



# Journal of the Senate

Number 12—Regular Session

Thursday, April 23, 2009

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## CALL TO ORDER

The Senate was called to order by President Atwater at 9:45 a.m. A quorum present—40:

Mr. President	Fasano	Peaden
Alexander	Gaetz	Pruitt
Altman	Garcia	Rich
Aronberg	Gardiner	Richter
Baker	Gelber	Ring
Bennett	Haridopolos	Siplin
Bullard	Hill	Smith
Constantine	Jones	Sobel
Crist	Joyner	Storms
Dean	Justice	Villalobos
Detert	King	Wilson
Deutch	Lawson	Wise
Diaz de la Portilla	Lynn	
Dockery	Oelrich	

## PRAYER

The following prayer was offered by Pastor Willie J. Cook, Allen Temple AME Church, Tampa:

“O Lord, our Lord, how excellent, how wonderful, and how great is your name in the entire universe!”

O Lord God, you have been our help in ages past; you are the hope for the years to come; you are our shelter, and stronghold from the stormy blast; you are our eternal home.

Almighty God, our heavenly creator, you are the sovereign God who rules all of the affairs of humankind. We pause now to give thanks for allowing us to rest last night and for waking us up this morning. We give you the praise, the honor, and the glory for filling our hearts with godly wisdom and knowledge to face this new day that is full of challenges, problems, and conflicts. Lord, we know that with your help we will do great things in your name. Lord God, lead us and guide us to do your sovereign will.

Lord God, I pray for the leaders in this chamber. I not only pray for these, but I also pray for all of the leaders of this great State of Florida. I pray that this day and every day that your spirit, knowledge, and wisdom be in this chamber, and in the hearts and minds of all who would enter it.

Lord, we pray that you send to each member that is in this place the skill and godly wisdom to do justly and love mercy. Let all that we do today and every day be done knowing that we all must give an account of what you have entrusted to us.

Now Lord, help all of our leaders to have hearts and ears that are attentive to your godly counsel. Make us women and men of your integrity, that we may lead a quiet and peaceful life in godliness and honesty.

Lord, we call upon you to bless every one that is under the sound of my voice. Bless their families, friends, and neighbors. Bless this session of Senate deliberations so that all that is done will be according to your divine will.

In the name of the one who is known by many names, we give honor, praise and thanksgiving forever. Amen and amen.

## PLEDGE

Senate Pages Delaitre “D.J.” Hollinger, William “Max” Moody and Eleanor Wilson of Tallahassee; and Jade Martin of Fort Lauderdale, led the Senate in the pledge of allegiance to the flag of the United States of America.

## DOCTOR OF THE DAY

The President recognized Dr. Dan Boggus of Tavares, sponsored by Senator Baker, as doctor of the day. Dr. Boggus specializes in Family Practice.

## MOTIONS RELATING TO COMMITTEE REFERENCE

On motion by Senator Alexander, by two-thirds vote **CS for SB 258**, **CS for CS for SB 604**, **SB 1862**, and **CS for SB 2408** were withdrawn from the Committee on Criminal and Civil Justice Appropriations; **CS for SB 744** was withdrawn from the Committee on Education Pre-K - 12 Appropriations; **CS for CS for SB 868**, **SB 1426**, **CS for SB 2306**, and **SB 2310** were withdrawn from the Committee on Finance and Tax; **CS for SB 746** and **CS for SB 2296** were withdrawn from the Committee on Health and Human Services Appropriations; **CS for SB 392** and **CS for SB 2282** were withdrawn from the Policy and Steering Committee on Ways and Means; and **SB 2246** was withdrawn from the Committee on Transportation and Economic Development Appropriations.

On motion by Senator Villalobos, by two-thirds vote **CS for SB 264**, **CS for SB 270**, **SB 658**, **CS for SB 748**, **CS for SB 750**, **SB 754**, **CS for SB 1268**, **CS for SB 1290**, **CS for SB 1342**, **CS for SB 1348**, **CS for SB 1400**, **CS for SB 1826**, **CS for SB 1834**, **CS for SB 1902**, **CS for SB 1912**, **CS for CS for SB 2126**, **CS for SB 2158**, **CS for SB 2324**, and **CS for SB 2374** were withdrawn from the Committee on Rules.

## MOTIONS RELATING TO COMMITTEE MEETINGS

On motion by Senator Alexander, the rules were waived and the Policy and Steering Committee on Ways and Means was granted permission to meet this day from 2:02 p.m. until 4:00 p.m. to consider **CS for SB 732, CS for CS for SB 2226, CS for SB 2088, CS for SB 1126, SB 58, CS for CS for SB 1372, CS for SB 2546, CS for CS for SB 1468, CS for CS for SB 2244, CS for SB 1114, and CS for CS for SB 1502.**

## SPECIAL ACADEMIC RECOGNITIONS BY THE PRESIDENT

Members, I have spoken numerous times about the importance of developing intellectual capital and how Florida will be better for it. Our state has the potential to become an epicenter for thriving and diversified business opportunities, biotech communities, and technology centers. These institutes provide high-tech career opportunities, are on the cutting edge of new inventions, and new cures for diseases. It is our challenge and our responsibility to equip our children with the tools necessary to compete in the new global economy.

Today, I have the honor of welcoming to the Florida Senate, university students who have achieved high academic honors. These students represent the intellectual capital that we hope to build in every child. All too often, academic achievements are only recognized on the academic platform. Today, we broaden that platform to acknowledge and give tribute to students who have exceeded most learning standards and are making indelible marks worldwide in areas of biochemistry, education, mathematics, environmental sciences, and public service.

Senators, please join me in honoring the following students for their outstanding academic achievements.

### THE 2009 BARRY M. GOLDWATER SCHOLARSHIP

Available to college juniors and seniors who have demonstrated potential for and commitment to a career in mathematics, the natural sciences, or engineering. Goldwater scholars must be nominated by his or her college or university, followed by an extensive interview conducted by the Foundation's independent review committee.

#### FLORIDA STATE UNIVERSITY

**Scholar:** Alan Douglas Kuhnle

**Bio:** Alan is a fourth-year student majoring in mathematics. During the summers of 2007 and 2008, he studied the properties of Niobium-Tin, a superconductor, both experimentally and through computer simulations. He has been studying models of biological evolution, and has contributed to a study on simulated iron nanopillars. He plans to pursue a doctorate in mathematics.

#### UNIVERSITY OF FLORIDA

**Scholar:** Mehrnoosh Arrar

**Bio:** Mehrnoosh is a junior majoring in chemistry. She has been doing research in the Quantum Theory Project for the past two years. She completed a National Science Foundation-funded program in Argentina last summer and has been selected for another research experience at the prestigious Curie Institute in Paris. She plans to earn a doctorate in chemistry.

**Scholar:** Christopher James Marth

**Bio:** Christopher is a sophomore pursuing dual degrees in chemistry and microbiology. He graduated high school as a National Merit Scholar. Christopher is involved in research investigating the environmental impact of Triclosan and also research involving the development of self-assembling molecular systems that transport charge. He intends to pursue a doctorate in organic synthesis.

**Scholar:** Miorel Lucian Palii

**Bio:** Miorel is a National Merit Scholar triple majoring in physics, computer science, and biochemistry and molecular biology. He has conducted research since his freshman year, funded by the Howard Hughes Medical Institute and the American Cancer Society.

#### UNIVERSITY OF SOUTH FLORIDA

**Scholar:** Jordan B. Markel

**Bio:** Jordan is a biology major, and is concurrently earning a Graduate Certificate in Clinical Investigation through the College of Medicine. In addition to an MD, he plans to pursue a PhD in Clinical Sciences. Jordan earned a 2009 American Society of Microbiology Undergraduate Research Fellowship and has accepted a summer internship at the Harvard Medical School Catalyst Program.

#### Goldwater Scholarship Recipients Not In Attendance:

#### ECKERD COLLEGE

**Scholar:** Samuel James Murphy

**Bio:** Samuel Murphy is in the Ford Apprentice Scholar Program and has been active in ongoing research with Eckerd College faculty.

**Scholar:** Lily Lambert Raines

**Bio:** Lily plans to use her Goldwater scholarship to cover part of her tuition during her senior year. She will continue her research upon graduation, studying vaccine development and drug discovery. In 2008, Lily received a summer internship from the NASA Astrobiology Institute.

### THE 2009 HARRY S. TRUMAN SCHOLARSHIP

A merit-based scholarship awarded to junior-level college students who have exceptional leadership potential and who are committed to careers in government or elsewhere in public service. In order to qualify for this scholarship, scholars must receive a nomination by his or her institution, undergo a rigorous interview process by a regional selection committee, be in the upper quarter of his or her class and have an extensive record of public and community service. This scholarship provides assistance to these scholars to pursue a graduate degree relating to public service and also requires the recipients to commit to working in public service for a minimum of three years.

#### FLORIDA STATE UNIVERSITY

**Scholar:** Alexander Merkovic-Orenstein

**Bio:** Alexander is a third-year student majoring in Middle Eastern Studies. He co-founded Global Peace Exchange, a student-run non-governmental organization that engages in grass-roots development world-wide. He has led projects in Ghana and Rwanda, working with orphans, students, refugees and ex-child soldiers.

#### UNIVERSITY OF FLORIDA

**Scholar:** Adam Amir

**Bio:** Adam is a third year student majoring in political science and history. He speaks German and Hebrew. He is committed to public service, scholarship and leadership, which earned him the Harry S. Truman Scholarship. Adam plans to pursue a career in civil rights law and constitutional law.

### THE 2009 MORRIS K. UDALL SCHOLARSHIP

Scholars are selected on the basis of demonstrated commitment to environmental or natural resource issues, tribal public policy, or Native American health care. Udall Scholarship recipients are scholars who are interested in careers that make significant contributions to the shaping of environmental public policy, tribal public policy or Native American health care issues, whether through scientific advances, public service, or community action.

#### FLORIDA STATE UNIVERSITY

**Scholar:** Ashley Danley

**Bio:** Ashley is a third-year civil and environmental engineering double major. One of her key interests is in developing sanitation systems and providing safe drinking water for developing countries. She co-founded the group "Dare to Love: Project Haiti."

**Scholar:** Brandy Saffell

**Bio:** Brandy is a junior majoring in international affairs with a concentration in geography and environmental analysis. She is conducting honors thesis research on the biogeography of Haiti to identify reforestation practices that cooperate with agricultural development.

**Udall Scholarship Recipients Not In Attendance:****NEW COLLEGE OF FLORIDA****Scholar:** Elizabeth Hamman

**Bio:** Elizabeth is a junior majoring in Marine Biology with a minor in Applied Mathematics. She plans on pursuing a PhD in Marine Biology.

**Scholar:** Nancy Spector

**Bio:** Nancy is a junior majoring in Environmental Studies. She plans on pursuing a PhD in Environmental Science, Policy, and Management.

**STETSON UNIVERSITY****Scholar:** Heather Grove

**Bio:** Heather is a sophomore majoring in Geography and Environmental Science with a minor in German. This past summer, Heather was selected to spend a month in rural Guatemala where she spent the days planting trees and building fuel-efficient stoves. She has studied abroad in Guanajuato, Mexico, where she tutored at an-all girls orphanage.

**THE 2009 NATIONAL OCEANIC  
AND ATMOSPHERIC ADMINISTRATION (NOAA)  
ERNEST F. HOLLINGS SCHOLARSHIP**

Designed to recruit and prepare students for public service careers with natural resource and science agencies. Scholars at the sophomore level who are majoring in a discipline area related to oceanic, atmospheric science, research, technology or education are chosen for this scholarship based on relevant course work, education plan and career interest, extracurricular activities, and non-academic volunteer work.

**NEW COLLEGE OF FLORIDA****Scholar:** Michael J. Dexter-Luffberry

**Bio:** Michael is a sophomore majoring in Political Science and Biology. This semester he is interning with the Collins Institute for Public Policy in Tallahassee, working with the Council for A Sustainable Florida and the Century Commission. He plans on pursuing a Masters in International Development Policy and a J.D.

**THE 2009-10 FULBRIGHT U.S. STUDENT  
PROGRAM SCHOLARSHIP**

Award grants to U.S. students to study, do research or assistant-teach overseas for one academic year. Students must undergo a rigorous selection process that evaluates students on the basis of academic record, language proficiency, feasibility of the overseas project proposal, commitment to promoting mutual understanding among nations, and other personal qualifications.

**FLORIDA STATE UNIVERSITY****Scholar:** Lulio Vargas-Cohen

**Bio:** Lulio will be representing the United States as a Fulbright Fellow to Spain. His interests center on national security and foreign policy, embodied through his cadetship in Air Force ROTC and internships with the U.S. Department of State and Presidential Classroom. As a Public Policy and International Affairs Fellow at Princeton University's prestigious Woodrow Wilson School, Lulio studied U.S.-European Union relations.

**Scholar:** Travis Smith

**Bio:** Travis will be representing the United States as a Fulbright Fellow in Russia. He will graduate next week with degrees in Russian and International Affairs. Travis has worked in youth ministry, first as

an intern and now as youth director at his church. He hopes to work for the State Department.

**UNIVERSITY OF FLORIDA****Scholar:** Gloria Tavera

**Bio:** Gloria is a neurobiological science major with a double major in political science and a minor in public health. She has received several grants and awards for her research, including funding from the Howard Hughes Medical Institute. As a Fulbright recipient, Gloria will research the localization of Dengue hemorrhagic fever in mice at the National Institute of Public Health in Cuernavaca, Mexico.

**Scholar:** Carol Reyes

**Bio:** Carol will graduate with a BA in journalism and three minors in French, Portuguese, and Latin American Studies. In 2007, she won a grant to volunteer with a non-governmental organization in Portugal, where she began learning about non-profit management and immigration. As a Fulbright recipient, Carole will spend 11 months in Taiwan. Upon her return, Carol plans to study international law and immigration.

**Fulbright Scholarship Recipients Not In Attendance:****FLORIDA STATE UNIVERSITY****Scholar:** Carly Nasehi

**Bio:** Carly is a senior seeking dual degrees in International Affairs and Religion, as well as a minor in German. She is president of the German Association. She served an internship with the State Department at the US Embassy in Vienna. She plans to pursue an MPA in Public and Nonprofit Management and Policy at New York University's Wagner School of Public Service.

**NEW COLLEGE OF FLORIDA****Scholar:** Evan Axelrad

**Bio:** Evan will graduate in May with a double major in Political Science and Environmental Studies. Next year in Norway he will conduct research at the Norwegian Center for Biosafety.

**Scholar:** Mackenzie Karp

**Bio:** Mackenzie will graduate in May with a major in Art History and minor in German Language and Literature. She will go to Germany as an English Teaching Assistant.

**Scholar:** Claire Michelsen

**Bio:** Claire majored in Anthropology with a minor in Philosophy. She will go to Hanover, Germany to work with the Midwifery Research Unit on an assessment project.

**Scholar:** Lee Ellen Reed

**Bio:** Lee Ellen will graduate in May with a double major in German Studies and Anthropology. She will go to Germany as an English Teaching Assistant.

**Scholar:** Adam Schafer

**Bio:** Adam will graduate in May with a double major in History and British & American Literature. He will go to Spain as an English Teaching Assistant.

**SPECIAL PRESENTATION**

University Presidents T.K. Wetherell, Florida State University; Mike Michalson, New College; and Judy Genshaft, University of South Florida were invited to the rostrum. Students from the University of Florida were escorted to the rostrum by the following Senators: Alexander, Dockery, Gelber, and Lynn. Students from Florida State University were escorted to the rostrum by the following Senators: Dean, King, Lawson, Oelrich, Smith, and Villalobos. Students from the University of South Florida and New College were escorted to the rostrum by the following Senators: Crist, Justice, and Storms. The students were each presented with the Senate Medallion of Excellence.

The President recognized the following guests who were also present in the chamber: Meredith Simpson, Assistant Director of the Office of National Fellowships, Florida State University; Regan Garner, Assis-

tant Director of the University of Florida Honors Program; Linda Collins, Government Relations, University of Florida; and Kathleen Beancourt, Associate Vice President, Office of Government Relations, University of South Florida.

### ADOPTION OF RESOLUTIONS

On motion by Senator Lawson—

By Senators Lawson, Atwater, Alexander, Altman, Aronberg, Baker, Bennett, Bullard, Constantine, Crist, Dean, Detert, Deutch, Diaz de la Portilla, Dockery, Fasano, Gaetz, Garcia, Gardiner, Gelber, Haridopolos, Hill, Jones, Joyner, Justice, King, Lynn, Oelrich, Peaden, Pruitt, Rich, Richter, Ring, Siplin, Smith, Sobel, Storms, Villalobos, Wilson, and Wise—

**SR 2782**—A resolution recognizing FSU Head Coach Sue Semrau upon her selection as ACC Women's Basketball Coach of the Year for 2009 and commending her for community leadership.

WHEREAS, Coach Sue Semrau has served as head women's basketball coach at Florida State University for 12 years, and has earned the title of the winningest coach in the history of Seminole women's basketball, and

WHEREAS, Coach Semrau has coached not only winning athletic teams, but also winning academic teams, leading the Atlantic Coast Conference with 65 ACC Academic Honor Roll selections, and

WHEREAS, Coach Semrau has demonstrated determination and ingenuity in building interest in women's basketball at Florida State University, among other things, leading a 48-hour "Tents-for-Tickets" campaign during which she camped in a tent outside the Donald L. Tucker Civic Center in an effort to sell 3,000 tickets, resulting in record women's basketball ticket sales, and

WHEREAS, Coach Semrau is active in the community and serves on the Board of Directors of the Women's Basketball Coaches Association, and

WHEREAS, Coach Semrau has taken a team that was winless in the ACC prior to her selection as head coach to four consecutive NCAA tournaments, with 12 consecutive victories over in-state rivals, and has led the team to 75 ACC victories, and

WHEREAS, Florida State University has earned 20 All-ACC awards during Coach Semrau's tenure and groomed two All-American players, currently playing in the WNBA, and

WHEREAS, Coach Semrau has for 3 seasons been named Coach of the Year by the ACC, America's top-rated conference, NOW, THEREFORE,

*Be It Resolved by the Senate of the State of Florida:*

That Senate recognizes FSU Head Coach Sue Semrau's selection as ACC Women's Basketball Coach of the Year for 2009 and congratulates her for her contributions to Florida State University, the Tallahassee community, and the State of Florida.

BE IT FURTHER RESOLVED that a copy of this resolution, with the Seal of the Senate affixed, be presented to Coach Sue Semrau as a tangible token of the sentiments of the Florida Senate.

—was introduced out of order and read by title. On motion by Senator Lawson, **SR 2782** was read the second time in full and adopted.

### SPECIAL GUESTS

Senator Lawson introduced Florida State University Women's Basketball Head Coach Sue Semrau, who was present in the chamber.

On motion by Senator Lawson—

By Senators Lawson, Atwater, Alexander, Altman, Aronberg, Baker, Bennett, Bullard, Constantine, Crist, Dean, Detert, Deutch, Diaz de la Portilla, Dockery, Fasano, Gaetz, Garcia, Gardiner, Gelber, Haridopolos, Hill, Jones, Joyner, Justice, King, Lynn, Oelrich, Peaden, Pruitt, Rich,

Richter, Ring, Siplin, Smith, Sobel, Storms, Villalobos, Wilson, and Wise—

**SR 2780**—A resolution recognizing FSU Head Coach Leonard Hamilton's selection as ACC Men's Basketball Coach of the Year and Basketball Times' National Men's Basketball Coach of the Year for 2009 and commending his community leadership.

WHEREAS, Coach Leonard Hamilton has served as head men's basketball coach at Florida State University for 7 seasons, and he has played an active and vital role in coaching and mentoring young men and boys in the state of Florida throughout his tenure, and

WHEREAS, Coach Leonard Hamilton is one of the top 25 all-time most winning coaches in Atlantic Coast Conference history, leading the Florida State men's basketball program to three consecutive postseason appearances as he continues to cement the Seminoles as one of the top basketball programs in the nation, and

WHEREAS, Coach Hamilton annually attracts the nation's top talent to the State of Florida, including two of the only three players in FSU history to earn All-ACC honors, and

WHEREAS, Coach Hamilton helps his players reach their goals both on and off the court, with 17 of 20 seniors earning their degrees during his tenure at FSU, and

WHEREAS, prior to joining the Seminoles, Leonard Hamilton had already twice earned the distinction of being named Big East Conference Coach of the year and United Press International National Coach of the Year, and had coached many young men to all-conference standings, and

WHEREAS, in 2009 Coach Hamilton led the Florida State men's basketball team to the NCAA Tournament for the first time since 1998 and to the Atlantic Coast Conference tournament championship game for the first time in school history, and has been named ACC 2009 Coach of the Year and *Basketball Times'* 2009 National Coach of the Year, NOW, THEREFORE,

*Be It Resolved by the Senate of the State of Florida:*

That the Senate commends Coach Leonard Hamilton for his outstanding leadership as FSU head basketball coach, mentor, and community servant, and congratulates him on his contributions to Florida State University, the Tallahassee community, and the State of Florida.

BE IT FURTHER RESOLVED that a copy of this resolution, with the Seal of the Senate affixed, be presented to Coach Leonard Hamilton as a tangible token of the sentiments of the Florida Senate.

—was introduced out of order and read by title. On motion by Senator Lawson, **SR 2780** was read the second time in full and adopted.

### SPECIAL GUESTS

Senator Lawson introduced Florida State University Men's Basketball Head Coach Leonard Hamilton, who was present in the chamber.

On motion by Senator Hill—

By Senators Hill, Joyner, Atwater, Alexander, Altman, Aronberg, Baker, Bennett, Bullard, Constantine, Crist, Dean, Detert, Deutch, Diaz de la Portilla, Dockery, Fasano, Gaetz, Garcia, Gardiner, Gelber, Haridopolos, Jones, Justice, King, Lawson, Lynn, Oelrich, Peaden, Pruitt, Rich, Richter, Ring, Siplin, Smith, Sobel, Storms, Villalobos, Wilson, and Wise—

**SR 662**—A resolution recognizing February 12, 2009, as "NAACP Day" in Florida.

WHEREAS, beginning with the moral conscience and guiding principles of Dr. William Edward Burghardt Dubois, Henry Moskowitz, Ida B. Wells-Barnett, Mary White Ovington, Oswald Garrison Villard, and William English Walling, the National Association for the Advancement of Colored People, the "NAACP," was founded on February 12, 1909, in New York City, with 60 signatories forming the creation of a civil rights organization that has built a 100-year legacy of constantly challenging

the tenets of social unrest, racial hatred, racial inequality, and economic and political injustice, and

WHEREAS, a call was led by abolitionist Mary White Ovington following the summer of 1908, when citizens were shocked by the account of race riots in Springfield, Illinois, the home of Abraham Lincoln, where a mob of the town's "best citizens" raged lawlessly for two days, killing and wounding scores of African Americans, sparing neither sex nor age nor youth and driving thousands from the city, and

WHEREAS, in the years that followed, in open acceptance of the disenfranchisement of millions, the Supreme Court of the United States, supposedly a bulwark of American liberties, passed laws avowedly discriminatory and enforced in such a manner that African-American citizens were not recognized as human beings, and

WHEREAS, records reflect that, during these times of racial hatred and discrimination, African Americans were ineligible to vote, assemble, and share the same public accommodations and educational institutions as their white counterparts, and

WHEREAS, in 1905, the Niagara Movement, an organization of people of color formed by Dr. W.E.B. DuBois from Atlanta University, held conferences at Niagara, Harper's Ferry, and Boston, the platform of which consisted of freedom of speech and criticism; an unfettered and unsubsidized press; manhood suffrage; the abolition of all caste distinctions based simply on race and color; the recognition of the principle of human brotherhood as a practical, present creed; the recognition of the highest and best training as the monopoly of no class or race; a belief in the dignity of labor; and a united effort to realize these ideals under wise and courageous leadership, and

WHEREAS, on February 12, 1909, the National Negro Committee, an organization that emerged from the Niagara Movement, was founded in New York City and, at their second conference on May 30, 1910, chose the name the National Association for the Advancement of Colored People, and

WHEREAS, in 1910, Dr. W.E.B. Dubois assumed the role of Director of Publicity and Research for the NAACP and created *The Crisis* magazine, the official magazine of the NAACP, to serve as the premier literary publication advocating for civil rights, and

WHEREAS, the Supreme Court decision in *Brown vs. Board of Education* in 1954 allowed for the integration of public schools and is recognized as the pinnacle of the NAACP's advocacy work, laying the foundation for future progress in civil and human rights in the United States, and

WHEREAS, the passage of the Civil Rights Act of 1964 further removed segregation and apartheid in the United States, permitting once disenfranchised people of color to gain access to the "American Dream" through the equal protection of the law, and

WHEREAS, the Voting Rights Act of 1965 granted African Americans the right to vote with the necessary protections and safeguards against historical barriers of exclusion, and

WHEREAS, throughout its 100-year history, the NAACP has been instrumental in social, economic, educational, and political gains for a once disenfranchised race of people, establishing itself as the oldest civil rights organization in our nation, committed to the ongoing struggle against disparities in these areas through a network of 2,200 branches currently exceeding 500,000 members, and

WHEREAS, the NAACP Florida State Conference, through its 32 branches, continues the national and local fight for equality and justice for people of color, whether it be through honoring the lives of Harry T. or Harriett Moore or obtaining justice for Martin Lee Anderson, NOW, THEREFORE,

*Be It Resolved by the Senate of the State of Florida:*

That the Senate, in recognition of the organization's countless historical contributions to the United States of America and the state of Florida over the past century as the champion for justice and racial equality for all citizens, duly strengthening the Constitutions of the state of Florida and the United States of America, commends the National Association for the Advancement of Colored People and its 32 Florida

branches and proudly recognizes February 12, 2009, as "NAACP Day" in Florida.

—was introduced out of order and read by title. On motion by Senator Hill, **SR 662** was read the second time in full and adopted.

At the request of Senator Jones—

By Senator Jones—

**SR 2770**—A resolution honoring the memory of Jade Thomas Moore and posthumously commending him for his dedication to the preservation of public education in Florida.

WHEREAS, Jade Thomas Moore embraced the Jeffersonian principle that education is the great equalizer for all children and devoted his life to opening the doors of opportunity and learning for generations of Floridians, and

WHEREAS, Jade Moore, born in Altoona, Pennsylvania, was raised in Pinellas County, where he attended Pinellas County public schools, graduated from Clearwater High School in 1965, and received his bachelor's and master's degrees from the University of South Florida, and

WHEREAS, Jade Moore began his career as a teacher, influencing the lives of many Pinellas County students who still remember him today, and

WHEREAS, Jade Moore became Executive Director of the Pinellas Classroom Teachers Association in 1974, a position he proudly held until his death, championing the needs of public school students, teachers, and support staff, and

WHEREAS, Jade Moore was recognized for his detailed understanding of education funding, and his professional, nonpartisan manner earned the respect of school board members and five different school superintendents, and

WHEREAS, Jade Moore's knowledge of the state's finance and tax system led to his appointment to Florida's Taxation and Budget Reform Commission in 1990 and again in 2007, both times appointed by the Senate President, and

WHEREAS, Jade Moore, armed with a keen intellect and irreverent sense of humor, traveled frequently and tirelessly to the State Capitol to advocate for public schools, befriending many in government with his colorful, outspoken style, and

WHEREAS, Jade Moore, a staunch Democrat, counted many Republicans among his closest friends, with candidates from both parties seeking his counsel and the endorsement of the organization he led, and

WHEREAS, Jade Moore was a founding member and president of the Suncoast Tiger Bay Club, advocating for a better public understanding of public officials and government, and

WHEREAS, Jade Moore was also a faithful leader, elder, and Sunday school teacher at Trinity Presbyterian Church in Clearwater, and served as moderator of the Presbytery of Tampa Bay, and

WHEREAS, Jade Moore will be remembered by many, including numerous members of this legislative body, past and present, as a unique individual who had a powerful intellect and the personality to rival it, and whose friendship was cherished and will be sorely missed, NOW, THEREFORE,

*Be It Resolved by the Senate of the State of Florida:*

That the Senate does pause in its deliberations to honor the memory of Jade Thomas Moore, gratefully acknowledging his years of service, and posthumously commending him for his dedication to the preservation of public education in Florida.

BE IT FURTHER RESOLVED that copies of this resolution, with the Seal of the Senate affixed, be presented to his beloved wife of 38 years, Sue, daughters Jennifer and Michelle, and granddaughter Rowan Jade, as a tangible token of the sentiments of the Florida Senate.

—**SR 2770** was introduced, read and adopted by publication.

At the request of Senator Detert—

By Senator Detert—

**SR 2778**—A resolution recognizing May 7, 2009, as “Children’s Mental Health Awareness Day” in Florida.

WHEREAS, the importance of meeting the mental health needs of Florida’s youngest and most vulnerable residents is widely recognized, and

WHEREAS, an estimated one in five children has a mental health disorder, and early intervention and appropriate help and support improve the chances of Florida’s children reaching adulthood and leading healthy and more successful lives, and

WHEREAS, the most effective children’s mental health services are collaborative, community based, and family driven, and

WHEREAS, multiple state agencies, including the Department of Children and Family Services, the Department of Education, the Department of Health, the Department of Juvenile Justice, and the Agency for Health Care Administration, as well as the Sarasota Partnership for Children’s Mental Health, work with Florida’s cities, counties, community agencies, and mental health professionals to serve children and adolescents by caring for their mental health needs, and

WHEREAS, May is National Mental Health Month, and

WHEREAS, Children’s Mental Health Awareness Day helps inform the residents of Florida of the critical need for effective care and special programs designed to assist children and youth with mental health needs and their families, NOW, THEREFORE,

*Be It Resolved by the Senate of the State of Florida:*

That the Senate recognizes May 7, 2009, as “Children’s Mental Health Awareness Day” in Florida.

—**SR 2778** was introduced, read and adopted by publication.

## RECONSIDERATION OF BILL

On motion by Senator Pruitt, the rules were waived and the Senate reconsidered the vote by which—

**CS for SB 672**—A bill to be entitled An act relating to road designations; designating the Stan Mayfield Memorial Highway in Indian River and Osceola Counties; designating the Kenneth H. “Buddy” MacKay and Jim H. Williams Memorial Overpass in Ocala; designating the Deputy Hal P. Croft and Ronald Jackson Memorial Highway in Union County; designating the Correctional Officer Adam Michael Sanderson Memorial Highway in Union County; designating the Trooper Ronald Gordon Smith Memorial Bridge in Citrus County; designating the Coach Jermaine D. Hall Memorial Highway in Duval County; designating Orange Bowl Way in Miami Lakes; designating the Andrew J. Capeletti Memorial Bridge in Miami-Dade County; designating the Johnny C. Treadwell Highway in Lake County; designating John Bruce Sweeny Street in St. Johns County; designating the Heather Hurd Memorial Highway in Polk County; designating the Trooper Charles Eugene Campbell Memorial Highway in Taylor County; designating the Michael G. Rippe Parkway in Lee County; designating the Samuel B. Love Memorial Highway in Marion County; directing the Department of Transportation to erect suitable markers; designating the Ray Charles Memorial Parkway in Madison County; directing the Department of Transportation to erect suitable markers; designating the Frank Pasquarella Way in Miami-Dade County; directing the Department of Transportation to erect suitable markers; designating the Doolittle Raiders Highway in Okaloosa and Walton Counties; designating the K. Earl Durden Highway; designating a specified portion of Southwest 67th Avenue in the City of South Miami and the Village of Pinecrest in Miami-Dade County as a state historic road; directing the Department of Transportation to erect suitable markers; prohibiting the expenditure of public funds for certain purposes; providing construction; directing the

Department of Transportation to provide for the erection of suitable markers; providing an effective date.

—as amended passed April 22.

Senator Hill moved the following amendment which was adopted by two-thirds vote:

**Amendment 6 (427866) (with title amendment)**—Between lines 198 and 199 insert:

Section 19. *Earl S. “Coach” Kitchings Avenue designated; Department of Transportation to erect suitable markers.—*

(1) *The portion of Edgewood Avenue West between New Kings Road / U.S. 1 and Lem Turner Road in Duval County is designated as Earl S. “Coach” Kitchings Avenue.*

(2) *The Department of Transportation is directed to erect suitable markers designating Earl S. “Coach” Kitchings Avenue as described in subsection (1).*

And the title is amended as follows:

Delete line 30 and insert: Counties; designating the K. Earl Durden Highway; directing the Department of Transportation to erect suitable markers; designating Earl S. “Coach” Kitchings Avenue; directing the Department of Transportation to erect suitable markers;

On motion by Senator Pruitt, **CS for SB 672** as amended was passed, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—40

Mr. President	Fasano	Peaden
Alexander	Gaetz	Pruitt
Altman	Garcia	Rich
Aronberg	Gardiner	Richter
Baker	Gelber	Ring
Bennett	Haridopolos	Siplin
Bullard	Hill	Smith
Constantine	Jones	Sobel
Crist	Joyner	Storms
Dean	Justice	Villalobos
Detert	King	Wilson
Deutch	Lawson	Wise
Diaz de la Portilla	Lynn	
Dockery	Oelrich	

Nays—None

## SENATOR OELRICH PRESIDING

### BILLS ON THIRD READING

**SB 1124**—A bill to be entitled An act relating to community residential homes; amending s. 419.001, F.S.; defining the term “planned residential community”; providing that community residential homes that have six or fewer residents located within a planned residential community are not required to obtain local government approval regardless of their proximity to each other; providing an effective date.

—as amended April 14 was read the third time by title.

Senator Altman moved the following amendment which was adopted by two-thirds vote:

**Amendment 1 (531914) (with title amendment)**—Between lines 12 and 13 insert:

Section 1. Subsection (2) of section 393.501, Florida Statutes, is amended to read:

393.501 Rulemaking.—

(2) Such rules shall address the number of facilities on a single lot or on adjacent lots, *except that there shall be no restriction on the number of facilities designated as community residential homes pursuant to s. 419.001(1)(a) located within a planned residential community as defined in s. 419.001(1)(f).* In adopting rules, an alternative living center and an independent living education center, as described in s. 393.18, shall be subject to the provisions of s. 419.001, except that such centers shall be exempt from the 1,000-foot-radius requirement of s. 419.001(2) if:

(a) The centers are located on a site zoned in a manner that permits all the components of a comprehensive transitional education center to be located on the site; or

(b) There are no more than three such centers within a radius of 1,000 feet.

And the title is amended as follows:

Delete line 2 and insert: An act relating to community residential homes; amending s. 393.501, F.S.; prohibiting certain rules adopted by the Agency for Persons with Disabilities from restricting the number of facilities designated as community residential homes located within a planned residential community;

On motion by Senator Altman, **SB 1124** as amended was passed, ordered engrossed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Fasano	Peaden
Alexander	Gaetz	Pruitt
Altman	Garcia	Rich
Aronberg	Gardiner	Richter
Baker	Gelber	Ring
Bennett	Haridopolos	Siplin
Bullard	Hill	Smith
Constantine	Jones	Sobel
Crist	Joyner	Storms
Dean	Justice	Villalobos
Detert	King	Wilson
Deutch	Lawson	Wise
Diaz de la Portilla	Lynn	
Dockery	Oelrich	

Nays—None

**HB 319**—A bill to be entitled An act relating to recertification of minority business enterprises; amending s. 287.09451, F.S.; extending the period for recertification of a minority business enterprise; providing an effective date.

—was read the third time by title.

