



2014 Legislative Session Weekly Update

LeadingAge Florida

An Organization of Retirement Housing and Long-Term Care Communities
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Week One of 2014 Session

March 7, 2014

The opening day was typical. The legislators' desks were filled with flowers from well-wishers, and, of course, there were many speeches. The Legislature did break from tradition by actually taking up bills, and not just non-controversial ones. They took up bills that will make an impact on Floridians, such as revising sexual predator's laws and the legislator's residency requirements. The Legislature's plan this session is not to take up any truly controversial bills, which could affect Gov. Scott's reelection campaign, but that doesn't mean they won't work on a number of issues. So what are the Speaker and the President priorities for 2014? They include:

- Assisted living facility reforms.
- Expanding the tax credit program to fund vouchers.
- Tying university funding to performance.
- Pass Gov. Scott's proposed tax cuts.

As Speaker Weatherford told the House "I mean this session, there are plans the legislature is going to cut taxes -- a lot of taxes". "In fact, this will be the largest general-revenue tax cut in over 10 years." The Governor wants to use a projected budget surplus to pay for nearly \$600 million in tax cuts, including a rollback in auto registration fees, revival of a sales tax holiday for hurricane supplies and an expansion of the back-to-school sales tax holiday from its current three days to 10 days.

You can participate in LeadingAge Florida's grassroots advocacy campaign by doing the following:

- Participate in the **Weekly Legislative Update Conference Calls** with LeadingAge Florida's staff and legislative consultants (**10 – 11 a.m. on Fridays, starting today through May 2**) to learn about what's happening during the 2014 Legislative Session.
- Attend LeadingAge Florida's Advocacy in Action Conference on April 1.
- Read the "End-of-Week" *Legislative Update* for the latest on LeadingAge Florida priority legislation.
- Respond to LeadingAge Florida's calls to action during the legislative session.
- Call or email your legislators when you are concerned about an issue affecting your organization.
- Invite your legislators for tours and town hall meetings after session so they can meet with your residents or clients and their families.

STATE BUDGET ISSUES

Medicaid Budget Update

At the meeting of the Social Services Estimating Conference on February 26, Medicaid staff unveiled the latest Medicaid budget estimates. These estimates, agreed to by the Conference, will be used as the baseline for constructing the House and Senate budget proposals.

The new estimates represent good news for legislative budget crafters. With confirmation of the new, higher federal matching percentages, the Medicaid budget is projected to generate a surplus of \$135 million for the current fiscal year and reduces the funds needed for FY 2014-15 by \$601 million. Long-term case services contribute \$107 million to the current surplus. These numbers will make the work of House and Senate Appropriation Committees somewhat easier and will free up funds for much needed priorities in both Medicaid and other state services.

Affordable Housing Bills

CALL TO ACTION for Housing Trust Funds

With Session beginning, now is the critical time when legislative leaders are beginning the process of allocating the state budget into various policy areas. We are asking you to contact your legislator about the Sadowski Housing Trust Fund and ask them not to raid or sweep the money out of the fund as they have in the past.

A tax was set up in 1992 to assess on a portion of the proceeds from the documentary stamps paid on all real estate transactions to be placed in the Sadowski Housing Trust Fund. Realtors and homebuilders pushed for the trust fund even though it was paid with a tax on their sector of the economy because the funds were to be used for affordable housing programs. Programs like the State Housing Incentive Partnership and the State Apartment Incentive Loan program use the funds to help build or restore homes for low-income or homeless families, boosting activity in the housing sector and helping people on the margins of the economy. But since 2002, the Legislature has swept more than \$1.3 billion from the trust fund into general revenue. This year, the raid is on once again.

Based on projections, there will be about \$291 million available from the Sadowski housing trust funds. Gov. Rick Scott, in his proposed budget for fiscal year 2014-15, proposed to use \$89 million for Housing needs — \$69.3 million toward SAIL, and \$20 million toward SHIP. Which leaves \$142.3 million swept into general revenue, and, according to the Sadowski Housing Coalition, another \$60 million so far unappropriated and unswept.

