

STORAGE NAME: h1625z.hcr  
DATE: June 1, 1998

**\*\*FINAL ACTION\*\***  
**\*\*SEE FINAL ACTION STATUS SECTION\*\***

**HOUSE OF REPRESENTATIVES  
AS FURTHER REVISED BY THE COMMITTEE ON  
HEALTH CARE STANDARDS AND REGULATORY REFORM  
FINAL BILL RESEARCH & ECONOMIC IMPACT STATEMENT**

**BILL #:** HB 1625 (**Passed as CS/SB 188**)  
**RELATING TO:** Transitional Living Facilities/Brain and Spinal Cord Injured Patients  
**SPONSOR(S):** Committee on Health Care Standards & Regulatory Reform  
**COMPANION BILL(S):** CS/SB 188(c)

**ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:**

- (1) HEALTH CARE STANDARDS & REGULATORY REFORM YEAS 6 NAYS 0
- (2) HEALTH AND HUMAN SERVICES APPROPRIATIONS YEAS 11 NAYS 0
- (3)
- (4)
- (5)

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**I. FINAL ACTION STATUS:**

**HB 1625 was carried over to the 1998 Session pursuant to House Rule 96, and placed on the House Consent Calendar. HB 1625 was laid on the table and CS/SB 188 by the Committee on Health Care was substituted and passed. CS/SB 188 became law as ch. no. 98-12, Laws of Florida. It became law without the Governor's signature on 4/21/98.**

**II. SUMMARY:**

**CS/SB 188** provides for the revision of the state licensure program for Transitional Living Facilities (TLFs) for brain and spinal cord injured patients contained in part VIII of chapter 400, (408.805) F.S. The duties of the Advisory Council on Brain and Spinal Cord Injuries is expanded to include the annual appointment of a five-member committee composed of members who meet specific requirements to conduct on-site visits to TLFs.

Regulatory authority for the protection of residents is strengthened to include: right of entry by AHCA staff, designated state employees, or employees of the local fire marshal; right of entry and inspection of an unlicensed facility believed to be operated or maintained as a TLF; a current license constitutes permission for any entry or inspection of facilities; authority for the agency to institute injunctive proceedings for temporary or permanent relief to enforce the provision of the revised law or to terminate the operation of a facility; and to impose an immediate moratorium on admissions to a facility.

In addition, it provides a TLF facility shall offer specific therapies, and shall develop an initial treatment plan for each resident within 3 days after the resident's admission. The TLF facility shall develop a comprehensive plan of treatment and a discharge plan for each resident within 30 days after the resident's admission. Each plan must be reviewed and updated as necessary, but no less than quarterly.

This law should have minimal fiscal impact on the state, and no fiscal impact on local government or the private sector in general.

III. SUBSTANTIVE RESEARCH:

A. PRESENT SITUATION:

The Agency for Health Care Administration (AHCA) includes the Division of Health Quality Assurance which has responsibility for licensure and Medicare/Medicaid certification of 34 different types of health care facilities and health care service providers, including nearly 17,000 individual facilities and providers. Generally, the statutes clearly provide AHCA with rule making authority and regulatory and enforcement authority. In some cases, the statutes establish a joint responsibility between AHCA and another executive agency for the regulation of certain programs. For instance, the Department of Elder Affairs has rule making authority for several assisted living programs, while AHCA is responsible for issuance of licenses, inspections and enforcement. Similarly, the Department of Children and Families has rule making authority for several mental health programs, while AHCA, again, is responsible for issuance of licenses, inspections and enforcement.

