



Health Quality Subcommittee

Wednesday, March 5, 2014
9:00 AM - 11:00 AM
306 HOB

Will Weatherford
Speaker

Kenneth L. "Ken" Roberson
Chair

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Quality Subcommittee

Start Date and Time: Wednesday, March 05, 2014 09:00 am

End Date and Time: Wednesday, March 05, 2014 11:00 am

Location: 306 HOB

Duration: 2.00 hrs

Consideration of the following bill(s):

HB 437 Diabetes Advisory Council by Trujillo

HB 709 Alzheimer's Disease by Hudson

HB 711 Public Meetings and Public Records/Alzheimer's Disease Research Grant Advisory Board by Hudson

HB 819 Department of Health by Pigman

Pursuant to rule 7.12, the deadline for amendments to bills on the agenda by non-appointed members is 6:00 p.m., Tuesday, March 04, 2014.

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., Tuesday, March 04, 2014.

NOTICE FINALIZED on 03/03/2014 15:02 by Iseminger.Bobbye

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 437 Diabetes Advisory Council
SPONSOR(S): Trujillo
TIED BILLS: IDEN./SIM. **BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee		Dunn (1)	O'Callaghan <i>MO</i>
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

The bill amends s. 385.203, F.S., to require the Diabetes Advisory Council (Council), in conjunction with the Department of Health, the Agency for Health Care Administration, and the Department of Management Services, to submit by January 10 of each odd-numbered year a report on diabetes in Florida to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The report must provide:

- The public health consequences and financial impact on the state from all types of diabetes and resulting health complications;
- A description and an assessment of the effectiveness of state agency diabetes programs and activities;
- A description of the coordination among state agencies of programs, activities, and communications designed to manage, treat, and prevent all types of diabetes;
- A detailed action plan for reducing and controlling the number of new cases of diabetes and proposed steps to reduce the impact of all types of diabetes; and
- A detailed budget request that identifies the needs, costs, and resources required to implement the action plan, including a list of actionable items for consideration by the Governor and Legislature.

The bill appears to have no fiscal impact on state government or local governments.

The bill provides an effective date of July 1, 2014.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Diabetes is a group of diseases characterized by high blood glucose (blood sugar), due to the body's inability to produce insulin or inability to effectively use insulin.¹ Uncontrolled glucose build up can lead to death or serious health complications, such as vision loss, kidney failure, and amputations of legs or feet.² Diabetes is a major cause of heart disease and stroke, with death rates two to four times higher for adults with diabetes than those without.³

The three common types of diabetes are:⁴

- **Type 1:** accounts for about five percent of all diagnosed cases. Type 1 is typically diagnosed in children and young adults. Currently, there are no known ways to prevent type 1 diabetes.
- **Type 2:** accounts for about 95 percent of all diagnosed cases. Diagnosis among adults aged 65 years or older is seven times higher than those aged 20–44 years. Research shows that healthy eating, regular physical activity, and medication if prescribed can control, prevent, or delay type 2 diabetes.
- **Gestational diabetes:** develops and is diagnosed as a result of pregnancy in two to ten percent of pregnant women. Gestational diabetes increases the risk of developing type 2 diabetes in both the mother and the child.

Risk factors for diabetes include:⁵

- Being over the age of 45;
- Being overweight;
- Having a parent or sibling with diabetes;
- Having a minority family background;
- Developing diabetes while pregnant; and
- Being physically active less than three times per week.

Persons with any of the above risk factors are at risk of developing pre-diabetes. Pre-diabetes is a condition where blood sugar levels are higher than normal, but not high enough for a diagnosis of diabetes.⁶ Persons with pre-diabetes are five to fifteen times more likely to develop type 2 diabetes, heart disease, and stroke.⁷ The Centers for Disease Control and Prevention (CDC) estimates that 33 percent of U.S. adults have pre-diabetes.⁸

¹ Centers for Disease Control and Prevention, *Diabetes Report Card 2012*, 2012, at 1, available at <http://www.cdc.gov/diabetes/pubs/reportcard.htm> (last visited Feb. 25, 2014).

² *Id.*

³ *Id.*

⁴ *Id.*

⁵ Fla. Dep't of Health, *Diabetes*, <http://www.floridahealth.gov/diseases-and-conditions/diabetes/> (last visited Feb. 25, 2014).

⁶ *Id.*

⁷ *Id.*

⁸ Centers for Disease Control and Prevention, *Diabetes Report Card 2012*, *supra* note 1, at 4.

Nationally, the CDC estimates that 25.8 million people have diabetes.⁹ Of those estimated to have diabetes, only 18.8 million have been diagnosed.¹⁰ Men are slightly more likely to have diabetes than women.¹¹ Minorities are at a greater risk of having diabetes than non-Hispanic white adults, with a 66 percent higher risk for Hispanics and a 77 percent higher risk for non-Hispanic blacks.¹² Based on current trends, the CDC has projected that one in three U.S. adults could have diabetes by 2050.¹³

Economic Impact of Diabetes

The American Diabetes Association estimates that the total cost of diagnosed diabetes rose 41 percent from 2007 to 2012 to \$245 billion, which includes \$176 billion in direct medical costs and \$69 billion in reduced productivity.¹⁴ Direct medical costs consist of hospital inpatient care, prescription medications, anti-diabetic supplies, physician visits, and nursing stays.¹⁵ The largest factors attributing to reduced productivity costs are the absenteeism, inability to work due to disease related disability, and lost productive capacity due to early mortality.¹⁶ The average diabetic patient spends about \$7,900 per year on diabetes costs, making diabetes patient's average medical expenditures 2.3 times higher than non-diabetic persons.¹⁷

Diabetes in Florida

Diabetes is the sixth leading cause of death in Florida.¹⁸ In 2010, Florida's diabetes rate of 10.4 percent ranked 43rd among the states.¹⁹

Florida's population contains significant concentrations of groups at risk of developing diabetes. In 2010, 37.8 percent of Floridians were overweight.²⁰ In addition, Florida has over 8.3 million residents over the age of 45, and Florida has over 3.2 million residents over the age of 65, one of the populations most vulnerable to diabetes.²¹ Florida's number of residents over the age of 65 is expected to rise to 24.4 percent by 2040 from 17.3 percent in 2011.²² Moreover, Florida's population is comprised of 39.8 percent of Hispanics and African Americans, two groups that have a higher risk of developing diabetes.²³

⁹ Centers for Disease Control and Prevention, *2011 National Diabetes Fact Sheet*, available at <http://www.cdc.gov/Diabetes/pubs/estimates11.htm> (last visited Feb. 25 2014).

¹⁰ *Id.*

¹¹ *Id.* (stating that 13 million men have diabetes compared to 12.6 million women).

¹² *Id.*

¹³ Centers for Disease Control and Prevention, *Diabetes Report Card 2012*, *supra* note 1, at 2.

¹⁴ American Diabetes Association, *Economic Costs of Diabetes in the U.S. in 2012*, 36 *DIABETES CARE* 1033, 1033 (2013), available at <http://care.diabetesjournals.org/content/36/4/1033.full.pdf+html> (last visited Feb. 25, 2014).

¹⁵ *Id.* (noting that the hospital care accounts for 43 percent and medications account for 18 percent).

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ Fla. Dep't of Health, *Florida Mortality Atlas: 2011 Mortality Atlas*, <http://www.floridacharts.com/charts/MortAtlas.aspx> (last visited Feb. 26, 2014).

¹⁹ Fla. Dep't of Health, *Florida State Health Improvement Plan 2012 – 2015*, April 2012, at B14, available at <http://www.floridahealth.gov/public-health-in-your-life/about-the-department/documents/state-health-improvement-plan.pdf> (last visited Feb. 25, 2014) (compared to 8.7 percent national rate).

²⁰ *Id.*

²¹ Florida Demographic Estimating Conference, February 2013 and the University of Florida, Bureau of Economic and Business Research, *Florida Population Studies, Bulletin 166*, June 2013, available at <http://edr.state.fl.us/Content/population-demographics/data/> (follow "Florida Census Day Population: 1970-2040" hyperlink) (last visited Feb. 26, 2014).

²² *Id.*

²³ U.S. Census Bureau, *State and County Quick Facts: Florida*, available at <http://quickfacts.census.gov/qfd/states/12000.html> (last modified Jan. 6, 2014) (citing population percentages of 23.2 Hispanic and 16.6 African American).

Diabetes Advisory Council

The Diabetes Advisory Council (Council) is an advisory unit to the Department of Health, government agencies, professional organizations, and the general public. The Council's purpose is to guide a statewide comprehensive approach to diabetes prevention, diagnosis, education, care, treatment, impact, and costs. The 26 members of the Council are appointed by the Governor and are comprised of health care professionals and members of the public, three of whom must be affected by diabetes. The Council meets once per year with the State Surgeon General to make specific recommendations regarding the public health aspects of the prevention and control of diabetes.²⁴

Effect of Proposed Changes

The bill amends s. 385.203, F.S., to require the Diabetes Advisory Council (Council), in conjunction with the Department of Health, the Agency for Health Care Administration, and the Department of Management Services, to submit by January 10 of each odd-numbered year a report on diabetes in Florida to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The report must provide:

- The public health consequences and financial impact on the state from all types of diabetes and the resulting health complications;
- The number of persons with diabetes covered by Medicaid²⁵ or the Division of State Group Insurance²⁶ and impacted by state agency diabetes programs and activities;
- A description and an assessment of the effectiveness of state agency diabetes programs and activities;
- The amount and source of funding for state agency diabetes programs and activities;
- The cost savings realized by state agency diabetes programs and activities;
- A description of the coordination among state agencies of programs, activities, and communications designed to manage, treat, and prevent all types of diabetes;
- The development of and revisions to a detailed action plan for reducing and controlling the number of new cases of diabetes and proposed steps to reduce the impact of all types of diabetes, including expected outcomes and benchmarks if the plan is implemented; and
- A detailed budget request that identifies the needs, costs, and resources required to implement the action plan, including a list of actionable items for consideration by the Governor and Legislature.

The bill provides an effective date of July 1, 2014.

B. SECTION DIRECTORY:

Section 1. Amends s. 385.203, F.S., relating to Diabetes Advisory Council; creation; function; membership.

Section 2. Provides an effective date of July 1, 2014.

²⁴ Section 385.203, F.S.

²⁵ Medicaid is a joint federal and state funded program that pays for health care for low income Floridians and is administered by the Agency for Health Care Administration, pursuant to ch. 409, F.S. Over 3.3 million Floridians are currently enrolled in Medicaid and approximately \$21 billion was spent on Florida Medicaid in FY 2012-2013. Agency for Health Care Administration, "Florida Medicaid," available at: <http://ahca.myflorida.com/Medicaid/index.shtm> (last visited on March 2, 2014).

²⁶ The Florida Department of Management Services administers the State Group Insurance Program created under s. 110.123, F.S. The program offers four types of health plans from which an eligible employee may choose. In FY 2012-2013, the program covered 169,804 employees at a cost of \$1.8 billion. Florida Department of Management Services, Division of State Group Insurance, "State Employees' Group Health Self-Insurance Trust Fund, Report on the Financial Outlook," December 13, 2013, available at:

<http://edr.state.fl.us/Content/conferences/healthinsurance/HealthInsuranceOutlook.pdf> (last visited on March 2, 2014).

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The Department of Health has reported that, although the department's workload will be increased due to the amount of information required by the bill to be provided to the Council, it will not need to make expenditures to implement the provisions of the bill.²⁷

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:

No additional rule-making authority is necessary to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

²⁷ Florida Department of Health, 2014 Agency Legislative Bill Analysis, HB 437, January 6, 2014, on file with committee staff.

27 Governor, the President of the Senate, and the Speaker of the
 28 House of Representatives a report containing the following
 29 information:

30 1. The public health consequences and financial impact on
 31 the state from all types of diabetes and resulting health
 32 complications, including the number of persons with diabetes
 33 covered by Medicaid, the number of persons with diabetes who are
 34 insured by the Division of State Group Insurance, and the number
 35 of persons with diabetes who are impacted by state agency
 36 diabetes programs and activities.

37 2. A description and an assessment of the effectiveness of
 38 the diabetes programs and activities implemented by each state
 39 agency, the amount and source of funding for such programs and
 40 activities, and the cost savings realized as a result of the
 41 implementation of such programs and activities.

42 3. A description of the coordination among state agencies
 43 of programs, activities, and communications designed to manage,
 44 treat, and prevent all types of diabetes.

45 4. The development of and revisions to a detailed action
 46 plan for reducing and controlling the number of new cases of
 47 diabetes and identification of proposed action steps to reduce
 48 the impact of all types of diabetes, identification of expected
 49 outcomes if the plan is implemented, and establishment of
 50 benchmarks for preventing and controlling diabetes.

51 5. A detailed budget request that identifies the needs,
 52 costs, and resources required to implement the action plan,

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53 | including a list of actionable items for consideration by the
54 | Governor and Legislature.

55 | Section 2. This act shall take effect July 1, 2014.



Amendment No.

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 Quality
 2 Subcommittee
 3 Representative Trujillo offered the following:

4
 5 **Amendment**
 6 Remove lines 51-54
 7

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 709 Alzheimer's Disease
SPONSOR(S): Hudson and others
TIED BILLS: HB 711 **IDEN./SIM. BILLS:** SB 872

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee		Guzzo GG	O'Callaghan MO
2) Appropriations Committee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

In 2012, the Legislature created the Purple Ribbon Task Force (task force) within the Department of Elder Affairs (DOEA) to develop a comprehensive state plan to address the needs of individuals with Alzheimer's disease and their caregivers. The task force submitted its final report and recommendations for an Alzheimer's disease state strategy to the Governor and the Legislature on August 1, 2013.

