



## **2016 Legislative Session – Legislative Bulletin**

**Week Three – January 29, 2016**

### **2016 Legislative Session – Stay Informed!**

This is our weekly Legislative Update/Recap report that will continue through the end of Session. Included with this report is the latest copy of the [LeadingAge Florida Legislative Bill Tracking Report](#).

### **Activity on LeadingAge Florida Priority Bills**

#### **Continuing Care Communities**

***LeadingAge Florida's top priority for the 2016 Session passes the House of Representatives unanimously (118-0) and heads to the Senate!*** CS/HB 127 by Rep. Cummings (R-Orange Park) modifies the Gold Seal Nursing Home Financial Criteria for Nursing Homes that are Part of Continuing Care Retirement Communities. The legislation, filed on behalf of LeadingAge Florida, allows a non-accredited Continuing Care Retirement Community (CCRC) applying for the Gold Seal nursing home designation to submit financial statements prepared by an independent CPA for the community in its entirety as proof of compliance with the financial criteria established by AHCA. A nursing home that is part of a CCRC accredited by a national accreditation organization and that meets the minimum liquid reserve requirements in Ch. 651 would still be deemed to meet the financial criteria for the Gold Seal designation.

The bill was amended in committee to allow a corporate entity that operates nursing homes, assisted living facilities, or independent living facilities or a combination thereof to submit a consolidated financial statement for the entire corporation as proof of meeting the financial standards for the Gold Seal. This change will benefit retirement communities that are not regulated as CCRCs as well as other multi-facility corporate entities.

The Senate companion, CS/SB 542 by Sen. Stargel (R-Lakeland) has been placed on Senate Special Order Calendar for February 2<sup>nd</sup>.

#### **Expand the ordering/prescribing authority for Advanced Registered Nurse Practitioners (ARNPs)**

Several bills have been filed expanding the ordering/prescribing authority for ARNPs.

HB 1241 by Rep. Plasencia (R-Orlando) includes language advocated for by LeadingAge Florida authorizing an advanced registered nurse practitioner to order any medication for administration to a patient in a hospital, ambulatory surgical center, mobile surgical facility or nursing home within the framework of an established protocol. The bill passed its first committee of reference this week, and has one more committee of reference.

Sen. Grimsley (R-Sebring) filed the LeadingAge Florida language as a stand-alone bill, SB 946. SB 946 has three committees of reference and has not yet been heard in committee.

HB 423, sponsored by House Health Quality Chairman Cary Pigman (R-Avon Park) expands drug-prescribing powers for advanced registered nurse practitioners and physician assistants and allows ARNPs to prescribe, dispense, order, and administer controlled substances, to the extent authorized under their supervising

physician's protocol. Florida is the only state that doesn't allow nurse practitioners to prescribe controlled substances. HB 423 has passed all three committees of reference, and is on the House Calendar for consideration by the full House.

A similar bill, SB 676 by Senator Grimsley (R-Sebring), expands physician assistants' (PA) and advanced registered nurse practitioners' (ARNP) ability to prescribe controlled substances. The authorization comes with limitations, such as prescribing privileges for controlled substances listed on Schedule II are limited to a 7-day supply and an ARNP or PA may not prescribe controlled substances in a pain management clinic. The bill requires PAs and ARNPs to complete 3 hours of continuing education biennially on controlled substances. CS/SB 676 has passed two of its committees of reference and has one more to go.

#### **Preserve Certificate of Need for Nursing Homes**

Over the past several years, the Florida Legislature significantly reduced the number of services and facility types subjected to Certificate of Need (CON) review. LeadingAge Florida supports the retention of a CON process for nursing home beds. HB 437 by Rep. Sprowls (R-Clearwater) deletes the provisions relating to certificates of need required for new, expanded, or modified hospital construction. LeadingAge Florida is monitoring this bill for any attempts to include nursing homes in the legislation. HB 437 passed all committees of reference and has been placed on the House Calendar.

