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House of Representatives

**GOVERNMENT SERVICES COUNCIL
1998 SESSION REPORT**

Committee on Children and Family Empowerment

CS/HB 105 -- Surplus Food Distribution

by the Committee on Children and Family Empowerment and Rep. Jones (CS/SB 466 by Senate Commerce and Economic Opportunities and Senator Crist)

- Encourages the donation, collection and delivery of surplus food to charitable or nonprofit organizations for distribution to persons who are in need of food.
- Creates subsection (6) of s. 570.0725, F.S., to provide intent language to encourage the donation of surplus food to charitable or nonprofit organizations.
- Requires that a donor of surplus or excess canned or perishable food make every reasonable effort to contact charitable or nonprofit organizations in the community to allow those organizations to collect the surplus food.
- Requires that a charitable or nonprofit organization which provides food for persons who are in need of food makes every reasonable effort to contact any donors for the purpose of collecting any surplus or excess canned food or perishable food.
- Amends s. 381.0072 and s. 509.032 to require the Department of Health to develop and provide each food service establishment with a food recovery brochure.

The effective date of this bill is upon becoming a law.

CS/HB 193 -- Corporate Income Tax Credits/Child Care

by the Committee on Finance & Taxation and Rep. Lynn (SB 1608 by Senate Ways and Means and Senator Harris)

- Provides credits against corporate income tax and insurance premium taxes for child care facility startup costs and operation, and for payment of employee's child care costs.
- Requires recipient to refund portion of tax credits received under certain conditions.
- Provides for administration by the Department of Revenue.

The effective date of this bill is December 31, 1998.

CS/CS/HB 271 -- Public Assistance/Drug Testing
by the Committee on Health & Human Services Appropriations, the Committee on Children & Family Empowerment, Rep. Arnall and others (CS/SB 2172 by Senate Children, Families, and Seniors and Senator Holzendorf)

- Provides for demonstration projects to be implemented which require drug screening & possibly drug testing for individuals who apply for temporary assistance or services under WAGES Act.
- Provides procedures for screening, testing, retesting, and appeal of test results.
- Requires the Department of Children and Family Services to provide for substance abuse treatment programs.

Provides for improvements to child support enforcement, as follows;

- Fee for Liens on Motor Vehicles - Reduces the fee Department of Revenue (DOR) pays for placing a lien on a motor vehicle from \$28.25 for first liens and \$29.25 for subsequent liens to a flat fee of \$7.00.
- Delegation of Lien Authority - Allows the director of the Child Support Program to delegate authority to place a lien on a motor vehicle or vessel to appropriate staff.
- Abandoned Property - Allows DOR to identify persons owing child support who have abandoned property with the Department of Banking and Finance and to request transfer of that property to DOR for child support obligations once the claim has been approved.
- Foreclosure - Eliminates the requirement for Child Support Enforcement to file an Answer to the Complaint to Foreclose but allows the department to retain the right to participate in disbursement of funds.
- Multiple Income Deduction Priority to Current Support - Requires current support to be given priority in cases where more than one income deduction order exists and collection is insufficient to satisfy all obligations.
- Multiple Income Deduction Allocation - Eliminates an unnecessary requirement and clarifies instructions to employers regarding allocation of income deduction amounts when there is more than one obligation for an employee.
- State Disbursement Unit - Establishes the State Disbursement Unit as required by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA).
- Distribution of Child Support - Specifies that child support will be distributed in accordance with federal requirements.
- Federal Technical Amendments - Changes state law to include federal technical amendments to PRWORA.

The effective date of this bill is October 1, 1998.

CS/CS/HB 1849 -- Public Records/Child Care Facilities

by the Committee on Governmental Operations, the Committee on Children and Family Empowerment, Reps. Murman and Lacasa (SB 108 by Senator Hargrett) Chapter No. 98-29 LOF.

- Creates a public records exemption for certain information contained in a family foster home licensing file. A family foster home licensing file held by the Department of Children and Family Services is a public record.
- Includes a statement of public necessity justifying the public records exemption. A statement of public necessity is required pursuant to s. 24(c), Art. I, Fla. Const.

The effective date of this bill is upon becoming a law.

**HB 1991 -- Mental Health/Children & Adolescents
by the Committee on Children & Family Empowerment, Reps. Lacasa and Eggelletion (CS/SB 236 by Senate Children, Families and Seniors and Senator Cowin) Chapter No. 98-5 LOF.**

- Eliminates a very limited and obsolete statutory framework in Chapter 394, Part III, F.S., established in 1978 that provided the structure for limited children's mental health services.
- Rewrites Part III of Chapter 394 to create a children's mental health system of care consisting of the following elements:
 - Guiding principles
 - Target priority groups eligible for services
 - General performance outcomes
 - Information and referral process
 - Screening, assessment, and uniform standards
 - Assessment services
 - Services planning
 - Services plan and case management
 - The services that should be available in the children's mental health system of care.
- Allows for the implementation of pilot projects to test various service delivery models.

The effective date of this bill is July 1, 1998.

HB 2019 -- Children and Family Services/Contracting
by the Committee on Children & Family Empowerment, Reps. Lacasa and Wallace
(CS/1st Eng/SB 156 by Senate Governmental Reform and Oversight) **Chapter No.**
98-25 LOF.

- Amends s. 20.19, F.S., to change the way the Department of Children and Family Services procures contract for services, conducts contract negotiations, and monitors and evaluates elements of the contract management process.
- Requires the department to competitively procure any contract for client services under any of the following circumstances:
- Fails to meet cost and performance standards established by the department.
- Authorizes and funds new programs or services and the annual contract value is \$300,000 or more.
- Expands service based on an increased appropriation of more than ten percent of the prior year appropriation for that program or service and the annual value of the contract is \$300,000 or more.
- Exceeds \$500,000 if the contract has been with the same service provider for three years or more.
- Requires the Office of Standards and Evaluation in the Department of Children and Family Services is required to evaluate and report annually to the Legislature on a variety of issues specifically related to client services and contracting.

The effective date of this bill is January 1, 1998, except as otherwise provided.

CS/HB 3391 -- Protection/Public Assistance Victims
by the Committee on Children & Family Empowerment, Reps. Turnbull and others
(Passed as SB 1114 by Senate Ways and Means, Senators Mackay and Latvala)

- Provides protection for victims of domestic violence who participate in the WAGES program.
- Defines "domestic violence" for purposes of specified provisions related to temporary family assistance.
- Prescribes responsibilities of local WAGES coalition & WAGES Program State Board of Directors regarding the development of plans for victims of domestic violence.
- Provides exceptions and exemptions from work participation, limits on eligibility for three years of benefits, limits on benefits for additional children born to WAGES participants, and child support enforcement cooperation for victims of domestic violence under certain circumstances, etc.

The effective date of this bill is July 1, 1998.

HB 3727 -- Child Care Executive Partnership

by Rep. Brennan (Passed as CS/SB 2092 by Children, Families and Seniors and Senator Dyer)

- Renames the Child Care Partnership Act as the Child Care Executive Partnership Act and makes the following changes:
- Changes the composition of the partnership board
- Requires the Legislature to annually review the effectiveness of the child care purchasing pool program
- Authorizes the state resource and referral agency to administer the child care purchasing pool funds for statewide businesses
- Provides for the development of procedures for disbursement of funds through the child care purchasing pools
- Deletes all references to pilot child care purchasing pools
- Revises parent fee requirements

The effective date of this bill is upon becoming law.

HB 3765 -- Child Care Facilities/Transient

by the Committee on Children & Family Empowerment and Rep. Sindler (Passed as CS/SB 2092 by Children, Families and Seniors and Senator Dyer)

- Excludes from the definition of "child care facility" and thus from meeting licensing requirements under s. 402.305, F.S., operators of transient establishments licensed under Chapter 509, F.S., that provide child care services solely for their guests of their establishment or resort, provided all child care personnel of the establishment meet level two screening requirements of Chapter 435, F.S. Presently, the statute does not exempt lodging, or transient establishments providing child care for their guests, from licensure.
- Requires the Department of Children & Family Services to adopt rules to establish minimum standards for child care facilities that recognizes age appropriate standards and to notify parents of the transfer of ownership of a child care facility one week prior to the transfer.
- Requires the department to adopt the State Uniform Building Code for Public Educational Facilities as the standard for child care programs for school-age children operated in a public school.
- Renames the Child Care Partnership Act as the Child Care Executive Partnership Act and makes the following changes:
 - Changes the composition of the partnership board
 - Requires the Legislature annually to review the effectiveness of the child care purchasing pool program
 - The state resource and referral agency is authorized to administer the child care purchasing pool funds for statewide businesses
 - Provides for the development of procedures for disbursement of funds through the child care purchasing pools

- All references to pilot child care purchasing pools are deleted
- Revises parent fee requirements.