On motion by Senator Lawson, **HB 319** was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Dockery	Lynn
Alexander	Fasano	Peaden
Altman	Gaetz	Pruitt
Aronberg	Garcia	Rich
Baker	Gardiner	Richter
Bennett	Gelber	Ring
Bullard	Haridopolos	Siplin
Constantine	Hill	Smith
Crist	Jones	Sobel
Dean	Joyner	Storms
Detert	Justice	Villalobos
Deutch	King	Wilson
Diaz de la Portilla	Lawson	Wise

Nays—None

Vote after roll call:

Yea—Oelrich

**CS for SB 2666**—A bill to be entitled An act relating to the public procurement of services; creating s. 255.32, F.S.; defining terms; authorizing the Department of Management Services to select and contract with construction management entities to assist in the management of state construction projects; providing criteria; authorizing the department to enter into continuing contracts under certain circumstances; providing that a construction management entity may be required to offer a guaranteed maximum price and a guaranteed completion date under specified circumstances and secure a surety bond; requiring the department to adopt rules; amending s. 255.103, F.S.; replacing the term “local government” with “governmental entity”; defining the term “governmental entity”; authorizing governmental entities to enter into continuing contracts under certain circumstances; defining the term “continuing contract”; amending s. 287.055, F.S.; clarifying the definition of “continuing contract”; amending s. 287.057, F.S.; providing that for the purpose of exempting certain specified contractual services and commodities from competitive-solicitation requirements, the listed exemption for artistic services does not include advertising; defining the term “advertising”; amending s. 1013.45, F.S.; revising provisions relating to contracting and construction for educational facilities; providing an effective date.

—as amended April 22 was read the third time by title.

On motion by Senator Haridopolos, **CS for SB 2666** as amended was passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Fasano	Peaden
Alexander	Gaetz	Pruitt
Altman	Garcia	Rich
Aronberg	Gardiner	Richter
Baker	Gelber	Ring
Bennett	Haridopolos	Siplin
Bullard	Hill	Smith
Constantine	Jones	Sobel
Crist	Joyner	Storms
Dean	Justice	Villalobos
Detert	King	Wilson
Deutch	Lawson	Wise
Diaz de la Portilla	Lynn	
Dockery	Oelrich	

Nays—None

**MOTION**

On motion by Senator Villalobos, the rules were waived and time of recess was extended until 12:00 p.m.

On motion by Senator Baker, by two-thirds vote **CS for HB 63** was withdrawn from the Committees on Regulated Industries; Criminal Justice; and General Government Appropriations.

On motion by Senator Baker, by two-thirds vote—

**CS for HB 63**—A bill to be entitled An act relating to auctioneers; amending s. 468.385, F.S.; revising requirements for licensure as an auctioneer, auctioneer apprentice, and auction business; requiring the submission of fingerprints for a criminal records check; requiring that an applicant for a license bear the cost of fingerprinting and a criminal records check; prohibiting reissuance of a license for a specified period following license revocation; amending s. 468.3855, F.S.; requiring the sponsor of an auctioneer apprentice to review records of the apprentice; amending s. 468.389, F.S.; authorizing the Florida Board of Auctioneers to impose penalties on a business that violates laws pertaining to auctions; providing an effective date.

—a companion measure, was substituted for **CS for SB 482** and read the second time by title.

On motion by Senator Baker, by two-thirds vote **CS for HB 63** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Dockery	Lynn
Alexander	Fasano	Peaden
Altman	Gaetz	Pruitt
Aronberg	Garcia	Rich
Baker	Gardiner	Richter
Bennett	Gelber	Ring
Bullard	Haridopolos	Siplin
Constantine	Hill	Smith
Crist	Jones	Sobel
Dean	Joyner	Villalobos
Detert	Justice	Wilson
Deutch	King	Wise
Diaz de la Portilla	Lawson	

Nays—2

Oelrich	Storms
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**CS for SB 858**—A bill to be entitled An act relating to driver licenses; amending s. 322.08, F.S.; requiring the driver license application form to include language permitting the applicant to make a voluntary contribution to Stop Heart Disease; providing an effective date.

—was read the third time by title.

On motion by Senator Garcia, **CS for SB 858** was passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Fasano	Peaden
Alexander	Gaetz	Pruitt
Altman	Garcia	Rich
Aronberg	Gardiner	Richter
Baker	Gelber	Ring
Bennett	Haridopolos	Siplin
Bullard	Hill	Smith
Constantine	Jones	Sobel
Crist	Joyner	Storms
Dean	Justice	Villalobos
Detert	King	Wilson
Deutch	Lawson	Wise
Diaz de la Portilla	Lynn	
Dockery	Oelrich	

Nays—None

**CS for CS for SB 926**—A bill to be entitled An act relating to cemeteries; amending s. 497.260, F.S.; exempting from provisions governing cemeteries a columbarium consisting of 5 acres or less and located on the main campus of a state university; requiring a university or university direct-support organization that establishes the columbarium to ensure that it is constructed, kept, and maintained in a manner consistent with s. 497.260(2), F.S., and ch. 497, F.S.; providing an effective date.

—was read the third time by title.

On motion by Senator Altman, **CS for CS for SB 926** was passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Alexander	Altman
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Aronberg	Garcia	Pruitt
Baker	Gardiner	Rich
Bennett	Gelber	Richter
Bullard	Haridopolos	Ring
Constantine	Hill	Siplin
Crist	Jones	Smith
Dean	Joyner	Sobel
Detert	Justice	Storms
Deutch	King	Villalobos
Diaz de la Portilla	Lawson	Wilson
Dockery	Lynn	Wise
Fasano	Oelrich	
Gaetz	Peaden	

Nays—None

**CS for CS for SB 1100**—A bill to be entitled An act relating to the Department of Highway Safety and Motor Vehicles; reenacting and amending s. 20.24, F.S., relating to the establishment of the department; eliminating an obsolete reference to the Bureau of Motor Vehicle Inspection; providing for the implementation of a certain litigation settlement; providing eligibility and procedures to collect a credit on new or renewal registrations; providing a funding mechanism for the credit; requiring the credit amounts to be deducted from specified moneys deposited into the General Revenue Fund; providing that the credits are contingent on court approval of a final settlement; providing for expiration; amending s. 316.126, F.S.; requiring drivers of vehicles to behave in a specified fashion when approaching emergency vehicles or wreckers; amending s. 316.2085, F.S.; revising requirements for motorcycle and moped license tags; prohibiting devices and methods that conceal or obscure the license tag; amending s. 316.2122, F.S.; authorizing mini truck operation on local roads and urban minor arterial roads with specified restrictions; amending s. 320.01, F.S.; revising the definition of “motorcycle”; defining the term “mini truck”; creating s. 320.0847, F.S.; providing for issuance of unique license plates for low-speed vehicles and mini trucks; amending s. 320.0848, F.S.; providing an exemption for certain person obtaining a disabled parking permit; amending s. 322.0261, F.S.; requiring the department to screen crash reports to identify a third crash by the same operator within a specified period after the driver’s first crash; requiring a driver who is convicted of or who pleads nolo contendere to a traffic offense giving rise to three or more crashes within a specified period to attend a department-approved driver improvement course in order to maintain his or her driving privileges; providing for content of the driving course; requiring successful completion of a behind-the-wheel examination; requiring that the department cancel an operator’s driver’s license if the operator fails to complete the course within a specified time; amending s. 322.03, F.S.; providing for part-time residents of the state to be issued a license that is valid within this state only and continue to hold such license until the next regularly scheduled renewal; providing a termination date for “Florida only” licenses; amending s. 322.08, F.S.; prohibiting the department from issuing a driver’s license or identification card to an applicant if the applicant holds a valid driver’s license or identification card issued by any state; amending s. 322.125, F.S.; authorizing the department to adopt rules relating to the Medical Advisory Board; amending s. 322.271, F.S.; authorizing the department to modify a revocation, cancellation, or suspension order; providing that the department may waive the hearing process for suspensions and revocations upon request by the driver under certain circumstances; amending s. 322.64, F.S.; providing for disqualification of a driver of a commercial motor vehicle for certain violations; providing effective dates.

—was read the third time by title.

On motion by Senator Gardiner, **CS for CS for SB 1100** was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Bullard	Deutch
Alexander	Constantine	Diaz de la Portilla
Aronberg	Crist	Dockery
Baker	Dean	Fasano
Bennett	Detert	Gaetz

Garcia	King	Ring
Gardiner	Lawson	Siplin
Gelber	Lynn	Smith
Haridopolos	Oelrich	Sobel
Hill	Peaden	Storms
Jones	Pruitt	Villalobos
Joyner	Rich	Wilson
Justice	Richter	Wise

Nays—None

Vote after roll call:

Yea—Altman

**HB 687**—A bill to be entitled An act relating to motor vehicle registration applications; amending s. 320.02, F.S.; directing the Department of Highway Safety and Motor Vehicles to include language on each application form for registration and renewal of registration permitting a contribution to Florida Sheriffs Youth Ranches, Inc.; requiring the department to transfer contributions collected each month to Florida Sheriffs Youth Ranches, Inc.; providing an effective date.

—was read the third time by title.

On motion by Senator Smith, **HB 687** was passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Fasano	Peaden
Alexander	Gaetz	Pruitt
Altman	Garcia	Rich
Aronberg	Gardiner	Richter
Baker	Gelber	Ring
Bennett	Haridopolos	Siplin
Bullard	Hill	Smith
Constantine	Jones	Sobel
Crist	Joyner	Storms
Dean	Justice	Villalobos
Detert	King	Wilson
Deutch	Lawson	Wise
Diaz de la Portilla	Lynn	
Dockery	Oelrich	

Nays—None

**CS for SB 1534**—A bill to be entitled An act relating to money services businesses; amending s. 560.123, F.S.; requiring that a money services business keep records of certain transactions; amending s. 560.141, F.S.; requiring an applicant for a license as a money services business to submit an application that includes a nonrefundable fee for each branch office and for each location of an authorized vendor; amending s. 560.143, F.S.; revising terminology relating to license fees for authorized vendors; amending s. 560.2085, F.S.; conforming terminology; providing an effective date.

—as amended April 22 was read the third time by title.

On motion by Senator Storms, **CS for SB 1534** as amended was passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Dean	Gelber
Alexander	Detert	Haridopolos
Altman	Deutch	Hill
Aronberg	Diaz de la Portilla	Jones
Baker	Dockery	Joyner
Bennett	Fasano	Justice
Bullard	Gaetz	King
Constantine	Garcia	Lawson
Crist	Gardiner	Lynn

Oelrich	Ring	Villalobos
Peaden	Siplin	Wilson
Pruitt	Smith	Wise
Rich	Sobel	
Richter	Storms	

Nays—None

**CS for CS for SB 1640**—A bill to be entitled An act relating to public accountancy; amending s. 455.217, F.S.; providing that persons regulated as public accountants by the Department of Business and Professional Regulation under ch. 473, F.S., are exempt from certain requirements; amending s. 455.271, F.S.; providing that certain licensees are not subject to specified continuing education requirements for reactivation of a license; amending s. 473.302, F.S.; revising definitions; amending s. 473.303, F.S.; specifying that members of the Board of Accountancy and probable cause panels who hold licenses must be licensed in this state; providing that past board members of probable cause panels may be reappointed for additional terms; amending s. 473.304, F.S.; conforming provisions; amending s. 473.305, F.S.; deleting provisions requiring a late filing fee; amending s. 473.308, F.S.; revising educational requirements for applicants for licensure; providing an exception to a work experience requirement for certain persons; amending s. 473.309, F.S.; conforming provisions related to licensure requirements for firms licensed in other states; amending s. 473.3101, F.S.; requiring that certain firms hold a license; providing licensure exemptions for certain firms licensed in other states; amending s. 473.311, F.S.; deleting an examination requirement for licensure renewal; amending s. 473.312, F.S.; conforming provisions; amending s. 473.313, F.S.; deleting a minimum continuing education requirement for reactivating an inactive license; requiring certain continuing education hours in ethics in order to reactivate certain licenses; conforming provisions; amending s. 473.314, F.S.; providing temporary licensure exemptions for certain persons licensed in other states; creating s. 473.3141, F.S.; providing licensure exemptions for certain persons licensed in other states; providing that disciplinary action against certain individual or firm that practices public accounting is valid only under specified conditions; amending ss. 473.316, 473.318, 473.319, 473.3205, 473.321, and 473.322, F.S.; conforming provisions; amending s. 473.323, F.S.; conforming provisions relating to disciplinary actions; providing grounds for disciplinary actions against certain persons licensed in other states; providing an effective date.

—as amended April 22 was read the third time by title.

On motion by Senator Jones, **CS for CS for SB 1640** as amended was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Dockery	Oelrich
Alexander	Fasano	Peaden
Altman	Gaetz	Pruitt
Aronberg	Garcia	Rich
Baker	Gardiner	Richter
Bennett	Gelber	Ring
Bullard	Haridopolos	Siplin
Constantine	Jones	Smith
Crist	Joyner	Sobel
Dean	Justice	Storms
Detert	King	Villalobos
Deutch	Lawson	Wilson
Diaz de la Portilla	Lynn	Wise

Nays—None

Vote after roll call:

Yea—Hill

**CS for CS for SB 2252**—A bill to be entitled An act relating to professional liability claims; amending s. 624.424, F.S.; clarifying a provision requiring that the Financial Services Commission adopt rules; amending s. 627.912, F.S.; revising requirements for reporting profes-

sional liability claims and actions; providing definitions; specifying events for which certain reports are required; requiring certain absence of claims submission reports to be filed under certain circumstances; providing requirements for treatment of reopened claims; providing an effective date.

—as amended April 22 was read the third time by title.

On motion by Senator Baker, **CS for CS for SB 2252** as amended was passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Fasano	Peaden
Alexander	Gaetz	Pruitt
Altman	Garcia	Rich
Aronberg	Gardiner	Richter
Baker	Gelber	Ring
Bennett	Haridopolos	Siplin
Bullard	Hill	Smith
Constantine	Jones	Sobel
Crist	Joyner	Storms
Dean	Justice	Villalobos
Detert	King	Wilson
Deutch	Lawson	Wise
Diaz de la Portilla	Lynn	
Dockery	Oelrich	

Nays—None

## THE PRESIDENT PRESIDING

### SPECIAL ORDER CALENDAR

**CS for CS for SB 456**—A bill to be entitled An act relating to mental illness; amending s. 394.455, F.S.; defining the term “electronic means”; amending s. 394.462, F.S.; requiring a law enforcement agency that transports persons to a receiving facility to have a memorandum of understanding with the facility; requiring that custody of a person who is transported to a receiving or treatment facility be relinquished to a responsible person at the facility; amending ss. 394.4655 and 394.467, F.S.; specifying that a psychiatric examination by certain personnel be conducted face-to-face, in person or by electronic means; providing an effective date.

—was read the second time by title.

On motion by Senator Gaetz, further consideration of **CS for CS for SB 456** was deferred.

## SENATOR JUSTICE PRESIDING

On motion by Senator Fasano—

**CS for CS for SB 770**—A bill to be entitled An act relating to area agencies on aging; amending s. 20.41, F.S.; revising provisions relating to the Department of Elderly Affairs; deleting references to the boards of area agencies on aging; designating area agencies on aging as non-governmental not-for-profit corporations; amending s. 430.203, F.S.; extending the period of designation as a lead agency; requiring that each area agency on aging, rather than the department, develop request for proposals for a community care for the elderly lead agency; providing for the development of a dispute resolution mechanism relating to the request-for-proposal process developed by the area agencies; amending s. 430.2053, F.S.; conforming cross-references; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for CS for SB 770** was placed on the calendar of Bills on Third Reading.

Consideration of **CS for SB 892** was deferred.

On motion by Senator Joyner—

**CS for CS for SB 1548**—A bill to be entitled An act relating to theft; amending s. 812.014, F.S.; increasing the minimum amount of value attributed to certain emergency medical equipment and law enforcement equipment for the theft to reach the threshold for a second-degree felony; increasing the minimum value attributed to certain property for the theft to reach the threshold for a third-degree felony; authorizing a law enforcement officer who has probable cause to believe that a defendant has committed retail theft to issue a notice to appear in lieu of arresting the defendant under certain circumstances; authorizing a state attorney to establish a retail-theft diversion program for the purpose of diverting defendants from criminal prosecution if the defendant meets certain criteria; providing eligibility criteria for participating in a retail-theft diversion program; requiring the state attorney to mail a notice to appear to a defendant upon referral to a diversion program; setting forth the conditions that each participant in the retail-theft diversion program must complete; providing that a defendant may be prosecuted for the retail theft if all conditions in the diversion program are not fulfilled; authorizing a state attorney to collect a fee from each participant in the program; setting a limit on the fee for each defendant; amending s. 812.015, F.S.; increasing the value attributed to property taken during the commission of retail theft to reach the threshold amount for a third-degree felony offense; amending s. 921.0022, F.S., relating to the offense severity ranking chart of the Criminal Punishment Code; conforming provisions to changes made by the act; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for CS for SB 1548** was placed on the calendar of Bills on Third Reading.

On motion by Senator Gaetz, the Senate resumed consideration of—

**CS for CS for SB 456**—A bill to be entitled An act relating to mental illness; amending s. 394.455, F.S.; defining the term “electronic means”; amending s. 394.462, F.S.; requiring a law enforcement agency that transports persons to a receiving facility to have a memorandum of understanding with the facility; requiring that custody of a person who is transported to a receiving or treatment facility be relinquished to a responsible person at the facility; amending ss. 394.4655 and 394.467, F.S.; specifying that a psychiatric examination by certain personnel be conducted face-to-face, in person or by electronic means; providing an effective date.

—which was previously considered this day.

Pursuant to Rule 4.19, **CS for CS for SB 456** was placed on the calendar of Bills on Third Reading.

On motion by Senator Bennett, by two-thirds vote **HB 767** was withdrawn from the Committees on Children, Families, and Elder Affairs; Health Regulation; and Health and Human Services Appropriations.

On motion by Senator Bennett, by two-thirds vote—

**HB 767**—A bill to be entitled An act relating to mental health and substance abuse services; creating s. 394.4612, F.S.; authorizing the Agency for Health Care Administration to license facilities that provide services as an integrated adult mental health crisis stabilization unit and addictions receiving facility; providing eligibility criteria for treatment services; requiring the Department of Children and Family Services to adopt rules; providing an effective date.

—a companion measure, was substituted for **CS for SB 892** and by two-thirds vote read the second time by title.

Pursuant to Rule 4.19, **HB 767** was placed on the calendar of Bills on Third Reading.

Consideration of **CS for CS for SB 278**, **CS for CS for SB 1616** and **CS for CS for SB 2482** was deferred.

On motion by Senator Detert—

**CS for CS for SB 2538**—A bill to be entitled An act relating to supplemental educational services; amending s. 1008.331, F.S.; requiring that each supplemental educational services provider report certain information to the Department of Education regarding services to public school students in the district by a specified date each year; requiring that the department post a uniform survey on its Internet website to be completed online by principals and school districts; requiring that the department evaluate each provider based on such information and assign a service designation; providing an exception for such designation; requiring that the department adopt rules specifying the threshold requirements for such designation; requiring that the department report the service designations to the providers, the school districts, parents, and the public by a specified date each year; authorizing school districts to use certain funds to meet the requirements in the act; requiring that the State Board of Education adopt rules; requiring that the board's rules include an internal complaint procedure; providing guidelines for such procedure; requiring that the department approve certain methods for measuring student learning gains; requiring that a provider use acceptable methods for measuring student learning gains as a condition for state approval; requiring that a provider report data on individual student learning gains to the department; providing an exception; requiring that the report contain certain information; providing an effective date.

—was read the second time by title.

Senator Detert moved the following amendment which was adopted:

**Amendment 1 (610470) (with title amendment)**—Delete line 78 and insert: *State Board of Education shall specify, by rule, the threshold requirements*

And the title is amended as follows:

Delete line 13 and insert: *for such designation; requiring that the State Board of Education*

Pursuant to Rule 4.19, **CS for CS for SB 2538** as amended was ordered engrossed and then placed on the calendar of Bills on Third Reading.

On motion by Senator Dean—

**CS for SB 554**—A bill to be entitled An act relating to the legal jurisdiction of campus police; amending s. 23.1225, F.S.; redefining the term “mutual aid agreement” to authorize state university police officers to enforce laws within a specified jurisdictional area as agreed upon in a mutual aid agreement; amending s. 316.640, F.S.; authorizing university police officers to enforce traffic violations committed within a specified distance from property under the supervision or control of the university; amending s. 1012.97, F.S.; authorizing university police officers to arrest persons for violations that occur within a specified distance from property owned or controlled by the university or a direct-support organization of the university; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for SB 554** was placed on the calendar of Bills on Third Reading.

On motion by Senator Gaetz—

**CS for CS for SB 278**—A bill to be entitled An act relating to charter schools; amending ss. 11.45, 218.39, 218.50, and 218.501, F.S., relating to audit reports by the Auditor General; conforming provisions to changes made by the act; amending ss. 218.503 and 218.504, F.S.; providing that a charter technical career center is subject to certain requirements in a financial emergency; requiring that the sponsor be notified of certain conditions; providing for the development of a financial recovery plan, which may be approved by the Commissioner of Education; amending s. 1002.33, F.S.; providing for duties of a charter school

sponsor and governing board if a charter school or charter technical career center experiences a deteriorating financial condition or is in a financial emergency; specifying forms to be used by a charter school applicant and sponsor; requiring applicant training and documentation; deleting requirements relating to auditing and being in a state of financial emergency; requiring charter schools to disclose the identity of relatives of charter school personnel; providing that the immediate termination of a charter is exempt from requirements for an informal hearing or for a hearing under ch. 120, F.S.; providing for the disclosure of the performance of a charter school that is not given a school grade or school improvement rating; revising the requirements for providing certain information to the public; providing reporting requirements; providing restrictions for the employment of relatives by charter school personnel; providing that members of a charter school governing board are subject to certain standards of conduct specified in ss. 112.313 and 112.3143, F.S.; amending s. 1002.34, F.S.; providing additional duties for charter technical career centers, applicants, sponsors, and governing boards; requiring the Department of Education to offer or arrange training and assistance to applicants for a charter technical career center; requiring that an applicant participate in the training; creating s. 1002.345, F.S.; establishing criteria and requirements for charter schools and charter technical career centers that have a deteriorating financial condition or are in a state of financial emergency; establishing requirements for charter schools, charter technical career centers, governing bodies, and sponsors; providing for corrective action and financial recovery plans; providing for duties of auditors, the Commissioner of Education, and the Department of Education; requiring the State Board of Education to adopt rules; providing grounds for termination or non-renewal of a charter; providing an effective date.

—was read the second time by title.

Senator Gaetz moved the following amendments which were adopted:

**Amendment 1 (628772) (with directory and title amendments)**—Between lines 816 and 817 insert:

(10) ELIGIBLE STUDENTS.—

(a) A charter school shall be open to any student covered in an interdistrict agreement or residing in the school district in which the charter school is located; however, in the case of a charter lab school, the charter lab school shall be open to any student eligible to attend the lab school as provided in s. 1002.32 or who resides in the school district in which the charter lab school is located. Any eligible student shall be allowed interdistrict transfer to attend a charter school when based on good cause. *Good cause shall include, but is not limited to, geographic proximity to a charter school in a neighboring school district.*

(17) FUNDING.—Students enrolled in a charter school, regardless of the sponsorship, shall be funded as if they are in a basic program or a special program, the same as students enrolled in other public schools in the school district. Funding for a charter lab school shall be as provided in s. 1002.32.

(d) *Charter schools shall be included by the Department of Education and the district school board in requests for federal stimulus funds in the same manner as district school board-operated public schools, including Title I and IDEA funds and shall be entitled to receive such funds. Charter schools are eligible to participate in federal competitive grants that are available as part of the federal stimulus funds.*

(e) ~~(d)~~ District school boards shall make timely and efficient payment and reimbursement to charter schools, including processing paperwork required to access special state and federal funding for which they may be eligible. The district school board may distribute funds to a charter school for up to 3 months based on the projected full-time equivalent student membership of the charter school. Thereafter, the results of full-time equivalent student membership surveys shall be used in adjusting the amount of funds distributed monthly to the charter school for the remainder of the fiscal year. The payment shall be issued no later than 10 working days after the district school board receives a distribution of state or federal funds. If a warrant for payment is not issued within 10 working days after receipt of funding by the district school board, the school district shall pay to the charter school, in addition to the amount of the scheduled disbursement, interest at a rate of 1 percent per month calculated on a daily basis on the unpaid balance from the expiration of the 10 working days until such time as the warrant is issued.

## (20) SERVICES.—

(a) A sponsor shall provide certain administrative and educational services to charter schools. These services shall include contract management services; full-time equivalent and data reporting services; exceptional student education administration services; services related to eligibility and reporting duties required to ensure that school lunch services under the federal lunch program, consistent with the needs of the charter school, are provided by the school district at the request of the charter school, *that any funds due to the charter school under the federal lunch program be paid to the charter school as soon as the charter school begins serving food under the federal lunch program, and that the charter school is paid at the same time and in the same manner under the federal lunch program as other public schools serviced by the sponsor or the school district*; test administration services, including payment of the costs of state-required or district-required student assessments; processing of teacher certificate data services; and information services, including equal access to student information systems that are used by public schools in the district in which the charter school is located. Student performance data for each student in a charter school, including, but not limited to, FCAT scores, standardized test scores, previous public school student report cards, and student performance measures, shall be provided by the sponsor to a charter school in the same manner provided to other public schools in the district. A total administrative fee for the provision of such services shall be calculated based upon up to 5 percent of the available funds defined in paragraph (17)(b) for all students. However, a sponsor may only withhold up to a 5-percent administrative fee for enrollment for up to and including 500 students. For charter schools with a population of 501 or more students, the difference between the total administrative fee calculation and the amount of the administrative fee withheld may only be used for capital outlay purposes specified in s. 1013.62(2). Each charter school shall receive 100 percent of the funds awarded to that school pursuant to s. 1012.225. Sponsors shall not charge charter schools any additional fees or surcharges for administrative and educational services in addition to the maximum 5-percent administrative fee withheld pursuant to this paragraph.

And the directory clause is amended as follows:

Delete line 330 and insert: subsection (9), paragraph (a) of subsection (10), present paragraph (d) of subsection (17) is redesignated as paragraph (e) and a new paragraph (d) is added to that subsection, paragraph (a) of subsection (20), and subsections (21) and (23) of section

And the title is amended as follows:

Delete line 24 and insert: hearing or for a hearing under ch. 120, F.S.; providing that good cause for allowing an interdistrict transfer includes, but is not limited to, geographic proximity to a charter school; providing for charter schools to be included in requests for federal stimulus funds and federal competitive grants; revising provisions relating to certain administrative and educational services provided by sponsors to charter schools;

**Amendment 2 (303378) (with directory and title amendments)**—Between lines 927 and 928 insert:

(26) ~~(24)~~ RULEMAKING.—The Department of Education, after consultation with school districts and charter school directors, shall recommend that the State Board of Education adopt rules to implement specific subsections of this section. Such rules shall require minimum paperwork and shall not limit charter school flexibility authorized by statute. *The State Board of Education shall adopt rules, pursuant to ss. 120.536(1) and 120.54, to implement a charter model application form, evaluation instrument, and charter and charter renewal formats in accordance with this section.*

And the directory clause is amended as follows:

Delete line 332 and insert: of that section is redesignated as subsection (26) and amended, and new

And the title is amended as follows:

Delete line 34 and insert: 112.3143, F.S.; requiring that the State Board of Education adopt rules to implement a charter model application form, evaluation instrument, and charter and charter renewal formats; amending s. 1002.34, F.S.; providing

**Amendment 3 (733110) (with directory and title amendments)**—Between lines 1060 and 1061 insert:

(18) RULES.—The State Board of Education shall adopt rules, pursuant to ss. 120.536(1) and 120.54 ~~chapter 120~~, relating to the implementation of charter technical career centers, *including rules to implement a charter model application form and an evaluation instrument in accordance with this section.*

And the directory clause is amended as follows:

Delete line 930 and insert: (f) of subsection (11), and subsections (13) and (18) of section 1002.34,

And the title is amended as follows:

Delete line 40 and insert: applicant participate in the training; requiring that the State Board of Education adopt rules to implement a charter model application form and an evaluation instrument relating to charter technical career centers; creating s.

Pursuant to Rule 4.19, **CS for CS for SB 278** as amended was ordered engrossed and then placed on the calendar of Bills on Third Reading.

On motion by Senator Oelrich—

**CS for CS for SB 1616**—A bill to be entitled An act relating to career and adult education; amending s. 20.15, F.S.; renaming the Division of Workforce Education within the Department of Education as the “Division of Career and Adult Education”; amending s. 311.121, F.S.; revising the membership of the Seaport Security Officer Qualification, Training, and Standards Coordinating Council by replacing the chancellor of the Community College System with the Commissioner of Education; amending s. 446.045, F.S.; revising definitions; revising the membership of the State Apprenticeship Advisory Council; prohibiting members from being reimbursed for per diem and travel expenses; providing that meetings may be held via teleconference or other electronic means; amending s. 1003.4285, F.S.; providing for a standard high school diploma designation for completed industry certifications; conforming a cross-reference; conforming provisions to changes made by the act; amending s. 1003.43, F.S.; providing an exception for adult high school students regarding certain prerequisites for high school graduation; repealing s. 1003.431, F.S., relating to career education certification; amending s. 1011.62, F.S.; conforming provisions to changes made by the act; providing an effective date.

—was read the second time by title.

Senator Oelrich moved the following amendment which was adopted:

**Amendment 1 (823812) (with title amendment)**—Between lines 176 and 177 insert:

Section 8. *By January 15, 2010, the Office of Program Policy Analysis and Government Accountability shall submit a report on workforce education programs to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The report must:*

(1) *Review student outcomes in workforce education degree and certificate programs offered by community colleges, school districts, and independent institutions which prepare students for occupations not included on the locally targeted occupations lists developed by Workforce Florida, Inc., or on the statewide occupational forecasting list developed by the Workforce Estimating Conference. The review must include an examination of:*

(a) *Successful program completion and licensure passage rates.*

(b) *Employment placement rates and wages earned according to industry. Such examination must:*

1. *Survey a statistically reliable sample of former students to determine the rates at which students became employed, and the wages earned, in the occupation for which the workforce education program prepared the student. Survey responses shall be cross-checked against available state data.*

2. Consider the effect that students who became self-employed have on the employment rates determined under subparagraph 1.

3. Examine full-time, part-time, and contracted employment as compared to other professions.

4. Examine how the percentage of commission impacts total wages as compared to other professions.

5. Compare the demand rate resulting from job openings annually to the demand rate for other professions.

6. Examine program enrollment demographics by gender and ethnicity as compared to such demographics for the occupation.

(2) Examine the cost-effectiveness of state funding for the workforce education programs reviewed under subsection (1) versus the provision of state financial assistance to students for attendance at independent institutions that offer such programs. Such examination must consider the availability of tuition waivers, scholarships, and loans and the total cost to students for workforce education programs at public and independent institutions.

(3) Examine the requirements for student enrollment in the workforce education programs reviewed under subsection (1) at public and independent institutions.

(4) Review the funding model used to determine funding for school district workforce education programs and provide options for modifying the funding system which will ensure equity among districts and access to these programs for students statewide.

And the title is amended as follows:

Delete line 25 and insert: provisions to changes made by the act; requiring that the Office of Program Policy Analysis and Government Accountability review and provide a report on workforce education programs for occupations not included on specific occupation lists and on funding options; requiring that such report be submitted to the Governor and the Legislature by a specified date; providing requirements for the report; providing an

Pursuant to Rule 4.19, **CS for CS for SB 1616** as amended was ordered engrossed and then placed on the calendar of Bills on Third Reading.

**RECESS**

On motion by Senator Villalobos, the Senate recessed at 11:55 a.m. to reconvene at 1:00 p.m. or upon call of the President.

**AFTERNOON SESSION**

The Senate was called to order by President Atwater at 1:13 p.m. A quorum present— 40:

Mr. President	Fasano	Peaden
Alexander	Gaetz	Pruitt
Altman	Garcia	Rich
Aronberg	Gardiner	Richter
Baker	Gelber	Ring
Bennett	Haridopolos	Siplin
Bullard	Hill	Smith
Constantine	Jones	Sobel
Crist	Joyner	Storms
Dean	Justice	Villalobos
Detert	King	Wilson
Deutch	Lawson	Wise
Diaz de la Portilla	Lynn	
Dockery	Oelrich	

**SPECIAL ORDER CALENDAR, continued**

**SENATOR JUSTICE PRESIDING**

On motion by Senator Pruitt—

**CS for CS for SB 762**—A bill to be entitled An act relating to state university tuition and fees; amending s. 216.136, F.S.; requiring the Education Estimating Conference to develop information relating to the national average of tuition and fees; amending s. 1009.01, F.S.; revising the definition of the term “tuition differential”; amending s. 1009.24, F.S.; revising provisions relating to the use of the student financial aid fee; deleting obsolete provisions; revising provisions relating to the establishment of a tuition differential; providing requirements for the assessment and expenditure of a tuition differential; providing requirements for a university board of trustees to submit a proposal to the Board of Governors to implement a tuition differential; requiring the Board of Governors’ review and approval of a proposal; requiring the Board of Governors to report specified information annually to the Legislature and the Governor; providing for application; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for CS for SB 762** was placed on the calendar of Bills on Third Reading.

On motion by Senator Oelrich, by two-thirds vote **HB 7121** was withdrawn from the Committees on Higher Education; and Higher Education Appropriations.

On motion by Senator Oelrich, by two-thirds vote—

**HB 7121**—A bill to be entitled An act relating to postsecondary distance learning; creating s. 1004.091, F.S.; establishing the Florida Distance Learning Consortium to facilitate collaboration among public postsecondary educational institutions in the use of distance learning; providing for oversight of the consortium and administrative services; providing duties of the consortium; amending ss. 1009.23 and 1009.24, F.S.; defining a distance learning course for purposes of assessing distance learning course user fees for community college and state university students; providing requirements for the link to the Florida Higher Education Distance Learning Catalog on an institution’s website; providing an effective date.

—a companion measure, was substituted for **CS for SB 844** and by two-thirds vote read the second time by title.

Pursuant to Rule 4.19, **HB 7121** was placed on the calendar of Bills on Third Reading.

On motion by Senator Oelrich—

**CS for SB 2096**—A bill to be entitled An act relating to nonpublic postsecondary educational institutions; amending s. 1005.32, F.S.; revising the criteria for licensure by means of accreditation for an independent postsecondary educational institution; requiring that, in order to maintain its license, an institution file a report with the Commission for Independent Education which includes the results of a site visit performed by an accrediting agency; requiring that each institution request such site visits; authorizing the commission to request a site visit performed by an accrediting agency; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for SB 2096** was placed on the calendar of Bills on Third Reading.

