Health Care Regulation Policy Committee

Tuesday, February 16, 2010
9:00 AM – 12:00 PM
Morris Hall (17 HOB)

MEETING PACKET

Larry Cretul
Speaker

Nick Thompson
Chair

The Florida House of Representatives

Health Care Regulation Policy Committee

AGENDA

February 16, 2010
9:00 AM - 12:00 PM
Morris Hall (17 HOB)

I. **Opening Remarks by Chair Thompson**

II. **Consideration of the following bill(s):**

HB 117 Childhood Vaccinations by Rep. Ambler

HB 355 Public Safety Telecommunicators by Rep. Roberson, K.

HB 683 Epidemiological Monitoring Systems by Rep. Jenne

III. **Presentation on Biomedical Research Programs**

IV. **Closing Remarks by Chair**

V. **Adjournment**

1301 The Capitol, 402 South Monroe Street, Tallahassee, Florida 32399-1300
(850) 487-2242

HB 117

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 117 Childhood Vaccinations
SPONSOR(S): Ambler
TIED BILLS: **IDEN./SIM. BILLS:** SB 222

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care Regulation Policy Committee		Guy	Calamas
2) PreK-12 Appropriations Committee			
3) Civil Justice & Courts Policy Committee			
4) Health Care Appropriations Committee			
5)			

SUMMARY ANALYSIS

House Bill 117 requires health care practitioners to provide the U.S. Centers for Disease Control and Prevention Vaccination Information Statement (VIS) to the parent or legal guardian of a minor vaccine recipient for each vaccine administered. Currently, immunization against certain infectious diseases is required for admittance or attendance at Florida public and private schools. Federal law requires distribution of the VIS at the time of immunization for specific vaccines.

The bill also requires the parent of legal guardian of a minor vaccine recipient to sign a statement acknowledging receipt of the VIS and other vaccination information. This statement must be retained in the patient's permanent medical record. The health care practitioner must also record on the statement the batch and lot number of each vaccine administered.

The bill does not appear to have a fiscal impact on state government.

House Bill 117 provides an effective date of July 1, 2010.

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

School-Age Immunization Requirements

Section 1003.22, F.S., requires children to be immunized against communicable diseases prior to admittance and attendance at both public and private schools in Florida. Admittance is conditioned upon submitting proof of immunization to the school board.[1] The section gives authority to the Florida Department of Health (DOH) to determine qualifying exemptions. Exemptions to the immunization requirement include religious and permanent medical exemptions and temporary exemptions for homelessness, transfers between schools, entrance into the juvenile justice system, and temporary medical reasons.[2]

Absent a documented exemption, children must be immunized against the following diseases: diphtheria; tetanus; pertussis (whooping cough); polio; measles, mumps and rubella (MMR); hepatitis B; haemophilus influenzae type b (Hib); and varicella (chicken pox).[3] Although not required for school entry in Florida, the national Centers for Disease Control and Prevention (the "CDC") recommends additional childhood immunization for: hepatitis A; meningococcal conjugate; human papillomavirus (HPV); rotavirus; pneumococcal conjugate vaccine; trivalent inactivated influenza vaccine; and live attenuated influenza vaccine.[4]

Florida law requires proof of immunization recorded on the DH Form 680 and kept on file at the child's school. Immunization records are also transmitted to DOH. Most county health departments and schools transmit immunization records electronically.[5] And some private health care providers use electronic immunization records. SHOTS and FASTER are two electronic, paperless systems maintained by DOH that facilitate the transfer of up-to-date immunization information among these entities.

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[1] Rule 64D-3.046, F.A.C., prescribes the form, the DH Form 680, as the certification document for immunization records required for school admittance. This form is available in hard-copy and electronic formats.
[2] Rule 64D-3.046(2)(e), F.A.C., prescribes the form, the DH Form 681, to document a religious exemption.
[3] Rule 64D-3.046(1)(b)(2), F.A.C.
[4] Centers for Disease Control and Prevention, *Recommended Immunization Schedules For Persons Aged 0 Through 18 Years --- United States, 2009*, MMWR Weekly, January 2, 2009, see http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a5.htm?s_cid=mm5751a5_e (last visited February 12, 2010).
[5] County health department participation is authorized by s. 1003.22(4), F.S.

Currently, parental signature is not required as a prerequisite to immunization. According to the DOH, there is no federal signature requirement, and DOH eliminated the state signature requirement in 2007.[6]

National Childhood Vaccine Injury Act

Federal law requires health care providers to distribute information to a vaccine recipient at the time of immunization. Under the National Childhood Vaccine Injury Act, 42 U.S.C. 300aa-26, a health care provider must give the recipient a Vaccine Information Statement (VIS) prior to the administration of each of the following vaccines: diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A and B, Haemophilus influenza type b, trivalent influenza, pnemococcal conjugate, meningococcal, rotavirus, human papillomavirus; or varicella.[7] The CDC produces and distributes a VIS for each vaccine that details benefits, risks and adverse reaction symptoms of the vaccine.[8] A tool to inform the vaccine recipient or his guardian if the recipient is a minor, the VIS is designed to supplement the exchange of information between the health care provider and patient.[9]

The health care provider is required to record the VIS edition date and the date upon which it was provided to the patient in the patient's permanent medical record. There is no requirement that the patient's signature be captured at that time.[10] Further, the Act requires the health care provider to include the "...date of administration, vaccine manufacturer, and lot number as well as the name, address, and title of the health care provider..." in the patient's permanent record."[11]

Federal law also provides for the National Vaccine Injury Compensation Program, a no-fault fund (Fund) to compensate patients for vaccine injuries.[12] Claims against the Fund are heard in the U.S. Court of Federal Claims. Successful claims are limited to those included on the Vaccine Injury Table during prescribed time periods.[13] For example, injury from anaphylactic shock caused by the MMR vaccine must have occurred 0-4 hours from time of immunization to be eligible for compensation from the Fund.[14] If the alleged injury is not included on the table or did not occur within the specified time limit, then the petitioner must prove that the vaccine did in fact cause the injury or that the vaccine aggravated a pre-existing condition.

Whether or not the injury is included on the table or the petitioner is proving injury, the court is required to make a specific causal determination. Even if the injury is included on the table, the court must determine that there is no other cause for the injury.[15] Awards from the Fund may include past and future medical expenses, lost earnings and attorney's fees and costs. The Fund provides for a cap of $250,000 on pain and suffering damages.[16]

Failure to Vaccinate or Delayed Vaccination

In highly infectious diseases, greater than 90 percent of the population needs to be vaccinated to interrupt transmission and maintain elimination of the disease in populations.[17] Not all vaccinations are 100 percent effective for prevention of a targeted disease, thus the risk elevates when less than 90 percent of the population is vaccinated. For example, in Switzerland, a widespread outbreak of

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[6] Florida Department of Health Bill Analysis, Economic Statement and Fiscal Note, House Bill 117 (October 2, 2009).
[7] Florida Department of Health Bill Analysis, Economic Statement and Fiscal Note, House Bill 33 (January 12, 2009).
[8] Centers for Disease Control and Prevention, see http://www.cdc.gov/vaccines/pubs/vis/default.htm (last visited February 12, 2010).
[9] Immunization Action Coalition, *It's federal law! You must give your patients current Vaccine Information Statements (VISs)*, see http://www.immunize.org/catg.d/p2027.pdf (last visited February 15, 2010).
[10] Florida Department of Health Bill Analysis, Economic Statement and Fiscal Note, House Bill 33 (January 12, 2009).
[11] Florida Department of Health Bill Analysis, Economic Statement and Fiscal Note, House Bill 117 (October 2, 2009).
[12] Public Law 99-660, the National Childhood Vaccine Injury Act, National Vaccine Injury Compensation Program.
[13] U.S. Department of Health and Human Services, Health Resources and Services Administration, "Vaccine Injury Table," see http://www.hrsa.gov/Vaccinecompensation/table.htm (last visited February 15, 2010).
[14] *Id.*
[15] U.S. Department of Health and Human Services, Health Resources and Services Administration, "Filing a Claim with the VICP," see http://www.hrsa.gov/vaccinecompensation/filing_claim.htm (last visited February 13, 2010).
[16] *Id.*
[17] Centers for Disease Control and Prevention, *Outbreak of Measles – San Diego, California, January – February 2008*, MMWR Weekly, February 22, 2009, see http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5708a3.htm (last visited February 13, 2010).

measles occurred in 2005 despite the fact that 86 percent of the population had received one dose of the vaccine and 70 percent of the population has received two doses of the vaccine.[18]

Last year, Sarasota County experienced a whooping cough outbreak, a documented 58 cases in 2009, compared to an average of 6.3 cases over the preceding three years. An investigation by the Sarasota County Public Health Department concluded that the outbreak "can be partially attributed to a large outbreak of 24 cases among a group of families that...had very poor pertussis vaccination coverage."[19] This outbreak began with the infection of a child who received only one pertussis vaccine.[20] The state requirement is 4-5 doses.[21] Sixteen children out of the 24 total cases in this group had "incomplete vaccination coverage" or "no history of vaccine."[22]

Public response to disease outbreak typically involves identification of cases, isolation of patients and vaccination, administration of immune globin, and voluntary quarantine of contacts who have no evidence of immunity.[23] The cost associated with controlling an outbreak can be substantial. Although a final cost estimate for last year's Sarasota County whooping cough outbreak is not available, public health staff suggested that personnel cost alone was "tens of thousands [of dollars]."[24]

Express and Informed Consent

Informed consent requires patient authorization, when practicable, for treatment of a specific diagnosis after consultation with the treating health care practitioner. Informed consent should be given prior to the initiation of treatment. Informed consent arises in the common law context generally and Florida law recognizes informed consent requirements for certain conditions.[25]

Chapter 766, F.S., prohibits recovery for claims against certain health care practitioners for lack of informed consent when treatment was in accordance with an accepted standard of care such that a reasonable person would have "a general understanding" of the treatment, associated risks and alternative treatments for his condition. In the absence of informed consent, s. 766.103(b), F.S., provides that recovery is prohibited when a patient would "reasonably, under all the surrounding circumstances" have consented to the treatment after having been advised by a health care practitioner.