The effective date of this bill is upon becoming a law.

HB 3909 -- State-funded education and care programs for infants and toddlers by Rep. Miller (Passed as SB 660 by Senator Turner)

- Requires each state-funded education and care program for children from birth to five years of age to provide activities to foster brain development in infants and toddlers.
- Includes classical music and at least 30 minutes of reading to the children each day.
- Provides training for the children's parents, including direct dialogue and interaction between teachers and parents demonstrating the urgency of brain development in the first year of the child's life.
- Contracts for an evaluation of programs to stimulate brain development and submit a report to the Legislature by January 1, 2000.

The effective date of the bill is upon becoming law.

HB 4007 -- Relative Caretaker Program/CFS Dept. by Reps. Dawson-White and others (Passed as CS/SB 1540 by Children Families and Seniors and Senator Turner)

- Establishes the Relative-Care giver Program.
- Provides for financial assistance & support services to relatives caring for children placed with them by child protection system
- Provides for rules establishing eligibility guidelines, care giver benefits, & payment schedule.

The effective date of this bill is October 1, 1998.

HB 4483-- Health & Rehabilitative Services/Name Change by the Committee on Children & Family Empowerment and Rep. Lacasa (CS/SB 642 by Senate Children, Families and Seniors and Senator Rossin)

- Functions of the former Department of Health and Rehabilitative Services (HRS) are now performed by the Department of Children and Family Services, the Department of Health, the Agency for Health Care Administration, the Department of Juvenile Justice and other departments and agencies. Many sections of Florida Statutes do not reflect these changes and still show HRS as responsible for many functions and activities.
- Directs the Division of Statutory Revision to prepare a reviser's bill that makes necessary technical and conforming changes to sections of Florida Statutes to

correctly assign functions and activities to the appropriate department or agency.

- Removes inconsistencies, redundancies, and unnecessary repetitions in the Florida Statutes and for otherwise improving their clarity and facilitating their correct and proper interpretation. The only official reviser's bills are those prepared by the Statutory Revision of the Joint Legislative Management Committee under the authority of s. 11.242, Florida Statutes.

**SB 1720 -- CFS Department/Rulemaking Authority
by Senator Rossin**

- Allows the Department of Children & Family Services to continue its authority in the following areas by authorizing the Department to adopt rules in the following areas:
- Community services and treatment for persons who are developmentally disabled.
- Behavioral programs, certification of behavior analysts, and fees for programs for persons who are developmentally disabled.
- Residential care for psychotic and emotionally disturbed children.
- Operation and administration standards for community alcohol, drug abuse, and mental health services.
- Standards for employee assistance programs for employees of state government, local governments, and private business.
- Medication service providers.
- Optional state supplementation program.
- Hearings and appeals in the area of public assistance.

The effective date of this bill is upon becoming a law.

**SB 1762 -- CFS Department/Rulemaking Authority
by Senator Rossin**

- Results from the Department of Children and Family Services' review of its rules and enabling law. The Department found that the specific authority for two public assistance-related rules had been repealed. These two rules concern the specific dates on which certain individuals will become eligible for temporary cash assistance or Medicaid coverage and provisions regarding protective payees.
- Allows the Department to continue its authority in this area by placing the provisions of the rules in law.

The effective date of this bill is upon becoming a law.

Committee on Elder Affairs and Long Term Care

CS/CS/HB 1093 -- Taxation of Homes for the Aged
by the Committee on Finance and Taxation, the Committee on Elder Affairs and Long Term Care, Rep. Crist and others (CS/SB 636 by Senate Ways and Means Committee and Senator Ostalkiewicz)

- Provides ad valorem tax exemptions for nonprofit homes for the aged of \$25,000.
- Qualifies each person living in a certified continuing care facility who does not currently qualify to be eligible.
- Mandates as provided by the Florida Constitution and was enacted by a two-thirds vote of both houses of the Legislature as required to bind local governments.

The effective date of this bill is January 1, 1999.

HB 1705 -- Elders/Access to Courts
by Rep. Peadar and others (SB 838 by Senator Cowin)

- Provides Legislative findings regarding the need to provide the state's vulnerable elders with access to the Courts.
- Recommends that the judiciary assume a leadership role in removing barriers and enhancing linkages between elders, the courts, and prospective social and legal services.
- Defines the term "elder" and requests that the Judicial Management Council (JMC) or other court committee evaluate how the courts handle cases involving an elder. The designated court committee is requested to submit its findings to the Chief Justice of the Supreme Court, the Governor, the President of the Senate, the Speaker of the House, and the Minority Leaders of the Senate and the House of Representatives. The report is due no later than December 1, 1999.
- Provides staff to the designated court committee, and has a fiscal impact of less than \$50,000 for two years, and the Office reports that they have planned this expenditure into their budget.

The effective date of this bill is July 1, 1998.

**HB 1893 Baldomero State Nursing Home
by Rep. Fasano and others (SB 254 by Senator Latvala)**

- Provides that the state Department of Veteran's Affairs name the nursing home in Land O' Lakes the "Baldomero Lopez State Veterans' Nursing Home."

The effective date of this bill is upon becoming a law.

**CS/HBs 3089 and 171 -- Nursing Facility Personnel Screening
by the Committee on Elder Affairs and Long Term Care, Rep. Brooks and others
(CS/CS/SB 208 by Senate Ways and Means Committee, Senate Health Care
Committee and Senator Brown-Waite)**

- Provides a procedure for hearings and decisions by administrative law judges when the Agency for Health Care Administration seeks to take adverse action on a nursing facility's license.

Establishes requirements and a system for background screening of nursing home personnel.

- Requires as of October 1, 1998 certain nursing home personnel to undergo background screening prior to working directly with residents or having access to their living areas or their funds or personal property.
- Requires the Agency for Health Care Administration to receive and process screening requests for level 1 and level 2 screening, develop a fee schedule, establish and maintain a database of screening results and notify requesting facilities of the results. Persons who have not lived in Florida continuously for the five years prior to the date of the background screening request are required to undergo level 2 screening.
- Provides that employees/applicants are responsible for paying the costs of screening, authorizes the nursing facility to reimburse these costs and provides that the Agency reimburse the facility for allowable costs and that such reimbursement will not be subject to any rate ceilings or payment targets in the Medicaid Reimbursement plan.
- Provides for exemption from disqualification for employment, with the Agency hearing appeals from nonlicensed personnel and the Department of Health hearing appeals from licensed persons.
- Establishes the requirements for rescreening and exemption from such rescreening.
- Provides liability protection for nursing facilities that terminate employees with disqualifying offenses.
- Provides specific rule making authority for both the Agency and the Department of Health.

The effective date of this bill is July 1, 1998.

CS/CS/HB 3247 -- Forensic Client Services
by the Committee on Family Law and Children, the Committee on Elder Affairs and Long Term Care, and Rep. Argenziano (Passed as CS/CS/SB 442 by Senate Criminal Justice Committee, Senate Children, Families and Seniors Committee, Senator Campbell and others)

- Reorganizes Chapter 916 relating to forensic services for mentally ill and mentally retarded defendants.
- Reorganizes Chapter 916 relating to forensic services into three Parts:
 - Part I General Provisions
 - Part II Persons with Mental Illness
 - Part III Persons with Mental Retardation or Autism.
- Adds autism to mental retardation as a condition which could be cause for a person to be determined incompetent to proceed.
- Provides the factors which experts must consider when determining incompetence are provided.
- Authorizes the court to order specialized residential or outpatient placement for persons with mental retardation or autism.

- Revises provisions related to the estimated pay for jurors and witnesses to make a technical correction to a reference.

The effective date of this bill is October 1, 1998.