On motion by Senator Pruitt—

**CS for CS for SB 2682**—A bill to be entitled An act relating to the Florida College System; amending s. 20.15, F.S.; renaming the Division of Community Colleges as the Division of Florida Colleges; amending s. 1000.21, F.S.; defining the terms “Florida college” and “community college”; specifying the counties served by each Florida college; renaming

specified Florida colleges; amending s. 1001.60, F.S.; providing that the Florida College System consists of specified Florida colleges; authorizing a Florida college to change the institution's name to include "college" or "state college" under specified circumstances; requiring the district board of trustees to seek statutory codification of name changes; conforming provisions to changes made by the act; amending s. 1004.65, F.S.; providing that each Florida college shall be governed by a district board of trustees; defining a Florida college district; providing that the open-door admission policy of Florida colleges applies to lower-division programs; providing that the primary mission of Florida colleges includes the provision of upper-level instruction and baccalaureate degrees as authorized by law; conforming provisions to changes made by the act; repealing s. 1004.73, F.S., relating to St. Petersburg College; repealing s. 1004.875, F.S., relating to the State College Pilot Project; amending s. 1007.23, F.S.; providing that associate in arts graduates of Florida colleges must be granted admission to the upper division of a Florida college and shall receive priority for such admission over out-of-state students; requiring specified publications of Florida colleges and state universities to include certain information; conforming provisions to changes made by the act; amending s. 1007.33, F.S.; providing a definition for the term "district"; providing that Florida colleges may offer specified baccalaureate degree programs through agreements with regionally accredited postsecondary educational institutions; authorizing Florida colleges to offer baccalaureate degree programs authorized by law prior to the act's effective date; requiring State Board of Education approval for baccalaureate degree programs proposed by a Florida college after the act's effective date; specifying the purposes for which a baccalaureate degree program may be proposed; providing an exemption from the requirement for State Board of Education approval for specified baccalaureate degree programs offered by St. Petersburg College; authorizing the Division of Florida Colleges to accept and review applications from Florida colleges to obtain an exemption from the requirement for State Board of Education approval if certain conditions are met; providing eligibility criteria for such exemption; requiring that the division recommend an institution for exemption to the board; requiring that the board review such recommendation for approval or disapproval; requiring that all Florida Colleges engage in need, demand, and impact discussions; requiring that documentation, data, and other information be provided to certain educational entities; providing for a compliance review of approved baccalaureate degree programs; specifying the approval process for baccalaureate degree programs; specifying contents of a proposal for a baccalaureate degree program; specifying requirements for Florida colleges offering baccalaureate degree programs; requiring that the State Board of Education adopt specified rules; conforming provisions to changes made by the act; amending ss. 120.65, 288.8175, 1004.70, 1004.87, and 1009.23, F.S.; conforming provisions to changes made by the act; providing an effective date.

—was read the second time by title.

Senator King moved the following amendment which was adopted:

**Amendment 1 (908452)**—Delete lines 103-104 and insert:

(g) Florida State Community College at Jacksonville, which serves Duval and Nassau Counties.

Senator Detert moved the following amendment which was adopted:

**Amendment 2 (728160)**—Delete lines 117-118 and insert:

(n) State College of Florida, Manatee-Sarasota, which serves Manatee and Sarasota Counties Manatee Community College.

Senator Justice offered the following amendment which was moved by Senator Pruitt and adopted:

**Amendment 3 (292452)**—Delete line 399 and insert: *inform the program approval process. Employment at St. Petersburg College is governed by the same laws that govern community colleges, except that upper-division faculty are eligible for continuing contracts upon the completion of the fifth year of teaching. Employee records for all personnel shall be maintained as required by s. 1012.81.*

Senator Pruitt moved the following amendments which were adopted:

**Amendment 4 (243324)**—Delete lines 478-485 and insert:

(f) *The Florida college to obtain from the Commission on Colleges of the Southern Association of Colleges and Schools accreditation as a baccalaureate-degree-granting institution if approved by the State Board of Education to offer its first baccalaureate degree program.*

(g) *The Florida college to notify the Commission on Colleges of the Southern Association of Colleges and Schools of subsequent degree programs that are approved by the State Board of Education and to comply with the association's required substantive change protocols for accreditation purposes.*

**Amendment 5 (776014)**—Delete line 563 and insert: *proposals under subsection (5).*

Senator King offered the following amendment which was moved by Senator Pruitt and adopted:

**Amendment 6 (739412) (with directory and title amendments)**—Between lines 587 and 588 insert:

(i) Florida-West Africa Institute (Florida Agricultural and Mechanical University, University of North Florida, and Florida State Community College at Jacksonville).

Section 10. Subsection (1) of section 1001.61, Florida Statutes, is amended to read:

1001.61 Community college boards of trustees; membership.—

(1) Community college boards of trustees shall be comprised of five members when a community college district is confined to one school board district; seven members when a community college district is confined to one school board district and the board of trustees so elects; and not more than nine members when the district contains two or more school board districts, as provided by rules of the State Board of Education. However, Florida State Community College at Jacksonville shall have an odd number of trustees.

And the directory clause is amended as follows:

Delete lines 581-582 and insert:

Section 9. Paragraphs (c) and (i) of subsection (5) of section 288.8175, Florida Statutes, are amended to read:

And the title is amended as follows:

Delete line 71 and insert: by the act; amending ss.120.65, 288.8175, 1001.61, 1004.70,

Pursuant to Rule 4.19, **CS for CS for SB 2682** as amended was ordered engrossed and then placed on the calendar of Bills on Third Reading.

On motion by Senator Fasano—

**CS for CS for CS for CS for SB 462**—A bill to be entitled An act relating to prescription drugs; creating s. 893.055, F.S.; providing definitions; requiring the Department of Health to establish a comprehensive electronic database system to monitor the prescribing and dispensing of certain controlled substances; requiring specified prescribing and dispensing information to be reported to the electronic database system; requiring the department to establish policies and procedures for the system; requiring the department, in consultation with the Office of Drug Control and specified organizations, to adopt by rules appropriate for the prescription drug monitoring program; providing reporting requirements; providing a reporting period; providing exemptions from participation in the system; authorizing the department to establish when to suspend and when to resume reporting requirements during declared emergencies; requiring all nonexempt, dispensing pharmacists and practitioners to submit information in a specified format; providing that the cost to the dispenser in submitting the required information may not be material or extraordinary; specifying costs that are not material or extraordinary; providing access to information reported to the system under certain circumstances; providing that information in the database for the electronic prescription drug monitoring system is not discoverable or admissible in any civil or administrative action; providing exceptions; providing for the use of data for specified purposes;

providing requirements for verification of information requested; requiring data transmission to comply with state and federal privacy and security laws; authorizing an agency or person to maintain the data for a specified period if the data is pertinent to active health care or law enforcement investigation or prosecution; requiring the annual reporting of certain performance measures to the Governor and Legislature; providing performance measure criteria; providing criminal penalties for violations; requiring that all costs incurred by the department for the program be funded through federal grants or available private funding sources; providing requirements for seeking funding and procuring goods or services; authorizing the Office of Drug Control, in coordination with the department, to establish a direct-support organization; providing a definition; providing for a board of directors appointed by the director of the office; requiring the director to provide guidance to the board regarding acceptance of moneys from appropriate sources; requiring the direct-support organization to operate under written contract with the office; providing contract requirements; providing requirements for the direct-support organization's collecting, expending, and providing of funds; requiring department approval of activities of the direct-support organization; authorizing the office to adopt rules for the use of certain facilities and services; providing for audits; prohibiting the direct-support organization from exercising certain powers; establishing that a prescriber or dispenser is not liable for good faith use of the department-provided controlled substance prescription information of a patient; requiring the department, in collaboration with the office, to study the feasibility of enhancing the prescription drug monitoring program for specified purposes to the extent that funding is provided for such purpose; requiring certain persons to present specified identification in order to obtain controlled substances; providing for recordkeeping for certain transactions; requiring the Agency for Health Care Administration to continue the promotion of electronic prescribing and an electronic prescribing clearinghouse; requiring the department to adopt rules; establishing a Program Implementation and Oversight Task Force; providing for membership; providing for reimbursement of certain member expenses; providing for meetings; providing the purpose of the task force; requiring reports to the Governor and Legislature; providing for the creation, membership, and duties of subcommittees; authorizing the direct-support organization to collect, expend, and provide funds and other assistance to the department; providing for a final report and the termination of the task force; amending ss. 458.309 and 459.005, F.S.; requiring certain physicians who engage in pain management to register their clinics with the department by a specified date; prohibiting certain physicians from practicing in a pain-management clinic that has not registered with the department; requiring the department to inspect each facility; providing for exceptions; requiring the physician seeking to register the clinic to pay the costs of registration and inspection or accreditation; requiring the Board of Medicine and the Board of Osteopathic Medicine to adopt rules setting forth standards of practice for certain physicians who engage in pain management; providing criteria for the rules; providing an effective date.

—was read the second time by title.

Senator Fasano moved the following amendments which were adopted:

**Amendment 1 (734344)**—Delete line 266 and insert:

(b) *The department, when the direct support organization receives at least \$20,000 in nonstate moneys or the state receives at least \$20,000 in federal grants for the*

**Amendment 2 (160682)**—Delete line 331 and insert:

(5) *When the following acts of dispensing or administering occur, the following are exempt from reporting under this section for that specific act of dispensing or administration:*

**Amendment 3 (716074) (with directory and title amendments)**—Between lines 828-829 and insert:

(6) *A privately owned clinic, facility, or office that advertises in any medium for any type of pain-management services or employs one or more physicians who are primarily engaged in the treatment of pain by prescribing or dispensing controlled substances is exempt from the registration provisions in subsection (4) if the majority of the physicians who provide services in the clinic, facility, or office primarily provide surgical services.*

And the directory clause is amended as follows:

Delete lines 773-774 and insert:

Section 3. Subsections (4), (5), and (6) are added to section 458.309, Florida Statutes, to read:

And the title is amended as follows:

Delete line 89 and insert: with the department by a specified date; providing an exception; prohibiting

**Amendment 4 (530824) (with directory and title amendments)**—Between lines 885 and 886 insert:

(5) *A privately owned clinic, facility, or office that advertises in any medium for any type of pain-management services or employs one or more physicians who are primarily engaged in the treatment of pain by prescribing or dispensing controlled substances is exempt from the registration provisions in subsection (3) if the majority of the physicians who provide services in the clinic, facility, or office primarily provide surgical services.*

And the directory clause is amended as follows:

Delete lines 829-830 and insert:

Section 4. Subsections (3), (4), and (5) are added to section 459.005, Florida Statutes, to read:

And the title is amended as follows:

Delete line 89 and insert: with the department by a specified date; providing an exception; prohibiting

Pursuant to Rule 4.19, **CS for CS for CS for CS for SB 462** as amended was ordered engrossed and then placed on the calendar of Bills on Third Reading.

## MOTIONS RELATING TO COMMITTEE REFERENCE

On motion by Senator Villalobos, by two-thirds vote **CS for SB 1570** was withdrawn from the Committee on Finance and Tax; **CS for SB 616**, **CS for SB 1024**, **SB 2080**, and **CS for CS for SB 2326** were withdrawn from the Committee on General Government Appropriations; **CS for SB 2240** and **CS for CS for SB 2658** were withdrawn from the Committee on Health and Human Services Appropriations; **CS for CS for SB 206**, **CS for CS for SB 362**, **CS for CS for SB 918**, **CS for CS for SB 942**, **CS for SB 1122**, **CS for CS for SB 1560**, **CS for SB 1580**, and **CS for SB 2036** were withdrawn from the Policy and Steering Committee on Ways and Means; **CS for SB 2016** was withdrawn from the Committee on Communications, Energy, and Public Utilities; **SB 2416** was withdrawn from the Committee on Community Affairs; **CS for SB 2606** was withdrawn from the Committee on Environmental Preservation and Conservation; and **SB 1066** and **SB 1574** were withdrawn from the Committee on Rules.

On motion by Senator Pruitt, by two-thirds vote **SB 644** was withdrawn from the Committee on Higher Education.

## MOTION

On motion by Senator Villalobos, by two-thirds vote all bills remaining on the Special Order Calendar this day were placed on the next Special Order Calendar.

## MOTIONS RELATING TO COMMITTEE MEETINGS

On motion by Senator Villalobos, the rules were waived and the Special Order Calendar Group was granted permission to meet 15 minutes upon announcement this day.

## RECESS

On motion by Senator Villalobos, the Senate recessed at 1:50 p.m. to reconvene at 4:15 p.m. or 15 minutes upon recess of the Policy and Steering Committee on Ways and Means.

## CALL TO ORDER

The Senate was called to order by President Atwater at 4:23 p.m. A quorum present— 40:

Mr. President	Fasano	Peaden
Alexander	Gaetz	Pruitt
Altman	Garcia	Rich
Aronberg	Gardiner	Richter
Baker	Gelber	Ring
Bennett	Haridopolos	Siplin
Bullard	Hill	Smith
Constantine	Jones	Sobel
Crist	Joyner	Storms
Dean	Justice	Villalobos
Detert	King	Wilson
Deutch	Lawson	Wise
Diaz de la Portilla	Lynn	
Dockery	Oelrich	

## SPECIAL ORDER CALENDAR, continued

On motion by Senator Deutch—

**SB 902**—A bill to be entitled An act relating to the Florida Public Health Foundation, Inc.; amending ss. 381.855, 381.911, and 381.912, F.S.; conforming terminology to changes made by the act; amending s. 381.98, F.S.; changing the name of the Florida Public Health Foundation, Inc., to the Florida Public Health Institute, Inc.; modifying the purpose of the institute; deleting the mission of the institute; revising the membership of the board of directors and the term of membership; deleting the duties of the institute to facilitate communication between biomedical researchers and health care providers, to provide an annual report of its finances, and to provide an annual report of its activities to the Governor and the Florida Center for Universal Research to Eradicate Disease; amending s. 381.981, F.S.; conforming terminology to changes made by the act; providing an effective date.

—was read the second time by title.

## MOTION

On motion by Senator Smith, the rules were waived to allow the following amendment to be considered:

Senator Smith moved the following amendment which was adopted:

**Amendment 1 (137876) (with title amendment)**—Between lines 283 and 284 insert:

Section 6. Paragraph (t) of subsection (2) of section 499.01, Florida Statutes, is amended to read:

499.01 Permits.—

(2) The following permits are established:

(t) *Health care clinic establishment permit.*—Effective January 1, 2009, a health care clinic establishment permit is required for the purchase of a prescription drug by a place of business at one general physical location owned and operated by a professional corporation or professional limited liability company described in chapter 621, or a corporation that employs a veterinarian as a qualifying practitioner. For the purpose of this paragraph, the term “qualifying practitioner” means a licensed health care practitioner defined in s. 456.001 or a veterinarian licensed under chapter 474, who is authorized under the appropriate practice act to prescribe and administer a prescription drug.

1. An establishment must provide, as part of the application required under s. 499.012, designation of a qualifying practitioner who will be responsible for complying with all legal and regulatory requirements related to the purchase, recordkeeping, storage, and handling of the prescription drugs. In addition, the designated qualifying practitioner shall be the practitioner whose name, establishment address, and license number is used on all distribution documents for prescription drugs purchased or returned by the health care clinic establishment. Upon initial appointment of a qualifying practitioner, the qualifying practitioner and the health care clinic establishment shall notify the department on a form furnished by the department within 10 days after such employment. In addition, the qualifying practitioner and health care clinic establishment shall notify the department within 10 days after any subsequent change.

2. The health care clinic establishment must employ a qualifying practitioner at each establishment.

3. In addition to the remedies and penalties provided in this part, a violation of this chapter by the health care clinic establishment or qualifying practitioner constitutes grounds for discipline of the qualifying practitioner by the appropriate regulatory board.

4. The purchase of prescription drugs by the health care clinic establishment is prohibited during any period of time when the establishment does not comply with this paragraph.

5. A health care clinic establishment permit is not a pharmacy permit or otherwise subject to chapter 465. A health care clinic establishment that meets the criteria of a modified Class II institutional pharmacy under s. 465.019 is not eligible to be permitted under this paragraph.

6. *A business entity governed by s. 466.0285 may pay for prescription drugs obtained by a practitioner licensed under chapter 466, and the licensed practitioner is deemed the purchaser and owner of the prescription drugs.*

7. ~~6.~~ This paragraph does not prohibit a qualifying practitioner from purchasing prescription drugs.

And the title is amended as follows:

Delete lines 2-18 and insert: An act relating to public health; amending ss. 381.855, 381.911, and 381.912, F.S.; conforming terminology to changes made by the act; amending s. 381.98, F.S.; changing the name of the Florida Public Health Foundation, Inc., to the Florida Public Health Institute, Inc.; modifying the purpose of the institute; deleting the mission of the institute; revising the membership of the board of directors and the term of membership; deleting the duties of the institute to facilitate communication between biomedical researchers and health care providers, to provide an annual report of its finances, and to provide an annual report of its activities to the Governor and the Florida Center for Universal Research to Eradicate Disease; amending s. 381.981, F.S.; conforming terminology to changes made by the act; amending s. 499.01, F.S.; revising the criteria for health care clinic establishment permits; providing an effective date.

Pursuant to Rule 4.19, **SB 902** as amended was ordered engrossed and then placed on the calendar of Bills on Third Reading.

On motion by Senator Jones—

**CS for SB 948**—A bill to be entitled An act relating to emergency medical services; amending s. 401.2701, F.S.; revising requirements for the field internship experience in paramedic programs; authorizing the Department of Health to adopt rules; amending s. 401.281, F.S.; revising the documented requirements for a driver of an emergency vehicle; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for SB 948** was placed on the calendar of Bills on Third Reading.

On motion by Senator Joyner—

**SB 1050**—An act relating to Medicaid; requiring the Agency for Health Care Administration to report to the Governor and the Legislature regarding Medicaid’s refusal to provide reimbursement for preventable medical errors; requiring the agency to identify preventable medical errors that are not reimbursed by Medicaid programs in other states, the Medicare program, and private insurers and recommend to the Governor and the Legislature an expanded list of preventable medical errors for which the Medicaid program may refuse reimbursement; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **SB 1050** was placed on the calendar of Bills on Third Reading.

On motion by Senator Peaden—

**CS for CS for SB 1144**—A bill to be entitled An act relating to manufacturers and purchasers of prescription drugs; amending ss. 409.9201 and 465.0265, F.S.; conforming cross-references; amending s. 499.003, F.S.; defining new terms and redefining terms related to the Florida Drug and Cosmetic Act; amending s. 499.01, F.S.; authorizing a prescription drug manufacturer’s distributor permit and revising the requirements related to certain other permits; conforming a cross-reference; amending s. 499.012, F.S.; restricting issuance of a permit for a prescription drug manufacturer’s distributor at certain addresses; amending s. 499.0121, F.S.; eliminating cross-references to defined terms and clarifying a recordkeeping requirement related to pedigree papers; amending s. 499.01211, F.S.; eliminating cross-references for certain defined terms; amending s. 499.01212, F.S.; revising requirements for a pedigree paper; amending s. 499.03, F.S.; eliminating cross-references for certain defined terms; amending s. 499.041, F.S.; establishing a fee for the prescription drug manufacturer’s distributor permit; authorizing the Department of Health to retain a specified monetary amount as a fee if an application submitted under the Florida Drug and Cosmetic Act is withdrawn or becomes void; amending ss. 499.05 and 794.075, F.S.; conforming cross-references; authorizing certain statements to be used on certain pedigree papers until a specified date; providing an appropriation and authorizing additional positions; providing an effective date.

—was read the second time by title.

**MOTION**

On motion by Senator Peaden, the rules were waived to allow the following amendments to be considered:

Senator Peaden moved the following amendments which were adopted:

**Amendment 1 (312402) (with title amendment)**—Delete lines 936-1262 and insert:

Section 6. Paragraph (e) of subsection (6) of section 499.0121, Florida Statutes, is amended to read:

499.0121 Storage and handling of prescription drugs; recordkeeping.—The department shall adopt rules to implement this section as necessary to protect the public health, safety, and welfare. Such rules shall include, but not be limited to, requirements for the storage and handling of prescription drugs and for the establishment and maintenance of prescription drug distribution records.

(6) **RECORDKEEPING.**—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.

(e) *When pedigree papers are required by this part*, a wholesale distributor must maintain the pedigree papers separate and distinct from other records required under this part ~~chapter~~.

Section 7. Paragraph (b) of subsection (2) of section 499.01212, Florida Statutes, is amended to read:

499.01212 Pedigree paper.—

(2) **FORMAT.**—A pedigree paper must contain the following information:

(b) For all other wholesale distributions of prescription drugs:

1. The quantity, dosage form, and strength of the prescription drugs.
2. The lot numbers of the prescription drugs.
3. The name and address of each owner of the prescription drug and his or her signature.

4. Shipping information, including the name and address of each person certifying delivery or receipt of the prescription drug.

5. An invoice number, a shipping document number, or another number uniquely identifying the transaction.

6. A certification that the recipient wholesale distributor has authenticated the pedigree papers.

7. The unique serialization of the prescription drug, if the manufacturer or repackager has uniquely serialized the individual prescription drug unit.

8. The name, address, telephone number, and, if available, e-mail contact information of each wholesale distributor involved in the chain of the prescription drug’s custody.

*When an affiliated group member obtains title to a prescription drug before distributing the prescription drug as the manufacturer under s. 499.003(31)(e), information regarding the distribution between those affiliated group members may be omitted from a pedigree paper required under this paragraph for subsequent distributions of that prescription drug.*

And the title is amended as follows:

Delete lines 14-30 and insert: clarifying that a wholesale distributor is required to maintain pedigree papers separately from other records of prescription drugs under certain circumstances; amending s. 499.01212, F.S.; revising requirements for a pedigree paper;

**Amendment 2 (242696) (with title amendment)**—Delete lines 35-935 and insert:

Section 1. Subsection (31) of section 499.003, Florida Statutes, is amended to read:

499.003 Definitions of terms used in this part.—As used in this part, the term:

(31) “Manufacturer” means:

(a) A person who prepares, derives, manufactures, or produces a drug, device, or cosmetic; -

(b) The holder or holders of a New Drug Application (NDA), an Abbreviated New Drug Application (ANDA), a Biologics License Application (BLA), or a New Animal Drug Application (NADA), provided such application has become effective or is otherwise approved consistent with s. 499.023;

(c) A private label distributor for whom the private label distributor’s prescription drugs are originally manufactured and labeled for the distributor and have not been repackaged; ~~or the distribution point for the manufacturer, contract manufacturer, or private label distributor whether the establishment is a member of the manufacturer’s affiliated group or is a contract distribution site.~~

(d) A person registered under the federal act as a manufacturer of a prescription drug, who is described in paragraph (a), paragraph (b), or paragraph (c), who has entered into a written agreement with another prescription drug manufacturer that authorizes either manufacturer to distribute the prescription drug identified in the agreement as the manufacturer of that drug consistent with the federal act and its implementing regulations;

(e) A member of an affiliated group that includes, but is not limited to, persons described in paragraph (a), paragraph (b), paragraph (c), or paragraph (d), which member distributes prescription drugs, whether or not obtaining title to the drugs, only for the manufacturer of the drugs who is also a member of the affiliated group. As used in this paragraph, the term "affiliated group" means an affiliated group as defined in s. 1504 of the Internal Revenue Code of 1986, as amended. The manufacturer must disclose the names of all of its affiliated group members to the department; or

(f) A person permitted as a third party logistics provider, only while providing warehousing, distribution, or other logistics services on behalf of a person described in paragraph (a), paragraph (b), paragraph (c), paragraph (d), or paragraph (e).

The term does not include a pharmacy ~~excludes pharmacies~~ that is ~~are~~ operating in compliance with pharmacy practice standards as defined in chapter 465 and rules adopted under that chapter.

Section 2. Paragraphs (a), (c), and (t) of subsection (2) of section 499.01, Florida Statutes, are amended to read:

499.01 Permits.—

(2) The following permits are established:

(a) *Prescription drug manufacturer permit.*—A prescription drug manufacturer permit is required for any person that is a manufacturer of ~~manufactures~~ a prescription drug and that manufactures or distributes such prescription drugs in this state.

1. A person that operates an establishment permitted as a prescription drug manufacturer may engage in wholesale distribution of prescription drugs manufactured at that establishment and must comply with all of the provisions of this part, *except s. 499.01212*, and the rules adopted under this part, *except s. 499.01212*, that apply to a wholesale distributor.

2. A prescription drug manufacturer must comply with all appropriate state and federal good manufacturing practices.

(c) *Nonresident prescription drug manufacturer permit.*—A nonresident prescription drug manufacturer permit is required for any person that is a manufacturer of prescription drugs, ~~or the distribution point for a manufacturer of prescription drugs~~ unless permitted as a third party logistics provider, and located outside of this state; ~~or that is an entity to whom an approved new drug application has been issued by the United States Food and Drug Administration, or the contracted manufacturer of the approved new drug application holder, and located outside the United States and that, which~~ engages in the wholesale distribution in this state of such the prescription drugs ~~it manufactures or is responsible for manufacturing~~. Each such manufacturer or entity must be permitted by the department and comply with all of the provisions required of a wholesale distributor under this part, *except s. 499.01212*.

1. A person that distributes prescription drugs *for which the person is not the manufacturer* that it did not manufacture must also obtain an out-of-state prescription drug wholesale distributor permit *or third party logistics provider permit* pursuant to this section to engage in the wholesale distribution of such the prescription drugs ~~manufactured by another person and comply with the requirements of an out of state prescription drug wholesale distributor~~. *This subparagraph does not apply to a manufacturer as defined in s. 499.003(31)(e).*

2. Any such person must comply with the licensing or permitting requirements of the jurisdiction in which the establishment is located and the federal act, and any product wholesaled into this state must comply with this part. If a person intends to import prescription drugs from a foreign country into this state, the nonresident prescription drug manufacturer must provide to the department a list identifying each prescription drug it intends to import and document approval by the United States Food and Drug Administration for such importation.

3. A nonresident prescription drug manufacturer permit is not required for a manufacturer to distribute a prescription drug active pharmaceutical ingredient that it manufactures to a prescription drug manufacturer permitted in this state in limited quantities intended for research and development and not for resale, or human use other than

lawful clinical trials and biostudies authorized and regulated by federal law. A manufacturer claiming to be exempt from the permit requirements of this subparagraph and the prescription drug manufacturer purchasing and receiving the active pharmaceutical ingredient shall comply with the recordkeeping requirements of s. 499.0121(6), but not the requirements of s. 499.01212. The prescription drug manufacturer purchasing and receiving the active pharmaceutical ingredient shall maintain on file a record of the FDA registration number; the out-of-state license, permit, or registration number; and, if available, a copy of the most current FDA inspection report, for all manufacturers from whom they purchase active pharmaceutical ingredients under this section. The department shall specify by rule the allowable number of transactions within a given period of time and the amount of active pharmaceutical ingredients that qualify as limited quantities for purposes of this exemption. The failure to comply with the requirements of this subparagraph, or rules adopted by the department to administer this subparagraph, for the purchase of prescription drug active pharmaceutical ingredients is a violation of s. 499.005(14).

(t) *Health care clinic establishment permit.*—Effective January 1, 2009, a health care clinic establishment permit is required for the purchase of a prescription drug by a place of business at one general physical location that provides health care or veterinary services, which is owned and operated by a business entity that has been issued a federal employer tax identification number ~~professional corporation or professional limited liability company described in chapter 621, or a corporation that employs a veterinarian as a qualifying practitioner~~. For the purpose of this paragraph, the term "qualifying practitioner" means a licensed health care practitioner defined in s. 456.001, or a veterinarian licensed under chapter 474, who is authorized under the appropriate practice act to prescribe and administer a prescription drug.

1. An establishment must provide, as part of the application required under s. 499.012, designation of a qualifying practitioner who will be responsible for complying with all legal and regulatory requirements related to the purchase, recordkeeping, storage, and handling of the prescription drugs. In addition, the designated qualifying practitioner shall be the practitioner whose name, establishment address, and license number is used on all distribution documents for prescription drugs purchased or returned by the health care clinic establishment. Upon initial appointment of a qualifying practitioner, the qualifying practitioner and the health care clinic establishment shall notify the department on a form furnished by the department within 10 days after such employment. In addition, the qualifying practitioner and health care clinic establishment shall notify the department within 10 days after any subsequent change.

2. The health care clinic establishment must employ a qualifying practitioner at each establishment.

3. In addition to the remedies and penalties provided in this part, a violation of this chapter by the health care clinic establishment or qualifying practitioner constitutes grounds for discipline of the qualifying practitioner by the appropriate regulatory board.

4. The purchase of prescription drugs by the health care clinic establishment is prohibited during any period of time when the establishment does not comply with this paragraph.

5. A health care clinic establishment permit is not a pharmacy permit or otherwise subject to chapter 465. A health care clinic establishment that meets the criteria of a modified Class II institutional pharmacy under s. 465.019 is not eligible to be permitted under this paragraph.

6. This paragraph does not apply to the purchase of a prescription drug ~~by prohibit a licensed qualifying practitioner under his or her license from purchasing prescription drugs~~.

And the title is amended as follows:

Delete lines 2-13 and insert: An act relating to prescription drugs; amending s. 499.003, F.S.; revising the definition of the term "manufacturer" for purposes of the Florida Drug and Cosmetic Act; requiring certain manufacturers to disclose the names of affiliated group members to the Department of Health; amending s. 499.01, F.S.; revising requirements for a prescription drug manufacturer permit, nonresident prescription drug manufacturer permit, and health care clinic establishment permit; amending s. 499.0121, F.S.;

Pursuant to Rule 4.19, **CS for CS for SB 1144** as amended was ordered engrossed and then placed on the calendar of Bills on Third Reading.

On motion by Senator Peaden, by two-thirds vote **HB 7077** was withdrawn from the Committee on Health and Human Services Appropriations.

On motion by Senator Peaden—

**HB 7077**—A bill to be entitled An act relating to trust funds; amending s. 20.425, F.S.; providing an additional source of funds for the Grants and Donations Trust Fund within the Agency for Health Care Administration; amending s. 215.5601, F.S., relating to the Lawton Chiles Endowment Fund; revising the date of reversion of undisbursed balances in the fund; amending s. 400.179, F.S.; requiring that a leasehold licensee fee be deposited into the Grants and Donations Trust Fund of the agency; amending s. 409.916, F.S.; requiring that funds from nursing home facility quality assessments, certain grants and donations, and leasehold licensee fees be deposited into the Grant and Donations Trust Fund of the agency; amending ss. 893.165 and 938.23, F.S.; requiring that certain assessments for alcohol and drug abuse treatment programs collected by clerks of the circuit courts be deposited into the Grants and Donations Trust Fund of the Department of Children and Family Services; providing an effective date.

—a companion measure, was substituted for **CS for SB 1346** and read the second time by title.

Pursuant to Rule 4.19, **HB 7077** was placed on the calendar of Bills on Third Reading.

On motion by Senator Lynn—

**CS for SB 1592**—A bill to be entitled An act relating to nurse registries and companion-homemaker organizations; creating s. 400.510, F.S.; requiring nurse registries and organizations that provide companion or homemaker services to provide notice to patients or clients; specifying the contents of the notice; requiring the notice to be kept for a specified number of years; providing an exception; requiring the Agency for Health Care Administration to develop a form for the notice; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for SB 1592** was placed on the calendar of Bills on Third Reading.

On motion by Senator Gelber—

**SB 1628**—An act relating to long-term care services; amending s. 430.707, F.S.; requiring the Agency for Health Care Administration, in consultation with the Department of Elderly Affairs, to accept and forward to the Centers for Medicare and Medicaid Services an application for expansion of a pilot project from an entity that provides certain benefits under a federal program; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **SB 1628** was placed on the calendar of Bills on Third Reading.

On motion by Senator Peaden—

**CS for CS for SB 1868**—A bill to be entitled An act relating to prescribed drugs; amending ss. 465.003 and 465.019, F.S.; authorizing the use of an institutional formulary system in a Class I institutional pharmacy at which, with certain exceptions, all medicinal drugs are administered from individual prescription containers to the patient and medicinal drugs are not dispensed on the premises; specifying requirements for the policies and procedures of such an institutional formulary system; amending s. 627.4239, F.S.; revising the definition of the term “standard reference compendium” for purposes of regulating the insurance coverage of drugs used in the treatment of cancer; amending s.

456.42, F.S.; revising provisions specifying the information required to be included in written prescriptions for medicinal drugs; amending s. 893.04, F.S.; authorizing a pharmacist to dispense a controlled substance and require photographic identification without documenting certain information; authorizing a pharmacist to dispense a controlled substance without verification of certain information by the prescriber under certain circumstances; providing an effective date.

—was read the second time by title.

Senators Sobel and Haridopolos offered the following amendment which was moved by Senator Sobel and adopted:

**Amendment 1 (585012)**—Delete lines 68-75 and insert:

*(e) Provide a mechanism to obtain consent from the prescriber prior to dispensing any substitution of drugs by using a method of communication designated by the prescriber on the prescription for such purposes. The method of communication designated by the prescriber shall be noted in the patient's chart.*

Pursuant to Rule 4.19, **CS for CS for SB 1868** as amended was ordered engrossed and then placed on the calendar of Bills on Third Reading.

**MOTION**

On motion by Senator Villalobos, the rules were waived and time of recess was extended until 6:00 p.m.

**SENATOR JUSTICE PRESIDING**

On motion by Senator Gaetz—

**SB 1896**—An act relating to the Florida Patient Safety Corporation; repealing s. 381.0271, F.S., relating to the Florida Patient Safety Corporation; repealing s. 381.0273, F.S., relating to a public-records exemption for patient safety data or other records held by the Florida Patient Safety Corporation and its subsidiaries, advisory committees, or contractors, with certain exceptions, and relating to a public-meetings exemption for portions of meetings held by the corporation or its subsidiaries, advisory committees, or contractors during which information that is confidential and exempt from disclosure is discussed; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **SB 1896** was placed on the calendar of Bills on Third Reading.

Consideration of **CS for CS for CS for SB 1986** was deferred.

On motion by Senator Crist—

**CS for SB 412**—A bill to be entitled An act relating to service of process; amending s. 30.231, F.S.; increasing the fees charged by the sheriff in civil cases for service of process; deleting a prohibition on additional fees for certain documents; exempting the state and its agencies from increased fees or additional fees required for alias and pluries; amending s. 48.021, F.S.; providing that criminal witness subpoenas and criminal summonses may be served by a special process server appointed by the local sheriff or by a certified process server; amending s. 48.27, F.S.; providing for the selection of authorized certified process servers to serve such subpoenas and summonses; amending s. 56.041, F.S.; providing that all unsatisfied executions in the possession of the sheriff docketed before October 1, 2001, may be returned to the issuing court; amending s. 56.21, F.S.; requiring the submission of an affidavit before levying a judgment upon real property; requiring the sheriff to furnish to the judgment debtor or lienholder, or the debtor's or lienholder's attorney of record, a copy of the notice of sale, notice of levy, and affidavit within a specified period before execution of a sale or levy; amending s. 56.27, F.S.; requiring that priority of liens on real property be based on the effective date of the judgment lien for a specified purpose, unless an affidavit discloses that the property is subject to a re-

corded mortgage, financing statement, tax warrant, or other lien that is junior in priority to the judgment lien; requiring a levying creditor to deliver the affidavit to the sheriff at the time of the levy request setting forth certain information and attestations; requiring certain information to be contained in the certified copy of recordation of lien; amending ss. 741.30 and 784.046, F.S., relating to service of process in cases of domestic violence or sexual abuse; authorizing clerks of the court to transmit facsimile copies of previously certified injunctions to sheriffs upon request; requiring sheriffs to verify receipt of facsimile copies of injunctions with clerks of the court before attempting service; authorizing law enforcement officers to serve facsimile copies of injunctions in the same manner as certified copies; authorizing a law enforcement officer to arrest a person suspected of violating a condition of pretrial release if the original arrest was for an act of dating violence; amending s. 901.15, F.S.; conforming provisions to changes made by the act; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for SB 412** was placed on the calendar of Bills on Third Reading.

On motion by Senator Aronberg, by two-thirds vote **CS for HB 599** was withdrawn from the Committees on Judiciary; and Rules.