Transitional Living Facilities (TLFs) are intended to serve persons who have had traumatic injury to the brain or spinal cord. These facilities are currently licensed pursuant to Chapter 400, Part VIII (400.805), F.S., by AHCA in collaboration with the Division of Vocational Rehabilitation (DVR) of the Department of Labor and Employment Security. Section 400.805, F.S., authorizes AHCA to issue licenses to TLFs upon notification by DVR that a facility meets the service requirements. Section 413.49, F.S., authorizes DVR to develop standards governing the delivery of services to residents in licensed TLFs. This treatment is defined as time-limited and directed toward preparing the individual for living in the most independent living situation possible in the community. Services provided include physical therapy, occupational therapy, speech therapy, skills of daily living training, and vocational orientation. Persons in TLFs should not require around the clock medical care. Section 413.605, F.S., provides for the creation of the Advisory Council on Brain and Spinal Cord Injuries. The council is to provide advice and expertise to DVR in the preparation, implementation, and periodic review of the program.

There are presently six facilities licensed in this category. There were seven facilities until recently, when a six bed facility in Palm Harbor changed its classification. These are relatively small facilities ranging in capacity from six to sixteen beds with the one exception being an eighty-one bed facility. Facilities are located in Orlando, Wauchula, Tampa, Lutz, Miami, and Clearwater. The combined bed total of the 6 facilities is 141 beds. The concept of a TLF originated with the DVR as a program to assist clients in successful reentry to community living and gainful employment. TLFs primarily service DVR clients.

The DVR funds the care and services of clients through contracts with the TLFs, funded through the Florida Brain and Spinal Cord Injury Trust Fund. Revenues for the Florida Brain and Spinal Cord Injury Program are derived from civil penalties received by county courts from traffic violations, including speeding and driving under the influence.

Expenditures for FY 95/96 for TLF services were approximately \$2,000,000 for approximately 92 clients (This does not include clients referred from and services paid by other sources).

Contracted daily rates vary from \$260.00 to \$415.00, depending upon the nature of the client injuries and services provided. TLFs may also admit and serve other individuals funded by private payment or third-party payment, which is typically substantially greater than the DVR contracted rates, with a \$385.00 to \$648.00 per day range reported for one facility. Generally, the costs of services for brain-injured individuals is significantly higher than for spinal-cord injured individuals, because rehabilitation is more complex and of longer duration.

A legislative "sunset review" of Chapter 400, F.S., was conducted in 1993. The revisions made at that time included the removal of Transitional Living Facility licensure from the Nursing Home part of the statute to a separate part (Chapter 400, Part VIII) which specifically addressed Intermediate, Special Services, and Transitional Living Facilities. One of the intentions in segregating statutory requirements for TLFs from nursing homes was to eliminate requirements for medical staff and treatment that were not applicable to TLF programs, which are more focused on rehabilitation and adjustment to community living.

Although the separation of TLF requirements from nursing home requirements accomplished the objective of eliminating inappropriate program requirements, according to AHCA staff, the establishment of a separate part for TLFs inadvertently resulted in the loss of other important regulatory authority. Prior statutory authorization for entry and inspection of facilities by agency staff, and for development of rules other than those relating to physical plant and fiscal management was not transferred to the newly created Part VIII. Neither section 400.805, F.S., nor section 413.614, F.S., provide sufficient basis for development of criteria necessary to monitor the care provided in the facilities. Concern has arisen that there may be instances of this licensure category being misinterpreted or misused by provider organizations to deliver services that are not consistent with the time limitation or with the intended client populations. Restoration of adequate on-site monitoring authority by both AHCA and DVR is critical.

Although there have been no instances of refusal by a TLF to allow AHCA inspection staff to conduct complaint investigations, the lack of clear statutory authority for routine inspections and complaint investigations could pose problems in enforcement of adequate standards of care and services.

Section 400.805, F.S., does not specify the trust fund for deposit of licensure fees and administrative fines. Trust fund authorization was not transferred to s. 400.805, F.S., in the 1993 sunset statutory revision. However, revenue continues to be deposited in the Agency's Health Care Trust Fund, which is a general trust fund that handles licensure fees and administrative fines for all of AHCA's licensure programs, with few exceptions.