A rebuttable presumption of valid informed consent arises under Chapter 766, F.S., when informed consent is expressed in writing and signed by the patient. However, to operate as a bar to recovery, informed consent expressed in writing is not required.

Vaccines and Autism Spectrum Disorder

Autism spectrum disorder (ASD) is the term for a number of pervasive developmental disorders including autistic disorder, Asperger's Syndrome, and Rhett's syndrome.[26] Generally detected by three years of age, the CDC estimates that ASD affects between two and six in every 1,000 children.[27] Common characteristics shared by children with ASD are varying degrees of deficits in social interaction, verbal and nonverbal communication, and repetitive behaviors or interest.

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[18] *Id.*
[19] Correspondence with Sarasota County Health Department, dated February 12, 2010 (on file with the Committee).
[20] *Id.*
[21] Florida Department of Health, Immunization *Guidelines: Florida Schools, Childcare Facilities and Family Daycare Home, Effective July 2008*, see http://www.immunizeflorida.org/schoolguide.pdf (last visited February 13, 2010).
[22] Correspondence with Sarasota County Health Department, dated February 12, 2010 (on file with the Committee).
[23] Centers for Disease Control and Prevention, *Outbreak of Measles – San Diego, California, January – February 2008*, MMWR Weekly, February 22, 2009, see http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5708a3.htm (last visited February 13, 2010).
[24] Teleconference with Sarasota County Health Department, February 12, 2010 (notes on file with the Committee).
[25] See e.g., s. 394.459, F.S., relating to the mental health treatment for children; s. 390.0111, F.S., relating to termination of pregnancies; s. 381.004, F.S., HIV testing.
[26] National Institute of Mental Health, U.S. Department of Health and Human Services, *Autism Spectrum Disorders: Pervasive Developmental Disorders*, see http://www.nimh.nih.gov/health/publications/autism/index.shtml (last visited February 14, 2010).
[27] *Id.*

According to the National Institute of Mental Health, the rate of autism diagnosis is increasing - possibly due a change in the criteria to diagnose and "increased recognition of the disorder by professionals and the public."[28] Currently, there is no determinative cause of autism, but many theories have been suggested. A controversial theory attributed the cause of autism to the preservatives used in vaccines, in particular thimerosal. Use of thimerosal as a vaccine preservative ceased, with the exception of use in some influenza vaccines, due to recommendations by the American Academy of Pediatrics and other medical associations over ten years ago.[29]

A 1998 study of 12 children in the medical journal, *The Lancet*, documented a link between the MMR vaccine and autism. The study lead to a debate in the medical community about the relationship between vaccination and autism and concern spread in the public health community that such speculation would cause a drop in vaccination rates. Subsequent to publication of the study, Britain sustained growing measles outbreaks leading to the first measles-related death in over a decade.[30] The country's vaccination rate has dropped 20% in the last fifteen years and is currently below 70% in some areas.[31] Ten of the 13 authors of the study in *The Lancet* partially retracted it.[32] In February 2010, The Lancet officially retracted the article based on its methodological flaws. *The Lancet* authorized the full retraction after it was discovered that the main researcher, Andrew Wakefield, "had been paid to conduct his study on children who were clients of lawyer ginning up a lawsuit."[33]

Numerous studies have concluded that no causal link exists between vaccination and autism. In repudiation of the study in *The Lancet*, a 2004 study by the Institute of Medicine concluded that there is no causal link between the MMR vaccine and autism.[34]

A number of lawsuits brought by parents of autistic children against vaccine manufactures have been filed since *The Lancet*'s study was first published. Last year the U.S. Court of Federal Claims denied three families damages from the Vaccine Injury Compensation Program after they argued that vaccinations caused their children's autism. The Court found, "The numerous medical studies concerning these issues, performed by medical scientists worldwide, have come down strongly against the petitioners' contentions. . . . the petitioners failed to demonstrate that thimerosal-containing vaccines can contribute to causing...autism...."[35] A total of 5,613 autism-related petitions have been filed with the Fund; zero qualified for compensation.[36]

Effect of Proposed Changes

House Bill 117 requires that prior to immunization required for Florida school admittance or attendance, a health care practitioner must provide the current CDC VIS to the parent or legal guardian of the minor vaccine recipient. When available, the bill authorizes practitioners to use a single VIS that covers multiple vaccines.

The bill provides that the parent or legal guardian of a minor vaccine recipient must also sign a "statement" which acknowledges recipient of:

- the applicable VIS;
- vaccine-specific information including risks and benefits;
- adverse reaction reporting information;

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[28] *Id.*
[29] The Centers for Disease Control and Prevention, Frequently Asked Questions about Thimerosal, see http://www.cdc.gov/vaccinesafety/Concerns/Thimerosal/thimerosal_faqs.html (last visited February 14, 2010).
[30] The Wall Street Journal, "The Lancet's Vaccination Retraction: A medical journal's role in the autism scare," February 3, 2010, see http://online.wsj.com/article/SB10001424052748704022804575041544115791952.html (last visited February 14, 2010).
[31] *Id.*
[32] *Id.*
[33] *Id.*
[34] The Wall Street Journal, "Lance Retracts Study Tying Vaccine to Autism," February 3, 2010, see http://online.wsj.com/article/SB10001424052748704022804575041212437364420.html (last visited February 14, 2010).
[35] *Cedillo v. Sec'y of U.S. Dept. of Health and Humans Svcs.*, No. 98-916v, 2009 WL 331968 (Fed. Cl.) (Feb. 12, 2009).
[36] National Vaccine Injury Compensation Program, "Statistics Reports," see http://www.hrsa.gov/Vaccinecompensation/statistics_report.htm (last visited February 14, 2010).

- awareness of the National Vaccine Injury Compensation Program; and
- general childhood disease and vaccine information.

The signed statement must be retained in the patient's permanent medical record. The bill requires a VIS to be distributed for each vaccine administered whether or not the statement is required under federal law. The health care practitioner must also record the batch and lot number of each vaccine administered on the signed statement.

B. SECTION DIRECTORY:

Section 1: Amends s. 1003.22, F.S., relating to school-entry health examinations; immunization against communicable diseases; exemptions; duties of Department of Health.
Section 2: Amends s. 381.003, F.S., relating to communicable diseases and AIDS prevention and control.
Section 3: Amends s. 1002.42, F.S., relating to private schools.
Section 4: Provides an effective date of July 1, 2010.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT

1. Revenues:

   None.

2. Expenditures:

   None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

According to DOH, there may be some cost to private health care providers for producing and storing the hardcopy required statements, particularly if the private provider utilizes electronic medical records.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

According to DOH, the term "batch number" is no longer used to identify vaccines and is not readily available to health care practitioners as it is not included on vaccine packaging. Due to the obsolete nature of the term "batch number," compliance with this requirement may be difficult.

Most county health departments utilize electronic means for immunization records. The bill does not expressly provide for an electronic signature on the statement.

DOH vaccination and immunization policy is to remove barriers to vaccination for parents and legal guardians to encourage timely immunization. As there is no federal or state law requiring parental signature, this additional requirement may lead to less compliance with immunization requirements.[37] The bill does not provide for an alternative means of immunization upon a parent's refusal to sign the statement.[38]

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

[37] Teleconference with Florida Department of Health Staff, dated February 10, 2010 (notes on file with the Committee).
[38] Florida Department of Health Bill Analysis, Economic Statement and Fiscal Note, House Bill 117 (October 2, 2009).