CS/CS/HB 3387 -- Health Care
by the Committee on Health Care Services, the Committee on Elder Affairs and Long Term Care, Rep. Frankel and others (SB 1962 by Senator Rossin)

- Designates two additional Memory Disorder Clinics, authorizes an additional specialized long term care project, and establishes a study Panel.
- Amends section 430.502, F.S., to designate additional memory disorder clinics at St. Mary's Medical Center in Palm Beach county and at Tallahassee Memorial Regional Medical Center in Leon county.
- Allows the Department of Elder Affairs (DOEA) to contract for specialized model day care programs in conjunction with any of the designated memory disorder clinics. It removes the mandate to contract for three model day care programs with the clinics.
- Authorizes DOEA to contract for a "Program of All-inclusive Care for the Elderly" (PACE) project. If the recipient of this contract is a nursing home which meets certain standards, the applicant will be exempt from the provisions of chapter 641, F.S., which regulates HMOs.
- Creates a Panel for the study of "end of life care" to be located at the Pepper

Institute on Aging and Public Policy at Florida State University.

The effective date of this bill is July 1, 1998.

**CS/HB 3667 -- Assisted Living Facility Licensure
by Committee on Elder Affairs and Long Term Care, Rep. Fischer and others**
(Passed as CS/SB 1960 by Senate Children, Families and Seniors Committee and
Senator Rossin)

- Revises and reorganizes chapter 400, Part III related to Assisted Living Facilities (ALFs), Part IV related to Home Health Agencies (HHAs), and Part VII related to Adult Family Care Homes (AFCH).
- Subjects HHAs to disciplinary action for knowingly providing home health services to persons living in an unlicensed ALF or AFCH.
- Increases significantly the fines Agency for Health Care Administration (AHCA) could impose and allows AHCA to charge for investigative visits or surveys occasioned by a complaint. AHCA could in some instances impose doubled fines.
- Revises the time frames within which notice of a transfer of ownership must be made to AHCA.

The effective date of this bill is October 1, 1998.

**CS/HB 4035 -- Adult Family-care Homes
by the Committee on Elder Affairs and Long Term Care and Rep. Roberts-Burke**
(CS/SB 1872 by Senate Children, Families and Seniors Committee, Senator Turner
and others)

- Amends chapter 400, Part VII, F.S., which governs adult family care homes (AFCH).
- Clarifies that an adult family care home provides housing and personal care in a private home with an individual or family and allows for assistance with the self-administration of medications along with other personal services.
- Requires that AFCHs caring for two or more residents be licensed in contrast to the current standards that require licensure as an AFCH when three or more residents are being cared for.
- Provides certain exemptions to licensure.
- Specifies that providers must meet the requirements of level 1 background screening of section 435.03, F.S.
- Deletes the provision that an unlicensed home cannot hold itself out to the public as a place that provides personal care.
- Allows residents enrolled in hospice to remain in an AFCH when they require 24-hour nursing supervision, if continued residency is acceptable to the resident and to the AFCH.
- Requires that the Department of Elder Affairs (DOEA) and Agency for Health

Care Administration (AHCA) develop minimal and flexible rules and minimize obstacles so as not to inhibit the establishment of adult family care homes.

The effective date of this bill is October 1, 1998.

**HB 4167 -- Adult Abuse, Neglect and Exploitation
by the Committee on Elder Affairs and Long Term Care Committee, Rep. Brooks
and others (SB 1188 by Senator Rossin)**

- Amends the Adult Protective Services Act to provide definitions and new procedures for investigations of abuse reports when no second party perpetrator is alleged or determined to be involved.
- Removes from the statute references to “self-neglect” and creates definitions of “disabled adult in need of services” and “elderly person in need of services”.
- Provides for the referral of a disabled adult in need of services to the community care for disabled adults program and the referral of an elderly person in need of services to the community care for the elderly program under the Department of Elder Affairs.
- Provides that, in cases determined to be either a disabled adult in need of services or an elderly person in need of services, no classification of the report shall be made in the central abuse registry and tracking system of the Department of Children and Family Services and no notification pursuant to section 415.1055, F.S., shall be required.
- Authorizes the department to retain the records of such reports for up to 1 year.
- Provides that primary consideration shall be given by the community care for the elderly program to referrals by adult protective services of an elderly person in need of services or elderly victims of abuse, neglect, or exploitation who are in need of immediate services to prevent further harm and defines “primary consideration”.
- Requires the Office of Program Policy Analysis and Government Responsibility to conduct a review and follow-up study of referrals from the Department of Children and Family Services to the Department of Elder Affairs and of the process used by the Department of Elder Affairs to establish service priorities for and services to these persons. Requires the Office to report to the legislative presiding officers on the review by December 31, 1998 and on the follow-up study by December 31, 2000.
- Establishes requirements and procedures for the Department of Children and Family Services for referring reports of abuse, neglect or exploitation to law enforcement which the department has determined to be false.
- Establishes requirements and procedures for law enforcement agencies for investigating and disposing of alleged false reports of abuse, neglect or exploitation.
- Increases the charge of a false report of abuse, neglect, or exploitation from a second degree misdemeanor to a third degree felony.
- Requires the department to report to the legislature annually on the number of

- false reports referred to law enforcement.
- Requires each state attorney to establish and publish procedures to facilitate the prosecution of false reporters and to report to the legislature annually the number of complaints that have resulted in the filing of an information or indictment.
- Increases the fine the department may impose upon a person who knowingly and willfully makes a false report of abuse, neglect, or exploitation of a disabled adult or elderly person or who counsels another to make a false report from \$1000 to \$10,000.

The effective date of this bill is July 1, 1998.

HB 4231 -- Long-Term Care/Religious Faith

by Rep. Jacobs and others (CS/SB 2324 by Senate Children, Families and Seniors Committee and Senator Rossin)

- Amends the Long Term Care Community Diversion Project Act and directs the Department of Elder Affairs to allow enrollees to choose among long-term care providers including providers that are affiliated with a religious faith or denomination.

The effective date of this bill is upon becoming law and has no fiscal impact.

CS/HB 4283 -- Florida Employment Long-Term-Care Plan

by Rep. Peadar and others (CS/SB 2342 by Senate Government Reform and Oversight Committee and Senator Bankhead)

- Creates a long-term care insurance plan for specified public sector employees, retirees, and their families.

The effective date of this bill is July 1, 1998.

HB 4517 -- Care of Elderly Persons (RAB)

by the Committee on Elder Affairs and Long Term Care Committee and Rep. Brooks (Passed as CS/SB 1706 by Senate Children, Families and Seniors Committee and Senator Rossin)

- Provides specific rule authority for a number of sections in Part III and Part VII of Chapter 400, related to assisted living facilities and adult family care homes.
- Provides rule authority related to contracts between assisted living facilities and residents of such facilities to clarify terms, establish procedures, clarify refund policies and contract provisions, and specify documentation.
- Provides rule authority related to property and personal affairs of residents of assisted living facilities to clarify terms and specify documentation regarding the proper management of residents' funds and personal property and the

- execution of surety bonds.
- Provides rule authority related to business practices, personnel records, and liability insurance of assisted living facilities to clarify terms, establish requirements for financial records, accounting procedures, personnel procedures, and reporting procedures and specify documentation.
- Provides rule authority related to standards for resident care, safety, and quality of life in assisted living facilities to clarify terms and establish waiver application procedures, criteria for reviewing waiver proposals, and procedures for reporting findings and moving from rule to statute requirements regarding business practices and liability insurance.
- Provides rule authority to establish procedures and specify documentation for pharmacy and dietary services in assisted living facilities.
- Provides rule authority to establish procedures and specify documentation for construction and renovation of assisted living facilities.
- Provides rule authority related to licensure of adult family care homes to establish procedures, identify forms, specify documentation and clarify terms and moves from rule to statute language describing Class I, II, III, and IV and unclassified violations and providing for fines by the agency.
- Provides rule authority to establish facility conditions that constitute grounds for imposing a moratorium and establish procedures for imposing and lifting a moratorium on adult family care homes.
- Provides rule authority and rule requirements relating to standards for the health, safety, and well-being of residents of adult family care homes.
- Provides rule authority related to training and educational programs for adult family care home providers.

The effective date of this bill is July 1, 1998.

HR 9315 -- RESPECT

by Rep. Ken Pruitt (SB 2130 by Senator Myers)

- Recognizes RESPECT of Florida as a necessary, viable, and valuable means of carrying out its policy of promoting gainful employment for Florida citizens with severe disabilities.