On motion by Senator Aronberg—

**CS for HB 599**—A bill to be entitled An act relating to administration of estates; amending s. 731.201, F.S.; revising definitions; amending s. 732.108, F.S.; providing for nonapplication of certain limitations of actions provisions to certain paternity determinations; amending s. 732.2025, F.S.; revising a definition; amending s. 732.2045, F.S.; expanding an exclusion from application of certain provisions of law; amending s. 732.2075, F.S.; revising provisions for satisfaction of an elective share; providing additional requirements; amending s. 732.2085, F.S.; correcting a cross-reference; amending s. 732.2135, F.S.; revising criteria for time of an election; providing for award of attorney fees and costs for elections made in bad faith; amending s. 732.402, F.S.; revising criteria for certain household items, motor vehicles, and tuition programs as exempt property; amending s. 733.201, F.S.; revising a criterion for proof of wills to conform; amending s. 733.504, F.S.; revising a criterion for removal of a personal representative to conform; amending s. 733.602, F.S.; removing a cross-reference; amending s. 735.203, F.S.; revising requirements for a petition for summary administration; amending s. 739.102, F.S.; revising a definition; amending s. 739.104, F.S.; excluding from court approval certain disclaimers of interests in property; amending s. 739.201, F.S.; providing an additional rule applicable to disclaimers of interests in property; amending s. 739.207, F.S.; limiting a criterion for effectiveness of a disclaimer of power held in a fiduciary capacity; amending s. 739.402, F.S.; correcting terminology; amending s. 739.501, F.S.; preserving application of certain provisions to effectiveness of certain disclaimers or transfers; amending ss. 660.417, 736.0802, and 895.02, F.S.; correcting cross-references to conform; providing an effective date.

—a companion measure, was substituted for **SB 1396** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 599** was placed on the calendar of Bills on Third Reading.

On motion by Senator Bennett—

**CS for CS for SB 1552**—A bill to be entitled An act relating to lis pendens; amending s. 48.23, F.S.; permitting property to be sold exempt from claims asserted in an action when the lis pendens has expired or been withdrawn or discharged; requiring a notice of lis pendens to include the date of the action or the case number of the action; extending the time in which the holder of an unrecorded interest or lien may intervene in a pending action; providing for the control and discharge of a lis pendens that no longer affects the property; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for CS for SB 1552** was placed on the calendar of Bills on Third Reading.

On motion by Senator Gelber, by two-thirds vote **CS for HB 965** was withdrawn from the Committees on Judiciary; and Banking and Insurance.

On motion by Senator Gelber—

**CS for HB 965**—A bill to be entitled An act relating to trust administration; amending s. 736.0103, F.S.; revising a definition to exclude certain interests as beneficial interests; providing construction; amending s. 736.0105, F.S.; providing an additional limitation on terms of a trust prevailing over provisions of the Florida Trust Code; amending s. 736.0302, F.S.; revising representation authority for holders of a power of appointment; providing a definition; amending s. 736.0306, F.S.; authorizing trust instruments to authorize certain persons to designate one or more persons to represent and bind a beneficiary and receive certain information; amending s. 736.0703, F.S.; authorizing a cotrustee to delegate investment decisions to a cotrustee; revising provisions for absence of liability of excluded trustees under certain circumstances; amending s. 736.0807, F.S.; providing that a cotrustee who has delegated investment functions is not liable for investment decisions; amending s. 736.1106, F.S.; revising a definition applicable to antilapse of a trust distribution; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 1958** and read the second time by title.

Pursuant to Rule 4.19, **CS for HB 965** was placed on the calendar of Bills on Third Reading.

Consideration of **SB 68** was deferred.

On motion by Senator Bullard—

**CS for SB 110**—A bill to be entitled An act relating to community redevelopment; amending s. 163.340, F.S.; expanding the definition of the term “blighted area” to include land previously used as a military facility; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for SB 110** was placed on the calendar of Bills on Third Reading.

On motion by Senator Aronberg—

**CS for CS for SB 148**—A bill to be entitled An act relating to mangrove protection; amending s. 403.121, F.S.; expanding the penalty previously applicable to violations involving mangrove trimming or alteration to apply to any violation under the Mangrove Trimming and Preservation Act; amending s. 403.9323, F.S.; clarifying legislative intent with respect to the protection of mangroves; amending s. 403.9324, F.S.; authorizing the Department of Environmental Protection to adopt by rule certain exemptions and general permits under the Mangrove Trimming and Preservation Act; amending s. 403.9325, F.S.; revising the definition of “riparian mangrove fringe”; amending s. 403.9329, F.S.; clarifying the department’s authority to revoke a person’s status as a professional mangrove trimmer; amending s. 403.9331, F.S.; providing that the Mangrove Trimming and Preservation Act does not authorize trimming on uninhabited natural islands or lands that are publicly owned or set aside for conservation or mitigation except under specified circumstances; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for CS for SB 148** was placed on the calendar of Bills on Third Reading.

On motion by Senator Gaetz—

**CS for CS for CS for SB 1986**—A bill to be entitled An act relating to health care; providing legislative findings; designating Miami-Dade County as a health care fraud area of concern; amending s. 68.085, F.S.; allocating certain funds recovered under the Florida False Claims Act to fund rewards for persons who report and provide information relating to Medicaid fraud; amending s. 68.086, F.S.; providing that a defendant who prevails in an action under the Florida False Claims Act may be awarded attorney's fees and costs against the person bringing the action under certain circumstances; amending s. 400.471, F.S.; prohibiting the Agency for Health Care Administration from renewing a license of a home health agency in certain counties if the agency has been sanctioned for certain misconduct; amending s. 400.474, F.S.; authorizing the Agency for Health Care Administration to deny, revoke, or suspend the license of or fine a home health agency that provides remuneration to certain facilities or bills the Medicaid program for medically unnecessary services; amending s. 400.506, F.S.; exempting certain items from a prohibition against providing remuneration to certain persons by a nurse registry; creating s. 408.8065, F.S.; providing additional licensure requirements for home health agencies, home medical equipment providers, and health care clinics; imposing criminal penalties against a person who knowingly submits misleading information to the Agency for Health Care Administration in connection with applications for certain licenses; amending s. 408.810, F.S.; revising provisions relating to information required for licensure; requiring certain licensees to provide clients with a description of Medicaid fraud and the statewide toll-free telephone number for the central Medicaid fraud hotline; amending s. 408.815, F.S.; providing additional grounds to deny an application for a license; amending s. 409.905, F.S.; authorizing the Agency for Health Care Administration to require prior authorization of care based on utilization rates; requiring a home health agency to submit a plan of care and documentation of a recipient's medical condition to the Agency for Health Care Administration when requesting prior authorization; prohibiting the Agency for Health Care Administration from paying for home health services unless specified requirements are satisfied; amending s. 409.907, F.S.; providing for certain out-of-state providers to enroll as Medicaid providers; amending s. 409.912, F.S.; requiring the Agency for Health Care Administration to establish norms for the utilization of Medicaid services; requiring the agency to submit a report relating to the overutilization of Medicaid services; amending s. 409.913, F.S.; requiring that the annual report submitted by the Agency for Health Care Administration and the Medicaid Fraud Control Unit of the Department of Legal Affairs recommend changes necessary to prevent and detect Medicaid fraud; requiring the Agency for Health Care Administration to monitor patterns of overutilization of Medicaid services; requiring the agency to deny payment or require repayment for Medicaid services under certain circumstances; requiring the Agency for Health Care Administration to immediately terminate a Medicaid provider's participation in the Medicaid program as a result of certain adjudications against the provider or certain affiliated persons; requiring the Agency for Health Care Administration to suspend or terminate a Medicaid provider's participation in the Medicaid program if the provider or certain affiliated persons participating in the Medicaid program have been suspended or terminated by the Federal Government or another state; providing that a provider is subject to sanctions for violations of law as the result of actions or inactions of the provider or certain affiliated persons; requiring the Agency for Health Care Administration to use specified documents from a provider's records to calculate an overpayment by the Medicaid program; prohibiting a provider from using certain documents or data as evidence when challenging a claim of overpayment by the Agency for Health Care Administration; providing an exception; requiring that the agency provide notice of certain administrative sanctions to other regulatory agencies within a specified period; requiring the Agency for Health Care Administration to withhold or deny Medicaid payments under certain circumstances; requiring the agency to terminate a provider's participation in the Medicaid program if the provider fails to repay certain overpayments from the Medicaid program; requiring the agency to provide at least annually information on Medicaid fraud in an explanation of benefits letter; requiring the Agency for Health Care Administration to post a list on its website of Medicaid providers and affiliated persons of providers who have been terminated or sanctioned; requiring the agency to take certain actions to improve the prevention and detection of health care fraud through the use of technology; amending s. 409.920, F.S.; defining the term "managed care organization"; providing criminal penalties and fines for Medicaid fraud; granting civil immunity to certain persons who report sus-

pected Medicaid fraud; creating s. 409.9203, F.S.; authorizing the payment of rewards to persons who report and provide information relating to Medicaid fraud; amending s. 456.004, F.S.; requiring the Department of Health to work cooperatively with the Agency for Health Care Administration and the judicial system to recover overpayments by the Medicaid program; amending s. 456.041, F.S.; requiring the Department of Health to include a statement in the practitioner profile if a practitioner has been terminated from participating in the Medicaid program; creating s. 456.0635, F.S.; prohibiting Medicaid fraud in the practice of health care professions; requiring the Department of Health or boards within the department to refuse to admit to exams and to deny licenses, permits, or certificates to certain persons who have engaged in certain acts; requiring health care practitioners to report allegations of Medicaid fraud; specifying that acceptance of the relinquishment of a license in anticipation of charges relating to Medicaid fraud constitutes permanent revocation of a license; amending s. 456.072, F.S.; creating additional grounds for the Department of Health to take disciplinary action against certain applicants or licensees for misconduct relating to a Medicaid program or to health care fraud; amending s. 456.074, F.S.; requiring the Department of Health to issue an emergency order suspending the license of a person who engages in certain criminal conduct relating to the Medicaid program; amending s. 465.022, F.S.; authorizing partnerships and corporations to obtain pharmacy permits; requiring applicants or certain persons affiliated with an applicant for a pharmacy permit to submit a set of fingerprints for a criminal history records check and pay the costs of the criminal history records check; requiring the Department of Health or Board of Pharmacy to deny an application for a pharmacy permit for certain misconduct by the applicant; or persons affiliated with the applicant; amending s. 465.023, F.S.; authorizing the Department of Health or the Board of Pharmacy to take disciplinary action against a permittee for certain misconduct by the permittee, or persons affiliated with the permittee; amending s. 825.103, F.S.; redefining the term "exploitation of an elderly person or disabled adult"; amending s. 921.0022, F.S.; revising the severity level ranking of Medicaid fraud under the Criminal Punishment Code; creating a pilot project to monitor and verify the delivery of home health services and provide for electronic claims for home health services; requiring the Agency for Health Care Administration to issue a report evaluating the pilot project; creating a pilot project for home health care management in Miami-Dade County; amending ss. 400.0077 and 430.608, F.S.; conforming cross-references to changes made by the act; repealing s. 395.0199, F.S., relating to private utilization review of health care services; amending ss. 395.405 and 400.0712, F.S.; conforming cross-references; repealing s. 400.118(2), F.S.; removing provisions requiring quality-of-care monitors for nursing facilities in agency district offices; amending s. 400.141, F.S.; deleting a requirement that licensed nursing home facilities provide the agency with a monthly report on the number of vacant beds in the facility; amending s. 400.147, F.S.; revising the definition of the term "adverse incident" for reporting purposes; requiring abuse, neglect, and exploitation to be reported to the agency and the Department of Children and Family Services; deleting a requirement that the agency submit an annual report on nursing home adverse incidents to the Legislature; amending s. 400.162, F.S.; revising requirements for policies and procedures regarding the safekeeping of a resident's personal effects and property; amending s. 400.191, F.S.; revising the information on the agency's Internet site regarding nursing homes; deleting the provision that requires the agency to provide information about nursing homes in printed form; amending s. 400.195, F.S.; conforming a cross-reference; amending s. 400.23, F.S.; deleting the requirement of the agency to adopt rules regarding the eating assistance provided to residents; amending s. 400.9935, F.S.; revising accreditation requirements for clinics providing magnetic resonance imaging services; amending s. 400.995, F.S.; revising agency responsibilities with respect to agency administrative penalties; amending s. 408.803, F.S.; revising definitions applicable to part II of ch. 408, F.S., the "Health Care Licensing Procedures Act"; amending s. 408.806, F.S.; revising contents of and procedures relating to health care provider applications for licensure; providing an exception from certain licensure inspections for adult family-care homes; authorizing the agency to provide electronic access to certain information and documents; amending s. 408.808, F.S.; providing for a provisional license to be issued to applicants applying for a change of ownership; providing a time limit on provisional licenses; amending s. 408.809, F.S.; revising provisions relating to background screening of specified employees; requiring health care providers to submit to the agency an affidavit of compliance with background screening requirements at the time of license renewal; deleting a provision to conform to changes made by the act; amending s. 408.811, F.S.; providing for certain inspections to be

accepted in lieu of complete licensure inspections; granting agency access to records requested during an offsite review; providing timeframes for correction of certain deficiencies and submission of plans to correct the deficiencies; amending s. 408.813, F.S.; providing classifications of violations of part II of ch. 408, F.S.; providing for fines; amending s. 408.820, F.S.; revising applicability of certain exemptions from specified requirements of part II of ch. 408, F.S.; creating s. 408.821, F.S.; requiring entities regulated or licensed by the agency to designate a liaison officer for emergency operations; authorizing entities regulated or licensed by the agency to temporarily exceed their licensed capacity to act as receiving providers under specified circumstances; providing requirements that apply while such entities are in an overcapacity status; providing for issuance of an inactive license to such licensees under specified conditions; providing requirements and procedures with respect to the issuance and reactivation of an inactive license; authorizing the agency to adopt rules; amending s. 408.831, F.S.; deleting provisions relating to the authorization for entities regulated or licensed by the agency to exceed their licensed capacity to act as receiving facilities and issuance and reactivation of inactive licenses; amending s. 408.918, F.S.; revising the requirements of a provider to participate in the Florida 211 network; requiring the Public Service Commission to request the Federal Communications Commission to direct the revocation of a 211 number under certain circumstances; deleting the requirement for the Agency for Health Care Administration to seek assistance in resolving jurisdictional disputes related to 211 numbers; providing that the Florida Alliance of Information and Referral Services is the collaborative organization for the state; amending s. 409.221, F.S.; conforming a cross-reference; amending s. 409.901, F.S.; redefining the term "change of ownership" as it relates to Medicaid providers; repealing s. 429.071, F.S., relating to the intergenerational respite care assisted living facility pilot program; amending s. 429.08, F.S.; authorizing the agency to provide information regarding licensed assisted living facilities on its Internet website; abolishing local coordinating workgroups established by agency field offices; amending s. 429.14, F.S.; conforming a reference; amending s. 429.19, F.S.; revising agency procedures for imposition of fines for violations of part I of ch. 429, F.S., the "Assisted Living Facilities Act"; amending s. 429.23, F.S.; redefining the term "adverse incident" for reporting purposes; requiring abuse, neglect, and exploitation to be reported to the agency and the Department of Children and Family Services; deleting a requirement that the agency submit an annual report on assisted living facility adverse incidents to the Legislature; repealing s. 429.26(9), F.S., relating to the removal of the requirement for a resident of an assisted living facility to undergo examinations and evaluations under certain circumstances; amending s. 430.80, F.S.; conforming a cross-reference; amending ss. 435.04 and 435.05, F.S.; requiring employers of certain employees to submit an affidavit of compliance with level 2 screening requirements at the time of license renewal; amending s. 483.031, F.S.; revising a provision relating to the exemption of certain clinical laboratories, to conform to changes made by the act; amending s. 483.041, F.S.; redefining the term "waived test" as it is used in part I of ch. 483, F.S., the "Florida Clinical Laboratory Law"; repealing s. 483.106, F.S., relating to applications for certificates of exemption by clinical laboratories that perform certain tests; amending ss. 483.172, F.S.; conforming provisions; amending s. 627.4239, F.S.; revising the term "standard reference compendium"; amending s. 651.118, F.S.; conforming a cross-reference; providing an effective date.

—was read the second time by title.

Senator Gaetz moved the following amendment:

**Amendment 1 (868070) (with directory and title amendments)**—Delete lines 411-715 and insert: *interest has been administratively sanctioned by the agency during the two years prior to the submission of the licensure renewal application for one or more of the following acts:*

(a) *An intentional or negligent act that materially affects the health or safety of a client of the provider;*

(b) *Knowingly providing home health services in an unlicensed assisted living facility or unlicensed adult family-care home, unless the home health agency or employee reports the unlicensed facility or home to the agency within 72 hours after providing the services;*

(c) *Preparing or maintaining fraudulent patient records, such as, but not limited to, charting ahead, recording vital signs or symptoms which were not personally obtained or observed by the home health agency's staff*

*at the time indicated, borrowing patients or patient records from other home health agencies to pass a survey or inspection, or falsifying signatures;*

(d) *Failing to provide at least one service directly to a patient for a period of 60 days;*

(e) *Demonstrating a pattern of falsifying documents relating to the training of home health aides or certified nursing assistants or demonstrating a pattern of falsifying health statements for staff who provide direct care to patients. A pattern may be demonstrated by a showing of at least three fraudulent entries or documents;*

(f) *Demonstrating a pattern of billing any payor for services not provided. A pattern may be demonstrated by a showing of at least three billings for services not provided within a 12-month period;*

(g) *Demonstrating a pattern of failing to provide a service specified in the home health agency's written agreement with a patient or the patient's legal representative, or the plan of care for that patient, unless a reduction in service is mandated by Medicare, Medicaid, or a state program or as provided in s. 400.492(3). A pattern may be demonstrated by a showing of at least three incidents, regardless of the patient or service, in which the home health agency did not provide a service specified in a written agreement or plan of care during a 3-month period;*

(h) *Giving remuneration to a case manager, discharge planner, facility-based staff member, or third-party vendor who is involved in the discharge planning process of a facility licensed under chapter 395, chapter 429, or this chapter from whom the home health agency receives referrals or gives remuneration as prohibited in s. 400.474(6)(a);*

(i) *Giving cash, or its equivalent, to a Medicare or Medicaid beneficiary;*

(j) *Demonstrating a pattern of billing the Medicaid program for services to Medicaid recipients which are medically unnecessary as determined by a final order. A pattern may be demonstrated by a showing of at least two such medically unnecessary services within one Medicaid program integrity audit period;*

(k) *Providing services to residents in an assisted living facility for which the home health agency does not receive fair market value remuneration; or*

(l) *Providing staffing to an assisted living facility for which the home health agency does not receive fair market value remuneration.*

(11) *The agency may not issue an initial or change of ownership license to a home health agency under part III of chapter 400 or this part for the purpose of opening a new home health agency until July 1, 2010, in any county that has at least one actively licensed home health agency and a population of persons 65 years of age or older, as indicated in the most recent population estimates published by the Executive Office of the Governor, of fewer than 1,200 per home health agency. In such counties, for any application received by the agency prior to July 1, 2009, which has been deemed by the agency to be complete except for proof of accreditation, the agency may issue an initial or a change of ownership license only if the applicant has applied for accreditation before May 1, 2009, from an accrediting organization that is recognized by the agency.*

Section 5. Subsection (6) of section 400.474, Florida Statutes, is amended to read:

400.474 Administrative penalties.—

(6) The agency may deny, revoke, or suspend the license of a home health agency and shall impose a fine of \$5,000 against a home health agency that:

(a) Gives remuneration for staffing services to:

1. Another home health agency with which it has formal or informal patient-referral transactions or arrangements; or

2. A health services pool with which it has formal or informal patient-referral transactions or arrangements,

unless the home health agency has activated its comprehensive emergency management plan in accordance with s. 400.492. This paragraph does not apply to a Medicare-certified home health agency that provides fair market value remuneration for staffing services to a non-Medicare-certified home health agency that is part of a continuing care facility licensed under chapter 651 for providing services to its own residents if each resident receiving home health services pursuant to this arrangement attests in writing that he or she made a decision without influence from staff of the facility to select, from a list of Medicare-certified home health agencies provided by the facility, that Medicare-certified home health agency to provide the services.

(b) Provides services to residents in an assisted living facility for which the home health agency does not receive fair market value remuneration.

(c) Provides staffing to an assisted living facility for which the home health agency does not receive fair market value remuneration.

(d) Fails to provide the agency, upon request, with copies of all contracts with assisted living facilities which were executed within 5 years before the request.

(e) Gives remuneration to a case manager, discharge planner, facility-based staff member, or third-party vendor who is involved in the discharge planning process of a facility licensed under chapter 395, chapter 429, or this chapter from whom the home health agency receives referrals.

(f) Fails to submit to the agency, within 15 days after the end of each calendar quarter, a written report that includes the following data based on data as it existed on the last day of the quarter:

1. The number of insulin-dependent diabetic patients receiving insulin-injection services from the home health agency;
2. The number of patients receiving both home health services from the home health agency and hospice services;
3. The number of patients receiving home health services from that home health agency; and
4. The names and license numbers of nurses whose primary job responsibility is to provide home health services to patients and who received remuneration from the home health agency in excess of \$25,000 during the calendar quarter.

(g) Gives cash, or its equivalent, to a Medicare or Medicaid beneficiary.

(h) Has more than one medical director contract in effect at one time or more than one medical director contract and one contract with a physician-specialist whose services are mandated for the home health agency in order to qualify to participate in a federal or state health care program at one time.

(i) Gives remuneration to a physician without a medical director contract being in effect. The contract must:

1. Be in writing and signed by both parties;
2. Provide for remuneration that is at fair market value for an hourly rate, which must be supported by invoices submitted by the medical director describing the work performed, the dates on which that work was performed, and the duration of that work; and
3. Be for a term of at least 1 year.

The hourly rate specified in the contract may not be increased during the term of the contract. The home health agency may not execute a subsequent contract with that physician which has an increased hourly rate and covers any portion of the term that was in the original contract.

(j) Gives remuneration to:

1. A physician, and the home health agency is in violation of paragraph (h) or paragraph (i);
2. A member of the physician's office staff; or

3. An immediate family member of the physician, if the home health agency has received a patient referral in the preceding 12 months from that physician or physician's office staff.

(k) Fails to provide to the agency, upon request, copies of all contracts with a medical director which were executed within 5 years before the request.

*(l) Demonstrates a pattern of billing the Medicaid program for services to Medicaid recipients which are medically unnecessary as determined by a final order. A pattern may be demonstrated by a showing of at least two such medically unnecessary services within one Medicaid program integrity audit period.*

*Nothing in paragraph (e) or paragraph (j) shall be interpreted as applying to or precluding any discount, compensation, waiver of payment, or payment practice permitted by 52 U.S.C. s. 1320a-7(b) or regulations adopted thereunder, including 42 C.F.R. s. 1001.952, or 42 U.S.C. s. 1395nn or regulations adopted thereunder.*

Section 6. Section 408.8065, Florida Statutes, is created to read:

*408.8065 Additional licensure requirements for home health agencies, home medical equipment providers, and health care clinics.—*

*(1) An applicant for initial licensure, or initial licensure due to a change of ownership, as a home health agency, home medical equipment provider, or health care clinic shall:*

*(a) Demonstrate financial ability to operate, as required under s. 408.810(8) and this section. If the applicant's assets, credit, and projected revenues meet or exceed projected liabilities and expenses, and the applicant provides independent evidence that the funds necessary for startup costs, working capital, and contingency financing exist and will be available as needed, the applicant has demonstrated the financial ability to operate.*

*(b) Submit pro forma financial statements, including a balance sheet, income and expense statement, and a statement of cash flows for the first 2 years of operation which provide evidence that the applicant has sufficient assets, credit, and projected revenues to cover liabilities and expenses.*

*(c) Submit a statement of the applicant's estimated startup costs and sources of funds through the break-even point in operations demonstrating that the applicant has the ability to fund all startup costs, working capital, and contingency financing. The statement must show that the applicant has at a minimum 3 months of average projected expenses to cover startup costs, working capital, and contingency financing. The minimum amount for contingency funding may not be less than 1 month of average projected expenses.*

*All documents required under this subsection must be prepared in accordance with generally accepted accounting principles and may be in a compilation form. The financial statements must be signed by a certified public accountant.*

*(2) For initial, renewal, or change of ownership licenses for a home health agency, a home medical equipment provider, or a health care clinic, applicants and controlling interests who are nonimmigrant aliens, as described in 8 U.S.C. s. 1101, must file a surety bond of at least \$500,000, payable to the agency, which guarantees that the home health agency, home medical equipment provider, or health care clinic will act in full conformity with all legal requirements for operation.*

*(3) In addition to the requirements of s. 408.812, any person who offers services that require licensure under part VII or part X of chapter 400, or who offers skilled services that require licensure under part III of chapter 400, without obtaining a valid license; any person who knowingly files a false or misleading license or license renewal application or who submits false or misleading information related to such application, and any person who violates or conspires to violate this section, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.*

Section 7. Subsection (3) and paragraph (a) of subsection (5) of section 408.810, Florida Statutes, are amended to read:

408.810 Minimum licensure requirements.—In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license.

(3) Unless otherwise specified in this part, authorizing statutes, or applicable rules, any information required to be reported to the agency must be submitted within 21 calendar days after the report period or effective date of the information, *whichever is earlier, including, but not limited to, any change of:*

- (a) *Information contained in the most recent application for licensure.*
- (b) *Required insurance or bonds.*

(5)(a) On or before the first day services are provided to a client, a licensee must inform the client and his or her immediate family or representative, if appropriate, of the right to report:

1. **Complaints.** The statewide toll-free telephone number for reporting complaints to the agency must be provided to clients in a manner that is clearly legible and must include the words: “To report a complaint regarding the services you receive, please call toll-free (phone number).”

2. **Abusive, neglectful, or exploitative practices.** The statewide toll-free telephone number for the central abuse hotline must be provided to clients in a manner that is clearly legible and must include the words: “To report abuse, neglect, or exploitation, please call toll-free (phone number).”

3. **Medicaid fraud.** *An agency-written description of Medicaid fraud and the statewide toll-free telephone number for the central Medicaid fraud hotline must be provided to clients in a manner that is clearly legible and must include the words: “To report suspected Medicaid fraud, please call toll-free (phone number).”*

The agency shall publish a minimum of a 90-day advance notice of a change in the toll-free telephone numbers.

Section 8. Subsection (4) is added to section 408.815, Florida Statutes, to read:

408.815 License or application denial; revocation.—

(4) *In addition to the grounds provided in authorizing statutes, the agency shall deny an application for a license or license renewal if the applicant or a person having a controlling interest in an applicant has been:*

(a) *Convicted of, or enters a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such convictions or plea ended more than fifteen years prior to the date of the application;*

(b) *Terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the applicant has been in good standing with the Florida Medicaid program for the most recent five years; or*

(c) *Terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from the federal Medicare program or from any other state Medicaid program, unless the applicant has been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years and the termination occurred at least 20 years prior to the date of the application.*

Section 9. Subsection (4) of section 409.905, Florida Statutes, is amended to read:

409.905 **Mandatory Medicaid services.**—The agency may make payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically necessary and in accordance with state and federal law. Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number of ser-

vices, or any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216.

(4) **HOME HEALTH CARE SERVICES.**—The agency shall pay for nursing and home health aide services, supplies, appliances, and durable medical equipment, necessary to assist a recipient living at home. An entity that provides services pursuant to this subsection shall be licensed under part III of chapter 400. These services, equipment, and supplies, or reimbursement therefor, may be limited as provided in the General Appropriations Act and do not include services, equipment, or supplies provided to a person residing in a hospital or nursing facility.

(a) In providing home health care services, the agency may require prior authorization of care based on diagnosis, *utilization rates, or billing rates. The agency shall require prior authorization for visits for home health services that are not associated with a skilled nursing visit when the home health agency billing rates exceed the state average by 50 percent or more. The home health agency must submit the recipient’s plan of care and documentation that supports the recipient’s diagnosis to the agency when requesting prior authorization.*

(b) The agency shall implement a comprehensive utilization management program that requires prior authorization of all private duty nursing services, an individualized treatment plan that includes information about medication and treatment orders, treatment goals, methods of care to be used, and plans for care coordination by nurses and other health professionals. The utilization management program shall also include a process for periodically reviewing the ongoing use of private duty nursing services. The assessment of need shall be based on a child’s condition, family support and care supplements, a family’s ability to provide care, and a family’s and child’s schedule regarding work, school, sleep, and care for other family dependents. When implemented, the private duty nursing utilization management program shall replace the current authorization program used by the Agency for Health Care Administration and the Children’s Medical Services program of the Department of Health. The agency may competitively bid on a contract to select a qualified organization to provide utilization management of private duty nursing services. The agency is authorized to seek federal waivers to implement this initiative.

(c) *The agency may not pay for home health services, unless the services are medically necessary, and:*

1. *The services are ordered by a physician.*

2. *The written prescription for the services is signed and dated by the recipient’s physician before the development of a plan of care and before any request requiring prior authorization.*

3. *The physician ordering the services is not employed, under contract with, or otherwise affiliated with the home health agency rendering the services. However, this subparagraph does not apply to a home health agency affiliated with a retirement community, of which the parent corporation or a related legal entity owns a rural health clinic certified under 42 C.F.R. part 491, subpart A, ss. 1-11, a nursing home licensed under part II of chapter 400, or an apartment or single-family home for independent living.*

4. *The physician ordering the services has examined the recipient within the 30 days preceding the initial request for the services and biannually thereafter.*

5. *The written prescription for the services includes the recipient’s acute or chronic medical condition or diagnosis, the home health service required, and, for skilled nursing services, the frequency and duration of the services.*

6. *The national provider identifier, Medicaid identification number, or medical practitioner license number of the physician ordering the services is listed on the written prescription for the services, the claim for home health reimbursement, and the prior authorization request.*

Section 10. Paragraph (a) of subsection (9) of section 409.907, Florida Statutes, is amended to read:

409.907 **Medicaid provider agreements.**—The agency may make payments for medical assistance and related services rendered to Medicaid recipients only to an individual or entity who has a provider

agreement in effect with the agency, who is performing services or supplying goods in accordance with federal, state, and local law, and who agrees that no person shall, on the grounds of handicap, race, color, or national origin, or for any other reason, be subjected to discrimination under any program or activity for which the provider receives payment from the agency.

(9) Upon receipt of a completed, signed, and dated application, and completion of any necessary background investigation and criminal history record check, the agency must either:

(a) Enroll the applicant as a Medicaid provider upon approval of the provider application. The enrollment effective date shall be the date the agency receives the provider application. With respect to a provider that requires a Medicare certification survey, the enrollment effective date is the date the certification is awarded. With respect to a provider that completes a change of ownership, the effective date is the date the agency received the application, the date the change of ownership was complete, or the date the applicant became eligible to provide services under Medicaid, whichever date is later. With respect to a provider of emergency medical services transportation or emergency services and care, the effective date is the date the services were rendered. Payment for any claims for services provided to Medicaid recipients between the date of receipt of the application and the date of approval is contingent on applying any and all applicable audits and edits contained in the agency's claims adjudication and payment processing systems. *The agency may enroll a provider located outside the State of Florida if the provider's location is no more than 50 miles from the Florida state line, and the agency determines a need for that provider type to ensure adequate access to care; or*

And the directory clause is amended as follows:

Delete line 402 and insert:

Section 4. Subsections (10) and (11) are added to section 400.471

And the title is amended as follows:

Delete lines 16-27 and insert: certain misconduct; providing limitations on licensing of home health agencies in certain counties; amending s. 400.474, F.S.; authorizing the Agency for Health Care Administration to deny, revoke, or suspend the license of or fine a home health agency that provides remuneration to certain facilities or bills the Medicaid program for medically unnecessary services; providing that certain discounts, compensations, waivers of payments, or payment practices; creating s. 408.8065, F.S.; providing additional licensure requirements for home health agencies, home medical equipment providers, and health care clinics; requiring the posting of a surety bond in a specified minimum amount under certain circumstances;

## MOTION

On motion by Senator Gaetz, the rules were waived to allow the following amendments to be considered:

Senator Gaetz moved the following amendments to **Amendment 1** which were adopted:

**Amendment 1A (187642)**—Delete line 404 and insert: *more than 50 miles from the Florida state line, or the agency*

**Amendment 1B (158306) (with title amendment)**—Between lines 177 and 178 insert:

Section 6. Paragraph (a) of subsection (15) of section 400.506, Florida Statutes, is amended to read:

400.506 Licensure of nurse registries; requirements; penalties.—

(15)(a) The agency may deny, suspend, or revoke the license of a nurse registry and shall impose a fine of \$5,000 against a nurse registry that:

1. Provides services to residents in an assisted living facility for which the nurse registry does not receive fair market value remuneration.

2. Provides staffing to an assisted living facility for which the nurse registry does not receive fair market value remuneration.

3. Fails to provide the agency, upon request, with copies of all contracts with assisted living facilities which were executed within the last 5 years.

4. Gives remuneration to a case manager, discharge planner, facility-based staff member, or third-party vendor who is involved in the discharge planning process of a facility licensed under chapter 395 or this chapter and from whom the nurse registry receives referrals. *A nurse registry is exempt from this subparagraph if it does not bill the Florida Medicaid program or the Medicare program or share a controlling interest with any entity licensed, registered, or certified under part II of chapter 408 that bills the Florida Medicaid program or the Medicare program.*

5. Gives remuneration to a physician, a member of the physician's office staff, or an immediate family member of the physician, and the nurse registry received a patient referral in the last 12 months from that physician or the physician's office staff. *A nurse registry is exempt from this subparagraph if it does not bill the Florida Medicaid program or the Medicare program or share a controlling interest with any entity licensed, registered, or certified under part II of chapter 408 that bills the Florida Medicaid program or the Medicare program.*

And the title is amended as follows:

Delete line 426 and insert: payment practices; exempting nurse registries that meet certain conditions from a prohibition; creating s. 408.8065, F.S.; providing

**Amendment 1** as amended was adopted.

Senator Peaden moved the following amendment:

**Amendment 2 (333902) (with directory and title amendments)**—Delete lines 780-830 and insert:

(4) The agency may contract with:

(b) An entity that is providing comprehensive behavioral health care services to certain Medicaid recipients through a capitated, prepaid arrangement pursuant to the federal waiver provided for by s. 409.905(5). Such ~~an~~ entity must be licensed under chapter 624, chapter 636, or chapter 641, *or authorized under paragraph (c)*, and must possess the clinical systems and operational competence to manage risk and provide comprehensive behavioral health care to Medicaid recipients. As used in this paragraph, the term "comprehensive behavioral health care services" means covered mental health and substance abuse treatment services that are available to Medicaid recipients. The secretary of the Department of Children and Family Services shall approve ~~provisions of~~ procurements related to children in the department's care or custody ~~before prior to~~ enrolling such children in a prepaid behavioral health plan. Any contract awarded under this paragraph must be competitively procured. In developing the behavioral health care prepaid plan procurement document, the agency shall ensure that the procurement document requires the contractor to develop and implement a plan to ensure compliance with s. 394.4574 related to services provided to residents of licensed assisted living facilities that hold a limited mental health license. Except as provided in subparagraph 8., and except in counties where the Medicaid managed care pilot program is authorized pursuant to s. 409.91211, the agency shall seek federal approval to contract with a single entity meeting these requirements to provide comprehensive behavioral health care services to all Medicaid recipients not enrolled in a Medicaid managed care plan authorized under s. 409.91211 or a Medicaid health maintenance organization in an AHCA area. In an AHCA area where the Medicaid managed care pilot program is authorized pursuant to s. 409.91211 in one or more counties, the agency may procure a contract with a single entity to serve the remaining counties as an AHCA area or the remaining counties may be included with an adjacent AHCA area and ~~are shall be~~ subject to this paragraph. Each entity must offer a sufficient choice of providers in its network to ensure recipient access to care and the opportunity to select a provider with whom they are satisfied. The network shall include all public mental health hospitals. To ensure unimpaired access to behavioral health care services by Medicaid recipients, all contracts issued pursuant to this paragraph ~~must shall~~ require 80 percent of the capi-

tation paid to the managed care plan, including health maintenance organizations, to be expended for the provision of behavioral health care services. ~~If in the event the managed care plan expends less than 80 percent of the capitation paid pursuant to this paragraph for the provision of behavioral health care services, the difference shall be returned to the agency. The agency shall provide the managed care plan with a certification letter indicating the amount of capitation paid during each calendar year for the provision of behavioral health care services pursuant to this section. The agency may reimburse for substance abuse treatment services on a fee-for-service basis until the agency finds that adequate funds are available for capitated, prepaid arrangements.~~

1. By January 1, 2001, the agency shall modify the contracts with the entities providing comprehensive inpatient and outpatient mental health care services to Medicaid recipients in Hillsborough, Highlands, Hardee, Manatee, and Polk Counties, to include substance abuse treatment services.