House Bill 709 implements several of the recommendations identified by the task force.

Special needs shelters (SNSs) provide shelter and services to persons with special needs, including individuals with Alzheimer's disease, who have no other option for sheltering in an emergency situation. Each local emergency management agency in the state is required to maintain a registry of persons with special needs. Currently, local emergency management agencies are required to register individuals with special needs with SNSs, but they are not required to provide SNS registration online.

The bill requires the Division of Emergency Management (DEM) to develop and maintain a SNS registration program, which must include a uniform registration form and a database for uploading and storing registration forms. The bill also requires SNSs to have a staff member who is familiar with the needs of persons with Alzheimer's disease and to establish a designated area in the shelter for individuals with Alzheimer's disease to enable them to maintain their normal habits and routines.

The bill creates the Ed and Ethel Moore Alzheimer's Disease Research Program within the Department of Health to fund research leading to prevention of, or a cure for, Alzheimer's disease. The bill creates the Alzheimer's Disease Research Grant Advisory Board to consist of 13 members, including a required number of licensed professionals in specific fields generally associated with the provision of care for the elderly and individuals with Alzheimer's disease. The board is tasked with recommending to the State Surgeon General which research proposals should be funded.

DOEA is responsible for oversight and management of Memory Disorder Clinics (MDCs) in Florida. MDCs provide comprehensive assessments, diagnostic services, and treatment to individuals who exhibit symptoms of Alzheimer's disease. There are 15 MDCs in Florida, 13 of which are funded by the state. Currently, these MDCs receive equal funding and are not required to meet any performance measures.

The bill requires DOEA to develop a performance-based funding mechanism to allocate funds based on minimum performance standards, and reward those MDCs who exceed the minimum performance standards with funding above the base level.

The bill has a significant negative fiscal impact on DEM relating to the creation of the SNS registration database.

The bill provides an effective date of July 1, 2014.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h0709.HQS.DOCX

DATE: 3/3/2014

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Alzheimer's Disease Statistics

United States

There are an estimated 5.4 million people in the United States with Alzheimer's disease, including 5.2 million people aged 65 and older and 200,000 individuals under age 65 who have younger-onset Alzheimer's disease.¹

By 2030, the segment of the United States population aged 65 years and older is expected to double, and the estimated 71 million older Americans will make up approximately 20 percent of the total population.² By 2050, the number of people aged 65 and older with Alzheimer's disease is expected to triple to a projected 16 million people.³

Between 2000 and 2008, deaths attributed to Alzheimer's disease increased 66 percent nationally, while deaths attributed to heart disease, the number one cause of death, decreased by 13 percent. Alzheimer's disease is the sixth leading cause of death in the United States and the fifth leading cause of death age 65 and older.⁴

Florida

In 2000, there were an estimated 360,000 Floridians with Alzheimer's disease. The estimated number in 2010 was 450,000, and the estimated number for 2025 is 590,000.⁵

Alzheimer's Disease Research⁶

There are several not-for-profit institutions and associations in Florida who have invested capital to support "Alzheimer's disease and related forms of dementia" (ADRD) research. Research investments at the state and federal levels in institutions such as Scripps, Torrey Pines, and Burnham have added to our general research capabilities, but very few scientists at these institutions focus on ADRD. The 13 state funded MDCs provide valuable ADRD research, and the majority of academic institutions in Florida have active ADRD research programs.

The National Institute on Aging, within the National Institute of Health (NIH), funds Alzheimer's Disease Research Centers (ADRCs) at major medical institutions across the United States.⁷ NIH ADRCs serve a similar role to nationally designated cancer centers. They create infrastructure that supports clinical care for patients with ADRD.

¹ Alzheimer's Association, 2013 Alzheimer's Disease Fact and Figures, available at http://www.alz.org/alzheimers_disease_facts_and_figures.asp (last visited February 26, 2014).

² *Id.*

³ *Id.*

⁴ *Id.*

⁵ *Id.*

⁶ Department of Elder Affairs, Purple Ribbon Task Force, *2013 Final Report and Recommendation*, available at http://elderaffairs.state.fl.us/doea/purple_ribbon.php (last visited February 26, 2014).

⁷ National Institute on Aging, Alzheimer's Disease Research Centers, see <http://www.nia.nih.gov/alzheimers/alzheimers-disease-research-centers> (last visited February 28, 2014).

In order to be eligible for funding and recognition as an ADRC, institutions are required to have an established ongoing base of high-quality Alzheimer's disease research or research in other neurodegenerative diseases, or in aging of the nervous system.⁸

Currently, there are no active NIH ADRCs in Florida. Other states have multiple ADRCs, including California, which has six active NIH ADRCs and a similar population of individuals with ADRC compared to Florida. NIH ADRCs receive \$1.5 million annually for five years.

Alzheimer's Disease – State Plans

In 2009, the Alzheimer's Study Group (ASG), an eleven member blue ribbon panel, released a report outlining recommendations to deal with Alzheimer's disease-related issues and policy. In response to the ASG report, Congress passed the National Alzheimer's Project Act (NAPA). NAPA requires the federal Department of Health and Human Services to create a national strategic plan to coordinate Alzheimer's disease efforts across the federal government.⁹ Currently, 35 states have developed state plans to deal with the Alzheimer's disease epidemic.

Purple Ribbon Task Force

In 2012, the Legislature adopted HB 473, which created the Purple Ribbon Task Force (task force) within the Department of Elder Affairs (DOEA) to develop a comprehensive state plan to address the needs of individuals with Alzheimer's disease and their caregivers.

The task force conducted an inventory of resources available to assist and support individuals with ADRC, and their caregivers and families. DOEA conducted five surveys developed in collaboration with the task force. The surveys addressed the experiences of five groups of stakeholders, including:

- Persons with ADRC;
- Family caregivers of persons with ADRC;
- Concerned family members and friends of persons with ADRC;
- Health care providers and paid caregivers of persons with ADRC; and
- Policy, legal, education, and other professionals.

A total of 840 people responded to the surveys. The inventory of resources and the surveys together highlighted needs of persons with ADRC and their caregivers, the impact of ADRC, and the existing services and resources, and also provided an identification of gaps and limitations.¹⁰

The task force submitted its final report and recommendations for an Alzheimer's disease state strategy to the Governor and the Legislature on August 1, 2013.

Alzheimer's Disease Initiative

The Alzheimer's Disease Initiative (ADI) was created in law to provide a continuum of services to meet the changing needs of individuals with Alzheimer's disease and their families.¹¹ DOEA coordinates and develops policy to carry out the statutory requirements for the ADI. In conjunction with a ten-member advisory committee appointed by the Governor, the program includes the following four components:¹²

⁸ National Institute of Health Funding Opportunities, *NIH Guide for Grants and Contract, Alzheimer's Disease Research Centers, Eligibility Information*, available at <http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-13-019.html> (last visited March 3, 2014).

⁹ Alzheimer's Association, *Issue Kit: State Government Alzheimer's Disease Plans*

¹⁰ Department of Elder Affairs, *Purple Ribbon Task Force, 2013 Final Report and Recommendation*, available at http://elderaffairs.state.fl.us/doea/purple_ribbon.php (last visited February 26, 2014).

¹¹ Chapter 95-418, L.O.F., see also ss. 430.501-430.504, F.S.

¹² Florida Department of Elder Affairs, see <http://elderaffairs.state.fl.us/english/alz.php> (last visited February 26, 2014).

- Respite and supportive services;
- Model day care programs to test new care alternatives;
- A research database and brain bank to support research; and
- Memory disorder clinics to provide diagnosis, research, treatment, and referral.

Section 430.501, F.S., authorizes DOEA to adopt rules necessary to carry out the duties of the advisory committee. Each Area Agency on Aging (AAA), under contract with DOEA, is responsible for the planning and administration of respite and model day care services funded under the ADI and must contract with local service providers for the provision of these services.¹³

The ADI is funded by General Revenue and Tobacco Settlement funds. DOEA allocates General Revenue funding appropriated by the Legislature to each of the 11 AAAs, which in turn fund providers of model day care and respite care programs in designated counties. Provider agencies are responsible for the collection of fees for ADI services. To help pay for services received pursuant to the ADI, a functionally impaired elderly person is assessed a fee based on an overall ability to pay in accordance with Rule 58C-1.007, F.A.C.

Respite Services

Alzheimer's Respite Care programs are established in all of Florida's 67 counties. ADI respite includes in-home, facility-based, emergency and extended care (up to 30 days) respite for caregivers who serve individuals with memory disorders. Funds are contracted according to an allocation formula, which is based on the number and proportion of the county population of individuals who are 75 years of age and older.¹⁴ The AAAs contract with more than 60 providers for the provision of respite care, caregiver training and support, education, counseling, specialized medical equipment, services and supplies, and case management.¹⁵ Services are authorized by a case manager based on a comprehensive assessment.

Model Day Care

Specialized model day care programs provide services to persons suffering from ADRD and training for health care and social service personnel caring for persons having ADRD. Currently, model day care services are funded in three planning and service areas (PSAs 3 - Gainesville, 6 - Tampa, and 11 - Miami-Dade). Examples of activities implemented at model day care centers may include:¹⁶

- Exercise programs;
- Active and passive range of motion exercises;
- Daily walks;
- Music Therapy; and
- Therapeutic Art.

Brain Bank

The Florida Alzheimer's disease Brain Bank is a service and research oriented network of statewide regional sites. The intent of the Brain Bank program is to collect and study the brains of deceased patients who had been clinically diagnosed with dementia. Mt. Sinai Medical Center contracts annually with the state of Florida to operate the primary Brain Bank. Coordinators at regional brain bank sites in Orlando, Tampa and Pensacola help recruit participants and act as liaisons between the Brain Bank and participants' families.

¹³ Rule 58D-1.005, F.A.C.

¹⁴ Section 430.502(5), F.S.

¹⁵ *Supra* note 10.

¹⁶ *Id.*

Memory Disorder Clinics

Memory Disorder Clinics (MDCs) provide diagnostic and referral services, conduct basic and service-related multidisciplinary research, and develop training materials and educational opportunities for lay and professional caregivers of individuals with Alzheimer's disease. Currently, there are 13 state funded MDCs in Florida.¹⁷ MDCs are established at medical schools, teaching hospitals, and public and private not-for-profit hospitals throughout the state in accordance with s. 430.502, F.S.

Currently MDCs receive equal funding regardless of performance. Each of the 13 MDCs received \$222,801 during fiscal year 2013-2014.

Pursuant to an annual contract agreement with DOEA, MDCs are required to provide and conduct certain services, training, and research.¹⁸ Specifically, the contract requires MDCs to:¹⁹

- Evaluate at least 80 new unduplicated patients with symptoms of memory loss or other cognitive impairment;
- Follow-up with at least 40 patients or reevaluate patients to document rate of progression of the disease, its symptoms and its reaction to treatment;
- Identify and evaluate the needs of patients, including underserved minority populations, undergoing medical evaluation and their caregivers to provide appropriate referrals for services;
- Address driving issues with all patients, such as whether the patient is driving and if the patient or caregiver have concerns about driving;
- Follow-up on all Silver Alerts in the service area;
- Refer all appropriate patients to the State of Florida Brain Bank for enrollment;
- Identify and disseminate information on community resources for assistance with Alzheimer's disease, including information on Silver Alert;
- Determine satisfaction with the services provided; and
- Monitor the performance of subcontractors.

MDCs are required to provide at least 4 hours of in-service training annually to model day care and respite care providers in the designated service areas, and they must annually contact each model day care and respite care provider in the designated service areas to plan and develop service-related research projects. Further, MDCs must develop and disseminate training modules to respite and model day care providers and DOEA.²⁰

According to the final report of the task force, the MDCs at the University of Florida and Mayo Clinic Jacksonville play a crucial role in the training of behavioral neurology fellows who are subspecialists able to care expertly for dementia patients. To date, the University of Florida has trained 81 fellows, and Mayo Clinic Jacksonville has trained 9 fellows.

The annual contract also requires MDCs to identify major research projects to be undertaken, which must include an innovative service-related research project designed, conducted, and evaluated in association with model day care, respite, and Brain Bank projects. MDCs are required to describe the scope, research methodology, and timeframe of the project.²¹

Included in the contract, is the MDC annual plan, which describes how the MDC will accomplish the services, training, and research initiatives to be undertaken during the contract period.

¹⁷ Section 430.502(1), F.S.

¹⁸ Department of Elder Affairs, *Standard Contract-Alzheimer's Disease Initiative-Memory Disorder Clinic*, June 2013-July 2014.

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

MDCs are required to submit quarterly reports to DOEA with details on the services and training provided, and the research conducted. The quarterly report must include specific information on the services provided, including the total number of:²²

- Unduplicated persons seen;
- New patients;
- Evaluations completed;
- Community screenings conducted;
- Office visits;
- Referrals;
- Persons involved in research; and
- Persons referred to the Brain Bank.

The quarterly report also provides DOEA with demographic information for the individuals served, including age, sex, race, and ethnicity information.

In fiscal year 2011-2012, the MDCs:²³

- Provided 3,942 total training hours to a total of 34,784 trainees, including 14,000 medical health professionals, 3,000 students, and 6,975 volunteers;
- Conducted 10,105 office visits and served 6,723 unduplicated persons;
- Provided telephone counseling, information, and support 12,570 times;
- Conducted 1,573 memory screenings;
- Made 13,678 referrals on the behalf of clients and caregivers for respite care, support groups, long-term care placement, counseling, medical care, and other social services.