SB 892 -- Substance Abuse Services (RAB)

by Senator Rossin

- Revises and combines the definitions of medication treatment and methadone maintenance treatment.
- Requires under the section setting forth the rights of clients receiving substance abuse services, that the right to quality services include the use of methods and techniques to control aggressive client behavior that poses an immediate threat to the client or to other persons.

- Provides requirements and restrictions on the use of aggression control techniques.
- Provides rulemaking authority to the Department of Children and Family Services.

The effective date of this bill is upon becoming a law.

**CS/SB 1152 -- Disabled and Mentally Ill/TF (RAB)
by Senate Children, Families and Seniors Committee and Senator Rossin**

- Provides statutory authority for the Department of Children and Family Services rule making.
- Provides definitions related to developmentally disabled and mentally ill persons' umbrella trust fund for "individual trust", "main umbrella trust", and "umbrella trust fund".
- Provides specific rule authority for the Department of Children and Family Services for administration of expenditures from the individual trust and the establishment of fees for administering the umbrella trust fund.
- Requires that the administrator of the umbrella trust fund shall be a trust company that has its principal place of business in Florida.
- Requires the trustee of an individual trust to provide an annual accounting to the beneficiary of the trust or to the beneficiary's representative.

The effective date of this bill is upon becoming a law.

Committee on Health Care Services

**CS/HB 1213 -- Prostate & Breast Cancer
by the Committee on Health Care Services, Rep. Murman & others (CS/CS/SB 94
by Senate Ways and Means, Senate Health Care, Senator Grant & others)**

- Amends section 240.5121(4)(m), F.S., to direct the Florida Cancer Control and Research Advisory Council (C-CRAB), to develop a pamphlet, written in layperson's terms and in language easily understood by the average adult patient, informing actual and high-risk prostate cancer patients of the medically viable treatment alternatives available to them in the effective management of prostate cancer. This summary is to be written in English and Spanish and to describe treatment alternatives and explain the relative advantages, disadvantages, and risks associated with each. The council is required to periodically update the pamphlet to reflect current standards of medical practice in the treatment of prostate cancer.
- Increases by three the number of members on the C-CRAB and requires the council to develop and implement an educational program, including

- distribution of the pamphlet, to inform citizen groups, associations, and voluntary organizations about early detection and treatment of prostate cancer.
- Creates the Prostate Cancer Task Force within the H. Lee Moffitt Cancer Center and Research Institute. This task force is composed of 18 non-compensated members, and will last for 2 years. The task force is charged with 1) compilation of all research and information about prostate cancer, and preparations of recommendations for 2) reducing the number of incidences of prostate cancer, and 3) changes in the Florida Insurance Code as it relates to coverage for prostate cancer screening and treatment (including how such changes would effect the Florida government and community).

The effective date of this bill is July 1 of the year in which enacted.

HB 1883 -- Organ and Tissue Donation
by the Committee on Health & Human Services Appropriations; the Committee on Health Care Services; Reps. Albright and Culp (Passed as SB 304 by Senator Childers)

- Revises Part X of Chapter 732, Florida Statutes, relating to anatomical gifts, to do the following:
 - Revise the definition of the term “death” to include cardiac death.
 - Clarify that only an adult may donate organs.
 - Clarify methods by which an anatomical gift may be revoked.
 - Revise language which provides immunity from civil and criminal liability for hospitals, hospital administrators, and their designees relating to participation in the organ donation program, and add organ procurement organizations, eye banks and tissue banks to the list of parties given immunity.
- Provide additional duties for the hospital administrator at the time of death to notify the organ procurement organization.
- Authorize the Agency for Health Care Administration to use funds in an existing trust fund to establish an organ and tissue donor registry and to initiate organ donor education. The bill also reduces the rate of assessment on organ procurement organizations, tissue and eye banks from .5% to .25% of total revenues, effective July 1, 1999.

The effective date of this bill is upon becoming law except as otherwise provided.

CS/HB 1929 -- Protection of Children

by the Committee on Governmental Operations, Committee Health Care Services and Rep. Albright & others (Passed as CS/SB 1646 by Senate Health Care, Senator Myers & others)

- Transfers responsibility for the child protection teams and the sexual abuse treatment program from the Department of Children & Family Services to the Department of Health and elevates the Division Director of Children's Medical Services to Deputy Secretary for Children's Medical Services.

The effective date of this bill is January 1, 1999.

CS/HB 3105 -- Health Insurance/Cleft Lip & Cleft Palate

by the Committee on Health Care Services, Rep. Ritter & others (Passed as CS/SB 228 by Senate Health Care, Senator Gutman & others)

- Creates ss. 627.64193, 627.66911, and 641.31(34), F.S., which apply to individual and group accident or health insurance policies, and health maintenance organization (HMO) plans.
- Requires that if the plan provides coverage for a child under the age of 18, the plan must include coverage for cleft lip and cleft palate for such child.
- Requires the following services to be included in the coverage: medical, dental, speech therapy, audiology and nutrition services only when such services are prescribed by the treating physician and certified to be medically necessary to treatment of the cleft lip or cleft palate.
- Applies these provisions to out-of-state group policies and small group policies.

The effective date of this bill is October 1, 1998.

CS/HB 3145 -- Outreach for Pregnant Women Act

by the Committee on Health Care Services, Rep. Heyman & others (CS/SB 1258 by Senate Health Care and Senator Harris)

- Provides high-risk pregnant women who may not seek proper prenatal care, who suffer from substance abuse problems, or who are infected with HIV and to provide these women with links to much needed services and information in order to provide early intervention and treatment to benefit the health of both the child and mother.
- Establishes a two-year pilot outreach program in Dade, Broward, Palm Beach, Hillsborough and Orange counties for high-risk pregnant women who may not seek proper prenatal care, who suffer from substance abuse, or who are infected with HIV.
- Requires the Department of Health to coordinate the outreach programs and provide services and information to high-risk pregnant women and their infants.

- Requires the Department of Health to compile reports and recommendations for the program.
- Provides \$15.6 million from the Tobacco Settlement Trust Fund and \$1.4 million from non-recurring General Revenue to implement the provisions in the bill; to replace the Tampa Branch Health Laboratory; to construct the Hendry County Health Department; for the Healthy Moms and Healthy Babies facility at the University of South Florida; and for the Center for Urban Transportation Research at the University of South Florida.
- Effective July 1, 1998, repeals s. 206.606, F.S., as amended by ch. 96-321, Laws of Florida.

The effective date of this bill is October 1, 1998, except as otherwise provided.

CS/HB 3715 -- Sexually Transmitted Diseases

by the Committee on Health Care Services, Reps. Frankel and Brooks (Passed in CS/CS/SB 714 by Senate Ways and Means, Senate Health Care, Senator Forman & others)

- Addresses HIV/AIDS course requirements for employees and clients of specific health care facilities and for certain licensed health care professionals.
- Expands HIV/AIDS education requirements for employees and clients of certain health care facilities.
- Streamlines requirements relating to HIV testing, specifically relating to pre-and post-test counseling requirements.
- Provides for the sharing of preliminary test results under certain circumstances.
- Creates additional exceptions in which HIV information can be released without the consent of the test subject.
- Provides that during notification of results, specific information must be provided on available medical services, support services, and the importance of partner notification.
- Addresses the need to provide prevention information to high risk persons who test negative.
- Authorizes hospital emergency departments and detention facilities to enlist public health services in the notification of positive individuals who have been discharged prior to notification of positive results.
- Authorizes testing without informed consent, in the event of a significant exposure to medical or non-medical personnel who provide emergency care to a victim who dies; to monitor a previously diagnosed HIV-positive patient's clinical progress; and for the performance of repeated HIV testing conducted to monitor possible conversion from a significant exposure.
- Grants authority for a health care provider involved in the delivery of a child to note the mother's HIV test result in the child's medical record.
- Requires the re-registration of HIV testing sites and give authority for inspection.
- Gives DOH the authority to deny, suspend or revoke the registration of an HIV testing site.

- Adds requirements for DOH's model protocol for HIV testing and counseling and provide that the model protocol be established by agency rule.

The effective date of this bill is July 1, 1998.

CS/HB 3731 -- Health Insurance

by the Committee on Health Care Services and Rep. Byrd (Passed as CS/SB 1752 by Senate Banking and Insurance, Senator Cowin & other)

- Revises standards for the operation of prepaid limited health service organizations (PLHSOs) as follows.
- Requires each PLHSO to make available to all subscribers a description of the authorization and referral process for services and a description of the process used to analyze the qualifications and credentials of providers. Certain literature provided to subscribers must include the address of the department and the department's toll-free consumer hot line.
- Requires each PLHSO to report annually to the department the total number of grievances handled by class of grievance and the final disposition of all grievances.