A Senate companion measure has not yet been filed; however Sen. Don Gaetz (R-Destin) has filed SB 1144 relating to Certificates of Need for Health Care-related project. SB 1144 does not repeal certificate of need for hospitals but rather provides an exemption from the CON requirement for projects providing access to care for uninsured and low-income residents. The project must contribute certain revenues to the Public Medical Assistance Trust Fund and provide charity care. This bill is scheduled to be heard in Senate Health Policy Committee on February 1<sup>st</sup>.

#### **Physician Orders for Life-sustaining Treatment**

A "POLST" is a voluntary document specifying a patient's desired end-of-life care and medical treatment to ensure the patient's wishes are honored. While a do not resuscitate order (DNRO) is limited to the withholding of cardiopulmonary resuscitation (CPR), a POLST documents a patient's health care wishes in the form of a physician order for a variety of end of life measures, including CPR. The POLST is designed to be a portable, authoritative and immediately actionable physician order regarding life sustaining/resuscitative measures that must be honored across all treatment settings.

SB 664 by Sen. Brandes (R-St. Petersburg) directs the Department of Health to develop and adopt a POLST form by rule, authorizes specific personnel to withhold CPR pursuant to a DNRO or a POLST form which contains an order not to resuscitate, and provides immunity from civil and criminal liability to such personnel, facility staff and facilities for withholding or withdrawing CPR. The Agency for Health Care Administration (AHCA) is directed to act as a clearinghouse of information on compassionate and palliative care plans and develop and implement a database for this information. AHCA is also directed to consult with compassionate and palliative care providers, health care facilities and residents in the development and implementation of the database.

Sen. Brandes has filed SB 662, a bill linked to SB 664, relating to Public Records/Clearinghouse for Compassionate and Palliative Care Plans. This bill creates an exemption from public records for identifying information in compassionate and palliative care plans filed with the clearinghouse at the AHCA. In Florida, legislation relating to privacy of records and providing an exemption from public records requirements must be filed separately.

LeadingAge Florida's Public Policy Committee adopted unanimously a motion to support POLST legislation in concept with the understanding that staff obtain member input on the content of any related bills filed for the 2016 Legislative Session to ensure that the language provides guidance on what to do if there is a conflict between POLST and other end of life documents and ensure that faith-based organizations have the right to deny requests that are inconsistent with their religious and ethical beliefs as long as their policies are made known upon admission to the facility.

The House companion, HB 957 by Rep. Gonzalez (R-Venice) is much more comprehensive and attempts to address issues identified that are not dealt with in the Senate bill. The House bill, among other provisions, places the POLST form provisions under the Medical Transportation Services statute, rather than AHCA, requires physician certification of the POLST form, further defines the role of the Department of Health to include standardized protocols across all health care settings, and addresses out of state POLST directives, patient transfer and POLST transferability, conflicts with other advance directives, POLST for minors, and revocation of a POLST form.

SBs 664 and 662 have been scheduled to be heard by the Health Policy Committee on Monday, February 1<sup>st</sup>. An amendment to SB 664 striking all of the provisions in the bill and replacing them with new language has been filed for consideration on February 1<sup>st</sup>. The amendment more closely aligns the Senate bill to the House Bill. It also includes language regarding conflicts with other advanced directives and specifies that the bill does not support euthanasia.

The Elder Care and the Real Property and Trust Sections of the Florida Bar have concerns relating to expedited hearings and conflicts with other end of life documents.

HB 957 has been referred to four committees in the House. It does not appear that the House Bill will be heard this Session

## **Activity on LeadingAge Florida Monitored Bills**

### **Prescription Drug Monitoring Program**

CS/HB 313 by Rep. Pilon (R-Sarasota) provides for additional reporting exemptions from the Prescription Drug Monitoring Program (PDMP) for a rehabilitative hospital, an assisted living facility or a nursing home dispensing a controlled substance, as needed, to a patient as ordered by the patient's treating physician. This bill would benefit LeadingAge Florida members. As explained by Rep. Pilon, this allows a doctor to treat his/her patient by leaving an order for pain medicine at the nursing home or ALF and exempting them from the reporting requirement.