The final report of the task force made a recommendation to remove the equal funding mechanism for MDCs. The task force recommends authorizing DOEA to develop minimum standards that must be achieved to be eligible for base level annual funding, and creating an incentive-based funding mechanism to reward MDCs who achieve greater levels of performance.

Special Needs Shelters (SNS)

Part I of chapter 252, F.S., is the "State Emergency Management Act" (Act). Under s. 252.35, F.S., the Division of Emergency Management (DEM) is responsible for maintaining a comprehensive statewide program of emergency management and for coordinating with efforts of the Federal Government, other departments and agencies of state government, county and municipal governments and school boards, and private agencies that have a role in emergency management. Included in the Act, is a provision to set forth policy guidance for public shelters, including sheltering people with special needs.²⁴

Section 252.355, F.S., requires each local emergency management agency to maintain a registry of persons with special needs located within the jurisdiction of the local agency. This section also requires all appropriate agencies and community-based service providers, including, home health care providers, hospices, nurse registries, and home medical equipment providers to assist local emergency management agencies by:

- Collecting registration information for persons with special needs;
- Establishing programs to increase the awareness of the registration process; and
- Educating clients about the procedures that may be necessary for their safety during disasters.

²² *Id.*

²³ Department of Elder Affairs, *Memory Disorder Clinic Statewide Report*, 2011-2012.

²⁴ Section 252.35(2)(a), F.S.

Section 381.0303, F.S., designates the Department of Health (DOH), through its county health departments, as the lead agency for coordination of the recruitment of health care practitioners to staff special needs shelters in times of emergency or disaster. This section requires DOH to reimburse, subject to the availability of funds for this purpose, health care practitioners for medical care provided at the request of DOH in special needs shelters.

Currently, local emergency management agencies are not required to post SNS registration information online. The DEM's website does provide links to each county's local emergency management website. However, the registration information is often very difficult to find and many local emergency management agencies do not include any special needs information at all.

A review was performed of all 67 counties in Florida to assess the availability of special needs information provided on their websites.²⁵ The results indicated the websites of 17 counties did not include a SNS page, a SNS registration form, or SNS information.²⁶

Effect of Proposed Changes

Alzheimer's Disease Research

As recommended by the task force, the bill creates the Ed and Ethel Moore Alzheimer's Disease Research Program (program), and authorizes the program to be administered by DOH. The purpose of the program is to fund research leading to prevention of, or a cure for, Alzheimer's disease.

The bill provides that applications for research funding under the program may be submitted by any university or established research institute in the state, and all qualified investigators in the state must have equal access and opportunity to compete for research funding. The bill authorizes certain types of applications to be considered for funding, including:

- Investigatory-initiated research grants;
- Institutional research grants;
- Pre-doctoral and post-doctoral research fellowships; and
- Collaborative research grants, including those that advance the finding of cures through basic or applied research.

The bill creates the Alzheimer's Disease Research Grant Advisory Board (board). The board must consist of 12 members appointed by the State Surgeon General. The board members must include three gerontologists, three geriatric psychiatrists, three geriatricians, and three neurologists. In addition, the bill:

- Requires staggered 4-year terms for board members;
- Requires the board to elect a chairperson from the membership of the board to serve a term of two years;
- Requires the board to establish operating procedures and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflict of interest;
- Requires DOH to provide staff to assist the board in carrying out its duties, and prohibits members of the board from receiving compensation, or reimbursement for per diem or travel;
- Requires the board to advise the State Surgeon General as to the scope of the research program;
- Requires the board to submit their recommendations to the State Surgeon General by December 15 of each year; and

²⁵ Review based on data report generated by Florida CHARTS.

²⁶ The Counties include Bay, Calhoun, Escambia, Gilchrist, Gulf, Highlands, Jackson, Jefferson, Lafayette, Leon, Liberty, Madison, Okaloosa, Okeechobee, Putnam, Suwanee, and Wakulla.

- Requires the board to submit a fiscal-year progress report to the Governor, President of the Senate, and Speaker of the House by a specified date.

The bill provides that implementation of the program is subject to legislative appropriation.

Memory Disorder Clinics

Currently, each of the 13 statutorily designated memory disorder clinics receives equal funding in the amount of \$222,801. As recommended by the task force, the bill allows for the creation of a performance-based funding mechanism to allocate funds based on minimum performance standards and benchmark goals.

Specifically, the bill:

- Requires DOEA to develop minimum performance standards that memory disorder clinics must achieve in order to receive base level annual funding;
- Requires DOEA to develop performance goals that exceed the minimum performance standards, which must be achieved in order for a memory disorder clinic to be eligible for incentive funding, which is above base level funding, and subject to appropriations;
- Provides guidance relating to criteria to be considered by DOEA in creating the minimum performance standards and performance goals; and
- Requires DOEA to measure and score memory disorder clinics based on the minimum performance standards and incentive performance goals.

DOEA has already created a performance check list to score MDCs in accordance with the provisions of the bill.²⁷

Special Needs Shelters

The bill amends s. 252.355, F.S., to require DEM to develop and maintain a SNS registration program. The registration program must include a uniform electronic registration form and a database for uploading and storing the registration forms. The link to the registration form must be easily accessible on each local emergency management agency's website. The registration information must be accessible to the local emergency management agency responsible for providing shelter for that individual.

Currently, certain agencies and entities are required to provide registration information to all of their clients. These agencies and entities include:

- Home health agencies;
- Hospices;
- Nurse registries;
- Home medical equipment providers;
- The Department of Children and Families;
- DOH;
- The Agency for Health Care Administration;
- The Department of Education;
- The Agency for Persons with Disabilities; and
- DOEA.

The bill adds memory disorder clinics to the list of entities and agencies that will provide registration information and assistance to their special needs clients or caregivers. Physicians licensed under

²⁷ Department of Elder Affairs, *(Draft) Memory Disorder Clinic Performance Check List*, on file with subcommittee staff.

chapters 458 or 459, F.S., and any pharmacy licensed under chapter 465, F.S., may provide the registration information assistance. Further, the bill requires DEM to develop a brochure that provides information regarding SNS registration procedures. The brochure must be easily accessible on DEM's website. The informational brochure is intended to assist the specified agencies and entities in providing registration information to their clients.

Currently, all appropriate agencies and community-based service providers, including, home health care providers, hospices, nurse registries, and home medical equipment providers are required to assist emergency management agencies by collecting registration information for persons with special needs as a part of program intake processes, establishing programs to increase the awareness of the registration process, and educating clients about the procedures that may be necessary for their safety during disasters. Since these entities and agencies are currently only required to "assist emergency management agencies by collecting registration information" it is unclear what they are required to do with the registration information upon collection.

The bill requires the appropriate agencies and community-based service providers to assist emergency management agencies by annually registering persons with special needs for special needs shelters. Since these agencies and entities are currently required to collect registration information, this provides guidance by requiring them to submit any registration forms collected at least annually. Submitting the registration forms may be accomplished by means of the newly created registration program and database. The bill adds memory disorder clinics to the list of entities required to submit registration forms and makes it discretionary for physicians licensed under chapters 458 or 459, F.S.

B. SECTION DIRECTORY:

Section 1: Amends s. 120.80, F.S., relating to exceptions and special requirements.

Section 2: Amends s. 252.355, F.S., relating to registry of persons with special needs; notice.

Section 3: Amends s. 381.0303, F.S., relating to special needs shelters.

Section 4: Creates s. 381.82, F.S., relating to the Ed and Ethel Moore Alzheimer's Disease Research Program.

Section 5: Amends s. 430.502, F.S., relating to Alzheimer's disease; memory disorder clinics and day care and respite care programs.

Section 6: Provides an effective date of July 1, 2014.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill is expected to have a significant negative fiscal impact on DEM for the creation of the SNS Registration Program. However, the exact fiscal impact is presently unknown as the subcommittee is still waiting on information from DEM.

In addition, the bill creates the Ed and Ethel Moore Alzheimer's Disease Research Program and provides that implementation is subject to legislative appropriation. Presently, the dollar amount to be appropriated is unknown. However, it should be noted that the Governor included funding of \$3 million to DOH for Alzheimer's disease research in his Fiscal Year 2014-2015 Policy and Budget Recommendations.²⁸

²⁸ Governor's Budget Recommendations, Fiscal Year 2014-15, available at [http://letsgettowork.state.fl.us/web%20forms/Budget/BudgetServiceIssueList.aspx?rid1=187311&rid2=152867&si=64200100&title=COMMUNITYPUBLICHEALTH\(Program\);COMMUNITYHEALTHPROMOTION](http://letsgettowork.state.fl.us/web%20forms/Budget/BudgetServiceIssueList.aspx?rid1=187311&rid2=152867&si=64200100&title=COMMUNITYPUBLICHEALTH(Program);COMMUNITYHEALTHPROMOTION) (last visited March 3, 2014).

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:

No additional rule-making is necessary to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

27 provide grants and fellowships for research relating
 28 to Alzheimer's disease; creating the Alzheimer's
 29 Disease Research Grant Advisory Board; providing for
 30 appointment and terms of members; providing for
 31 organization, duties, and operating procedures of the
 32 board; requiring the department to provide staff to
 33 assist the board in carrying out its duties; requiring
 34 the board to annually submit recommendations for
 35 proposals to be funded; requiring a report to the
 36 Governor, Legislature, and State Surgeon General;
 37 providing that implementation of the program is
 38 subject to appropriation; amending s. 430.502, F.S.;
 39 requiring the Department of Elderly Affairs to develop
 40 minimum performance standards for memory disorder
 41 clinics to receive base-level annual funding;
 42 requiring the department to provide incentive-based
 43 funding, subject to appropriation, for certain memory
 44 disorder clinics; providing an effective date.

45
 46 Be It Enacted by the Legislature of the State of Florida:

47
 48 Section 1. Subsection (15) of section 120.80, Florida
 49 Statutes, is amended to read:

50 120.80 Exceptions and special requirements; agencies.—

51 (15) DEPARTMENT OF HEALTH.—

52 (a) Notwithstanding s. 120.57(1)(a), formal hearings may

53 not be conducted by the State Surgeon General, the Secretary of
 54 Health Care Administration, or a board or member of a board
 55 within the Department of Health or the Agency for Health Care
 56 Administration for matters relating to the regulation of
 57 professions, as defined by chapter 456. Notwithstanding s.
 58 120.57(1)(a), hearings conducted within the Department of Health
 59 in execution of the Special Supplemental Nutrition Program for
 60 Women, Infants, and Children; Child Care Food Program;
 61 Children's Medical Services Program; the Brain and Spinal Cord
 62 Injury Program; and the exemption from disqualification reviews
 63 for certified nurse assistants program need not be conducted by
 64 an administrative law judge assigned by the division. The
 65 Department of Health may contract with the Department of
 66 Children and Family Services for a hearing officer in these
 67 matters.

68 (b) This chapter does not apply to grant programs
 69 administered by the Alzheimer's Disease Research Grant Advisory
 70 Board pursuant to s. 381.82.

71 Section 2. Section 252.355, Florida Statutes, is amended
 72 to read:

73 252.355 Registry of persons with special needs; notice;
 74 registration program.—

75 (1) In order to meet the special needs of persons who
 76 would need assistance during evacuations and sheltering because
 77 of physical, mental, cognitive impairment, or sensory
 78 disabilities, the division, in coordination with each local

79 | emergency management agency in the state, shall maintain a
 80 | registry of persons with special needs located within the
 81 | jurisdiction of the local agency. The registration shall
 82 | identify those persons in need of assistance and plan for
 83 | resource allocation to meet those identified needs.

84 | (2) In order to ensure that all persons with special needs
 85 | may register, the division shall develop and maintain a special
 86 | needs shelter registration program.

87 | (a) The registration program shall include, at a minimum,
 88 | a uniform electronic registration form and a database for
 89 | uploading and storing submitted registration forms that may be
 90 | accessed by the appropriate local emergency management agency.
 91 | The link to the registration form shall be easily accessible on
 92 | each local emergency management agency's website. Upon receipt
 93 | of a paper registration form, the local emergency management
 94 | agency shall enter the person's registration information into
 95 | the database.

96 | (b) To assist ~~the local emergency management agency~~ in
 97 | identifying ~~such~~ persons with special needs, home health
 98 | agencies, hospices, nurse registries, home medical equipment
 99 | providers, the Department of Children and Families Family
 100 | Services, ~~the~~ Department of Health, ~~the~~ Agency for Health Care
 101 | Administration, ~~the~~ Department of Education, ~~the~~ Agency for
 102 | Persons with Disabilities, ~~the and~~ Department of Elderly
 103 | Affairs, and memory disorder clinics shall, and any physician
 104 | licensed under chapter 458 or chapter 459 and any pharmacy

105 licensed under chapter 465 may, annually shall provide
 106 registration information to all of their special needs clients
 107 or their caregivers and to all persons with special needs who
 108 receive services. The division shall develop a brochure that
 109 provides information regarding special needs shelter
 110 registration procedures. The brochure must be easily accessible
 111 on the division's website. All appropriate agencies and
 112 community-based service providers, including memory disorder
 113 clinics, home health care providers, hospices, nurse registries,
 114 and home medical equipment providers shall, and any physician
 115 licensed under chapter 458 or chapter 459 may, assist emergency
 116 management agencies by annually registering persons with special
 117 needs for special needs shelters, collecting registration
 118 information for persons with special needs as part of the
 119 program intake process, and establishing programs to educate
 120 clients about the registration process and disaster preparedness
 121 safety procedures. A client of a state-funded or federally
 122 funded service program who has a physical, mental, or cognitive
 123 impairment or sensory disability and who needs assistance in
 124 evacuating, or when in a shelter, must register as a person with
 125 special needs. The registry shall be updated annually. The
 126 registration program shall give persons with special needs the
 127 option of preauthorizing emergency response personnel to enter
 128 their homes during search and rescue operations if necessary to
 129 ensure assure their safety and welfare following disasters.
 130 (c)(2) The division shall be the designated lead agency

131 responsible for community education and outreach to the public,
 132 including special needs clients, regarding registration and
 133 special needs shelters and general information regarding shelter
 134 stays.

