Sumter, and~~
163 ~~Lake Counties.~~
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168 ~~for each of the service districts. The district administrator~~
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172 with the relevant employee representatives, develop projections
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175 appropriation for funds and positions for the next fiscal year
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178 caseloads do not exceed the Child Welfare League Standards by
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180 2. Child protection case workers so that caseloads do not
181 exceed the Child Welfare League Standards by more than two
182 cases.

183 ~~(3)(6)~~ COMMUNITY ALLIANCES.—

Amendment No.1

184 (a) The department may ~~shall~~, in consultation with local
185 communities, establish a community alliance of the stakeholders,
186 community leaders, client representatives and funders of human
187 services in each county to provide a focal point for community
188 participation and governance of community-based services. An
189 alliance may cover more than one county when such arrangement is
190 determined to provide for more effective representation. The
191 community alliance shall represent the diversity of the
192 community.

193 (b) The duties of the community alliance ~~shall~~ include,
194 but are not ~~necessarily~~ be limited to:

195 1. Joint planning for resource utilization in the
196 community, including resources appropriated to the department
197 and any funds that local funding sources choose to provide.

198 2. Needs assessment and establishment of community
199 priorities for service delivery.

200 3. Determining community outcome goals to supplement
201 state-required outcomes.

202 4. Serving as a catalyst for community resource
203 development.

204 5. Providing for community education and advocacy on
205 issues related to delivery of services.

206 6. Promoting prevention and early intervention services.

207 (c) The department shall ensure, to the greatest extent
208 possible, that the formation of each community alliance builds
209 on the strengths of the existing community human services
210 infrastructure.

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211 (d) The ~~initial~~ membership of the community alliance in a
212 county shall be composed of the following:

- 213 1. A representative from the department ~~The district~~
214 ~~administrator.~~
- 215 2. A representative from county government.
- 216 3. A representative from the school district.
- 217 4. A representative from the county United Way.
- 218 5. A representative from the county sheriff's office.
- 219 6. A representative from the circuit court corresponding
220 to the county.
- 221 7. A representative from the county children's board, if
222 one exists.

223 (e) At any time after the initial meeting of the community
224 alliance, the community alliance shall adopt bylaws and may
225 increase the membership of the alliance to include the state
226 attorney for the judicial circuit in which the community
227 alliance is located, or his or her designee, the public defender
228 for the judicial circuit in which the community alliance is
229 located, or his or her designee, and other individuals and
230 organizations who represent funding organizations, are community
231 leaders, have knowledge of community-based service issues, or
232 otherwise represent perspectives that will enable them to
233 accomplish the duties listed in paragraph (b), if, in the
234 judgment of the alliance, such change is necessary to adequately
235 represent the diversity of the population within the community
236 alliance service circuits ~~districts~~.

237 (f) A member of the community alliance, other than a
238 member specified in paragraph (d), may not receive payment for
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239 contractual services from the department or a community-based
240 care lead agency.

241 (g) Members of the community alliances shall serve without
242 compensation, but are entitled to receive reimbursement for per
243 diem and travel expenses, as provided in s. 112.061. Payment may
244 also be authorized for preapproved child care expenses or lost
245 wages for members who are consumers of the department's services
246 and for preapproved child care expenses for other members who
247 demonstrate hardship.

248 (h) Members of a community alliance are subject to the
249 provisions of part III of chapter 112, the Code of Ethics for
250 Public Officers and Employees.

251 (i) Actions taken by a community alliance must be
252 consistent with department policy and state and federal laws,
253 rules, and regulations.

254 (j) Alliance members shall annually submit a disclosure
255 statement of services interests to the department's inspector
256 general. Any member who has an interest in a matter under
257 consideration by the alliance must abstain from voting on that
258 matter.

259 (k) All alliance meetings are open to the public pursuant
260 to s. 286.011 and the public records provision of s. 119.07(1).

261 ~~(7) PROTOTYPE REGION.~~

262 ~~(a) Notwithstanding the provisions of this section, the~~
263 ~~department may consolidate the management and administrative~~
264 ~~structure or function of the geographic area that includes the~~
265 ~~counties in the sixth, twelfth, and thirteenth judicial circuits~~
266 ~~as defined in s. 26.021. The department shall evaluate the~~

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267 ~~efficiency and effectiveness of the operation of the prototype~~
268 ~~region and upon a determination that there has been a~~
269 ~~demonstrated improvement in management and oversight of services~~
270 ~~or cost savings from more efficient administration of services,~~
271 ~~the secretary may consolidate management and administration of~~
272 ~~additional areas of the state. Any such additional consolidation~~
273 ~~shall comply with the provisions of subsection (5) unless~~
274 ~~legislative authorization to the contrary is provided.~~

275 ~~(b) Within the prototype region, the budget transfer~~
276 ~~authority defined in paragraph (5) (b) shall apply to the~~
277 ~~consolidated geographic area.~~