Legislation passed in 2009 established the Prescription Drug Monitoring Program (PDMP) within the Department of Health. The PDMP uses a comprehensive electronic system/database to monitor the prescribing and dispensing of certain controlled substances. Dispensers of controlled substances listed in Schedule II, III, or IV must report specified information to the PDMP database, including the name of the prescriber, the date the prescription was filled and dispensed, and the name, address, and date of birth of the person to whom the controlled substance is dispensed. Dispensers must report the dispensing of a specified controlled substance to the PDMP database within seven days of dispensing the controlled substance. Health care practitioners are exempt from the PDMP reporting requirements in certain instances.

CS/HB 313 passed its last committee of reference and has been placed on House Calendar. The Senate companion, SB 964 by Sen. Grimsley has been scheduled for a hearing in its first committee of reference on February 1<sup>st</sup>.

### **Property Prepared for Tax Exempt Use**

HB 301 by Rep. Burton (R-Lakeland) consolidates provisions relating to tax exemptions on property owned by certain tax-exempt organizations and expands the ad valorem tax exemption for an exempt organization that is taking affirmative steps to prepare property to be used for an exempt purpose. Current law grants this treatment to educational institutions, religious organizations, and 501(c)(3) organizations that provide affordable housing. The bill expands the exemption to all property being prepared for an educational, literary, scientific, religious or charitable purpose. A concern regarding the manner in which the bill was drafted in the 2015 session as it relates to affordable housing has been addressed in the bills filed this year.

Both HB 301 and CS/SB 842 by Sen. Hays (R-Umatilla), have one more committee of reference.

### **Guardianship**

CS/CS/SB 232 by Sen. Detert (R-Venice) provides for the regulation of professional guardians, currently not regulated in Florida, by the Office of Public and Professional Guardians (previously named Statewide Public Guardianship Office) within the Department of Elder Affairs. The bill requires annual registration of professional guardians and gives the Office of Public and Professional Guardians disciplinary and enforcement powers. CS/CS/SB 232 has been placed on Senate Special Order Calendar for Feb 2<sup>nd</sup>. CS/HB 403 by Rep. Ahern passed two committees of reference and has one more to go before going to the full House.

### **Nurse Licensure Compact**

HB 1061 by Rep. Pigman (R-Sebring) allows nurses who receive their certification in a participating state to also practice in Florida without having to go through additional training. The bill includes a structure for a revamped compact, which would supersede the current compact and need approval from participating states. Florida nurses would be able to request multi-state licenses, and nurses from other states who hold multi-state licenses would be able to practice in Florida. The aim is to recruit more nurses, and according to Rep. Pigman, "It would allow Florida to have access to what's going on in 25 other states, potentially 30 states, whereas now we're just aware of what's going on in our own state with regards to investigations of licensure." The bill would let Florida offer the multi-state license option. The move is part of ongoing state efforts to lower healthcare costs while increasing patient access to physicians.

HB 1061 passed all committees of reference and has been placed on House Calendar, along with a linked bill providing a public records exemption, HB 1063. The Senate companion, SB 1316 by Sen. Grimsley has been referred to three committees of reference but has not been scheduled for a hearing.

### **Missing Persons with Special Needs**

CS/SB 230 by Sen. Dean (R-Inverness) creates the "Project Leo" pilot project in five North Florida counties – Alachua, Baker, Columbia, Hamilton, and Suwannee – to provide personal devices to aid search-and-rescue efforts for persons with special needs in the case of elopement. The bill creates a separate pilot project for the same purpose in two South Florida counties – Broward and Palm Beach. While the bill does not define special needs, the staff analysis specifically describes elopement and wandering of children with autism and individuals with Alzheimer's disease and other forms of dementia as individuals with special needs.