135 (d)~~(4)~~~~(a)~~ On or before May 31 of each year, each electric
 136 utility in the state shall annually notify residential customers
 137 in its service area of the availability of the registration
 138 program available through their local emergency management
 139 agency by:

140 1. An initial notification upon the activation of new
 141 residential service with the electric utility, followed by one
 142 annual notification between January 1 and May 31; or

143 2. Two separate annual notifications between January 1 and
 144 May 31.

145
 146 ~~(b)~~ The notification may be made by any available means,
 147 including, but not limited to, written, electronic, or verbal
 148 notification, and may be made concurrently with any other
 149 notification to residential customers required by law or rule.

150 (3) A person with special needs must be allowed to bring
 151 his or her service animal into a special needs shelter in
 152 accordance with s. 413.08.

153 (4)~~(5)~~ All records, data, information, correspondence, and
 154 communications relating to the registration of persons with
 155 special needs as provided in subsection (1) are confidential and
 156 exempt from ~~the provisions of~~ s. 119.07(1), except that such

157 information shall be available to other emergency response
 158 agencies, as determined by the local emergency management
 159 director. Local law enforcement agencies shall be given complete
 160 shelter roster information upon request.

161 ~~(6) All appropriate agencies and community-based service~~
 162 ~~providers, including home health care providers, hospices, nurse~~
 163 ~~registries, and home medical equipment providers, shall assist~~
 164 ~~emergency management agencies by collecting registration~~
 165 ~~information for persons with special needs as part of program~~
 166 ~~intake processes, establishing programs to increase the~~
 167 ~~awareness of the registration process, and educating clients~~
 168 ~~about the procedures that may be necessary for their safety~~
 169 ~~during disasters. Clients of state or federally funded service~~
 170 ~~programs with physical, mental, cognitive impairment, or sensory~~
 171 ~~disabilities who need assistance in evacuating, or when in~~
 172 ~~shelters, must register as persons with special needs.~~

173 Section 3. Subsections (3) through (7) of section
 174 381.0303, Florida Statutes, are renumbered as subsections (4)
 175 through (8), respectively, paragraph (b) of subsection (2) and
 176 present subsection (6) are amended, and a new subsection (3) is
 177 added to that section, to read:

178 381.0303 Special needs shelters.—

179 (2) SPECIAL NEEDS SHELTER PLAN; STAFFING; STATE AGENCY
 180 ASSISTANCE.—If funds have been appropriated to support disaster
 181 coordinator positions in county health departments:

182 (b) County health departments shall, in conjunction with

183 the local emergency management agencies, have the lead
 184 responsibility for coordination of the recruitment of health
 185 care practitioners to staff local special needs shelters. County
 186 health departments shall assign their employees to work in
 187 special needs shelters when those employees are needed to
 188 protect the health and safety of persons with special needs.
 189 County governments shall assist the department with nonmedical
 190 staffing and the operation of special needs shelters. The local
 191 health department and emergency management agency shall
 192 coordinate these efforts to ensure appropriate staffing in
 193 special needs shelters, including a staff member who is familiar
 194 with the needs of persons with Alzheimer's disease.

195 (3) SPECIAL CARE FOR PERSONS WITH ALZHEIMER'S DISEASE OR
 196 RELATED FORMS OF DEMENTIA.—All special needs shelters must
 197 establish designated shelter areas for persons with Alzheimer's
 198 disease or related forms of dementia to enable those persons to
 199 maintain their normal habits and routines to the greatest extent
 200 possible.

201 (7) ~~(6)~~ RULES.—The department, in coordination with the
 202 Division of Emergency Management, has the authority to adopt
 203 rules necessary to implement this section. Rules shall include:

204 (a) The definition of a "person with special needs,"
 205 including eligibility criteria for individuals with physical,
 206 mental, cognitive impairment, or sensory disabilities and the
 207 services a person with special needs can expect to receive in a
 208 special needs shelter.

209 (b) The process for special needs shelter health care
 210 practitioners and facility reimbursement for services provided
 211 in a disaster.

212 (c) Guidelines for special needs shelter staffing levels
 213 to provide services.

214 (d) The definition of and standards for special needs
 215 shelter supplies and equipment, including durable medical
 216 equipment.

217 (e) Standards for the special needs shelter registration
 218 program process, including all necessary forms and guidelines
 219 for addressing the needs of unregistered persons in need of a
 220 special needs shelter.

221 (f) Standards for addressing the needs of families where
 222 only one dependent is eligible for admission to a special needs
 223 shelter and the needs of adults with special needs who are
 224 caregivers for individuals without special needs.

225 (g) The requirement of the county health departments to
 226 seek the participation of hospitals, nursing homes, assisted
 227 living facilities, home health agencies, hospice providers,
 228 nurse registries, home medical equipment providers, dialysis
 229 centers, and other health and medical emergency preparedness
 230 stakeholders in pre-event planning activities.

231 Section 4. Section 381.82, Florida Statutes, is created to
 232 read:

233 381.82 Ed and Ethel Moore Alzheimer's Disease Research
 234 Program.—

235 (1) The Ed and Ethel Moore Alzheimer's Disease Research
 236 Program is created within the Department of Health. The purpose
 237 of the program is to fund research leading to prevention of or a
 238 cure for Alzheimer's disease. The long-term goals of the program
 239 are to:

240 (a) Improve the health of Floridians by researching better
 241 prevention and diagnoses of and treatments and cures for
 242 Alzheimer's disease.

243 (b) Expand the foundation of knowledge relating to the
 244 prevention, diagnosis, treatment, and cure of Alzheimer's
 245 disease.

246 (c) Stimulate economic activity in the state in areas
 247 related to Alzheimer's disease research.

248 (2) (a) Funds appropriated for the Ed and Ethel Moore
 249 Alzheimer's Disease Research Program shall be used exclusively
 250 for the award of grants and fellowships through a competitive,
 251 peer-reviewed process for research relating to the prevention,
 252 diagnosis, treatment, and cure of Alzheimer's disease and for
 253 expenses incurred in the administration of this section.
 254 Priority shall be granted to research designed to prevent or
 255 cure Alzheimer's disease.

256 (b) Applications for Alzheimer's disease research funding
 257 under the program may be submitted from any university or
 258 established research institute in the state. All qualified
 259 investigators in the state, regardless of institution
 260 affiliation, shall have equal access and opportunity to compete

261 for research funding. The following types of applications may be
262 considered for funding:

- 263 1. Investigator-initiated research grants.
- 264 2. Institutional research grants.
- 265 3. Predoctoral and postdoctoral research fellowships.
- 266 4. Collaborative research grants, including those that
267 advance the finding of cures through basic or applied research.

268 (3) There is created within the Department of Health the
269 Alzheimer's Disease Research Grant Advisory Board.

270 (a) The board shall consist of 12 members appointed by the
271 State Surgeon General. The board shall be composed of three
272 gerontologists, three geriatric psychiatrists, three
273 geriatricians, and three neurologists. Initial appointments to
274 the board shall be made by October 1, 2014. The board members
275 shall serve 4-year terms, except that, to provide for staggered
276 terms, six of the initial appointees shall serve 2-year terms
277 and six shall serve 4-year terms. All subsequent appointments
278 shall be for 4-year terms. The chair of the board shall be
279 elected from the membership of the board and shall serve as
280 chair for 2 years. An appointed member may not serve more than
281 two consecutive terms. Appointed members must have experience in
282 Alzheimer's disease or related biomedical research. The board
283 shall adopt internal organizational procedures as necessary for
284 its efficient organization. The board shall establish and follow
285 rigorous guidelines for ethical conduct and adhere to a strict
286 policy with regard to conflicts of interest. A member of the

287 board may not participate in any discussion or decision of the
 288 board or a panel with respect to a research proposal by any
 289 firm, entity, or agency with which the member is associated as a
 290 member of the governing body or as an employee or with which the
 291 member has entered into a contractual arrangement.

292 (b) The department shall provide such staff, information,
 293 and other assistance as is reasonably necessary to assist the
 294 board in carrying out its responsibilities. Members of the board
 295 shall serve without compensation and may not receive
 296 reimbursement for per diem or travel expenses.

297 (c) The board shall advise the State Surgeon General as to
 298 the scope of the research program and shall submit its
 299 recommendations for proposals to be funded to the State Surgeon
 300 General by December 15 of each year. Grants and fellowships
 301 shall be awarded by the State Surgeon General, after
 302 consultation with the board, on the basis of scientific merit.
 303 Other responsibilities of the board may include, but are not
 304 limited to, providing advice on program priorities and emphases;
 305 assisting in the development of appropriate linkages to
 306 nonacademic entities, such as voluntary organizations, health
 307 care delivery institutions, industry, government agencies, and
 308 public officials; and developing and providing oversight
 309 regarding mechanisms for the dissemination of research results.

310 (4) The board shall submit a fiscal-year progress report
 311 on the programs under its purview annually to the Governor, the
 312 President of the Senate, the Speaker of the House of

313 Representatives, and the State Surgeon General by February 15.

314 The report must include:

315 (a) A list of research projects supported by grants or
 316 fellowships awarded under the program.

317 (b) A list of recipients of program grants or fellowships.

318 (c) A list of publications in peer-reviewed journals
 319 involving research supported by grants or fellowships awarded
 320 under the program.

321 (d) The state ranking and total amount of Alzheimer's
 322 disease research funding currently flowing into the state from
 323 the National Institutes of Health.

324 (e) New grants for Alzheimer's disease research which were
 325 funded based on research supported by grants or fellowships
 326 awarded under the program.

327 (f) Progress toward programmatic goals, particularly in
 328 the prevention, diagnosis, treatment, and cure of Alzheimer's
 329 disease.

330 (g) Recommendations to further the mission of the program.

331 (5) Implementation of the Ed and Ethel Moore Alzheimer's
 332 Disease Research Program is subject to legislative
 333 appropriation.

334 Section 5. Subsections (3) through (9) of section 430.502,
 335 Florida Statutes, are renumbered as subsections (6) through
 336 (12), respectively, new subsections (3), (4), and (5) are added
 337 to that section, and present subsections (4), (5), (8), and (9)
 338 of that section are amended, to read:

339 430.502 Alzheimer's disease; memory disorder clinics and
 340 day care and respite care programs.-

341 (3) The department shall develop minimum performance
 342 standards for memory disorder clinics and include those
 343 standards in each memory disorder clinic contract as a condition
 344 for receiving base-level funding. The performance standards must
 345 address, at a minimum, quality of care, comprehensiveness of
 346 services, and access to services.

347 (4) The department shall develop performance goals that
 348 exceed the minimum performance standards developed under
 349 subsection (3), which goals must be achieved in order for a
 350 memory disorder clinic to be eligible for incentive funding
 351 above the base level, subject to legislative appropriation.
 352 Incentive funding shall be based on criteria including, but not
 353 limited to:

354 (a) Significant increase in the volume of clinical
 355 services.

356 (b) Significant increase in public outreach to low-income
 357 and minority populations.

358 (c) Significant increase in acceptance of Medicaid and
 359 commercial insurance policies.

360 (d) Significant institutional financial commitments.

361 (5) The department shall measure and score each memory
 362 disorder clinic based on minimum performance standards and
 363 incentive performance goals.

364 (7)-(4) Pursuant to ~~the provisions of~~ s. 287.057, the

365 department ~~of Elderly Affairs~~ may contract for the provision of
 366 specialized model day care programs in conjunction with the
 367 memory disorder clinics. The purpose of each model day care
 368 program must be to provide service delivery to persons suffering
 369 from Alzheimer's disease or a related memory disorder and
 370 training for health care and social service personnel in the
 371 care of persons having Alzheimer's disease or related memory
 372 disorders.

373 (8)~~(5)~~ Pursuant to s. 287.057, the department ~~of Elderly~~
 374 ~~Affairs~~ shall contract for the provision of respite care. All
 375 funds appropriated for the provision of respite care shall be
 376 distributed annually by the department to each funded county
 377 according to an allocation formula. In developing the formula,
 378 the department shall consider the number and proportion of the
 379 county population of individuals who are 75 years of age and
 380 older. Each respite care program shall be used as a resource for
 381 research and statistical data by the memory disorder clinics
 382 established in this part. In consultation with the memory
 383 disorder clinics, the department shall specify the information
 384 to be provided by the respite care programs for research
 385 purposes.

386 (11)~~(8)~~ The department shall implement the waiver program
 387 specified in subsection (10) ~~(7)~~. The agency and the department
 388 shall ensure that providers who have a history of successfully
 389 serving persons with Alzheimer's disease are selected. The
 390 department and the agency shall develop specialized standards

391 for providers and services tailored to persons in the early,
 392 middle, and late stages of Alzheimer's disease and designate a
 393 level of care determination process and standard that is most
 394 appropriate to this population. The department and the agency
 395 shall include in the waiver services designed to assist the
 396 caregiver in continuing to provide in-home care. The department
 397 shall implement this waiver program subject to a specific
 398 appropriation or as provided in the General Appropriations Act.