Section 400.805(7), F.S., currently provides for a civil or administrative fine not to exceed \$5,000 for a violation of any provision of this section (400.805, F.S.), or rules adopted by AHCA or DVR. A violation of s. 400.805(6), F.S., or rules adopted under this subsection relating to licensure of a TLF is a misdemeanor of the first degree,

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punishable as provided in s. 775.082 or 775.083, F.S. Each day of a continuing violation is a separate offense.

In addition to brain and spinal cord injuries, Chapter 413, F.S., contains provisions relating to several vocational rehabilitation programs. Part I of Chapter 413, F.S., relates to the Blind Services Program. Part II of the chapter relates to general vocational rehabilitation programs.

The provisions of s. 413.24, F.S., direct the Division of Vocational Rehabilitation of the Department of Labor and Employment Security to adopt such methods of administration not in conflict with the laws of this state as are found by the Federal Government to be necessary for the proper and efficient administration of such agreements or plans for vocational rehabilitation and to comply with such conditions as may be necessary to secure the full benefits of federal statutes pertaining to vocational rehabilitation.

### **FLORIDA INDEPENDENT LIVING COUNCIL**

The provisions of s. 705(a) of Title VII of the Rehabilitation Act of 1973 (the Act), as amended in 1992, require a state to establish a Statewide Independent Living Council (SILC) to be eligible to receive federal financial assistance under the chapter. A state is prohibited from establishing a SILC as an entity within a state agency. Subsection 413.395(1), F.S., provides for the creation of the Florida Independent Living Council (FILC) to assist the Division of Vocational Rehabilitation and the Division of Blind Services of the Department of Labor and Employment Security, as well as other entities, in the expansion and development of statewide independent living policies, programs, and concepts and to recommend improvements for such programs and services. To ensure consistency with provisions of the Act, as amended, Florida law requires that the FILC function independently of the Division. The FILC is assigned to the Division of Vocational Rehabilitation for administrative purposes only.

Section 705(f) of the Act provides that a SILC may reimburse its members for reasonable and necessary expenses of attending SILC meetings and performing SILC duties (including child care and personal assistance services). The Act further provides that the SILC may pay compensation to a member, if such member is not employed or must forfeit wages from other employment, for each day the member is engaged in performing SILC duties. Section 413.273, F.S., provides for per diem and travel expenses for required attendance at meetings of SILC's established under part II of ch. 413, F.S. The provisions of s. 413.273, F.S., also permit reimbursement of reasonable expenses for personal care attendants and interpreters needed by members during required attendance at such council meetings. Finally, the provisions of s. 413.273, F.S., prohibit compensating a member for performance of his or her duties as a SILC member except as otherwise provided for in Part II of ch. 413, F.S.

### **FLORIDA REHABILITATION ADVISORY COUNCIL**

The provisions of s. 105(a)(1) of Title I of the Rehabilitation Act of 1973 as amended in 1992, require a state to establish a State Rehabilitation Advisory Council (SRAC) in order to be eligible to receive financial assistance under the title. Section 413.405, F.S., provides for the creation of the Rehabilitation Advisory Council (RAC) to assist the Division of Vocational Rehabilitation in the planning and development of statewide

rehabilitation programs and services, to recommend improvements to such programs and services, and to perform a number of services outlined in the section.

The provisions of s. 105(g) of Title I of the Act permit a SRAC to use funds appropriated under the Title to reimburse members of a SRAC for reasonable and necessary expense of attending SRAC meetings and performing SRAC duties. This includes expenses for child care and personal assistance services. A SRAC is also permitted to pay compensation to a member of the SRAC, if such member is not employed or must forfeit wages from other employment, for each day the member is engaged in performing the duties of the SRAC.

Subsection 413.405(11), requires the RAC to reimburse its members for reasonable and necessary expenses of attending RAC meetings and performing RAC duties, including child care and personal assistance services in accordance with the provisions of s. 112.061, F.S. The RAC is permitted to pay reasonable compensation to a member of RAC if the member is not employed or must forfeit wages from other employment for each day the member is engaged in performing the duties of the RAC.