278 ~~(c) The department is authorized to contract for~~
279 ~~children's services with a lead agency in each county of the~~
280 ~~prototype area, except that the lead agency contract may cover~~
281 ~~more than one county when it is determined that such coverage~~
282 ~~will provide more effective or efficient services. The duties of~~
283 ~~the lead agency shall include, but not necessarily be limited~~
284 ~~to:~~

285 ~~1. Directing and coordinating the program and children's~~
286 ~~services within the scope of its contract.~~

287 ~~2. Providing or contracting for the provision of core~~
288 ~~services, including intake and eligibility, assessment, service~~
289 ~~planning, and case management.~~

290 ~~3. Creating a service provider network capable of~~
291 ~~delivering the services contained in client service plans, which~~
292 ~~shall include identifying the necessary services, the necessary~~
293 ~~volume of services, and possible utilization patterns and~~
294 ~~negotiating rates and expectations with providers.~~

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1229 (2012)

Amendment No.1

- 295 4. ~~Managing and monitoring of provider contracts and~~
296 ~~subcontracts.~~
- 297 5. ~~Developing and implementing an effective bill payment~~
298 ~~mechanism to ensure all providers are paid in a timely fashion.~~
- 299 6. ~~Providing or arranging for administrative services~~
300 ~~necessary to support service delivery.~~
- 301 7. ~~Utilizing departmentally approved training and meeting~~
302 ~~departmentally defined credentials and standards.~~
- 303 8. ~~Providing for performance measurement in accordance~~
304 ~~with the department's quality assurance program and providing~~
305 ~~for quality improvement and performance measurement.~~
- 306 9. ~~Developing and maintaining effective interagency~~
307 ~~collaboration to optimize service delivery.~~
- 308 10. ~~Ensuring that all federal and state reporting~~
309 ~~requirements are met.~~
- 310 11. ~~Operating a consumer complaint and grievance process.~~
- 311 12. ~~Ensuring that services are coordinated and not~~
312 ~~duplicated with other major payors, such as the local schools~~
313 ~~and Medicaid.~~
- 314 13. ~~Any other duties or responsibilities defined in s.~~
315 ~~409.1671 related to community based care.~~

316 (4)(8) CONSULTATION WITH COUNTIES ON MANDATED PROGRAMS.—It
317 is the intent of the Legislature that when county governments
318 are required by law to participate in the funding of programs,
319 the department shall consult with designated representatives of
320 county governments in developing policies and service delivery
321 plans for those programs.

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322 ~~(9) PROCUREMENT OF HEALTH SERVICES. Nothing contained in~~
323 ~~chapter 287 shall require competitive bids for health services~~
324 ~~involving examination, diagnosis, or treatment.~~

325 Section 3. Subsection (5) of section 20.43, Florida
326 Statutes, is amended to read:

327 20.43 Department of Health.—There is created a Department
328 of Health.

329 (5) The department shall plan and administer its public
330 health programs through its county health departments and may,
331 for administrative purposes and efficient service delivery,
332 establish up to 15 service areas to carry out such duties as may
333 be prescribed by the State Surgeon General. The boundaries of
334 the service areas shall be the same as, or combinations of, the
335 ~~service districts of the Department of Children and Family~~
336 ~~Services established in s. 20.19 and, to the extent practicable,~~
337 ~~shall~~ take into consideration the boundaries of the jobs and
338 education regional boards.

339 Section 4. Subsection (1) of section 420.622, Florida
340 Statutes, is amended to read:

341 420.622 State Office on Homelessness; Council on
342 Homelessness.—

343 (1) The State Office on Homelessness is created within the
344 Department of Children and Families ~~Family Services~~ to provide
345 interagency, council, and other related coordination on issues
346 relating to homelessness. ~~An executive director of the office~~
347 ~~shall be appointed by the Governor.~~

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348 Section 5. Subsection (6) of section 394.78, Florida
349 Statutes, is renumbered as subsection (5), and present
350 subsections (4) and (5) of that section are amended to read:

351 394.78 Operation and administration; personnel standards;
352 procedures for audit and monitoring of service providers;
353 resolution of disputes.—

354 (4) The department shall monitor service providers for
355 compliance with contracts and applicable state and federal
356 regulations. ~~A representative of the district health and human
357 services board shall be represented on the monitoring team.~~

358 ~~(5) In unresolved disputes regarding this part or rules
359 established pursuant to this part, providers and district health
360 and human services boards shall adhere to formal procedures
361 specified under s. 20.19(8)(n).~~

362 Section 6. During the 2013 Regular Session of the
363 Legislature, the Legislature shall adopt legislation to conform
364 the Florida Statutes to the provisions of this act.