399 (12)~~(9)~~ Authority to continue the waiver program specified
 400 in subsection (10) ~~(7)~~ shall be automatically eliminated at the
 401 close of the 2010 Regular Session of the Legislature unless
 402 further legislative action is taken to continue it before ~~prior~~
 403 ~~to~~ such time.

404 Section 6. This act shall take effect July 1, 2014.



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 Quality
2 Subcommittee
3 Representative Hudson offered the following:

Amendment (with title amendment)

6 Remove line 86 and insert:
7 needs shelter registration program. The registration program
8 must be developed by January 1, 2015 and fully implemented by
9 March 1, 2015.

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

13 Remove line 11 and insert:
14 program by a specified date; requiring specified agencies and
15 authorizing
16



Amendment No. 2

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 Quality
2 Subcommittee

3 Representative Hudson offered the following:

5 **Amendment**

6 Remove lines 270-273 and insert:

7 (a) The board shall consist of 11 members appointed by the
8 State Surgeon General. The board shall be composed of two
9 gerontologists, two geriatric psychiatrists, two geriatricians,
10 two neuroscientists, and three neurologists. Initial
11 appointments to

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 711 Public Meetings and Public Records/Alzheimer's Disease Research Grant Advisory Board

SPONSOR(S): Hudson

TIED BILLS: HB 709 **IDEN./SIM. BILLS:** SB 840

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee		Guzzo GG	O'Callaghan MO
2) Government Operations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

The bill is contingent upon the passage of House Bill 709, which creates the Ed and Ethel Moore Alzheimer's Disease Research Program, and the Alzheimer's Disease Research Grant Advisory Board (board) to make recommendations to the State Surgeon General for certain research proposals to be funded.

House Bill 711 creates a public records exemption for Alzheimer's disease research grant applications provided to the board. Additionally, the bill provides that any records generated by the board relating to the review of research grant applications, except final recommendations, are confidential and exempt from public records requirements.

The bill also creates a public meetings exemption for the portion of a board meeting in which applications for Alzheimer's disease research grants are discussed.

The bill authorizes information held confidential and exempt to be disclosed with the express written consent of the individual to whom the information pertains or the individual's legally authorized representative, or by court order. The bill provides that public record and public meeting exemptions granted to the board are subject to the Open Government Sunset Review Act and will be repealed on October, 2, 2019, unless saved from repeal by reenactment by the Legislature. The bill provides a public necessity statement as required by the State Constitution.

The bill provides an effective date that is contingent upon the passage of House Bill 709 or similar legislation.

Article I, s. 24(c) of the State Constitution requires a two-thirds vote of the members present and voting for final passage of a newly created public record or public meeting exemption. The bill creates public record and public meeting exemptions; thus, it appears to require a two-thirds vote for final passage.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Public Records and Open Meetings Laws

Article I, s. 24(a) of the State Constitution sets forth the state's public policy regarding access to government records. The section guarantees every person a right to inspect or copy any public record of the legislative, executive, and judicial branches of government. Article I, s. 24(b) of the State Constitution sets forth the state's public policy regarding access to government meetings. The section requires that all meetings of the executive branch and local government be open and noticed to the public.

The Legislature may, however, provide by general law for the exemption of records and meetings from the requirements of Article I, s. 24 of the State Constitution. The general law must state with specificity the public necessity justifying the exemption (public necessity statement) and must be no broader than necessary to accomplish its stated purpose. In addition, the State Constitution requires enactment of the exemption by a two-thirds vote of the members present and voting.¹

Public policy regarding access to government records and meetings also is addressed in the Florida Statutes. Section 119.07(1), F.S., guarantees every person a right to inspect, examine, and copy any state, county, or municipal record. Section 286.011, F.S., requires that all state, county, or municipal meetings be open and noticed to the public.

Furthermore, the Open Government Sunset Review Act² provides that a public record or public meeting exemption may be created or maintained only if it serves an identifiable public purpose. In addition, it may be no broader than is necessary to meet one of the following purposes:

- Allows the state or its political subdivisions to effectively and efficiently administer a governmental program, which administration would be significantly impaired without the exemption.
- Protects sensitive personal information that, if released, would be defamatory or would jeopardize an individual's safety; however, only the identity of an individual may be exempted under this provision.
- Protects trade or business secrets.

Public record and public meeting exemptions are subject to a scheduled repeal on October 2nd in the fifth year after enactment, unless the Legislature acts to reenact the exemption.³

Ed and Ethel Moore Alzheimer's Disease Research Program

Should HB 709 be enacted, it would create the Ed and Ethel Moore Alzheimer's Disease Research Program (program), and authorize the program to be administered by the Department of Health (DOH). The purpose of the program is to fund research leading to prevention of or a cure for Alzheimer's disease.

House Bill 709 provides that applications for research funding under the program may be submitted by any university or established research institute in the state, and all qualified investigators in the state

¹ FLA CONST., article I, s. 24(c)

² See s. 119.15, F.S.

³ Section 119.15(3), F.S.

must have equal access and opportunity to compete for research funding. The bill authorizes certain types of applications to be considered for funding, including:

- Investigatory-initiated research grants;
- Institutional research grants;
- Pre-doctoral and post-doctoral research fellowships; and
- Collaborative research grants, including those that advance the finding of cures through basic or applied research.

House Bill 709 also creates the Alzheimer's Disease Research Grant Advisory Board (board). The board must consist of 12 members appointed by the State Surgeon General. The board members must include three gerontologists, three geriatric psychiatrists, three geriatricians, and three neurologists. In addition, the bill:

- Requires staggered 4-year terms for board members;
- Requires the board to elect a chairperson from the membership of the board to serve a term of two years;
- Requires the board to establish operating procedures and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflict of interest;
- Requires DOH to provide staff to assist the board in carrying out its duties, and prohibits members of the board from receiving compensation, or reimbursement for per diem or travel;
- Requires the board to advise the State Surgeon General as to the scope of the research program;
- Requires the board to submit their recommendations to the State Surgeon General by December 15 of each year; and
- Requires the board to submit a fiscal-year progress report to the Governor, President of the Senate, and Speaker of the House by a specified date.

Effect of Proposed Changes

The bill creates a public records exemption for research grant applications provided to the Alzheimer's Disease Research Grant Advisory Board (board). Additionally, the bill provides that any records generated by the board relating to the review of research grant applications, except final recommendations, are confidential and exempt from public records requirements.

The bill also creates a public meetings exemption for the portion of a board meeting in which applications for Alzheimer's disease research grants are discussed.

The bill provides that information held confidential and exempt may be disclosed with the express written consent of the individual to whom the information pertains or the individuals legally authorized representative, or by court order. The bill provides that public record and public meeting exemptions granted to the board are subject to the Open Government Sunset Review Act and will be repealed on October, 2, 2019, unless saved from repeal by reenactment by the Legislature.

The bill provides a public necessity statement as required by the State Constitution, which states the exemptions are a public necessity because the research grant applications and the records generated by the board related to review of the applications contain information of a confidential nature, including ideas and processes, the disclosure of which could injure the affected researchers. Further, closing the access to those portions of meetings of the board during which research grant applications are discussed serves a public good by ensuring that decisions are based upon merit without bias or undue influence.

The bill provides an effective date that is contingent upon the passage of House Bill 709 or similar legislation.

B. SECTION DIRECTORY:

Section 1: Amends s. 381.82, F.S., as created by HB 709, 2014 Regular Session, relating to the Ed and Ethel Moore Alzheimer's Disease Research Program.

Section 2: Provides a public necessity statement.

Section 3: Provides an effective date that is contingent upon the passage of HB 709 or similar legislation.

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:

Vote Requirement

Article I, s. 24(c) of the State Constitution requires a two-thirds vote of the members present and voting for final passage of a newly created public record or public meeting exemption. The bill creates new exemptions; thus, it requires a two-thirds vote for final passage.

Public Necessity Statement

Article I, s. 24(c) of the State Constitution requires a public necessity statement for a newly created or expanded public record or public meeting exemption. The bill creates new exemptions; thus, it includes a public necessity statement.

Exemption Bills

Article I, s. 24(c) of the State Constitution provides that an exemption must be created by general law and the law must contain only exemptions from public record or public meeting requirements. The exemption does not appear to be in conflict with the constitutional requirement.

B. RULE-MAKING AUTHORITY:

The bill does not appear to create a need for rule-making or rule-making authority.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

27 Alzheimer's Disease Research Grant Advisory Board.

28 (d)1. Applications provided to the board for Alzheimer's
 29 disease research grants under this section, and any records
 30 generated by the board relating to review of such applications,
 31 except final recommendations, are confidential and exempt from
 32 s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

33 2. Those portions of a meeting of the board during which
 34 applications for Alzheimer's disease research grants under this
 35 section are discussed are exempt from s. 286.011 and s. 24(b),
 36 Art. I of the State Constitution.

37 3. Information that is held confidential and exempt under
 38 this paragraph may be disclosed with the express written consent
 39 of the individual to whom the information pertains or the
 40 individual's legally authorized representative, or by court
 41 order upon showing good cause.

42 4. This paragraph is subject to the Open Government Sunset
 43 Review Act in accordance with s. 119.15 and shall stand repealed
 44 on October 2, 2019, unless reviewed and saved from repeal
 45 through reenactment by the Legislature.

46 Section 2. The Legislature finds that it is a public
 47 necessity that applications for Alzheimer's disease research
 48 grants provided to the Alzheimer's Disease Research Grant
 49 Advisory Board and records generated by the board related to
 50 review of the applications be held confidential and exempt from
 51 s. 119.07(1), Florida Statutes, and s. 24(a), Article I of the
 52 State Constitution and that those portions of meetings of the

53 board during which the applications are discussed be held
 54 confidential and exempt from s. 286.011, Florida Statutes, and
 55 s. 24(b), Article I of the State Constitution. The research
 56 grant applications, and the records generated by the board
 57 related to review of the applications, contain information of a
 58 confidential nature, including ideas and processes, the
 59 disclosure of which could injure the affected researchers.
 60 Maintaining confidentiality is a hallmark of scientific peer
 61 review when awarding grants, is practiced by the National
 62 Science Foundation and the National Institutes of Health, and
 63 allows for candid exchanges among reviewers critiquing
 64 proposals. The Legislature further finds that closing access to
 65 those portions of meetings of the board during which the
 66 Alzheimer's disease research grant applications are discussed
 67 serves a public good by ensuring that decisions are based upon
 68 merit without bias or undue influence.

69 Section 3. This act shall take effect on the same date
 70 that HB 709 or similar legislation takes effect, if such
 71 legislation is adopted in the same legislative session or an
 72 extension thereof and becomes law.



Amendment No.

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 Quality
2 Subcommittee

3 Representative Hudson offered the following:

5 **Amendment**

6 Remove line 36 and insert:

7 Art. I of the State Constitution. The closed portion of a
8 meeting must be recorded. The recording shall be maintained by
9 the board and shall be subject to disclosure in accordance with
10 subparagraphs 3. and 4. of this paragraph.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 819 Department of Health
SPONSOR(S): Pigman
TIED BILLS: IDEN./SIM. BILLS: SB 1066

Table with 4 columns: REFERENCE, ACTION, ANALYST, STAFF DIRECTOR or BUDGET/POLICY CHIEF. Row 1: 1) Health Quality Subcommittee, Castagna, O'Callaghan. Row 2: 2) Health Care Appropriations Subcommittee. Row 3: 3) Health & Human Services Committee.

SUMMARY ANALYSIS

This bill makes changes to various programs under the Florida Department of Health's (Department) Division of Medical and Quality Assurance (MQA).

This bill amends s. 456.013, F.S., to remove the requirement that medical doctors complete certain continuing education requirements. This bill authorizes the Board of Medicine (Board), through rulemaking, to mandate specific continuing medical education requirements. The Board may allow the fulfillment of continuing education requirements, to the extent allowed in rule, for:

- Continuing medical education courses approved by the American Medical Association;
Attendance at board meetings in which a licensee is being disciplined;
Service as a volunteer expert witness in a disciplinary proceeding or service as a member of a probable cause panel;
Pro bono services to indigent and underserved populations or patients in critical need areas;
Performing research in critical need areas; or
Training for advanced professional certification.

This bill allows the Board, or the Department when there is no board, to adopt rules (under certain circumstances) to waive initial application and licensure fees, and renewal of licensure fees, for health care practitioners licensed under ch. 456, F.S. The waiver of renewal fees may not exceed 2 years.

This bill allows the Department to enter into an interagency agreement with the Department of Highway and Safety Motor Vehicles to gain access to current digital photographic images of licensed health care practitioners who live in Florida, which will assist the Department in investigations of health care practitioners or persons conducting unlicensed activities. The bill also facilitates such investigations by authorizing the Department, instead of the Agency for Health Care Administration (AHCA), to access patient records. Additionally, the bill authorizes the Department, instead of AHCA, to operate the medical services complaint toll-free hotline.

In addition to the above, the bill:

- Removes the option of apprenticeship as a pathway to licensure for massage therapists.
Aligns continuing training requirements for certified nursing assistants' certification renewals with their biennial renewal cycles and abolishes the Council on Certified Nursing Assistants.
Removes the requirement that the Department send a notification by registered mail to each registered dental laboratory operator within 30 days following the expiration date of the dental laboratory operator's registration.
Updates the names of certain accrediting bodies for midwifery programs and registered dietitians.