A bill to be entitled

An act relating to childhood vaccinations; amending s. 1003.22, F.S.; revising requirements for the administration of certain vaccines required for school entry; requiring licensed health care providers to provide certain vaccine information statements to parents, legal guardians, and legal representatives before administration of certain vaccines to children; requiring health care providers to obtain signed statements from parents, legal guardians, and legal representatives documenting that the vaccine information statements are provided; specifying the required contents of the signed statements; requiring health care providers to record the batch and lot number of each vaccine on the signed statements; requiring health care providers to maintain certain records; providing for application of the act to certain vaccine information statements; authorizing the use of a single signed statement for administration of multiple vaccines under certain circumstances; amending ss. 381.003 and 1002.42, F.S.; conforming cross-references; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsections (6) through (11) of section 1003.22, Florida Statutes, are renumbered as subsections (7) through (12), respectively, and a new subsection (6) is added to that section to read:

1003.22 School-entry health examinations; immunization against communicable diseases; exemptions; duties of Department of Health.--

(6) Before administration of a vaccine for an immunization required by this section, a licensed health care provider must:

(a) Provide the child's parent, legal guardian, or other legal representative with a copy of the current vaccine information statement published about the vaccine by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

(b) Have the child's parent, legal guardian, or other legal representative sign a statement in substantially the following form:

I have received a copy of the vaccine information statement published by the Centers for Disease Control and Prevention. I have read or have had explained to me information about the vaccine to be administered, the benefits and risks of the vaccine, how to report an adverse reaction, the availability of the National Vaccine Injury Compensation Program, and how to get more information about childhood diseases and vaccines. I understand the benefits of the vaccine and ask that the vaccine be administered to ...(name of child)..., for whom I am authorized to make this request.

Signature: ...(signature)....

Name: ...(printed name of parent, legal guardian, or other legal representative)....

Date: ...(date)....

(c) Keep a copy of the parent's, legal guardian's, or legal representative's signed statement as part of the child's permanent medical record.

(d) Record a notation on the statement of the batch and lot number for each vaccine administered to the child.

This subsection applies to each vaccine information statement published by the Centers for Disease Control and Prevention, whether or not the statement is covered by the National Childhood Vaccine Injury Act of 1986, 42 U.S.C. s. 300aa-26. If the Centers for Disease Control and Prevention publish a vaccine information statement that covers multiple vaccines, the health care provider may have the child's parent, legal guardian, or other legal representative sign a single statement for the vaccines covered by the vaccine information statement.

Section 2. Paragraph (e) of subsection (1) of section 381.003, Florida Statutes, is amended to read:

381.003 Communicable disease and AIDS prevention and control.--

(1) The department shall conduct a communicable disease prevention and control program as part of fulfilling its public health mission. A communicable disease is any disease caused by transmission of a specific infectious agent, or its toxic products, from an infected person, an infected animal, or the environment to a susceptible host, either directly or

indirectly. The communicable disease program must include, but need not be limited to:

(e) Programs for the prevention and control of vaccine-preventable diseases, including programs to immunize school children as required by s. 1003.22 ~~s. 1003.22(3)-(11)~~ and the development of an automated, electronic, and centralized database or registry of immunizations. The department shall ensure that all children in this state are immunized against vaccine-preventable diseases. The immunization registry shall allow the department to enhance current immunization activities for the purpose of improving the immunization of all children in this state.

1. Except as provided in subparagraph 2., the department shall include all children born in this state in the immunization registry by using the birth records from the Office of Vital Statistics. The department shall add other children to the registry as immunization services are provided.

2. The parent or guardian of a child may refuse to have the child included in the immunization registry by signing a form obtained from the department, or from the health care practitioner or entity that provides the immunization, which indicates that the parent or guardian does not wish to have the child included in the immunization registry. The decision to not participate in the immunization registry must be noted in the registry.

3. The immunization registry shall allow for immunization records to be electronically transferred to entities that are required by law to have such records, including schools,

licensed child care facilities, and any other entity that is required by law to obtain proof of a child's immunizations.

4. Any health care practitioner licensed under chapter 458, chapter 459, or chapter 464 in this state who complies with rules adopted by the department to access the immunization registry may, through the immunization registry, directly access immunization records and update a child's immunization history or exchange immunization information with another authorized practitioner, entity, or agency involved in a child's care. The information included in the immunization registry must include the child's name, date of birth, address, and any other unique identifier necessary to correctly identify the child; the immunization record, including the date, type of administered vaccine, and vaccine lot number; and the presence or absence of any adverse reaction or contraindication related to the immunization. Information received by the department for the immunization registry retains its status as confidential medical information and the department must maintain the confidentiality of that information as otherwise required by law. A health care practitioner or other agency that obtains information from the immunization registry must maintain the confidentiality of any medical records in accordance with s. 456.057 or as otherwise required by law.

Section 3. Paragraph (a) of subsection (6) of section 1002.42, Florida Statutes, is amended to read:

1002.42 Private schools.--

(6) IMMUNIZATIONS.--The governing authority of each private school shall:

(a) Require students to present a certification of immunization in accordance with s. 1003.22 ~~the provisions of s. 1003.22(3)-(11)~~.

Section 4. This act shall take effect July 1, 2010.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 355 Public Safety Telecommunicators
SPONSOR(S): Roberson and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 742

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	Health Care Regulation Policy Committee		Holt	Calamas
2)	Military & Local Affairs Policy Committee			
3)	Health Care Appropriations Committee			
4)	Health & Family Services Policy Council			
5)				

SUMMARY ANALYSIS

In 2008, the Legislature established a voluntary certification program for 911 emergency dispatchers. The bill makes the certification program mandatory. The bill will affect approximately 6,000 911 Public Safety Telecommunicators, who are responsible for answering, receiving, transferring 911 calls and dispatching emergency services throughout the state.

The bill provides requirements for mandatory certification that include: education and training standards; continuing education; disciplinary provisions; and applicable fees. The grandfather clause created under the voluntary certification scheme allowed individuals to qualify for certification if they possess 5 years of full-time employment as a 911 public safety telecommunicator. Starting October 1, 2011, an individual seeking certification who cannot meet this criteria must complete an approved 232-hour 911 public safety telecommunication training program and pass an examination.

Because the bill establishes regulation of a new profession, the Sunrise Act criteria apply. Section 11.62, F.S., states that no profession or occupation be subject to regulation by the state unless the regulation is necessary to protect the public health, safety, or welfare from significant and discernible harm or damage; and no profession or occupation be regulated by the state in a manner that unnecessarily restricts entry into the practice of the profession or occupation.

The bill authorizes the use of funds from the Emergency Communications Number E911 System Fund to cover the initial certification and renewal fee for 911 Public Safety Telecommunicators.

The Department of Health (DOH) has indicated it will need one full-time equivalent employee and the collected certification fees will have a positive fiscal impact on the Emergency Medical Services Trust Fund within the Department of Health. The Department of Management Services (DMS) has indicated that this bill would have a negative fiscal impact on the Emergency Communications Number E911 System Fund within DMS. The fiscal impact to other state agencies is indeterminate at this time.

The bill will have an indeterminate negative fiscal impact on local governments (see fiscal analysis).

The bill takes effect July 1, 2010.

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

In 2008, the Legislature established a voluntary certification program for 911 emergency dispatchers.[1] The bill makes the "911 public safety telecommunicator" (previously called "911 emergency dispatcher") certification program mandatory.

CURRENT SITUATION

FLORIDA'S PUBLIC POLICY ON 911 SERVICES

Section 365.171, F.S., sets forth the provisions which govern Florida's public policy on the emergency telephone number "911." The provision specifies that it is the intent of the Legislature to:[2]

> "establish and implement a cohesive statewide emergency telephone number "911" plan which will provide citizens with rapid direct access to public safety agencies by dialing the telephone number '911' with the objective of reducing response time to situations requiring law enforcement, fire, medical, rescue, and other emergency services."

PUBLIC SAFETY AGENCIES AND PUBLIC SAFETY ANSWERING POINTS

A public safety agency (PSA) is a functional division of a public agency[3] which provides firefighting, law enforcement, medical, or other emergency services.[4] A PSA operates public safety answering points (PSAPs) or 911 call centers. There are 208 primary PSAPs, 29 secondary PSAPs, and 42 backup PSAPs for a total of 279 PSAPs throughout the state.[5] Staff in these call centers include call-takers, dispatchers, and dual call-taker/dispatchers.[6] Call-takers answer calls and record necessary information such as the caller's name and the nature of the emergency, and relay this information to the

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[1] Chapter 2008-51, L.O.F.
[2] Section 365.171(2), F.S.
[3] A "public agency" is any city, county, city and county, municipal corporation, chartered organization, public district, or public authority located in whole or in part within this state which provides, or has authority to provide, firefighting, law enforcement, ambulance, medical, or other emergency services. *See s. 365.171(2)(c), F.S.*
[4] Section 365.171(2)(d), F.S.
[5] State of Florida E911 Board 2008 Annual Report, February 28, 2009 *available at:* http://dms.myflorida.com/suncom/public_safety_bureau/florida_e911/e911_board (last viewed February 8, 2010).
[6] Office of Program Policy Analysis & Government Accountability, 911 Call Center Training in Florida Varies; Options Exist for Creating Minimum Standards. Report No. 10-12. *available at*: http://www.oppaga.state.fl.us/Summary.aspx?reportNum=10-12 (last viewed February 9, 2010).

dispatchers who assess the information, determine the type of emergency response needed, and direct appropriate emergency series (e.g., police, fire, or ambulance) to respond to the call.[7]

TYPES OF 911 CALLS

In fiscal year 2007-2008, there were approximately 14 million 911 calls across the state and these calls were handled by approximately 4,800 911 call-takers.[8] There are five methods of handling 911 calls.[9] County 911 systems use a combination of these methods depending on the type of 911 system and the nature of each particular call.