**B. EFFECT OF PROPOSED CHANGES:**

The law will reestablish regulatory authority apparently unintentionally deleted during the 1993 sunset review and reenactment of the TLF licensure statute. The bill will also strengthen the joint relationship of AHCA and DVR in monitoring the provision of quality care and services by facilities to individuals with brain and spinal cord injuries.

Establishes a peer review approach to monitoring the care and services of TLFs by a five member committee, to supplement monitoring visits by AHCA.

Revises duties of the existing Brain and Spinal Cord Injury Council to include appointment of the five-member committee that monitors and reviews TLFs, and whose findings may be adopted and enforced by AHCA. Defines the qualifications of the five member committee. Expenses of the committee are funded from the Health Care Trust Fund.

Regulatory authority for the protection of residents is strengthened to include:

- 1) Right of entry by AHCA staff, designated state employees, or employees of the local fire marshal.
- 2) Right of entry and inspection of an unlicensed facility believed to be operated or maintained as a TLF.
- 3) A current license constitutes permission for any entry or inspection of facilities.
- 4) Authority for the agency to institute injunctive proceedings for temporary or permanent relief to enforce the provision of the revised law or to terminate the operation of a facility.
- 5) Authority to impose an immediate moratorium on admissions to a facility.

In addition, it provides a TLF facility shall offer specific therapies, and shall develop an initial treatment plan for each resident within 3 days after the resident's admission. The TLF facility shall develop a comprehensive plan of treatment and a discharge plan for each resident within 30 days after the resident's admission. Each plan must be reviewed and updated as necessary, but no less than quarterly.

Clarifies that TLFs are time-limited programs providing services to victims of traumatic injuries that insure progress toward re-integration of individuals into independent community living.

**C. APPLICATION OF PRINCIPLES:**

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

Yes. It clarifies that AHCA, in conjunction with DVR, has authority to enforce the laws relating to TLFs. This bill does not create new government full time employees nor create dependence on government for a commodity or service other than regulatory and licensing functions. The bill clarifies inspection authority of facilities, services provided by TLFs, and requires review of facilities by AHCA and a newly created advisory five-member committee of an existing council.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

No.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced:

- (1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

None. This bill does not eliminate, reduce or transfer any agency or program.

- (2) what is the cost of such responsibility at the new level/agency?

Not Applicable.

- (3) how is the new agency accountable to the people governed?

Not Applicable.

2. Lower Taxes:

- a. Does the bill increase anyone's taxes?

No.

- b. Does the bill require or authorize an increase in any fees?

No.

- c. Does the bill reduce total taxes, both rates and revenues?

No.

- d. Does the bill reduce total fees, both rates and revenues?

No.

- e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

- a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No. This bill does not reduce or eliminate an entitlement to government services or subsidies.

- b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

Service providers pay a fee to cover the costs of regulation.

4. Individual Freedom:

- a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

No.

- b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No. The bill clarifies that the Agency for Health Care Administration has the right to directly access facilities and generally tightens regulatory standards and enforcement authority.

5. Family Empowerment:

- a. If the bill purports to provide services to families or children:

- (1) Who evaluates the family's needs?

Not Applicable.

- (2) Who makes the decisions?

Not Applicable.

- (3) Are private alternatives permitted?

Not Applicable.

- (4) Are families required to participate in a program?

No.

- (5) Are families penalized for not participating in a program?

No.

- b. Does the bill directly affect the legal rights and obligations between family members?

No.

- c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

- (1) parents and guardians?

Not Applicable.

- (2) service providers?

Not Applicable.

- (3) government employees/agencies?

Not Applicable.

**D. STATUTE(S) AFFECTED:**

Amends ss. 400.805, 413.49, and 413.605, F.S.