The bill has a negative fiscal impact on state government and the private sector.

This bill provides an effective date of July 1, 2014.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Department of Health, Division of Medical Quality Assurance

Currently, the Division of Medical Quality Assurance (MQA) within the Department of Health (Department) licenses and regulates health care practitioners to preserve the health, safety, and welfare of the public. Working in conjunction with 22 boards and 6 councils, the MQA licenses and regulates 7 types of facilities and 200-plus license types in more than 40 health care professions.¹

A board is a statutorily created entity that is authorized to exercise regulatory or rulemaking functions within the MQA.² Boards are responsible for approving or denying applications for licensure, establishing continuing medical education requirements, and are involved in disciplinary hearings. Sections 456.072, 456.073, and 456.074 F.S., provide the authority for a board to take disciplinary action against a licensee. The board can take action for any legally sufficient, written, and signed complaint that is filed before it.³

Department Investigations

The Department has the authority to investigate a complaint. Further, the Department may initiate an investigation if it has reasonable cause to believe that a licensee has violated a Florida Statute, or an administrative rule of either a board or the Department. However, patient and personnel records may only be issued to the Agency for Health Care Administration for purposes of investigation, prosecution, and disciplinary proceedings against a health care practitioner.⁴ Records used to form the basis of an investigation against a health care practitioner, must be made available, upon written request, to the practitioner who is under investigation or prosecution. Otherwise, the patient records are currently protected from public access under s. 456.057(9)(a), F.S.

Licenses and Fees

A regulatory board issues a license to a health care practitioner after certain statutory and administrative criteria are met. Two licenses are issued to health care practitioners, 1 wallet-sized, and one wall certificate measuring 6 ½ inches by 5 inches.⁵ If a provider's license is revoked or issued in error, the licensee must surrender both of these to the Department. Photos of each licensee are kept on file with the Department.

Typical fees associated with obtaining an initial license for a profession within the jurisdiction of the Department include:

- An initial licensing fee.
- An initial application fee.

¹ Florida Health Source, Florida Department of Health, *accessible at: <http://www.flhealthsource.gov/>* (Last accessed February 28, 2014).

² Section 456.001, F.S.

³ Section 456.025(3), F.S., provides that a complaint is legally sufficient if it contains the ultimate facts that show a violation of the relevant practice act or any rule adopted by the Department or the relevant board.

⁴ Section 395.3025, F.S.

⁵ The fee assessed by the Department for a wall certificate may not exceed \$25.

- An initial unlicensed activity fee of \$5.⁶
- Fees associated with criminal background checks.

Each board, or the Department when there is no board, determines by rule the amount of license fees for each profession it regulates. Fees are allocated to the MQA Trust Fund.⁷

MQA Trust Fund

Funds allocated to the MQA Trust Fund consist of fees and fines related to the licensing of health care professionals. Funds must be used for the purpose of providing administrative support for the regulation of health care professionals and for other such purposes as may be appropriate pursuant to legislative appropriation.⁸ Every two years each board or, the Department when there is no board, collects application and additional licensing fees from applicants and renewal fees from current practitioners. As of December 31, 2013, there was \$20,749,755 in the MQA Trust Fund.⁹

Certified Nursing Assistants

To maintain certification, Certified Nursing Assistants (CNA) must show proof of having completed in-service training hours, which are the equivalent of continuing education hours for other health care professions. Currently, a CNA must complete 12 hours of in-service training each calendar year.¹⁰ CNA licenses are issued for a biennium with a May 31st expiration date.

The Council on Certified Nursing Assistants (Council)¹¹ proposes rules to implement in-service training requirements. The Council is composed of 5 members:

- 2 Registered Nurses appointed by the chair of the Board of Nursing.
- 1 Licensed Practical Nurse appointed by the chair of the Board of Nursing.
- 2 Certified Nursing Assistants appointed by the State Surgeon General.

The Council meets every two months in conjunction with the Board of Nursing. During these meetings the Council makes recommendations to the Department and the Board of Nursing regarding CNA policies and procedures, licensure, and other regulatory issues.¹²

Massage Therapist Licensure

A person may be approved by the Board of Massage Therapy to become an apprentice to study massage under the instruction of a licensed massage therapist, if the person meets the qualifications stated in Rule 64B7-29.002, Florida Administrative Code. To qualify for an apprenticeship, the applicant must have secured the sponsorship of a sponsoring massage therapist, complete a Department application, pay a \$100 fee, and must not be enrolled simultaneously as a student in a board-approved massage school.¹³

⁶ Section 455.2281, F.S., refers to the unlicensed activity fee which funds regulation of licensed professions, including investigations of persons conducting unlicensed health care activities.

⁷ Section 456.025(8), F.S.

⁸ Section 20.435(4), F.S.

⁹ This amount pertains to the licensed practitioner portion included in the MQA Trust Fund. Summary Expenditures by Functions Report, Florida Department of Health (on file with Health Quality Subcommittee staff).

¹⁰ Section 464.203, F.S.

¹¹ Section 464.2085(2)(b), F.S.

¹² Council on Certified Nursing Assistants, Florida Board of Nursing, *accessible at*: <http://www.floridasnursing.gov/board-comm/council-of-certified-nursing-assistants/> (Last accessed: March 2, 2014).

¹³ Massage Apprentice, Florida Board of Massage Therapy, *accessible at*: <http://www.floridasmassagetherapy.gov/licensing/massage-apprentice/> (Last accessed: February 28, 2014).

Section 480.042, F.S., provides certain licensing examination requirements if the examination is administered by the Department; however in recent years the Department has contracted with national testing vendor, Pearson Vue, to administer the examinations.¹⁴

Dental Laboratory Operators

According to s. 466.032, F.S., a dental laboratory operator is required to renew his or her dental laboratory operator registration every two years. Renewal notices are sent to the last known address of the dental laboratory operator 120 days prior to the expiration date of the registration. If a dental laboratory operator fails to timely renew his or her dental laboratory operator registration, the operator must be notified by registered mail by the Department. After the Department has provided notice of the failure to timely renew a dental laboratory operator registration, the dental laboratory operator is then given three additional months to renew the registration with no late fee.

During the most recent license renewal period, the Department mailed 281 registered mail return-receipt notices to delinquent dental laboratory operators; 86 were returned as undeliverable. This notification requirement costs the Department over \$2,000 every two years. This process is not required for any other regulated health care professionals.¹⁵

Continuing Medical Education

Health care practitioners must complete a certain amount of continuing medical education within each licensure renewal cycle to maintain their professional license. Florida law currently requires health care practitioners to complete continuing medical education related to:

- Prevention of medical errors; and¹⁶
- Human immunodeficiency virus and acquired immune deficiency syndrome.¹⁷

The Board of Medicine, the Board of Osteopathic Medicine, the Board of Chiropractic Medicine, and the Board of Podiatric Medicine require licensees to complete at least 40 hours of continuing education every 2 years. Each of those boards may require additional or specific continuing education requirements by rule.

Section 456.013, F.S., also states that up to 25 percent of continuing medical education hours may be fulfilled through pro bono services to the indigent, underserved populations, or patients in critical need areas. These services must be approved by the applicable board in advance.

Toll-Free Hotline for Medical Complaints

Currently, a toll-free hotline is available through the AHCA for public reporting of complaints related to treatment and services provided by health care professionals. The total cost for the AHCA call center is \$1,297,836, which includes two contracts in the amount of \$796,278, 9 FTEs dedicated to the call center in the amount of \$483,404, and operational expenses which amount to \$18,154.¹⁸

Provisional Licenses for Nursing Home Administrators

The Board of Nursing Home Administrators may establish by rule requirements for issuance of a provisional license. A provisional license is issued by the Board to fill a position of nursing home

¹⁴ Email correspondence with DOH, March 1, 2014 (on file with Health Quality Subcommittee staff).

¹⁵ DOH MQA Analysis, dated July 22, 2014 (on file with Health Quality Subcommittee staff).

¹⁶ Section 456.013, F.S.

¹⁷ Section 456.033, F.S.

¹⁸ Email correspondence with AHCA, March 3, 2014 (on file with Health Quality Subcommittee staff).

administrator that unexpectedly becomes vacant due to illness, sudden death of the administrator, or abandonment of the position and is issued for not more than 6 months.¹⁹

The Department may not issue a provisional license to any applicant who is under investigation in this state or another jurisdiction for certain offenses. The provisional license may be issued to a person who does not meet all of the licensing requirements for a nursing home administrator, but the person must meet other specified criteria set forth in rules adopted by the Board. In the event a nursing home administrator vacates his or her position, the provisional license must be issued to the person who is designated as the responsible person next in command. The Board may set an application fee not to exceed \$500 for a provisional license.²⁰

Effect of Proposed Changes

This bill makes changes to various programs under the Florida Department of Health's (Department) Division of Medical and Quality Assurance (MQA).

This bill amends s. 456.013, F.S., to no longer require the Board of Medicine (Board) to require in rule that medical doctors complete a 2-hour course relating to the prevention of medical errors for initial licensure or renewal of licensure. The bill also removes the authority of the Board to adopt rules requiring continuing medical education from s. 456.013, F.S., and instead, places the Board's authority to adopt such rules in s. 458.319, F.S., which is within the Medical Practice Act. In addition to moving the Board's authority in statute, the bill provides additional authority to the Board allowing it to require by rule specific continuing education requirements and authorize in rule the fulfillment of continuing education requirements for:

- Continuing medical education courses approved by the American Medical Association;
- Attendance at board meetings in which a licensee is being disciplined;
- Service as a volunteer expert witness in a disciplinary proceeding or service as a member of a probable cause panel;
- Pro bono services to indigent and underserved populations or patients in critical need areas;
- Performing research in critical need areas; or
- Training for advanced professional certification.

The bill allows, when a health care profession's trust fund balance is in excess of the amount required to cover the costs of regulating that profession, the board or the Department when there is no board, to waive the payment of:

- Initial application and licensure fees received from applicants.
- Renewal fees received from licensed health care practitioners.

The waiver of renewal fees may not exceed 2 years.

This bill allows the Department to enter into an interagency agreement with the Florida Department of Highway and Safety Motor Vehicles (DHSMV) to gain access to current digital photographic records on licensed health care practitioners who live in Florida. This is current practice for other agencies; for example, under s. 322.142, F.S., DHSMV reproduces images for reproduction of licenses issued by the Department of Business and Professional Regulation. These images will assist the Department with identifying persons in investigations.

This bill removes the requirement that the Department issue a wallet-sized identification card and a wall certificate upon the licensure of a health practitioner. The bill also deletes the corresponding fee for the

¹⁹ Section 468.1735, F.S.

²⁰ *Id.*

wall certificate, which currently may not exceed \$25.

This bill amends s. 395.3025, F.S., authorizing the Department, instead of the Agency for Health Care Administration (AHCA), to obtain patient records by subpoena for use by a professional board or the Department in its investigation, prosecution, or appeal of disciplinary proceedings of a health care practitioner. This bill also authorizes the Department, instead of AHCA, to operate the medical complaint toll-free hotline.

This bill removes the option of apprenticeship as a pathway to licensure for massage therapists and makes many conforming changes.

This bill aligns necessary in-service training requirements for a Certified Nursing Assistant's license renewal with the established biennial renewal cycle for that practitioner. The bill also repeals s. 464.285, F.S., to abolish the Council on Certified Nursing Assistants.

This bill repeals s.468.1735, F.S., to no longer authorize the Board of Nursing Home Administrators to establish by rule requirements for the issuance of a provisional license for a nursing home administrator.

This bill amends s. 466.032 (2), F.S., to remove the requirement that the Department send a notification by registered mail to each Florida dental laboratory operator who has failed to renew his or her registration.

This bill makes technical and conforming changes to:

- Correct the statutory reference to the authorized midwifery program accrediting body to reflect the acting body, the Council on Higher Education Accreditation and to recognize any future organizations.
- Reflect the acting accrediting body for Registered Dietitians, the Academy of Nutrition and Dietetics.
- Repeal obsolete statutory language in s.480.042, F.S., referring to the Department administering and overseeing an in-state licensure examination for massage therapists.

B. SECTION DIRECTORY:

Section 1. Amends s. 322.142, F.S., relating to color photographic or digital imaged licenses.

Section 2. Amends s. 395.3025, F.S., relating to patient and personnel records, copies, and examination.

Section 3. Amends s. 456.013, F.S., relating to the Department of Health and general licensing provisions.

Section 4. Amends s. 456.025, F.S., relating to fees, receipts, and disposition.

Section 5. Amends s. 456.033, F.S., relating to requirement for instruction for certain licensees on HIV and AIDS.

Section 6. Amends s. 456.068, F.S., relating to toll-free telephone number for reporting of complaints.

Section 7. Amends s. 458.319, F.S., relating to renewal of license.

Section 8. Amends s. 464.203, F.S., relating to certified nursing assistants and certification requirement.

Section 9. Repeals s. 464.2085, relating to the Council on Certified Nursing Assistants.

Section 10. Amends s. 466.032, F.S., relating to registration.

Section 11. Amends s. 467.009, F.S., relating to midwifery programs, education and training requirements.

Section 12. Repeals s. 468.1735, F.S., relating to provisional licenses.

Section 13. Amends s. 468.503, F.S., relating to definitions.

Section 14. Amends s. 468.505, F.S., relating to exemptions and exceptions.

Section 15. Amends s. 480.033, relating to definitions.

Section 16. Amends s. 480.041, F.S., relating to massage therapists, qualifications, licensure, and endorsement.