2. By July 1, 2003, the agency and the Department of Children and Family Services shall execute a written agreement that requires collaboration and joint development of all policy, budgets, procurement documents, contracts, and monitoring plans that have an impact on the state and Medicaid community mental health and targeted case management programs.

3. Except as provided in subparagraph 8., by July 1, 2006, the agency and the Department of Children and Family Services shall contract with managed care entities in each AHCA area except area 6 or arrange to provide comprehensive inpatient and outpatient mental health and substance abuse services through capitated prepaid arrangements to all Medicaid recipients who are eligible to participate in such plans under federal law and regulation. In AHCA areas where eligible individuals number less than 150,000, the agency shall contract with a single managed care plan to provide comprehensive behavioral health services to all recipients who are not enrolled in a Medicaid health maintenance organization or a Medicaid capitated managed care plan authorized under s. 409.91211. The agency may contract with more than one comprehensive behavioral health provider to provide care to recipients who are not enrolled in a Medicaid capitated managed care plan authorized under s. 409.91211 or a Medicaid health maintenance organization in AHCA areas where the eligible population exceeds 150,000. In an AHCA area where the Medicaid managed care pilot program is authorized pursuant to s. 409.91211 in one or more counties, the agency may procure a contract with a single entity to serve the remaining counties as an AHCA area or the remaining counties may be included with an adjacent AHCA area and shall be subject to this paragraph. Contracts for comprehensive behavioral health providers awarded pursuant to this section shall be competitively procured. Both for-profit and not-for-profit corporations ~~are shall be~~ eligible to compete. Managed care plans contracting with the agency under subsection (3) shall provide and receive payment for the same comprehensive behavioral health benefits as provided in AHCA rules, including handbooks incorporated by reference. In AHCA area 11, the agency shall contract with at least two comprehensive behavioral health care providers to provide behavioral health care to recipients in that area who are enrolled in, or assigned to, the MediPass program. One of the behavioral health care contracts ~~must shall~~ be with the existing provider service network pilot project, as described in paragraph (d), for the purpose of demonstrating the cost-effectiveness of the provision of quality mental health services through a public hospital-operated managed care model. Payment shall be at an agreed-upon capitated rate to ensure cost savings. Of the recipients in area 11 who are assigned to MediPass under ~~the provisions of~~ s. 409.9122(2)(k), a minimum of 50,000 of those MediPass-enrolled recipients shall be assigned to the existing provider service network in area 11 for their behavioral care.

4. By October 1, 2003, the agency and the department shall submit a plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives which provides for the full implementation of capitated prepaid behavioral health care in all areas of the state.

a. Implementation shall begin in 2003 in those AHCA areas of the state where the agency is able to establish sufficient capitation rates.

b. If the agency determines that the proposed capitation rate in any area is insufficient to provide appropriate services, the agency may adjust the capitation rate to ensure that care will be available. The agency and the department may use existing general revenue to address any

additional required match but may not over-obligate existing funds on an annualized basis.

c. Subject to any limitations provided for in the General Appropriations Act, the agency, in compliance with appropriate federal authorization, shall develop policies and procedures that allow for certification of local and state funds.

5. Children residing in a statewide inpatient psychiatric program, or in a Department of Juvenile Justice or a Department of Children and Family Services residential program approved as a Medicaid behavioral health overlay services provider ~~may shall~~ not be included in a behavioral health care prepaid health plan or any other Medicaid managed care plan pursuant to this paragraph.

6. In converting to a prepaid system of delivery, the agency shall in its procurement document require an entity providing only comprehensive behavioral health care services to prevent the displacement of indigent care patients by enrollees in the Medicaid prepaid health plan providing behavioral health care services from facilities receiving state funding to provide indigent behavioral health care, to facilities licensed under chapter 395 which do not receive state funding for indigent behavioral health care, or reimburse the unsubsidized facility for the cost of behavioral health care provided to the displaced indigent care patient.

7. Traditional community mental health providers under contract with the Department of Children and Family Services pursuant to part IV of chapter 394, child welfare providers under contract with the Department of Children and Family Services in areas 1 and 6, and inpatient mental health providers licensed pursuant to chapter 395 must be offered an opportunity to accept or decline a contract to participate in any provider network for prepaid behavioral health services.

8. All Medicaid-eligible children, except children in area 1 and children in Highlands County, Hardee County, Polk County, or Manatee County of area 6, ~~that who~~ are open for child welfare services in the HomeSafeNet system, shall receive their behavioral health care services through a specialty prepaid plan operated by community-based lead agencies ~~either~~ through a single agency or formal agreements among several agencies. The specialty prepaid plan must result in savings to the state comparable to savings achieved in other Medicaid managed care and prepaid programs. Such plan must provide mechanisms to maximize state and local revenues. The specialty prepaid plan shall be developed by the agency and the Department of Children and Family Services. The agency ~~may is authorized to seek any~~ federal waivers to implement this initiative. Medicaid-eligible children whose cases are open for child welfare services in the HomeSafeNet system and who reside in AHCA area 10 are exempt from the specialty prepaid plan upon the development of a service delivery mechanism for children who reside in area 10 as specified in s. 409.91211(3)(dd).

(14)(a) The agency shall operate or contract for the operation of utilization management and incentive systems designed to encourage cost-effective use of services ~~and to eliminate services that are medically unnecessary. The agency shall track Medicaid provider prescription and billing patterns and evaluate them against Medicaid medical necessity criteria and coverage and limitation guidelines adopted by rule. Medical necessity determination requires that service be consistent with symptoms or confirmed diagnosis of illness or injury under treatment and not in excess of the patient's needs. The agency shall conduct reviews of provider exceptions to peer group norms and shall, using statistical methodologies, provider profiling, and analysis of billing patterns, detect and investigate abnormal or unusual increases in billing or payment of claims for Medicaid services and medically unnecessary provision of services. Providers that demonstrate a pattern of submitting claims for medically unnecessary services shall be referred to the Medicaid program integrity unit for investigation. In its annual report, required in s. 409.913, the agency shall report on its efforts to control overutilization as described in this paragraph.~~

(b) The agency shall develop a procedure for determining whether health care providers and service vendors can provide the Medicaid program using a business case that demonstrates whether a particular good or service can offset the cost of providing the good or service in an alternative setting or through other means and therefore should receive a higher reimbursement. The business case must include, but need not be limited to:

1. A detailed description of the good or service to be provided, a description and analysis of the agency's current performance of the service, and a rationale documenting how providing the service in an alternative setting would be in the best interest of the state, the agency, and its clients.

2. A cost-benefit analysis documenting the estimated specific direct and indirect costs, savings, performance improvements, risks, and qualitative and quantitative benefits involved in or resulting from providing the service. The cost-benefit analysis must include a detailed plan and timeline identifying all actions that must be implemented to realize expected benefits. The Secretary of Health Care Administration shall verify that all costs, savings, and benefits are valid and achievable.

(c) If the agency determines that the increased reimbursement is cost-effective, the agency shall recommend a change in the reimbursement schedule for that particular good or service. If, within 12 months after implementing any rate change under this procedure, the agency determines that costs were not offset by the increased reimbursement schedule, the agency may revert to the former reimbursement schedule for the particular good or service.

(17) ~~An entity contracting on a prepaid or fixed-sum basis shall meet the , in addition to meeting any applicable statutory surplus requirements of s. 641.225 , also maintain at all times in the form of cash, investments that mature in less than 180 days allowable as admitted assets by the Office of Insurance Regulation, and restricted funds or deposits controlled by the agency or the Office of Insurance Regulation, a surplus amount equal to one and one half times the entity's monthly Medicaid prepaid revenues. As used in this subsection, the term "surplus" means the entity's total assets minus total liabilities. If an entity's surplus falls below an amount equal to the surplus requirements of s. 641.225 one and one half times the entity's monthly Medicaid prepaid revenues, the agency shall prohibit the entity from engaging in marketing and preenrollment activities, shall cease to process new enrollments, and may shall not renew the entity's contract until the required balance is achieved. The requirements of this subsection do not apply:~~

~~(a) Where a public entity agrees to fund any deficit incurred by the contracting entity; or~~

~~(b) Where the entity's performance and obligations are guaranteed in writing by a guaranteeing organization which:~~

~~1. Has been in operation for at least 5 years and has assets in excess of \$50 million; or~~

~~2. Submits a written guarantee acceptable to the agency which is irrevocable during the term of the contracting entity's contract with the agency and, upon termination of the contract, until the agency receives proof of satisfaction of all outstanding obligations incurred under the contract.~~

And the directory clause is amended as follows:

Delete lines 716-717 and insert:

Section 12. Paragraph (b) of subsection (4), subsection (14), and subsection (17) of section 409.912, Florida Statutes, are amended to read:

And the title is amended as follows:

Delete lines 49-53 and insert: providers; amending s. 409.912, F.S.; requiring that certain entities that provide comprehensive behavioral health care services to certain Medicaid recipients be licensed or authorized; requiring the Agency for Health Care Administration to establish norms for the utilization of Medicaid services; requiring the agency to submit a report relating to the overutilization of Medicaid services; revising the requirement for an entity that contracts on a prepaid or fixed-sum basis to meet certain surplus requirements; deleting the requirement that an entity maintain certain investments and restricted funds or deposits; revising the circumstances in which the agency must prohibit the entity from engaging in certain activities, cease to process new enrollments, and not renew the entity's contract; deleting certain exemptions; amending s.

## MOTION

On motion by Senator Peaden, the rules were waived to allow the following amendment to be considered:

Senator Peaden moved the following substitute amendment:

**Amendment 3 (884730) (with directory and title amendments)**—Delete lines 780-830 and insert:

(4) The agency may contract with:

(b) An entity that is providing comprehensive behavioral health care services to certain Medicaid recipients through a capitated, prepaid arrangement pursuant to the federal waiver provided for by s. 409.905(5). Such ~~an~~ entity must be licensed under chapter 624, chapter 636, or chapter 641, ~~or authorized under paragraph (c)~~, and must possess the clinical systems and operational competence to manage risk and provide comprehensive behavioral health care to Medicaid recipients. As used in this paragraph, the term "comprehensive behavioral health care services" means covered mental health and substance abuse treatment services that are available to Medicaid recipients. The secretary of the Department of Children and Family Services shall approve ~~provisions of~~ procurements related to children in the department's care or custody ~~before~~ ~~prior to~~ enrolling such children in a prepaid behavioral health plan. Any contract awarded under this paragraph must be competitively procured. In developing the behavioral health care prepaid plan procurement document, the agency shall ensure that the procurement document requires the contractor to develop and implement a plan to ensure compliance with s. 394.4574 related to services provided to residents of licensed assisted living facilities that hold a limited mental health license. Except as provided in subparagraph 8., and except in counties where the Medicaid managed care pilot program is authorized pursuant to s. 409.91211, the agency shall seek federal approval to contract with a single entity meeting these requirements to provide comprehensive behavioral health care services to all Medicaid recipients not enrolled in a Medicaid managed care plan authorized under s. 409.91211 or a Medicaid health maintenance organization in an AHCA area. In an AHCA area where the Medicaid managed care pilot program is authorized pursuant to s. 409.91211 in one or more counties, the agency may procure a contract with a single entity to serve the remaining counties as an AHCA area or the remaining counties may be included with an adjacent AHCA area and ~~are shall be~~ subject to this paragraph. Each entity must offer a sufficient choice of providers in its network to ensure recipient access to care and the opportunity to select a provider with whom they are satisfied. The network shall include all public mental health hospitals. To ensure unimpaired access to behavioral health care services by Medicaid recipients, all contracts issued pursuant to this paragraph ~~must shall~~ require 80 percent of the capitation paid to the managed care plan, including health maintenance organizations, to be expended for the provision of behavioral health care services. ~~If in the event~~ the managed care plan expends less than 80 percent of the capitation paid ~~pursuant to this paragraph~~ for the provision of behavioral health care services, the difference shall be returned to the agency. The agency shall provide the ~~managed care~~ plan with a certification letter indicating the amount of capitation paid during each calendar year for ~~the provision of~~ behavioral health care services pursuant to this section. The agency may reimburse for substance abuse treatment services on a fee-for-service basis until the agency finds that adequate funds are available for capitated, prepaid arrangements.

1. By January 1, 2001, the agency shall modify the contracts with the entities providing comprehensive inpatient and outpatient mental health care services to Medicaid recipients in Hillsborough, Highlands, Hardee, Manatee, and Polk Counties, to include substance abuse treatment services.

2. By July 1, 2003, the agency and the Department of Children and Family Services shall execute a written agreement that requires collaboration and joint development of all policy, budgets, procurement documents, contracts, and monitoring plans that have an impact on the state and Medicaid community mental health and targeted case management programs.

3. Except as provided in subparagraph 8., by July 1, 2006, the agency and the Department of Children and Family Services shall contract with managed care entities in each AHCA area except area 6 or arrange to provide comprehensive inpatient and outpatient mental health and

substance abuse services through capitated prepaid arrangements to all Medicaid recipients who are eligible to participate in such plans under federal law and regulation. In AHCA areas where eligible individuals number less than 150,000, the agency shall contract with a single managed care plan to provide comprehensive behavioral health services to all recipients who are not enrolled in a Medicaid health maintenance organization or a Medicaid capitated managed care plan authorized under s. 409.91211. The agency may contract with more than one comprehensive behavioral health provider to provide care to recipients who are not enrolled in a Medicaid capitated managed care plan authorized under s. 409.91211 or a Medicaid health maintenance organization in AHCA areas where the eligible population exceeds 150,000. In an AHCA area where the Medicaid managed care pilot program is authorized pursuant to s. 409.91211 in one or more counties, the agency may procure a contract with a single entity to serve the remaining counties as an AHCA area or the remaining counties may be included with an adjacent AHCA area and shall be subject to this paragraph. Contracts for comprehensive behavioral health providers awarded pursuant to this section shall be competitively procured. Both for-profit and not-for-profit corporations ~~are shall be~~ eligible to compete. Managed care plans contracting with the agency under subsection (3) shall provide and receive payment for the same comprehensive behavioral health benefits as provided in AHCA rules, including handbooks incorporated by reference. In AHCA area 11, the agency shall contract with at least two comprehensive behavioral health care providers to provide behavioral health care to recipients in that area who are enrolled in, or assigned to, the MediPass program. One of the behavioral health care contracts ~~shall~~ must be with the existing provider service network pilot project, as described in paragraph (d), for the purpose of demonstrating the cost-effectiveness of the provision of quality mental health services through a public hospital-operated managed care model. Payment shall be at an agreed-upon capitated rate to ensure cost savings. Of the recipients in area 11 who are assigned to MediPass under ~~the provisions of~~ s. 409.9122(2)(k), a minimum of 50,000 of those MediPass-enrolled recipients shall be assigned to the existing provider service network in area 11 for their behavioral care.

4. By October 1, 2003, the agency and the department shall submit a plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives which provides for the full implementation of capitated prepaid behavioral health care in all areas of the state.

a. Implementation shall begin in 2003 in those AHCA areas of the state where the agency is able to establish sufficient capitation rates.

b. If the agency determines that the proposed capitation rate in any area is insufficient to provide appropriate services, the agency may adjust the capitation rate to ensure that care will be available. The agency and the department may use existing general revenue to address any additional required match but may not over-obligate existing funds on an annualized basis.

c. Subject to any limitations provided ~~for~~ in the General Appropriations Act, the agency, in compliance with appropriate federal authorization, shall develop policies and procedures that allow for certification of local and state funds.

5. Children residing in a statewide inpatient psychiatric program, or in a Department of Juvenile Justice or a Department of Children and Family Services residential program approved as a Medicaid behavioral health overlay services provider ~~may shall~~ not be included in a behavioral health care prepaid health plan or any other Medicaid managed care plan pursuant to this paragraph.

6. In converting to a prepaid system of delivery, the agency shall in its procurement document require an entity providing only comprehensive behavioral health care services to prevent the displacement of indigent care patients by enrollees in the Medicaid prepaid health plan providing behavioral health care services from facilities receiving state funding to provide indigent behavioral health care, to facilities licensed under chapter 395 which do not receive state funding for indigent behavioral health care, or reimburse the unsubsidized facility for the cost of behavioral health care provided to the displaced indigent care patient.

7. Traditional community mental health providers under contract with the Department of Children and Family Services pursuant to part IV of chapter 394, child welfare providers under contract with the Department of Children and Family Services in areas 1 and 6, and in-

patient mental health providers licensed pursuant to chapter 395 must be offered an opportunity to accept or decline a contract to participate in any provider network for prepaid behavioral health services.

8. All Medicaid-eligible children, except children in area 1 and children in Highlands County, Hardee County, Polk County, or Manatee County of area 6, ~~that who~~ are open for child welfare services in the HomeSafeNet system, shall receive their behavioral health care services through a specialty prepaid plan operated by community-based lead agencies ~~either~~ through a single agency or formal agreements among several agencies. The specialty prepaid plan must result in savings to the state comparable to savings achieved in other Medicaid managed care and prepaid programs. Such plan must provide mechanisms to maximize state and local revenues. The specialty prepaid plan shall be developed by the agency and the Department of Children and Family Services. The agency ~~may is authorized to seek any~~ federal waivers to implement this initiative. Medicaid-eligible children whose cases are open for child welfare services in the HomeSafeNet system and who reside in AHCA area 10 are exempt from the specialty prepaid plan upon the development of a service delivery mechanism for children who reside in area 10 as specified in s. 409.91211(3)(dd).

(14)(a) The agency shall operate or contract for the operation of utilization management and incentive systems designed to encourage cost-effective use of services *and to eliminate services that are medically unnecessary. The agency shall track Medicaid provider prescription and billing patterns and evaluate them against Medicaid medical necessity criteria and coverage and limitation guidelines adopted by rule. Medical necessity determination requires that service be consistent with symptoms or confirmed diagnosis of illness or injury under treatment and not in excess of the patient's needs. The agency shall conduct reviews of provider exceptions to peer group norms and shall, using statistical methodologies, provider profiling, and analysis of billing patterns, detect and investigate abnormal or unusual increases in billing or payment of claims for Medicaid services and medically unnecessary provision of services. Providers that demonstrate a pattern of submitting claims for medically unnecessary services shall be referred to the Medicaid program integrity unit for investigation. In its annual report, required in s. 409.913, the agency shall report on its efforts to control overutilization as described in this paragraph.*

(b) The agency shall develop a procedure for determining whether health care providers and service vendors can provide the Medicaid program using a business case that demonstrates whether a particular good or service can offset the cost of providing the good or service in an alternative setting or through other means and therefore should receive a higher reimbursement. The business case must include, but need not be limited to:

1. A detailed description of the good or service to be provided, a description and analysis of the agency's current performance of the service, and a rationale documenting how providing the service in an alternative setting would be in the best interest of the state, the agency, and its clients.

2. A cost-benefit analysis documenting the estimated specific direct and indirect costs, savings, performance improvements, risks, and qualitative and quantitative benefits involved in or resulting from providing the service. The cost-benefit analysis must include a detailed plan and timeline identifying all actions that must be implemented to realize expected benefits. The Secretary of Health Care Administration shall verify that all costs, savings, and benefits are valid and achievable.

(c) If the agency determines that the increased reimbursement is cost-effective, the agency shall recommend a change in the reimbursement schedule for that particular good or service. If, within 12 months after implementing any rate change under this procedure, the agency determines that costs were not offset by the increased reimbursement schedule, the agency may revert to the former reimbursement schedule for the particular good or service.

(17) An entity contracting on a prepaid or fixed-sum basis shall ~~meet the , in addition to meeting any applicable statutory surplus requirements of s. 641.225 , also maintain at all times in the form of cash, investments that mature in less than 180 days allowable as admitted assets by the Office of Insurance Regulation, and restricted funds or deposits controlled by the agency or the Office of Insurance Regulation, a surplus amount equal to one and one-half times the entity's monthly~~

~~Medicaid prepaid revenues. As used in this subsection, the term "surplus" means the entity's total assets minus total liabilities. If an entity's surplus falls below an amount equal to the surplus requirements of s. 641.225 one and one half times the entity's monthly Medicaid prepaid revenues, the agency shall prohibit the entity from engaging in marketing and preenrollment activities, shall cease to process new enrollments, and may shall not renew the entity's contract until the required balance is achieved. The requirements of this subsection do not apply:~~

(a) Where a public entity agrees to fund any deficit incurred by the contracting entity; or

(b) Where the entity's performance and obligations are guaranteed in writing by a guaranteeing organization which:

1. Has been in operation for at least 5 years and has assets in excess of \$50 million; or

2. Submits a written guarantee acceptable to the agency which is irrevocable during the term of the contracting entity's contract with the agency and, upon termination of the contract, until the agency receives proof of satisfaction of all outstanding obligations incurred under the contract.

And the directory clause is amended as follows:

Delete lines 716-717 and insert:

Section 12. Paragraph (b) of subsection (4), subsection (14), and subsection (17) of section 409.912, Florida Statutes, are amended to read:

And the title is amended as follows:

Delete lines 49-53 and insert: providers; amending s. 409.912, F.S.; requiring that certain entities that provide comprehensive behavioral health care services to certain Medicaid recipients be licensed or authorized; requiring the Agency for Health Care Administration to establish norms for the utilization of Medicaid services; requiring the agency to submit a report relating to the overutilization of Medicaid services; revising the requirement for an entity that contracts on a prepaid or fixed-sum basis to meet certain surplus requirements; deleting the requirement that an entity maintain certain investments and restricted funds or deposits; revising the circumstances in which the agency must prohibit the entity from engaging in certain activities, cease to process new enrollments, and not renew the entity's contract; amending s.

## MOTION

On motion by Senator Peaden, the rules were waived to allow the following amendment to be considered:

Senator Peaden moved the following amendment to **Amendment 3** which was adopted:

**Amendment 3A (553800)**—Delete line 19 and insert: shall approve provisions of procurements related to children in

**Amendment 3** as amended was adopted.

Senator Gaetz moved the following amendment which was adopted:

**Amendment 4 (801926) (with directory and title amendments)**—Delete lines 1066-1514 and insert:

(24) If the agency imposes an administrative sanction pursuant to subsection (13), subsection (14), or subsection (15), except paragraphs (15)(e) and (o), upon any provider or *any principal, officer, director, agent, managing employee, or affiliated person of the provider* ~~other person~~ who is regulated by another state entity, the agency shall notify that other entity of the imposition of the sanction *within 5 business days*. Such notification must include the provider's or person's name and license number and the specific reasons for sanction.

(25)(a) The agency shall ~~may~~ withhold Medicaid payments, in whole or in part, to a provider upon receipt of reliable evidence that the circumstances giving rise to the need for a withholding of payments involve fraud, willful misrepresentation, or abuse under the Medicaid program,

or a crime committed while rendering goods or services to Medicaid recipients. If it is determined that fraud, willful misrepresentation, abuse, or a crime did not occur, the payments withheld must be paid to the provider within 14 days after such determination with interest at the rate of 10 percent a year. Any money withheld in accordance with this paragraph shall be placed in a suspended account, readily accessible to the agency, so that any payment ultimately due the provider shall be made within 14 days.

(b) The agency shall ~~may~~ deny payment, or require repayment, if the goods or services were furnished, supervised, or caused to be furnished by a person who has been suspended or terminated from the Medicaid program or Medicare program by the Federal Government or any state.

(c) Overpayments owed to the agency bear interest at the rate of 10 percent per year from the date of determination of the overpayment by the agency, and payment arrangements must be made at the conclusion of legal proceedings. A provider who does not enter into or adhere to an agreed-upon repayment schedule may be terminated by the agency for nonpayment or partial payment.

(d) The agency, upon entry of a final agency order, a judgment or order of a court of competent jurisdiction, or a stipulation or settlement, may collect the moneys owed by all means allowable by law, including, but not limited to, notifying any fiscal intermediary of Medicare benefits that the state has a superior right of payment. Upon receipt of such written notification, the Medicare fiscal intermediary shall remit to the state the sum claimed.

(e) The agency may institute amnesty programs to allow Medicaid providers the opportunity to voluntarily repay overpayments. The agency may adopt rules to administer such programs.

(27) When the Agency for Health Care Administration has made a probable cause determination and alleged that an overpayment to a Medicaid provider has occurred, the agency, after notice to the provider, shall ~~may~~:

(a) Withhold, and continue to withhold during the pendency of an administrative hearing pursuant to chapter 120, any medical assistance reimbursement payments until such time as the overpayment is recovered, unless within 30 days after receiving notice thereof the provider:

1. Makes repayment in full; or

2. Establishes a repayment plan that is satisfactory to the Agency for Health Care Administration.

(b) Withhold, and continue to withhold during the pendency of an administrative hearing pursuant to chapter 120, medical assistance reimbursement payments if the terms of a repayment plan are not adhered to by the provider.

(30) The agency shall ~~may~~ terminate a provider's participation in the Medicaid program if the provider fails to reimburse an overpayment that has been determined by final order, not subject to further appeal, within 35 days after the date of the final order, unless the provider and the agency have entered into a repayment agreement.

(31) If a provider requests an administrative hearing pursuant to chapter 120, such hearing must be conducted within 90 days following assignment of an administrative law judge, absent exceptionally good cause shown as determined by the administrative law judge or hearing officer. Upon issuance of a final order, the outstanding balance of the amount determined to constitute the overpayment shall become due. If a provider fails to make payments in full, fails to enter into a satisfactory repayment plan, or fails to comply with the terms of a repayment plan or settlement agreement, the agency shall ~~may~~ withhold medical assistance reimbursement payments until the amount due is paid in full.

(36) *At least three times a year*, the agency shall provide to each Medicaid recipient or his or her representative an explanation of benefits in the form of a letter that is mailed to the most recent address of the recipient on the record with the Department of Children and Family Services. The explanation of benefits must include the patient's name, the name of the health care provider and the address of the location where the service was provided, a description of all services billed to Medicaid in terminology that should be understood by a reasonable

person, and information on how to report inappropriate or incorrect billing to the agency or other law enforcement entities for review or investigation. *At least once a year, the letter also must include information on how to report criminal Medicaid fraud, the Medicaid Fraud Control Unit's toll-free hotline number, and information about the rewards available under s. 409.9203.* The explanation of benefits may not be mailed for Medicaid independent laboratory services as described in s. 409.905(7) or for Medicaid certified match services as described in ss. 409.9071 and 1011.70.

(37) *The agency shall post on its website a current list of each Medicaid provider, including any principal, officer, director, agent, managing employee, or affiliated person of the provider, or any partner or shareholder having an ownership interest in the provider equal to 5 percent or greater, who has been terminated for cause from the Medicaid program or sanctioned under this section. The list must be searchable by a variety of search parameters and provide for the creation of formatted lists that may be printed or imported into other applications, including spreadsheets. The agency shall update the list at least monthly.*

(38) *In order to improve the detection of health care fraud, use technology to prevent and detect fraud, and maximize the electronic exchange of health care fraud information, the agency shall:*

(a) *Compile, maintain, and publish on its website a detailed list of all state and federal databases that contain health care fraud information and update the list at least biannually;*

(b) *Develop a strategic plan to connect all databases that contain health care fraud information to facilitate the electronic exchange of health information between the agency, the Department of Health, the Department of Law Enforcement, and the Attorney General's Office. The plan must include recommended standard data formats, fraud-identification strategies, and specifications for the technical interface between state and federal health care fraud databases;*

(c) *Monitor innovations in health information technology, specifically as it pertains to Medicaid fraud prevention and detection; and*

(d) *Periodically publish policy briefs that highlight available new technology to prevent or detect health care fraud and projects implemented by other states, the private sector, or the Federal Government which use technology to prevent or detect health care fraud.*

Section 14. Subsections (1) and (2) of section 409.920, Florida Statutes, are amended, present subsections (8) and (9) of that section are renumbered as subsections (9) and (10), respectively, and a new subsection (8) is added to that section, to read:

409.920 Medicaid provider fraud.—

(1) For the purposes of this section, the term:

(a) “Agency” means the Agency for Health Care Administration.

(b) “Fiscal agent” means any individual, firm, corporation, partnership, organization, or other legal entity that has contracted with the agency to receive, process, and adjudicate claims under the Medicaid program.

(c) “Item or service” includes:

1. Any particular item, device, medical supply, or service claimed to have been provided to a recipient and listed in an itemized claim for payment; or

2. In the case of a claim based on costs, any entry in the cost report, books of account, or other documents supporting such claim.

(d) “Knowingly” means that the act was done voluntarily and intentionally and not because of mistake or accident. As used in this section, the term “knowingly” also includes the word “willfully” or “willful” which, as used in this section, means that an act was committed voluntarily and purposely, with the specific intent to do something that the law forbids, and that the act was committed with bad purpose, either to disobey or disregard the law.

(e) “Managed care plans” means a health insurer authorized under chapter 624, an exclusive provider organization authorized under chapter

627, a health maintenance organization authorized under chapter 641, the Children's Medical Services Network authorized under chapter 391, a prepaid health plan authorized under chapter 409, a provider service network authorized under chapter 409, a minority physician network authorized under chapter 409, and an emergency department diversion program authorized under chapter 409 or the General Appropriations Act, providing health care services pursuant to a contract with the Medicaid program.

(2)(a) A person may not ~~It is unlawful to:~~

1. ~~(a)~~ Knowingly make, cause to be made, or aid and abet in the making of any false statement or false representation of a material fact, by commission or omission, in any claim submitted to the agency or its fiscal agent or a managed care plan for payment.

2. ~~(b)~~ Knowingly make, cause to be made, or aid and abet in the making of a claim for items or services that are not authorized to be reimbursed by the Medicaid program.

3. ~~(c)~~ Knowingly charge, solicit, accept, or receive anything of value, other than an authorized copayment from a Medicaid recipient, from any source in addition to the amount legally payable for an item or service provided to a Medicaid recipient under the Medicaid program or knowingly fail to credit the agency or its fiscal agent for any payment received from a third-party source.

4. ~~(d)~~ Knowingly make or in any way cause to be made any false statement or false representation of a material fact, by commission or omission, in any document containing items of income and expense that is or may be used by the agency to determine a general or specific rate of payment for an item or service provided by a provider.

5. ~~(e)~~ Knowingly solicit, offer, pay, or receive any remuneration, including any kickback, bribe, or rebate, directly or indirectly, overtly or covertly, in cash or in kind, in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made, in whole or in part, under the Medicaid program, or in return for obtaining, purchasing, leasing, ordering, or arranging for or recommending, obtaining, purchasing, leasing, or ordering any goods, facility, item, or service, for which payment may be made, in whole or in part, under the Medicaid program.

6. ~~(f)~~ Knowingly submit false or misleading information or statements to the Medicaid program for the purpose of being accepted as a Medicaid provider.

7. ~~(g)~~ Knowingly use or endeavor to use a Medicaid provider's identification number or a Medicaid recipient's identification number to make, cause to be made, or aid and abet in the making of a claim for items or services that are not authorized to be reimbursed by the Medicaid program.

(b)1. A person who violates this subsection *and receives or endeavors to receive anything of value of:*

a. *Ten thousand dollars or less* commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

b. *More than \$10,000, but less than \$50,000, commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.*

c. *Fifty thousand dollars or more* commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

2. *The value of separate funds, goods, or services that a person received or attempted to receive pursuant to a scheme or course of conduct may be aggregated in determining the degree of the offense.*

3. *In addition to the sentence authorized by law, a person who is convicted of a violation of this subsection shall pay a fine in an amount equal to five times the pecuniary gain unlawfully received or the loss incurred by the Medicaid program or managed care organization, whichever is greater.*

(8) *A person who provides the state, any state agency, any of the state's political subdivisions, or any agency of the state's political subdivisions with information about fraud or suspected fraud by a Medicaid provider,*

including a managed care organization, is immune from civil liability for providing the information unless the person acted with knowledge that the information was false or with reckless disregard for the truth or falsity of the information.

Section 15. Section 409.9203, Florida Statutes, is created to read:

*409.9203 Rewards for reporting Medicaid fraud.—*

*(1) The Department of Law Enforcement or director of the Medicaid Fraud Control Unit shall, subject to availability of funds, pay a reward to a person who furnishes original information relating to and reports a violation of the state's Medicaid fraud laws, unless the person declines the reward, if the information and report:*

*(a) Is made to the Office of the Attorney General, the Agency for Health Care Administration, the Department of Health, or the Department of Law Enforcement;*

*(b) Relates to criminal fraud upon Medicaid funds or a criminal violation of Medicaid laws by another person; and*

*(c) Leads to a recovery of a fine, penalty, or forfeiture of property.*

*(2) The reward may not exceed the lesser of 25 percent of the amount recovered or \$500,000 in a single case.*

*(3) The reward shall be paid from the Legal Affairs Revolving Trust Fund from moneys collected pursuant to s. 68.085.*

*(4) A person who receives a reward pursuant to this section is not eligible to receive any funds pursuant to the Florida False Claims Act for Medicaid fraud for which a reward is received pursuant to this section.*

Section 16. Subsection (11) is added to section 456.004, Florida Statutes, to read:

456.004 Department; powers and duties.—The department, for the professions under its jurisdiction, shall:

*(11) Work cooperatively with the Agency for Health Care Administration and the judicial system to recover Medicaid overpayments by the Medicaid program. The department shall investigate and prosecute health care practitioners who have not remitted amounts owed to the state for an overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement.*

Section 17. Present subsections (6) through (10) of section 456.041, Florida Statutes, are renumbered as subsections (7) through (11), respectively, and a new subsection (6) is added to that section, to read:

456.041 Practitioner profile; creation.—

*(6) The Department of Health shall provide in each practitioner profile for every physician or advanced registered nurse practitioner terminated for cause from participating in the Medicaid program, pursuant to s. 409.913, or sanctioned by the Medicaid program a statement that the practitioner has been terminated from participating in the Florida Medicaid program or sanctioned by the Medicaid program.*

Section 18. Paragraph (o) of subsection (3) of section 456.053, Florida Statutes, is amended to read:

456.053 Financial arrangements between referring health care providers and providers of health care services.—

(3) DEFINITIONS.—For the purpose of this section, the word, phrase, or term:

(o) “Referral” means any referral of a patient by a health care provider for health care services, including, without limitation:

1. The forwarding of a patient by a health care provider to another health care provider or to an entity which provides or supplies designated health services or any other health care item or service; or

2. The request or establishment of a plan of care by a health care provider, which includes the provision of designated health services or other health care item or service.