365 Section 7. This act shall take effect July 1, 2012
366
367

368 -----

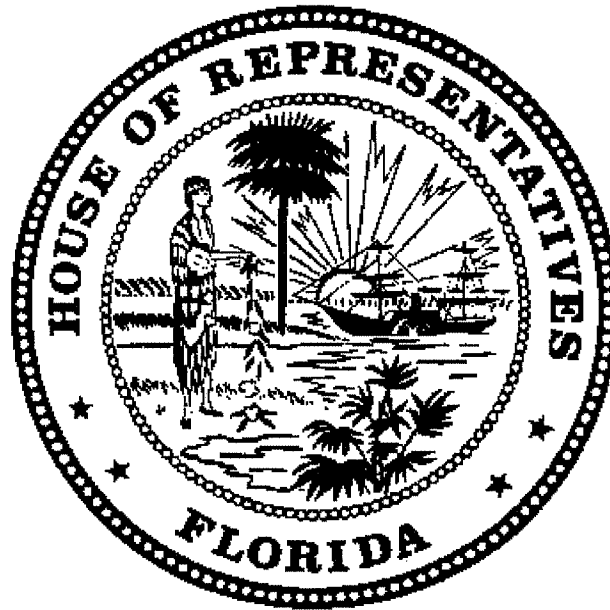
369 **T I T L E A M E N D M E N T**

370 Remove lines 14-15 and insert:

371 services; amending s. 20.19, F.S.; deleting provisions relating
372 to the appointment of a Assistant Secretary for Substance Abuse
373 and Mental Health; deleting provisions relating to the
374 appointment of a Program Director for Substance Abuse and Mental
375 Health;

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Health & Human Services Access Subcommittee

ADDENDUM A Meeting Packet

**Monday, January 30, 2012
2:00 – 4:00 PM
Webster Hall (212 Knott)**

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 291 (2012)

Amendment No. a1

COMMITTEE/SUBCOMMITTEE ACTION

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

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

5 **Amendment to Amendment (597333) by Representative Renuart**
6 **(with title amendment)**

7 Remove lines 40-68 of the amendment and insert:

8 (2) ADOPTION OF BYLAWS

9 (e) The organization shall adopt bylaws that create a
10 sports medicine advisory committee that consists of three
11 members, each of whom are licensed under chapter 458 and
12 recommended by the Florida Medical Association, Inc.; three
13 members, each of whom are licensed under chapter 459 and
14 recommended by the Florida Osteopathic Medical Association,
15 Inc.; three members, each of whom are licensed under chapter 460
16 and recommended by the Florida Chiropractic Association, Inc.;
17 two members, each of whom are licensed under part XIII of
18 chapter 468; one member who is a head coach or former head coach
19 of a high school athletic team in this state and recommended by

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20 the Florida Athletic Coaches Association, Inc.; and one member
21 who is a principal or former principal of a high school in this
22 state and recommended by the Florida School Boards Association,
23 Inc.

24 (f) The organization shall adopt bylaws or policies that
25 require the parent of a student who is participating in
26 interscholastic athletic competition or who is a candidate for
27 an interscholastic athletic team to sign and return an informed
28 consent form that explains the nature and risk of concussion and
29 head injury, including the risk of continuing to play after
30 sustaining a concussion or head injury, each year before
31 participating in interscholastic athletic competition or
32 engaging in any practice, tryout, workout, or other physical
33 activity associated with the student's candidacy for an
34 interscholastic athletic team.

35 (g) The organization shall adopt bylaws or policies that
36 require each student athlete who is suspected of sustaining a
37 concussion or head injury in a practice or competition to be
38 immediately removed from the activity. A student athlete who has
39 been removed from an activity may not return to practice or
40 competition until the student receives written medical clearance
41 to return stating that the student athlete no longer exhibits
42 signs, symptoms, or behaviors consistent with a concussion or
43 other head injury. Medical clearance must be authorized by a
44 physician licensed under chapter 458, chapter 459, or chapter
45 460, or by the appropriate health care professional trained in
46 the diagnosis, evaluation, and management of concussions as

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defined by the Sports Medicine Advisory Committee of the Florida High School Athletic Association.

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

Remove lines 74-84 of the amendment and insert:
943.0438, F.S.; requiring an independent sanctioning authority for a youth athletic team to adopt guidelines to inform youth athletes and their parents of the nature and risk of certain head injuries; requiring that a signed consent form be obtained before the youth participates in athletic practices or competitions; requiring that a youth athlete be immediately removed from an athletic activity following a suspected head injury; requiring medical clearance before the youth resumes athletic activities; requiring that a physician or a health care professional trained in the diagnosis, evaluation, and management of concussions authorize the medical clearance; amending s. 1006.20, F.S.; requiring the Florida High School Athletic Association or an organization that governs athletics to adopt bylaws that create a sports medicine advisory committee; providing membership of the committee; requiring the association or the organization to adopt bylaws or policies to inform student athletes and their parents of the nature and risk of certain head injuries; requiring

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 291 (2012)

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75 that a signed consent form be obtained before a student
76 athlete participates in athletic practices or competitions;
77 requiring that a student athlete be immediately removed
78 from an athletic activity following a suspected head
79 injury; requiring medical clearance before the student
80 resumes athletic activities; requiring that a physician or
81 a health care professional trained in the diagnosis,
82 evaluation, and management of concussions authorize the
83 medical clearance; providing an effective date.

84

85