Section 17. Amends s. 480.042, F.S., relating to examinations.

Section 18. Amends s. 480.044, F.S., relating to fees and disposition.

Section 19. Amends s. 823.05, F.S., relating to places and groups engaged in criminal gang-related activity declared a nuisance; massage establishments engaged in prohibited activity; may be abated and enjoined.

Section 20. Provides an effective date of July 1, 2014.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

The Department and the boards will experience a decrease in revenues when a fee waiver is approved for a specific profession. The fee waiver for a board would not, however, be approved unless the profession's long range projections indicate sufficient cash to absorb the reduction in revenue. Possible boards or professions that could consider the fee waiver are the Board of Psychology, the Board of Nursing, the Board of Pharmacy, the Board of Orthotists and Prosthetists and the Council of Physicians Assistants.²¹

The State General Revenue fund will experience a decrease in revenues when any board, or the Department when there is no board, elects to implement the fee waiver because the 8% surcharge on revenues collected will be reduced.²²

2. Expenditures:

The elimination of the specific size for a license will provide the Department flexibility to explore more cost-effective alternatives for printed licenses. The paper for a license is purchased in bulk and currently costs .142 cents per license. The fiscal impact is indeterminate at this time, yet anticipated to result in cost savings for the Department.²³

The elimination of the Council on Certified Nursing Assistants will result in an annual cost-savings of approximately \$40,700. The current costs associated with the council include council members' per diem of \$50 per day and their travel costs, and the costs for MQA to staff 6 meetings annually.²⁴

The elimination of the requirement to notify dental laboratory operators of registration delinquencies by certified mail will save the Department approximately \$2,000 biennially.²⁵

The medical complaint hotline will have a negative fiscal impact on the Department. To handle the workload of the hotline, the Department will require 1 FTE, amounting to approximately \$48,530 for the first year of the program.²⁶

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

²¹ DOH MQA Analysis, dated July 22, 2014 (on file with Health Quality Subcommittee staff).

²² *Id.*

²³ *Id.*

²⁴ *Id.*

²⁵ *Id.*

²⁶ *Id.*

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Applicants and/or licensees of specific professions licensed and regulated by the appropriate board, or the Department when there is no board, will experience cost-savings if the fee waiver is implemented.

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:

This bill grants each Board, or the Department when there is no board, specific authority to implement the waiver of initial application fees, initial licensure fees, unlicensed activity fees, or renewal fees for health care professionals.

This bill grants the Board of Medicine specific authority to adopt rules related to continuing medical education requirements.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Authorization provided in lines 285-301 for the Board of Medicine to allow the substitution of continuing medical education for pro bono services to the indigent or underserved populations is redundant as this authorization is currently provided for in s. 456.013(9), F.S.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

27 Department of Health to establish a toll-free
 28 telephone number for public reporting of certain
 29 complaints; amending s. 458.319, F.S.; providing
 30 continuing medical education requirements for Board of
 31 Medicine licensees; authorizing the board to adopt
 32 rules; amending s. 464.203, F.S.; revising certified
 33 nursing assistant inservice training requirements;
 34 repealing s. 464.2085, F.S., relating to the creation,
 35 membership, and duties of the Council on Certified
 36 Nursing Assistants; amending s. 466.032, F.S.;

37 deleting a requirement that the department provide
 38 certain notice to a dental laboratory operator who
 39 fails to renew her or his registration; amending s.
 40 467.009, F.S.; revising the organization that must
 41 accredit certain midwifery programs; repealing s.
 42 468.1735, F.S., relating to provisional licenses for
 43 nursing home administrators; amending ss. 468.503 and
 44 468.505, F.S.; revising the organization with whom an
 45 individual must be registered to be a registered
 46 dietitian; revising a definition; amending ss. 480.033
 47 and 480.041, F.S.; deleting provisions relating to
 48 massage therapy apprentices and apprenticeship
 49 programs; deleting a definition and revising licensure
 50 requirements for massage therapists, to conform;
 51 amending s. 480.042, F.S.; revising requirements for
 52 conducting massage therapist licensing examinations

53 and maintaining examination records; amending s.
 54 480.044, F.S.; deleting fee for massage therapy
 55 apprentices; amending s. 823.05, F.S.; conforming a
 56 cross-reference; providing an effective date.

57

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

59

60 Section 1. Paragraphs (j) and (k) of subsection (4) of
 61 section 322.142, Florida Statutes, are amended, and paragraph
 62 (l) is added to that subsection, to read:

63 322.142 Color photographic or digital imaged licenses.—

64 (4) The department may maintain a film negative or print
 65 file. The department shall maintain a record of the digital
 66 image and signature of the licensees, together with other data
 67 required by the department for identification and retrieval.
 68 Reproductions from the file or digital record are exempt from
 69 the provisions of s. 119.07(1) and shall be made and issued
 70 only:

71 (j) To district medical examiners pursuant to an
 72 interagency agreement for the purpose of identifying a deceased
 73 individual, determining cause of death, and notifying next of
 74 kin of any investigations, including autopsies and other
 75 laboratory examinations, authorized in s. 406.11; ~~or~~

76 (k) To the following persons for the purpose of
 77 identifying a person as part of the official work of a court:

78 1. A justice or judge of this state;

79 2. An employee of the state courts system who works in a
80 position that is designated in writing for access by the Chief
81 Justice of the Supreme Court or a chief judge of a district or
82 circuit court, or by his or her designee; or

83 3. A government employee who performs functions on behalf
84 of the state courts system in a position that is designated in
85 writing for access by the Chief Justice or a chief judge, or by
86 his or her designee; or

87 (1) To the Department of Health, pursuant to an
88 interagency agreement to access digital images to verify the
89 identity of an individual during an investigation under chapter
90 456, and for the reproduction of licenses issued by the
91 Department of Health.

92 Section 2. Paragraph (e) of subsection (4) of section
93 395.3025, Florida Statutes, is amended to read:

94 395.3025 Patient and personnel records; copies;
95 examination.—

96 (4) Patient records are confidential and may ~~must~~ not be
97 disclosed without the consent of the patient or his or her legal
98 representative, but appropriate disclosure may be made without
99 such consent to:

100 (e) The department ~~agency~~ upon subpoena issued pursuant to
101 s. 456.071, ~~but~~ The records obtained ~~thereby~~ must be used
102 solely for the purpose of the department ~~agency~~ and the
103 appropriate professional board in its investigation,
104 prosecution, and appeal of disciplinary proceedings. If the

105 department agency requests copies of the records, the facility
 106 shall charge a fee pursuant to this section ~~no more than its~~
 107 ~~actual copying costs, including reasonable staff time.~~ The
 108 department and the appropriate professional board must maintain
 109 the confidentiality of patient records obtained under this
 110 paragraph pursuant to s. 456.057. A licensee who is the subject
 111 of a department investigation may inspect or receive a copy of a
 112 patient record connected with the investigation if the licensee
 113 agrees in writing to maintain the confidentiality of the patient
 114 record pursuant to s. 456.057 ~~must be sealed and must not be~~
 115 ~~available to the public pursuant to s. 119.07(1) or any other~~
 116 ~~statute providing access to records, nor may they be available~~
 117 ~~to the public as part of the record of investigation for and~~
 118 ~~prosecution in disciplinary proceedings made available to the~~
 119 ~~public by the agency or the appropriate regulatory board.~~
 120 ~~However, the agency must make available, upon written request by~~
 121 ~~a practitioner against whom probable cause has been found, any~~
 122 ~~such records that form the basis of the determination of~~
 123 ~~probable cause.~~

124 Section 3. Subsections (2), (6), and (7) of section
 125 456.013, Florida Statutes, are amended to read:

126 456.013 Department; general licensing provisions.—

127 (2) Before the issuance of a ~~any~~ license, the department
 128 shall charge an initial license fee as determined by the
 129 applicable board or, if there is no board, by rule of the
 130 department. Upon receipt of the appropriate license fee, the

131 department shall issue a license to a any person certified by
 132 the appropriate board, or its designee, as having met the
 133 licensure requirements imposed by law or rule. ~~The license shall~~
 134 ~~consist of a wallet-size identification card and a wall card~~
 135 ~~measuring 6 1/2 inches by 5 inches.~~ The licensee shall surrender
 136 the license to the department ~~the wallet-size identification~~
 137 ~~card and the wall card~~ if the licensee's license was ~~is~~ issued
 138 in error or is revoked.

139 (6) As a condition of renewal of a license, ~~the Board of~~
 140 ~~Medicine,~~ the Board of Osteopathic Medicine, the Board of
 141 Chiropractic Medicine, and the Board of Podiatric Medicine shall
 142 ~~each~~ require their respective licensees ~~which they respectively~~
 143 ~~regulate~~ to periodically demonstrate their professional
 144 competency by completing at least 40 hours of continuing
 145 education every 2 years. The boards may require by rule that up
 146 to 1 hour of the required 40 or more hours be in the area of
 147 risk management or cost containment. This provision does ~~shall~~
 148 ~~not be construed to~~ limit the number of hours that a licensee
 149 may obtain in risk management or cost containment to be credited
 150 toward satisfying the 40 or more required hours. This provision
 151 does ~~shall~~ ~~not be construed to~~ require the boards to impose any
 152 requirement on licensees except for the completion of at least
 153 40 hours of continuing education every 2 years. Each of the ~~such~~
 154 boards shall determine whether any specific continuing education
 155 requirements not otherwise mandated by law will ~~shall~~ be
 156 mandated and shall approve criteria for, and the content of, any

157 continuing education mandated by such board. Notwithstanding any
 158 other provision of law, the board, or the department when there
 159 is no board, may approve by rule alternative methods of
 160 obtaining continuing education credits in risk management. The
 161 alternative methods may include attending a board meeting at
 162 which another licensee is disciplined, serving as a volunteer
 163 expert witness for the department in a disciplinary case, or
 164 serving as a member of a probable cause panel following the
 165 expiration of a board member's term. Other boards within the
 166 Division of Medical Quality Assurance, or the department if
 167 there is no board, may adopt rules granting continuing education
 168 hours in risk management for attending a board meeting at which
 169 another licensee is disciplined, for serving as a volunteer
 170 expert witness for the department in a disciplinary case, or for
 171 serving as a member of a probable cause panel following the
 172 expiration of a board member's term.

173 (7) The boards, except the Board of Medicine, or the
 174 department when there is no board, shall require the completion
 175 of a 2-hour course relating to prevention of medical errors as
 176 part of the licensure and renewal process. The 2-hour course
 177 shall count towards the total number of continuing education
 178 hours required for the profession. The course shall be approved
 179 by the board or department, as appropriate, and shall include a
 180 study of root-cause analysis, error reduction and prevention,
 181 and patient safety. In addition, the course approved by ~~the~~
 182 ~~Board of Medicine~~ and the Board of Osteopathic Medicine shall

183 include information relating to the five most misdiagnosed
 184 conditions during the previous biennium, as determined by the
 185 board. If the course is being offered by a facility licensed
 186 pursuant to chapter 395 for its employees, the board may approve
 187 up to 1 hour of the 2-hour course to be specifically related to
 188 error reduction and prevention methods used in that facility.

189 Section 4. Subsections (5) through (11) of section
 190 456.025, Florida Statutes, are renumbered as subsections (4)
 191 through (10), respectively, and present subsections (4) and (6)
 192 are amended to read:

193 456.025 Fees; receipts; disposition.—

194 ~~(4) Each board, or the department if there is no board,~~
 195 ~~may charge a fee not to exceed \$25, as determined by rule, for~~
 196 ~~the issuance of a wall certificate pursuant to s. 456.013(2)~~
 197 ~~requested by a licensee who was licensed prior to July 1, 1998,~~
 198 ~~or for the issuance of a duplicate wall certificate requested by~~
 199 ~~any licensee.~~

200 (5)-(6) If the cash balance of the trust fund at the end of
 201 any fiscal year exceeds the total appropriation provided for the
 202 regulation of the health care professions in the prior fiscal
 203 year, the boards, in consultation with the department, may lower
 204 the license renewal fees. When the department determines, based
 205 on long-range estimates of revenue, that a profession's trust
 206 fund balance exceeds the amount required to cover necessary
 207 functions, each board, or the department when there is no board,
 208 may adopt rules to implement the waiver of initial application

209 fees, initial licensure fees, unlicensed activity fees, or
 210 renewal fees for that profession. The waiver of renewal fees may
 211 not exceed 2 years.

212 Section 5. Section 456.033, Florida Statutes, is amended
 213 to read:

214 456.033 Requirement for instruction for certain licensees
 215 on HIV and AIDS.—The following requirements apply to each person
 216 licensed or certified under chapter 457; ~~chapter 458~~; chapter
 217 459; chapter 460; chapter 461; chapter 463; part I of chapter
 218 464; chapter 465; chapter 466; part II, part III, part V, or
 219 part X of chapter 468; or chapter 486:

220 (1) Each person shall be required by the appropriate board
 221 to complete no later than upon first renewal a continuing
 222 educational course, approved by the board, on human
 223 immunodeficiency virus and acquired immune deficiency syndrome
 224 as part of biennial relicensure or recertification. The course
 225 shall consist of education on the modes of transmission,
 226 infection control procedures, clinical management, and
 227 prevention of human immunodeficiency virus and acquired immune
 228 deficiency syndrome. Such course shall include information on
 229 current Florida law on acquired immune deficiency syndrome and
 230 its impact on testing, confidentiality of test results,
 231 treatment of patients, and any protocols and procedures
 232 applicable to human immunodeficiency virus counseling and
 233 testing, reporting, the offering of HIV testing to pregnant
 234 women, and partner notification issues pursuant to ss. 381.004

235 | and 384.25.