3. The following orders, recommendations, or plans of care shall not constitute a referral by a health care provider:

a. By a radiologist for diagnostic-imaging services.

b. By a physician specializing in the provision of radiation therapy services for such services.

c. By a medical oncologist for drugs and solutions to be prepared and administered intravenously to such oncologist's patient, as well as for the supplies and equipment used in connection therewith to treat such patient for cancer and the complications thereof.

d. By a cardiologist for cardiac catheterization services.

e. By a pathologist for diagnostic clinical laboratory tests and pathological examination services, if furnished by or under the supervision of such pathologist pursuant to a consultation requested by another physician.

f. By a health care provider who is the sole provider or member of a group practice for designated health services or other health care items or services that are prescribed or provided solely for such referring health care provider's or group practice's own patients, and that are provided or performed by or under the direct supervision of such referring health care provider or group practice; provided, however, that effective July 1, 1999, a physician licensed pursuant to chapter 458, chapter 459, chapter 460, or chapter 461 may refer a patient to a sole provider or group practice for diagnostic imaging services, excluding radiation therapy services, for which the sole provider or group practice billed both the technical and the professional fee for or on behalf of the patient, if the referring physician has no investment interest in the practice. The diagnostic imaging service referred to a group practice or sole provider must be a diagnostic imaging service normally provided within the scope of practice to the patients of the group practice or sole provider. The group practice or sole provider may accept no more than 15 percent of their patients receiving diagnostic imaging services from outside referrals, excluding radiation therapy services.

g. By a health care provider for services provided by an ambulatory surgical center licensed under chapter 395.

h. By a urologist for lithotripsy services.

i. By a dentist for dental services performed by an employee of or health care provider who is an independent contractor with the dentist or group practice of which the dentist is a member.

j. By a physician for infusion therapy services to a patient of that physician or a member of that physician's group practice.

k. By a nephrologist for renal dialysis services and supplies, except laboratory services.

l. By a health care provider whose principal professional practice consists of treating patients in their private residences for services to be rendered in such private residences, except for services rendered by a home health agency licensed under chapter 400. For purposes of this sub-subparagraph, the term “private residences” includes patient's private homes, independent living centers, and assisted living facilities, but does not include skilled nursing facilities.

m. By a health care provider for sleep related testing.

Section 19. Section 456.0635, Florida Statutes, is created to read:

*456.0635 Medicaid fraud; disqualification for license, certificate, or registration.—*

*(1) Medicaid fraud in the practice of a health care profession is prohibited.*

*(2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue or renew a license, certificate, or registration to any applicant if the candidate or applicant or any principle, officer, agent, managing employee, or affiliated person of the applicant, has been:*

(a) *Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such conviction or pleas ended more than fifteen years prior to the date of the application;*

(b) *Terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the applicant has been in good standing with the Florida Medicaid program for the most recent five years;*

(c) *Terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program or the federal Medicare program, unless the applicant has been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years and the termination occurred at least 20 years prior to the date of the application.*

(3) *Licensed health care practitioners shall report allegations of Medicaid fraud to the department, regardless of the practice setting in which the alleged Medicaid fraud occurred.*

(4) *The acceptance by a licensing authority of a candidate's relinquishment of a license which is offered in response to or anticipation of the filing of administrative charges alleging Medicaid fraud or similar charges constitutes the permanent revocation of the license.*

Section 20. Paragraphs (ii), (jj), (kk), and (ll) are added to subsection (1) of section 456.072, Florida Statutes, to read:

456.072 Grounds for discipline; penalties; enforcement.—

(1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:

(ii) *Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program.*

(jj) *Failing to remit the sum owed to the state for an overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement.*

(kk) *Being terminated from the state Medicaid program pursuant to s. 409.913, any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored.*

(ll) *Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud.*

Section 21. Subsection (1) of section 456.074, Florida Statutes, is amended to read:

456.074 Certain health care practitioners; immediate suspension of license.—

(1) The department shall issue an emergency order suspending the license of any person licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 464, chapter 465, chapter 466, or chapter 484 who pleads guilty to, is convicted or found guilty of, or who enters a plea of nolo contendere to, regardless of adjudication, to:

(a) A felony under chapter 409, chapter 817, or chapter 893 or under 21 U.S.C. ss. 801-970 or under 42 U.S.C. ss. 1395-1396; or -

(b) A misdemeanor or felony under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518 or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program.

Section 22. Subsections (2) and (3) of section 465.022, Florida Statutes, are amended, present subsections (4), (5), (6), and (7) of that section are renumbered as subsections (5), (6), (7), and (8), respectively, and a new subsection (4) is added to that section, to read:

465.022 Pharmacies; general requirements; fees.—

(2) A pharmacy permit shall be issued only to a person who is at least 18 years of age, a partnership whose partners are all at least 18 years of age, or to a corporation that ~~which~~ is registered pursuant to chapter 607 or chapter 617 whose officers, directors, and shareholders are at least 18 years of age.

(3) Any person, partnership, or corporation before engaging in the operation of a pharmacy shall file with the board a sworn application on forms provided by the department.

(a) An application for a pharmacy permit must include a set of fingerprints from each person having an ownership interest of 5 percent or greater and from any person who, directly or indirectly, manages, oversees, or controls the operation of the applicant, including officers and members of the board of directors of an applicant that is a corporation. The applicant must provide payment in the application for the cost of state and national criminal history records checks.

1. For corporations having more than \$100 million of business taxable assets in this state, in lieu of these fingerprint requirements, the department shall require the prescription department manager who will be directly involved in the management and operation of the pharmacy to submit a set of fingerprints.

2. A representative of a corporation described in subparagraph 1. satisfies the requirement to submit a set of his or her fingerprints if the fingerprints are on file with the department or the Agency for Health Care Administration, meet the fingerprint specifications for submission by the Department of Law Enforcement, and are available to the department.

(b) The department shall submit the fingerprints provided by the applicant to the Department of Law Enforcement for a state criminal history records check. The Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history records check.

(4) The department or board shall deny an application for a pharmacy permit if the applicant or an affiliated person, partner, officer, director, or prescription department manager of the applicant has:

(a) Obtained a permit by misrepresentation or fraud;

(b) Attempted to procure, or has procured, a permit for any other person by making, or causing to be made, any false representation;

(c) Been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, the profession of pharmacy;

(d) Been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud;

(e) Been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any state Medicaid program or the federal Medicare program, unless the applicant has been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years and the termination occurred at least 20 years ago; or

And the directory clause is amended as follows:

Delete line 832 and insert: (24), (25), (27), (30), (31), and (36) of section

And the title is amended as follows:

Delete lines 76-106 and insert: affiliated persons; requiring that the agency provide notice of certain administrative sanctions to other regulatory agencies within a specified period; requiring the Agency for Health Care Administration to withhold or deny Medicaid payments under certain circumstances; requiring the agency to terminate a provider's participation in the Medicaid program if the provider fails to repay certain overpayments from the Medicaid program; requiring the agency to provide at least annually information on Medicaid fraud in an explanation of benefits letter; requiring the Agency for Health Care Administration to post a list on its website of Medicaid providers and affiliated persons of providers who have been terminated or sanctioned; requiring the agency to take certain actions to improve the prevention

and detection of health care fraud through the use of technology; amending s. 409.920, F.S.; defining the term “managed care organization”; providing criminal penalties and fines for Medicaid fraud; granting civil immunity to certain persons who report suspected Medicaid fraud; creating s. 409.9203, F.S.; authorizing the payment of rewards to persons who report and provide information relating to Medicaid fraud; amending s. 456.004, F.S.; amending s. 456.053, F.S.; excluding referrals to a sleep care provider for sleep related testing to the definition of a referral; requiring the

## MOTION

On motion by Senator Gaetz, the rules were waived to allow the following amendment to be considered:

Senator Gaetz moved the following amendment which was adopted:

**Amendment 5 (131462) (with title amendment)**—Between lines 830 and 831 insert:

Section 13. Section 409.91207, Florida Statutes, is created to read:

*409.91207 Medical Home Pilot Project.—*

(1) *The agency shall develop a plan to implement a medical home pilot project that utilizes primary care case management enhanced by medical home networks to provide coordinated and cost-effective care that is reimbursed on a fee-for-service basis and to compare the performance of the medical home networks with other existing Medicaid managed care models. The agency is authorized to seek a federal Medicaid waiver or an amendment to any existing Medicaid waiver, except for the current 1115 Medicaid waiver authorized in s. 409.91211, as needed, to develop the pilot project created in this section but must obtain approval of the Legislature prior to implementing the pilot project.*

(2) *Each medical home network shall:*

(a) *Provide Medicaid recipients primary care, coordinated services to control chronic illness, pharmacy services, specialty physician services, and hospital outpatient and inpatient services.*

(b) *Coordinate with other health care providers, as necessary, to ensure that Medicaid recipients receive efficient and effective access to other needed medical services, consistent with the scope of services provided to Medipass recipients.*

(c) *Consist of primary care physicians, federally qualified health centers, clinics affiliated with Florida medical schools or teaching hospitals, programs serving children with special health care needs, medical school faculty, statutory teaching hospitals, and other hospitals that agree to participate in the network. A managed care organization is eligible to be designated as a medical home network if it documents policies and procedures consistent with subsection (3).*

(3) *The medical home pilot project developed by the agency must be designed to modify the processes and patterns of health care service delivery in the Medicaid program by requiring a medical home network to:*

(a) *Assign a personal medical provider to lead an interdisciplinary team of professionals who share the responsibility for ongoing care to a specific panel of patients.*

(b) *Require the personal medical provider to identify the patient’s health care needs and respond to those needs either directly or through arrangements with other qualified providers.*

(c) *Coordinate or integrate care across all parts of the health care delivery system.*

(d) *Integrate information technology into the health care delivery system to enhance clinical performance and monitor patient outcomes.*

(4) *The agency shall have the following duties, and responsibilities with respect to the development of the medical home pilot project:*

(a) *To develop and recommend a medical home pilot project in at least two geographic regions in the state that will facilitate access to specialty services in the state’s medical schools and teaching hospitals.*

(b) *To develop and recommend funding strategies that maximize available state and federal funds, including:*

1. *Enhanced primary care case management fees to participating federally qualified health centers and primary care clinics owned or operated by a medical school or teaching hospital.*

2. *Enhanced payments to participating medical schools through the supplemental physician payment program using certified funds.*

3. *Reimbursement for facility costs, in addition to medical services, for participating outpatient primary or specialty clinics.*

4. *Supplemental Medicaid payments through the low-income pool and exempt fee-for-service rates for participating hospitals.*

5. *Enhanced capitation rates for managed care organizations designated as medical home networks to reflect enhanced fee-for-service payments to medical home network providers.*

(c) *To develop and recommend criteria to designate medical home networks as eligible to participate in the pilot program and recommend incentives for medical home networks to participate in the medical home pilot project, including bonus payments and shared saving arrangements.*

(d) *To develop a comprehensive fiscal estimate of the medical home pilot project that includes, but is not limited to, anticipated savings to the Medicaid program and any anticipated administrative costs.*

(e) *To develop and recommend which medical services the medical home network would be responsible for providing to enrolled Medicaid recipients.*

(f) *To develop and recommend methodologies to measure the performance of the medical home pilot project including patient outcomes, cost-effectiveness, provider participation, recipient satisfaction, and accountability to ensure the quality of the medical care provided to Medicaid recipients enrolled in the pilot.*

(g) *To recommend policies and procedures for the medical home pilot project administration including, but not limited to: an implementation timeline, the Medicaid recipient enrollment process, recruitment and enrollment of Medicaid providers, and the reimbursement methodologies for participating Medicaid providers.*

(h) *To determine and recommend methods to evaluate the medical home pilot project including but not limited to the comparison of the Medicaid fee-for service system, Medipass system, and other Medicaid managed care programs.*

(i) *To develop and recommend standards and designation requirements for a medical home network that include, but are not limited to: medical care provided by the network, referral arrangements, medical record requirements, health information technology standards, follow-up care processes, and data collection requirements.*

(5) *The Secretary of Health Care Administration shall appoint a task force by August 1, 2009, to assist the agency in the development and implementation of the medical home pilot project. The task force must include, but is not limited to, representatives of providers who could potentially participate in a medical home network, Medicaid recipients, and existing Medipass and managed care providers. Members of the task force shall serve without compensation but are entitled to reimbursement for per diem and travel expenses as provided in s. 112.061.*

(6) *The agency shall submit an implementation plan for the medical home pilot project authorized in this section to the Speaker of the House of Representatives, the President of the Senate, and the Governor by February 1, 2010. The implementation plan must include any approved waivers, waiver applications, or state plan amendments necessary to implement the medical home pilot project.*

(a) *The agency shall post any waiver applications, or waiver amendments, authorized under this section on its Internet website 15 days before submitting the applications to the United States Centers for Medicare and Medicaid Services.*

(b) *The implementation of the medical home pilot project, including any Medicaid waivers authorized in this section, is contingent upon review and approval by the Legislature.*

(c) *Upon legislative approval to implement the medical home pilot project, the agency may initiate the adoption of administrative rules to implement and administer the medical home pilot project created in this section.*

And the title is amended as follows:

Delete line 53 and insert: the overutilization of Medicaid services; creating s. 409.91207; requiring the agency to develop a plan to create a medical home pilot project; providing waiver authority for the agency; providing an exception; requiring each medical home network to provide specified services; providing responsibilities of the agency; requiring the Secretary of the agency to appoint a task force; requiring the agency to submit a medical home implementation plan; specifying that implementation of the medical home pilot project is contingent upon legislative approval; authorizing the agency to develop rules; amending s.

#### MOTION

On motion by Senator Peaden, the rules were waived to allow the following amendment to be considered:

Senator Peaden moved the following amendment which was adopted:

**Amendment 6 (333562)**—Delete line 689 and insert: *home for independent living. For purposes of this subparagraph, the agency may, on a case-by-case basis, provide an exception for medically fragile children who are younger than 21 years of age.*

#### MOTION

On motion by Senator Lawson, the rules were waived to allow the following amendment to be considered:

Senator Lawson moved the following amendment:

**Amendment 7 (109328) (with title amendment)**—Between lines 520 and 521 insert:

Section 7. Paragraph (e) of subsection (2) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.—

(2) DEFINITIONS.—As used in this part:

(e) “Rural hospital” means an acute care hospital licensed under this chapter, having 100 or fewer licensed beds and an emergency room, which is:

1. The sole provider within a county with a population density of no greater than 100 persons per square mile;

2. An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other acute care hospital within the same county;

3. A hospital supported by a tax district or subdistrict whose boundaries encompass a population of 100 persons or fewer per square mile;

4. A hospital in a constitutional charter county with a population of over 1 million persons that has imposed a local option health service tax pursuant to law and in an area that was directly impacted by a catastrophic event on August 24, 1992, for which the Governor of Florida declared a state of emergency pursuant to chapter 125, and has 120 beds or less that serves an agricultural community with an emergency room utilization of no less than 20,000 visits and a Medicaid inpatient utilization rate greater than 15 percent;

5. A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this subparagraph, the term “service area” means the fewest number of zip codes that account for 75 percent of the hospital’s discharges for the most recent 5-year period, based on

information available from the hospital inpatient discharge database in the Florida Center for Health Information and Policy Analysis at the Agency for Health Care Administration; or

6. A hospital designated as a critical access hospital, as defined in s. 408.07(15).

Population densities used in this paragraph must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2015 ~~2012~~, if the hospital continues to have 100 or fewer licensed beds and an emergency room, or meets the criteria of subparagraph 4. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this paragraph shall be granted such designation upon application, including supporting documentation to the Agency for Health Care Administration.

Section 8. Paragraph (a) of subsection (2) of section 408.040, Florida Statutes, is amended to read:

408.040 Conditions and monitoring.—

(2)(a) Unless the applicant has commenced construction, if the project provides for construction, unless the applicant has incurred an enforceable capital expenditure commitment for a project, if the project does not provide for construction, or unless subject to paragraph (b), a certificate of need shall terminate 18 months after the date of issuance, *except a certificate of need of an entity which was issued on or before January 1, 2009, shall terminate 36 months after the date of issuance.* The agency shall monitor the progress of the holder of the certificate of need in meeting the timetable for project development specified in the application, and may revoke the certificate of need, if the holder of the certificate is not meeting such timetable and is not making a good-faith effort, as defined by rule, to meet it.

Section 9. Subsection (43) of section 408.07, Florida Statutes, is amended to read:

408.07 Definitions.—As used in this chapter, with the exception of ss. 408.031-408.045, the term:

(43) “Rural hospital” means an acute care hospital licensed under chapter 395, having 100 or fewer licensed beds and an emergency room, and which is:

(a) The sole provider within a county with a population density of no greater than 100 persons per square mile;

(b) An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from another acute care hospital within the same county;

(c) A hospital supported by a tax district or subdistrict whose boundaries encompass a population of 100 persons or fewer per square mile;

(d) A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this paragraph, the term “service area” means the fewest number of zip codes that account for 75 percent of the hospital’s discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida Center for Health Information and Policy Analysis at the Agency for Health Care Administration; or

(e) A critical access hospital.

Population densities used in this subsection must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2015 ~~2012~~, if the hospital continues to have 100 or fewer licensed beds and an emergency room, or meets the criteria of s. 395.602(2)(e)4. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this subsection shall be granted such designation upon application, in-

cluding supporting documentation, to the Agency for Health Care Administration.

And the title is amended as follows:

Delete line 24 and insert: nurse registry; amending ss. 395.602 and 408.07, F.S.; revising the definition of the term “rural hospital” relating to hospital licensing and regulation and health care administration; amending s. 408.040, F.S.; providing an exception to the termination of certain certificates of need; creating s. 408.8065, F.S.; providing

#### MOTION

On motion by Senator Lawson, the rules were waived to allow the following amendment to be considered:

Senator Lawson moved the following amendment to **Amendment 7** which was adopted:

**Amendment 7A (297104)**—Delete line 64 and insert: *April 1, 2009, shall terminate 36 months after the date of*

**Amendment 7** as amended was adopted.

#### MOTION

On motion by Senator Bennett, the rules were waived to allow the following amendment to be considered:

Senator Bennett moved the following amendment which was adopted:

**Amendment 8 (953014) (with directory and title amendments)**—Between lines 3473 and 3474 insert:

(4) *ANNUAL REPORTS.*—

(a) *Where coverage for routine patient care costs associated with care provided in a phase 1, phase 2, phase 3, or phase 4 cancer clinical trial is denied, a carrier shall, after consulting academic and community oncologists involved in cancer care and clinical research, submit to the Office of Insurance Regulation in a format prescribed by rule, an annual report that shall include:*

1. *The number of denials for coverage of routine patient care cost as defined in paragraph (c) in cancer clinical trials; and*

2. *A comparison of the costs of routine patient care provided in the trials in question compared to the costs of standard therapies for the same diagnosis.*

(b) *The Office of Insurance Regulation shall provide annual reports required under paragraph (a) to the Governor, President of the Senate, the Speaker of the House of Representatives, and the Secretary for Health Care Administration no later than 30 days before the regular legislative session.*

(c) *For purposes of this section, the term “routine patient care cost” means physician fees, laboratory expenses, and expenses associated with the hospitalization, administration of treatment, and evaluation of a patient during the course of treatment which are consistent with usual and customary patterns and standards of care incurred whenever an enrollee, subscriber, or insured receives medical care associated with an approved cancer clinical trial, and which would be covered if such items and services were provided other than in connection with an approved cancer clinical trial but does not include the direct cost of the clinical trial.*

And the directory clause is amended as follows:

Delete lines 3462-3463 and insert:

Section 66. Paragraph (b) of subsection (1) of section 627.4239, Florida Statutes, is amended, present subsection (4) is renumbered as subsection (5), and a new subsection (4) is added to that section to read:

And the title is amended as follows:

Delete lines 284-286 and insert: F.S.; conforming provisions; amending s. 627.4239, F.S.; revising the term “standard reference compendium” for purposes of regulating the insurance coverage of drugs

used in the treatment of cancer; requiring a carrier to submit an annual report regarding the coverage of routine patient care costs to the Office of Insurance Regulation under certain circumstances; requiring the Office of Insurance Regulation to provide the annual report to the Governor, Legislature, and the Secretary of Health Care Administration; providing a definition; amending s. 651.118, F.S.; conforming a

Pursuant to Rule 4.19, **CS for CS for CS for SB 1986** as amended was ordered engrossed and then placed on the calendar of Bills on Third Reading.

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On motion by Senator Rich—

**CS for SB 306**—A bill to be entitled An act relating to vessel safety; amending s. 327.39, F.S.; revising certain requirements for operating personal watercraft; amending s. 327.54, F.S.; revising the requirements relating to the boating safety course required for leasing or renting a personal watercraft from a livery; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for SB 306** was placed on the calendar of Bills on Third Reading.

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On motion by Senator Constantine—

**CS for CS for CS for SB 1004**—A bill to be entitled An act relating to coral reefs; creating s. 403.9335, F.S.; creating the “Florida Coral Reef Protection Act”; providing definitions; providing legislative intent; requiring responsible parties to notify the Department of Environmental Protection if their vessel runs aground or damages a coral reef; requiring the responsible party to remove the vessel; requiring the responsible party to cooperate with the department to assess the damage and restore the coral reef; authorizing the department to recover damages from the responsible party; authorizing the department to use a certain method to calculate compensation for damage of coral reefs; authorizing the department to assess civil penalties; authorizing the department to enter into delegation agreements; providing that moneys collected from damages and civil penalties for injury to coral reefs be deposited in the Ecosystem Management and Restoration Trust Fund within the Department of Environmental Protection; providing requirements; authorizing the department to adopt rules; amending s. 403.1651, F.S.; authorizing the department to enter into settlement agreements that require responsible parties to pay another government entity or non-profit organization to fund projects consistent with the conservation or protection of coral reefs; repealing s. 253.04(3), F.S., relating to civil penalties for damage to coral reefs; repealing s. 380.0558, F.S., relating to coral reef restoration; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for CS for CS for SB 1004** was placed on the calendar of Bills on Third Reading.

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On motion by Senator Baker—

**CS for CS for SB 1078**—A bill to be entitled An act relating to the limitation of liability of water management districts; amending s. 373.1395, F.S.; applying the limitation of liability of a water management district to the water areas of the district; providing that certain commercial activities do not terminate the limitation of liability of a water management district; providing that the protections, immunities, and limitations of liability provided to a water management district apply regardless of whether any claimant or person was engaged in an outdoor recreational purpose at the time of an accident or occurrence; providing liability protection to an owner of private land used as an easement or other right by a water management district for the purpose of providing access to lands or water areas that the water management district makes available to the public for outdoor recreational activities; defining the term “park area, district or other lands, or water areas”; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for CS for SB 1078** was placed on the calendar of Bills on Third Reading.

On motion by Senator Dean, by two-thirds vote **HB 255** was withdrawn from the Committees on Agriculture; Governmental Oversight and Accountability; Judiciary; and General Government Appropriations.

On motion by Senator Dean—

**HB 255**—A bill to be entitled An act relating to pest control; creating s. 570.345, F.S.; enacting the Pest Control Compact; requiring the Commissioner of Agriculture to administer the compact; requiring that an application for assistance under the compact be made by the commissioner; providing findings; providing definitions; providing for the establishment of the Pest Control Insurance Fund to finance pest-control operations under the compact; providing for the fund to be administered by a governing board and executive committee; providing for the internal operations and management of the governing board; requiring an annual report to the governor and legislature of each state participating in the compact; providing for the administration of the fund; providing procedures to apply for expenditures from the fund; providing for a determination regarding expenditures from the fund and for review of such expenditures; authorizing the governing board to establish advisory and technical committees; providing for an application for assistance from the fund on behalf of a nonparty state; providing requirements for the fund regarding budgets and maintaining financial assets; prohibiting a pledge of the assets of a state that is a party to the compact; providing for the compact to enter into force upon its enactment by five or more states; providing a procedure for a state to withdraw from the compact; providing for construction and severability; providing an effective date.

—a companion measure, was substituted for **SB 1286** and read the second time by title.

Pursuant to Rule 4.19, **HB 255** was placed on the calendar of Bills on Third Reading.

On motion by Senator Bennett—

**CS for CS for SB 2150**—A bill to be entitled An act relating to the Fish and Wildlife Conservation Commission; requiring that applications for all recreational activity licenses include a provision for the license applicant to make a voluntary contribution to Southeastern Guide Dogs, Inc.; providing for the use of funds raised by such contributions; providing an effective date.

—was read the second time by title.

Pursuant to Rule 4.19, **CS for CS for SB 2150** was placed on the calendar of Bills on Third Reading.

On motion by Senator Haridopolos—

**SB 2656**—A bill to be entitled An act relating to arboriculture; creating ch. 598, F.S.; providing a short title; providing a purpose statement; providing definitions; providing exceptions; providing powers and duties of the Department of Agriculture and Consumer Services; providing rulemaking authority; establishing a maximum annual fee for licensure; providing for deposit and use of fee proceeds; establishing licensure procedures and requirements to practice arboriculture and provide arboriculture services; providing for issuance of a license; providing grounds for denial of a license or refusal to renew a license; providing for license suspension or revocation; providing for license renewal; providing for reactivation of a license under certain conditions; providing for issuance of a duplicate license under certain circumstances; requiring a roster of licensed arborists; amending s. 604.15, F.S.; revising a definition to make tropical foliage exempt from regulation under provisions relating to dealers in agricultural products; providing an appropriation; providing an effective date.

—was read the second time by title.

Senator Haridopolos moved the following amendments which were adopted:

**Amendment 1 (970250)**—Delete lines 71-76 and insert:

(c) *This chapter does not:*

1. *Prohibit any person from practicing arboriculture or providing arboriculture services as defined in this chapter if such person does not hold himself or herself out as a state-licensed arborist unless he or she is licensed in compliance with this chapter.*

2. *Require any person to be a member of the International Society of Arboriculture in order to be licensed under this chapter.*

(d) *A landscape architect licensed under part II of chapter 481 is authorized to practice arboriculture; however, as provided in s. 598.006(4), only a person licensed under this chapter may hold herself or himself out as a state-licensed arborist.*

(e) *To prevent injury to life or property after a disaster,*

**Amendment 2 (962438)**—Delete line 161 and insert: *International Society of Arboriculture as a Board Certified Arborist*

**Amendment 3 (824986) (with directory and title amendments)**—Between lines 237 and 238 insert:

598.012 *The department may enforce the provisions of this chapter by the use of notices to desist, appropriate judicial proceedings, or administrative proceedings under chapter 120.*

And the directory clause is amended as follows:

Delete line 29 and insert: 598.007, 598.008, 598.009, 598.011, and 598.012, is created to read:

And the title is amended as follows:

Delete line 18 and insert: requiring a roster of licensed arborists; authorizing the department to enforce certain provisions of state law by specified means; amending s.

Pursuant to Rule 4.19, **SB 2656** as amended was ordered engrossed and then placed on the calendar of Bills on Third Reading.

## MOTIONS

### THE PRESIDENT PRESIDING

On motion by Senator Villalobos, the rules were waived and a deadline of one hour after the availability of engrossed bills was set for filing amendments to Bills on Third Reading to be considered Friday, April 24.

### MOTIONS RELATING TO COMMITTEE REFERENCE

On motion by Senator Jones, by two-thirds vote **SB 1162** was withdrawn from the committees of reference and further consideration.

### REPORTS OF COMMITTEES

The Policy and Steering Committee on Social Responsibility submits the following bills to be placed on the Special Order Calendar for Thursday, April 23, 2009: CS for CS for SB 456, CS for CS for SB 770, CS for SB 892, CS for CS for SB 1548, CS for CS for SB 278, CS for CS for SB 1616, CS for CS for SB 2482, CS for CS for SB 2538, CS for SB 554, CS for CS for SB 762, CS for SB 844, CS for SB 2096, CS for CS for SB 2682, CS for CS for CS for CS for SB 462, SB 902, CS for SB 948, SB 1050, CS for CS for SB 1144, CS for SB 1346, CS for SB 1592, SB 1628, CS for CS for SB 1868, SB 1896, CS for CS for CS for SB 1986, CS for SB 412, SB 1396, CS for CS for SB 1552, CS for CS for SB 1958.

Respectfully submitted,  
Ken Pruitt, Chair

The Policy and Steering Committee on Energy, Environment, and Land Use submits the following bills to be placed on the Special Order

Calendar for Thursday, April 23, 2009: SB 68, CS for SB 110, CS for CS for SB 148, CS for SB 306, CS for CS for CS for SB 1004, CS for CS for SB 1078, SB 1286, CS for CS for SB 2150, SB 2656.

Respectfully submitted,  
*James E. "Jim" King, Jr.*,  
Chair

The Committee on Governmental Oversight and Accountability recommends the following pass: CS for SB 2062

**The bill was referred to the Committee on Transportation and Economic Development Appropriations under the original reference.**

The Policy and Steering Committee on Ways and Means recommends the following pass: SB 234; CS for SB 718; CS for CS for SB 728; CS for CS for SB 798; CS for SB 800; CS for SB 1126; CS for CS for CS for SB 1128; CS for CS for SB 1310; CS for CS for SB 1372; CS for CS for SB 1468; CS for CS for SB 2226

**The bills were placed on the Calendar.**

The Committee on Governmental Oversight and Accountability recommends a committee substitute for the following: SB 2038

**The bill with committee substitute attached was referred to the Committee on Education Pre-K - 12 Appropriations under the original reference.**

The Committee on Judiciary recommends a committee substitute for the following: CS for SB 1040

**The bill with committee substitute attached was referred to the Committee on Finance and Tax under the original reference.**

The Committee on Governmental Oversight and Accountability recommends committee substitutes for the following: SB 792; CS for SB 1898

The Committee on Judiciary recommends a committee substitute for the following: SB 1864

**The bills with committee substitute attached contained in the foregoing reports were referred to the Committee on General Government Appropriations under the original reference.**

The Committee on Judiciary recommends a committee substitute for the following: CS for SB 2286

**The bill with committee substitute attached was referred to the Committee on Health and Human Services Appropriations under the original reference.**

The Committee on Governmental Oversight and Accountability recommends a committee substitute for the following: CS for CS for SB 1182

The Committee on Judiciary recommends a committee substitute for the following: CS for SB 340

**The bills with committee substitute attached contained in the foregoing reports were referred to the Policy and Steering Committee on Ways and Means under the original reference.**

The Committee on Governmental Oversight and Accountability recommends committee substitutes for the following: SB 1824; SB 1838; SB 2032

The Policy and Steering Committee on Ways and Means recommends a committee substitute for the following: CS for SJR 1302

**The bills with committee substitute attached contained in the foregoing reports were referred to the Committee on Rules under the original reference.**

The Committee on Governmental Oversight and Accountability recommends a committee substitute for the following: SB 398

The Committee on Judiciary recommends committee substitutes for the following: CS for SB 880; CS for SB 1602; SB 2198; CS for CS for SB 2630

The Policy and Steering Committee on Ways and Means recommends committee substitutes for the following: SB 58; CS for SB 712; CS for SB 810; CS for CS for SB 904; CS for CS for SB 1022; CS for CS for SB 1138; CS for CS for SB 1154; CS for CS for SB 2004

**The bills with committee substitute attached were placed on the Calendar.**

**COMMITTEE SUBSTITUTES**

**FIRST READING**

By the Policy and Steering Committee on Ways and Means; and Senator Pruitt—

**CS for SB 58**—A bill to be entitled An act for the relief of Jorge and Debbie Garcia-Bengochea and their adoptive children, Brian, Matthew, and James, by the Department of Children and Family Services; providing an appropriation to compensate them for injuries and damages sustained as a result of negligence by employees of the department or its predecessor agency; providing a limitation on the payment of attorney's fees and lobbying fees; providing legislative intent with respect to ratification of terms of the parties' settlement agreement and waiver of lien interests held by the state; providing an effective date.

By the Committees on Judiciary; and Criminal Justice; and Senator Ring—

**CS for CS for SB 340**—A bill to be entitled An act relating to sexual offenders and predators; amending s. 257.12, F.S.; encouraging all public libraries to implement an Internet safety education program for children and adults; providing minimum requirements for the program; requiring libraries to annually report to the Division of Library and Information Services of the Department of State the number of participants who complete the program; requiring that the division adopt rules to award additional points to grant applicants implementing such a program; amending ss. 847.0135 and 847.0138, F.S.; removing residency requirements in statutes relating to computer pornography involving minor children and the transmission of material harmful to a minor by electronic device or equipment, respectively; amending ss. 775.21, 943.0435, 944.606, 944.607, and 985.481, F.S.; requiring sexual offenders and predators to provide home telephone numbers and any cellular telephone numbers as part of the registration process; correcting cross-references to apply exclusions from designation as a sexual offender or predator to owners or operators of computer services rather than to persons traveling to meet a minor; providing an effective date.

By the Committee on Governmental Oversight and Accountability; and Senator Sobel—

**CS for SB 398**—A bill to be entitled An act relating to district and school advisory councils; amending s. 1001.452, F.S.; requiring that a district school board make a good faith effort to advertise and open the school advisory council to members of the community; providing that a majority of the members of a school advisory council not be employed by the school; providing an effective date.

By the Policy and Steering Committee on Ways and Means; the Committee on Community Affairs; and Senator Pruitt—

**CS for CS for SB 712**—A bill to be entitled An act relating to special districts; creating s. 189.4221, F.S.; authorizing special districts to purchase commodities and contractual services from purchasing agreements of other special districts, municipalities, or counties; providing an effective date.

By the Committee on Governmental Oversight and Accountability; and Senators Baker and Justice—

**CS for SB 792**—A bill to be entitled An act relating to firefighter death benefits; amending s. 112.191, F.S.; revising provisions providing death benefits for firefighters; expanding activities entitling firefighters to death benefits to include participation in training exercises; providing an effective date.

By the Policy and Steering Committee on Ways and Means; the Committee on Commerce; and Senators Garcia and Hill—

**CS for CS for SB 810**—A bill to be entitled An act relating to the Unemployment Compensation Trust Fund; amending s. 443.1217, F.S.; raising the amount of an employee's wages subject to an employer's contribution to the trust fund, with a reversion to current law after January 1, 2015; amending s. 443.131, F.S.; revising the rate and recoupment period for computing the employer contribution to the trust fund, with a reversion to current law for recoupment after January 1, 2015; providing the calculation for lowering an employer's contribution under certain circumstances; providing a definition of taxable payroll; amending s. 443.191, F.S.; providing for advances to be credited to the Unemployment Compensation Trust Fund; providing authority to the Governor or the Governor's designee to request advances; creating s. 443.1117, F.S.; establishing temporary state extended benefits for claims between July 5, 2009, and December 26, 2009; creating definitions; providing for state extended benefits for certain weeks and for periods of high unemployment; providing that the act fulfills an important state interest; providing effective dates.

