



Journal of the Senate

Number 3—Special Session B

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[See end of Journal for Bill Action Summary]

CALL TO ORDER

The Senate was called to order by President Lee at 10:32 a.m. A quorum present—39:

Mr. President	Dawson	Miller
Alexander	Diaz de la Portilla	Peaden
Argenziano	Dockery	Posey
Aronberg	Fasano	Pruitt
Atwater	Garcia	Rich
Baker	Haridopolos	Saunders
Bennett	Hill	Sebesta
Bullard	Jones	Siplin
Campbell	King	Smith
Carlton	Klein	Villalobos
Clary	Lawson	Webster
Constantine	Lynn	Wilson
Crist	Margolis	Wise

Excused: Senator Geller until 11:42 a.m.

PRAYER

The following prayer was offered by Senator Garcia:

Heavenly Father, we would like to thank you for another day filled with your mercy and your grace. We pray your blessings upon us and ask for your wisdom and righteousness. May your will be done, in this chamber as it is in heaven. In your name we pray, Amen.

PLEDGE

Senator Clary led the Senate in the pledge of allegiance to the flag of the United States of America.

MOMENT OF SILENCE

The President recognized Senator Argenziano who asked that the Senate observe a moment of silence in memory of former Senate President W. Randolph Hodges, who passed away Tuesday, November 29, 2005.

ADOPTION OF RESOLUTIONS

On motion by Senator Hill—

By Senators Hill, Lee, Alexander, Argenziano, Aronberg, Atwater, Baker, Bennett, Bullard, Campbell, Carlton, Clary, Constantine, Crist, Dawson, Diaz de la Portilla, Dockery, Fasano, Garcia, Geller, Haridopolos, Jones, King, Klein, Lawson, Lynn, Margolis, Miller, Peaden,

Posey, Pruitt, Rich, Saunders, Sebesta, Siplin, Smith, Villalobos, Webster, Wilson and Wise—

SR 46-B—A resolution honoring the memory and the legacy of Rosa Parks.

WHEREAS, born in Tuskegee, Alabama, nearly a century ago to James and Leona McCauley, Rosa Louise McCauley was enrolled at the age of 11 years in the Montgomery Industrial School for Girls and later attended the Alabama State Teachers College High School, and

WHEREAS, Rosa McCauley married Raymond Parks in 1932, and the couple settled in Montgomery, working together in that city's branch of the National Association for the Advancement of Colored People, Raymond as an active member and Rosa as a secretary and youth leader, and

WHEREAS, on December 1, 1955, Mrs. Parks refused to surrender her seat on a city bus to a white man as the laws of segregation required and was promptly arrested, convicted of breaking the law, and fined \$10 plus \$4 in court costs, a sequence of events that triggered the 381-day Montgomery bus boycott and led to organized protests throughout the nation as aroused African Americans were joined by other courageous citizens to demand equal rights for all, and

WHEREAS, in 1965, Mrs. Parks joined the staff of Michigan Congressman John Conyers and served as a valued employee for 23 years until her retirement at age 75, meanwhile establishing the Rosa and Raymond Parks Institute for Self Development, a nonprofit organization designed to motivate young people to strive toward reaching their highest potential, and

WHEREAS, the bold action of quiet dignity by Rosa Parks in Montgomery, Alabama, on December 1 a little more than 50 years ago and the ensuing nationwide acts of civil disobedience not only led to the desegregation of the public transportation system in Montgomery but is generally pointed to by historians as the beginning of the modern-day Civil Rights Movement in the United States, and

WHEREAS, during a lifetime spanning 92 years, from February 4, 1913, to October 25, 2005, Rosa Parks, named by Time Magazine in 1999 as one of the "Top 20 Most Influential People of the 20th Century," received numerous commendations for her dedication to the struggle against injustice and inequality, including the NAACP's highest honor, the Spingarn Medal, in 1979, and the Martin Luther King, Jr., Nonviolent Peace Prize in 1980; was inducted into the Michigan Women's Hall of Fame in 1983; received the Rosa Parks Peace Prize in Stockholm in 1994 and the Presidential Medal of Freedom, the highest honor given by the United States Executive Branch, in 1996; became the first recipient of the National Underground Railroad Freedom Center's International Freedom Conductor Award in 1998; and was given the Congressional Gold Medal, the highest award given by the United States Legislative Branch, and the Detroit Windsor International Freedom Festival Award, and

WHEREAS, in her death Rosa Parks was honored as has been no other woman before her when she became the first female and only the second African American to lie in honor in the Rotunda of the United States Capitol, an expression of profound respect further heightened by President George W. Bush's order that American flags be flown at half staff around the world on the day of her interment, NOW, THEREFORE,

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

That the Members of the Senate pause in their deliberations to mourn the death of one of the nation's most courageous citizens and to express

their admiration for Rosa Louise McCauley Parks, who remained committed to the cause of freedom throughout her lifetime, speaking out against injustice in America and abroad, and who came to be called the "First Lady of Civil Rights."

BE IT FURTHER RESOLVED that a copy of this resolution be presented to the Rosa Parks Library and Museum on the campus of Troy State University, 252 Montgomery Street, Montgomery, Alabama 36104, for display or other use as it may find appropriate.

—was introduced out of order and read by title. On motion by Senator Hill, **SR 46-B** was read the second time in full and adopted.

BILLS ON THIRD READING

SB 12-B—A bill to be entitled An act providing an appropriation to compensate Wilton Dedge; providing authority to draw warrant; providing a limitation on the authority to draw the warrant; requiring the purchase of an annuity; providing for waiver of specified tuition and fees; providing conditions for payment; providing legislative intent; providing an effective date.

—as amended December 7 was read the third time by title.

On motion by Senator Webster, **SB 12-B** as amended was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Dawson	Miller
Alexander	Diaz de la Portilla	Peaden
Argenziano	Dockery	Posey
Aronberg	Fasano	Pruitt
Atwater	Garcia	Rich
Baker	Haridopolos	Saunders
Bennett	Hill	Sebesta
Bullard	Jones	Siplin
Campbell	King	Smith
Carlton	Klein	Villalobos
Clary	Lawson	Webster
Constantine	Lynn	Wilson
Crist	Margolis	Wise

Nays—None

Vote after roll call:

Yea—Geller

SB 18-B—A bill to be entitled An act relating to the state minimum wage; amending s. 95.11, F.S.; providing periods of limitations on actions for violations of the Florida Minimum Wage Act; creating s. 448.110, F.S., the Florida Minimum Wage Act; providing legislative intent to implement s. 24, Art. X of the State Constitution in accordance with authority granted to the Legislature therein; requiring employers to pay certain employees a minimum wage for all hours worked in Florida; incorporating provisions of the federal Fair Labor Standards Act; requiring the minimum wage to be adjusted annually; providing a formula for calculating such adjustment; requiring the Agency for Workforce Innovation and the Department of Revenue to annually publish the amount of the adjusted minimum wage; providing criteria for posting; requiring the agency to provide written notice to certain employers; providing a deadline for the notice to be mailed; providing that employers are responsible for maintaining their current addresses with the agency; requiring the agency to provide the department with certain information; prohibiting discrimination or adverse action against persons exercising constitutional rights under s. 24, Art. X of the State Constitution; providing for civil action by aggrieved persons; requiring aggrieved persons bringing civil actions to provide written notice to their employers alleged to have violated the act; providing information that must be included in the notice; providing a deadline by which an employer alleged to have violated the act must pay the unpaid wages in question or resolve the claim to the aggrieved person's satisfaction; providing that a statute of limitations is tolled for a specified period; providing a statute of limitations period; providing that aggrieved persons who prevail in their actions may be entitled to liquidated damages and reasonable attorney's

fees and costs; authorizing additional legal or equitable relief for aggrieved persons who prevail in such actions; providing that punitive damages may not be awarded; providing that actions brought under the act are subject to s. 768.79, F.S.; authorizing the Attorney General to bring a civil action and seek injunctive relief; providing a fine; providing statutes of limitations; authorizing class actions; declaring the act the exclusive remedy under state law for violations of s. 24, Art. X of the State Constitution; providing for implementation measures; designating ss. 448.01-448.110, F.S., as part I of ch. 448, F.S.; providing a part title; providing for severability; providing an effective date.

—was read the third time by title.

On motion by Senator Alexander, **SB 18-B** was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Dawson	Miller
Alexander	Diaz de la Portilla	Peaden
Argenziano	Dockery	Posey
Aronberg	Fasano	Pruitt
Atwater	Garcia	Rich
Baker	Haridopolos	Saunders
Bennett	Hill	Sebesta
Bullard	Jones	Siplin
Campbell	King	Smith
Carlton	Klein	Villalobos
Clary	Lawson	Webster
Constantine	Lynn	Wilson
Crist	Margolis	Wise

Nays—None

Vote after roll call:

Yea—Geller

By direction of the President, the rules were waived and the Senate proceeded to—

SPECIAL ORDER CALENDAR

SB 8-B—A bill to be entitled An act relating to elections; amending s. 106.08, F.S.; prescribing requirements for making in-kind contributions to political parties; providing an effective date.

—was read the second time by title.

Senator King moved the following amendment which was adopted:

Amendment 1 (704644)—On page 1, delete line 26, and insert: *whose name is on file with the division in a form acceptable to the division prior to the*

MOTION

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

Senator King moved the following amendment which was adopted:

Amendment 2 (400992)(with title amendment)—On page 2, lines 20-22, delete those lines and insert:

d. A copy of each prior written acceptance required under subparagraph c. must be filed with the division at the time the regular reports of contributions and expenditures required under s. 106.29 are filed by the state executive committee and county executive committee.

e. An in-kind contribution may not be given to a state or county political party unless the in-kind contribution is made as provided in this subparagraph.

Section 2. Subsection (1) of section 106.29, Florida Statutes, is amended to read:

106.29 Reports by political parties; restrictions on contributions and expenditures; penalties.—

(1) The state executive committee and each county executive committee of each political party regulated by chapter 103 shall file regular reports of all contributions received and all expenditures made by such committee. Such reports shall contain the same information as do reports required of candidates by s. 106.07 and shall be filed on the 10th day following the end of each calendar quarter, except that, during the period from the last day for candidate qualifying until the general election, such reports shall be filed on the Friday immediately preceding both the primary election and the general election. *In addition to the reports filed under this section, the state executive committee and each county executive committee shall file a copy of each prior written acceptance of an in-kind contribution given by the committee during the preceding calendar quarter as required under s. 106.08(6).* Each state executive committee shall file the original and one copy of its reports with the Division of Elections. Each county executive committee shall file its reports with the supervisor of elections in the county in which such committee exists. Any state or county executive committee failing to file a report on the designated due date shall be subject to a fine as provided in subsection (3). No separate fine shall be assessed for failure to file a copy of any report required by this section.

(Redesignate subsequent sections.)

And the title is amended as follows:

On page 1, line 5, after the semicolon (;) insert: requiring that state and county executive committees file with the Division of Elections copies of prior written acceptance of such contributions with the Division of Elections; amending s. 106.29, F.S.; requiring that copies of prior written acceptance of in-kind contributions be filed in addition to the reports of contributions and expenditures;

On motion by Senator King, by two-thirds vote **SB 8-B** as amended was read the third time by title, passed, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—39

Mr. President	Dawson	Miller
Alexander	Diaz de la Portilla	Peaden
Argenziano	Dockery	Posey
Aronberg	Fasano	Pruitt
Atwater	Garcia	Rich
Baker	Haridopolos	Saunders
Bennett	Hill	Sebesta
Bullard	Jones	Siplin
Campbell	King	Smith
Carlton	Klein	Villalobos
Clary	Lawson	Webster
Constantine	Lynn	Wilson
Crist	Margolis	Wise

Nays—None

Vote after roll call:

Yea—Geller

SB 6-B—A bill to be entitled An act relating to lobbying; amending s. 11.045, F.S., relating to the requirements that legislative lobbyists register and report as required by legislative rule; defining the terms “compensation” and “lobbying firm”; amending the definition of the term “lobbying”; requiring each principal upon the registration of the principal’s designated lobbyist to identify the principal’s main business; conditionally prohibiting a convicted felon from being registered as a legislative lobbyist; requiring each lobbying firm and principal to maintain certain records and documents for a specified period; specifying judicial jurisdiction for enforcing the right to inspect certain documents and records; modifying the aggregate reporting categories on lobbying expenditure reporting forms; requiring that lobbying expenditure reporting forms include the name and address of each person to whom an expenditure for food and beverages was made, the date of the expenditure, and the name and title of the legislator or employee for whom the expenditure was made; requiring each lobbyist to report the general areas of the principal’s legislative interest and specific issues lobbied;

requiring each lobbying firm to file quarterly compensation reports; requiring each lobbying firm to report certain compensation information in dollar categories and specific dollar amounts; requiring certain lobbying firms to report the name and address of the principal originating lobbying work; providing for certification of compensation reports; requiring the Division of Legislative Information Services to aggregate certain compensation information; revising the period for filing compensation and expenditure reporting statements; prescribing procedures for determining late-filing fines for compensation reports; prescribing fines and penalties for compensation-reporting violations; providing exceptions; prohibiting lobbying expenditures, except for certain food and beverages and novelty items; prohibiting principals from providing lobbying compensation to any individual or business entity other than a lobbying firm; providing for the Legislature to adopt rules to maintain and make publicly available all advisory opinions and reports relating to lobbying firms, to conform; providing for the Legislature to adopt rules authorizing legislative committees to investigate certain person and entities engaged in legislative lobbying; requiring that compensation and expenditure reports be filed electronically; creating s. 11.0455, F.S.; defining the term “electronic filing system”; providing requirements for lobbyists and lobbying firms filing reports with the Division of Legislative Information Services by means of the division’s electronic filing system; providing that such reports are considered to be certified as accurate and complete; providing requirements for the electronic filing system; providing for the Legislature to adopt rules to administer the electronic filing system; requiring alternate filing procedures; requiring the issuance of electronic receipts; requiring that the division provide for public access to certain data; amending s. 11.45, F.S.; requiring that the Auditor General conduct random audits of the compensation reports filed by legislative and executive lobbyists; prescribing conditions for the random selection; directing the Auditor General to adopt audit and field investigation guidelines; granting the Auditor General independent authority to audit the accounts and records of any principal or lobbyist with respect to compliance with the compensation-reporting requirements; requiring that legislative lobbying audit reports be forwarded to the Legislature and executive lobbying audit reports be sent to the Florida Commission on Ethics; amending s. 112.3215, F.S., relating to the requirements that executive branch and Constitution Revision Commission lobbyists register and report as required; defining the terms “compensation” and “lobbying firm”; amending the definition of the term “lobbies”; conditionally prohibiting a convicted felon from being registered as an executive branch lobbyist; requiring each principal upon the registration of the principal’s designated lobbyist to identify the principal’s main business; modifying the aggregate reporting categories on lobbying expenditure reporting forms; requiring that lobbying expenditure reporting forms include the name and address of each person to whom an expenditure for food and beverages was made, the date of the expenditure, and the name and title of the agency official, member, or employee for whom the expenditure was made; requiring each lobbyist to report the general areas of the principal’s lobbying interest and specific issues lobbied; requiring each lobbying firm to file quarterly compensation reports; requiring each lobbying firm to report certain compensation information in dollar categories and specific dollar amounts; requiring certain lobbying firms to report the name and address of the principal originating lobbying work; providing for certification of compensation reports; requiring the Florida Commission on Ethics to aggregate certain compensation information; revising the period for filing compensation and expenditure reporting statements; authorizing the commission to adopt procedural rules for determining late-filing fines for compensation reports; prescribing fines and penalties for compensation-reporting violations; providing exceptions; requiring each lobbying firm and principal to maintain certain records and documents for a specified period; specifying judicial jurisdiction for enforcing the right of inspection; prohibiting lobbying expenditures, except for certain food and beverages and novelty items; prohibiting principals from providing lobbying compensation to any individual or business entity other than a lobbying firm; providing for the commission to investigate certain lobbying firms for compensation-reporting violations; providing procedures for disposing of compensation-reporting investigations and proceedings; providing penalties; providing for public access to certain records; authorizing the commission to adopt administration rules and forms relating to compensation reporting; requiring that compensation and expenditure reports be filed electronically; creating s. 112.32155, F.S.; defining the term “electronic filing system”; providing requirements for lobbyists and lobbying firms filing reports with the Florida Commission on Ethics by means of the electronic filing system; providing that such reports are considered to be certified as accurate and complete; providing requirements for the electronic filing system; providing for the commission to

adopt rules to administer the electronic filing system; requiring alternate filing procedures; requiring the issuance of electronic receipts; requiring that the commission provide for public access to certain data; specifying the initial reporting period that is subject to the requirements of the act; providing effective dates.

—was read the second time by title.

The Committee on Ethics and Elections recommended the following amendment which was moved by Senator Sebesta and adopted:

Amendment 1 (393028)—In title, on page 1, line 2, delete “lobbying” and insert: political activities

Senator Sebesta moved the following amendment which was adopted:

Amendment 2 (892464)(with title amendment)—Delete everything after the enacting clause and insert:

Section 1. Section 11.045, Florida Statutes, is amended to read:

11.045 *Lobbying before the Legislature* Lobbyists; registration and reporting; exemptions; penalties.—

(1) As used in this section, unless the context otherwise requires:

(a) “Committee” means the committee of each house charged by the presiding officer with responsibility for ethical conduct of lobbyists.

(b) “Compensation” means a payment, distribution, loan, advance, reimbursement, deposit, salary, fee, retainer, or anything of value provided or owed to a lobbying firm, directly or indirectly, by a principal for any lobbying activity.

(c)(b) “Division” means the Division of Legislative Information Services within the Office of Legislative Services.