1. *Direct Dispatch* - An emergency call received at a 911 PSA, which has the responsibility for dispatching emergency vehicles for that particular emergency, is handled with the direct dispatch method. The person answering the call performs as a call taker and conveys the necessary information to a radio dispatcher. For small 911 PSAPs, the person answering the call may also perform the radio dispatching function. Calls handled by the direct dispatch method minimize the time required for a citizen to be connected to the call taker. Direct dispatch is the preferred method of handling 911 calls in order that response time can be minimized to the greatest extent possible.

2. *Call Transfer* - An emergency call received at a 911 PSAP intended for a public safety agency remotely located from the PSAP is handled with the call transfer method. After the call taker has determined the proper remote agency, the caller is transferred to that agency's call taker. The PSAP call taker remains on the line until the agency answers and until the correctness of the transfer is ascertained. With enhanced systems the transfer switching is often done at the service provider's central office, and the transfer line originates at that central office. This method is often used where the expected call volume is not large enough to warrant the cost of a dedicated transfer line.

3. *Transfers of Voice and Data* - Agencies receiving transfers of both voice and data are referred to as Secondary PSAPs. These facilities often act as a back-up if there is a failure in the Primary PSAP.

4. *Call Relay* - The call relay method, like call transfer, is used to convey information to a remotely located agency; however, the information rather than the caller is transferred to the remote agency. This method is suited for use with agencies that do not have a large call volume. The call relay method is sometimes best if the caller is too emotionally distressed to be transferred. The overall response time of a voice-relayed call is longer than other call handling methods. Use of this method should be minimized to the greatest extent possible.

5. *Call Referral* - Non-emergency and administrative calls received by a 911 PSAP may be handled by the call referral method. Call referral must never be used for an emergency call. In Florida, as well as nationally, experience has established that not all 911 calls are true emergencies. Many are administrative or of a non-emergency nature and can be handled by the call referral method to keep PSAP lines open. It is recognized that in some areas the treatment of administrative and emergency calls is essentially the same. This tends to be the case in the more rural areas of Florida.

911 EMERGENCY DISPATCHERS

According to the United States Department of Labor, emergency dispatchers monitor the location of emergency services personnel from one or all of the jurisdiction's emergency services departments. These workers dispatch the appropriate type and number of units in response to calls for assistance. Dispatchers are often the first point of contact for the public when emergency assistance is required. If

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[7] *Ibid.*
[8] State of Florida E911 Board 2008 Annual Report, February 28, 2009 *available at:* http://dms.myflorida.com/suncom/public_safety_bureau/florida_e911/e911_board (last viewed February 8, 2010).
[9] *Ibid.*

trained for emergency medical services, the dispatcher may provide medical instruction to those on the scene of the emergency until the medical staff arrives.[10]

When handling calls, dispatchers question each caller to determine the type, seriousness, and location of the emergency. The information obtained is generally posted electronically by computer. The dispatcher then decides the priority of the incident, the kind and number of units needed, and the location of the closest and most suitable units available. When appropriate, dispatchers stay in contact with other service providers. In a medical emergency, dispatchers keep in touch not only with the dispatched units, but also with the caller. They may give extensive first-aid instructions before the emergency personnel arrive. Dispatchers continuously give updates on the patient's condition to the ambulance personnel and often serve as a link between the medical staff in a hospital and the emergency medical technicians in the ambulance.[11]

DEPARTMENT OF EDUCATION CURRICULUM FRAMEWORK AND STANDARDS

The Division of Workforce Education at the Department of Education (DOE) publishes curriculum frameworks and standards aligned to the sixteen Career Clusters delineated by the United States Department of Education. Each program's course standards are composed of two parts: a curriculum framework and the student performance standards. The curriculum framework includes four major sections: major concepts/content, laboratory activities, special notes, and intended outcomes. Student performance standards are listed for each intended outcome.[12] According to DOE, the curriculum is reviewed every three years.

The Public Safety Telecommunication program is designed to prepare students for employment as a police, fire, ambulance, or emergency medical dispatcher. The program is divided into two levels. The first level, "Occupational Completion Point A", is a 208-hour curriculum designed for police, fire, and ambulance dispatchers. The second level, "Occupational Completion Point B", is to be completed after the first level through a minimum of an additional 24-hour curriculum designed for emergency medical dispatchers.[13] The course content includes, but is not limited to:

- Ethics and the role of the telecommunicator;
- Standard telecommunication operating procedures;
- Relationship to field personnel;
- Understanding of command levels;
- Typical layouts of message centers;
- Use of performance aids;
- Overview of emergency agencies;
- Communications equipment, functions and terminology;
- Types of telecommunication equipment;
- Proper and correct telephone and dispatching procedures and techniques;
- Cooperation and reciprocal agreements with other agencies;
- Federal, state, and local communication rules;
- Emergency situations and operating procedures;
- Emergency medical dispatch procedures;
- Health and safety issues to include Cardiopulmonary Resuscitation (CPR).

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[10] United States Department of Labor, Bureau of Labor Statistics, "Occupational Outlook Handbook- Dispatchers," http://www.bls.gov/oco/ocos138.htm (last visited February 10, 2010).
[11] *Ibid.*
[12] Florida Department of Education, "Curriculum Framework, Public Safety Telecommunication," July 2010.
[13] *Ibid.*

VOLUNTARY EMERGENCY DISPATCHER CERTIFICATION PROGRAM

In 2008, the Legislature established a voluntary certification program for 911 emergency dispatchers which is implemented by the Florida Department of Health (DOH).[14] As of January 2010, DOH reports that 1,112 individuals had applied for and received certification.[15] Current law defines a "911 emergency dispatcher" as a person who is employed by a state agency or local government as a public safety dispatcher or 911 operator whose duties and responsibilities include:[16]

- Answering 911 calls;
- Dispatching law enforcement officers, fire rescue services, emergency medical services, and other public safety services to the scene of an emergency;
- Providing real-time information from federal, state, and local crime databases; or
- Supervising or serving as the command officer to a person or persons having such duties and responsibilities.

The definition of 911 dispatcher does not include administrative support personnel, including, but not limited to, those whose primary duties and responsibilities are in accounting, purchasing, legal, and personnel.

Applicants for certification must submit specified forms, pay a certification fee[17], and meet the educational and training requirements for certification and recertification as a 911 emergency dispatcher.[18] DOH determines whether the applicant meets the requirements for certification and issues a certificate to any person who meets the following requirements:[19]

- Five years of documented full-time supervised experience as a 911 emergency dispatcher since January 1, 2002 ("grandfather clause"); *or*

- Completion of an appropriate 911 emergency dispatcher training program that is equivalent to the most recently approved emergency dispatcher course of the Department of Education and consists of not less than 208 hours;
- Completion and documentation of at least 2 years of supervised full-time employment as a 911 emergency dispatcher since January 1, 2002;
- Certification under oath that the applicant is not addicted to alcohol or any controlled substance;
- Certification under oath that the applicant is free from any physical or mental defect or disease that might impair the applicant's ability to perform his or her duties;
- Submission of the application fee prescribed in subsection (3); *and*
- Submission of a completed application to the department indicates compliance with the requirements for certification.[20]

Of the 1,112 certified 911 dispatchers, all but three qualified for certification under the grandfather clause.[21] The remaining three individuals qualified for certification by having two years of supervised full-time employment and completing an approved training program.[22] As of December 2009, there was

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[14] Chapter 2008-51, L.O.F.
[15] According to OPPAGA Report No. 10-12, as of December 2009, only one Florida College and two local government agencies offered training programs approved by the Department of Health. However, the Sunrise Questionnaire states that three Florida Colleges currently offer training programs.
[16] Section 401.465(1), F.S.
[17] The fee for initial certification is $75 and biannual renewal is $100.
[18] Section 401.465(2)(a), F.S.
[19] Section 401.465(2)(b), F.S.
[20] Application is done through DH Form 5066. (64J-3.001, F.A.C.)
[21] Office of Program Policy Analysis & Government Accountability, 911 Call Center Training in Florida Varies; Options Exist for Creating Minimum Standards. Report No. 10-12. *available at*: http://www.oppaga.state.fl.us/Summary.aspx?reportNum=10-12 (last viewed February 9, 2010).
[22] Ibid.

one Florida college and two local government agencies that offered a DOH approved training program.[23]

Each 911 emergency dispatcher certificate expires automatically if not renewed at the end of the 2-year period. A certificate that is not renewed at the end of the 2-year period automatically reverts to an inactive status for a period that may not exceed 180 days and may be reactivated and renewed within the 180-day period if the certificate-holder meets the qualifications for renewal and pays a $50 late fee.[24] The department may suspend or revoke a certificate at any time if it determines that the certificate-holder does not meet the applicable qualifications.[25]

Section 401.411, F.S., provides for the disciplinary action, such that the department may deny, suspend, or revoke a license, certificate, or permit or may reprimand or fine a 911 emergency dispatcher certificate-holder on any of the following grounds:

- Addiction to alcohol or any controlled substance;
- Engaging in or attempting to engage in the possession, except in legitimate duties under the supervision of a licensed physician, or the sale or distribution of any controlled substance as set forth in chapter 893;
- A conviction in any court in any state or in any federal court of a felony, unless the person's civil rights have been restored;
- Knowingly making false or fraudulent claims; procuring, attempting to procure, or renewing a certificate, license, or permit by fakery, fraudulent action, or misrepresentation;
- Sexual misconduct with a patient, including inducing or attempting to induce the patient to engage, or engaging or attempting to engage the patient, in sexual activity;
- Failure to give to the department true information upon request regarding an alleged or confirmed violation;
- Practicing as an emergency medical technician, paramedic, or other health care professional operating under this part without reasonable skill and safety to patients by reason of illness, drunkenness, or the use of drugs, narcotics, or chemicals or any other substance or as a result of any mental or physical condition;
- Fraudulent or misleading advertising or advertising in an unauthorized category; and
- Failure to report to the department any person known to be in violation these disciplinary provisions.