Last year housing needs were being addressed in part because of a big national settlement over mortgage and foreclosure abuses. But that payment came last year and it replaced, not enhanced, the housing monies. The Sadowski Housing Coalition, which LeadingAge Florida is a member of, estimates that the \$291 million, if used for its intended purpose, would help create more than 27,000 jobs putting unemployed contractors back to work and have an economic impact of \$3.4 billion.

For your convenience a link is provided to assist you in contacting your legislator along with a short script that you can use while speaking to your legislator or their legislative assistant. By the way, nobody can tell the Affordable Housing story better than those of you who are involved on a day to day basis. So, please share with them a success story so they know what good you can do with the housing trust fund monies if they are allocated to housing. It is important that your legislators and their leaders understand our advocacy and hear our plea.

Your local legislator needs to hear from you!

The impact of your local legislators advocating the allocation of the housing trust fund monies for housing is enormous.

Please contact your local [Representative](#) or [Senator](#)

Ask your legislator or his or her legislative aide to:

"Please speak with leadership this week about the importance of allocating all the housing trust funds for housing" In _____ county these funds are needed now to help _____ (put in personal stories) or "these funds are needed to help our workforce, seniors, veterans, and the homeless."

SB 576 Relating to Supportive Housing for the Elderly Program - by Sen. Abruzzo

SB 576 finds that the elderly population in Florida is in need of affordable housing. The memorial urges the United States Congress to provide adequate funding for the Supportive Housing for the Elderly Program. It is currently in Senate Community Affairs. The house companion is HB 925 by Rep. Pafford.

<i>Nursing Home Bills</i>

SB 268 Relating to Certificates of Need - by Sen. Grimsley

SB 268 provides for Certificate of Need. It is intended to provide flexibility for nursing homes to move beds to follow population trends that have occurred and create incentives for nursing home providers to replace older nursing homes with modern buildings to better meet the needs and demands of the current nursing home resident.

LeadingAge Florida advocated strongly for the CON flexibility and the bill. We were able to insert the amendment that will allow an expedited CON review for nursing homes wishing to relocate a portion of its beds to an existing facility or a new facility in the same district, or a contiguous district, if the total number of beds in the state does not increase.

Details of this proposal include:

- Amends 408.034(5) to reduce the sub-district average occupancy from 94% to 92% and remove unnecessary language. (The redacted language refers to a waiver program that will not exist upon implementation of the long term care portion of the Statewide Medicaid Managed Care program)
- Amends 408.034(6) to allow aggregation of need across sub district lines for purposes of proposing new nursing homes.
- Amends 408.036(2)(b) to allow expedited CON review of nursing home replacements within a 30 mile radius, without regard to district lines (not to exceed 30 total beds or 25% of the number of beds licensed).
- Amends 408.036(2)(c) to allow expedited CON review of nursing home replacements beyond 30 miles in the same sub-district or in geographically contiguous sub-districts within the same district as long as the target sub-district has an 85% occupancy level.
- Allows an expedited CON review for a nursing home to relocate a portion of its beds to an existing facility or a new facility in the same district, or a contiguous district, if the total number of beds in the state does not increase.
- Amends 408.036(3)(k) to reduce the required 12-month occupancy from 96% to 94% for the addition of small numbers of nursing home beds for existing facilities to be exempt from CON review. (Additions are allowed in increments of 10 beds or 10 percent or for Gold Seal 20 beds or 10 percent of the number of licensed beds, whichever is greater.)
- Amends 408.036(3)(p) to increase the distance from 3 miles to 5 miles for the replacement of a nursing home to be exempt from CON review.
- Amends 408.036(3)(q) to allow for the consolidation or combination of licensed nursing home beds or transfers of beds within the same district instead of the current allowance within sub-districts to be exempt from CON review and clarifies the definition of multiple

nursing home to use current statutory language. (This applies to providers that operate multiple nursing homes within the same district and the relocation must be within 30 miles.)