(d)(e) “Expenditure” means a payment, distribution, loan, advance, reimbursement, deposit, or anything of value made by a lobbyist or principal for the purpose of lobbying. A contribution made to a political party regulated under chapter 103 is not deemed an expenditure for purposes of this section.

(e)(d) “Legislative action” means introduction, sponsorship, testimony, debate, voting, or any other official action on any measure, resolution, amendment, nomination, appointment, or report of, or any matter which may be the subject of action by, either house of the Legislature or any committee thereof.

(f)(e) “Lobbying” means influencing or attempting to influence legislative action or nonaction through oral or written communication or an attempt to obtain the goodwill of a member or employee of the Legislature.

(g) “Lobbying firm” means any business entity, including an individual contract lobbyist, that receives or becomes entitled to receive any compensation for the purpose of lobbying, where any partner, owner, officer, or employee of the business entity is a lobbyist.

(h)(f) “Lobbyist” means a person who is employed and receives payment, or who contracts for economic consideration, for the purpose of lobbying, or a person who is principally employed for governmental affairs by another person or governmental entity to lobby on behalf of that other person or governmental entity.

(i)(g) “Principal” means the person, firm, corporation, or other entity which has employed or retained a lobbyist.

(2) Each house of the Legislature shall provide by rule, or may provide by a joint rule adopted by both houses, for the registration of lobbyists who lobby the Legislature. The rule may provide for the payment of a registration fee. The rule may provide for exemptions from registration or registration fees. The rule shall provide that:

(a) Registration is required for each principal represented.

(b) Registration shall include a statement signed by the principal or principal’s representative that the registrant is authorized to represent the principal. *The principal shall also identify and designate its main*

business on the statement authorizing that lobbyist pursuant to a classification system approved by the Office of Legislative Services.

(c) A registrant shall promptly send a written statement to the division canceling the registration for a principal upon termination of the lobbyist’s representation of that principal. Notwithstanding this requirement, the division may remove the name of a registrant from the list of registered lobbyists if the principal notifies the office that a person is no longer authorized to represent that principal.

(d) Every registrant shall be required to state the extent of any direct business association or partnership with any current member of the Legislature.

(e) Each lobbying firm lobbyist and each principal shall preserve for a period of 4 years all accounts, bills, receipts, computer records, books, papers, and other documents and records necessary to substantiate compensation lobbying expenditures. Any documents and records retained pursuant to this section may be subpoenaed for audit by legislative subpoena of either house of the Legislature, and the subpoena inspected under reasonable circumstances by any authorized representative of the Legislature. The right of inspection may be enforced in circuit court by appropriate writ issued by any court of competent jurisdiction.

(f) All registrations shall be open to the public.

(g) Any person who is exempt from registration under the rule shall not be considered a lobbyist for any purpose.

(3) Each house of the Legislature shall provide by rule the following reporting requirements:

(a)1. Each lobbying firm shall file a compensation report with the division for each calendar quarter during any portion of which one or more of the firm’s lobbyists were registered to represent a principal. The report shall include the:

a. Full name, business address, and telephone number of the lobbying firm;

b. Name of each of the firm’s lobbyists; and

c. Total compensation provided or owed to the lobbying firm from all principals for the reporting period, reported in one of the following categories: \$0; \$1 to \$49,999; \$50,000 to \$99,999; \$100,000 to \$249,999; \$250,000 to \$499,999; \$500,000 to \$999,999; \$1 million or more.

2. For each principal represented by one or more of the firm’s lobbyists, the lobbying firm’s compensation report shall also include the:

a. Full name, business address, and telephone number of the principal; and

b. Total compensation provided or owed to the lobbying firm for the reporting period, reported in one of the following categories: \$0; \$1 to \$9,999; \$10,000 to \$19,999; \$20,000 to \$29,999; \$30,000 to \$39,999; \$40,000 to \$49,999; or \$50,000 or more. If the category, “\$50,000 or more” is selected, the specific dollar amount of compensation must be reported, rounded up or down to the nearest \$1,000.

3. If the lobbying firm subcontracts work from another lobbying firm and not from the original principal:

a. The lobbying firm providing the work to be subcontracted shall be treated as the reporting lobbying firm’s principal for reporting purposes under this paragraph; and

b. The reporting lobbying firm shall, for each lobbying firm identified under subparagraph 2., identify the name and address of the principal originating the lobbying work.

4. The senior partner, officer, or owner of the lobbying firm shall certify to the veracity and completeness of the information submitted pursuant to this paragraph, and certify that no compensation has been omitted from this report by deeming such compensation as “consulting services,” “media services,” “professional services,” or anything other than compensation, and certify that no officer or employee of the firm has made an expenditure in violation of this section.

(b) For each principal represented by more than one lobbying firm, the division shall aggregate the reporting-period and calendar-year compensation reported as provided or owed by the principal.

(a) Statements shall be filed by all registered lobbyists two times per year, which must disclose all lobbying expenditures by the lobbyist and the principal and the source of funds for such expenditures. All expenditures made by the lobbyist and the principal for the purpose of lobbying must be reported. Reporting of expenditures shall be made on an accrual basis. The report of such expenditures must identify whether the expenditure was made directly by the lobbyist, directly by the principal, initiated or expended by the lobbyist and paid for by the principal, or initiated or expended by the principal and paid for by the lobbyist. The principal is responsible for the accuracy of the expenditures reported as lobbying expenditures made by the principal. The lobbyist is responsible for the accuracy of the expenditures reported as lobbying expenditures made by the lobbyist. Expenditures made must be reported by the category of the expenditure, including, but not limited to, the categories of food and beverages, entertainment, research, communication, media advertising, publications, travel, and lodging. Lobbying expenditures do not include a lobbyist's or principal's salary, office expenses, and personal expenses for lodging, meals, and travel.

(b) If a principal is represented by two or more lobbyists, the first lobbyist who registers to represent that principal shall be the designated lobbyist. The designated lobbyist's expenditure report shall include all lobbying expenditures made directly by the principal and those expenditures of the designated lobbyist on behalf of that principal as required by paragraph (a). All other lobbyists registered to represent that principal shall file a report pursuant to paragraph (a). The report of lobbying expenditures by the principal shall be made pursuant to the requirements of paragraph (a). The principal is responsible for the accuracy of figures reported by the designated lobbyist as lobbying expenditures made directly by the principal. The designated lobbyist is responsible for the accuracy of the figures reported as lobbying expenditures made by that lobbyist. Each lobbyist shall file an expenditure report for each period during any portion of which he or she was registered, and each principal shall ensure that an expenditure report is filed for each period during any portion of which the principal was represented by a registered lobbyist.

(c) For each reporting period the division shall aggregate the expenditures reported by all of the lobbyists for a principal represented by more than one lobbyist. Further, the division shall aggregate figures that provide a cumulative total of expenditures reported as spent by and on behalf of each principal for the calendar year.

(c)(d) The reporting statements shall be filed no later than 45 days after the end of each the reporting period. ~~The four reporting periods are~~ The first report shall include the expenditures for the period from January 1 through March 31, April 1 through June 30, July 1 through September 30, and October 1 through December 31, respectively ~~June 30.~~ The second report shall disclose expenditures for the period from July 1 through December 31. The statements shall be rendered in the identical form provided by the respective houses and shall be open to public inspection. Reporting statements may be filed by electronic means, when feasible.

(d)(e) Reports shall be filed not later than 5 p.m. of the report due date. However, any report that is postmarked by the United States Postal Service no later than midnight of the due date shall be deemed to have been filed in a timely manner, and a certificate of mailing obtained from and dated by the United States Postal Service at the time of the mailing, or a receipt from an established courier company which bears a date on or before the due date, shall be proof of mailing in a timely manner.

(e)(f) Each house of the Legislature shall provide by rule, or both houses may provide by joint rule, a procedure by which a lobbying firm that lobbyist who fails to timely file a report shall be notified and assessed fines. The rule shall provide for the following:

1. Upon determining that the report is late, the person designated to review the timeliness of reports shall immediately notify the lobbying firm lobbyist as to the failure to timely file the report and that a fine is being assessed for each late day. The fine shall be \$50 per day per report for each late day, not to exceed \$5,000 per report.

2. Upon receipt of the report, the person designated to review the timeliness of reports shall determine the amount of the fine due based upon the earliest of the following:

- a. When a report is actually received by the lobbyist registration and reporting office.
- b. When the report is postmarked.
- c. When the certificate of mailing is dated.
- d. When the receipt from an established courier company is dated.

3. Such fine shall be paid within 30 days after the notice of payment due is transmitted by the Lobbyist Registration Office, unless appeal is made to the division. The moneys shall be deposited into the Legislative Lobbyist Registration Trust Fund.

4. A fine shall not be assessed against a lobbying firm lobbyist the first time any reports for which the lobbying firm lobbyist is responsible are not timely filed. However, to receive the one-time fine waiver, all reports for which the lobbying firm lobbyist is responsible must be filed within 30 days after notice that any reports have not been timely filed is transmitted by the Lobbyist Registration Office. A fine shall be assessed for any subsequent late-filed reports.

5. Any lobbying firm lobbyist may appeal or dispute a fine, based upon unusual circumstances surrounding the failure to file on the designated due date, and may request and shall be entitled to a hearing before the General Counsel of the Office of Legislative Services, who shall recommend to the President of the Senate and the Speaker of the House of Representatives, or their respective designees, that the fine be waived in whole or in part for good cause shown. The President of the Senate and the Speaker of the House of Representatives, or their respective designees, may concur in the recommendation and waive the fine in whole or in part. Any such request shall be made within 30 days after the notice of payment due is transmitted by the Lobbyist Registration Office. In such case, the lobbying firm lobbyist shall, within the 30-day period, notify the person designated to review the timeliness of reports in writing of his or her intention to request a hearing.

6. A lobbying firm lobbyist, a lobbyist's legal representative, or the principal of a lobbyist may request that the filing of a an expenditure report be waived upon good cause shown, based on unusual circumstances. The request must be filed with the General Counsel of the Office of Legislative Services, who shall make a recommendation concerning the waiver request to the President of the Senate and the Speaker of the House of Representatives. The President of the Senate and the Speaker of the House of Representatives may grant or deny the request.

7. All lobbyist registrations for lobbyists who are partners, owners, officers, or employees of a lobbying firm that fails to timely pay a fine are automatically suspended until the fine is paid or waived, and the division shall promptly notify all affected principals of any suspension or reinstatement. The registration of a lobbyist who fails to timely pay a fine is automatically suspended until the fine is paid or waived.

8.7. The person designated to review the timeliness of reports shall notify the director of the division of the failure of a lobbying firm lobbyist to file a report after notice or of the failure of a lobbying firm lobbyist to pay the fine imposed.

(4)(a) Notwithstanding s. 112.3148, s. 112.3149, or any other provision of law to the contrary, no lobbyist or principal shall make, directly or indirectly, and no member or employee of the Legislature shall knowingly accept, directly or indirectly, any expenditure, except floral arrangements or other celebratory items given to legislators and displayed in chambers the opening day of a regular session.

(b) No person shall provide compensation for lobbying to any individual or business entity that is not a lobbying firm.

(5)(4) Each house of the Legislature shall provide by rule a procedure by which a person, when in doubt about the applicability and interpretation of this section in a particular context, may submit in writing the facts for an advisory opinion to the committee of either house and may appear in person before the committee. The rule shall provide a procedure by which:

(a) The committee shall render advisory opinions to any person who seeks advice as to whether the facts in a particular case would constitute a violation of this section.

(b) The committee shall make sufficient deletions to prevent disclosing the identity of persons in the decisions or opinions.

(c) All advisory opinions of the committee shall be numbered, dated, and open to public inspection.

~~(6)(5)~~ Each house of the Legislature shall *provide by rule for keeping* ~~keep~~ all advisory opinions of the committees relating to *lobbying firms, lobbyists, and lobbying activities.*, ~~as well as~~ *The rule shall also provide that each house keep a current list of registered lobbyists along with and their respective reports required of lobbying firms* under this section, all of which shall be open for public inspection.

~~(7)(6)~~ Each house of the Legislature shall *provide by rule that a* the committee of either house shall investigate any person ~~engaged in legislative lobbying~~ upon receipt of a sworn complaint alleging a violation of this section, s. 112.3148, or s. 112.3149 by such person; *also, the rule shall provide that a committee of either house investigate any lobbying firm upon receipt of audit information indicating a possible violation other than a late-filed report.* Such proceedings shall be conducted pursuant to the rules of the respective houses. If the committee finds that there has been a violation of this section, s. 112.3148, or s. 112.3149, it shall report its findings to the President of the Senate or the Speaker of the House of Representatives, as appropriate, together with a recommended penalty, to include a fine of not more than \$5,000, reprimand, censure, probation, or prohibition from lobbying for a period of time not to exceed 24 months. Upon the receipt of such report, the President of the Senate or the Speaker of the House of Representatives shall cause the committee report and recommendations to be brought before the respective house and a final determination shall be made by a majority of said house.

~~(8)(7)~~ Any person required to be registered or to provide information pursuant to this section or pursuant to rules established in conformity with this section who knowingly fails to disclose any material fact required by this section or by rules established in conformity with this section, or who knowingly provides false information on any report required by this section or by rules established in conformity with this section, commits a noncriminal infraction, punishable by a fine not to exceed \$5,000. Such penalty shall be in addition to any other penalty assessed by a house of the Legislature pursuant to subsection ~~(7)(6)~~.

~~(9)(8)~~ There is hereby created the Legislative Lobbyist Registration Trust Fund, to be used for the purpose of funding any office established for the administration of the registration of lobbyist lobbying the Legislature, including the payment of salaries and other expenses, and for the purpose of paying the expenses incurred by the Legislature in providing services to lobbyists. The trust fund is not subject to the service charge to general revenue provisions of chapter 215. Fees collected pursuant to rules established in accordance with subsection (2) shall be deposited into the Legislative Lobbyist Registration Trust Fund.

Section 2. Effective April 1, 2007, subsection (3) of section 11.045, Florida Statutes, as amended by this act, is amended to read:

11.045 Lobbying before the Legislature; registration and reporting; exemptions; penalties.—

(3) Each house of the Legislature shall provide by rule the following reporting requirements:

(a)1. Each lobbying firm shall file a compensation report with the division for each calendar quarter during any portion of which one or more of the firm's lobbyists were registered to represent a principal. The report shall include the:

a. Full name, business address, and telephone number of the lobbying firm;

b. Name of each of the firm's lobbyists; and

c. Total compensation provided or owed to the lobbying firm from all principals for the reporting period, reported in one of the following categories: \$0; \$1 to \$49,999; \$50,000 to \$99,999; \$100,000 to \$249,999; \$250,000 to \$499,999; \$500,000 to \$999,999; \$1 million or more.

2. For each principal represented by one or more of the firm's lobbyists, the lobbying firm's compensation report shall also include the:

a. Full name, business address, and telephone number of the principal; and

b. Total compensation provided or owed to the lobbying firm for the reporting period, reported in one of the following categories: \$0; \$1 to \$9,999; \$10,000 to \$19,999; \$20,000 to \$29,999; \$30,000 to \$39,999; \$40,000 to \$49,999; or \$50,000 or more. If the category, "\$50,000 or more" is selected, the specific dollar amount of compensation must be reported, rounded up or down to the nearest \$1,000.

3. If the lobbying firm subcontracts work from another lobbying firm and not from the original principal:

a. The lobbying firm providing the work to be subcontracted shall be treated as the reporting lobbying firm's principal for reporting purposes under this paragraph; and

b. The reporting lobbying firm shall, for each lobbying firm identified under subparagraph 2., identify the name and address of the principal originating the lobbying work.

4. The senior partner, officer, or owner of the lobbying firm shall certify to the veracity and completeness of the information submitted pursuant to this paragraph.

(b) For each principal represented by more than one lobbying firm, the division shall aggregate the reporting-period and calendar-year compensation reported as provided or owed by the principal.

(c) The reporting statements shall be filed no later than 45 days after the end of each reporting period. The four reporting periods are from January 1 through March 31, April 1 through June 30, July 1 through September 30, and October 1 through December 31, respectively. The statements shall be rendered in the identical form provided by the respective houses and shall be open to public inspection. Reporting statements ~~must~~ may be filed by electronic means *as provided in s. 11.0455; when feasible.*

~~(d) Reports shall be filed not later than 5 p.m. of the report due date. However, any report that is postmarked by the United States Postal Service no later than midnight of the due date shall be deemed to have been filed in a timely manner, and a certificate of mailing obtained from and dated by the United States Postal Service at the time of the mailing, or a receipt from an established courier company which bears a date on or before the due date, shall be proof of mailing in a timely manner.~~

~~(d)(e)~~ Each house of the Legislature shall provide by rule, or both houses may provide by joint rule, a procedure by which a lobbying firm that fails to timely file a report shall be notified and assessed fines. The rule shall provide for the following:

1. Upon determining that the report is late, the person designated to review the timeliness of reports shall immediately notify the lobbying firm as to the failure to timely file the report and that a fine is being assessed for each late day. The fine shall be \$50 per day per report for each late day, not to exceed \$5,000 per report.

2. Upon receipt of the report, the person designated to review the timeliness of reports shall determine the amount of the fine due based upon the earliest of the following:

a. When a report is actually received by the lobbyist registration and reporting office.

b. *When the electronic receipt issued pursuant to s. 11.0455 is dated.* ~~When the report is postmarked.~~

~~c. When the certificate of mailing is dated.~~

~~d. When the receipt from an established courier company is dated.~~

3. Such fine shall be paid within 30 days after the notice of payment due is transmitted by the Lobbyist Registration Office, unless appeal is made to the division. The moneys shall be deposited into the Legislative Lobbyist Registration Trust Fund.

4. A fine shall not be assessed against a lobbying firm the first time any reports for which the lobbying firm is responsible are not timely filed. However, to receive the one-time fine waiver, all reports for which the lobbying firm is responsible must be filed within 30 days after notice that any reports have not been timely filed is transmitted by the Lobbyist Registration Office. A fine shall be assessed for any subsequent late-filed reports.