Unprofessional conduct, such as failing to conform to the prevailing standards of acceptable practice, is not a basis for disciplinary action.[26]

911 SYSTEM FUNDING

E911 fee revenues are collected pursuant to section 365.172(8), F.S., and are processed and disbursed through the Emergency Communications Number E911 System Fund (or "E911 Trust Fund").[27] Expenditures for the E911 system are limited to call taking and call transfers and does not include costs associated with dispatching or training of dispatch personnel.[28] The E911 Board has determined that training and certification costs for the 911 call takers are allowable expenditures. Thus, funding for call-taker training primarily is paid from of E911 funds and dispatcher training is paid

[23] Office of Program Policy Analysis & Government Accountability, 911 Call Center Training in Florida Varies; Options Exist for Creating Minimum Standards. Report No. 10-12. *available at*: http://www.oppaga.state.fl.us/Summary.aspx?reportNum=10-12 (last viewed February 9, 2010).
[24] Section 401.465(2)(d), F.S.
[25] Section 401.465(2)(e), F.S.
[26] Unprofessional conduct is, however, a basis for discipline of emergency medical technicians and paramedics. S. 401.411(1)(g), F.S.
[27] Section 365.173, F.S.
[28] Section 365.172(9), F.S.

primarily through local funding sources.[29] While call taking and call taking training have been determined an allowable expenditures by the E911 Board, currently the E911 Trust Fund does not receive enough revenue to support all allowable expenditures.[30] The E911 Board reported to the Legislature in the 2008 Annual Report that the fee revenue only covered 66% of the allowable expenditures. According to section 365.173, F.S., the Legislature recognized that the E911 fee may not necessarily provide the total funding required for establishing or providing the E911 service.

In the Enhance 911 Services Act[31], Congress found that, "any funds that are collected from fees imposed on consumer bills for the purposes of funding 911 services or E911 should be expended for the purposes for which the funds are collected".[32]

PROFESSIONAL REGULATION AND THE FLORIDA SUNRISE ACT

There are three different types or levels of regulation:[33]

1. Licensure is the most restrictive form of state regulation. Under licensure laws, it is illegal for a person to practice a profession without first meeting all of the standards imposed by the state.

2. Certification grants title protection to those who meet training and other standards. Those who do not meet certification standards cannot use the title, but can still perform the services.

3. Registration the least restrictive form of regulation, usually only requires individuals to file their name, address and qualifications with a government agency before practicing the occupation.

The bill requires all individuals employed as a 911 public safety telecommunicator employed by a PSAP must be *certified* by the Department of Health by October 11, 2011.

Section 456.003, F.S., provides that health care professions be regulated only for the preservation of the health, safety, and welfare of the public under the police powers of the state. Such professions shall be regulated when:

- Their unregulated practice can harm or endanger the health, safety, and welfare of the public, and when the potential for such harm is recognizable and clearly outweighs any anticompetitive impact which may result from regulation;
- The public is not effectively protected by other means, including, but not limited to, other state statutes, local ordinances, or federal legislation; and
- Less restrictive means of regulation are not available.

Section 11.62, F.S., the Sunrise Act, provides legislative intent regarding the regulation of new professions and occupations:[34]

- No profession or occupation is subject to regulation by the state unless the regulation is necessary to protect the public health, safety, or welfare from significant and discernible harm or damage and that the police power of the state be exercised only to the extent necessary for that purpose; and

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[29] Office of Program Policy Analysis & Government Accountability, 911 Call Center Training in Florida Varies; Options Exist for Creating Minimum Standards. Report No. 10-12. *available at*: http://www.oppaga.state.fl.us/Summary.aspx?reportNum=10-12 (last viewed February 9, 2010).
[30] Department of Management Services, 2010 Legislative Bill Analysis of House Bill 355 (February 9, 2010).
[31] Public Law 108-494,108th Congress SEC. 102.(3).
[32] State of Florida E911 Board 2008 Annual Report, February 28, 2009 *available at:* http://dms.myflorida.com/suncom/public_safety_bureau/florida_e911/e911_board (last viewed February 8, 2010).
[33] Schmitt, K. & Shimberg, B. (1996). Demystifying Occupational and Professional Regulation: Answers to Questions You May Have Been Afraid to Ask. *Council on Licensure, Enforcement, and Regulation.*
[34] Section 11.62(2), F.S.

- No profession or occupation is regulated by the state in a manner that unnecessarily restricts entry into the practice of the profession or occupation or adversely affects the availability of the professional or occupational services to the public.

In determining whether to regulate a profession or occupation, s. 11.62(3), F.S., requires the Legislature to consider the following:

- Whether the unregulated practice of the profession or occupation will substantially harm or endanger the public health, safety, or welfare, and whether the potential for harm is recognizable and not remote;
- Whether the practice of the profession or occupation requires specialized skill or training, and whether that skill or training is readily measurable or quantifiable so that examination or training requirements would reasonably assure initial and continuing professional or occupational ability;
- Whether the regulation will have an unreasonable effect on job creation or job retention in the state or will place unreasonable restrictions on the ability of individuals who seek to practice or who are practicing a given profession or occupation to find employment;
- Whether the public is or can be effectively protected by other means; and
- Whether the overall cost-effectiveness and economic impact of the proposed regulation, including the indirect costs to consumers, will be favorable.

The Sunrise Act requires proponents of regulation to submit information documenting the need for the proposed regulation. A sunrise questionnaire was submitted by the Florida Association of Public Safety Communications Officials (FAPCO). FAPCO represents 675 active members, who, according to FAPCO, support requiring the certification of public safety telecommunicators.

SUNRISE ACT CRITERIA

Substantial Harm or Endangerment

> "Whether the unregulated practice of the profession or occupation will substantially harm or endanger the public health, safety, or welfare, and whether the potential for harm is recognizable and not remote."[35]

Errors in 911 call-taking and/or dispatching have lead to adverse outcomes.[36] Currently, each PSA conducts individual quality assurance and compliance reviews, and complaints against 911 call center staff are not published, so exact impact is unknown.

Specialized Skill or Training, and Measurability

> "Whether the practice of the profession or occupation requires specialized skill or training, and whether that skill or training is readily measurable or quantifiable so that examination or training requirements would reasonably assure initial and continuing professional or occupational ability."[37]

Currently, the training of 911 call center staff is not consistent across the state and there are no universal training requirements. The vast majority receive on-the-job training that is tailored to each PSA needs. The DOE curriculum framework proposed in the bill would provide consistent measureable and quantifiable examination and training requirements statewide. There does not appear to be a national examination or certification process currently available for 911 dispatchers/call-takers, so a state-administered examination would need to be created.

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[35] Section 11.62(3), F.S.

[36] According to the OPPAGA Report No. 10-12, in 2008, Denise Amber Lee was abducted from her home and murdered after calling 911 to report her own abduction. According to the Sunrise Questionnaire, a dispatcher was fired in Orlando for mis-prioritizing a 911 call related to a March 2009 murder-suicide.

[37] Section 11.62(3), F.S.

According to proponents, 22 states currently have training standards. It appears that the training standards vary greatly. The Association of Public Safety Communication Officials has published minimum training standards for public safety telecommunicator requiring 14-hours of additional training that should be conducted within the first 12 months of employment.

Unreasonable Effect on Job Creation or Job Retention

> "Whether the regulation will have an unreasonable effect on job creation or job retention in the state or will place unreasonable restrictions on the ability of individuals who seek to practice or who are practicing a given profession or occupation to find employment."[38]

Currently, there is high turnover of 911 call center staff. Regulation will have an effect upon jobs by requiring individuals have a minimum competency level, which is currently not required. Starting October 2011, individuals who cannot pass the examination and cannot successfully complete the 232 hour training program will not be able to practice as a public safety telecommunicator.

Can the Public be Effectively Protected by Other Means?

> "Whether the public is or can be effectively protected by other means."[39]

Currently, there is a voluntary certification process. Counties, cities and state agencies can require individuals to become certified and not hire individuals unless they are certified.