Although the bill repeals the Moratorium on the construction of new nursing home beds, it restricts the Agency for Healthcare Administration (AHCA or agency) from issuing any further CONs for nursing home beds once 5,000 total new beds statewide have been approved. This provision in the bill expires on July 1, 2019.

SB 268 will next be heard by the Senate Children, Families, and Elder Affairs committee. The companion bill is HB 569 by Rep. Gaetz.

HB 287 Relating to Certificates of Need - by Rep. Artiles

HB 287 by Rep. Frank Artiles (R-Miami) relating to nursing home certificate of need (CON), was debated and unanimously adopted by the House Health Innovation Subcommittee Committee. Its next stop is the House Health and Human Services Committee.

Rep. Artiles stated that this bill will provide flexibility for nursing homes to move beds to follow population trends that have occurred and create incentives for nursing home providers to replace older nursing homes with modern buildings to better meet the needs and demands of the current nursing home resident.

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within sub-districts to be exempt from CON review and clarifies the definition of multiple nursing home to use current statutory language. (This applies to providers that operate multiple nursing homes within the same district and the relocation must be within 30 miles.)

Although the bill repeals the Moratorium on the construction of new nursing home beds, it restricts the Agency for Healthcare Administration (AHCA or agency) from issuing any further CONs for nursing home beds once 3750 total new beds statewide have been approved. This provision in the bill expires on July 1, 2017.

The Senate companion, SB 268 by Sen. Denise Grimsley (R-Sebring), passed its first hurdle in the Senate Health Policy Committee. Its next stop is the senate Children, Elder and Families Committee.

HB 569 Relating to Nursing Home Litigation Reform - by Rep. Gaetz

HB 569 deals with nursing home lawsuits, It was scheduled for hearings in the House, but was temporarily postponed (TP'd) during the committee meeting.

House Sponsor Matt Gaetz, R-Shalimar, told members of the House Civil Justice Subcommittee the delay will help bring the bill "in for a landing" while interested parties work on a compromise. Like last year, the bill requires "admissible evidence" to be produced when seeking punitive damages. Under current law, evidence has to be shown during a hearing when seeking punitive damages, but it does not have to be proven beforehand that the evidence is admissible.

The bill also attempts to protect "passive investors" who help fund Florida nursing homes from being sued in nursing home-related lawsuits. (Those are companies that invest, but are not directly involved in operations).

The amended plan is expected to include provisions related to punitive damages, but also a measure sought by trial attorneys that make it easier for people to get the medical records of family members in a nursing home. Under current law, a family has to start an estate, which can be expensive, to get access to records.

Currently, the bill is temporarily postponed in the House Civil Justice Subcommittee. SB 670 by Sen. Thrasher is the senate companion.

SB 670 Relating to Nursing Home Litigation - by Sen. Thrasher

The Senate Health Policy committee approved a compromise proposal for lawsuits against nursing homes. The compromise, offered as an amendment by Sen. Bean (R- Jacksonville) was attached to SB 670 by Sen. John Thrasher (R- St. Augustine).

As the bill sponsor, Sen. Thrasher stated that the proposal is still a work in progress and it's not perfect. Among other things, the current proposal will shield "passive" nursing-home investors from liability stemming from injuries suffered by nursing-home residents. It will require judges to hold hearings to determine whether there is sufficient evidence to move forward with punitive-damage claims. Also, it gives the Agency for Health Care Administration authority to suspend nursing-home licenses, deny license renewals or prevent changes of ownership if homes do not pay legal judgments or settlements.

The Senate Health Policy Committee voted 8-1 to approve the proposal. Legislators who voted for the bill on Tuesday include: Sens. Anitere Flores (R-Miami) Rene Garcia (R-Hialeah) Oscar Braynon (D-Miami) and Eleanor Sobel (D-Fort Lauderdale).

Sen. Arthenia Joyner (D-Tampa) was the only dissenter. Sen. Joyner and others voiced concerns about whether the proposal addresses quality-of-care issues for nursing-home residents. Thrasher responded that the bill was designed to resolve legal issues, rather than quality of care. The bill is scheduled to go to the Senate Judiciary and Rules committees next before heading to the full Senate.