The effective date of this bill is October 1, 1998.

HB 3783 -- Cigarette Tax Collection Trust Fund

by Reps. Tamargo, Bradley & others (CS/SB 1636 by Senate Ways and Means, Senator Brown-Waite & others)

- Requires the Division of Alcoholic Beverages and Tobacco of the Department of Business and Professional Regulation to certify to the Comptroller an amount equal to 2.59 percent of the revenues derived from the cigarette tax imposed under s. 210.02, F.S., to be paid to the Board of Directors of the H. Lee Moffitt Cancer Center and Research Institute for a period of 10 years beginning January 1, 1999. The Moffitt Cancer Center is to use these funds for constructing, furnishing, and equipping a cancer-research facility. These funds may be used to secure financing, by means including the issuance of tax-exempt bonds. The Board of Directors of the Moffitt Cancer Center is required to administer the funds, manage the project, and provide technical or managerial assistance during the construction of the project. In addition, the board is required to operate the facility when complete.
- Reduces the amount of cigarette tax revenue deposited into General Revenue by \$10.6 million annually, or by a total of \$106 million over the ten year period specified in the bill.

The effective date of this bill is July 1, 1998.

HB 3999 -- Parental Notice of Abortion Act

by Rep. Sindler & others (CS/SB 1814 by Senate Health Care, Senator Harris & others)

- Requires the person performing or inducing the termination of a pregnancy of a minor to notify the parent or legal guardian of the minor's intention at least 48 hours prior to performing or inducing the termination of pregnancy.
- Provides that notice shall not be required if: a medical emergency exists; notice is waived in writing by the person who is entitled to notice; the minor is or has been married or has the disability of nonage removed; or notice is waived through a judicial procedure.
- Provides for disciplinary action for violations of the notice requirement.
- Provides for procedures for judicial waiver of notice.

The effective date of this bill is July 1, 1999.

HB 4081 -- Hillsborough County/Hospitals
by Rep. Culp & others (SB 2604)

- Allows Hillsborough County to develop and enact a health care lien ordinance that will restore the lien privilege to Tampa General Hospital and extend the lien privilege to all hospitals in Hillsborough County.
- Allows the lien privilege to be extended to Hillsborough County when the county pays for hospital services of qualified county residents.
- Limits the lien if the patient is covered through an HMO or other nongovernmental entity under contract with the hospital to the covered charges in effect at the time treatment was delivered and to the amount that the hospital has contracted to accept from all sources for the care and treatment of the patient.
- Provides for attorney's fees and costs through equitable distribution based on a pro rata share.

The effective date of this bill is upon becoming law.

CS/HB 4415 -- Children's Health
by the Committee on Health & Human Services Appropriations, the Committee on Health Care Services, Rep. Albright & others (CS/CS/CS/SB 1228 by Senate Ways and Means, Senate Banking and Insurance, Senate Health Care, Senator Brown-Waite & others)

- Creates the "Florida Kid Care Program" which provides health insurance coverage to uninsured children with incomes up to 200% of the federal poverty level. The "Kid Care" program consists of the following components:
- **Medikids**, a newly created program to provide services to children from birth to the age of 5 years. The Medikids program uses the Medicaid benefit package and has periodic open enrollment periods. After being determined eligible for

the program, a child enrolls in a Medicaid managed care plan or MediPass. Serves 23,000 kids at a total first year cost of \$11 million.

- **Florida Healthy Kids**, which serves children ages 5 through 19 years. Local match requirements will be modified so that all counties will be able to participate in Healthy Kids. The Healthy Kids benefit package will be used and there will be open enrollment periods during which children will select from among participating plans. Serves 162,000 kids and costs \$102 million.
- **Medicaid coverage for kids age 15 through 19**, from 28% to 100% of federal poverty. This component will serve 30,000 kids at an annual cost of \$19 million.
- **Employer-sponsored group health insurance plans for kids** in families with access to dependent coverage.
- **Children with special health care needs** will be served through the Children's Medical Services network (10,000 kids / \$49 million), or for children with serious emotional disturbances or substance dependency through the Department of Children and Family Services. (400 kids / \$6.3 million)
- **Twelve months of continuous eligibility will be provided to Medicaid eligible kids** ages 0 - 5; and 6 months of continuous eligibility will be provided for Medicaid eligible kids ages 5-19.
- **Increases funding for the Primary Care for Children and Families Challenge Grant** by \$6.4 million, and for the School Health Service Program by \$2.9 million.
- In all, the program is expected to cover 256,000 children at a total cost of \$344 million (\$119 million state, \$209 million federal, and family contributions of \$16 million).

The effective date of this bill is July 1 of the year in which enacted.

HB 4495 -- Health Insurance

by the Committee on Health Care Services, Rep. Albright & others (Passed as CS/CS/SB 1800 by Senate Health Care, Senate Banking and Insurance & Senator Diaz-Balart)

- Corrects several "glitches" which occurred as a result of the enactment of CS/SB 1682, which placed into Florida law, the provisions of the federal "Health Care Portability and Accountability Act of 1996" (HIPAA) as follows:
- Conforms Florida law on group health insurance conversion requirements to the provisions of HIPAA specifically related to renewability.
- Incorporates the provisions of the federal "Mental Health Parity Act of 1996" into the Florida Insurance Code.
- Clarifies which provisions of Florida's Long-Term Care Insurance Act apply to limited benefit policies, adds a disclosure statement for limited benefit policies, and conforms the definition of "preexisting condition" for long-term care policies to HIPAA.
- Specifies that funds in a medical savings account or Roth IRA (individual retirement account) are not liable to attachment, garnishment, or legal process.

- Permits certain HMOs to have up to 10 outpatient holding beds. This provision was inadvertently repealed in 1996.
- Amends the Florida Insurance Code relating to Medicare supplement policies to make changes necessary to conform to federal law in the areas of guarantee issue and preexisting condition.
- Revises ch. 641, F.S., relating to HMO surplus and solvency requirements, to increase minimum surplus requirements from \$.5 million to \$1.5 million, require a minimum surplus of \$300,000 (or up to \$2 million based on financial conditions), and require HMOs to file a report on internal control in conjunction with its CPA report.
- Exempts policies which provide for expanded coverage, written in conjunction with comprehensive medical policies, from the requirements of the small group law.
- Requires certain health care providers who obtain liability protection from the Board of Regents to report malpractice incidents to the Department of Insurance (DOI).
- Expands eligibility for guarantee-issue of an individual health insurance policy to include persons with 18 months of prior coverage under an individual plan, if the prior insurance coverage is terminated due to the insurer or HMO becoming insolvent or discontinuing all policies in the state, or due to the individual no longer living in the service area of the insurer or HMO. (Current law requires that the most recent coverage must be group coverage.)
- Requires the DOI to annually establish the standard risk premium which serves as the benchmark for establishing maximum premiums for the Florida Comprehensive Health Association (FCHA) and for individual conversion policies.
- Requires insurers to mail to individuals who are eligible for a conversion policy, an election and premium notice form, including an outline of coverage, within 14 days of request.
- Revises the requirements for an HMO to provide a 12-month extension of benefits for persons who are totally disabled, to apply the requirement to any termination of an HMO contract, including termination by a group contract holder, but limiting such requirement to group HMO contracts.
- Revises the bond requirements that must be met by fiscal intermediary organizations.
- Specifies that the current 180-day notice requirement that an insurer is required to provide to individual or group policyholders if the insurer discontinues offering all health insurance coverage in the individual or group market in the state, must be 180 days prior to nonrenewal of each policyholder's coverage. This clarifies that an insurer cannot cancel a policy mid-term.
- Provides that an individual is not eligible for guarantee-issue of coverage if the individual is eligible for a conversion policy under an insured plan or a self-insured plan. However, the conversion policy would have to be issued by a Florida authorized insurer or HMO that issues the conversion policy under the requirements of Florida law. In other words, the insurer or HMO would be

required to have the policy approved by the DOI, must offer the standard benefit plan, and must limit premiums to 200 percent of the standard risk rate, as currently required for all conversion policies.