By the Committees on Judiciary; and Regulated Industries; and Senators Fasano and Ring—

**CS for CS for SB 880**—A bill to be entitled An act relating to community associations; amending s. 718.110, F.S.; providing for the application of certain amendments to a declaration of condominium to certain unit owners; amending s. 718.111, F.S.; providing penalties for any person who knowingly or intentionally defaces or destroys certain records of an association with the intent to harm the association or any of its members; providing that an association is not responsible for the use or misuse of certain information obtained pursuant to state law requiring the maintenance of certain records of an association; providing an exception; providing that, notwithstanding the other requirements, certain records are not accessible to unit owners; requiring that any rules adopted for the purpose of setting forth accounting principles or addressing financial reporting requirements include certain provisions and standards; amending s. 718.112, F.S.; revising requirements for the reappointment of certain board members; revising board eligibility requirements; revising notice requirements for board candidates; establishing requirements for newly elected board members; providing that a director or officer delinquent in the payment of fee, fine, regular assessment, or special assessments by more than a specified number of days is deemed to have abandoned the office; requiring that a director charged by information or indictment of certain offenses involving an association's funds or property be removed from office; amending s. 718.115, F.S.; requiring that certain services obtained pursuant to a bulk contract as provided in the declaration be deemed a common expense; requiring that such contracts contain certain provisions; authorizing the cancellation of certain contracts; amending s. 718.116, F.S.; limiting the amount of certain costs to the unit owner; providing an exception; authorizing an association to demand future regular assessments related to the condominium unit under specified conditions; providing that the demand is continuing in nature; requiring that a tenant continue to pay assessments until the occurrence of specified events; requiring the delivery of notice of such demand; limiting the liability of a tenant; amending s. 718.303, F.S.; authorizing an association to suspend for a reasonable time the right of a unit owner or the unit's occupant, licensee,

or invitee to use certain common elements under certain circumstances; excluding certain common elements from such authorization; prohibiting a fine from being levied or a suspension from being imposed unless the association meets certain notice requirements; providing circumstances under which such notice requirements do not apply; providing procedures and notice requirements for levying a fine or imposing a suspension; authorizing an association to suspend voting rights due to non-payment of assessments, fines, or other charges delinquent by a specified number of days under certain circumstances; amending s. 718.103, F.S.; expanding the definition of "developer" to include a bulk assignee or bulk buyer; amending s. 718.301, F.S.; revising conditions under which unit owners other than the developer may elect not less than a majority of the members of the board of administration of an association; creating part VII of ch. 718, F.S.; providing a short title; providing legislative findings and intent; defining the terms "bulk assignee" and "bulk buyer"; providing for the assignment of developer rights by a bulk assignee; specifying liabilities of bulk assignees and bulk buyers; providing exceptions; providing additional responsibilities of bulk assignees and bulk buyers; authorizing certain entities to assign developer rights to a bulk assignee; limiting the number of bulk assignees at any given time; providing for the transfer of control of a board of administration; providing effects of such transfer on parcels acquired by a bulk assignee; providing obligations of a bulk assignee upon the transfer of control of a board of administration; requiring that a bulk assignee certify certain information in writing; providing for the resolution of a conflict between specified provisions of state law; providing that the failure of a bulk assignee or bulk buyer to comply with specified provisions of state law results in the loss of certain protections and exemptions; requiring that a bulk assignee or bulk buyer file certain information with the Division of Florida Condominiums, Timeshares, and Mobile Homes of the Department of Business and Professional Regulation before offering any units for sale or lease in excess of a specified term; requiring that a copy of such information be provided to a prospective purchaser; requiring that certain contracts and disclosure statements contain specified statements; requiring that a bulk assignee or bulk buyer comply with certain disclosure requirements; prohibiting a bulk assignee from taking certain actions on behalf of an association while the bulk assignee is in control of the board of administration of the association and requiring that such bulk assignee comply with certain requirements; requiring that a bulk assignee or bulk buyer comply with certain requirements regarding certain contracts; providing unit owners with specified protections regarding certain contracts; requiring that a bulk buyer comply with certain requirements regarding the transfer of a unit; prohibiting a person from being classified as a bulk assignee or bulk buyer unless condominium parcels were acquired before a specified date; providing for the determination of the date of acquisition of a parcel; providing that the assignment of developer rights to a bulk assignee does not release a developer from certain liabilities; preserving certain liabilities for certain parties; amending s. 719.108, F.S.; authorizing an association to recover charges incurred in connection with collecting a delinquent assessment up to a specified maximum amount; providing a prioritized list for disbursement of payments received by an association; providing for a lien by an association on a condominium unit for certain fees and costs; providing procedures and notice requirements for the filing of a lien by an association; authorizing an association to demand future regular assessments related to a unit under specified conditions; amending s. 720.304, F.S.; providing that a flagpole and any flagpole display are subject to certain codes and regulations; amending s. 720.305, F.S.; authorizing the association to suspend certain rights under certain circumstances; providing that certain provisions regarding the suspension-of-use rights of an association do not apply to certain portions of common areas; providing procedures and notice requirements for levying a fine or imposing a suspension; amending s. 720.3085, F.S.; authorizing an association to demand future regular assessments related to a parcel under specified conditions; amending s. 720.31, F.S.; authorizing an association to enter into certain agreements; requiring that certain items be stated and fully described in the declaration; limiting an association's power to enter into such agreements after a specified period following the recording of a declaration; requiring that certain agreements be approved by a specified percentage of voting interests of an association when the declaration is silent as to the authority of an association to enter into such agreement; authorizing an association to join with other associations or a master association under certain circumstances and for specified purposes; amending s. 721.05, F.S.; limiting the definition of "facility" to certain permanent amenities; repealing s. 553.509(2), F.S., relating to public elevators and emergency operation plans in certain condominiums and multifamily dwellings; amending s. 720.303, F.S.; revising provisions relating to homeowners' association board meetings, inspection and copying of records, and reserve accounts of budgets; prohibiting certain association personnel from receiving a salary or compensation; providing exceptions; amending s. 720.306, F.S.; providing requirements for secret ballots; creating s. 720.315, F.S.;

prohibiting the board of directors of a homeowners' association from levying a special assessment before turnover of the association by the developer unless certain conditions are met; amending s. 723.071, F.S.; revising notice requirements relating to the sale of mobile home parks; revising provisions relating to a homeowners' association's right to purchase the mobile home park; providing requirements for the purchase of the park by a homeowners' association; requiring that a park owner comply with certain provisions of state law if the mobile home owners have informed the park owner that they are ready and willing to purchase the park; providing that the park owner has no obligation to comply with such provisions under certain circumstances; providing requirements for the homeowners' expression of readiness and willingness to purchase the park; deleting definitions to conform to changes made by the act; providing an effective date.

By the Policy and Steering Committee on Ways and Means; the Committees on Judiciary; and Children, Families, and Elder Affairs; and Senator Deutch—

**CS for CS for CS for SB 904**—A bill to be entitled An act relating to parental responsibility and time-sharing; amending s. 61.046, F.S.; redefining the terms “parenting plan,” “parenting plan recommendations,” and “time-sharing schedule”; creating s. 61.125, F.S.; providing for parenting coordination as an alternative dispute resolution process to resolve parenting plan disputes; providing for court referral; providing for domestic violence situations; providing the qualifications required for a parenting coordinator and for the disqualification of a coordinator; providing for the payment of parenting coordination fees and costs; providing for confidentiality; providing for emergency reporting to the court by the coordinator; providing a limitation on the coordinator's liability; amending s. 61.13, F.S., relating to child support, parenting plans, and time-sharing; deleting obsolete provisions; requiring a parenting plan to include the address to be used for determining school boundaries; revising the elements of the rebuttable presumption that shared parental responsibility is detrimental to a child when a parent is convicted of a crime involving domestic violence; providing that the presumption applies to a crime that is a misdemeanor of the first degree or higher rather than to a crime that is a felony of the third degree or higher; allowing the modification of a parenting plan only upon a showing of substantially changed circumstances; requiring a court to make explicit written findings if, when determining the best interests of a child for the purposes of shared parental responsibility and visitation, the court considered evidence of domestic or sexual violence and child abuse, abandonment, or neglect; amending s. 61.13001, F.S., relating to parental relocation; deleting terms and redefining the terms “other person,” “parent,” and “relocation”; substituting the term “access to” for “visitation”; deleting provisions relating to the requirement for a Notice of Intent to Relocate and substituting procedures relating to filing a petition to relocate; requiring a hearing on a motion seeking a temporary relocation to be held within a certain time; providing for applicability of changes made by the act; amending ss. 61.183, 61.20, 61.21, and 61.30, F.S.; conforming provisions to changes made by the act; amending s. 741.30, F.S., relating to domestic violence; authorizing a court to issue an ex parte injunction that provides a temporary parenting plan; providing an effective date.

By the Policy and Steering Committee on Ways and Means; the Committees on Health Regulation; and Banking and Insurance; and Senators Altman, Fasano, Detert, Rich, Hill, and Siplin—

**CS for CS for CS for SB 1022**—A bill to be entitled An act relating to Medicare; amending s. 627.6741, F.S.; requiring that insurers issuing Medicare supplement policies in this state offer the opportunity to enroll in a Medicare supplement policy to certain individuals having a disability or end-stage renal disease; permitting insurers offering Medicare supplement policies to effect a one-time rate schedule change; authorizing insurers to propose a rate adjustment that considers the experience of policies or certificates for persons younger than 65 years of age; establishing credibility criteria for the rate adjustment; providing an effective date.

By the Committees on Judiciary; and Community Affairs; and Senator Bennett—

**CS for CS for SB 1040**—A bill to be entitled An act relating to affordable housing; creating s. 193.018, F.S.; providing for the assessment of property receiving the low-income housing tax credit; defining the term “community land trust”; providing for the assessment of structural improvements, condominium parcels, and cooperative parcels on land

owned by a community land trust and used to provide affordable housing; providing for the conveyance of structural improvements, condominium parcels, and cooperative parcels subject to certain conditions; specifying the criteria to be used in arriving at just valuation of a structural improvement, condominium parcel, or cooperative parcel; providing an effective date.

By the Policy and Steering Committee on Ways and Means; the Committees on Higher Education; and Communications, Energy, and Public Utilities; and Senator Gaetz—

**CS for CS for CS for SB 1138**—A bill to be entitled An act relating to self-insurance funds; amending s. 624.4621, F.S.; requiring an application for workers' compensation coverage issued by a group self-insurance fund to notify applicants that policyholders must make additional contributions to the fund if the fund is unable to pay its obligations; creating s. 624.4626, F.S.; authorizing any two or more electric cooperatives to operate a self-insurance fund for certain purposes; providing for membership in the fund; requiring that the fund fulfill certain criteria; providing for the applicability of certain assessments and certain provisions of state law to such a fund; amending s. 626.89, F.S.; requiring certain administrators to submit certain statements within a specified period after the end of the administrator's fiscal year; amending s. 631.904, F.S.; exempting certain self-insurance funds from specified provisions of state law; providing an effective date.

By the Policy and Steering Committee on Ways and Means; the Committees on Environmental Preservation and Conservation; and Communications, Energy, and Public Utilities; and Senator King—

**CS for CS for CS for SB 1154**—A bill to be entitled An act relating to energy; amending s. 366.92, F.S.; revising definitions and providing additional definitions; requiring that electric utilities meet or exceed specified standards for the production or purchase of clean energy; establishing a schedule for compliance; providing a penalty if a utility fails to meet the standards; authorizing the Public Service Commission to excuse certain electric utilities from compliance under specified conditions; requiring the commission to adopt rules; requiring an annual report to the Legislature; amending s. 366.93, F.S.; authorizing the Public Service Commission to allow a utility to recover the costs of converting an existing fossil fuel plant to a biomass plant under certain conditions; encouraging utilities to pursue joint ownership of nuclear power plants; requiring that certain costs be shared; creating s. 366.99, F.S.; providing a short title; providing legislative findings with respect to the need to reduce greenhouse gas emissions through the direct end-use of natural gas; defining terms; authorizing a utility to establish a surcharge for the purpose of constructing natural gas installations in areas that lack natural gas service; providing limitations on the surcharge; providing procedures for determining the surcharge and making filings to the commission; requiring the commission to conduct limited proceedings to determine the amount of the surcharge; providing for future expiration of provisions authorizing the surcharge; amending s. 377.6015, F.S.; providing that terms for members of the Florida Energy and Climate Commission begin and end on specified dates; amending s. 403.503, F.S.; revising the definition of “electrical power plant”; amending s. 525.09, F.S.; imposing a fee on alternative fuel containing alcohol; requiring the Florida Energy and Climate Commission to prepare a report that identifies ways in which to increase the energy-efficiency practices of low-income households; requiring the report to include certain determinations and recommendations; requiring that the report be submitted to the Legislature by a specified date; providing an effective date.

By the Committees on Governmental Oversight and Accountability; Ethics and Elections; and Community Affairs; and Senators Fasano, Gaetz, and Dockery—

**CS for CS for CS for SB 1182**—A bill to be entitled An act relating to the state retirement system; amending s. 121.021, F.S.; redefining the terms “employer,” “termination,” and “retiree”; amending s. 121.051, F.S.; conforming a cross-reference; clarifying when a State Community College System Optional Retirement Program participant is considered a retiree; amending s. 121.052, F.S.; limiting the membership of elected officers of a municipality or special district in the Elected Officers Class unless designated for inclusion during a specified period; amending s. 121.053, F.S.; prohibiting elected officials who retire after a certain date from reenrolling in the Florida Retirement System; amending s. 121.055, F.S.; prohibiting elected officials who retire after a certain date from renewing membership in the Senior Management Service Class or in the

Senior Management Service Optional Annuity Program; revising provisions relating to de minimis accounts; amending s. 121.091, F.S.; revising and clarifying provisions relating to retirement benefits; providing that retirees of a state-administered retirement system may not be reemployed by an employer participating in the Florida Retirement System for 6 months; deleting limitations relating to reemploying retirees within 12 months after retirement; revising provisions relating to the Deferred Retirement Option Program; extending DROP participation for instructional personnel employed by a developmental research school; clarifying that DROP participation cannot be canceled; revising DROP provisions for elected officials; providing that DROP participants who end DROP after a certain date may not renew membership in a state-administered retirement system; deleting obsolete provisions; amending s. 121.122, F.S.; prohibiting a retiree from renewing membership in the State Retirement System; revising conditions under which a retiree is entitled to certain additional retirement benefits; amending s. 121.35, F.S.; revising provisions relating to participation in the state university optional retirement program; defining the term “retiree”; amending s. 121.4501, F.S.; revising the term “eligible employee”; amending s. 121.591, F.S.; conforming provisions; amending ss. 238.183 and 1012.33, F.S.; conforming cross-references; repealing ss. 121.093 and 121.094, F.S., relating to the reemployment of instructional personnel after retirement from a developmental research school, the Florida School for the Deaf and the Blind, or a charter school, the provisions of which are included in ss. 238.183 and 238.184, F.S.; providing a declaration of important state interest; requiring the Department of Management Services to request an actuarial study to determine the effect of the act on employer contributions and to notify the Governor and Legislature of the results; providing a contingent effective date.

By the Policy and Steering Committee on Ways and Means; the Committee on Finance and Tax; and Senators Gardiner, Deutch, Baker, and Gaetz—

**CS for CS for SJR 1302**—A joint resolution proposing an amendment to Section 3 of Article VII and the creation of a new section in Article XII of the State Constitution to provide an additional property tax exemption for members of the military who receive a homestead exemption and who were deployed outside the United States during the preceding year.

By the Committees on Judiciary; and Community Affairs; and Senator Baker—

**CS for CS for SB 1602**—A bill to be entitled An act relating to community development districts; amending s. 190.003, F.S.; defining the term “compact, urban, mixed-use district”; amending s. 190.006, F.S.; providing for application of certain board of supervisors election time periods to compact, urban, mixed-use districts; providing for retroactive application; amending ss. 190.005, 190.011, 190.016, 190.021, and 348.968, F.S.; conforming cross-references; amending s. 190.012, F.S.; revising deed restriction enforcement rulemaking authority of boards of directors of community development districts; authorizing certain property owners to elect a district board advisor; providing advisor responsibilities; providing requirements for district board advisor review and recommendations relating to enforcement of the district rules outside the boundaries of the district; requiring creation of a district board advisor seat after an interlocal agreement is entered into; providing for election of the advisor and the term of office; providing election procedures and requirements; amending s. 190.046, F.S.; revising procedures and requirements to amend the boundaries of a community development district; revising procedures and requirements to merge community development districts; providing limitations; providing for petition filing fees; preserving rights of creditors, liens upon property, and claims and pending actions or proceedings; providing an effective date.

By the Committees on Governmental Oversight and Accountability; and Community Affairs—

**CS for SB 1824**—A bill to be entitled An act relating to a review under the Open Government Sunset Review Act; amending s. 119.071, F.S., relating to an exemption from public-records requirements for information that would identify or locate a child who participates in a government-sponsored recreation program or a parent or guardian of the child; providing definitions; reorganizing the exemption and making editorial changes; saving the exemption from repeal under the Open Government Sunset Review Act; repealing s. 2, ch. 2004-32, Laws of

Florida, which provides for repeal of the exemption; providing an effective date.

By the Committees on Governmental Oversight and Accountability; and Governmental Oversight and Accountability—

**CS for SB 1838**—A bill to be entitled An act relating to a review under the Open Government Sunset Review Act; amending s. 119.071, F.S.; providing that social security numbers of current and former agency employees held by the employing agency are confidential and exempt from public-records requirements; providing for future review and repeal of the exemption; requiring that an agency identify in writing the specific federal or state laws governing the collection, use, and release of social security numbers and ensure compliance therewith; requiring notice as to whether collection of a social security number is authorized or mandatory under federal or state law; delineating conditions under which social security numbers held by an agency may be disclosed; redefining the term “commercial activity” for purposes of provisions authorizing the disclosure of a social security number under limited circumstances; eliminating provisions requiring that agencies report requests for social security numbers by commercial entities; clarifying that specified provisions do not supersede federal or state requirements regarding the collection, use, or release of social security numbers; reenacting ss. 119.0714(1)(i), (2)(e), and (3)(b) and 1007.35(8)(b), F.S., relating to social security numbers contained in records that are made part of a court file, a future requirement of court clerks to keep social security numbers confidential and exempt without a request for redaction and specified nonapplicability to court clerks with respect to court records, the availability of social security numbers as part of official records, a future requirement of county recorders to keep social security numbers confidential and exempt without a request for redaction and specified nonapplicability to county recorders with respect to official records, and access to specified information under the Florida Partnership for Minority and Underrepresented Student Achievement, respectively, for the purpose of incorporating the amendment to s. 119.071, F.S., in references thereto; providing a statement of public necessity; providing an effective date.

By the Committee on Judiciary; and Senator Baker—

**CS for SB 1864**—A bill to be entitled An act relating to aircraft safety; providing a short title; creating s. 379.2293, F.S.; providing legislative findings and intent; exempting airport authorities and other entities from penalties, restrictions, or sanctions with respect to authorized actions taken to protect human life or aircraft from wildlife hazards; defining the term “authorized action taken for the purpose of protecting human life or aircraft safety from wildlife hazards”; providing that federal or state authorizations for such actions prevail over certain other regulations, permits, comprehensive plans, and laws; providing immunity from penalties with respect to authorized action for certain individuals; providing exceptions; providing an effective date.

By the Committees on Governmental Oversight and Accountability; Environmental Preservation and Conservation; and Environmental Preservation and Conservation—

**CS for CS for SB 1898**—A bill to be entitled An act relating to water management; reenacting ss. 373.069, 373.0693, 373.0695, 373.073, and 373.083, F.S., relating to the creation of the water management districts, pursuant to the provisions of the Florida Government Accountability Act; amending s. 350.031, F.S.; redesignating the Florida Public Service Commission Nominating Council as the “Legislative Nominating Council”; providing council members authority to nominate water management district governing board members; amending s. 373.0693, F.S.; providing conditions for serving on a basin board after a term expires; removing ex officio designation for board members serving on basin boards; revising the membership of certain basin boards; eliminating the Oklawaha River Basin Advisory Council; amending s. 373.323, F.S.; providing for an applicant who meets certain conditions to be certified as a licensed water well contractor; amending s. 373.536, F.S.; authorizing certain chairs of committees of the Senate and the House of Representatives to submit comments and objections to proposed district budgets; amending s. 373.079, F.S.; providing for the delegation of permit decisions to the executive director of a water management district; revising meeting requirements for members of the governing boards, committees, and advisory boards of the water management districts, as provided in s. 120.54, F.S.; creating s. 373.0725, F.S.; providing for the Legislative Nominating Council to nominate

candidates for appointment to the water management boards; providing requirements; amending s. 373.073, F.S.; providing conforming changes; amending s. 373.083, F.S.; providing conforming changes; prohibiting the governing board of a water management district from interfering during review of permits; amending s. 373.118, F.S.; providing conforming changes; amending s. 373.584, F.S.; providing for a cap on revenues pledged for debt service; providing for legislative approval to exceed the cap; amending s. 373.59, F.S.; allowing for the use of funds to pay for nominating council activities; clarifying conditions under which payment in lieu of taxes shall be paid; amending s. 373.236, F.S.; providing for 25-year permits for renewable energy generating facilities under certain conditions; providing for a compliance report every 5 years during the term of the permit; encouraging participation in and contributions to alternative water supply development projects by private rural landowners; providing 50-year permits for such projects under certain conditions; granting the water management district authority to modify such permits to ensure compliance; amending s. 373.243, F.S.; providing for revocation authority to the governing board under certain conditions; repealing ss. 373.465 and 373.466, F.S., relating to the Lake Panasoffkee Restoration Council and the restoration program; providing an effective date.

By the Policy and Steering Committee on Ways and Means; the Committees on Criminal Justice; and Transportation; and Senator Altman—

**CS for CS for CS for SB 2004**—A bill to be entitled An act relating to uniform traffic control; amending s. 316.003, F.S.; defining the term “traffic infraction detector”; creating s. 316.0076, F.S.; preempting to the state the use of cameras to enforce traffic laws; creating s. 316.0083, F.S.; creating the Mark Wandall Traffic Safety Program; authorizing the Department of Highway Safety and Motor Vehicles, a county, or municipality to use a traffic infraction detector to identify a motor vehicle that fails to stop at a traffic control signal steady red light; requiring authorization of a traffic infraction enforcement officer to issue and enforce a citation for such violation; providing exemptions from citations; providing procedures for disposition and enforcement of citations; providing that certain evidence is admissible for enforcement; providing penalties for submission of a false affidavit; providing that the act does not preclude the issuance of citations by law enforcement officers; establishing a fine of a certain amount; providing for disposition of revenue collected; requiring reports from participating municipalities and counties to the department; requiring the department to make reports to the Governor and the Legislature; providing that certain persons may not be issued a license plate or revalidation sticker; amending s. 316.0745, F.S.; providing that traffic infraction detectors must meet certain specifications; providing for preexisting equipment; creating s. 316.0776, F.S.; providing for placement and installation of detectors on certain roads; amending s. 316.640, F.S.; requiring the Department of Highway Safety and Motor Vehicles to develop training and qualification standards for traffic infraction enforcement officers; amending s. 316.650, F.S.; requiring a traffic enforcement agency to provide a replica of the citation data by electronic transmission under certain conditions; amending s. 318.14, F.S.; providing an exception from provisions requiring a person cited for an infraction for failing to stop at a traffic control signal steady red light to sign and accept a citation indicating a promise to appear; amending s. 318.18, F.S.; increasing certain fines; providing for penalties for infractions enforced by a traffic infraction enforcement officer; providing for distribution of fines; allowing the clerk of court to dismiss certain cases upon receiving documentation that the uniform traffic citation was issued in error; amending s. 322.27, F.S.; providing that no points may be assessed against the drivers license for infractions enforced by a traffic infraction enforcement officer; amending s. 395.4036, F.S.; providing for distribution of funds to trauma centers, certain hospitals, and certain nursing homes; providing for severability; providing an effective date.

By the Committees on Governmental Oversight and Accountability; and Commerce—

**CS for SB 2032**—A bill to be entitled An act relating to a review under the Open Government Sunset Review Act regarding Scripps Florida Funding Corporation; amending s. 288.955, F.S.; clarifying the definition of “grantee”; amending s. 288.9551, F.S.; narrowing the public-records exemption for specified information held by the Scripps Florida Funding Corporation and the public-meetings exemption for portions of meetings of the board of directors of the corporation at which confidential and exempt information is discussed; removing the application of the exemptions with respect to the Office of Tourism, Trade, and

Economic Development; reorganizing and conforming provisions; making editorial changes and removing superfluous provisions; providing a penalty; delaying the scheduled repeal of the exemption; providing an effective date.

By the Committee on Governmental Oversight and Accountability; and Senator Detert—

**CS for SB 2038**—A bill to be entitled An act relating to exceptional students; amending s. 1003.57, F.S.; revising provisions relating to due process hearings for exceptional students; requiring that such hearings be conducted by an administrative law judge from the Division of Administrative Hearings pursuant to a contract with the Department of Education; providing that any party to a hearing related to gifted students may request that the findings or decision be reviewed by the district court of appeal; authorizing a district school board to consider a change in placement for a student who has a disability if the student engages in behavior that violates the district school board’s code of student conduct; providing for the removal and placement of such student in an alternative educational setting for a limited period; specifying the grounds for removal; providing definitions for the terms “weapon” and “controlled substance”; creating s. 1003.571, F.S.; requiring that the State Board of Education comply with the Individuals with Disabilities Education Act after evaluating and determining that such act is consistent with certain principles; requiring that the State Board of Education adopt rules; amending s. 1003.58, F.S.; conforming a cross-reference; providing an effective date.

By the Committee on Judiciary; and Senator Haridopolos—

**CS for SB 2198**—A bill to be entitled An act relating to tobacco settlement agreements; amending s. 569.23, F.S.; providing definitions; requiring trial courts to stay the execution of all judgments in favor of certain former class action members during appellate proceedings upon the posting of a supersedeas bond or other surety by signatories, parents, successors, or affiliates of a signatory to a tobacco settlement agreement applicable to all such judgments; limiting the total cumulative value of all supersedeas bonds or other surety to a certain amount; permitting a court to order a specific defendant that dissipates assets to avoid payment of a judgment to increase the surety; providing applicability; providing an effective date.

By the Committees on Judiciary; and Health Regulation; and Senator Gardiner—

**CS for CS for SB 2286**—A bill to be entitled An act relating to health care; providing legislative findings; designating Miami-Dade County as a health care fraud area of concern; amending s. 68.085, F.S.; allocating certain funds recovered under the Florida False Claims Act to fund rewards for persons who report and provide information relating to Medicaid fraud; amending s. 68.086, F.S.; providing that a defendant who prevails in an action under the Florida False Claims Act may be awarded attorney’s fees and costs against the person bringing the action under certain circumstances; amending s. 400.471, F.S.; prohibiting the Agency for Health Care Administration from renewing a license of a home health agency in certain counties if the agency has been sanctioned for certain misconduct; amending s. 400.474, F.S.; authorizing the Agency for Health Care Administration to deny, revoke, or suspend the license of or fine a home health agency that provides remuneration to certain facilities or bills the Medicaid program for medically unnecessary services; providing that certain administrative penalties do not apply to or preclude certain discounts, compensations, waivers of payment, or payment practices; amending s. 400.506, F.S.; exempting certain items from a prohibition against providing remuneration to certain persons by a nurse registry; creating s. 408.8065, F.S.; providing additional licensure requirements for home health agencies, home medical equipment providers, and health care clinics; imposing criminal penalties against a person who knowingly submits misleading information to the Agency for Health Care Administration in connection with applications for certain licenses; amending s. 408.810, F.S.; revising provisions relating to information required for licensure; requiring certain licensees to provide clients with a description of Medicaid fraud and the statewide toll-free telephone number for the central Medicaid fraud hotline; amending s. 408.815, F.S.; providing additional grounds to deny an application for a license; amending s. 409.905, F.S.; authorizing the Agency for Health Care Administration to require prior authorization of care based on utilization rates; requiring a home health agency to submit a plan of care and documentation of a recipient’s medical condition to the

Agency for Health Care Administration when requesting prior authorization; prohibiting the Agency for Health Care Administration from paying for home health services unless specified requirements are satisfied; amending s. 409.907, F.S.; providing for certain out-of-state providers to enroll as Medicaid providers; amending s. 409.912, F.S.; requiring the Agency for Health Care Administration to establish norms for the utilization of Medicaid services; requiring the agency to submit a report relating to the overutilization of Medicaid services; amending s. 409.913, F.S.; requiring that the annual report submitted by the Agency for Health Care Administration and the Medicaid Fraud Control Unit of the Department of Legal Affairs recommend changes necessary to prevent and detect Medicaid fraud; requiring the Agency for Health Care Administration to monitor patterns of overutilization of Medicaid services; requiring the agency to deny payment or require repayment for Medicaid services under certain circumstances; requiring the Agency for Health Care Administration to immediately terminate a Medicaid provider's participation in the Medicaid program as a result of certain adjudications against the provider or certain affiliated persons; requiring the Agency for Health Care Administration to suspend or terminate a Medicaid provider's participation in the Medicaid program if the provider or certain affiliated persons participating in the Medicaid program have been suspended or terminated by the Federal Government or another state; providing that a provider is subject to sanctions for violations of law as the result of actions or inactions of the provider or certain affiliated persons; requiring the Agency for Health Care Administration to use specified documents from a provider's records to calculate an overpayment by the Medicaid program; prohibiting a provider from using certain documents or data as evidence when challenging a claim of overpayment by the Agency for Health Care Administration; providing an exception; requiring that the agency provide notice of certain administrative sanctions to other regulatory agencies within a specified period; requiring the Agency for Health Care Administration to withhold or deny Medicaid payments under certain circumstances; requiring the agency to terminate a provider's participation in the Medicaid program if the provider fails to repay certain overpayments from the Medicaid program; requiring the agency to provide at least annually information on Medicaid fraud in an explanation of benefits letter; requiring the Agency for Health Care Administration to post a list on its website of Medicaid providers and affiliated persons of providers who have been terminated or sanctioned; requiring the agency to take certain actions to improve the prevention and detection of health care fraud through the use of technology; amending s. 409.920, F.S.; defining the term "managed care plan"; providing criminal penalties and fines for Medicaid fraud; granting civil immunity to certain persons who report suspected Medicaid fraud; creating s. 409.9203, F.S.; authorizing the payment of rewards to persons who report and provide information relating to Medicaid fraud; amending s. 456.004, F.S.; requiring the Department of Health to work cooperatively with the Agency for Health Care Administration and the judicial system to recover overpayments by the Medicaid program; amending s. 456.041, F.S.; requiring the Department of Health to include a statement in the practitioner profile if a practitioner has been terminated from participating in the Medicaid program; creating s. 456.0635, F.S.; prohibiting Medicaid fraud in the practice of health care professions; requiring the Department of Health or boards within the department to refuse to admit to exams and to deny licenses, permits, or certificates to certain persons who have engaged in certain acts; requiring health care practitioners to report allegations of Medicaid fraud; specifying that acceptance of the relinquishment of a license in anticipation of charges relating to Medicaid fraud constitutes permanent revocation of a license; amending s. 456.072, F.S.; creating additional grounds for the Department of Health to take disciplinary action against certain applicants or licensees for misconduct relating to a Medicaid program or to health care fraud; amending s. 456.074, F.S.; requiring the Department of Health to issue an emergency order suspending the license of a person who engages in certain criminal conduct relating to the Medicaid program; amending s. 465.022, F.S.; authorizing partnerships and corporations to obtain pharmacy permits; requiring applicants or certain persons affiliated with an applicant for a pharmacy permit to submit a set of fingerprints for a criminal history records check and pay the costs of the criminal history records check; requiring the Department of Health or Board of Pharmacy to deny an application for a pharmacy permit for certain misconduct by the applicant; or persons affiliated with the applicant; amending s. 465.023, F.S.; authorizing the Department of Health or the Board of Pharmacy to take disciplinary action against a permittee for certain misconduct by the permittee, or persons affiliated with the permittee; amending s. 825.103, F.S.; redefining the term "exploitation of an elderly person or disabled adult"; amending s. 921.0022, F.S.; revising the severity level ranking of Medicaid fraud under the Criminal Punishment Code; creating a pilot project to monitor and verify the delivery of home health services and provide for electronic claims for home health services; requiring the Agency for Health Care Administration to issue a report evaluating the pilot project; creating a pilot

project for home health care management in Miami-Dade County; amending ss. 400.0077 and 430.608, F.S.; conforming cross-references to changes made by the act; repealing s. 395.0199, F.S., relating to private utilization review of health care services; amending ss. 395.405 and 400.0712, F.S.; conforming cross-references; repealing s. 400.118(2), F.S.; removing provisions requiring quality-of-care monitors for nursing facilities in agency district offices; amending s. 400.141, F.S.; deleting a requirement that licensed nursing home facilities provide the agency with a monthly report on the number of vacant beds in the facility; conforming a cross-reference; amending s. 400.147, F.S.; revising the definition of the term "adverse incident" for reporting purposes; requiring abuse, neglect, and exploitation to be reported to the agency and the Department of Children and Family Services; deleting a requirement that the agency submit an annual report on nursing home adverse incidents to the Legislature; amending s. 400.162, F.S.; revising requirements for policies and procedures regarding the safekeeping of a resident's personal effects and property; amending s. 400.191, F.S.; revising the information on the agency's Internet site regarding nursing homes; deleting the provision that requires the agency to provide information about nursing homes in printed form; amending s. 400.195, F.S.; conforming a cross-reference; amending s. 400.23, F.S.; deleting the requirement of the agency to adopt rules regarding the eating assistance provided to residents; amending s. 400.9905, F.S.; revising the definition of the term "clinic" as it relates to the Health Care Clinic Act; excluding certain entities from the definition and from licensure requirements of the act; amending s. 400.9935, F.S.; revising accreditation requirements for clinics providing magnetic resonance imaging services; amending s. 400.995, F.S.; revising agency responsibilities with respect to agency administrative penalties; amending s. 408.803, F.S.; revising definitions applicable to part II of ch. 408, F.S., the "Health Care Licensing Procedures Act"; amending s. 408.806, F.S.; revising contents of and procedures relating to health care provider applications for licensure; providing an exception from certain licensure inspections for adult family-care homes; authorizing the agency to provide electronic access to certain information and documents; amending s. 408.808, F.S.; providing for a provisional license to be issued to applicants applying for a change of ownership; providing a time limit on provisional licenses; amending s. 408.809, F.S.; revising provisions relating to background screening of specified employees; requiring health care providers to submit to the agency an affidavit of compliance with background screening requirements at the time of license renewal; deleting a provision to conform to changes made by the act; amending s. 408.811, F.S.; providing for certain inspections to be accepted in lieu of complete licensure inspections; granting agency access to records requested during an offsite review; providing timeframes for correction of certain deficiencies and submission of plans to correct the deficiencies; amending s. 408.813, F.S.; providing classifications of violations of part II of ch. 408, F.S.; providing for fines; amending s. 408.820, F.S.; revising applicability of certain exemptions from specified requirements of part II of ch. 408, F.S.; creating s. 408.821, F.S.; requiring entities regulated or licensed by the agency to designate a liaison officer for emergency operations; authorizing entities regulated or licensed by the agency to temporarily exceed their licensed capacity to act as receiving providers under specified circumstances; providing requirements that apply while such entities are in an over-capacity status; providing for issuance of an inactive license to such licensees under specified conditions; providing requirements and procedures with respect to the issuance and reactivation of an inactive license; authorizing the agency to adopt rules; amending s. 408.831, F.S.; deleting provisions relating to the authorization for entities regulated or licensed by the agency to exceed their licensed capacity to act as receiving facilities and issuance and reactivation of inactive licenses; amending s. 408.918, F.S.; revising the requirements of a provider to participate in the Florida 211 network; requiring the Public Service Commission to request the Federal Communications Commission to direct the revocation of a 211 number under certain circumstances; deleting the requirement for the Agency for Health Care Administration to seek assistance in resolving jurisdictional disputes related to 211 numbers; providing that the Florida Alliance of Information and Referral Services is the collaborative organization for the state; amending s. 409.221, F.S.; conforming a cross-reference; amending s. 409.901, F.S.; redefining the term "change of ownership" as it relates to Medicaid providers; repealing s. 429.071, F.S., relating to the intergenerational respite care assisted living facility pilot program; amending s. 429.08, F.S.; authorizing the agency to provide information regarding licensed assisted living facilities on its Internet website; abolishing local coordinating workgroups established by agency field offices; amending s. 429.14, F.S.; conforming a reference; amending s. 429.19, F.S.; revising agency procedures for imposition of fines for violations of part I of ch. 429, F.S., the "Assisted Living Facilities Act"; amending s. 429.23, F.S.; redefining the term "adverse incident" for reporting purposes; requiring abuse, neglect, and exploitation to be reported to the agency and the Department of Children and Family Services; deleting a requirement

that the agency submit an annual report on assisted living facility adverse incidents to the Legislature; repealing s. 429.26(9), F.S., relating to the removal of the requirement for a resident of an assisted living facility to undergo examinations and evaluations under certain circumstances; amending s. 430.80, F.S.; revising the term "teaching nursing home" as it relates to the implementation of a teaching nursing home pilot project; revising the requirements to be designated as a teaching nursing home; conforming a cross-reference; amending ss. 435.04 and 435.05, F.S.; requiring employers of certain employees to submit an affidavit of compliance with level 2 screening requirements at the time of license renewal; amending s. 483.031, F.S.; revising a provision relating to the exemption of certain clinical laboratories, to conform to changes made by the act; amending s. 483.041, F.S.; redefining the term "waived test" as it is used in part I of ch. 483, F.S., the "Florida Clinical Laboratory Law"; repealing s. 483.106, F.S., relating to applications for certificates of exemption by clinical laboratories that perform certain tests; amending ss. 483.172, F.S.; conforming provisions; amending s. 627.4239, F.S.; revising the term "standard reference compendium"; amending s. 651.105, F.S.; revising the time period in which the Office of Insurance Regulation is required to examine the business of an applicant for a certificate of authority and a provider engaged in the execution of continuing care contracts; amending s. 651.118, F.S.; conforming a cross-reference; providing an effective date.