Favorable Cost-effectiveness and Economic Impact

> "Whether the overall cost-effectiveness and economic impact of the proposed regulation, including the indirect costs to consumers, will be favorable."[40]

The actual cost to state, city, and county entities is indeterminate at this time. However, mandatory regulation will impact approximately 6,000 call center staff. The average full-time dispatcher salary is $16.06 per hour. Usually once a profession becomes regulated they demand higher salaries commensurate to their education. The bill proposes utilizing E911 funds to support certification fees. Currently, E911 funds only support 66% of current expenditures. Consumer phone bills may be increased if E911 fees need to be raised to support expenditures associated with regulation of 911 public safety telecommunicators.

EFFECTS OF PROPOSED CHANGES

The bill provides that, effective October 1, 2011, any person serving at a public safety answering point as a 911 public safety telecommunicator must be certified by DOH. The bill provides an exception for uncertified trainees: a public safety agency may employ a 911 public safety telecommunicator trainee for a period not to exceed 12 months, as long as the trainee is under the direct supervision of a certified dispatcher and enrolled in a public safety telecommunication training program.

The grandfather clause in current law is unaffected by the bill: individuals may qualify for certification without completing an approved training program and passing an exam, if they possess 5-years of documented supervised full-time employment as a 911 public safety telecommunicator. That provision expires October 1, 2011.

The bill defines "public safety telecommunication training program" as any program consisting of at least 232 hours that DOH determines to be equivalent to the most recent public safety telecommunication training program curriculum framework developed by DOE. The bill requires 20 hours of continuing education training at the time of certificate renewal. The bill provides DOH authority

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[38] *Id.*
[39] *Id.*
[40] *Id.*

to promulgate rules for the continuing education procedures and the approval process for the 911 public safety telecommunication training programs.

The bill changes the term "911 emergency dispatcher" to "911 public safety telecommunicator. The bill amends the definition of 911 public safety telecommunicator to include receiving, transferring, and dispatching functions relating to 911 calls. The bill amends the disciplinary provisions in section 401.411, F.S., to ensure that 911 Public Safety Telecommunicators are subject to the same disciplinary actions as EMTs and paramedics.

The bill provides a State of Emergency waiver for the 911 public safety telecommunicator certification requirements when the Governor declares a state of emergency as defined in s. 252.36, F.S.

The bill authorizes the use of funds from the Emergency Communications Number E911 System Fund to cover the initial certification and renewal fee for 911 Public Safety Telecommunicators.

The bill authorizes the department to charge a fee not exceed $100 for the approval a public safety telecommunication training program; $75 fee for initial application; $75 fee for certification renewal; and $75 fee for the examination. Current law provides that these fees must be deposited into the Emergency Medical Services Trust Fund within the DOH, and may only be used to support salaries and expenses incurred in administering this program.

B. SECTION DIRECTORY:

Section 1. Amending s. 365.172, F.S., relating to emergency communications number.
Section 2. Amending s. 401.411, F.S., relating to disciplinary actions and penalties.
Section 3. Amending s. 401.465, F.S., relating to 911 public safety telecommunicator certification.
Section 4. Provides an effective date of July 1, 2010.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

Section 216.0236, F.S., states that it is the intent of the Legislature that all costs of providing a regulatory service or regulating a profession or business be borne solely by those who receive the service or who are subject to regulation. It is also the intent of the Legislature that the fees charged for providing a regulatory service or regulating a profession or business is reasonable and takes into account the differences between the types of professions or businesses being regulated.

1. Revenues:

DOH, Division of Emergency Medical Operations estimates that there is currently one emergency dispatcher for every 3,229 Florida residents. By applying the annual growth rate of 2.3% to the profession, the estimated increase in 911 public safety telecommunicators will be 6,171 in 2010, 6,312 in 2011, and 6,457 in 2012. By current projections, the remaining certification pool after the 2009 certification cycle ends will be 4,933 potential applicants in 2010. It is estimated that half of the remaining licensees will apply in 2010 equaling 2,465 applicants and the residual applicants in 2011 equaling 2,521 applicants adjusted for the annual growth rate. This two year period represents the initial surge of applicants.

The bill states that the initial application fee for the 911 public safety telecommunicator is $75 and an examination fee which may not exceed $75. Since the majority of individuals who are certified under the voluntary certification program qualified via the grandfather clause, the majority would likely seek certification via this avenue in fiscal year 2010. On October 1, 2011, the grandfather clause expires. Therefore in 2011, it is projected that only about half of the initial registrants would take the examination.

Based on information gathered from each county's State of Florida Emergency Telephone Number 911 Plan from the Department of Management Services, there are at least 251 PSAPs that could

be certified as public safety telecommunication training programs. Currently, there is no fee to determine equivalency to the DOE curriculum framework. However, if this bill takes effect on July 1, 2010, it is estimated that 44 programs will apply prior to July 1, 2010, at no fee and the remaining 44 programs will apply after July 1, 2010, at the $100 fee. The methodology to determine the number of training programs that may apply to the department is based on a projection that two-thirds of the current PSAP centers will apply to become a training program. In addition to the two-thirds PSAP training programs, it is also estimated that at least 1 community or technical college from each of the 7 Regional Domestic Security Task Force Regions will apply to be 911 public safety telecommunication training program. Using this methodology, it is projected that there will be 176 public safety telecommunication training programs in the state by 2012.

	1st Year-2010	2nd Year-2011	3rd Year-2012	4th Year-2013 (Annualized/Recurring)
Applicants Initial Certification Fee @ $75	2,465 Applicants $184,875	2,512 Applicants $188,400	145 Applicants $10,875	148 Applicants $11,100
Applicants Certification Renewal Fee @ $75	-0-	1,100 Renewals $82,500	2,465 Renewals $184,875	2,512 Renewals $188,400
Programs Initial Training Evaluation Fee @ $100	44 Programs $4,400	88 Programs $8,800	6 Programs $600	10 Programs $1,000
Examination Fee @ $75	-0-	1,256 Exams $94,200	145 Exams $10,875	148 Exams $11,100
Total Revenue to EMS Trust Fund	**$189,275**	**$373,900**	**$207,225**	**$211,600**

2. Expenditures:

Other State Agencies

The Florida Department of Law Enforcement estimates that 8 full-time equivalent employees with Capitol Police that perform dispatch functions will be affected by the provisions of the bill.[41] An agency fiscal impact statement was not available to include in this bill analysis.

The Florida Department of Highway Safety and Motor Vehicles (FDHSMV), estimates that 281 full-time equivalent employees that perform dispatch functions will be affected by the provisions of the bill.[42] The FDHSMV currently offers a Basic Duty Officer training course to employees, but the course does not meet the 232 hour requirement. An agency fiscal impact statement was not available to include in this bill analysis.

DOH, Division of Emergency Medical Operations

The bill does not specify which division within DOH must implement the act, although the bill provides for funding through the Emergency Medical Services Trust Fund. According the DOH, the Division of Emergency Medical Operations (DEMO) does not have available resources or the subject matter expertise to create an examination of this magnitude. The development and maintenance of this examination would currently be managed via a service licensure agreement between two divisions within the department: the Division of Medical Quality Assurance (MQA) and DEMO. The estimate below is based on the utilization of current MQA resources, such as a psychometrician, contract manager, etc. Hourly costs are based on the average salaries in the MQA testing services unit. Many third party vendors administer similar examinations through testing centers. Normally, these testing centers directly charge each candidate a testing/examination fee. DEMO projects that it will cost $52,840 to create the first exam and $12,032 annually thereafter for maintenance costs.

[41] Per telephone conversation with FDLE staff on February 12, 2010.
[42] Per telephone conversation with DHSMV staff on February 12, 2010.

Based on information gathered from each county's State of Florida Emergency Telephone Number 911 Plan from DMS, it is estimated that there are at least 251 PSAPs that could be certified as public safety telecommunication training programs. These 251 PSAPs employ approximately 6,033 of the 911 telecommunication professionals located throughout the state. According to MQA, they can process initial applications, issue licenses, and generally maintain a licensee pool at a rate of 5,751 per full-time equivalent employee. According to DEMO, 1 full-time equivalent employee is required to process initial applications, renewal applications, training center applications, and training program applications.

	1st Year	2nd Year	3rd Year	4th Year (Annualized/Recurring)
Salaries				
1.0 – Regulatory Specialist. II, Pay Grade 17	$27,926	$27,926	$27,926	$27,926
Fringe Benefits @ 35%	$9,774	$9,774	$9,774	$9,774
Expense				
Recurring Expenses, Limited Travel – 1.0 FTE	$15,953	$12,076	$12,076	$12,076
Human Resources (SC 107040)	$399	$399	$399	$399
1.0 FTE Operating Capital Outlay (OCO) Package	$1,000	-0-	-0-	-0-
Telecommunicator Examination Development cost	$52,840	-0-	-0-	-0-
Examination Maintenance Cost	-0-	$12,032	$12,032	$12,032
Promulgate Rules, includes FAW notices, mailings and travel for 2 staff members for 2 meetings, and court reporting w/transcript cost. This cost will be covered by the EMS Trust Fund.	$3,200	-0-	-0-	-0-
Total Estimated Expenditures	**$111,092**	**$62,207**	**$62,207**	**$62,207**

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

The bill authorizes the use of funds from the Emergency Communications Number E911 System Fund to support the costs incurred by local governments for certification and recertification fees.