- Provides that an insurer may not deny coverage for a late enrolled child if notice is given within 60 days of the birth of the child. Current law has been interpreted to allow a policyholder to enroll a child under a policy anytime after birth until age 18, and to obtain retroactive coverage back to the date of birth, if the policyholder pays the past due premiums. This is the literal interpretation of the current law, but all parties agree that it is not reasonable to allow enrollment of a child years after the child is born and obtain coverage back to the date of birth.
- Reinserts certain exceptions to the requirement that HMO contracts provide for an extension of benefits for at least 12 months for a person who is totally disabled at the time an HMO contract is terminated. The provision reinserts only 3 of the current exceptions: (1) fraud or material misrepresentation in applying for benefits; (2) disenrollment for cause, after the HMO follows specified procedures; and (3) the subscriber has moved out of the geographic service area of the HMO.

The effective date of this bill is January 1, 1999.

HB 4535 -- Health Care Responsibility

by the Committee on Health Care Services, Rep. Albright & others (Passed as CS/CS/SB 484 by Senate Ways and Means, Senate Health Care)

- Revises and sets new requirements for the Medicaid program, makes revisions to the "Health Care Responsibility Act of 1988," and addresses issues relating to the Agency for Health Care Administration and the Department of Health.

With regard to the Medicaid program, this bill:

- Revises third party liability recovery procedures by the Agency for Health Care Administration (AHCA) and sets requirements for payment of attorney's fees.
- Revises payment schedules for persons dually eligible for Medicare and Medicaid.
- Revises mandatory assignment provisions for Medicaid recipients to insure equal enrollment in MediPass and PSN's and managed care plans.
- Requires AHCA to establish a revised reimbursement methodology for long-term-care services for Medicaid-eligible nursing home residents.
- Authorizes AHCA to competitively negotiate for home health services and to seek necessary waivers relating to such competitive negotiation.
- Revises eligibility standards to conform to WAGES requirements.
- Extends time period in which a Medicaid recipient may voluntarily disenroll from a managed care plan or MediPass provider from 60 to 90 days to conform to federal law.
- Creates a Medicaid outpatient specialty services demonstration project.

- Eliminates provisions that prohibit federally qualified health centers from participating in Medicaid provider services networks.
- Limits reimbursement, effective January 1, 1999, under District 6 Mental Health Pilot Projects to entities licensed under chs. 624, 641, or 636, F.S.
- Provides \$2 million from tobacco settlement revenues to be matched with federal Medicaid funds to provide Medicaid recipients with prosthetic and orthotic devices.
- Requires Medicaid reimbursement to county health departments for school based services for patients enrolled in managed care plans.

With regard to the Department of Health and other health care issues, this bill:

- Specifies that copayments collected by DOH or its contractors do not apply to health care providers practicing under the “Access to Health Care Act.”
- Authorizes the Department of Health and the Department of Children and Family Services to share confidential client information.
- Revises local WAGES coalition memberships.
- Adds DOH to the definition of “medical review committee.”
- Names the Carl S. Lytle, M.D. Memorial Health Facility in Marion County.
- Repeals outdated silver nitrate requirements.
- Transfers the Nursing Student Loan Forgiveness Program and scholarship program from the DOH to the Department of Education.
- Increases the penalty to a third degree felony for maliciously disseminating information identifying individuals who have a sexually transmissible disease;
- Increases the penalty to a first degree felony for persons committing multiple violations of s. 384.24(2), F.S.
- Revises professional liability reporting requirements by certain insurers and requires health care providers who obtain professional liability insurance from the Board of Regents to report to the DOI claims for damages.
- Provides that the Department of Health is the designated state agency for receiving federal funds for the Child Care Food Program.

Finally, this bill revises the “Health Care Responsibility Act of 1988” to:

- Reduce the maximum amount a county may be required to pay out-of-county hospitals for care provided to qualified indigent residents of the county.
- Increase the time a hospital has to notify the county of residence of a HCRA patient that the hospital provided health care to the patient.

The effective date of this bill is July 1 of the year in which enacted except as otherwise provided herein.

**HR 9087 -- New Drugs/Medical Devices/Approval
by Rep. Arnall**

- Supports the enactment of comprehensive federal legislation to facilitate the rapid review and approval of innovative new drugs, biological products, and medical devices, without compromising patient safety or product effectiveness.

No effective date.

**CS/SB 250 -- Certificates of Need
by Senate Health Care; Senate Health Care**

- Amends the certificate-of-need (CON) law relating to nursing homes to:
- Modifies the procedure for imposing conditions on a CON for a nursing home that was issued in reliance on the applicant's statements to provide a specified number of nursing home beds to Medicaid recipients.
- Revises a provision in the nursing home licensure law by deleting language that pertains to CON regulation.
- Exempts from CON review certain state veterans' nursing homes operated by or on behalf of the Florida Department of Veterans' Affairs when specified conditions are met.
- Amends the law relating to CON conditions and monitoring to explicitly clarify that a nursing home CON issued in reliance upon an applicant's statement to provide Medicaid nursing home beds must include a statement of such commitment. The CON program is required to notify the Medicaid program and the Department of Elderly Affairs when it imposes Medicaid conditions on a CON for a nursing home that will operate in an area in which a community diversion pilot project is implemented. Additionally, explicit authority is provided for a holder of a CON to apply to the Agency for Health Care Administration (AHCA) for a modification of conditions imposed on its CON.
- Creates an interagency workgroup with participation from private-sector interested parties to study and monitor issues pertaining to ensuring a sufficient supply of Medicaid nursing home beds. The workgroup is required to submit two reports and it is abolished effective January 1, 2000.

The effective date of this bill is July 1, 1998.

**CS/SB 1716 -- Department of Health/(RAB)
by Senate Health Care & Senator Brown-Waite**

- Addresses those rules relating to the Department of Health's public health programs currently being enforced by the Department of Health which do not have the clear statutory authority needed under the revised provisions of the Administrative Procedures Act. Specific topical areas addressed in the bill are: immunizations, communicable disease control, sanitary facilities, drinking water systems, onsite sewage treatment and disposal systems, septic tank contractors, food hygiene, migrant labor housing, biomedical waste, environmental health professionals, tanning facilities, food assistance programs, emergency medical services, water quality testing, certification of water testing laboratories, radon testing, inspection of radiation machines, examinations of radiologic technologists, drugs, devices and cosmetics, mobile home parks, and public swimming and bathing facilities.

The effective date of this bill is July 1, 1998.

Committee on Health Care Standards & Regulatory Reform

**CS/CS/CS/HB 349 -- Regulation of Health Care Facilities
by the Committee on Health Care Standards & Regulatory Reform, the Committee on Health & Human Services Appropriations, the Committee on Health Care Standards & Regulatory Reform, Representative Saunders and others (Passed as CS/SB 314 by Senate Health Care & Senator Brown-Waite)**

- Deletes two requirements for hospitals--the budget review functions and construction reviews for certain outpatient hospital structures.
- Clarifies current law which requires hospitals constructed after July, 1998 to function as shelters and be self-supporting in the event of a major disaster.
- Requires the Agency for Health Care Administration to submit a report on recommendations for cost-effective renovation of existing hospitals.
- Strengthens the Patient's Bill of Rights by ensuring that patients are provided information and instruction on the complaint filing process.
- Strengthens current law to improve facility reports of disciplinary action taken against physicians by a facility.
- Streamlines and clarifies certain aspects of risk management programs, such as definitions of "adverse incidents" that are required to be reported to the agency.
- Transfers the licensure program for health care risk managers from the DOI to the Agency for Health Care Administration, to be administered in conjunction with the regulation of facility risk management programs.
- Deletes a fee for copying patient records.

The effective date of this bill is July 1, 1998.

CS/HB 891 -- Assessments on Health Care Entities
by the Committee on Health Care Standards & Regulatory Reform and Rep. Gay
(Passed as CS/SB 570 by Senate Ways and Means and Senator Dudley)

- Repeals the radiation therapy portion of the outpatient facilities assessment of 1.5% of net revenues which is currently paid into the Public Medical Assistance Trust Fund (PMATF).
- Extends the exemption from assessment to outpatient radiation therapy services offered in a hospital setting.
- Directs House and Senate staff to perform a cost study of the Adult Heart Transplant Program in Medicaid, to be completed no later than September 1, 1998. Also authorizes the Agency for Health Care Administration to seek a budget amendment from the governor and Cabinet to seek funds to continue the program after the study is complete if the Speaker of the House of Representatives and President of the Senate approve the results of the study and authorize the budget amendment.
- Provides that the amendment of sections 395.701 (hospitals) and 395.7015 (freestanding radiation therapy centers), F.S., shall take effect only upon the Agency for Health Care Administration receiving written confirmation from the federal Health Care Financing Administration that the changes contained in the amendments will not adversely affect the use of the remaining assessments as state match for the state's Medicaid program.