5. Any lobbying firm may appeal or dispute a fine, based upon unusual circumstances surrounding the failure to file on the designated due date, and may request and shall be entitled to a hearing before the General Counsel of the Office of Legislative Services, who shall recommend to the President of the Senate and the Speaker of the House of Representatives, or their respective designees, that the fine be waived in whole or in part for good cause shown. The President of the Senate and the Speaker of the House of Representatives, or their respective designees, may concur in the recommendation and waive the fine in whole or in part. Any such request shall be made within 30 days after the notice of payment due is transmitted by the Lobbyist Registration Office. In such case, the lobbying firm shall, within the 30-day period, notify the person designated to review the timeliness of reports in writing of his or her intention to request a hearing.

6. A lobbying firm may request that the filing of a report be waived upon good cause shown, based on unusual circumstances. The request must be filed with the General Counsel of the Office of Legislative Services, who shall make a recommendation concerning the waiver request to the President of the Senate and the Speaker of the House of Representatives. The President of the Senate and the Speaker of the House of Representatives may grant or deny the request.

7. All lobbyist registrations for lobbyists who are partners, owners, officers, or employees of a lobbying firm that fails to timely pay a fine are automatically suspended until the fine is paid or waived, and the division shall promptly notify all affected principals of any suspension or reinstatement.

8. The person designated to review the timeliness of reports shall notify the director of the division of the failure of a lobbying firm to file a report after notice or of the failure of a lobbying firm to pay the fine imposed.

Section 3. Effective April 1, 2007, section 11.0455, Florida Statutes, is created to read:

11.0455 Electronic filing of compensation reports and other information.—

(1) *As used in this section, the term “electronic filing system” means an Internet system for recording and reporting lobbying compensation and other required information by reporting period.*

(2) *Each lobbying firm that is required to file reports with the Division of Legislative Information Services pursuant to s. 11.045 must file such reports with the division by means of the division’s electronic filing system.*

(3) *A report filed pursuant to this section must be completed and filed through the electronic filing system not later than 11:59 p.m. of the day designated in s. 11.045. A report not filed by 11:59 p.m. of the day designated is a late-filed report and is subject to the penalties under s. 11.045(3).*

(4) *Each report filed pursuant to this section is considered to meet the certification requirements of s. 11.045(3)(a)4., and as such subjects the person responsible for filing and the lobbying firm to the provisions of ss. 11.045(7) and (8). Persons given a secure sign-on to the electronic filing system are responsible for protecting it from disclosure and are responsible for all filings using such credentials, unless they have notified the division that their credentials have been compromised.*

(5) *The electronic filing system developed by the division must:*

(a) *Be based on access by means of the Internet.*

(b) *Be accessible by anyone with Internet access using standard web-browsing software.*

(c) *Provide for direct entry of compensation-report information as well as upload of such information from software authorized by the division.*

(d) *Provide a method that prevents unauthorized access to electronic filing system functions.*

(6) *Each house of the Legislature shall provide by rule, or may provide by a joint rule adopted by both houses, procedures to implement and administer this section, including, but not limited to:*

(a) *Alternate filing procedures in case the division’s electronic filing system is not operable.*

(b) *The issuance of an electronic receipt to the person submitting the report indicating and verifying the date and time that the report was filed.*

(7) *Each house of the Legislature shall provide by rule that the division make all the data filed available on the Internet in an easily understood and accessible format. The Internet website shall also include, but not be limited to, the names and business addresses of lobbyists, lobbying firms, and principals, the affiliations between lobbyists and principals, and the classification system designated and identified by each principal pursuant to s. 11.045(2).*

Section 4. Effective February 15, 2007, subsection (6) is added to section 11.40, Florida Statutes, to read:

11.40 Legislative Auditing Committee.—

(6)(a) *As used in this subsection, “independent contract auditor” means a state-licensed certified public accountant or firm with which a state-licensed certified public accountant is currently employed or associated who is actively engaged in the accounting profession.*

(b) *Audits specified in this subsection cover the quarterly compensation reports for the previous calendar year for a random sample of 3 percent of all legislative branch lobbying firms and a random sample of 3 percent of all executive branch lobbying firms calculated using as the total number of such lobbying firms those filing a compensation report for the preceding calendar year. The committee shall provide for a system of random selection of the lobbying firms to be audited.*

(c) *The committee shall create and maintain a list of not less than 10 independent contract auditors approved to conduct the required audits. Each lobbying firm selected for audit in the random audit process may designate one of the independent contract auditors from the committee’s approved list. Upon failure for any reason of a lobbying firm selected in the random selection process to designate an independent contract auditor from the committee’s list within 30 calendar days after being notified by the committee of its selection, the committee shall assign one of the available independent contract auditors from the approved list to perform the required audit. No independent contract auditor, whether designated by the lobbying firm or by the committee, may perform the audit of a lobbying firm where the auditor and lobbying firm have ever had a direct personal relationship or any professional accounting, auditing, tax advisory, or tax preparing relationship with each other. The committee shall obtain a written, sworn certification subject to s. 837.06, both from the randomly selected lobbying firm and from the proposed independent contract auditor, that no such relationship has ever existed.*

(d) *Each independent contract auditor shall be engaged by and compensated solely by the state for the work performed in accomplishing an audit under this subsection.*

(e) *Any violations of law, deficiencies, or material misstatements discovered and noted in an audit report shall be clearly identified in the audit report and be determined under the rules of either house of the Legislature or under the joint rules, as applicable.*

(f) *If any lobbying firm fails to give full, frank, and prompt cooperation and access to books, records, and associated backup documents as requested in writing by the auditor, that failure shall be clearly noted by the independent contract auditor in the report of audit.*

(g) *The committee shall establish procedures for the selection of independent contract auditors desiring to enter into audit contracts pursuant to this subsection. Such procedures shall include, but not be limited to, a rating system that takes into account pertinent information, including the independent contract auditor’s fee proposals for participating in the process. All contracts under this subsection between an independent contract auditor and the Speaker of the House of Representatives and the*

President of the Senate shall be terminable by either party at any time upon written notice to the other, and such contracts may contain such other terms and conditions as the Speaker of the House of Representatives and the President of the Senate deem appropriate under the circumstances.

(h) The committee shall adopt guidelines that govern random audits and field investigations conducted pursuant to this subsection. The guidelines shall ensure that similarly situated compensation reports are audited in a uniform manner. The guidelines shall also be formulated to encourage compliance and detect violations of the legislative and executive lobbying compensation reporting requirements in ss. 11.045 and 112.3215 and to ensure that each audit is conducted with maximum efficiency in a cost-effective manner. In adopting the guidelines, the committee shall consider relevant guidelines and standards of the American Institute of Certified Public Accountants to the extent that such guidelines and standards are applicable and consistent with the purposes set forth in this subsection.

(i) All audit reports of legislative lobbying firms shall, upon completion by an independent contract auditor, be delivered to the President of the Senate and the Speaker of the House of Representatives for their respective review and handling. All audit reports of executive branch lobbyists, upon completion by an independent contract auditor, shall be delivered by the auditor to the Commission on Ethics.

Section 5. Section 112.3215, Florida Statutes, is amended to read:

112.3215 *Lobbying Lobbyists* before the executive branch or the Constitution Revision Commission; registration and reporting; investigation by commission.—

(1) For the purposes of this section:

(a) “Agency” means the Governor, Governor and Cabinet, or any department, division, bureau, board, commission, or authority of the executive branch. In addition, “agency” shall mean the Constitution Revision Commission as provided by s. 2, Art. XI of the State Constitution.

(b) “Agency official” or “employee” means any individual who is required by law to file full or limited public disclosure of his or her financial interests.

(c) “Compensation” means a payment, distribution, loan, advance, reimbursement, deposit, salary, fee, retainer, or anything of value provided or owed to a lobbying firm, directly or indirectly, by a principal for any lobbying activity.

(d)(b) “Expenditure” means a payment, distribution, loan, advance, reimbursement, deposit, or anything of value made by a lobbyist or principal for the purpose of lobbying. A contribution made to a political party regulated under chapter 103 is not deemed an expenditure for purposes of this section.

(e)(e) “Fund” means the Executive Branch Lobby Registration Trust Fund.

(f)(d) “Lobbies” means seeking, on behalf of another person, to influence an agency with respect to a decision of the agency in the area of policy or procurement or an attempt to obtain the goodwill of an agency official or employee. “Lobbies” also means influencing or attempting to influence, on behalf of another, the Constitution Revision Commission’s action or nonaction through oral or written communication or an attempt to obtain the goodwill of a member or employee of the Constitution Revision Commission.

(g) “Lobbying firm” means a business entity, including an individual contract lobbyist, that receives or becomes entitled to receive any compensation for the purpose of lobbying, where any partner, owner, officer, or employee of the business entity is a lobbyist.

(h)(e) “Lobbyist” means a person who is employed and receives payment, or who contracts for economic consideration, for the purpose of lobbying, or a person who is principally employed for governmental affairs by another person or governmental entity to lobby on behalf of that other person or governmental entity. “Lobbyist” does not include a person who is:

1. An attorney, or any person, who represents a client in a judicial proceeding or in a formal administrative proceeding conducted pursuant to chapter 120 or any other formal hearing before an agency, board, commission, or authority of this state.

2. An employee of an agency or of a legislative or judicial branch entity acting in the normal course of his or her duties.

3. A confidential informant who is providing, or wishes to provide, confidential information to be used for law enforcement purposes.

4. A person who lobbies to procure a contract pursuant to chapter 287 which contract is less than the threshold for CATEGORY ONE as provided in s. 287.017(1)(a).

(i)(f) “Principal” means the person, firm, corporation, or other entity which has employed or retained a lobbyist.

(2) The Executive Branch Lobby Registration Trust Fund is hereby created within the commission to be used for the purpose of funding any office established to administer the registration of lobbyists lobbying an agency, including the payment of salaries and other expenses. The trust fund is not subject to the service charge to General Revenue provisions of chapter 215. All annual registration fees collected pursuant to this section shall be deposited into such fund.

(3) A person may not lobby an agency until such person has registered as a lobbyist with the commission. Such registration shall be due upon initially being retained to lobby and is renewable on a calendar year basis thereafter. Upon registration the person shall provide a statement signed by the principal or principal’s representative that the registrant is authorized to represent the principal. *The principal shall also identify and designate its main business on the statement authorizing that lobbyist pursuant to a classification system approved by the commission.* The registration shall require each the lobbyist to disclose, under oath, the following information:

(a) Name and business address;

(b) The name and business address of each principal represented;

(c) His or her area of interest;

(d) The agencies before which he or she will appear; and

(e) The existence of any direct or indirect business association, partnership, or financial relationship with any employee of an agency with which he or she lobbies, or intends to lobby, as disclosed in the registration.

(4) The annual lobbyist registration fee shall be set by the commission by rule, not to exceed \$40 for each principal represented.

(5)(a)1. *Each lobbying firm shall file a compensation report with the commission for each calendar quarter during any portion of which one or more of the firm’s lobbyists were registered to represent a principal. The report shall include the:*

a. *Full name, business address, and telephone number of the lobbying firm;*

b. *Name of each of the firm’s lobbyists; and*

c. *Total compensation provided or owed to the lobbying firm from all principals for the reporting period, reported in one of the following categories: \$0; \$1 to \$49,999; \$50,000 to \$99,999; \$100,000 to \$249,999; \$250,000 to \$499,999; \$500,000 to \$999,999; \$1 million or more.*

2. *For each principal represented by one or more of the firm’s lobbyists, the lobbying firm’s compensation report shall also include the:*

a. *Full name, business address, and telephone number of the principal; and*

b. *Total compensation provided or owed to the lobbying firm for the reporting period, reported in one of the following categories: \$0; \$1 to \$9,999; \$10,000 to \$19,999; \$20,000 to \$29,999; \$30,000 to \$39,999; \$40,000 to \$49,999; or \$50,000 or more. If the category, “\$50,000 or more” is selected, the specific dollar amount of compensation must be reported, rounded up or down to the nearest \$1,000.*

3. If the lobbying firm subcontracts work from another lobbying firm and not from the original principal:

a. The lobbying firm providing the work to be subcontracted shall be treated as the reporting lobbying firm's principal for reporting purposes under this paragraph; and

b. The reporting lobbying firm shall, for each lobbying firm identified under subparagraph 2., identify the name and address of the principal originating the lobbying work.

4. The senior partner, officer, or owner of the lobbying firm shall certify to the veracity and completeness of the information submitted pursuant to this paragraph, and certify that no compensation has been omitted from this report by deeming such compensation as "consulting services," "media services," "professional services," or anything other than compensation, and certify that no officer or employee of the firm has made an expenditure in violation of this section.

(b) For each principal represented by more than one lobbying firm, the commission shall aggregate the reporting-period and calendar-year compensation reported as provided or owed by the principal.

(a) A registered lobbyist must also submit to the commission, biannually, a signed expenditure report summarizing all lobbying expenditures by the lobbyist and the principal for each 6 month period during any portion of which the lobbyist is registered. All expenditures made by the lobbyist and the principal for the purpose of lobbying must be reported. Reporting of expenditures shall be on an accrual basis. The report of such expenditures must identify whether the expenditure was made directly by the lobbyist, directly by the principal, initiated or expended by the lobbyist and paid for by the principal, or initiated or expended by the principal and paid for by the lobbyist. The principal is responsible for the accuracy of the expenditures reported as lobbying expenditures made by the principal. The lobbyist is responsible for the accuracy of the expenditures reported as lobbying expenditures made by the lobbyist. Expenditures made must be reported by the category of the expenditure, including, but not limited to, the categories of food and beverages, entertainment, research, communication, media advertising, publications, travel, and lodging. Lobby expenditures do not include a lobbyist's or principal's salary, office expenses, and personal expenses for lodging, meals, and travel.

(b) A principal who is represented by two or more lobbyists shall designate one lobbyist whose expenditure report shall include all lobbying expenditures made directly by the principal and those expenditures of the designated lobbyist on behalf of that principal as required by paragraph (a). All other lobbyists registered to represent that principal shall file a report pursuant to paragraph (a). The report of lobbying expenditures by the principal shall be made pursuant to the requirements of paragraph (a). The principal is responsible for the accuracy of figures reported by the designated lobbyist as lobbying expenditures made directly by the principal. The designated lobbyist is responsible for the accuracy of the figures reported as lobbying expenditures made by that lobbyist.

(c) For each reporting period the commission shall aggregate the expenditures of all lobbyists for a principal represented by more than one lobbyist. Further, the commission shall aggregate figures that provide a cumulative total of expenditures reported as spent by and on behalf of each principal for the calendar year.

(c)(d) The reporting statements shall be filed no later than 45 days after the end of each reporting period, and shall include the expenditures for the period ~~The four reporting periods are~~ from January 1 through March 31 ~~June 30, April 1 through June 30, and July 1 through September 30, and October 1 through December 31, respectively.~~

(d)(e) Reports shall be filed not later than 5 p.m. of the report due date. However, any report that is postmarked by the United States Postal Service no later than midnight of the due date shall be deemed to have been filed in a timely manner, and a certificate of mailing obtained from and dated by the United States Postal Service at the time of the mailing, or a receipt from an established courier company which bears a date on or before the due date, shall be proof of mailing in a timely manner.

(e)(f) The commission shall provide by rule a procedure by which a lobbying firm that lobbyist who fails to timely file a report shall be notified and assessed fines. The rule shall provide for the following:

1. Upon determining that the report is late, the person designated to review the timeliness of reports shall immediately notify the lobbying firm lobbyist as to the failure to timely file the report and that a fine is being assessed for each late day. The fine shall be \$50 per day per report for each late day up to a maximum of \$5,000 per late report.

2. Upon receipt of the report, the person designated to review the timeliness of reports shall determine the amount of the fine due based upon the earliest of the following:

a. When a report is actually received by the lobbyist registration and reporting office.

b. When the report is postmarked.

c. When the certificate of mailing is dated.

d. When the receipt from an established courier company is dated.

3. Such fine shall be paid within 30 days after the notice of payment due is transmitted by the Lobbyist Registration Office, unless appeal is made to the commission. The moneys shall be deposited into the Executive Branch Lobby Registration Trust Fund.

4. A fine shall not be assessed against a lobbying firm lobbyist the first time any reports for which the lobbying firm lobbyist is responsible are not timely filed. However, to receive the one-time fine waiver, all reports for which the lobbying firm lobbyist is responsible must be filed within 30 days after the notice that any reports have not been timely filed is transmitted by the Lobbyist Registration Office. A fine shall be assessed for any subsequent late-filed reports.

5. Any lobbying firm lobbyist may appeal or dispute a fine, based upon unusual circumstances surrounding the failure to file on the designated due date, and may request and shall be entitled to a hearing before the commission, which shall have the authority to waive the fine in whole or in part for good cause shown. Any such request shall be made within 30 days after the notice of payment due is transmitted by the Lobbyist Registration Office. In such case, the lobbying firm lobbyist shall, within the 30-day period, notify the person designated to review the timeliness of reports in writing of his or her intention to bring the matter before the commission.

6. The person designated to review the timeliness of reports shall notify the commission of the failure of a lobbying firm lobbyist to file a report after notice or of the failure of a lobbying firm lobbyist to pay the fine imposed.

7. Notwithstanding any provision of chapter 120, any fine imposed under this subsection that is not waived by final order of the commission and that remains unpaid more than 60 days after the notice of payment due or more than 60 days after the commission renders a final order on the lobbying firm's lobbyist's appeal shall be collected by the Department of Financial Services as a claim, debt, or other obligation owed to the state, and the department may assign the collection of such fine to a collection agent as provided in s. 17.20.