2. Expenditures:

According to DMS, the E911 Board Prepaid Task Force Legislative Committee gathered estimates from several counties on the cost of training. Findings include:[43]

- *Polk County* - estimated $600,315 in hourly wages and certification fees alone. Additionally, at the average turnover rate of 30%, $271,000 would have to be budgeted per year - just for the agency. These figures do not include the actual cost of training and certification - which will be significant as Emergency Medical Dispatcher alone costs $365 per student and $2000 instructor's fee.

- *Pinellas County* - indicated that if the legislation were to be passed as-is, and if none of their Communications Center training programs were certified, Pinellas County training costs could be as much as $2,700,000. Utilizing E911 fees: $794,000 and General Revenue: $1,983,000.

- *Pasco County* - estimated that it will cost $2,475 per hour to train the entire telecommunicator workforce. Multiplied by the 232-hour course their estimate for personnel costs is $574,200.

[43] Department of Management Services, 2010 Legislative Bill Analysis of House Bill 355 (February 9, 2010).

- *West Palm Beach Police Department*, estimates that 21 employees will need to take the training in order to meet the certification requirements. Due to minimum staffing levels, the training must be done on overtime, or overtime is necessary to fill the position to allow for training. As a result, they estimate that it will cost $147, 289 in overtime salaries and $1,575 in certification costs.[44]

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

There may be an increase in enrollment at private education facilities that offer a 911 emergency dispatcher training program.

D. FISCAL COMMENTS:

The fiscal impact prepared by the DOH, DEMO, reflects a surplus in revenue. Staff recommends that the $75 initial certification fee, $75 renewal certification fee and $100 training program evaluation fee be decreased.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The mandates provision in Article VII, Section 18, Fla. Const., appears to apply because the bill may require counties or municipalities to spend funds or take an action requiring the expenditure of funds. However, if the legislature determines that the bill fulfills an important state interest, an exception to the mandates provision exists because the bill applies to all persons similarly situated, including the state.

2. Other:

The bill authorizes DOH to promulgate rules for the approval of public safety telecommunication training programs. The bill does not provide DOH minimal standards or guidelines on the approval process, and so may implicate the non-delegation doctrine contained in Article II, Section 3 of the Florida Constitution.

B. RULE-MAKING AUTHORITY:

The bill appears to provide sufficient rulemaking authority to the Department of Health.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The bill proposes to allow certification and recertification costs to be paid for out of the E911 Trust Fund. It is unclear whether the bill includes dispatching activity costs as an authorized expenditure from the 911 Trust Fund.

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

[44] Email correspondence on file with the Health Care Regulation Policy Staff dated February 11, 2010.

FLORIDA HOUSE OF REPRESENTATIVES
SUNRISE QUESTIONNAIRE

INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE:

Regulation of professions is mandated by the Legislature only for the preservation of the health, safety, and welfare of the public. The criteria for regulating a health care profession is set forth in various sections of chapter 456, F.S., which governs all professions regulated by the Department of Health. If the Legislature authorizes regulation of your profession, you will be subject to the provisions contained in this chapter, as well as your individual practice act. Nothing in your practice act should conflict with chapter 456, F.S. Please familiarize yourself with this chapter prior to submitting proposed Sunrise legislation.

This questionnaire is designed to obtain information, which will aid the Legislature in determining the need for regulation of your profession and in analyzing proposed legislation seeking to establish regulation under the Department of Health. Your cooperation in completing it is greatly appreciated.

Each part of every question must be addressed. If there is no information available to answer the question, please state this as your response and describe what you did to attempt to find information that would answer the question. If you think the question is not applicable, please state this and explain your response. When supporting information is appropriate, it should be included as an appendix and labeled accordingly. References within the main document to information contained in the appendices should be properly labeled.

Please read the entire questionnaire before answering any questions so that you will understand what information is being requested and how questions relate to each other.

Legislative History

1. What is the history of regulation or attempts at regulation of this group? For example, has this profession ever been regulated and subsequently deregulated? Has legislation requiring regulation been filed in the past? Has legislation requiring regulation passed and been vetoed? Please explain why the regulation was sunset, why bills did not pass or why legislation was vetoed.

Presently there is a minimum state standard for voluntary compliance.

Applicant Group Identification

This section of the questionnaire is designed to help identify the group seeking regulation and to determine if the applicant group adequately represents the occupation.

2. What occupational group is seeking regulation? Identify by name, address, phone number, and associational affiliation the individuals who should be contacted when communicating with this group regarding this questionnaire.

Ricky A. Rowell, Chapter President
Association of Public Safety Communications Officials (APCO) FL
1-904-548-4022

3. List all titles currently used by Florida practitioners of this occupation. Estimate the total number of practitioners now in Florida and the number using each title. Document the source of this estimate.

From the OPPAGA report issued January 2010, Report #10-12
Call Takers - 831
Dispatchers - 697
Dual Call Taker/ Dispatcher- 2841
Supervisor- 630
The OPPAGA report states that 95 Public Safety Answering Points did not respond to its survey request. They feel that 6,033 individuals can be certified.

4. Identify each occupational association or similar organization representing current practitioners in Florida and estimate its membership. Please provide membership lists to document the numbers of people in these associations. List the names of any associated national group.

Florida APCO has 675 active members.
APCO International
351 N Williamson Blvd.
Daytona Beach, Florida 32114-1112

5. Estimate the percentage of practitioners who support this request for regulation. Document the source of this estimate.

Florida APCO has 675 active members who strongly support this legislation and numerous others who have attended the state conference over the past two years.

6. Name the group or individual representing the practitioners in this effort to seek regulation. How was this group or individual selected?

Ricky A. Rowell,
APCO FL Chapter President
1-904-548-4022
Ricky Rowell is the Florida Chapter President elected by the members in Oct 2009.

7. Are all practitioner groups listed in response to questions represented in the organization or by the individual seeking regulation? If not, why not?

APCO is the only organization representing Telecommunicators in the state at this time. Individuals who are not members of APCO would also be regulated by this legislation. Membership in APCO is optional.

Consumer Group Identification

This section is designed to identify consumers who typically seek practitioner services and to identify groups, outside of those seeking regulation, with an interest in the proposed regulation.

8. Do practitioners typically deal with a specific consumer population? Are clients generally individuals or organizations? Document.

The first-line public-safety communications professional who essentially serves as a first responder to every class of emergency for which public safety services are provided. The individual employed by a public safety agency whose primary responsibility is to receive, process, transmit and/or dispatch emergency and non-emergency calls for police, fire, emergency medical, and other public safety services via telephone and other communication devices.

9. Identify any advocacy groups representing Florida consumers of this service, e.g., AARP. List also the name of any applicable national advocacy groups.

There are presently no groups representing Florida consumers with representation.

10. Identify the consumer populations not now using practitioner services who will be likely to do so, if regulation is approved.

All residents and visitors to the State of Florida presently use this group of professionals and will continue to do so.

11. Name any groups who will oppose this proposed regulation or others with an interest in this proposed regulation. If there are none, indicate efforts made to identify them.

At this time no clear opposition to the bill is known. We found no opposition in the OPPAGA report.

Need for Regulation?

A. The unregulated Practice of this occupation will harm or endanger the Public health, safety, and welfare.

12. Is there or has there been significant public need and demand for a regulatory standard? Document. If not, what is the basis for seeking regulation?

Presently there is a minimum state standard for voluntary compliance. Regulating the system would offer the citizens of the State a much greater percentage of trained, skilled operators to handle their emergencies in the best way possible.

13. What harm to the public has occurred as a result of the unregulated practice of this profession? What is the nature and severity of the harm? Document the physical, social, intellectual, financial, health, safety, and welfare threat to the consumer if this practice goes unregulated.

There are no federal laws regulating Public Safety Telecommunicators. Florida Statute 401.465 regulates "Voluntary" certification of Public Safety Telecommunicators, which is inadequate to protect the public since the certification process is voluntary (with no enforcement for the regulation) and not mandatory.

14. How likely is it that harm will occur? Cite cases or instances of consumer injury and the estimated number of these injuries. If there are none, how is harm currently avoided?

In January 2008, Denise Amber Lee of North Port, Florida, was abducted from her home and murdered after calling 911 to report her own abduction. A breakdown in emergency response efforts, including dispatch errors, affected law enforcement efforts to quickly respond to her abduction.

The chief of the North Port (Fla.) police department has announced that dispatcher Nadia Kashitskaya has been fired for violating procedures and neglect of duty, in connection with her handling of a 911 call in December 2008 reporting a vehicle accident.

A dispatcher who was just fired by the Orlando (Fla.) police department for mishandling 911 calls related to a March 2009 murder-suicide says that he did nothing wrong, and that he is appealing his termination. Alan Ballard, 60, made several mistakes, police said, leading to mis-prioritization of one 911 call and the delay of officers.

Exact numbers of injuries is not known as each agency conducts their own quality assurance and compliance reviews.

15. What are the estimated numbers of complaints against professionals practicing this profession? (Some information can be obtained from the Department of Agriculture, Division of Consumer Services or the State Attorney's Office.)

This information is not published and is handled on an agency-by-agency basis.