By the Committees on Judiciary; Commerce; and Transportation; and Senator Haridopolos—

**CS for CS for CS for SB 2630**—A bill to be entitled An act relating to motor vehicle dealerships; amending s. 320.64, F.S.; revising provisions prohibiting certain acts by a motor vehicle manufacturer, factory branch, distributor, or importer licensed under specified provisions; revising conditions and procedures for certain audits; making rebuttable a presumption that a dealer had no actual knowledge and should not have known that a customer intended to export or resell a motor vehicle; clarifying a dealer's eligibility requirements for licensee-offered program bonuses, incentives, and other benefits; requiring certain payments if a termination, cancellation, or nonrenewal of a dealer's franchise is the result of cessation of manufacture or distribution of a line-make or a bankruptcy or reorganization; amending s. 320.642, F.S.; revising provisions for establishing an additional motor vehicle dealership in or relocating an existing dealer to a location within a community or territory where the same line-make vehicle is presently represented by a franchised motor vehicle dealer or dealers; revising requirements for protests; revising provisions for denial of an application for a motor vehicle dealer license in any community or territory; revising provisions for evidence to be considered by the Department of Highway Safety and Motor Vehicles when evaluating the application; revising provisions under which a dealer has standing to protest a proposed additional or relocated motor vehicle dealer; amending s. 320.643, F.S.; revising provisions for a transfer, assignment, or sale of franchise agreements; prohibiting rejection of proposed transfer of interest in a motor vehicle dealer entity to a trust or other entity, or a beneficiary thereof, which is established for estate-planning purposes; prohibiting placing certain conditions on such transfer; revising provisions for a hearing by the department or a court relating to a proposed transfer; amending s. 320.696, F.S.; revising warranty responsibility provisions; providing for severability; providing an effective date.

## REFERENCE CHANGES PURSUANT TO RULE 4.7(2)

By the Committees on Judiciary; and Health Regulation; and Senator Gardiner—

**CS for CS for SB 2286**—A bill to be entitled An act relating to health care; providing legislative findings; designating Miami-Dade County as a health care fraud area of concern; amending s. 68.085, F.S.; allocating certain funds recovered under the Florida False Claims Act to fund rewards for persons who report and provide information relating to Medicaid fraud; amending s. 68.086, F.S.; providing that a defendant who prevails in an action under the Florida False Claims Act may be awarded attorney's fees and costs against the person bringing the action under certain circumstances; amending s. 400.471, F.S.; prohibiting the Agency for Health Care Administration from renewing a license of a home health agency in certain counties if the agency has been sanctioned for certain misconduct; amending s. 400.474, F.S.; authorizing the Agency for Health Care Administration to deny, revoke, or suspend the license of or fine a home health agency that provides remuneration to certain facilities or bills the Medicaid program for medically unnecessary

services; providing that certain administrative penalties do not apply to or preclude certain discounts, compensations, waivers of payment, or payment practices; amending s. 400.506, F.S.; exempting certain items from a prohibition against providing remuneration to certain persons by a nurse registry; creating s. 408.8065, F.S.; providing additional licensure requirements for home health agencies, home medical equipment providers, and health care clinics; imposing criminal penalties against a person who knowingly submits misleading information to the Agency for Health Care Administration in connection with applications for certain licenses; amending s. 408.810, F.S.; revising provisions relating to information required for licensure; requiring certain licensees to provide clients with a description of Medicaid fraud and the statewide toll-free telephone number for the central Medicaid fraud hotline; amending s. 408.815, F.S.; providing additional grounds to deny an application for a license; amending s. 409.905, F.S.; authorizing the Agency for Health Care Administration to require prior authorization of care based on utilization rates; requiring a home health agency to submit a plan of care and documentation of a recipient's medical condition to the Agency for Health Care Administration when requesting prior authorization; prohibiting the Agency for Health Care Administration from paying for home health services unless specified requirements are satisfied; amending s. 409.907, F.S.; providing for certain out-of-state providers to enroll as Medicaid providers; amending s. 409.912, F.S.; requiring the Agency for Health Care Administration to establish norms for the utilization of Medicaid services; requiring the agency to submit a report relating to the overutilization of Medicaid services; amending s. 409.913, F.S.; requiring that the annual report submitted by the Agency for Health Care Administration and the Medicaid Fraud Control Unit of the Department of Legal Affairs recommend changes necessary to prevent and detect Medicaid fraud; requiring the Agency for Health Care Administration to monitor patterns of overutilization of Medicaid services; requiring the agency to deny payment or require repayment for Medicaid services under certain circumstances; requiring the Agency for Health Care Administration to immediately terminate a Medicaid provider's participation in the Medicaid program as a result of certain adjudications against the provider or certain affiliated persons; requiring the Agency for Health Care Administration to suspend or terminate a Medicaid provider's participation in the Medicaid program if the provider or certain affiliated persons participating in the Medicaid program have been suspended or terminated by the Federal Government or another state; providing that a provider is subject to sanctions for violations of law as the result of actions or inactions of the provider or certain affiliated persons; requiring the Agency for Health Care Administration to use specified documents from a provider's records to calculate an overpayment by the Medicaid program; prohibiting a provider from using certain documents or data as evidence when challenging a claim of overpayment by the Agency for Health Care Administration; providing an exception; requiring that the agency provide notice of certain administrative sanctions to other regulatory agencies within a specified period; requiring the Agency for Health Care Administration to withhold or deny Medicaid payments under certain circumstances; requiring the agency to terminate a provider's participation in the Medicaid program if the provider fails to repay certain overpayments from the Medicaid program; requiring the agency to provide at least annually information on Medicaid fraud in an explanation of benefits letter; requiring the Agency for Health Care Administration to post a list on its website of Medicaid providers and affiliated persons of providers who have been terminated or sanctioned; requiring the agency to take certain actions to improve the prevention and detection of health care fraud through the use of technology; amending s. 409.920, F.S.; defining the term "managed care plan"; providing criminal penalties and fines for Medicaid fraud; granting civil immunity to certain persons who report suspected Medicaid fraud; creating s. 409.9203, F.S.; authorizing the payment of rewards to persons who report and provide information relating to Medicaid fraud; amending s. 456.004, F.S.; requiring the Department of Health to work cooperatively with the Agency for Health Care Administration and the judicial system to recover overpayments by the Medicaid program; amending s. 456.041, F.S.; requiring the Department of Health to include a statement in the practitioner profile if a practitioner has been terminated from participating in the Medicaid program; creating s. 456.0635, F.S.; prohibiting Medicaid fraud in the practice of health care professions; requiring the Department of Health or boards within the department to refuse to admit to exams and to deny licenses, permits, or certificates to certain persons who have engaged in certain acts; requiring health care practitioners to report allegations of Medicaid fraud; specifying that acceptance of the relinquishment of a license in anticipation of charges relating to Medicaid fraud constitutes permanent revocation of a license; amending s. 456.072, F.S.; creating additional grounds for the Department of Health to take disciplinary action against certain applicants or licensees for misconduct relating to a Medicaid program or to health care fraud; amending s. 456.074, F.S.; requiring the Department of Health to issue an emergency order suspending the li-

cense of a person who engages in certain criminal conduct relating to the Medicaid program; amending s. 465.022, F.S.; authorizing partnerships and corporations to obtain pharmacy permits; requiring applicants or certain persons affiliated with an applicant for a pharmacy permit to submit a set of fingerprints for a criminal history records check and pay the costs of the criminal history records check; requiring the Department of Health or Board of Pharmacy to deny an application for a pharmacy permit for certain misconduct by the applicant; or persons affiliated with the applicant; amending s. 465.023, F.S.; authorizing the Department of Health or the Board of Pharmacy to take disciplinary action against a permittee for certain misconduct by the permittee, or persons affiliated with the permittee; amending s. 825.103, F.S.; redefining the term "exploitation of an elderly person or disabled adult"; amending s. 921.0022, F.S.; revising the severity level ranking of Medicaid fraud under the Criminal Punishment Code; creating a pilot project to monitor and verify the delivery of home health services and provide for electronic claims for home health services; requiring the Agency for Health Care Administration to issue a report evaluating the pilot project; creating a pilot project for home health care management in Miami-Dade County; amending ss. 400.0077 and 430.608, F.S.; conforming cross-references to changes made by the act; repealing s. 395.0199, F.S., relating to private utilization review of health care services; amending ss. 395.405 and 400.0712, F.S.; conforming cross-references; repealing s. 400.118(2), F.S.; removing provisions requiring quality-of-care monitors for nursing facilities in agency district offices; amending s. 400.141, F.S.; deleting a requirement that licensed nursing home facilities provide the agency with a monthly report on the number of vacant beds in the facility; conforming a cross-reference; amending s. 400.147, F.S.; revising the definition of the term "adverse incident" for reporting purposes; requiring abuse, neglect, and exploitation to be reported to the agency and the Department of Children and Family Services; deleting a requirement that the agency submit an annual report on nursing home adverse incidents to the Legislature; amending s. 400.162, F.S.; revising requirements for policies and procedures regarding the safekeeping of a resident's personal effects and property; amending s. 400.191, F.S.; revising the information on the agency's Internet site regarding nursing homes; deleting the provision that requires the agency to provide information about nursing homes in printed form; amending s. 400.195, F.S.; conforming a cross-reference; amending s. 400.23, F.S.; deleting the requirement of the agency to adopt rules regarding the eating assistance provided to residents; amending s. 400.9905, F.S.; revising the definition of the term "clinic" as it relates to the Health Care Clinic Act; excluding certain entities from the definition and from licensure requirements of the act; amending s. 400.9935, F.S.; revising accreditation requirements for clinics providing magnetic resonance imaging services; amending s. 400.995, F.S.; revising agency responsibilities with respect to agency administrative penalties; amending s. 408.803, F.S.; revising definitions applicable to part II of ch. 408, F.S., the "Health Care Licensing Procedures Act"; amending s. 408.806, F.S.; revising contents of and procedures relating to health care provider applications for licensure; providing an exception from certain licensure inspections for adult family-care homes; authorizing the agency to provide electronic access to certain information and documents; amending s. 408.808, F.S.; providing for a provisional license to be issued to applicants applying for a change of ownership; providing a time limit on provisional licenses; amending s. 408.809, F.S.; revising provisions relating to background screening of specified employees; requiring health care providers to submit to the agency an affidavit of compliance with background screening requirements at the time of license renewal; deleting a provision to conform to changes made by the act; amending s. 408.811, F.S.; providing for certain inspections to be accepted in lieu of complete licensure inspections; granting agency access to records requested during an offsite review; providing timeframes for correction of certain deficiencies and submission of plans to correct the deficiencies; amending s. 408.813, F.S.; providing classifications of violations of part II of ch. 408, F.S.; providing for fines; amending s. 408.820, F.S.; revising applicability of certain exemptions from specified requirements of part II of ch. 408, F.S.; creating s. 408.821, F.S.; requiring entities regulated or licensed by the agency to designate a liaison officer for emergency operations; authorizing entities regulated or licensed by the agency to temporarily exceed their licensed capacity to act as receiving providers under specified circumstances; providing requirements that apply while such entities are in an over-capacity status; providing for issuance of an inactive license to such licensees under specified conditions; providing requirements and procedures with respect to the issuance and reactivation of an inactive license; authorizing the agency to adopt rules; amending s. 408.831, F.S.; deleting provisions relating to the authorization for entities regulated or licensed by the agency to exceed their licensed capacity to act as receiving facilities and issuance and reactivation of inactive licenses; amending s. 408.918, F.S.; revising the requirements of a provider to participate in the Florida 211 network; requiring the Public Service Commission to request the Federal Communications Commission to

direct the revocation of a 211 number under certain circumstances; deleting the requirement for the Agency for Health Care Administration to seek assistance in resolving jurisdictional disputes related to 211 numbers; providing that the Florida Alliance of Information and Referral Services is the collaborative organization for the state; amending s. 409.221, F.S.; conforming a cross-reference; amending s. 409.901, F.S.; redefining the term "change of ownership" as it relates to Medicaid providers; repealing s. 429.071, F.S., relating to the intergenerational respite care assisted living facility pilot program; amending s. 429.08, F.S.; authorizing the agency to provide information regarding licensed assisted living facilities on its Internet website; abolishing local coordinating workgroups established by agency field offices; amending s. 429.14, F.S.; conforming a reference; amending s. 429.19, F.S.; revising agency procedures for imposition of fines for violations of part I of ch. 429, F.S., the "Assisted Living Facilities Act"; amending s. 429.23, F.S.; redefining the term "adverse incident" for reporting purposes; requiring abuse, neglect, and exploitation to be reported to the agency and the Department of Children and Family Services; deleting a requirement that the agency submit an annual report on assisted living facility adverse incidents to the Legislature; repealing s. 429.26(9), F.S., relating to the removal of the requirement for a resident of an assisted living facility to undergo examinations and evaluations under certain circumstances; amending s. 430.80, F.S.; revising the term "teaching nursing home" as it relates to the implementation of a teaching nursing home pilot project; revising the requirements to be designated as a teaching nursing home; conforming a cross-reference; amending ss. 435.04 and 435.05, F.S.; requiring employers of certain employees to submit an affidavit of compliance with level 2 screening requirements at the time of license renewal; amending s. 483.031, F.S.; revising a provision relating to the exemption of certain clinical laboratories, to conform to changes made by the act; amending s. 483.041, F.S.; redefining the term "waived test" as it is used in part I of ch. 483, F.S., the "Florida Clinical Laboratory Law"; repealing s. 483.106, F.S., relating to applications for certificates of exemption by clinical laboratories that perform certain tests; amending ss. 483.172, F.S.; conforming provisions; amending s. 627.4239, F.S.; revising the term "standard reference compendium"; amending s. 651.105, F.S.; revising the time period in which the Office of Insurance Regulation is required to examine the business of an applicant for a certificate of authority and a provider engaged in the execution of continuing care contracts; amending s. 651.118, F.S.; conforming a cross-reference; providing an effective date.

—was placed on the Calendar.

By the Committee on Finance and Tax; and Senator Altman—

**CS for SB 2578**—A bill to be entitled An act relating to the Department of Revenue; amending s. 55.204, F.S.; providing for the duration of certain judgment liens; amending s. 72.011, F.S.; clarifying the date by which an action to contest any tax, interest, or penalties must be filed; conforming cross-references; authorizing the Department of Revenue, the Department of Highway Safety and Motor Vehicles, and the Department of Business and Professional Regulation to adopt rules for the waiver of the requirement for the payment of uncontested amounts and the deposit of security in actions to contest the legality of any tax, interest, or penalty; amending s. 95.091, F.S.; providing that the duration of a tax lien relating to certain unemployment compensation taxes expires 10 years following a certain date; amending s. 202.125, F.S.; clarifying that an exemption from the communications services tax does not apply to a residence that is all or part of a transient public lodging establishment; amending s. 212.08, F.S.; providing criteria to determine the tax on a package that contains taxable nonfood products and exempt food products; clarifying that the sales tax exemption for building materials used in the rehabilitation of real property located in an enterprise zone applies only during the rehabilitation of the real property; authorizing a single application for a tax refund for certain contiguous parcels of real property; revising information that must be included in the application for the tax refund; providing that the tax exemption for building materials used in an enterprise zone may inure to a unit of government; amending s. 213.053, F.S.; providing that the Department of Revenue may share certain information with the Florida Energy and Climate Commission; providing that the Department of Revenue may share taxpayer names and identification numbers for purposes of information-sharing agreements with financial institutions; providing that provisions restricting the disclosure of confidential information do not apply to certain methods of electronic communication for certain purposes; providing that the Department of Revenue may release information relating to outstanding tax warrants to the Department of Business and Professional Regulation; authorizing the Department of Revenue to publish a list of taxpayers against whom it has filed a warrant or judgment lien certificate; requiring the department to update the list at

## MESSAGES FROM THE HOUSE OF REPRESENTATIVES

### FIRST READING

The Honorable Jeff Atwater, President

I am directed to inform the Senate that the House of Representatives has passed CS for HB 177, CS for CS for HB 179, CS for CS for HB 333, CS for CS for HB 453, CS for HB 1269, HB 7117, HB 7121; has passed as amended CS for CS for HB 55, CS for HB 739, HB 767, CS for CS for HB 845, CS for CS for HB 991, CS for CS for HB 1209 and requests the concurrence of the Senate.

*Robert L. "Bob" Ward, Clerk*

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By Policy Council and Representative(s) Adams, Proctor—

**CS for HB 177**—A bill to be entitled An act relating to firearms transactions; amending s. 790.335, F.S.; clarifying that violations of provisions prohibiting keeping any list, record, or registry of privately owned firearms or any list, record, or registry of the owners of those firearms may be committed by entities as well as individuals; requiring that secondhand dealers and pawnbrokers who electronically submit certain firearm transaction records to law enforcement agencies submit certain specified information in Florida Crime Information Center coding; providing an effective date.

—was referred to the Committees on Criminal Justice; and Criminal and Civil Justice Appropriations.

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By Finance & Tax Council, Military & Local Affairs Policy Committee and Representative(s) Nelson, Schultz—

**CS for CS for HB 179**—A bill to be entitled An act relating to property appraisers; amending s. 193.023, F.S.; revising property appraisers' authority to inspect property for assessment purposes to include use of image technology in lieu of physical inspection; requiring the Department of Revenue to establish minimum standards for use of image technology; providing a criterion; amending s. 196.011, F.S.; revising required time limitations for filing applications for homestead exemptions; revising procedural requirements for property appraiser approval of such exemptions; amending s. 196.015, F.S.; revising factors for consideration by property appraisers in determining permanent residency for homestead exemption purposes; providing an effective date.

—was referred to the Committees on Community Affairs; and Finance and Tax; and the Policy and Steering Committee on Ways and Means.

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By Economic Development & Community Affairs Policy Council, Roads, Bridges & Ports Policy Committee and Representative(s) Workman—

**CS for CS for HB 333**—A bill to be entitled An act relating to off-highway vehicles; amending ss. 261.03, 316.2074, and 317.0003, F.S.; revising the definitions of the terms "ATV," "all-terrain vehicle," and "off-highway vehicle" and defining the term "ROV" for purposes of provisions relating to the sale and use of motorized off-highway vehicles; providing an effective date.

—was referred to the Committees on Agriculture; and Transportation; and the Policy and Steering Committee on Ways and Means.

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By Finance & Tax Council, PreK-12 Policy Committee and Representative(s) Weatherford, Adkins, Ambler, Burgin, Bush, Ford, Frensen, Grady, Heller, Holder, Horner, Hudson, Kreegel, Legg, Long, Murzin, Plakon, Planas, Precourt, Reagan, Renuart, Rouson, Williams, T., Workman, Zapata—

**CS for CS for HB 453**—A bill to be entitled An act relating to tax credits for contributions to nonprofit scholarship-funding organizations; amending s. 220.186, F.S.; providing that the credit authorized under the Florida Tax Credit Scholarship Program does not apply to the credit for the Florida alternative minimum tax; amending s. 220.187, F.S.; defining the term "direct certification list"; expanding the Corporate Income Tax Credit Scholarship Program to include insurance premium

least monthly; authorizing the Department of Revenue to adopt rules; creating s. 213.0532, F.S.; defining terms; requiring the Department of Revenue to enter into information-sharing agreements with certain financial institutions; requiring the department to pay a reasonable fee to a financial institution for certain costs; providing that financial institutions do not need to provide notice of information-sharing agreements to accountholders; providing that financial institutions are not liable for certain acts taken in connection with information-sharing agreements; authorizing the Department of Revenue to adopt rules; amending s. 213.25, F.S.; authorizing the Department of Revenue to reduce a tax refund or a tax credit to the extent of liability for unemployment compensation taxes; amending s. 213.50, F.S.; authorizing the Department of Business and Professional Regulation to revoke the hotel or restaurant license of a licenseholder having an outstanding tax warrant for a certain period; authorizing the Department of Business and Professional Regulation to deny an application to renew the hotel or restaurant license of a licenseholder having an outstanding tax warrant for a certain period; amending s. 213.67, F.S.; clarifying the date by which an action to contest a notice of intent to levy must be filed; creating s. 213.758, F.S.; defining terms; providing for the transfer of tax liabilities to the transferee of a business or a stock of goods under certain circumstances; providing exceptions; requiring a taxpayer who quits a business to file a final tax return; authorizing the Department of Legal Affairs to seek injunctions to prevent business activities until taxes are paid; requiring the transferor of a business or stock of goods to file a final tax return and make a full tax payment after a transfer; authorizing a transferee of a business or stock of goods to withhold a portion of the consideration for the transfer for the payment of certain taxes; authorizing the Department of Legal Affairs to seek an injunction to prevent business activities by a transferee until the taxes are paid; providing that the transferees are jointly and severally liable with the transferor for the payment of taxes, interest, or penalties under certain circumstances; limiting the transferee's liability to the value or purchase price of the transferred property; authorizing the Department of Revenue to adopt rules; amending s. 220.192, F.S.; providing for the administration of certain portions of the renewable energy technologies tax credit program by the Florida Energy and Climate Commission; providing for retroactive application; amending s. 336.021, F.S.; revising the distribution of the ninth-cent fuel tax on motor fuel and diesel fuel; amending s. 443.036, F.S.; providing for the treatment of a single-member limited liability company as the employer; amending s. 443.1215, F.S.; correcting a cross-reference; amending s. 443.1316, F.S.; conforming cross-references; amending s. 443.141, F.S.; providing penalties for erroneous, incomplete, or insufficient reports; authorizing a waiver of the penalty under certain circumstances; defining a term; authorizing the Agency for Workforce Innovation and the state agency providing unemployment compensation tax collection services to adopt rules; providing an expiration date for liens for contributions and reimbursements; amending s. 443.163, F.S.; increasing penalties for failing to file Employers Quarterly Reports by means other than approved electronic means; creating s. 213.691, F.S.; authorizing the Department of Revenue to file an integrated warrant or judgment lien for a taxpayer's total liability for taxes, fees, or surcharges; requiring the integrated warrant or judgment lien certificate to itemize amounts due for each tax, fee, or surcharge; creating s. 213.692, F.S.; authorizing the Department of Revenue to revoke all certificates of registration, permits, or licenses issued to a taxpayer against whose property the department has filed a warrant or tax lien; requiring the scheduling of an informal conference before revocation of the certificates of registration, permits, or licenses; prohibiting the Department of Revenue from issuing a certificate of registration, permit, or license to a taxpayer whose certificate of registration, permit, or license has been revoked; providing exceptions; requiring security as a condition of issuing a new certificate of registration to a person whose certificate of registration, permit, or license has been revoked after the filing of a warrant or tax lien certificate; authorizing the department to adopt rules; repealing s. 195.095, F.S., relating to the authority of the Department of Revenue to develop lists of bidders that are approved to contract with property appraisers, tax collectors, or county commissions for assessment or collection services; repealing s. 213.054, F.S., relating to monitoring and reporting on the use of a tax deduction claimed by international banking institutions; providing effective dates.

—was referred to the Policy and Steering Committee on Ways and Means.

tax credits; revising credits for contributions to nonprofit scholarship-funding organizations; providing that a taxpayer eligible to receive a credit against the insurance premium tax is not eligible to receive a credit against the corporate income tax; imposing an additional requirement on the Department of Education; specifying school district tax credit scholarship notification requirements and limitations; conforming cross-references; creating s. 624.51055, F.S.; providing for credits against the insurance premium tax for contributions to certain eligible nonprofit scholarship-funding organizations; providing application; amending ss. 1002.20, 1002.23, 1002.39, and 1002.421, F.S.; providing conforming revisions; authorizing certain insurers that made past contributions to the Florida Tax Credit Scholarship Program to claim the credits against future corporate income tax liability; requiring the insurer to apply to the Department of Revenue for the tax credits; requiring such insurers to file amended corporate income tax and insurance premium tax returns; providing severability; providing an effective date.

—was referred to the Committees on Education Pre-K - 12; Finance and Tax; and Education Pre-K - 12 Appropriations; and the Policy and Steering Committee on Ways and Means.

By Health & Family Services Policy Council and Representative(s) Homan, Anderson, Bullard, Garcia, Kiar, Plakon, Roberson, Y., Rogers, Steinberg, Taylor, P., Waldman, Zapata—

**CS for HB 1269**—A bill to be entitled An act relating to breast cancer detection and screening; creating s. 381.932, F.S.; providing definitions; establishing a breast cancer early detection and treatment referral program within the Department of Health; providing purposes of the program; requiring the department to provide information regarding breast cancer and referrals for screening and treatment; requiring the State Surgeon General to submit a report to the Legislature; providing an effective date.

—was referred to the Committees on Health Regulation; and Health and Human Services Appropriations.

By Education Policy Council and Representative(s) Culp—

**HB 7117**—A bill to be entitled An act relating to student records; amending s. 1002.21, F.S.; deleting provisions relating to the rights parents have regarding their children's postsecondary student records to conform to changes made by the act; amending s. 1002.22, F.S.; deleting certain provisions governing the release of K-12 student records and reports to specified parties; deleting definitions; defining the terms "agency" and "institution"; requiring that the State Board of Education comply with federal law with respect to the release of education records; requiring that the State Board of Education adopt rules; creating s. 1002.225, F.S.; defining the term "education records" for purposes of records of students in public postsecondary educational institutions; requiring that a public postsecondary educational institution comply with federal law; authorizing such institution to charge a fee for furnishing copies of education records; prohibiting an institution from charging a fee that exceeds the actual cost incurred by the institution for producing such copies; prohibiting the institution from including the costs of searching for or retrieving the records in the fee; providing an aggrieved student with the right to bring an action in court; providing for the award of attorney's fees and court costs; amending ss. 220.187, 1002.39, 1003.451, and 1009.94, F.S.; conforming cross-references; providing an effective date.

—was referred to the Committees on Education Pre-K - 12; Governmental Oversight and Accountability; and Education Pre-K - 12 Appropriations.

By Education Policy Council and Representative(s) Culp, Coley—

**HB 7121**—A bill to be entitled An act relating to postsecondary distance learning; creating s. 1004.091, F.S.; establishing the Florida Distance Learning Consortium to facilitate collaboration among public postsecondary educational institutions in the use of distance learning; providing for oversight of the consortium and administrative services; providing duties of the consortium; amending ss. 1009.23 and 1009.24, F.S.; defining a distance learning course for purposes of assessing distance learning course user fees for community college and state university students; providing requirements for the link to the Florida Higher Education Distance Learning Catalog on an institution's website; providing an effective date.

—was referred to the Committees on Higher Education; and Higher Education Appropriations.

By Finance & Tax Council, Economic Development Policy Committee and Representative(s) Jenne, Clarke-Reed, Holder, Hudson, Porth, Rogers—

**CS for CS for HB 55**—A bill to be entitled An act relating to the excise tax on documents; amending s. 201.02, F.S.; imposing the tax on the consideration for short sale transfers of real property; excluding certain unpaid indebtedness from such consideration; defining the term "short sale"; authorizing the Department of Revenue to adopt rules establishing arm's length criteria for short sale purposes; providing an effective date.

—was referred to the Committees on Judiciary; and Finance and Tax; and the Policy and Steering Committee on Ways and Means.

By State & Community Colleges & Workforce Policy Committee and Representative(s) Chestnut, Bembry—

**CS for HB 739**—A bill to be entitled An act relating to community college student fees; amending s. 1009.23, F.S.; authorizing community college boards of trustees to establish a transportation access fee; limiting the amount of the fee; providing a timeframe for a fee increase and implementation of an increase; prohibiting the inclusion of the fee in calculating the amount a student receives under Florida Bright Futures Scholarship Program awards; providing an effective date.

—was referred to the Committees on Higher Education; and Higher Education Appropriations.

By Representative(s) Fitzgerald, Reagan, Rogers, Rouson—

**HB 767**—A bill to be entitled An act relating to mental health and substance abuse services; creating s. 394.4612, F.S.; authorizing the Agency for Health Care Administration to license facilities that provide services as an integrated adult mental health crisis stabilization unit and addictions receiving facility; providing eligibility criteria for treatment services; requiring the Department of Children and Family Services to adopt rules; providing an effective date.

—was referred to the Committees on Children, Families, and Elder Affairs; Health Regulation; and Health and Human Services Appropriations.

By General Government Policy Council, Insurance, Business & Financial Affairs Policy Committee and Representative(s) Drake, Williams, T.—

**CS for CS for HB 845**—A bill to be entitled An act relating to self-insurance funds; amending s. 624.4621, F.S.; requiring an application for workers' compensation coverage issued by a group self-insurance fund to notify applicants that policyholders must make additional contributions to the fund if the fund is unable to pay its obligations; creating s. 624.4626, F.S.; authorizing certain electric cooperatives to operate a self-insurance fund for certain purposes; providing requirements; subjecting such funds to certain assessments; exempting such funds from certain group self-insurance fund requirements under certain circumstances; amending s. 626.89, F.S.; requiring certain administrators to submit fiscal year statements within a specific time; amending s. 631.904, F.S.; revising the definition of "self-insurance fund" under the Florida Workers' Compensation Insurance Guaranty Association Act to exclude certain types of self-insurance funds; providing an effective date.

—was referred to the Committees on Banking and Insurance; Communications, Energy, and Public Utilities; and Higher Education; and the Policy and Steering Committee on Ways and Means.

By Full Appropriations Council on Education & Economic Development, PreK-12 Policy Committee and Representative(s) Grady, Burgin, Crisafulli, Fresen, O'Toole, Precourt, Van Zant, Weatherford, Zapata—

**CS for CS for HB 991**—A bill to be entitled An act relating to school improvement and accountability; providing a short title; amending s. 1001.42, F.S.; revising provisions relating to the powers and duties of district school boards to implement the state system of school improve-

ment and education accountability; amending s. 1008.33, F.S.; requiring that the State Board of Education comply with the federal Elementary and Secondary Education Act (ESEA); authorizing the state board to adopt rules in compliance with the ESEA and rules to maintain such compliance; providing requirements for the state system of school improvement and education accountability; requiring that school districts be held accountable for improving the academic achievement of all students and identifying and turning around low-performing schools; requiring that the Department of Education categorize public schools annually based on school grade and the level and rate of change in student performance; providing that schools are subject to certain intervention and support strategies; authorizing the state board to prescribe reporting requirements to review and monitor the progress of schools; requiring that the department create a matrix reflecting which intervention and support strategies to apply to schools in each category; providing criteria for categorizing schools as the lowest-performing schools; requiring that a school district submit a plan, subject to state board approval, for implementing one of four options to improve the performance of the lowest-performing schools; requiring that a school district submit a plan, subject to state board approval, for implementing another option under certain circumstances; requiring that a school make significant progress by improving its grade and increasing student performance in mathematics and reading to advance to a higher category; requiring the state board to adopt rules; amending s. 1008.345, F.S.; conforming provisions to changes made by the act; amending s. 1012.2315, F.S.; revising legislative findings and intent and provisions relating to the assignment of teachers to conform to changes made by the act; providing an effective date.

—was referred to the Committee on Education Pre-K - 12 Appropriations.

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By Government Accountability Act Council, State & Community Colleges & Workforce Policy Committee and Representative(s) Grimsley—

**CS for CS for HB 1209**—A bill to be entitled An act relating to nursing programs; amending s. 464.003, F.S.; revising the definition of the term “approved program” and defining terms for purposes of the Nurse Practice Act; amending s. 464.019, F.S.; revising provisions for the approval of nursing programs by the Board of Nursing; requiring institutions wishing to conduct certain nursing programs to submit a program application and pay a program review fee to the Department of Health; specifying that a program application is deemed approved if the board does not act within specified timeframes; providing application requirements and procedures; providing standards for the approval of nursing programs; specifying that, upon the board’s approval of a program application, the program becomes an approved program; providing that programs provisionally approved by the board, and certain pro-

grams on probationary status, as of a specified date are approved programs under the act; providing that certain programs on probationary status as of a specified date remain on probationary status; requiring such programs on probationary status to comply within a specified period with a requirement related to program graduate passage rates; requiring the board to terminate programs that do not comply; requiring approved programs to annually submit a report; specifying contents of annual reports; providing for denial of program applications; providing procedures for processing incomplete program applications; requiring the board to provide a notice of intent to deny a program application that does not document compliance with certain standards; authorizing an administrative hearing for review of a notice of intent to deny an application; requiring the board to publish on its Internet website certain data about nursing programs; requiring that a nursing program be placed on probation under certain circumstances; requiring programs placed on probation to disclose certain information to students and applicants; requiring the board to terminate a nursing program under certain circumstances; requiring a nursing program that closes to notify the board of certain information; specifying that the board, with certain exceptions, does not have rulemaking authority to administer the act; specifying that the board may not impose any condition or requirement on program approval or retention except as expressly provided in the act; requiring the board to repeal certain rules in existence as of a specified date; requiring the Florida Center for Nursing and the Office of Program Policy Analysis and Government Accountability to conduct studies and submit reports to the Governor and Legislature; providing an effective date.

—was referred to the Committees on Health Regulation; Higher Education; and Health and Human Services Appropriations.

## CORRECTION AND APPROVAL OF JOURNAL

The Journal of April 22 was corrected and approved.

## CO-INTRODUCERS

Senators Baker—CS for CS for CS for SB 494; Bullard—CS for CS for CS for CS for SB 1540; Detert—CS for CS for SB 1042; Rich—CS for CS for SB 274

## RECESS

On motion by Senator Villalobos, the Senate recessed at 5:56 p.m. for the purpose of holding committee meetings and conducting other Senate business to reconvene at 10:00 a.m., Friday, April 24 or upon call of the President.