CS/SB passed the full Senate on January 15<sup>th</sup> and is in House Messages. The companion, CS/HB 11 by Rep. Porter (R-Lake City) has passed two committees of reference and has one more committee before going to the House Floor.

### **State Veterans' Nursing Homes**

HB 581 by Rep. Magar (R-Hope Sound) creates a site selection process for new state veterans' nursing homes to be administered by the Florida Department of Veterans' Affairs (FDVA). There are six state veterans' nursing homes in Florida. Currently, no Florida law governs FDVA's site selection process. The bill requires FDVA to contract for a study to determine the most appropriate county for construction of a new nursing home based on the greatest level of need. The study must be delivered to the Governor, President of the Senate, and the Speaker of the House of Representatives by November 1, 2016, and a new study must be conducted and submitted every 4 years thereafter. The bill provides the criteria to be used to rank each county.

HB 581 passed its last committee of reference and heads to the House Floor. No Senate companion has been filed to date.

### **Involuntary Examinations under the Baker Act**

HB 325 by Rep. Campbell (D-Miami Shores) and SB 572 by Sen. Altman (R-Cape Canaveral) authorize physician assistants and ARNPs to initiate involuntary examinations under the Baker Act of persons believed to have mental illnesses.

HB 325 has been scheduled for House Special Order Calendar on Feb. 2<sup>nd</sup>.

### **Residential Facilities**

HB 885 by Rep. Avila (R-Hialeah) and SB 1174 by Sen. Diaz de la Portilla (R-Miami) clarify siting requirements for community residential homes and provide a grandfathering provision for existing community residential

homes lawfully permitted and operational as of the effective date of the act. The law currently addresses distance requirements for citing of community residential homes. Homes with 7 – 14 residents may not be constructed within 1,200 feet of another such home; a home of 6 or fewer residents may not be constructed within 1,000 feet of another such home. Currently, there is no requirement for the distance between a 7-14 residents home and a 6 residents or fewer home. The bill sets that distance requirement at 1,200 feet. This legislation is intended to address an issue occurring primarily in Miami-Dade.

HB 885 has passed all of its committees of reference and has been placed on House Calendar. The Senate companion, SB 1174, has passed its first committee of reference and has two more stops to go.

#### **Uniform Firesafety Provisions for Assisted Living Facilities**

HB 965 by Rep. Harrison (R-Tampa) and SB 1164 by Sen. Legg (R-Lutz) require the State Fire Marshal to adopt uniform firesafety standards for ALFs and provide firesafety requirements be based on the current editions of the National Fire Protection Association, Life Safety Code, NFPA 101 and 101A. Evacuation capability determination and firesafety requirements currently in law are deleted. The NFPA documents are revised on a three year cycle to incorporate new technologies and lessons learned from actual fire experiences. This change will allow for the adoption of the current edition of the NFPA Life Safety Code for ALFs. The legislation would not require existing facilities to retrofit, however, the new standards, if adopted, would enable facilities to take advantage of elements in the newer codes designed to reduce costs for renovations and modifications to existing buildings.

SB 1164 passed its first committee of reference and has two more committees to go. HB 965 is scheduled for a hearing on Feb. 1<sup>st</sup>.

#### **Vulnerable Adults**

HB 557 by Rep. Harrison (R-St. Tampa) provides a cause of action may be brought by a facility, including a nursing home, assisted living facility, adult day center and others, for goods and services provided to a vulnerable adult. Recovery is only for instances of exploitation. The amount received by the facility is not to exceed the amount owed to the facility plus attorney fees and costs, and are to be credited against sums owed to the facility. The intent of the bill is to allow a facility to take action against someone who is exploiting a resident and receive compensation to cover the expenses of the resident if the facility is not being paid.