(f)(g) The commission shall adopt a rule which allows reporting statements to be filed by electronic means, when feasible.

(g)(h) Each lobbying firm lobbyist and each principal shall preserve for a period of 4 years all accounts, bills, receipts, computer records, books, papers, and other documents and records necessary to substantiate compensation lobbying expenditures. Any documents and records retained pursuant to this section may be subpoenaed for audit by the Legislative Auditing Committee pursuant to s. 11.40, and such subpoena inspected under reasonable circumstances by any authorized representative of the commission. The right of inspection may be enforced in circuit court by appropriate writ issued by any court of competent jurisdiction.

(6)(a) Notwithstanding s. 112.3148, s. 112.3149, or any other provision of law to the contrary, no lobbyist or principal shall make, directly or indirectly, and no agency official, member, or employee shall knowingly accept, directly or indirectly, any expenditure.

(b) No person shall provide compensation for lobbying to any individual or business entity that is not a lobbying firm.

(7)(6) A lobbyist shall promptly send a written statement to the commission canceling the registration for a principal upon termination of the lobbyist's representation of that principal. Notwithstanding this requirement, the commission may remove the name of a lobbyist from the list of registered lobbyists if the principal notifies the office that a person is no longer authorized to represent that principal. ~~Each lobbyist is responsible for filing an expenditure report for each period during any portion of which he or she was registered, and each principal is responsible for seeing that an expenditure report is filed for each period during any portion of which the principal was represented by a registered lobbyist.~~

(8)(a)(7) The commission shall investigate every sworn complaint that is filed with it alleging that a person covered by this section has failed to register, has failed to submit a ~~compensation~~ expenditure report, or has knowingly submitted false information in any report or registration required in this section.

(b) All proceedings, the complaint, and other records relating to the investigation are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution, and any meetings held pursuant to an investigation are exempt from the provisions of s. 286.011(1) and s. 24(b), Art. I of the State Constitution either until the alleged violator requests in writing that such investigation and associated records and meetings be made public or until the commission determines, based on the investigation, whether probable cause exists to believe that a violation has occurred.

(c) ~~The commission shall investigate any lobbying firm, agency, officer, or employee upon receipt of information from a sworn complaint or from a random audit of lobbying reports indicating a possible violation other than a late-filed report.~~

(9)(8) If the commission finds no probable cause to believe that a violation of this section occurred, it shall dismiss the complaint, whereupon the complaint, together with a written statement of the findings of the investigation and a summary of the facts, shall become a matter of public record, and the commission shall send a copy of the complaint, findings, and summary to the complainant and the alleged violator. *If, after investigating information from a random audit of lobbying reports, the commission finds no probable cause to believe that a violation of this section occurred, a written statement of the findings of the investigation and a summary of the facts shall become a matter of public record, and the commission shall send a copy of the findings and summary to the alleged violator.* If the commission finds probable cause to believe that a violation occurred, it shall report the results of its investigation to the Governor and Cabinet and send a copy of the report to the alleged violator by certified mail. Such notification and all documents made or received in the disposition of the complaint shall then become public records. Upon request submitted to the Governor and Cabinet in writing, any person whom the commission finds probable cause to believe has violated any provision of this section shall be entitled to a public hearing. Such person shall be deemed to have waived the right to a public hearing if the request is not received within 14 days following the mailing of the probable cause notification. However, the Governor and Cabinet may on its own motion require a public hearing and may conduct such further investigation as it deems necessary.

(10)(9) If the Governor and Cabinet finds that a violation occurred, it may reprimand the violator, censure the violator, or prohibit the violator from lobbying all agencies for a period not to exceed 2 years. *If the violator is a lobbying firm, the Governor and Cabinet may also assess a fine of not more than \$5,000 to be deposited in the Executive Branch Lobby Registration Trust Fund.*

(11)(10) Any person, when in doubt about the applicability and interpretation of this section to himself or herself in a particular context, may submit in writing the facts of the situation to the commission with a request for an advisory opinion to establish the standard of duty. An advisory opinion shall be rendered by the commission and, until amended or revoked, shall be binding on the conduct of the person who sought the opinion, unless material facts were omitted or misstated in the request.

(12)(11) Agencies shall be diligent to ascertain whether persons required to register pursuant to this section have complied. An agency may not knowingly permit a person who is not registered pursuant to this section to lobby the agency.

(13)(12) Upon discovery of violations of this section an agency or any person may file a sworn complaint with the commission.

(14)(13) The commission shall adopt rules to administer this section, which shall prescribe forms for registration and ~~compensation~~ expenditure reports, procedures for registration, and procedures that will prevent disclosure of information that is confidential as provided in this section.

Section 6. Effective April 1, 2007, subsection (5) of section 112.3215, Florida Statutes, as amended by this act, is amended to read:

112.3215 Lobbying before the executive branch or the Constitution Revision Commission; registration and reporting; investigation by commission.—

(5)(a)1. Each lobbying firm shall file a compensation report with the commission for each calendar quarter during any portion of which one or more of the firm's lobbyists were registered to represent a principal. The report shall include the:

a. Full name, business address, and telephone number of the lobbying firm;

b. Name of each of the firm's lobbyists; and

c. Total compensation provided or owed to the lobbying firm from all principals for the reporting period, reported in one of the following categories: \$0; \$1 to \$49,999; \$50,000 to \$99,999; \$100,000 to \$249,999; \$250,000 to \$499,999; \$500,000 to \$999,999; \$1 million or more.

2. For each principal represented by one or more of the firm's lobbyists, the lobbying firm's compensation report shall also include the:

a. Full name, business address, and telephone number of the principal; and

b. Total compensation provided or owed to the lobbying firm for the reporting period, reported in one of the following categories: \$0; \$1 to \$9,999; \$10,000 to \$19,999; \$20,000 to \$29,999; \$30,000 to \$39,999; \$40,000 to \$49,999; or \$50,000 or more. If the category, "\$50,000 or more" is selected, the specific dollar amount of compensation must be reported, rounded up or down to the nearest \$1,000.

3. If the lobbying firm subcontracts work from another lobbying firm and not from the original principal:

a. The lobbying firm providing the work to be subcontracted shall be treated as the reporting lobbying firm's principal for reporting purposes under this paragraph; and

b. The reporting lobbying firm shall, for each lobbying firm identified under subparagraph 2., identify the name and address of the principal originating the lobbying work.

4. The senior partner, officer, or owner of the lobbying firm shall certify to the veracity and completeness of the information submitted pursuant to this paragraph.

(b) For each principal represented by more than one lobbying firm, the commission shall aggregate the reporting-period and calendar-year compensation reported as provided or owed by the principal.

(c) The reporting statements shall be filed no later than 45 days after the end of each reporting period. The four reporting periods are from January 1 through March 31, April 1 through June 30, July 1 through September 30, and October 1 through December 31, respectively. *Reporting statements must be filed by electronic means as provided in s. 112.32155.*

~~(d) Reports shall be filed not later than 5 p.m. of the report due date. However, any report that is postmarked by the United States Postal Service no later than midnight of the due date shall be deemed to have been filed in a timely manner, and a certificate of mailing obtained from and dated by the United States Postal Service at the time of the mailing, or a receipt from an established courier company which bears a date on or before the due date, shall be proof of mailing in a timely manner.~~

(d)(e) The commission shall provide by rule a procedure by which a lobbying firm that fails to timely file a report shall be notified and assessed fines. The rule shall provide for the following:

1. Upon determining that the report is late, the person designated to review the timeliness of reports shall immediately notify the lobbying firm as to the failure to timely file the report and that a fine is being assessed for each late day. The fine shall be \$50 per day per report for each late day up to a maximum of \$5,000 per late report.

2. Upon receipt of the report, the person designated to review the timeliness of reports shall determine the amount of the fine due based upon the earliest of the following:

a. When a report is actually received by the lobbyist registration and reporting office.

b. ~~When the electronic receipt issued pursuant to s. 112.32155 is dated. When the report is postmarked.~~

e. ~~When the certificate of mailing is dated.~~

d. ~~When the receipt from an established courier company is dated.~~

3. Such fine shall be paid within 30 days after the notice of payment due is transmitted by the Lobbyist Registration Office, unless appeal is made to the commission. The moneys shall be deposited into the Executive Branch Lobby Registration Trust Fund.

4. A fine shall not be assessed against a lobbying firm the first time any reports for which the lobbying firm is responsible are not timely filed. However, to receive the one-time fine waiver, all reports for which the lobbying firm is responsible must be filed within 30 days after the notice that any reports have not been timely filed is transmitted by the Lobbyist Registration Office. A fine shall be assessed for any subsequent late-filed reports.

5. Any lobbying firm may appeal or dispute a fine, based upon unusual circumstances surrounding the failure to file on the designated due date, and may request and shall be entitled to a hearing before the commission, which shall have the authority to waive the fine in whole or in part for good cause shown. Any such request shall be made within 30 days after the notice of payment due is transmitted by the Lobbyist Registration Office. In such case, the lobbying firm shall, within the 30-day period, notify the person designated to review the timeliness of reports in writing of his or her intention to bring the matter before the commission.

6. The person designated to review the timeliness of reports shall notify the commission of the failure of a lobbying firm to file a report after notice or of the failure of a lobbying firm to pay the fine imposed.

7. Notwithstanding any provision of chapter 120, any fine imposed under this subsection that is not waived by final order of the commission and that remains unpaid more than 60 days after the notice of payment due or more than 60 days after the commission renders a final order on the lobbying firm's appeal shall be collected by the Department of Financial Services as a claim, debt, or other obligation owed to the state, and the department may assign the collection of such fine to a collection agent as provided in s. 17.20.

~~(f) The commission shall adopt a rule which allows reporting statements to be filed by electronic means, when feasible.~~

(e)(g) Each lobbying firm and each principal shall preserve for a period of 4 years all accounts, bills, receipts, computer records, books, papers, and other documents and records necessary to substantiate compensation. Any documents and records retained pursuant to this section may be subpoenaed for audit by the Legislative Auditing Committee pursuant to s. 11.40, and such subpoena may be enforced in circuit court.

Section 7. Effective April 1, 2007, section 112.32155, Florida Statutes, is created to read:

112.32155 Electronic filing of compensation reports and other information.—

(1) *As used in this section, the term "electronic filing system" means an Internet system for recording and reporting lobbying compensation and other required information by reporting period.*

(2) *Each lobbying firm who is required to file reports with the Commission on Ethics pursuant to s. 112.3215 must file such reports with the commission by means of the electronic filing system.*

(3) *A report filed pursuant to this section must be completed and filed through the electronic filing system not later than 11:59 p.m. of the day designated in s. 112.3215. A report not filed by 11:59 p.m. of the day designated is a late-filed report and is subject to the penalties under s. 112.3215(5).*

(4) *Each report filed pursuant to this section is considered to meet the certification requirements of s. 112.3215(5)(a)4. Persons given a secure sign-on to the electronic filing system are responsible for protecting it from disclosure and are responsible for all filings using such credentials, unless they have notified the commission that their credentials have been compromised.*

(5) *The electronic filing system must:*

(a) *Be based on access by means of the Internet.*

(b) *Be accessible by anyone with Internet access using standard web-browsing software.*

(c) *Provide for direct entry of compensation-report information as well as upload of such information from software authorized by the commission.*

(d) *Provide a method that prevents unauthorized access to electronic filing system functions.*

(6) *The commission shall provide by rule procedures to implement and administer this section, including, but not limited to:*

(a) *Alternate filing procedures in case the electronic filing system is not operable.*

(b) *The issuance of an electronic receipt to the person submitting the report indicating and verifying the date and time that the report was filed.*

(7) *The commission shall make all the data filed available on the Internet in an easily understood and accessible format. The Internet web site shall also include, but not be limited to, the names and business addresses of lobbyists, lobbying firms, and principals, affiliations between lobbyists and principals, and the classification system designated and identified by each principal pursuant to s. 112.3215(3).*

Section 8. *The first compensation reports subject to the amended reporting requirements in this act must be filed by May 15, 2006, and encompass the reporting period from January 1, 2006, through March 31, 2006.*

Section 9. *A person convicted of a felony after January 1, 2006, may not be registered as a lobbyist pursuant to s. 11.045 or s. 112.3125, Florida Statutes, until the person:*

(1) *Has been released from incarceration and any postconviction supervision, and has paid all court costs and court-ordered restitution; and*

(2) *Has had his or her civil rights restored.*

Section 10. Except as otherwise expressly provided in this act, this act shall take effect January 1, 2006.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to political activities; amending ss. 11.045 and 112.3215, F.S., relating to registration and reporting requirements for legislative lobbyists and lobbyists of the executive branch and Constitution Revision Commission; providing and amending definitions; requiring each principal upon the registration of the principal's lobbyist to identify the principal's main business; requiring each lobbying firm and principal to maintain certain records and documents for a specified period; specifying judicial jurisdiction for enforcing the right to subpoena certain documents and records for audit; deleting the requirement for lobbyists to file expenditure reports; requiring each lobbying firm to file quarterly compensation reports; requiring each lobbying firm to report certain compensation information in dollar categories and specific dollar amounts; requiring certain lobbying firms to report the name and address of the principal originating lobbying work; providing for certification of compensation reports; requiring the Division of Legislative Information Services and the Commission on Ethics to aggregate certain

compensation information; revising the periods for filing compensation reporting statements; prescribing procedures for determining late-filing fines for compensation reports; prescribing fines and penalties for compensation-reporting violations; providing exceptions; prohibiting lobbying expenditures, except for certain floral arrangements and celebratory items; prohibiting principals from providing lobbying compensation to any individual or business entity other than a lobbying firm; providing for the Legislature to adopt rules to maintain and make publicly available all advisory opinions and reports relating to lobbying firms, to conform; providing for the Legislature to adopt rules authorizing legislative committees to investigate certain persons and entities engaged in legislative lobbying; providing for the commission to investigate certain lobbying firms for lobbying report violations; providing procedures for disposing of lobbying report investigations and proceedings; providing penalties; providing for public access to certain records; authorizing the commission to adopt administration rules and forms relating to compensation reporting; requiring compensation reports to be filed electronically; creating ss. 11.0455 and 112.32155, F.S.; defining the term "electronic filing system"; providing requirements for lobbying firms filing reports with the Division of Legislative Information Services and the Commission on Ethics by means of the division's and the commission's electronic filing systems; providing that such reports are considered to be certified; providing requirements for the electronic filing system; providing for the Legislature and the commission to adopt rules to administer the electronic filing system; requiring alternate filing procedures; requiring the issuance of electronic receipts; requiring that the division and the commission provide for public access to certain data; amending s. 11.40, F.S.; requiring that the Legislative Auditing Committee conduct random audits of the compensation reports filed by legislative branch and executive branch lobbying firms; providing definitions; prescribing conditions for the random selection; directing the committee to provide for a system to select lobbying firms to be audited; requiring the committee to create and maintain a list of approved auditors; authorizing certain lobbying firms the ability to select an auditor from an approved list; prohibiting an auditor to audit lobbying firms under specified circumstances; requiring a sworn certification from the auditor and the lobbying firm being audited; providing for certain auditors to be solely engaged and compensated by the state; providing the required contents of the audit report; providing for the determination of violations of law to be made by Legislative rule; prescribing a standard of cooperation by lobbying firms being audited; providing guidelines for the committee to establish procedures for the selection of independent contractors; requiring the committee to adopt guidelines that govern random audits and field investigations; requiring that legislative lobbying audit reports be forwarded to the Legislature and executive lobbying audit reports be sent to the Commission on Ethics; specifying the initial reporting period that is subject to the requirements of the act; prohibiting persons convicted of a felony from being registered as a lobbyist until certain conditions are met; providing effective dates.

On motion by Senator Sebesta by two-thirds vote **SB 6-B** as amended was read the third time by title, passed, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—36

Mr. President	Crist	Margolis
Alexander	Dawson	Miller
Argenziano	Diaz de la Portilla	Peaden
Aronberg	Dockery	Posey
Atwater	Fasano	Pruitt
Baker	Garcia	Rich
Bennett	Haridopolos	Saunders
Bullard	Hill	Sebesta
Campbell	Jones	Smith
Carlton	King	Villalobos
Clary	Klein	Wilson
Constantine	Lynn	Wise

Nays—3

Geller	Lawson	Siplin
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Vote after roll call:

Yea—Webster

SB 40-B—A bill to be entitled An act relating to public records and open meetings; amending s. 11.0431, F.S.; creating an exemption from public-records requirements for user identification and passwords held by the Division of Legislative Information Services pursuant to s. 11.0455, F.S.; creating a temporary exemption from public-records requirements for reports and files stored in the electronic filing system pursuant to s. 11.0455, F.S.; creating s. 112.32156, F.S.; creating an exemption from public-records requirements for user identifications and passwords held by the Commission on Ethics pursuant to s. 112.32155, F.S.; creating a temporary exemption from public-records requirements for reports and files stored in the electronic system pursuant to s. 112.32155, F.S.; providing for future legislative review and repeal under the Open Government Sunset Review Act; amending s. 112.3215, F.S.; creating a temporary exemption from public-records and open-meetings requirements for records relating to a compensation-reporting audit and an investigation of possible reporting violations concerning lobbying compensation and for meetings held pursuant to an investigation or at which a compensating-reporting audit is discussed; providing for future legislative review and repeal under the Open Government Sunset Review Act; providing findings of public necessity; providing a contingent effective date.

—was read the second time by title.