The effective date of this bill is July 1, 1998, with the exception of the aforementioned sections, which are effective upon receipt of such written confirmation.

CS/HB 1005 -- Managed Care/Subscriber Grievances
by the Committee on Health Care Standards and Regulatory Reform and Rep. Saunders (CS/SB 162 by Senate Banking and Finance & Senator Brown-Waite)
Chapter No. 98-10 LOF.

- Revises criteria and procedures for review of grievances against managed care entities by statewide provider and subscriber assistance panel.
- Provides for initial review by the Agency for Health Care Administration.
- Provides requirements for expedited or emergency hearings.
- Provides for requests for patient records. Requires certain notice to subscribers and providers of their right to file grievances. Provides for attorney's fees and costs, etc.

The effective date of this bill is December 1, 1998.

CS/CS/HB 1021 -- Health Care Provider Discrimination

by the Committee on Health Care Standards and Regulatory Reform and the Committee on Health Care Standards and Regulatory Reform and Reps. Bloom and Jones (CS/SB 2146 by Senate Banking and Insurance & Senator Silver)

- Prohibits exclusive provider organizations and health maintenance organizations from discriminating against participation by advanced registered nurse practitioners solely on the basis of their licensure or certification.

The effective date of this bill is upon becoming law.

CS/CS/HB 1137 -- Tests for Alcohol, Chemical Substances, or Controlled Substances

by the Committee on Health Care Standards & Regulatory Reform, the Committee on Law Enforcement & Public Safety, Representatives Lynn and others (SB 508 by Senate Criminal Justice & Senator Horne) Chapter No. 98-27 LOF.

- Allows a health care provider treating a person injured in a motor vehicle crash to notify law enforcement if that person's blood alcohol level is .08 percent or higher, whenever said practitioner becomes aware of this fact as a result of a blood test performed as a part of the medical treatment. The notification must be given within a reasonable amount of time, and used exclusively for the law enforcement officer's purposes.
- Reports or fails to report this information, would not be a violation of any ethical or moral duty on the health care provider's part.
- Prohibits any action or administrative proceeding being brought against a health care provider on the basis of such a report, and provides immunity from civil or criminal liability and from any professional disciplinary action that may arise.

The effective date of this bill is July 1, 1998.

CS/HB 1437 -- Public Records Exemption - Managed Care/Subscriber Grievances by the Committee on Health Care Standards and Regulatory Reform and Rep. Saunders (SB 166 by Senator Brown-Waite)

- Provides exemption from public records requirements for certain personal information in documents, reports, or records prepared or reviewed by the provider and subscriber assistance panel or obtained by the Agency for Health Care Administration.
- Provides exemption for portions of meetings of such panels when subscriber whose grievance will be discussed requests closed meeting.
- Provides exemption for portions of meetings of such panels when such information, or trade secret or internal risk management program info is discussed.

The effective date of this bill is upon becoming law.

HB 1519 -- Rural Hospitals

by Reps. Westbrook and Mackey (Passed as SB 288 by Senators Thomas and Myers) **Chapter No. 98-14 LOF.**

- Revises definition of “rural hospital” to increase the maximum number of licensed beds allowed in a state-designated rural hospital from 85 to 100.
- According to the Agency for Health Care Administration, the immediate effect is to increase the number of rural hospitals from 27 to 29.
- Provides that rural hospitals designated on or after July 1, 1998, may not be included in the rural hospital disproportionate share or financial assistance programs unless additional appropriations are provided to prevent any reduction in payments to hospitals existing prior to July 1, 1998 and otherwise eligible for assistance.

The effective date of this bill is July 1, 1998.

HB 1625 -- Transitional Living Facilities for Brain and Spinal Cord Injuries

by the Committee on Health Care Standards and Regulatory Reform and Reps. Jones, Dawson-White, and Others (Passed as CS/SB 188 by Senate Health Care & Senator Brown-Waite) **Chapter No. 98-12 LOF.**

- Provides for the revision of the state licensure program for Transitional Living Facilities for brain and spinal cord injured patients.
- Expands duties of the Advisory Council on Brain and Spinal Cord Injuries to include the annual appointment of a five person committee composed of consumers and professionals to conduct on-site visits to such facilities.
- Cost of regulation is fee-supported.

The effective date of this bill is October 1, 1998.

CS/HB 1739 -- Regional Poison Control Center/Emergency Medical Services

by the Committee on Health Care Standards and Regulatory Reform and Rep. Saunders (CS/SB 302 by Senate Community Affairs & Senator Lee) **Chapter No. 98-7 LOF.**

- Requires each regional poison control center to develop an emergency dispatch protocol with each licensee as defined by s. 401.23 (13), F.S., in the geographic area covered by the regional poison control center. Such protocol shall be developed by October 1, 1999.
- Develops protocol in conjunction with the appropriate poison control center.
- Provides for a call transferred to a regional poison control center in accordance with established protocol and s. 401.268, F.S., the designated poison control center shall assume responsibility and liability for the call.

The effective date of this bill is July 1, 1998.

CS/HB 1843 -- Medicaid/HMO's/Claims

by Reps. Effman, Lippman, and Brooks (Passed as CS/SB 1584 by Senate Banking and Insurance, Senator Campbell & others)

- Requires HMO's to reimburse all claims or any portion of any claim made by a contract provider for services or goods provided under a contract with the HMO which the HMO does not contest or deny within 35 days after receipt of the claim by the HMO.
- Requests for additional information, provided by provider within 35 days of the receipt of such request.
- Pays or denies (HMO) the contested claim or portion of the contested claim within 45 days after receipt of the information.
- Pays or denies (Insurer) any claim no later than 120 days after receiving the claim. Payment is considered made on the date the payment was received or electronically transmitted or otherwise delivered.

The effective date of this bill is October 1, 1998.

CS/HB 3227 -- Substance Abuse Services

by the Committee on Family Law & Children, Rep. Wise, and others (SB 392 by Senator Holzendorf and others)

- Redefines the term "qualified professional" for the purposes of providing substance abuse assessment or treatment services under Chapter 397, F.S.
- Licenses professionals under Chapter 491, F.S., and adds them to the "qualified professional" definition.
- Provides a grandfather clause for individuals who were certified prior to January 1, 1995 under a certification process recognized by the former Department of Health and Rehabilitative Services.

The effective date of this bill is January 1, 1999.

HB 3231 -- Rural Hospitals

by Rep. Burroughs and others (SB 170 by Senator Childers) **Chapter No. 98-21 LOF.**

- Modifies the statutory definition of the term "rural hospital" by changing the language to 85 or few licensed beds, as opposed to "85 licensed beds or less".
- Stipulates that population density must be based on the latest United States Census.
- Directs the Agency for Health Care Administration, in consultation with the Department of Health and representatives of the hospital industry, to conduct a study analyzing the definition of the term "rural hospital" and to report its findings and recommendations to the Governor, the Speaker of the House of Representatives, and the President of the Senate no later than December 31, 1999.

The effective date of this bill is upon becoming law.

CS/HB 3311--Public Records

by the Committee on Governmental Operations, the Committee on Health Care Standards & Regulatory Reform, and Rep. Saunders (SB 316 by Senator Brown-Waite)

- Accompanies CS/CS/CS/HB 349 (Passed as CS/SB 314), the health facilities regulation bill.
- Creates an exemption from the Public Records Law for certain information contained in notification of an adverse incident.
- Requires the notice to be submitted to the Agency for Health Care Administration.

The effective date of this bill is July 1, 1998.