The bill was amended in its first committee of reference to provide that a facility which has an obligation to provide for the health, safety, and welfare of the vulnerable adult may bring the civil action on the vulnerable adult's behalf if the facility: reports the alleged exploitation to law enforcement; and obtains the consent of the vulnerable adult, or if the vulnerable adult cannot give consent, provides notice to vulnerable adult's next of kin or legal representative and shows that the action is necessary for the immediate health, safety, or welfare of the vulnerable adult.

The bill provides that recovery of damages for the facility may not exceed the value of the debt owed for services provided to the vulnerable adult plus any reasonable attorney fees or costs incurred in bringing the cause of action. Recovery in excess of such amount belongs to the vulnerable adult or the vulnerable adult's estate.

The bill passed its first committees of reference, as amended, and has two more committees of reference. The Senate companion, SB 1536 by Sen. Richter (R-Naples) has been referred to three committees and has not had a hearing.

#### **Transparency in Health Care**

SB 1496 by Sen. Bradley (R-Orange Park) and HB 1175 by Rep. Chris Sprowls (R-Clearwater) require health care providers to show more transparency about the prices of services provided.

SB 1496 would require hospitals and ambulatory surgical centers to meet new standards for providing financial information and quality of service measures to patients and to the public. Specifically, in response to requests for information, health care facilities are required to provide a written, good faith estimate of the anticipated facility charges within seven business days after receipt of the request, and to provide an itemized bill or

statement within seven days of a patient being discharged. Facilities are required to establish a method of responding to billing questions within seven days after it is received. The Agency for Health Care Administration (AHCA) is required to contract with a vendor to provide a consumer-friendly, Internet-based platform that allows a consumer to research the cost of health care services and procedures by a common-named service bundle to facilitate price comparison of typical health care services provided in hospitals and ambulatory surgery centers (ASC). Quality indicators for services at the facilities will also be made available to the consumer to facilitate health care decision making.

Of interest to LeadingAge Florida members, this week an amendment removing the provisions in SB 1496 requiring nursing homes, upon request, to provide a written good faith estimate of reasonably anticipated charges for services provided by the nursing home within seven business days after receiving a request and to provide information disclosing payment plans, discounts, other available assistance, and collection procedures, was adopted.

HB 1175 establishes a Florida-specific All Payer Claims Database, which provides an online, searchable method for patients to compare provider price and quality, and a Florida-specific data set for price and quality research purposes. It also requires hospitals, ambulatory surgical centers, insurers and HMOs to make prices transparent to patients, and make quality data available to them.

SB 1496 has one more committee of reference and HB 1175 has passed its first committees of reference.

### **Telehealth**

The House Select Committee on Affordable Healthcare Access favorably approved introduction of a Committee bill on Telehealth. As filed, HB 7087 would create a legal framework for telehealth, which involves using the Internet and other technology to provide health services remotely. The bill authorizes Florida licensed health care professionals to use telehealth to deliver health care services within their respective scopes of practice. The bill also authorizes out-of-state health care professionals to use telehealth to deliver health care services to Florida patients if they register with the Department of Health (DOH) or the applicable board, meet certain eligibility requirements, and pay a fee. A registered telehealth provider may use telehealth to provide health care services to Florida patients, but is prohibited from opening an office in Florida and from providing in-person health care services to patients located in Florida.

The approach in this House bill differs from Telehealth legislation filed in the Senate. SB 1686 by Sen. Aaron Bean (R-Jacksonville) creates a 19-member task force within the Agency for Health Care Administration (AHCA), to examine the use of telehealth. The membership of the task force is to include two representatives of organizations that represent health care facilities. The task force is to submit a report to the Governor and Legislature by June 30, 2017. SB 1686 passed its first committee of reference.