**E. SECTION-BY-SECTION RESEARCH:**

Section 1. Amends s. 400.805, F.S., to strengthen regulatory authority for the protection of TLF residents to include:

- 1) Right of entry by AHCA staff, designated state employees, or employees of the local fire marshal.
- 2) Right of entry and inspection of an unlicensed facility believed to be operated or maintained as a TLF.
- 3) A current license constitutes permission for any entry or inspection of facilities.
- 4) Authority for the agency to institute injunctive proceedings for temporary or permanent relief to enforce the provision of the revised law or to terminate the operation of a facility.
- 5) Authority to impose an immediate moratorium on admissions to a facility.

Section 2. Amends s. 413.49, F.S., to provide that each TLF facility shall offer specific therapies, and shall develop an initial treatment plan for each resident within 3 days after the resident's admission. The TLF facility shall develop a

comprehensive plan of treatment and a discharge plan for each resident within 30 days after the resident's admission. Each plan must be reviewed and updated as necessary, but no less than quarterly.

Clarifies that TLFs are time-limited programs providing services to victims of traumatic injuries that insure progress toward re-integration of individuals into independent community living.

Section 3. Amends s. 413.605, F.S., by revising the duties of the existing Brain and Spinal Cord Injury Council to include annual appointment of a five-member committee that monitors and reviews TLFs, and whose findings may be adopted and enforced by AHCA. Defines the qualifications and duties of the five members. The members have the same rights of entry and inspection granted under s. 400.805(7), F.S., to representatives of AHCA. Expenses of the committee are funded from the Health Care Trust Fund.

Section 4. Provides an effective date of October 1, 1998.

IV. FISCAL RESEARCH & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

See Fiscal Comments.

2. Recurring Effects:

See Fiscal Comments.

3. Long Run Effects Other Than Normal Growth:

None.

4. Total Revenues and Expenditures:

See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

None.

2. Recurring Effects:

None.

3. Long Run Effects Other Than Normal Growth:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

None.

2. Direct Private Sector Benefits:

None.

3. Effects on Competition, Private Enterprise and Employment Markets:

None.

D. FISCAL COMMENTS:

The Agency for Health Care Administration (AHCA) provided the following fiscal information:

**Revenues** - No additional fees or revenues.

Few, if any, fines are currently collected. Similarly, AHCA does not project increased collections from the new law. The TLFs are given an opportunity to correct the cited problems and the fine is waived. In most instances, the fines will be waived.

**Expenditures** - AHCA states that it will not take any additional FTEs to enforce the provisions of this law. AHCA already licenses these facilities. However, the newly created five-member committee will cost approximately \$15,000 per year for travel expenses related to facility monitoring. Travel and related fees will come from the Health Care Trust Fund.

According to the Department of Labor and Employment Security, there is no fiscal impact from the changes made to ss. 413.49, and 413.605, F.S.

V. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

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A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

VI. COMMENTS:

HB 1625 passed the 1997 House and pursuant to House Rule 96, was placed on the House Consent Calendar for 1998. Bill History:

HB 1625

03/21/97 H Filed; Introduced -HJ 00301

04/01/97 H Referred to Health & Human Services Appropriations -HJ 00371

04/16/97 H On Committee agenda-- Health & Human Services Appropriations,

04/18/97, 9:00 am, 317C

04/18/97 H Comm. Action:-Unanimously Favorable by Health & Human Services Appropriations -HJ 00700

04/23/97 H Pending Consent Calendar -HJ 00700

04/25/97 H Available for Consent Calendar; Placed on General Calendar

-HJ 01080; Read second time -HJ 00995

04/29/97 H Read third time -HJ 01169; Passed; YEAS 113 NAYS 0 -HJ 01169

04/29/97 S In Messages

04/30/97 S Received, referred to Commerce and Economic Opportunities;