236 | (2) Each person shall submit confirmation of having
 237 | completed the course required under subsection (1), on a form as
 238 | provided by the board, when submitting fees for first renewal.

239 | (3) The board shall have the authority to approve
 240 | additional equivalent courses that may be used to satisfy the
 241 | requirements in subsection (1). Each licensing board that
 242 | requires a licensee to complete an educational course pursuant
 243 | to this section may count the hours required for completion of
 244 | the course included in the total continuing educational
 245 | requirements as required by law.

246 | (4) Any person holding two or more licenses subject to the
 247 | provisions of this section shall be permitted to show proof of
 248 | having taken one board-approved course on human immunodeficiency
 249 | virus and acquired immune deficiency syndrome, for purposes of
 250 | relicensure or recertification for additional licenses.

251 | (5) Failure to comply with the above requirements shall
 252 | constitute grounds for disciplinary action under each respective
 253 | licensing chapter and s. 456.072(1)(e). In addition to
 254 | discipline by the board, the licensee shall be required to
 255 | complete the course.

256 | Section 6. Section 456.068, Florida Statutes, is amended
 257 | to read:

258 | 456.068 Toll-free telephone number for reporting of
 259 | complaints.—The Department of Health ~~Agency for Health Care~~
 260 | ~~Administration~~ shall establish a toll-free telephone number for

261 public reporting of complaints relating to medical treatment or
 262 services provided by health care professionals.

263 Section 7. Subsections (2), (3), and (4) of section
 264 458.319, Florida Statutes, are renumbered as subsections (3),
 265 (4), and (5), respectively, and a new subsection (2) is added to
 266 that section to read:

267 458.319 Renewal of license.—

268 (2) Each licensee shall demonstrate his or her
 269 professional competency by completing at least 40 hours of
 270 continuing medical education every 2 years. The board, by rule,
 271 may:

272 (a) Provide that continuing medical education approved by
 273 the American Medical Association satisfies some or all of the
 274 continuing medical education requirements.

275 (b) Mandate specific continuing medical education
 276 requirements.

277 (c) Approve alternative methods for obtaining continuing
 278 medical education credits, including, but not limited to:

279 1. Attendance at a board meeting at which another licensee
 280 is disciplined;

281 2. Service as a volunteer expert witness for the
 282 department in a disciplinary proceeding; or

283 3. Service as a member of a probable cause panel following
 284 expiration of a board member's term.

285 (d) Provide that up to 25 percent of the required
 286 continuing medical education hours may be fulfilled through pro

287 | bono services to the indigent, underserved populations, or
 288 | patients in critical need areas in the state where the licensee
 289 | practices.

290 | 1. The board shall require that any pro bono service be
 291 | approved in advance to receive credit for continuing medical
 292 | education under this paragraph.

293 | 2. The standard for determining indigency shall be that
 294 | recognized by the federal poverty guidelines and shall be less
 295 | than 150 percent of the federal poverty level.

296 | (e) Provide that a portion of the continuing medical
 297 | education hours may be fulfilled by performing research in
 298 | critical need areas or by training for advanced professional
 299 | certification.

300 | (f) Adopt rules to define underserved and critical need
 301 | areas.

302 | Section 8. Subsection (7) of section 464.203, Florida
 303 | Statutes, is amended to read:

304 | 464.203 Certified nursing assistants; certification
 305 | requirement.—

306 | (7) A certified nursing assistant shall complete 24 ~~12~~
 307 | hours of inservice training during each biennium ~~calendar year~~.
 308 | The certified nursing assistant is ~~shall be~~ responsible for
 309 | maintaining documentation demonstrating compliance with these
 310 | provisions. ~~The Council on Certified Nursing Assistants, in~~
 311 | ~~accordance with s. 464.2085(2)(b), shall propose rules to~~
 312 | ~~implement this subsection.~~

313 Section 9. Section 464.2085, Florida Statutes, is
 314 repealed.

315 Section 10. Subsection (2) of section 466.032, Florida
 316 Statutes, is amended to read:

317 466.032 Registration.—

318 ~~(2) Upon the failure of any dental laboratory operator to~~
 319 ~~comply with subsection (1), the department shall notify her or~~
 320 ~~him by registered mail, within 1 month after the registration~~
 321 ~~renewal date, return receipt requested, at her or his last known~~
 322 ~~address, of such failure and inform her or him of the provisions~~
 323 ~~of subsections (3) and (4).~~

324 Section 11. Subsection (8) of section 467.009, Florida
 325 Statutes, is amended to read:

326 467.009 Midwifery programs; education and training
 327 requirements.—

328 (8) Nonpublic educational institutions that conduct
 329 approved midwifery programs shall be accredited by a member of
 330 the Council on Higher Education Accreditation Commission ~~on~~
 331 ~~Recognition of Postsecondary Accreditation~~ and shall be licensed
 332 by the Commission for Independent Education.

333 Section 12. Section 468.1735, Florida Statutes, is
 334 repealed.

335 Section 13. Subsection (11) of section 468.503, Florida
 336 Statutes, is amended to read:

337 468.503 Definitions.—As used in this part:

338 (11) "Registered dietitian" means an individual registered

339 with the accrediting body of the Academy of Nutrition and
 340 Dietetics Commission on Dietetic Registration, the accrediting
 341 body of the American Dietetic Association.

342 Section 14. Subsection (4) of section 468.505, Florida
 343 Statutes, is amended to read:

344 468.505 Exemptions; exceptions.—

345 (4) Notwithstanding any other provision of this part, an
 346 individual registered by the accrediting body of the Academy of
 347 Nutrition and Dietetics Commission on Dietetic Registration of
 348 the American Dietetic Association has the right to use the title
 349 "Registered Dietitian" and the designation "R.D."

350 Section 15. Subsection (5) of section 480.033, Florida
 351 Statutes, is amended to read:

352 480.033 Definitions.—As used in this act:

353 ~~(5) "Apprentice" means a person approved by the board to~~
 354 ~~study massage under the instruction of a licensed massage~~
 355 ~~therapist.~~

356 Section 16. Subsections (1) and (4) of section 480.041,
 357 Florida Statutes, are amended to read:

358 480.041 Massage therapists; qualifications; licensure;
 359 endorsement.—

360 (1) A ~~Any~~ person is qualified for licensure as a massage
 361 therapist under this act who:

362 (a) Is at least 18 years of age or has received a high
 363 school diploma or graduate equivalency diploma;

364 (b) Has completed a course of study at a board-approved

365 | ~~massage school or has completed an apprenticeship program that~~
 366 | ~~meets standards adopted by the board; and~~

367 | (c) Has received a passing grade on an examination
 368 | administered by the department.

369 | (4) The board shall adopt rules:

370 | (a) ~~Establishing a minimum training program for~~
 371 | ~~apprentices.~~

372 | ~~(b)~~ Providing for educational standards, examination, and
 373 | certification for the practice of colonic irrigation, as defined
 374 | in s. 480.033 ~~480.033(6)~~, by massage therapists.

375 | ~~(b)(c)~~ Specifying licensing procedures for practitioners
 376 | desiring to be licensed in this state who hold an active license
 377 | and have practiced in any other state, territory, or
 378 | jurisdiction of the United States or any foreign national
 379 | jurisdiction which has licensing standards substantially similar
 380 | to, equivalent to, or more stringent than the standards of this
 381 | state.

382 | Section 17. Subsection (5) of section 480.042, Florida
 383 | Statutes, is amended to read:

384 | 480.042 Examinations.—

385 | (5) ~~All licensing examinations shall be conducted in such~~
 386 | ~~manner that the applicant shall be known to the department by~~
 387 | ~~number until her or his examination is completed and the proper~~
 388 | ~~grade determined.~~ An accurate record of each examination shall
 389 | be maintained, ~~shall be made,~~ and that record, together with all
 390 | examination papers, ~~shall be filed with the State Surgeon~~

391 | ~~General and~~ shall be kept by the testing entities for reference
 392 | and inspection for a period of not less than 2 years immediately
 393 | following the examination.

394 | Section 18. Paragraph (h) of subsection (1) of section
 395 | 480.044, Florida Statutes, is amended to read:

396 | 480.044 Fees; disposition.—

397 | (1) The board shall set fees according to the following
 398 | schedule:

399 | ~~(h) Fee for apprentice: not to exceed \$100.~~

400 | Section 19. Subsection (3) of section 823.05, Florida
 401 | Statutes, is amended to read:

402 | 823.05 Places and groups engaged in criminal gang-related
 403 | activity declared a nuisance; massage establishments engaged in
 404 | prohibited activity; may be abated and enjoined.—

405 | (3) A massage establishment as defined in s. 480.033
 406 | ~~480.033(7)~~ that operates in violation of s. 480.0475 or s.
 407 | 480.0535(2) is declared a nuisance and may be abated or enjoined
 408 | as provided in ss. 60.05 and 60.06.

409 | Section 20. This act shall take effect July 1, 2014.



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 Quality
 2 Subcommittee

3 Representative Pigman offered the following:

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

6 Between lines 123 and 124, insert:

7 Section 3. Subsection (2) of section 401.252, Florida
 8 Statutes, is amended to read:

9 401.252 Interfacility transfer.—

10 (2) (a) A licensed basic or advanced life support service
 11 may conduct interfacility transfers in a permitted ambulance if
 12 the patient's treating physician certifies that the transfer is
 13 medically appropriate and the physician provides reasonable
 14 transfer orders. An interfacility transfer must be conducted in
 15 a permitted ambulance if the patient:

- 16 1. Is bed confined, as defined by the Center for Medicare
 17 and Medicaid Services;



Amendment No. 1.

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2. Requires the administration, as defined under s. 465.003(1), of medical oxygen; or

3. Has been determined to need ~~it is determined that the patient needs,~~ or is likely to need, medical attention during transport.

(b) If the emergency medical technician or paramedic believes the level of patient care required during the transfer is beyond his or her capability, the medical director, or his or her designee, must be contacted for clearance prior to conducting the transfer. If necessary, the medical director, or his or her designee, shall attempt to contact the treating physician for consultation to determine the appropriateness of the transfer.

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

Remove line 13 and insert:

certain conditions; amending s. 401.252, F.S.; requiring an interfacility transfer to be conducted in a permitted ambulance if a patient is bed confined or requires the administration of medical oxygen; amending s. 456.013, F.S.;



Amendment No. 2

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 Quality
 2 Subcommittee
 3 Representative Pigman offered the following:

4
 5 **Amendment (with title amendment)**
 6 Remove lines 256-262

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

12 Remove lines 26-29 and insert:
 13 and AIDS; amending s. 458.319, F.S.; providing
 14



Amendment No. 3

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 Quality
 2 Subcommittee
 3 Representative Pigman offered the following:

Amendment (with title amendment)

Between lines 332 and 333, insert:

Section 12. Subsection (2) of section 468.1695, Florida Statutes, is amended to read:

468.1695 Licensure by examination.—

(2) The department shall examine each applicant who the board certifies has completed the application form and remitted an examination fee set by the board not to exceed \$250 and who:

(a)1. Holds a baccalaureate or master's degree from an accredited college or university and majored in health care administration, health services administration, or an equivalent major, or has credit for at least 60 semester hours in subjects,



Amendment No. 3

17 as prescribed by rule of the board, which prepare the applicant
18 for total management of a nursing home; and

19 2. Has fulfilled the requirements of a college-affiliated
20 or university-affiliated internship in nursing home
21 administration or of a 1,000-hour nursing home administrator-in-
22 training program prescribed by the board; or

23 (b)1. Holds a baccalaureate degree from an accredited
24 college or university; and

25 2.a. Has fulfilled the requirements of a 2,000-hour nursing
26 home administrator-in-training program prescribed by the board;
27 or

28 b. Has 1 year of management experience allowing for the
29 application of executive duties and skills, including the
30 staffing, budgeting, and directing of resident care, dietary,
31 and bookkeeping departments within a skilled nursing facility,
32 hospital, hospice, assisted living facility with a minimum of 60
33 licensed beds, or geriatric residential treatment program and,
34 if such experience is not in a skilled nursing facility, has
35 fulfilled the requirements of a 1,000-hour nursing home
36 administrator-in-training program prescribed by the board.

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

Remove line 41 and insert:



Amendment No. 3

42 | accredit certain midwifery programs; amending s.
43 | 468.1695, F.S.; revising an educational requirement
44 | for an applicant to be eligible to take the nursing
45 | home administrator licensure examination; repealing s.



Amendment No. 4

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 Quality
 2 Subcommittee

3 Representative Patronis offered the following:

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

6 Between lines 332 and 333, insert:

7 Section 12. Subsection (2) of section 468.1665, Florida
 8 Statutes, is amended to read:

9 468.1665 Board of Nursing Home Administrators; membership;
 10 appointment; terms.-

11 (2) Four ~~Three~~ members of the board must be licensed
 12 nursing home administrators. One member ~~Two members~~ of the board
 13 must be a health care practitioner ~~practitioners~~. The remaining
 14 two members of the board must be laypersons who are not, and
 15 have never been, nursing home administrators or members of any
 16 health care profession or occupation. At least one member of the
 17 board must be 60 years of age or older.



Amendment No. 4

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

Between lines 41 and 42, insert:

accredit certain midwifery programs; amending s. 468.1665, F.S.;
revising the membership of the Board of Nursing Home
Administrators; repealing s.