### **Long Term Care Prioritization**

HB 1335 by Rep. Magar (R-Hobe Sound) and SB 7056 by the Senate Health Policy Committee relating to Long-term Care Managed Care Prioritization have been filed. The bills would codify in law the role that the Department of Elder Affairs (DoEA) currently has to assess and prioritize individuals on the waitlist for home and community-based services available through the Medicaid Long-term Care Program – a program that frail residents of affordable housing depend on. The bills do not modify the current assessment and prioritization process.

Affordable housing providers and their residents are affected by funding for the Medicaid Long-term Care Program. The amount of funds appropriated by the Florida Legislature for fiscal year 2016-17 will determine how many slots will be available for the program and what levels of impairment will qualify an individual for placement on the waitlist, which last September numbered 39,971. HB 1335 and SB 7056 require the DoEA to establish a process for determining who is eligible for those slots and provide guidance on how that should occur.

For those not familiar with the current assessment and prioritization process for the Medicaid Long-term Care Program, it includes 8 levels of frailty, with 8 being the highest and 1 the lowest. This fiscal year, sufficient funds were allocated to put applicants who assess at a level 4 or higher on the wait list. The year before, applicants

had to score at a level 5 or higher to make the wait list and be considered for services.

The bills do not get into which levels would entitle one to receive priority for services. However, SB 1335 provides that the following individuals would have priority for enrollment in the program and would not be subject to participation in the screening or waitlist process: Individuals between the ages of 18 and 21 years who have chronic debilitating diseases or chronic debilitating diseases or conditions or one or more physiological or organ systems which generally makes them dependent on 24 hour-a-day medical, nursing, or health supervision or intervention; individuals determined to be at high risk and in need of Adult Protective Services; nursing facility residents who wish to transition into the community and who have resided in the skilled nursing facility in Florida for at least 60 consecutive days. SB 7056 also provides for the same for individuals between the ages of 18 and 21 years and nursing home residents but not for individuals in need of protective services. The Senate bill specifies that if capacity is limited for the program, priority must be given to the individual with the oldest date of placement on the waitlist if they have identical priority scores.

Both HB 1335 and SB 7056 require the DoEA to notify the individual, or his or her designated representatives, of waitlist placement and to post on its website the methodology used to calculate an individual's priority score. The bills also specify that the individual, or his or her designated representative, may request a rescreening due to a significant change in the individual's condition. In addition, the bills list the conditions under which DoEA may terminate an individual from the waitlist.

The basis for the legislation is the following implementation language included in the 2015-16 General Appropriations Act. These bills are intended to place this implementing language in statute since the language in the Act expires in July.

Section 28. In order to implement Specific Appropriation 226 of the 2015-2016 General Appropriations Act, the Agency for Health Care Administration and the Department of Elderly Affairs shall prioritize individuals for enrollment in the Medicaid Long-Term Care Waiver program using a frailty-based screening that provides a priority score (the "scoring process") and shall enroll individuals in the program according to the assigned priority score as funds are available. The agency may adopt rules, pursuant to s. 409.919, Florida Statutes, and enter into interagency agreements necessary to administer s. 409.979(3), Florida Statutes. Such rules or interagency agreements adopted by the agency relating to the scoring process may delegate to the Department of Elderly Affairs, pursuant to s. 409.978, Florida Statutes, the responsibility for implementing and administering the scoring process, providing notice of Medicaid fair hearing rights, and the responsibility for defending, as needed, the scores assigned to persons on the program wait list in any resulting Medicaid fair hearings. The Department of Elderly Affairs may delegate the provision of notice of Medicaid fair hearing rights to its contractors. This section expires July 1, 2016.

HB 1335 has passed its first committee of reference and is scheduled to be heard in the Health Care Appropriations Subcommittee on Feb. 2<sup>nd</sup>. SB 7056 has been filed and referred to two committees of reference.