CS/HB 3487 -- Dental Insurance Coverage/General Anesthesia or Hospitalization

by the Committee on Health Care Standards and Regulatory Reform and Rep. Safley and others (CS/SB 792 by Senate Banking and Insurance & Senator Latvala and others)

- Provides that dental treatment or surgery shall be considered necessary when the dental condition is likely to result in a medical condition if left untreated. Covers charges for general anesthesia or hospitalization for dental care of certain persons.
- Provides that each individual, group, franchise, or blanket health insurance policy, each maintenance organization, each preferred provider, and each exclusive provider, shall cover charges for general anesthesia or hospitalization for dental care of certain persons.
- covers a minor under 8 years of age who is determined by a licensed dentist in consultation with the child's physician to require treatment in a hospital or ambulatory surgical center; or, any person who has one or more medical conditions that would create significant or undue medical risk for the individual in the course of delivery of any necessary dental treatment.
- Requires authorization prior to hospitalization by the appropriate entity covering such costs.
- Requirements do not apply to Medicare supplement, long-term care, disability, limited benefit, or specified disease policies.
- Applies to any policy, issued, written, or renewed, or contract entered into, on or after the effective date of this bill.

CS/HB 3565 -- Health Care

by the Committee on Health Care Standards & Regulatory Reform, Rep. Hill and others (Passed as CS/SB 714 by Senate Ways and Means Committee, Senate Health Care, Senator Forman and others)

- Requires background screening for the chief executive officer and financial officer of all licensed health care facilities and employees of assisted living facilities.
- Strengthens protections for patients of home health agencies and clarifies what organizations and individuals are exempted from home health licensure.
- Repeals duplicate licensure requirements for diagnostic imaging services, radiation therapy, and rehabilitation therapies.
- Revises various provisions of the law related to HIV/AIDS. Adds the substance of CS/HB 3715 (which passed as CS/SB 2262)--Sexually Transmitted Diseases (HIV Testing) by the Committee on Health Care Services, Representative Frankel, Representative Brooks and others. Revisions include expanding HIV/AIDS course requirements for employees and

clients of specific health care facilities, as well as for designated health care professionals:

- streamlines requirements related to HIV testing;
- authorizes the release of preliminary HIV test results in limited situations;
- authorizes testing without consent in the event of a significant exposure to a deceased individual; an
- provides for the re-registration of HIV testing sites.

The effective date of this bill is July 1, 1998.

HB 3817 -- Emergency Medical Services

by Rep. Effman and others (Passed as CS/SB 290 by Senate Health Care & Senator Klein)

- Provides that a paramedic or emergency medical technician may perform health promotion and wellness activities and blood pressure screenings in a non-emergency environment, within the scope of their training, and under the direction of a medical director.
- Allows paramedics to administer immunizations in a non-emergency environment, within the scope of their training, and under the direction of a medical director. In order for such immunizations to be performed, there must also be in place a written agreement between the paramedic's medical director and the county health department located in each county in which the paramedic administers such immunizations.
- Establishes liability for medical directors.

The effective date of this bill is upon becoming law.

HB 3971 -- Health Facilities Authorities

by Rep. Gay and others (SB 1060 by Senate Health Care & Senator Silver)

- Allows local health facility authorities to use their bonding authorities to underwrite the purchase of accounts receivables from other not-for-profit health care facilities, whether they are in-state or out-of-state.
- Provides for a three hundred thousand dollar, one-time, tax forgiveness to All Children's Hospital, Pinellas County.

The effective date of this bill is upon becoming a law.

HB 4365 -- Acupuncture

by Rep. Kelly (SB 2282 by Senate Health Care & Senator Gutman)

- Adds language to the definition of "acupuncture" to include modern oriental concepts.
- Defines "oriental medicine" and includes same in the educational requirements for an authorized three-year program.
- Increases the number of members of the Board of Acupuncture from five to seven.
- Defines additional prohibited acts and penalties.

The effective date of this bill is July 1, 1998.

HB 4515 -- Standardized Credentialing of Physicians

by the Committee on Health Care Standards and Regulatory Reform and Representatives Jones and Others (CS/SB 1940 by Senate Health Care and Senator Myers)

- Provides for standardized credentialing of medical, osteopathic, chiropractic, and podiatric physicians effective July 1, 1999.

- Eliminates the current duplication in credentialing which is unnecessarily costly and cumbersome for both the physician and the entity granting practice privileges. Definitions are provided for implementation of a standardized program with standardized forms.
- Provides for the establishment of a mandatory credentials verification program. A “credentials verification entity” is authorized by statute.
- Provides that once a physician’s core credentials data are collected and validated, the physician is not required to resubmit this initial data when applying for practice privileges with health care entities. Timely updating of this information, no less than quarterly is required.
- Concepts supported by the HMOs, hospitals, health insurance companies, and physicians are standardized.
- Provides an appropriation of \$5.5 million and 7 FTEs for the necessary equipment and personnel to implement standardized credentialing by the effective date of this bill. It will be necessary to electronically transfer large amounts of data about physicians from and to the department if credentialing is to function as intended.

The effective date of this bill is July 1, 1999.

HB 4681 -- Department of Health “Glitch Bill”
by the Committee on Health Care Standards and Regulatory Reform and Rep. Jones
 (Passed as CS/SB 2128 by Senate Health Care Committee and Senator Myers)

- Corrects the “glitches” resulting from passage of HB 1925 in 1997, makes a number of changes to chapter 455, Part II, as well as other changes.
- Corrects all of the various cross-references in the practice acts or sections referring to Part I or Part II of chapter 455.
- Corrects the terminology relating to chiropractic medicine and podiatric medicine in chapters 460 and 461, respectively. It also corrects the terminology as appropriate in various cross-references.
- Deletes requirements that medical and osteopathic physicians who go without malpractice insurance must get a signed statement from each patient for the patient’s file.
- Provides DOH added authority to review adequacy of offices of physicians that do office surgery.
- Requires DOH to notify HMOs as well as hospitals when they receive notice of disciplinary action against a medical or osteopathic physician.
- Extends the date from September 1, 1998 to December 31, 1998 for the DOH to give an exam to certain foreign-licensed physicians, and provides \$1.2 million from the MQA trust fund to the University of South Florida to develop the exam.

The effective date of this bill is July 1, 1998.

HB 4741 -- Fiscal Intermediaries - Bonding Requirements
by the Committee on Health Care Standards and Regulatory Reform and Rep. Jones
 (Passed as part of CS/CS/SB 1800 by Senate Banking and Finance, by Senate Health Care, and Senator Diaz-Balart)

- Changes the bonding requirements for fiscal intermediaries regulated under s.641.316, F.S., from a fiduciary bond, to a smaller fiduciary bond and a surety bond. Currently, there are a number of these entities that perform fiduciary or fiscal intermediary services for health care practitioners (service providers) who contract with an HMO or other managed health organization.
- Amends s. 641.316, F.S., to require a fiscal intermediary to secure and maintain a fidelity

bond equal to 10 percent of the funds handled in the prior year, or \$1 million, which ever is lower. The minimum bond amount is \$50,000. The current requirement of a \$10 million fidelity bond is repealed. The bond must be maintained for as long as the intermediary does business in the State.

- Requires a fiscal intermediary to secure and maintain a surety bond on file with the Department of Insurance (DOI), naming the intermediary as principal. The bond must be with a company authorized to do business in the State, and the DOI shall be obligee on behalf of third parties. The bond shall be 5 percent of the funds handled in the prior year, or \$ 250,000, which ever is lower. The minimum surety bond amount shall be \$10,000. A condition of the bond is that the intermediary register with the DOI.

The effective date of this bill is January 1, 1999.

**SB 1232 -- Rulemaking Authority of the Agency for Health Care Administration (RAB)
by Senator Brown-Waite**

- Authorizes the Agency for Health Care Administration to adopt rules allowing for a one-time extension of the deadline for a health care facility to file reports relating to data collection, finances, physician charges, and other requirements under chapter 408, F.S., including assessments on hospitals and nursing homes for purposes of funding the data collection and analyses responsibilities of the agency.

The effective date of this bill is upon becoming a law.

**SB 1348 -- Agency for Health Care Administration Rulemaking Authority/Workers' Compensation (RAB)
by Senator Brown-Waite**

- Grants explicit rulemaking authority, as required by Chapter 120, F.S., to the Agency for Health Care Administration for the purpose of regulation of the workers' compensation managed care program under s. 440.134, F.S.

The effective date of this bill is upon becoming law.

**CS/SB 1410--Rulemaking Authority with Respect to Health Care Professionals (RAB)
by the Senate Health Care and Senator Brown-Waite**

- Provides rulemaking authority for a number of programs within the Department of Health, including health care service pool registrants, impaired practitioner programs, dental laboratories, midwifery, and master social workers.

The effective date of this bill is July 1, 1998.