Senator Sebesta moved the following amendment which was adopted:

Amendment 1 (480800)(with title amendment)—Delete everything after the enacting clause and insert:

Section 1. Paragraph (d) is added to subsection (8) of section 112.3215, Florida Statutes, as amended by Senate Bill 6-B, 2005 Special Session B, or similar legislation adopted in the same legislative session or an extension thereof, to read:

112.3215 Lobbying before the executive branch or the Constitution Revision Commission; registration and reporting; investigation by commission.—

(8)

(d) *Records relating to an audit conducted pursuant to this section or an investigation conducted pursuant to this section or s. 112.32155 are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution, and any meetings held pursuant to such an investigation or at which such an audit is discussed are exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution either until the lobbying firm requests in writing that such investigation and associated records and meetings be made public or until the commission determines there is probable cause that the audit reflects a violation of the reporting laws. This paragraph is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2011, unless reviewed and saved from repeal through reenactment by the Legislature.*

Section 2. *The Legislature finds that it is a public necessity that records relating to an audit of a lobbying firm lobbying the executive branch or the Constitution Revision Commission or an investigation of violations of the lobbying compensation reporting laws for the executive branch or the Constitution Revision Commission be made confidential and exempt from public-records requirements and that meetings held pursuant to such an investigation or at which such an audit is discussed be made exempt from public-meetings requirements until the alleged violator requests in writing that such records and meetings be made public or the Commission on Ethics determines there is probable cause that the audit reflects a violation of the reporting laws. The disclosure of such records could injure a lobbying firm in the marketplace by providing its competitors with detailed insights into the financial status of the firm, thereby diminishing the advantage that the lobbying firm maintains over those who do not possess such records. Disclosure would create an economic disadvantage for the lobbying firm. In addition, the public release of such records through either a public-records request or a public meeting could cause unwarranted damage to the good name and business reputation of a lobbying firm if a violation of the reporting laws is found not to exist. Further, making such records available to the public could encumber the commission's ongoing investigation and its ability to gather pertinent information crucial to determining whether a violation of the executive lobbying compensation reporting laws exists. The harm to a lobbying firm in the marketplace and to the effective administration*

of the investigation and audit processes caused by the public disclosure of such records far outweighs the public benefits derived from its release.

Section 3. This act shall take effect on January 1, 2006, if Senate Bill 6-B or similar legislation is adopted in the same legislative session or an extension thereof and becomes law.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to public-records and public-meetings exemptions for lobbying; amending s. 112.3215, F.S.; creating a public-records exemption for records relating to an audit of a lobbying firm lobbying the executive branch or the Constitution Revision Commission or an investigation of violations of the lobbying compensation reporting laws for the executive branch or the Constitution Revision Commission; creating a public-meetings exemption for discussions of such records; providing for release of the records under specified conditions; providing for future legislative review and repeal of the exemptions; providing a statement of public necessity; providing a contingent effective date.

On motion by Senator Sebesta, by two-thirds vote **SB 40-B** as amended was read the third time by title, passed by the required constitutional two-thirds vote of the members present, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—39

Mr. President	Diaz de la Portilla	Miller
Alexander	Dockery	Peaden
Argenziano	Fasano	Posey
Aronberg	Garcia	Pruitt
Atwater	Geller	Rich
Bennett	Haridopolos	Saunders
Bullard	Hill	Sebesta
Campbell	Jones	Siplin
Carlton	King	Smith
Clary	Klein	Villalobos
Constantine	Lawson	Webster
Crist	Lynn	Wilson
Dawson	Margolis	Wise

Nays—None

Vote after roll call:

Yea—Baker

By direction of the President, the rules were waived and the Senate reverted to—

BILLS ON THIRD READING

SENATOR PRUITT PRESIDING

On motion by Senator Peaden, by two-thirds vote **HB 3-B** was withdrawn from the Committees on Health Care; and Ways and Means.

On motion by Senator Peaden, by unanimous consent—

HB 3-B—A bill to be entitled An act relating to Medicaid; amending s. 641.2261, F.S.; revising the applicability of solvency requirements to include Medicaid provider service networks and updating a reference; amending s. 409.911, F.S.; adding a duty to the Medicaid Disproportionate Share Council; providing a future repeal of the Disproportionate Share Council; creating the Medicaid Low-Income Pool Council; providing for membership and duties; amending s. 409.912, F.S.; providing an exception from certain contract procurement requirements for specified Medicaid managed care pilot programs and Medicaid health maintenance organizations; providing an exemption for federally qualified health centers and entities owned by federally qualified health centers from pts. I and III of ch. 641, F.S., under certain circumstances; deleting the competitive procurement requirement for provider service networks; requiring provider service networks to comply with the solvency requirements in s. 641.2261, F.S.; updating a reference; including certain minority physician networks and emergency room diversion programs in the description of provider service networks; amending s. 409.91211,

F.S.; providing for distribution of upper payment limit, hospital disproportionate share program, and low income pool funds; providing legislative intent with respect to distribution of said funds; providing for implementation of the powers, duties, and responsibilities of the Agency for Health Care Administration with respect to the pilot program; including the Division of Children’s Medical Services Network within the Department of Health in a list of state-authorized pilot programs; requiring the agency to develop a data reporting system; requiring the agency to implement procedures to minimize fraud and abuse; providing that certain Medicaid and Supplemental Security Income recipients are exempt from s. 409.9122, F.S.; providing for Medicaid reimbursement of federally qualified health centers that deliver certain school-based services; authorizing the agency to assign certain Medicaid recipients to reform plans; authorizing the agency to implement the provisions of the waiver approved by the Centers for Medicare and Medicaid Services and requiring the agency to notify the Legislature prior to seeking federal approval of modifications to said terms and conditions; requiring the Secretary of Health Care Administration to convene a technical advisory panel; providing for membership and duties; limiting aggregate risk score of certain managed care plans for payment purposes for a specified period of time; providing for phase in of capitation rates; providing applicability; requiring rates to be certified and approved; defining the term “capitated managed care plan”; providing for conflict between specified provisions of ch. 409, F.S., and requiring a report by the agency pertaining thereto; creating s. 409.91212, F.S.; authorizing the agency to expand the Medicaid reform demonstration program; providing readiness criteria; providing for public meetings; requiring notice of intent to expand the demonstration program; requiring the agency to request a hearing by the Joint Legislative Committee on Medicaid Reform Implementation; authorizing the agency to request certain budget transfers; amending s. 409.9122, F.S.; revising provisions relating to assignment of certain Medicaid recipients to managed care plans; creating s. 11.72, F.S.; creating the Joint Legislative Committee on Medicaid Reform Implementation; providing for membership, powers, and duties; amending s. 216.346, F.S.; revising provisions relating to contracts between state agencies; providing an effective date.

—a companion measure, was taken up out of order. The rules were waived and by two-thirds vote **HB 3-B** was substituted for **CS for SB 2-B** as amended and by two-thirds vote read the second time by title.

Senators Peaden, Carlton and Atwater offered the following amendment which was moved by Senator Peaden and adopted:

Amendment 1 (660548)(with title amendment)—Delete everything after the enacting clause and insert:

Section 1. Subsection (9) of section 409.911, Florida Statutes, is amended, and subsection (10) is added to that section, to read:

409.911 Disproportionate share program.—Subject to specific allocations established within the General Appropriations Act and any limitations established pursuant to chapter 216, the agency shall distribute, pursuant to this section, moneys to hospitals providing a disproportionate share of Medicaid or charity care services by making quarterly Medicaid payments as required. Notwithstanding the provisions of s. 409.915, counties are exempt from contributing toward the cost of this special reimbursement for hospitals serving a disproportionate share of low-income patients.

(9) The Agency for Health Care Administration shall create a Medicaid Disproportionate Share Council.

(a) The purpose of the council is to study and make recommendations regarding:

1. The formula for the regular disproportionate share program and alternative financing options.
2. Enhanced Medicaid funding through the Special Medicaid Payment program.
3. The federal status of the upper-payment-limit funding option and how this option may be used to promote health care initiatives determined by the council to be state health care priorities.

4. *The development of the low-income pool plan as required by the federal Centers for Medicare and Medicaid Services using the objectives established in s. 409.91211(1)(c).*

(b) The council shall include representatives of the Executive Office of the Governor and of the agency; representatives from teaching, public, private nonprofit, private for-profit, and family practice teaching hospitals; and representatives from other groups as needed. *The agency must ensure that there is fair representation of each group specified in this paragraph.*

(c) The council shall submit its findings and recommendations to the Governor and the Legislature no later than ~~February~~ ^{March} 1 of each year.

(d) *This subsection shall stand repealed June 30, 2006, unless reviewed and saved from repeal through reenactment by the Legislature.*

(10) *The Agency for Health Care Administration shall create a Medicaid Low-Income Pool Council by July 1, 2006. The Low-Income Pool Council shall consist of 17 members, including three representatives of statutory teaching hospitals, three representatives of public hospitals, three representatives of nonprofit hospitals, three representatives of for-profit hospitals, two representatives of rural hospitals, two representatives of units of local government which contribute funding, and one representative of family practice teaching hospitals. The council shall:*

(a) *Make recommendations on the financing of the low-income pool and the disproportionate share hospital program and the distribution of their funds.*

(b) *Advise the Agency for Health Care Administration on the development of the low-income pool plan required by the federal Centers for Medicare and Medicaid Services pursuant to the Medicaid reform waiver.*

(c) *Advise the Agency for Health Care Administration on the distribution of hospital funds used to adjust inpatient hospital rates, rebase rates, or otherwise exempt hospitals from reimbursement limits as financed by intergovernmental transfers.*

(d) *Submit its findings and recommendations to the Governor and the Legislature no later than February 1 of each year.*

Section 2. Paragraphs (b), (c), and (d) of subsection (4) of section 409.912, Florida Statutes, are amended to read:

409.912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. To ensure that medical services are effectively utilized, the agency may, in any case, require a confirmation or second physician's opinion of the correct diagnosis for purposes of authorizing future services under the Medicaid program. This section does not restrict access to emergency services or poststabilization care services as defined in 42 C.F.R. part 438.114. Such confirmation or second opinion shall be rendered in a manner approved by the agency. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency shall contract with a vendor to monitor and evaluate the clinical practice patterns of providers in order to identify trends that are outside the normal practice patterns of a provider's professional peers or the national guidelines of a provider's professional association. The vendor must be able to provide information and counseling to a provider whose practice patterns are outside the norms, in consultation with the agency, to improve patient care and reduce inappropriate utilization. The agency may mandate prior authorization, drug therapy management, or disease management participation for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization. The agency is authorized to limit the entities it contracts with or enrolls as Medicaid providers by developing a provider network through provider credentialing. The agency may competitively bid single-source-provider contracts if procurement of goods or services

results in demonstrated cost savings to the state without limiting access to care. The agency may limit its network based on the assessment of beneficiary access to care, provider availability, provider quality standards, time and distance standards for access to care, the cultural competence of the provider network, demographic characteristics of Medicaid beneficiaries, practice and provider-to-beneficiary standards, appointment wait times, beneficiary use of services, provider turnover, provider profiling, provider licensure history, previous program integrity investigations and findings, peer review, provider Medicaid policy and billing compliance records, clinical and medical record audits, and other factors. Providers shall not be entitled to enrollment in the Medicaid provider network. The agency shall determine instances in which allowing Medicaid beneficiaries to purchase durable medical equipment and other goods is less expensive to the Medicaid program than long-term rental of the equipment or goods. The agency may establish rules to facilitate purchases in lieu of long-term rentals in order to protect against fraud and abuse in the Medicaid program as defined in s. 409.913. The agency may seek federal waivers necessary to administer these policies.

(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 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 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 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 shall be subject to this paragraph. Each entity must offer 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 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. 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 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 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 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. For fiscal year 2004-2005, all Medicaid eligible children, except children in areas 1 and 6, whose cases are open for child welfare services in the HomeSafeNet system, shall be enrolled in MediPass or in Medicaid fee-for-service and all their behavioral health care services including inpatient, outpatient psychiatric, community mental health, and case management shall be reimbursed on a fee-for-service basis. Beginning July 1, 2005, such children, 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 is authorized to seek any federal waivers to implement this initiative.

(c) A federally qualified health center or an entity owned by one or more federally qualified health centers or an entity owned by other migrant and community health centers receiving non-Medicaid financial support from the Federal Government to provide health care services on a prepaid or fixed-sum basis to recipients. A federally qualified health center or an entity that is owned by one or more federally qualified health centers and is reimbursed by the agency on a prepaid basis is exempt from parts I and III of chapter 641, but must comply with the solvency requirements in s. 641.2261(2) and meet the appropriate requirements governing financial reserve, quality assurance, and patients' rights established by the agency. ~~Such prepaid health care services entity must be licensed under parts I and III of chapter 641, but shall be prohibited from serving Medicaid recipients on a prepaid basis, until such licensure has been obtained. However, such an entity is exempt from s. 641.225 if the entity meets the requirements specified in subsections (17) and (18).~~

(d) A provider service network may be reimbursed on a fee-for-service or prepaid basis. A provider service network which is reimbursed by the agency on a prepaid basis shall be exempt from parts I and III of chapter 641, but must comply with the solvency requirements in s. 641.2261(2) and meet appropriate financial reserve, quality assurance, and patient rights requirements as established by the agency. ~~The agency shall award contracts on a competitive bid basis and shall select bidders based upon price and quality of care.~~ Medicaid recipients assigned to a provider service network demonstration project shall be chosen equally from those who would otherwise have been assigned to prepaid plans and MediPass. The agency is authorized to seek federal Medicaid waivers as necessary to implement the provisions of this section. Any contract previously awarded to a provider service network operated by a hospital pursuant to this subsection shall remain in effect for a period of 3 years following the current contract expiration date, regardless of any contractual provisions to the contrary. A provider service network is a network established or organized and operated by a health care provider, or group of affiliated health care providers, including minority physician networks and emergency room diversion programs that meet the requirements of s. 409.91211, which provides a substantial proportion of the health care items and services under a contract directly through the provider or affiliated group of providers and may make arrangements with physicians or other health care professionals, health care institutions, or any combination of such individuals or institutions to assume all or part of the financial risk on a prospective basis for the provision of basic health services by the physicians, by other health professionals, or through the institutions. The health care providers must have a controlling interest in the governing body of the provider service network organization.

Section 3. Section 409.91211, Florida Statutes, is amended to read:

409.91211 Medicaid managed care pilot program.—

(1)(a) The agency is authorized to seek and implement experimental, pilot, or demonstration project waivers, pursuant to s. 1115 of the Social

Security Act, to create a statewide initiative to provide for a more efficient and effective service delivery system that enhances quality of care and client outcomes in the Florida Medicaid program pursuant to this section. Phase one of the demonstration shall be implemented in two geographic areas. One demonstration site shall include only Broward County. A second demonstration site shall initially include Duval County and shall be expanded to include Baker, Clay, and Nassau Counties within 1 year after the Duval County program becomes operational. *The agency shall implement expansion of the program to include the remaining counties of the state and remaining eligibility groups in accordance with the process specified in the federally-approved special terms and conditions numbered 11-W-00206/4, as approved by the federal Centers for Medicare and Medicaid Services on October 19, 2005, with a goal of full statewide implementation by June 30, 2011.*

(b) This waiver authority is contingent upon federal approval to preserve the upper-payment-limit funding mechanism for hospitals, including a guarantee of a reasonable growth factor, a methodology to allow the use of a portion of these funds to serve as a risk pool for demonstration sites, provisions to preserve the state's ability to use intergovernmental transfers, and provisions to protect the disproportionate share program authorized pursuant to this chapter. Upon completion of the evaluation conducted under s. 3, ch. 2005-133, Laws of Florida, the agency may request statewide expansion of the demonstration projects. Statewide phase-in to additional counties shall be contingent upon review and approval by the Legislature. *Under the upper-payment-limit program, or the low-income pool as implemented by the Agency for Health Care Administration pursuant to federal waiver, the state matching funds required for the program shall be provided by local governmental entities through intergovernmental transfers in accordance with published federal statutes and regulations. The Agency for Health Care Administration shall distribute upper-payment-limit, disproportionate share hospital, and low-income pool funds according to published federal statutes, regulations, and waivers and the low-income pool methodology approved by the federal Centers for Medicare and Medicaid Services.*

(c) *It is the intent of the Legislature that the low-income pool plan required by the terms and conditions of the Medicaid reform waiver and submitted to the federal Centers for Medicare and Medicaid Services propose the distribution of the abovementioned program funds based on the following objectives:*

1. *Assure a broad and fair distribution of available funds based on the access provided by Medicaid participating hospitals, regardless of their ownership status, through their delivery of inpatient or outpatient care for Medicaid beneficiaries and uninsured and underinsured individuals;*
2. *Assure accessible emergency inpatient and outpatient care for Medicaid beneficiaries and uninsured and underinsured individuals;*
3. *Enhance primary, preventive, and other ambulatory care coverages for uninsured individuals;*
4. *Promote teaching and specialty hospital programs;*
5. *Promote the stability and viability of statutorily defined rural hospitals and hospitals that serve as sole community hospitals;*
6. *Recognize the extent of hospital uncompensated care costs;*
7. *Maintain and enhance essential community hospital care;*
8. *Maintain incentives for local governmental entities to contribute to the cost of uncompensated care;*
9. *Promote measures to avoid preventable hospitalizations;*
10. *Account for hospital efficiency; and*
11. *Contribute to a community's overall health system.*

(2) The Legislature intends for the capitated managed care pilot program to:

(a) Provide recipients in Medicaid fee-for-service or the MediPass program a comprehensive and coordinated capitated managed care system for all health care services specified in ss. 409.905 and 409.906.

(b) Stabilize Medicaid expenditures under the pilot program compared to Medicaid expenditures in the pilot area for the 3 years before implementation of the pilot program, while ensuring:

1. Consumer education and choice.
2. Access to medically necessary services.
3. Coordination of preventative, acute, and long-term care.
4. Reductions in unnecessary service utilization.

(c) Provide an opportunity to evaluate the feasibility of statewide implementation of capitated managed care networks as a replacement for the current Medicaid fee-for-service and MediPass systems.