The house companion, HB 569 by Rep. Matt Gaetz, R-Shalimar, was temporarily postponed in the House Civil Justice Subcommittee. It will likely have a compromise amendment that resembles SB 670.

Assisted Living Facility Bills

SB 248 Relating to Assisted Living Facilities - by Senate Children, Families and Elder Affairs and Sen. Sobel

SB 248 is the ALF reform bill. It intends to strengthen the enforcement of current regulations for Assisted Living Facilities (ALF), by revising fines imposed for licensure violations, clarifying existing enforcement tools, and requiring an additional inspection for facilities with significant violations. It is similar to the ALF bill that failed to pass the past two years.

Specifically, if the bill is adopted this year, it will:

- Specify who is responsible for assuring that mental health residents in an ALF receive necessary services.
- Clarify the duties of the state Long-Term Care Ombudsman Program.
- Amend language related to ALF specialty licenses by:
 - Creating a provisional Extended Congregate Care (ECC) license for new ALFs and specifying when the Agency for Health Care Administration (AHCA or agency) may deny or revoke a facility's ECC license.
 - Reducing the number of monitoring visits the AHCA must conduct for ALFs with Limited Nursing Services (LNS) licenses and ECC licenses. This is also something LeadingAge Florida representatives had initially proposed a few years ago, and it remains in the bill.
- Specifying when the AHCA may waive a monitoring visit in facilities with an ECC or LNS license. This is also something LeadingAge Florida proposed.
- Requiring that facilities with one or more state supported mental health residents obtain a limited mental health (LMH) license. Current law only requires an LMH license for facilities with three or more mental health residents.
- Allow AHCA to revoke the license of a facility with a controlling interest that has or had a 25 percent or greater financial or ownership interest in a second facility that closed due to financial inability to operate or that was the subject of other specified administrative sanctions. Current law allows AHCA to deny such a facility's license during the renewal process.
- Clarify the criteria under which the AHCA must revoke or deny a facility's license.
- Specify circumstances under which the AHCA must impose an immediate moratorium on a facility.
- Amend fine amounts.

- Amend the definition of “assistance with self-administration of medication” to add several items to the list of services for which unlicensed staff can assist residents.
- Add certain responsible parties and agency personnel to the list of people who must report abuse or neglect to the Department of Children and Families’ (DCF or department) central abuse hotline.
- Require an additional inspection, paid for by the facility, within 6 months of a facility cited for specified serious violations.
- Clarify that in a continuing care facility or retirement community that licenses units designated for independent living as ALF, the staffing requirements in rule will apply only to residents who receive AL services. This amendment was incorporated into the amended bill at the request of LeadingAge Florida. It is an alternative to our original proposal to create an ALF flexible license.
- Require new facility staff, whom have not previously completed core training, to attend a 2-hour pre-service orientation before interacting with residents.
- Require the Office of Program Policy Analysis and Government Accountability (OPPAGA) to conduct a study of inter-surveyor reliability in order to determine the consistency with which the AHCA applies regulations to facilities, and requires OPPAGA to report its findings and recommendations by November 1, 2014.
- Require the AHCA to implement an ALF rating system by March 1, 2015.

This next step for this bill is to be debated on the Senate floor. The house companion is HB 573 by Rep. Ahern.

HB 573 Relating to Assisted Living Facilities - by Rep. Ahern

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- Require the AHCA to implement an ALF rating system by March 1, 2015.

The Senate companion is SB 248 by the Sen. Sobel and the Senate committee on children, family and elderly HB 573 is now in the House Health Care Appropriations Committee.