Governmental Reform and Oversight; Ways and Means -SJ 01097

05/02/97 S Upon adjournment in Senate Commerce and Economic Opportunities,

Carried over to 1998 Session pursuant to House Rule 96, Placed on

House Consent Calendar

03/03/98 H CARRIED OVER; Pending Consent Calendar

03/05/98 H Available for Consent Calendar

03/17/98 H Placed on Consent Calendar; Withdrawn from Consent Calendar, referred to Government Services Council, pending ranking -HJ 00182

03/26/98 H Placed on Government Services Council Calendar -HJ 00386

03/31/98 H Senate Bill substituted; Laid on Table, Iden./Sim./Compare Bill(s) passed, refer to CS/SB 188 (Ch. 98-12) -HJ 00369

SB 0188

10/06/97 S Prefiled

10/24/97 S Referred to Commerce and Economic Opportunities; Health Care

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11/20/97 S On Committee agenda-- Commerce and Economic Opportunities,  
12/02/97, 9:00 am, Room-EL  
12/02/97 S Comm. Action: Favorable with 2 amendment(s) by Commerce and  
Economic Opportunities; Now in Health Care  
12/29/97 S On Committee agenda-- Health Care, 01/06/98, 2:45 pm, Room-EL  
01/06/98 S Comm. Action:-CS by Health Care; Placed on Calendar  
03/03/98 S Introduced, referred to Commerce and Economic Opportunities; Health  
Care -SJ 00017; On Committee agenda-- Commerce and Economic  
Opportunities, 12/02/97, 9:00 am, Room-EL; Comm. Action: Favorable  
with 2 amendment(s) by Commerce and Economic Opportunities  
-SJ 00007; Now in Health Care -SJ 00007; On Committee agenda--  
Health Care, 01/06/98, 2:45 pm, Room-EL; Comm. Action:-CS by Health  
Care -SJ 00009; CS read first time on 03/03/98 -SJ 00095; Placed on  
Calendar -SJ 00009  
03/05/98 S Placed on Special Order Calendar -SJ 00118; Read second time  
-SJ 00117; Amendment(s) adopted -SJ 00117; Ordered engrossed  
-SJ 00117  
03/09/98 S Read third time -SJ 00130; CS passed as amended; YEAS 33 NAYS 0  
-SJ 00130; Immediately certified -SJ 00130  
03/09/98 H In Messages  
03/17/98 H Received -HJ 00182; In Government Services Council, pending ranking  
-HJ 00182  
03/26/98 H Placed on Government Services Council Calendar -HJ 00386  
03/31/98 H Substituted for HB 1625 -HJ 00369; Read second time -HJ 00369  
04/01/98 H Read third time -HJ 00399; CS passed; YEAS 117 NAYS 0 -HJ 00399  
04/07/98 S Ordered enrolled -SJ 00415  
04/13/98 Signed by Officers and presented to Governor -SJ 00458  
04/21/98 Became Law without Governor's Signature; Chapter No. 98-12  
-SJ 00821

VII. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

HB 1625 provided for the creation of an entire chapter for Transitional Living Facilities regulation. CS/SB 188 does not create a separate chapter, but makes the same basic changes to existing sections 400.805, 413.49, and 413.605, F.S.

VIII. SIGNATURES:

COMMITTEE ON HEALTH CARE STANDARDS & REGULATORY REFORM:  
Prepared by: \_\_\_\_\_ Legislative Research Director:

Robert W. Coggins

Robert W. Coggins

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AS REVISED BY THE COMMITTEE ON HEALTH AND HUMAN SERVICES  
APPROPRIATIONS:

Prepared by:

Legislative Research Director:

James P. DeBeaugrine

Lynn S. Dixon

AS FURTHER REVISED BY THE COMMITTEE ON HEALTH CARE STANDARDS AND  
REGULATORY REFORM:

Prepared by:

Legislative Research Director:

Robert W. Coggins

Robert W. Coggins

**FINAL RESEARCH PREPARED BY COMMITTEE ON HEALTH CARE STANDARDS AND  
REGULATORY REFORM:**

Prepared by:

Legislative Research Director:

Robert W. Coggins

Robert W. Coggins