(3) The agency shall have the following powers, duties, and responsibilities with respect to the ~~development of a pilot program~~:

(a) ~~To implement develop and recommend~~ a system to deliver all mandatory services specified in s. 409.905 and optional services specified in s. 409.906, as approved by the Centers for Medicare and Medicaid Services and the Legislature in the waiver pursuant to this section. Services to recipients under plan benefits shall include emergency services provided under s. 409.9128.

(b) ~~To implement a pilot program, including recommend~~ Medicaid eligibility categories, ~~from those~~ specified in ss. 409.903 and 409.904, ~~as authorized in an approved federal waiver which shall be included in the pilot program.~~

(c) ~~To implement determine and recommend how to design~~ the managed care pilot program ~~that maximizes in order to take maximum advantage of~~ all available state and federal funds, including those obtained through intergovernmental transfers, ~~the low-income pool, supplemental Medicaid payments the upper-payment level funding systems,~~ and the disproportionate share program. *Within the parameters allowed by federal statute and rule, the agency may seek options for making direct payments to hospitals and physicians employed by or under contract with the state's medical schools for the costs associated with graduate medical education under Medicaid reform.*

(d) ~~To implement determine and recommend~~ actuarially sound, risk-adjusted capitation rates for Medicaid recipients in the pilot program ~~which can be separated to cover comprehensive care, enhanced services, and catastrophic care.~~

(e) ~~To implement determine and recommend~~ policies and guidelines for phasing in financial risk for approved provider service networks over a 3-year period. *These policies and guidelines must shall include an option for a provider service network to be paid to pay fee-for-service rates that may include a savings settlement option for at least 2 years. For any provider service network established in a managed care pilot area, the option to be paid fee-for-service rates shall include a savings-settlement mechanism that is consistent with s. 409.912(44). This model shall may be converted to a risk-adjusted capitated rate no later than the beginning of the fourth in the third year of operation, and may be converted earlier at the option of the provider service network.* Federally qualified health centers may be offered an opportunity to accept or decline a contract to participate in any provider network for prepaid primary care services.

(f) ~~To implement determine and recommend provisions related to~~ stop-loss requirements and the transfer of excess cost to catastrophic coverage that accommodates the risks associated with the development of the pilot program.

(g) ~~To determine and recommend~~ a process to be used by the Social Services Estimating Conference to determine and validate the rate of growth of the per-member costs of providing Medicaid services under the managed care pilot program.

(h) ~~To implement determine and recommend~~ program standards and credentialing requirements for capitated managed care networks to participate in the pilot program, including those related to fiscal solvency, quality of care, and adequacy of access to health care providers. It is the intent of the Legislature that, to the extent possible, any pilot program authorized by the state under this section include any federally qualified health center, federally qualified rural health clinic, county health de-

partment, the Children's Medical Services Network within the Department of Health, or other federally, state, or locally funded entity that serves the geographic areas within the boundaries of the pilot program that requests to participate. This paragraph does not relieve an entity that qualifies as a capitated managed care network under this section from any other licensure or regulatory requirements contained in state or federal law which would otherwise apply to the entity. The standards and credentialing requirements shall be based upon, but are not limited to:

1. Compliance with the accreditation requirements as provided in s. 641.512.
2. Compliance with early and periodic screening, diagnosis, and treatment screening requirements under federal law.
3. The percentage of voluntary disenrollments.
4. Immunization rates.
5. Standards of the National Committee for Quality Assurance and other approved accrediting bodies.
6. Recommendations of other authoritative bodies.
7. Specific requirements of the Medicaid program, or standards designed to specifically meet the unique needs of Medicaid recipients.
8. Compliance with the health quality improvement system as established by the agency, which incorporates standards and guidelines developed by the Centers for Medicare and Medicaid Services as part of the quality assurance reform initiative.
9. The network's infrastructure capacity to manage financial transactions, recordkeeping, data collection, and other administrative functions.
10. The network's ability to submit any financial, programmatic, or patient-encounter data or other information required by the agency to determine the actual services provided and the cost of administering the plan.
 - (i) To ~~implement develop and recommend~~ a mechanism for providing information to Medicaid recipients for the purpose of selecting a capitated managed care plan. For each plan available to a recipient, the agency, at a minimum, shall ensure that the recipient is provided with:
 1. A list and description of the benefits provided.
 2. Information about cost sharing.
 3. Plan performance data, if available.
 4. An explanation of benefit limitations.
 5. Contact information, including identification of providers participating in the network, geographic locations, and transportation limitations.
 6. Any other information the agency determines would facilitate a recipient's understanding of the plan or insurance that would best meet his or her needs.
 - (j) To ~~implement develop and recommend~~ a system to ensure that there is a record of recipient acknowledgment that choice counseling has been provided.
 - (k) To ~~implement develop and recommend~~ a choice counseling system to ensure that the choice counseling process and related material are designed to provide counseling through face-to-face interaction, by telephone, and in writing and through other forms of relevant media. Materials shall be written at the fourth-grade reading level and available in a language other than English when 5 percent of the county speaks a language other than English. Choice counseling shall also use language lines and other services for impaired recipients, such as TTD/TTY.
 - (l) To ~~implement develop and recommend~~ a system that prohibits capitated managed care plans, their representatives, and providers employed by or contracted with the capitated managed care plans from

recruiting persons eligible for or enrolled in Medicaid, from providing inducements to Medicaid recipients to select a particular capitated managed care plan, and from prejudicing Medicaid recipients against other capitated managed care plans. The system shall require the entity performing choice counseling to determine if the recipient has made a choice of a plan or has opted out because of duress, threats, payment to the recipient, or incentives promised to the recipient by a third party. If the choice counseling entity determines that the decision to choose a plan was unlawfully influenced or a plan violated any of the provisions of s. 409.912(21), the choice counseling entity shall immediately report the violation to the agency's program integrity section for investigation. Verification of choice counseling by the recipient shall include a stipulation that the recipient acknowledges the provisions of this subsection.

(m) To ~~implement develop and recommend~~ a choice counseling system that promotes health literacy and provides information aimed to reduce minority health disparities through outreach activities for Medicaid recipients.

(n) To ~~develop and recommend a system for the agency to~~ contract with entities to perform choice counseling. The agency may establish standards and performance contracts, including standards requiring the contractor to hire choice counselors who are representative of the state's diverse population and to train choice counselors in working with culturally diverse populations.

(o) To ~~implement determine and recommend~~ descriptions of the eligibility assignment processes which will be used to facilitate client choice while ensuring pilot programs of adequate enrollment levels. These processes shall ensure that pilot sites have sufficient levels of enrollment to conduct a valid test of the managed care pilot program within a 2-year timeframe.

(p) To ~~implement standards for plan compliance, including, but not limited to, standards for quality assurance and performance improvement, standards for peer or professional reviews, grievance policies, and policies for maintaining program integrity. The agency shall develop a data-reporting system, seek input from managed care plans in order to establish requirements for patient-encounter reporting, and ensure that the data reported is accurate and complete.~~

1. In performing the duties required under this section, the agency shall work with managed care plans to establish a uniform system to measure and monitor outcomes for a recipient of Medicaid services.

2. The system shall use financial, clinical, and other criteria based on pharmacy, medical services, and other data that is related to the provision of Medicaid services, including, but not limited to:

a. The Health Plan Employer Data and Information Set (HEDIS) or measures that are similar to HEDIS.

b. Member satisfaction.

c. Provider satisfaction.

d. Report cards on plan performance and best practices.

e. Compliance with the requirements for prompt payment of claims under ss. 627.613, 641.3155, and 641.513.

f. Utilization and quality data for the purpose of ensuring access to medically necessary services, including underutilization or inappropriate denial of services.

3. The agency shall require the managed care plans that have contracted with the agency to establish a quality assurance system that incorporates the provisions of s. 409.912(27) and any standards, rules, and guidelines developed by the agency.

4. The agency shall establish an encounter database in order to compile data on health services rendered by health care practitioners who provide services to patients enrolled in managed care plans in the demonstration sites. The encounter database shall:

a. Collect the following for each type of patient encounter with a health care practitioner or facility, including:

(I) The demographic characteristics of the patient.

- (II) *The principal, secondary, and tertiary diagnosis.*
- (III) *The procedure performed.*
- (IV) *The date and location where the procedure was performed.*
- (V) *The payment for the procedure, if any.*
- (VI) *If applicable, the health care practitioner's universal identification number.*
- (VII) *If the health care practitioner rendering the service is a dependent practitioner, the modifiers appropriate to indicate that the service was delivered by the dependent practitioner.*
- b. *Collect appropriate information relating to prescription drugs for each type of patient encounter.*
- c. *Collect appropriate information related to health care costs and utilization from managed care plans participating in the demonstration sites.*
5. *To the extent practicable, when collecting the data the agency shall use a standardized claim form or electronic transfer system that is used by health care practitioners, facilities, and payors.*
6. *Health care practitioners and facilities in the demonstration sites shall electronically submit, and managed care plans participating in the demonstration sites shall electronically receive, information concerning claims payments and any other information reasonably related to the encounter database using a standard format as required by the agency.*
7. *The agency shall establish reasonable deadlines for phasing in the electronic transmittal of full encounter data.*
8. *The system must ensure that the data reported is accurate and complete.*
- ~~(p) To develop and recommend a system to monitor the provision of health care services in the pilot program, including utilization and quality of health care services for the purpose of ensuring access to medically necessary services. This system shall include an encounter data information system that collects and reports utilization information. The system shall include a method for verifying data integrity within the database and within the provider's medical records.~~
- (q) *To implement recommend a grievance resolution process for Medicaid recipients enrolled in a capitated managed care network under the pilot program modeled after the subscriber assistance panel, as created in s. 408.7056. This process shall include a mechanism for an expedited review of no greater than 24 hours after notification of a grievance if the life of a Medicaid recipient is in imminent and emergent jeopardy.*
- (r) *To implement recommend a grievance resolution process for health care providers employed by or contracted with a capitated managed care network under the pilot program in order to settle disputes among the provider and the managed care network or the provider and the agency.*
- (s) *To implement develop and recommend criteria in an approved federal waiver to designate health care providers as eligible to participate in the pilot program. The agency and capitated managed care networks must follow national guidelines for selecting health care providers, whenever available. These criteria must include at a minimum those criteria specified in s. 409.907.*
- (t) *To use develop and recommend health care provider agreements for participation in the pilot program.*
- (u) *To require that all health care providers under contract with the pilot program be duly licensed in the state, if such licensure is available, and meet other criteria as may be established by the agency. These criteria shall include at a minimum those criteria specified in s. 409.907.*
- (v) *To ensure that managed care organizations work collaboratively develop and recommend agreements with other state or local governmental programs or institutions for the coordination of health care to eligible individuals receiving services from such programs or institutions.*

(w) *To implement procedures to minimize the risk of Medicaid fraud and abuse in all plans operating in the Medicaid managed care pilot program authorized in this section.*

1. *The agency shall ensure that applicable provisions of this chapter and chapters 414, 626, 641, and 932 which relate to Medicaid fraud and abuse are applied and enforced at the demonstration project sites.*

2. *Providers must have the certification, license, and credentials that are required by law and waiver requirements.*

3. *The agency shall ensure that the plan is in compliance with s. 409.912(21) and (22).*

4. *The agency shall require that each plan establish functions and activities governing program integrity in order to reduce the incidence of fraud and abuse. Plans must report instances of fraud and abuse pursuant to chapter 641.*

5. *The plan shall have written administrative and management arrangements or procedures, including a mandatory compliance plan, which are designed to guard against fraud and abuse. The plan shall designate a compliance officer who has sufficient experience in health care.*

6.a. *The agency shall require all managed care plan contractors in the pilot program to report all instances of suspected fraud and abuse. A failure to report instances of suspected fraud and abuse is a violation of law and subject to the penalties provided by law.*

b. *An instance of fraud and abuse in the managed care plan, including, but not limited to, defrauding the state health care benefit program by misrepresentation of fact in reports, claims, certifications, enrollment claims, demographic statistics, or patient-encounter data; misrepresentation of the qualifications of persons rendering health care and ancillary services; bribery and false statements relating to the delivery of health care; unfair and deceptive marketing practices; and false claims actions in the provision of managed care, is a violation of law and subject to the penalties provided by law.*

c. *The agency shall require that all contractors make all files and relevant billing and claims data accessible to state regulators and investigators and that all such data is linked into a unified system to ensure consistent reviews and investigations.*

~~(w) To develop and recommend a system to oversee the activities of pilot program participants, health care providers, capitated managed care networks, and their representatives in order to prevent fraud or abuse, overutilization or duplicative utilization, underutilization or inappropriate denial of services, and neglect of participants and to recover overpayments as appropriate. For the purposes of this paragraph, the terms "abuse" and "fraud" have the meanings as provided in s. 409.913. The agency must refer incidents of suspected fraud, abuse, overutilization and duplicative utilization, and underutilization or inappropriate denial of services to the appropriate regulatory agency.~~

(x) *To develop and provide actuarial and benefit design analyses that indicate the effect on capitation rates and benefits offered in the pilot program over a prospective 5-year period based on the following assumptions:*

1. *Growth in capitation rates which is limited to the estimated growth rate in general revenue.*

2. *Growth in capitation rates which is limited to the average growth rate over the last 3 years in per-recipient Medicaid expenditures.*

3. *Growth in capitation rates which is limited to the growth rate of aggregate Medicaid expenditures between the 2003-2004 fiscal year and the 2004-2005 fiscal year.*

(y) *To develop a mechanism to require capitated managed care plans to reimburse qualified emergency service providers, including, but not limited to, ambulance services, in accordance with ss. 409.908 and 409.9128. The pilot program must include a provision for continuing fee-for-service payments for emergency services, including, but not limited to, individuals who access ambulance services or emergency departments and who are subsequently determined to be eligible for Medicaid services.*

(z) To ensure that develop a system whereby school districts participating in the certified school match program pursuant to ss. 409.908(21) and 1011.70 shall be reimbursed by Medicaid, subject to the limitations of s. 1011.70(1), for a Medicaid-eligible child participating in the services as authorized in s. 1011.70, as provided for in s. 409.9071, regardless of whether the child is enrolled in a capitated managed care network. Capitated managed care networks must make a good faith effort to execute agreements with school districts regarding the coordinated provision of services authorized under s. 1011.70. County health departments and federal qualified health centers delivering school-based services pursuant to ss. 381.0056 and 381.0057 must be reimbursed by Medicaid for the federal share for a Medicaid-eligible child who receives Medicaid-covered services in a school setting, regardless of whether the child is enrolled in a capitated managed care network. Capitated managed care networks must make a good faith effort to execute agreements with county health departments and federally qualified health centers regarding the coordinated provision of services to a Medicaid-eligible child. To ensure continuity of care for Medicaid patients, the agency, the Department of Health, and the Department of Education shall develop procedures for ensuring that a student's capitated managed care network provider receives information relating to services provided in accordance with ss. 381.0056, 381.0057, 409.9071, and 1011.70.

(aa) To implement develop and recommend a mechanism whereby Medicaid recipients who are already enrolled in a managed care plan or the MediPass program in the pilot areas shall be offered the opportunity to change to capitated managed care plans on a staggered basis, as defined by the agency. All Medicaid recipients shall have 30 days in which to make a choice of capitated managed care plans. Those Medicaid recipients who do not make a choice shall be assigned to a capitated managed care plan in accordance with paragraph (4)(a) and shall be exempt from s. 409.9122. To facilitate continuity of care for a Medicaid recipient who is also a recipient of Supplemental Security Income (SSI), prior to assigning the SSI recipient to a capitated managed care plan, the agency shall determine whether the SSI recipient has an ongoing relationship with a provider or capitated managed care plan, and, if so, the agency shall assign the SSI recipient to that provider or capitated managed care plan where feasible. Those SSI recipients who do not have such a provider relationship shall be assigned to a capitated managed care plan provider in accordance with paragraph (4)(a) and shall be exempt from s. 409.9122.

(bb) To develop and recommend a service delivery alternative for children having chronic medical conditions which establishes a medical home project to provide primary care services to this population. The project shall provide community-based primary care services that are integrated with other subspecialties to meet the medical, developmental, and emotional needs for children and their families. This project shall include an evaluation component to determine impacts on hospitalizations, length of stays, emergency room visits, costs, and access to care, including specialty care and patient and family satisfaction.

(cc) To develop and recommend service delivery mechanisms within capitated managed care plans to provide Medicaid services as specified in ss. 409.905 and 409.906 to persons with developmental disabilities sufficient to meet the medical, developmental, and emotional needs of these persons.

(dd) To develop and recommend service delivery mechanisms within capitated managed care plans to provide Medicaid services as specified in ss. 409.905 and 409.906 to Medicaid-eligible children in foster care. These services must be coordinated with community-based care providers as specified in s. 409.1675, where available, and be sufficient to meet the medical, developmental, and emotional needs of these children.

(4)(a) A Medicaid recipient in the pilot area who is not currently enrolled in a capitated managed care plan upon implementation is not eligible for services as specified in ss. 409.905 and 409.906, for the amount of time that the recipient does not enroll in a capitated managed care network. If a Medicaid recipient has not enrolled in a capitated managed care plan within 30 days after eligibility, the agency shall assign the Medicaid recipient to a capitated managed care plan based on the assessed needs of the recipient as determined by the agency and the recipient shall be exempt from s. 409.9122. When making assignments, the agency shall take into account the following criteria:

1. A capitated managed care network has sufficient network capacity to meet the needs of members.

2. The capitated managed care network has previously enrolled the recipient as a member, or one of the capitated managed care network's primary care providers has previously provided health care to the recipient.

3. The agency has knowledge that the member has previously expressed a preference for a particular capitated managed care network as indicated by Medicaid fee-for-service claims data, but has failed to make a choice.

4. The capitated managed care network's primary care providers are geographically accessible to the recipient's residence.