<i>Home and Community Based Services Bills</i>

HB 935 Relating to Adult Day Care Centers - by Rep. Murphy

This bill authorizes Adult Day Care program. It contains a provision to remove the exemption for nursing homes and assisted living to provide adult day services. Currently, nursing homes and assisted living facilities are able to provide day care services without obtaining an additional licensure. This option has been in law for at least 20 years without any regulatory problems. LeadingAge Florida does not support the removal of this exemption as it will result in a duplicate inspection and licensure. It is also causes a fiscal to the state as well as the provider

SB 1082 - Relating to Adult Day Care Centers - by Sen. Legg

This bill authorizes Adult Day Care program. It contains a provision to remove the exemption for nursing homes and assisted living to provide adult day services. Currently, nursing homes and assisted living facilities are able to provide day care services without obtaining an additional licensure. This option has been in law for at least 20 years without any regulatory problems. LeadingAge Florida does not support the removal of this exemption as it will result in a duplicate inspection and licensure. It is also causes a fiscal to the state as well as the provider.

The bill has not been heard to date. LeadingAge Florida staff has met with the bill sponsors and expressed our concern. The house companion is HB 935 by Rep. Murphy. The effective date is 7/1/2014 and it is currently in the Children, Families, and Elder Affairs Committee.

Bills of Interest – All Members

HB 271 Relating to Workers' Compensation - by Rep. Cummings

The bill would limit penalties against companies that let their workers' compensation insurance lapse or don't carry enough coverage. HB 271 also would give companies five additional days before a stop-work order would be issued, allow businesses to enter a payment plan for fines associated with the order, remove redundant reporting requirements, and limit the review period for coverage gaps from three years to two years. HB 271 has passed all of its committee's and is now headed to the Floor. Senate Bill 444 is by Sen. Bill Galvano is now in Appropriations.

HB 463 Relating to Background Screening - by Rep. Reed

In 2012, the Legislature created the Care Provider Background Screening Clearinghouse (Clearinghouse) to create a single program of screening individuals for criminal background checks prior to employment in certain health related service positions. The Clearinghouse is created under the Agency for Health Care Administration (AHCA), and was implemented by AHCA on January 1, 2013. The bill makes several changes to the provisions of the Clearinghouse. Specifically, the bill:

- Clarifies that employers must register with and initiate all criminal history checks through the clearinghouse before referring a potential employee for electronic fingerprint submission;
- Requires vendors who submit fingerprints on behalf of employers to include a photograph of the person taken at the time the fingerprints are submitted;
- Allows the Department of Highway Safety and Motor Vehicles to share driver's license photographs through interagency agreements with the Department of Health for the purpose of accessing digital images for the reproduction of licenses and with AHCA so that authorized agencies may verify photographs in the Clearinghouse; and
- Specifies demographic information that must be submitted with a request for a criminal background check as required for a federal check.

The bill also:

- Provides that the three-year waiting period to apply for an exemption from disqualification for a criminal offense does not apply to monetary sanctions for a felony disqualifying offense, so long as all sanctions are paid or completed prior to an exemption being granted;
- Updates the disqualifying offenses in s. 408.809, F.S., and ch. 435, F.S., to include criminal offenses involving theft that are similar to existing disqualifying offenses and to include the attempt, solicitation, or conspiracy to commit a disqualifying offense; and
- Revises applicability of background screening requirements for certain service providers who must register with DVR.

The bill does not appear to have a fiscal impact on state or local government. It will be heard next in the House Health and Human Service Committee. The senate companion is SB 674 by Sen. Bean. The bill provides an effective date of July 1, 2014.

HB 629 Relating to Charities - by Rep. Boyd

The bill amends current law to provide increased oversight of charitable organizations and sponsors, professional fundraising consultants, and professional solicitors. The bill places additional scrutiny on charities that most commonly mislead contributors including:

- background checks and solicitation scripts for telemarketers
- tougher scrutiny for soliciting funds after natural disasters or other tragedies
- prevents charities from hiding their activities in a complicated web of connected organizations

The bill also requires additional reporting from charities that receive the most contributions by:

- submit reviewed financial statements
- audited financial statement for over \$1 million
- detailed financial reports for organizations that only spend 25% of earnings if over \$1 million

HB 629 is now in Appropriations. The Senate Bill 638 by Sen. Brandes is now in Appropriations Subcommittee on Finance and Tax.