## Activities of Interest

### Budget Report by Dr. Erwin Bodo

The Senate and House Health and Human Services Appropriations Subcommittees unveiled the chairs' proposals for FY 2016-17. The committees had two crippling constraints in crafting this budget. First, latest revenue estimates for FY 2016-17 came in almost \$400 million below the October 2015 estimates. Second, the amount of funding available for the hospital low income pool (LIP) has been reduced approximately \$400 million by CMS. In spite of these hurdles the budgets provide several funding increases. The following are the highlights:

#### House

- Provides for serving an additional 664 individuals on the Medicaid Long-Term Care waiver wait list,
- Provides \$198 million for a differential fee schedule for payments for services by doctors of medicine

and osteopathy as well as other licensed health care practitioners employed by or under the contract with a medical school in Florida,

- Provides \$2.3 million to reduce the Alzheimer's Disease Initiative wait list,
- Provides \$3 million to reduce the Community Care for the Elderly wait list by 497 individuals,
- Provides for 175 slot PACE expansion in Palm Beach County and 100 slot expansion in Miami-Dade County,
- Provides \$84.4 million for the State Apartment Incentive Loan Program (SAIL), and
- Provides \$43.0 million for the State Housing Initiative Program (SHIP).

#### Senate

- Provides \$174 million rate adjustments for the hospital inpatient DRG payments,
- Provides \$3.3 million to CARES,
- Provides for serving and additional 570 individuals on the HCBS waiver wait list,
- Provides \$1.7 million to reduce the Alzheimer's Disease Initiative wait list,
- Provides \$2 million to reduce the Community Care for the Elderly wait list,
- Authorizes a new PACE project in Escambia County with up to 100 slots,
- Provides \$85.0 million for the State Apartment Incentive Loan Program (SAIL) and several other housing programs, and
- Provides \$218.0 million for the State Housing Initiative Program (SHIP).

#### House and Senate

- Does not authorize nursing home price level increase,
- Provides \$198 million for a differential fee schedule for payments for services by doctors of medicine and osteopathy as well as other licensed health care practitioners employed by or under the contract with a medical school in Florida,
- Provides \$10.3 million price level increase for ICF/DD providers,
- Provides \$500,000 for nursing home prospective plan study,
- Authorizes the existing Broward County PACE organization to use up to 150 slots for frail elders in Miami-Dade County, and
- Authorizes implementation of a hospital outpatient prospective study.

In addition, the Senate budget implementing bill also amends CH 409.908 (23) and removes nursing homes from the list of Medicaid providers whose aggregate rates are frozen effective July 1, 2017. In practical terms, this change may not have any impact if the prospective payment study authorized in the budget is approved during the 2017 session. However, it does open up the door for a price level increase to accommodate the prospective plan if the Legislature deems such an increase necessary.

### **A Week in Review – News from the Capitol by Leslie Dughi, Director of Government Law & Policy - Greenberg Traurig**

Governor Rick Scott received good news on his top priorities this week when the Senate and House advanced his economic development package as well as the majority of his tax cut plan. A portion of the Senate budget released Thursday included the \$250 million requested by Scott to recruit businesses to the state. Further, a key House committee reviewed a proposal that would match the amount of tax cuts called for by the Governor; although the House plan does not include his corporate income tax reduction.

The House cuts would reduce by one percent the commercial lease tax beginning July 1, 2017, and it would permanently eliminate a tax on manufacturing machinery. The plan would also establish a sales tax exemption on college text books for one year and set a 10-day sales tax "holiday" on back-to-school items. Other proposed tax cuts not requested by the Governor includes a one-day sales tax holiday for hunting and fishing gear in August and one for personal computers and computer-related accessories in April 2017 – as well as sales tax exemptions on building materials and pest control.

Late in the week, the House and Senate released their proposed budgets for the FY 2016-17. The House and

Senate Appropriations Committees will consider the budgets on Wednesday, February 3<sup>rd</sup> and each Chamber will bring their proposals to the floor the middle of the following week.