(b) When more than one capitated managed care network provider meets the criteria specified in paragraph (3)(h), the agency shall make recipient assignments consecutively by family unit.

(c) If a recipient is currently enrolled with a Medicaid managed care organization that also operates an approved reform plan within a demonstration area and the recipient fails to choose a plan during the reform enrollment process or during redetermination of eligibility, the recipient shall be automatically assigned by the agency into the most appropriate reform plan operated by the recipient's current Medicaid managed care plan. If the recipient's current managed care plan does not operate a reform plan in the demonstration area which adequately meets the needs of the Medicaid recipient, the agency shall use the automatic assignment process as prescribed in the special terms and conditions numbered 11-W-00206/4. All enrollment and choice counseling materials provided by the agency must contain an explanation of the provisions of this paragraph for current managed care recipients.

(d)(e) The agency may not engage in practices that are designed to favor one capitated managed care plan over another or that are designed to influence Medicaid recipients to enroll in a particular capitated managed care network in order to strengthen its particular fiscal viability.

(e)(f) After a recipient has made a selection or has been enrolled in a capitated managed care network, the recipient shall have 90 days in which to voluntarily disenroll and select another capitated managed care network. After 90 days, no further changes may be made except for cause. Cause shall include, but not be limited to, poor quality of care, lack of access to necessary specialty services, an unreasonable delay or denial of service, inordinate or inappropriate changes of primary care providers, service access impairments due to significant changes in the geographic location of services, or fraudulent enrollment. The agency may require a recipient to use the capitated managed care network's grievance process as specified in paragraph (3)(g) prior to the agency's determination of cause, except in cases in which immediate risk of permanent damage to the recipient's health is alleged. The grievance process, when used, must be completed in time to permit the recipient to disenroll no later than the first day of the second month after the month the disenrollment request was made. If the capitated managed care network, as a result of the grievance process, approves an enrollee's request to disenroll, the agency is not required to make a determination in the case. The agency must make a determination and take final action on a recipient's request so that disenrollment occurs no later than the first day of the second month after the month the request was made. If the agency fails to act within the specified timeframe, the recipient's request to disenroll is deemed to be approved as of the date agency action was required. Recipients who disagree with the agency's finding that cause does not exist for disenrollment shall be advised of their right to pursue a Medicaid fair hearing to dispute the agency's finding.

(f)(e) The agency shall apply for federal waivers from the Centers for Medicare and Medicaid Services to lock eligible Medicaid recipients into a capitated managed care network for 12 months after an open enrollment period. After 12 months of enrollment, a recipient may select another capitated managed care network. However, nothing shall prevent a Medicaid recipient from changing primary care providers within the capitated managed care network during the 12-month period.

(g)(f) The agency shall apply for federal waivers from the Centers for Medicare and Medicaid Services to allow recipients to purchase health care coverage through an employer-sponsored health insurance plan instead of through a Medicaid-certified plan. This provision shall be known as the opt-out option.

1. A recipient who chooses the Medicaid opt-out option shall have an opportunity for a specified period of time, as authorized under a waiver

granted by the Centers for Medicare and Medicaid Services, to select and enroll in a Medicaid-certified plan. If the recipient remains in the employer-sponsored plan after the specified period, the recipient shall remain in the opt-out program for at least 1 year or until the recipient no longer has access to employer-sponsored coverage, until the employer's open enrollment period for a person who opts out in order to participate in employer-sponsored coverage, or until the person is no longer eligible for Medicaid, whichever time period is shorter.

2. Notwithstanding any other provision of this section, coverage, cost sharing, and any other component of employer-sponsored health insurance shall be governed by applicable state and federal laws.

(5) This section does not authorize the agency to implement any provision of s. 1115 of the Social Security Act experimental, pilot, or demonstration project waiver to reform the state Medicaid program in any part of the state other than the two geographic areas specified in this section unless approved by the Legislature.

(6) The agency shall develop and submit for approval applications for waivers of applicable federal laws and regulations as necessary to implement the managed care pilot project as defined in this section. The agency shall post all waiver applications under this section on its Internet website 30 days before submitting the applications to the United States Centers for Medicare and Medicaid Services. All waiver applications shall be provided for review and comment to the appropriate committees of the Senate and House of Representatives for at least 10 working days prior to submission. All waivers submitted to and approved by the United States Centers for Medicare and Medicaid Services under this section must be approved by the Legislature. Federally approved waivers must be submitted to the President of the Senate and the Speaker of the House of Representatives for referral to the appropriate legislative committees. The appropriate committees shall recommend whether to approve the implementation of any waivers to the Legislature as a whole. The agency shall submit a plan containing a recommended timeline for implementation of any waivers and budgetary projections of the effect of the pilot program under this section on the total Medicaid budget for the 2006-2007 through 2009-2010 state fiscal years. This implementation plan shall be submitted to the President of the Senate and the Speaker of the House of Representatives at the same time any waivers are submitted for consideration by the Legislature. *The agency may implement the waiver and special terms and conditions numbered 11-W-00206/4, as approved by the federal Centers for Medicare and Medicaid Services. If the agency seeks approval by the Federal Government of any modifications to these special terms and conditions, the agency must provide written notification of its intent to modify these terms and conditions to the President of the Senate and the Speaker of the House of Representatives at least 15 days before submitting the modifications to the Federal Government for consideration. The notification must identify all modifications being pursued and the reason the modifications are needed. Upon receiving federal approval of any modifications to the special terms and conditions, the agency shall provide a report to the Legislature describing the federally approved modifications to the special terms and conditions within 7 days after approval by the Federal Government.*

(7)(a) *The Secretary of Health Care Administration shall convene a technical advisory panel to advise the agency in the areas of risk-adjusted-rate setting, benefit design, and choice counseling. The panel shall include representatives from the Florida Association of Health Plans, representatives from provider-sponsored networks, a Medicaid consumer representative, and a representative from the Office of Insurance Regulation.*

(b) *The technical advisory panel shall advise the agency concerning:*

1. *The risk-adjusted rate methodology to be used by the agency, including recommendations on mechanisms to recognize the risk of all Medicaid enrollees and for the transition to a risk-adjustment system, including recommendations for phasing in risk adjustment and the use of risk corridors.*

2. *Implementation of an encounter data system to be used for risk-adjusted rates.*

3. *Administrative and implementation issues regarding the use of risk-adjusted rates, including, but not limited to, cost, simplicity, client privacy, data accuracy, and data exchange.*

4. *Issues of benefit design, including the actuarial equivalence and sufficiency standards to be used.*

5. *The implementation plan for the proposed choice-counseling system, including the information and materials to be provided to recipients, the methodologies by which recipients will be counseled regarding choice, criteria to be used to assess plan quality, the methodology to be used to assign recipients into plans if they fail to choose a managed care plan, and the standards to be used for responsiveness to recipient inquiries.*

(c) *The technical advisory panel shall continue in existence and advise the agency on matters outlined in this subsection.*

(8) *The agency must ensure, in the first two state fiscal years in which a risk-adjusted methodology is a component of rate setting, that no managed care plan providing comprehensive benefits to TANF and SSI recipients has an aggregate risk score that varies by more than 10 percent from the aggregate weighted mean of all managed care plans providing comprehensive benefits to TANF and SSI recipients in a reform area. The agency's payment to a managed care plan shall be based on such revised aggregate risk score.*

(9) *After any calculations of aggregate risk scores or revised aggregate risk scores in subsection (8), the capitation rates for plans participating under s. 409.91211 shall be phased in as follows:*

(a) *In the first year, the capitation rates shall be weighted so that 75 percent of each capitation rate is based on the current methodology and 25 percent is based on a new risk-adjusted capitation rate methodology.*

(b) *In the second year, the capitation rates shall be weighted so that 50 percent of each capitation rate is based on the current methodology and 50 percent is based on a new risk-adjusted rate methodology.*

(c) *In the following fiscal year, the risk-adjusted capitation methodology may be fully implemented.*

(10) *Subsections (8) and (9) do not apply to managed care plans offering benefits exclusively to high-risk, specialty populations. The agency may set risk-adjusted rates immediately for such plans.*

(11) *Before the implementation of risk-adjusted rates, the rates shall be certified by an actuary and approved by the federal Centers for Medicare and Medicaid Services.*

(12) *For purposes of this section, the term "capitated managed care plan" includes health insurers authorized under chapter 624, exclusive provider organizations authorized under chapter 627, health maintenance organizations authorized under chapter 641, the Children's Medical Services Network under chapter 391, and provider service networks that elect to be paid fee-for-service for up to 3 years as authorized under this section.*

(13)(7) Upon review and approval of the applications for waivers of applicable federal laws and regulations to implement the managed care pilot program by the Legislature, the agency may initiate adoption of rules pursuant to ss. 120.536(1) and 120.54 to implement and administer the managed care pilot program as provided in this section.

(14) *It is the intent of the Legislature that if any conflict exists between the provisions contained in this section and other provisions of this chapter which relate to the implementation of the Medicaid managed care pilot program, the provisions contained in this section shall control. The agency shall provide a written report to the Legislature by April 1, 2006, identifying any provisions of this chapter which conflict with the implementation of the Medicaid managed care pilot program created in this section. After April 1, 2006, the agency shall provide a written report to the Legislature immediately upon identifying any provisions of this chapter which conflict with the implementation of the Medicaid managed care pilot program created in this section.*

Section 4. Section 409.91213, Florida Statutes, is created to read:

409.91213 *Quarterly progress reports and annual reports.—*

(1) *The agency shall submit to the Governor, the President of the Senate, the Speaker of the House of Representatives, the Minority Leader of the Senate, the Minority Leader of the House of Representatives, and the Office of Program Policy Analysis and Government Accountability the following reports:*

(a) *The quarterly progress report submitted to the United States Centers for Medicare and Medicaid Services no later than 60 days following the end of each quarter. The intent of this report is to present the agency's analysis and the status of various operational areas. The quarterly progress report must include, but need not be limited to:*

1. *Events occurring during the quarter or anticipated to occur in the near future which affect health care delivery, including, but not limited to, the approval of and contracts for new plans, which report must specify the coverage area, phase-in period, populations served, and benefits; the enrollment; grievances; and other operational issues.*

2. *Action plans for addressing any policy and administrative issues.*

3. *Agency efforts related to collecting and verifying encounter data and utilization data.*

4. *Enrollment data disaggregated by plan and by eligibility category, such as Temporary Assistance for Needy Families or Supplemental Security Income; the total number of enrollees; market share; and the percentage change in enrollment by plan. In addition, the agency shall provide a summary of voluntary and mandatory selection rates and disenrollment data.*

5. *For purposes of monitoring budget neutrality, enrollment data, member-month data, and expenditures in the format for monitoring budget neutrality which is provided by the federal Centers for Medicare and Medicaid Services.*

6. *Activities and associated expenditures of the low-income pool.*

7. *Activities related to the implementation of choice counseling, including efforts to improve health literacy and the methods used to obtain public input, such as recipient focus groups.*

8. *Participation rates in the enhanced benefit accounts program, including participation levels; a summary of activities and associated expenditures; the number of accounts established, including active participants and individuals who continue to retain access to funds in an account but who no longer actively participate; an estimate of quarterly deposits in the accounts; and expenditures from the accounts.*

9. *Enrollment data concerning employer-sponsored insurance which document the number of individuals selecting to opt out when employer-sponsored insurance is available. The agency shall include data that identify enrollee characteristics, including the eligibility category, type of employer-sponsored insurance, and type of coverage, such as individual or family coverage. The agency shall develop and maintain disenrollment reports specifying the reason for disenrollment in an employer-sponsored insurance program. The agency shall also track and report on those enrollees who elect the option to reenroll in the Medicaid reform demonstration.*

10. *Progress toward meeting the demonstration goals.*

11. *Evaluation activities.*

(b) *An annual report documenting accomplishments, project status, quantitative and case-study findings, utilization data, and policy and administrative difficulties in the operation of the Medicaid waiver demonstration program. The agency shall submit the draft annual report no later than October 1 after the end of each fiscal year.*

(2) *Beginning with the annual report for demonstration year two, the agency shall include a section concerning the administration of enhanced benefit accounts, the participation rates, an assessment of expenditures, and an assessment of potential cost savings.*

(3) *Beginning with the annual report for demonstration year four, the agency shall include a section that provides qualitative and quantitative data describing the impact the low-income pool has had on the rate of uninsured people in this state, beginning with the implementation of the demonstration program.*

Section 5. Section 641.2261, Florida Statutes, is amended to read:

641.2261 Application of federal solvency requirements to provider-sponsored organizations and Medicaid provider service networks.—

(1) The solvency requirements of ss. 1855 and 1856 of the Balanced Budget Act of 1997 and 42 C.F.R. 422.350, subpart H, ~~rules adopted by the Secretary of the United States Department of Health and Human Services~~ apply to a health maintenance organization that is a provider-sponsored organization rather than the solvency requirements of this part. However, if the provider-sponsored organization does not meet the solvency requirements of this part, the organization is limited to the issuance of Medicare+Choice plans to eligible individuals. For the purposes of this section, the terms "Medicare+Choice plans," "provider-sponsored organizations," and "solvency requirements" have the same meaning as defined in the federal act and federal rules and regulations.

(2) *The solvency requirements in 42 C.F.R. 422.350, subpart H, and the solvency requirements established in approved federal waivers pursuant to chapter 409, apply to a Medicaid provider service network rather than the solvency requirements of this part.*

Section 6. *The Agency for Health Care Administration shall report to the Legislature by April 1, 2006, on the specific pre-implementation milestones required by the special terms and conditions related to the low-income pool which have been approved by the Federal Government and the status of any remaining pre-implementation milestones that have not been approved by the Federal Government.*

Section 7. Section 216.346, Florida Statutes, is amended to read:

216.346 Contracts between state agencies; restriction on overhead or other indirect costs.—In any contract between state agencies, including any contract involving the State University System or the Florida Community College System, the agency receiving the contract or grant moneys shall charge no more than a reasonable percentage ~~5 percent~~ of the total cost of the contract or grant for overhead or indirect costs or any other costs not required for the payment of direct costs. *This provision is not intended to limit an agency's ability to certify matching funds or designate in-kind contributions that will allow the drawdown of federal Medicaid dollars that do not affect state budgeting.*

Section 8. This act shall take effect upon becoming a law.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to Medicaid; amending s. 409.911, F.S.; adding a duty to the Medicaid Disproportionate Share Council; providing a future repeal of the Disproportionate Share Council; creating the Medicaid Low-Income Pool Council; providing for membership and duties; amending s. 409.912, F.S.; authorizing the Agency for Health Care Administration to contract with comprehensive behavioral health plans in separate counties within or adjacent to an AHCA area; providing that specified federally qualified health centers or entities that are owned by one or more federally qualified health centers are exempt from the requirements imposed by law on health maintenance organizations and health care services; providing exceptions; conforming provisions to the solvency requirements in s. 641.2261, F.S.; deleting the competitive-procurement requirement for provider service networks; updating a reference to the provider service network; amending s. 409.91211, F.S.; specifying the process for statewide expansion of the Medicaid managed care demonstration program; requiring that matching funds for the Medicaid managed care pilot program be provided by local governmental entities; providing for distribution of funds by the agency; providing legislative intent with respect to the low-income pool plan required under the Medicaid reform waiver; specifying the agency's powers, duties, and responsibilities with respect to implementing the Medicaid managed care pilot program; revising the guidelines for allowing a provider service network to receive fee-for-service payments in the demonstration areas; authorizing the agency to make direct payments to hospitals and physicians for the costs associated with graduate medical education under Medicaid reform; including the Children's Medical Services Network in the Department of Health within those programs intended by the Legislature to participate in the pilot program to the extent possible; requiring that the agency implement standards of quality assurance and performance improvement in the demonstration areas of the pilot program; requiring the agency to establish an encounter database to compile data from managed care plans; requiring the agency to implement procedures to minimize the risk of Medicaid fraud and abuse in all managed care plans in the demonstration areas; clarifying that the assignment process for the pilot program is exempt from certain mandatory procedures for Medicaid managed care enrollment specified in s.

409.9122, F.S.; revising the automatic assignment process in the demonstration areas; requiring that the agency report any modifications to the approved waiver and special terms and conditions to the Legislature within specified time periods; authorizing the agency to implement the provisions of the waiver approved by federal Centers for Medicare and Medicaid Services; requiring the Secretary of Health Care Administration to convene a technical advisory panel to advise the agency in matters relating to rate setting, benefit design, and choice counseling; providing for panel members; providing certain requirements for managed care plans providing benefits to TANF and SSI recipients; providing for capitation rates to be phased in; providing an exception for high-risk, specialty populations; requiring the certification of rates by an actuary and federal approval; providing that, if any conflict exists between the provisions contained in s. 409.91211, F.S., and ch. 409, F.S., concerning the implementation of the pilot program, the provisions contained in s. 409.91211, F.S., control; creating s. 409.91213, F.S.; requiring the agency to submit quarterly and annual progress reports to the Legislature; providing requirements for the reports; amending s. 641.2261, F.S.; revising the application of solvency requirements to include Medicaid provider service networks; updating a reference; requiring that the agency report to the Legislature the pre-implementation milestones concerning the low-income pool which have been approved by the Federal Government and the status of those remaining to be approved; amending s. 216.346, F.S.; revising provisions relating to contracts between state agencies; providing an effective date.