SB 674 Relating to Background Screening - by Sen. Bean

CS/SB 674 strengthens and facilitates the background screening provisions for persons required by law to undergo criminal background screening. The bill updates the disqualifying offenses to include additional offenses involving fraudulent activity for persons screened as a part of health care facility licensure and adds offenses involving attempting, soliciting, or conspiring to commit a listed disqualifying offense for any person subject to background screening.

The 3-year waiting period after payment of court-ordered monetary amounts in order to be eligible for an exemption from disqualification for certain felony convictions is eliminated.

Screenings handled through the Care Provider Background Screening Clearinghouse (Clearinghouse) must now be initiated and registered through the Clearinghouse prior to referring the employee or potential employee for fingerprinting. Additionally, certain identifying information of the person to be fingerprinted must be submitted on behalf of all persons to be screened.

The bill provides for the submission of an individual taxpayer identification number if a social security number cannot be obtained and allows health care facilities and employers that are required to conduct background screenings to submit an attestation, rather than an affidavit, that they have complied with the screening requirements.

It is currently in Senate Criminal Justice. The house companion is HB 463 by Rep. Reed.

SB 782 Relating to Government Data Practices - by Sen. Brandes

This bill would require the Division of Library and Information Services of the Department of State to adopt rules providing procedures for an agency to establish schedules for the physical destruction or other disposal of records containing personal identification information. It also requires an agency that collects and maintains personal identification information to post a privacy policy on the agency's website. Finally, it will require the Agency for Health Care Administration to provide specified data and information for a public website on assisted living facilities.

It has not been heard to date. HB 1231 by Rep. Beshears is the companion bill.

HB 819 Relating to Department of Health - by Rep. Pigman

This bill authorizes DHSMV to provide reproductions of specified records to DOH. It clarifies DOH's duties to maintain confidentiality of patient records obtained under subpoena. It authorizes licensees under investigation to inspect or receive copies of related patient records; deletes requirements for size of health profession licenses & deletes fee for wall certificates; authorizes boards or DOH to waive certain fees for specified period. It requires toll-free telephone number for public reporting of certain complaints. It revises certified nursing assistant in-service training requirements and it repeals Council on Certified Nursing Assistants This week an amendment went on the bill to add another nursing home administrator to the board makeup and reduce the health care provider board member from 2 to 1. The effective date is July 1, 2014.

SB 1066 Relating to Department of Health - by Sen. Grimsley

This bill authorizes DHSMV to provide reproductions of specified records to DOH. It clarifies DOH's duties to maintain confidentiality of patient records obtained under subpoena. It authorizes licensees under investigation to inspect or receive copies of related patient records; deletes requirements for size of health profession licenses & deletes fee for wall certificates; authorizes boards or DOH to waive certain fees for specified period. It requires toll-free telephone number for public reporting of certain complaints. It revises certified nursing assistant in-service training requirements and it repeals Council on Certified Nursing Assistants. Effective Date: July 1, 2014. It has not been heard. The companion is HB 810 by Rep. Pigman.

SB 7028 Relating to Telemedicine - by Senate Health Policy

SPB 7028 creates the Florida Telemedicine Act (the act) and defines the key components for the practice of telemedicine. The act establishes a registration process for out of state, non-Florida licensed health care practitioners with a biennial fee and exemptions from registration for limited annual consultations, emergency services, and practitioner-to-practitioner consultations without the patient present.

The standard of care for telemedicine service coincides with health care services provided in-person. The nonemergency prescribing of a legend drug based solely on an online questionnaire is specifically prohibited and a controlled substance may not be prescribed through telemedicine for chronic, non-malignant pain.

Regulatory boards, or the Department of Health (department) if there is not an applicable board, may adopt rules to administer the act. Rules prohibiting telemedicine that are inconsistent with this act must be repealed.

The act requires a telemedicine provider to be responsible for the quality of any equipment or technology and to maintain records in accordance with federal and state laws.