On motion by Senator Peadar, by two-thirds vote **HB 3-B** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—26

Mr. President	Crist	Posey
Alexander	Diaz de la Portilla	Pruitt
Argenziano	Dockery	Rich
Atwater	Fasano	Saunders
Baker	Garcia	Sebesta
Bennett	Haridopolos	Villalobos
Carlton	King	Webster
Clary	Lynn	Wise
Constantine	Peadar	

Nays—14

Aronberg	Hill	Miller
Bullard	Jones	Siplin
Campbell	Klein	Smith
Dawson	Lawson	Wilson
Geller	Margolis	

THE PRESIDENT PRESIDING

By direction of the President, the rules were waived and the Senate proceeded to—

SPECIAL ORDER CALENDAR

SB 4-B—A bill to be entitled An act relating to slot machine gaming; creating ch. 551, F.S.; implementing s. 23, Art. X of the State Constitution; authorizing slot machines and slot machine gaming within certain pari-mutuel facilities located in Miami-Dade and Broward Counties upon approval by a local referendum; providing definitions; providing powers and duties of the Division of Pari-mutuel Wagering of the Department of Business and Professional Regulation; clarifying the authority of the Department of Law Enforcement and local law enforcement agencies; providing for licensure to conduct slot machine gaming; providing for slot machine licensure renewal; providing for a license fee and tax rate; providing for payment procedures; providing penalties; requiring occupational licenses and application fees; providing penalties; prohibiting certain business relationships; prohibiting certain acts and providing penalties; providing an exception to prohibitions relating to slot machines; providing for the exclusion of certain persons from facilities; prohibiting persons under 21 years of age from playing slot machines; providing requirements for slot machine gaming areas; providing for days and hours of operation; providing penalties; providing a compulsive or addictive gambling prevention program; providing for

funding; providing for a caterer's license; specifying prohibited activities and devices; prohibiting automated teller machines within the facilities of a slot machine licensee; providing for rulemaking; providing for purse and awards licensure requirements; amending s. 849.15, F.S.; providing for transportation of certain gaming devices in accordance with federal law; amending s. 895.02, F.S.; providing that specified violations related to slot machine gaming constitute racketeering activity; providing that certain debt incurred in violation of specified provisions relating to slot machine gaming constitutes unlawful debt; providing for preemption; authorizing additional positions and providing appropriations; amending s. 215.22, F.S.; providing an exemption from an appropriation for certain slot machine trust fund revenues; providing an effective date.

—was read the second time by title.

Amendments were considered and failed and amendments were considered and adopted to conform **SB 4-B** to **HB 1-B**.

Pending further consideration of **SB 4-B** as amended, on motion by Senator Jones, by two-thirds vote **HB 1-B** was withdrawn from the Committees on Regulated Industries; and Ways and Means.

On motion by Senator Jones, the rules were waived and by two-thirds vote—

HB 1-B—A bill to be entitled An act relating to slot machine gaming; creating ch. 551, F.S.; implementing s. 23, Art. X of the State Constitution; authorizing slot machines and slot machine gaming within certain pari-mutuel facilities located in Miami-Dade and Broward Counties upon approval by a local referendum; providing definitions; providing powers and duties of the Division of Pari-mutuel Wagering of the Department of Business and Professional Regulation, the Department of Law Enforcement, and local law enforcement agencies; providing for licensure to conduct slot machine gaming; providing for temporary licensure; providing licensing conditions on holders of thoroughbred pari-mutuel wagering permits; providing for slot machine licensure renewal; providing for a license fee and tax rate; providing for payment procedures; providing penalties; providing for slot machine occupational licenses and application fees; providing penalties; prohibiting certain relationships; prohibiting certain acts and providing penalties; providing an exception to prohibitions relating to slot machines; providing for the exclusion of certain persons from facilities; prohibiting persons under 21 years of age from slot machine gaming areas or playing slot machines; providing requirements for slot machine gaming areas; providing for days and hours of operation; providing penalties; providing a compulsive or addictive gambling prevention program; providing for funding; providing for a caterer's license; specifying prohibited activities and devices; prohibiting automated teller machines on the property of a slot machine licensee; providing for rulemaking; amending s. 849.15, F.S.; providing for transportation of certain gaming devices in accordance with federal law; amending s. 895.02, F.S.; providing that specified violations related to slot machine gaming constitute racketeering activity; providing that certain debt incurred in violation of specified provisions relating to slot machine gaming constitutes unlawful debt; providing for preemption; authorizing additional positions and providing appropriations; providing for use of funds; amending s. 215.22, F.S.; exempting taxes imposed on slot machine revenues from specified service charges; providing for use of certain unreserved funds in the Pari-mutuel Wagering Trust Fund; providing for repayment of such funds; providing an effective date.

—a companion measure, was substituted for **SB 4-B** as amended and by two-thirds vote read the second time by title. On motion by Senator Jones, by two-thirds vote **HB 1-B** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—33

Mr. President	Constantine	Jones
Argenziano	Dawson	King
Aronberg	Diaz de la Portilla	Klein
Atwater	Dockery	Lawson
Baker	Fasano	Lynn
Bennett	Garcia	Margolis
Bullard	Geller	Miller
Campbell	Haridopolos	Posey
Clary	Hill	Pruitt

Rich	Sebesta	Villalobos
Saunders	Smith	Wilson
Nays—7		
Alexander	Peaden	Webster
Carlton	Siplin	Wise
Crist		

Bennett	Geller	Posey
Bullard	Haridopolos	Pruitt
Campbell	Hill	Rich
Carlton	Jones	Saunders
Clary	King	Sebesta
Crist	Klein	Siplin
Dawson	Lawson	Villalobos
Diaz de la Portilla	Lynn	Webster
Dockery	Margolis	Wilson
Fasano	Miller	Wise
Garcia	Peaden	

By direction of the President, the rules were waived and the Senate reverted to—

BILLS ON THIRD READING

On motion by Senator Atwater, by two-thirds vote **HB 15-B** was withdrawn from the Committee on Ways and Means.

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

HB 15-B—A bill to be entitled An act relating to the payment of ad valorem taxes; authorizing the governing body of a county that has been declared a major disaster area to adopt options extending the time in which a property tax payment made by a property owner qualifies for an early-payment discount; providing early-payment options; providing that additional tax notices are not required under certain circumstances; providing for expiration; providing an effective date.

—a companion measure, was substituted for **SB 10-B** as amended and by two-thirds vote read the second time by title. On motion by Senator Atwater, by two-thirds vote **HB 15-B** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Diaz de la Portilla	Miller
Alexander	Dockery	Peaden
Argenziano	Fasano	Posey
Aronberg	Garcia	Pruitt
Atwater	Geller	Rich
Baker	Haridopolos	Saunders
Bennett	Hill	Sebesta
Bullard	Jones	Siplin
Campbell	King	Smith
Carlton	Klein	Villalobos
Clary	Lawson	Webster
Crist	Lynn	Wilson
Dawson	Margolis	Wise

Nays—None

Vote after roll call:

Yea—Constantine

On motion by Senator Saunders, by two-thirds vote **HB 41-B** was withdrawn from the Committees on Judiciary; and Ways and Means.

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

HB 41-B—A bill to be entitled An act relating to judges; amending s. 26.031, F.S.; revising the number of circuit court judges in the Twentieth Judicial Circuit; amending s. 34.022, F.S.; revising the number of county court judges in Collier County; providing for the additional judges provided under the act to be appointed by the Governor; providing appropriations and authorizing positions and approved salary rates; providing effective dates.

—a companion measure, was substituted for **SB 14-B** as amended and by two-thirds vote read the second time by title. On motion by Senator Saunders, by two-thirds vote **HB 41-B** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Argenziano	Atwater
Alexander	Aronberg	Baker

Nays—None

Vote after roll call:

Yea—Constantine, Smith

On motion by Senator Lynn, by two-thirds vote **HB 31-B** was withdrawn from the Committees on Transportation; and Ways and Means.

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

HB 31-B—A bill to be entitled An act relating to specialty license plates; amending ss. 320.08056 and 320.08058, F.S.; creating the NA-SCAR license plate under certain circumstances; providing an annual use fee; providing for the distribution of annual use fees received from the sale of such plates; providing a conditional effective date.

—a companion measure, was substituted for **CS for SB 16-B** and by two-thirds vote read the second time by title. On motion by Senator Lynn, by two-thirds vote **HB 31-B** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Diaz de la Portilla	Miller
Alexander	Dockery	Peaden
Argenziano	Fasano	Posey
Aronberg	Garcia	Pruitt
Atwater	Geller	Rich
Baker	Haridopolos	Saunders
Bennett	Hill	Sebesta
Bullard	Jones	Siplin
Campbell	King	Smith
Carlton	Klein	Villalobos
Clary	Lawson	Webster
Crist	Lynn	Wilson
Dawson	Margolis	Wise

Nays—None

Vote after roll call:

Yea—Constantine

MESSAGES FROM THE HOUSE OF REPRESENTATIVES

FIRST READING

The Honorable Tom Lee, President

I am directed to inform the Senate that the House of Representatives has passed as amended HB 1-B, HB 3-B; has admitted for introduction by the required constitutional two-thirds vote of the membership and passed as amended HB 15-B, HB 31-B, HB 41-B and requests the concurrence of the Senate.

John B. Phelps, Clerk

By the Committee on Business Regulation; and Representative Attkisson—

HB 1-B—A bill to be entitled An act relating to slot machine gaming; creating ch. 551, F.S.; implementing s. 23, Art. X of the State Constitution; authorizing slot machines and slot machine gaming within certain pari-mutuel facilities located in Miami-Dade and Broward Counties upon approval by a local referendum; providing definitions; providing powers and duties of the Division of Pari-mutuel Wagering of the Department of Business and Professional Regulation, the Department of Law Enforcement, and local law enforcement agencies; providing for licensure to conduct slot machine gaming; providing for temporary licensure; providing licensing conditions on holders of thoroughbred pari-mutuel wagering permits; providing for slot machine licensure renewal; providing for a license fee and tax rate; providing for payment procedures; providing penalties; providing for slot machine occupational licenses and application fees; providing penalties; prohibiting certain relationships; prohibiting certain acts and providing penalties; providing an exception to prohibitions relating to slot machines; providing for the exclusion of certain persons from facilities; prohibiting persons under 21 years of age from slot machine gaming areas or playing slot machines; providing requirements for slot machine gaming areas; providing for days and hours of operation; providing penalties; providing a compulsive or addictive gambling prevention program; providing for funding; providing for a caterer's license; specifying prohibited activities and devices; prohibiting automated teller machines on the property of a slot machine licensee; providing for rulemaking; amending s. 849.15, F.S.; providing for transportation of certain gaming devices in accordance with federal law; amending s. 895.02, F.S.; providing that specified violations related to slot machine gaming constitute racketeering activity; providing that certain debt incurred in violation of specified provisions relating to slot machine gaming constitutes unlawful debt; providing for preemption; authorizing additional positions and providing appropriations; providing for use of funds; amending s. 215.22, F.S.; exempting taxes imposed on slot machine revenues from specified service charges; providing for use of certain unreserved funds in the Pari-mutuel Wagering Trust Fund; providing for repayment of such funds; providing an effective date.

—was referred to the Committees on Regulated Industries; and Ways and Means.

By Representative Benson and others—

HB 3-B—A bill to be entitled An act relating to Medicaid; amending s. 641.2261, F.S.; revising the applicability of solvency requirements to include Medicaid provider service networks and updating a reference; amending s. 409.911, F.S.; adding a duty to the Medicaid Disproportionate Share Council; providing a future repeal of the Disproportionate Share Council; creating the Medicaid Low-Income Pool Council; providing for membership and duties; amending s. 409.912, F.S.; providing an exception from certain contract procurement requirements for specified Medicaid managed care pilot programs and Medicaid health maintenance organizations; providing an exemption for federally qualified health centers and entities owned by federally qualified health centers from pts. I and III of ch. 641, F.S., under certain circumstances; deleting the competitive procurement requirement for provider service networks; requiring provider service networks to comply with the solvency requirements in s. 641.2261, F.S.; updating a reference; including certain minority physician networks and emergency room diversion programs in the description of provider service networks; amending s. 409.91211, F.S.; providing for distribution of upper payment limit, hospital disproportionate share program, and low income pool funds; providing legislative intent with respect to distribution of said funds; providing for implementation of the powers, duties, and responsibilities of the Agency for Health Care Administration with respect to the pilot program; including the Division of Children's Medical Services Network within the Department of Health in a list of state-authorized pilot programs; requiring the agency to develop a data reporting system; requiring the agency to implement procedures to minimize fraud and abuse; providing that certain Medicaid and Supplemental Security Income recipients are exempt from s. 409.9122, F.S.; providing for Medicaid reimbursement of federally qualified health centers that deliver certain school-based services; authorizing the agency to assign certain Medicaid recipients to reform plans; authorizing the agency to implement the provisions of the waiver approved by the Centers for Medicare and Medicaid Services and requiring the agency to notify the Legislature prior to seeking federal approval

of modifications to said terms and conditions; requiring the Secretary of Health Care Administration to convene a technical advisory panel; providing for membership and duties; limiting aggregate risk score of certain managed care plans for payment purposes for a specified period of time; providing for phase in of capitation rates; providing applicability; requiring rates to be certified and approved; defining the term "capitated managed care plan"; providing for conflict between specified provisions of ch. 409, F.S., and requiring a report by the agency pertaining thereto; creating s. 409.91212, F.S.; authorizing the agency to expand the Medicaid reform demonstration program; providing readiness criteria; providing for public meetings; requiring notice of intent to expand the demonstration program; requiring the agency to request a hearing by the Joint Legislative Committee on Medicaid Reform Implementation; authorizing the agency to request certain budget transfers; amending s. 409.9122, F.S.; revising provisions relating to assignment of certain Medicaid recipients to managed care plans; creating s. 11.72, F.S.; creating the Joint Legislative Committee on Medicaid Reform Implementation; providing for membership, powers, and duties; amending s. 216.346, F.S.; revising provisions relating to contracts between state agencies; providing an effective date.

—was referred to the Committees on Health Care; and Ways and Means.

Motion

On motion by Senator Atwater, by the required constitutional two-thirds vote of the membership the following bill was admitted for introduction outside the purview of the Governor's call:

By Representative Hasner and others—

HB 15-B—A bill to be entitled An act relating to the payment of ad valorem taxes; authorizing the governing body of a county that has been declared a major disaster area to adopt options extending the time in which a property tax payment made by a property owner qualifies for an early-payment discount; providing early-payment options; providing that additional tax notices are not required under certain circumstances; providing for expiration; providing an effective date.

—was referred to the Committee on Ways and Means.

On motion by Senator Lynn, by the required constitutional two-thirds vote of the membership the following bill was admitted for introduction outside the purview of the Governor's call:

By Representative Patterson and others—

HB 31-B—A bill to be entitled An act relating to specialty license plates; amending ss. 320.08056 and 320.08058, F.S.; creating the NASCAR license plate under certain circumstances; providing an annual use fee; providing for the distribution of annual use fees received from the sale of such plates; providing a conditional effective date.

—was referred to the Committees on Transportation; and Ways and Means.

On motion by Senator Saunders, by the required constitutional two-thirds vote of the membership the following bill was admitted for introduction outside the purview of the Governor's call:

By Representative Goodlette and others—

HB 41-B—A bill to be entitled An act relating to judges; amending s. 26.031, F.S.; revising the number of circuit court judges in the Twentieth Judicial Circuit; amending s. 34.022, F.S.; revising the number of county court judges in Collier County; providing for the additional judges provided under the act to be appointed by the Governor; providing appropriations and authorizing positions and approved salary rates; providing effective dates.

—was referred to the Committees on Judiciary; and Ways and Means.

RETURNING MESSAGES—FINAL ACTION

The Honorable Tom Lee, President

I am directed to inform the Senate that the House of Representatives has passed SB 6-B, SB 8-B, SB 12-B, SB 18-B, and SB 40-B.

John B. Phelps, Clerk

The bills contained in the foregoing message were ordered enrolled.

The Honorable Tom Lee, President

I am directed to inform the Senate that the House of Representatives has concurred in Senate amendment(s) and passed HB 3-B, as amended.

John B. Phelps, Clerk

CORRECTION AND APPROVAL OF JOURNAL

The Journal of December 7 was corrected and approved.

CO-INTRODUCERS

Senators Alexander—CS for SB 16-B; Aronberg—SB 10-B; Bennett—CS for SB 16-B; Constantine—CS for SB 16-B; Crist—CS for SB 16-B; Garcia—CS for SB 16-B; Geller—CS for SB 16-B; Klein—SB 10-B; Pruitt—CS for SB 16-B; Rich—CS for SB 16-B; Webster—CS for SB 16-B

ADJOURNMENT

On motion by Senator Pruitt, the Senate in Special Session adjourned sine die at 4:50 p.m.

BILL ACTION SUMMARY

THURSDAY, DECEMBER 8, 2005

- S 2-B Read third time; Substituted HB 3-B
- S 4-B Read second time; Substituted HB 1-B
- S 6-B Read second time; Read third time; Passed as amended 36-3
- S 8-B Read second time; Read third time; Passed as amended 39-0
- S 10-B Read third time; Substituted HB 15-B
- S 12-B Read third time; Passed as amended 39-0
- S 14-B Read third time; Substituted HB 41-B
- S 16-B Read third time; Substituted HB 31-B
- S 18-B Read third time; Passed 39-0
- S 40-B Read second time; Read third time; Passed as amended 39-0
- S 46-B Considered outside purview of the Call; Read second time; Adopted
- H 1-B Substituted for SB 4-B; Read second time; Read third time; Passed 33-7
- H 3-B Substituted for CS/SB 2-B; Read second time; Read third time; Passed as amended 26-14
- H 15-B Considered outside purview of the Call; Substituted for SB 10-B; Read second time; Read third time; Passed 39-0
- H 31-B Considered outside purview of the Call; Substituted for CS/SB 16-B; Read second time; Read third time; Passed 39-0
- H 41-B Considered outside purview of the Call; Substituted for SB 14-B; Read second time; Read third time; Passed 38-0

JOURNAL OF THE SENATE

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December 8, 2005**

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CO — Co-Introducers
CR — Committee Report

CS — Committee Substitute, First Reading
FR — First Reading
MO — Motion

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