Under the act, if a health insurer or health plan covers telemedicine services, then remuneration must equal the amount that would have been paid for in-person services. The amount of the reimbursement is to be determined by the individual telemedicine provider and the health insurer or health plan. The act allows a health plan or health insurer to impose a deductible, copayment or co-insurance if the amount charged does not exceed the amount charged for a non-telemedicine service. Health plans and health insurers may limit telemedicine coverage to in-network providers. SPB 7028 authorizes the executive directors of the regulatory boards, along with the department to negotiate one or more interstate compacts to allow for the practice of telemedicine across state lines. An annual report of any negotiated compacts is due to the Governor and Legislature on December 31, for ratification by the Legislature during the next session.

The Medicaid program must reimburse providers for telemedicine services in the same manner as provided for in-person services. Reimbursement amounts must be negotiated between the parties, to the extent permitted under federal law. Regardless of the amount negotiated, reimbursement for both the originating and the distant site should be considered based on the services provided during the encounter. A process for discontinuation of reimbursement for a Medicaid service through telemedicine is provided if the Agency for Health Care Administration (AHCA) can document a specific telemedicine service is not cost effective or does not meet the clinical needs of Medicaid recipients. The Medicaid provisions sunset on June 30, 2017.

The AHCA is required to submit a report on the usage and costs, including any savings, of telemedicine services provided to Medicaid recipients by January 1, 2017 to the President of the Senate, the Speaker of the House of Representatives and the minority leaders of the House and Senate.

The proposed bill's effective date is July 1, 2014. It will be heard by the Senate Health Policy Committee.

Florida Tax Watch released the following article on SB 7028:

Expanding Telemedicine Reduces Costs, Improves Access to Care

FOR IMMEDIATE RELEASE:

CONTACT: [Morgan L. McCord](#)

March 6, 2014

850.212.5052

TALLAHASSEE, Fla. - Statewide expansion of telemedicine could save Florida more than \$1 billion annually, according to a report from Florida TaxWatch, the independent, nonpartisan, nonprofit public policy research institute and government watchdog. The report, *Critical Connections to Care*, highlights the importance of removing barriers and including incentives for encouraging the use of telemedicine through the creation of a solid policy foundation.

Telemedicine is the practice of exchanging medical information from one site to another through electronic communications. Implementing telemedicine in Florida would expand access to high-quality care, treatment, education and services for patients and providers.

"The opportunity costs of not investing in telemedicine are too high for the state of Florida and its taxpayers," said Dominic Calabro, president and CEO of Florida TaxWatch. "Florida needs to expand telemedicine to not only improve health care outcomes, but to provide care at a lower cost to Floridians."

Telemedicine expansion can significantly reduce costs for the state. If timely health care provided through telemedicine could avoid just one percent of costly medical interventions, such as emergency room visits, Florida could save more than \$1 billion annually.

Currently, the lack of private reimbursement requirements and Medicaid payment limitations leave many health entities responsible for the cost, which disincentivizes the use of telemedicine. While many providers, including several major Florida health care entities, have invested in telemedicine, there is no connected statewide network to facilitate its use throughout the state.

The report also highlights the unique challenges that Florida's rapidly changing demographics and geographic diversity create for providing access to quality care. Telemedicine can improve access quality to care for Floridians across the state, while providing significant long-term cost savings.

"Florida has the opportunity to create a sustainable system for the state's changing long-term health needs," said Tamara Y. Demko, J.D., MPH, Director of the TaxWatch Center for Health & Aging. "By laying the groundwork for telemedicine expansion in Florida, we are taking a critical step to ensuring that the growing health care needs of Florida's diverse population can be met."

[View the Report on the web](#)

For a copy of the bills listed in this bulletin, please call Legislative Information at 800-342-1827 or use the Florida "Online Sunshine" website on the Internet at <http://www.leg.state.fl.us>. Hard copies of bills are available through House Documents (850/488-7097) or Senate Documents (850/487-5915).