16. What provisions of the proposed regulation would protect the consumer from injury?

In 2008 the Florida Chapter of APCO was successful in obtaining legislative sponsors for a bill regulating voluntary certification, which passed and is now found in Florida Statute 401.465. The original goal was that mandatory certification would promote consistency throughout the state and provide a higher level of training, thus a higher level of service in protecting the public.

B. Existing protection available to the consumer is insufficient.

17. To what extent do consumers currently control their exposure to risk? How do clients locate and select practitioners?

The public has come to expect a seamless, standardized response form emergency services and public safety, to include the 9-1-1 systems. When a resident of Florida dials 9-1-1, he expects to be answered quickly and professionally, and for his call to be handled appropriately. With the current state of the system, every call is different and every agency has its own level of training and education. Someone dialing 9-1-1 in a large or affluent community has a much better chance of quality service than his counterpart in a rural area. Regulating the system would offer the citizens of the State a much greater percentage of trained, skilled operators to handle their emergencies in the best way possible.

18. Are clients frequently referred to practitioners for services? Give examples of referral patterns.

There are no referral patterns in emergency communications.

19. Are clients frequently referred elsewhere by practitioners? Give examples of referral patterns.

There are no referral patterns in emergency communications.

20. What sources exist to inform consumers of the risk inherent in incompetent practice and of what practitioner behaviors constitute competent performance?

There is no present tracking system to show competence of the licensure.

21. What administrative or legal remedies are currently available to redress consumer injury and abuse in this field?

Each agency regulates the telecommunicators that are employed by them.

22. Are the currently available remedies insufficient or ineffective? If so, please explain.

There are no federal laws regulating Public Safety Telecommunicators. Florida Statute 401.465 regulates "Voluntary" certification of Public Safety Telecommunicators, which is inadequate to protect the public since the certification process is voluntary (with no enforcement for the regulation) and not mandatory.

C. No alternatives to regulation will adequately protect the public.

23. Explain why marketplace factors will not be as effective as governmental regulation in ensuring public welfare. Document specific instances in which market controls have broken down or proven ineffective in assuring consumer protection.

Regulating the system would offer the citizens of the State a much greater percentage of trained, skilled operators to handle their emergencies in the best way possible.
Some in-house training programs might not be up to standards proposed.

24. Are there other states in which this occupation is regulated? If so, identify the states and indicate the manner in which consumer protection is ensured in those states. Provide as an appendix copies of the regulatory provisions from these states.

Currently there are 22 states that have training standards.
An attached Excel spreadsheet has a listing of all of the states and their training standards.

25. What means other than governmental regulation have been employed in Florida to ensure consumer health, safety, and welfare? Show why the following would be inadequate:

(a) code of ethics - **See attachment**
(b) codes of practice enforced by professional associations

APCO Project 33 minimum training standards for public safety telecommunicators

(c) dispute-resolution mechanisms such as mediation or arbitration

Any disputes would have to be handled with the individual agency or agencies involved.

(d) recourse to current applicable law

Any and all recourse will be handled by the individual agency.

(e) regulation of those who employ or supervise practitioners

There are no federal laws regulating Public Safety Telecommunicators. Florida Statute 401.465 regulates "Voluntary" certification of Public Safety Telecommunicators, which is inadequate to protect the public since the certification process is voluntary (with no enforcement for the regulation) and not mandatory.

(f) caveat emptor, i.e., "let the buyer beware"

Not appropriate in this type of service.

(g) other measures attempted

Not appropriate in this type of service.

26. If a "grandfather" clause (in which current practitioners are exempted from compliance with proposed entry standards) will be allowed, how is that clause justified? What safeguards will be provided to consumers regarding this group?

Each agency regulates the telecommunicators who are employed by them. Telecommunicators with five years of continuous service will have completed in excess of the needed 232 hours of training. This standard of training is in use under the current voluntary legislation.

D. Regulation will mitigate existing problems.

27. What specific benefits will the public realize if this occupation is regulated? Indicate clearly how the proposed regulation will correct or preclude consumer injury. Do these benefits go beyond freedom from harm? If so, how?

The public has come to expect a seamless, standardized response from emergency services and public safety, to include the 9-1-1 systems. When a resident of Florida dials 9-1-1, he expects to be answered quickly and professionally, and for his call to be handled appropriately.

- **Provides the public with assurance that call center employees are trained and qualified to perform their duties.**
- **Ensures consistency and uniformity in training standards across the state.**
- **Raises the professionalism of the vocation and makes it consistent with other professionals in the emergency management field (law enforcement, fire fighters, and medical technicians).**
- **May reduce on-the-job training needs in some counties.**
- **Help protect call centers from liability issues.**

The skills required for 911 call centers are specialized and readily measurable.

28. Which consumers of practitioner services are most in need of protection? Which require least protection? Which consumers will benefit most and least from regulation?

All residents of Florida deserve equal protection. It will make telecommunicators training consistent thru out the state.

29. Provide evidence of "net" benefit when the following possible effects of regulation are considered:

(a) restriction of opportunity to practice
(b) restricted supply of practitioners
(c) increased cost of services to consumers
(d) increased governmental intervention in the marketplace

The goal is a mandatory certification that will promote consistency throughout the state

and provide a higher level of training, thus a higher level of service in protecting the public. The impact will be on those obtaining the certifications. The fees generated by the certifications will pay for the regulation. Regulating the system would offer the citizens of the State a much greater percentage of trained, skilled operators to handle their emergencies in the best way possible.

E. Practitioners operate independently, making decisions of consequences.

30. To what degree do individual practitioners make professional judgments of consequence? What are these judgments? How frequently do they occur? What are the consequences? Document.

Telecommunicators across the state make split second decisions every day. If a decision made is wrong it could result in injury or death to a caller or a first responder. A dispatcher who was just fired by the Orlando (Fla.) police department for mishandling 911 calls related to a March 2009 murder-suicide says that he did nothing wrong, and that he is appealing his termination. Alan Ballard, 60, made several mistakes, police said, leading to mis-prioritization of one 911 call and the delay of officers

31. To what extent do practitioners work independently, as opposed to working under the auspices of an organization, an employer, or a supervisor?

The first-line public-safety communications works within a structured environment. Supervisors in a para-military organization oversee them.

32. To what extent do decisions made by the practitioner require a high degree of skill or knowledge to avoid harm?

If a decision made is wrong it could result in injury or death to a caller or a first responder. The skills required for 911 call center staff are specialized and readily measurable, as demonstrated by the training courses offered in Florida.

F. Functions and tasks of the occupation are clearly defined.

33. Does the proposed regulatory scheme define a scope of activity which requires licensure, or merely prevent the use of a designated job title or occupational description without a license? Explain.

People who wish to be certified or recertified as 911 call-takers or dispatchers must apply to the Florida Department of Health and pay a $75 application fee.

34. Describe the important functions, tasks, and duties performed by practitioners. Identify the services and/or products provided.

The first-line public-safety communications professional who essentially serves as a first responder to every class of emergency for which public safety services are provided. The individual employed by a public safety agency whose primary responsibility is to receive,

process, transmit and/or dispatch emergency and non-emergency calls for police, fire, emergency medical, and other public safety services via telephone and other communication devices.

35. Is there a consensus on what activities constitute competent practice of the occupation? If so, state and document. If not, what is the basis for assessing competence?

There is no standardized, regulated testing for our professions it is all agency specific (Observation or Written)
Each Public Safety agency tests their employees on each skill set as they are attained.

36. Is such competent practice measurable by objective standards such as peer review? Give examples.

Each agency regulates the telecommunicators that are employed by them through, daily observation reports, testing and quality assurance reviews.

37. Specify activities or practices that would suggest that a practitioner is incompetent. To what extent is public harm caused by personal factors such as dishonesty? Document.

Each Public Safety agency tests their employees on each skill set as they are attained.
Each agency regulates the telecommunicators that are employed by them.
Independent training groups such as EMD, APCO, Professional Pride, PSC, and Power Phone offer training for telecommunicators
On the job training
Agency produced SOP's (PROTOCOLS)
Private company produced training videos

G. The occupation is clearly distinguishable from other occupations that are already regulated.

38. What similar occupations have been regulated in Florida? Is it the business practice that needs to be regulated or the individual providing the service? Explain and give examples.

Other similar public safety occupations have mandatory training requirements, including law enforcement officer (760 hours), fire fighter (360 hours), Emergency Medical Technician (288 hours) and Paramedic (1,344 hours). All are regulated in Florida; require licensure/ certification, in addition to mandatory retraining.

39. Describe functions performed by practitioners that differ from those performed by occupations listed in the above question.

Occupations described in #38 perform duties "in person", where 911/Dispatch practitioners perform duties via telephone and/or radio.

40. What is the relationship among those groups listed in response to question 38 and practitioners? Can practitioners be considered a branch of a currently regulated occupation?

911 practitioners gather and provide emergency service-related information and safety assistance to groups listed in #38. Because the groups listed in #38 are regulated by different entities and practitioners provide different services (to and by police, sheriff, fire, EMS agencies)_ they may be under different "branches".

41. What impact will the requested regulation have upon the authority and scope of practice of currently regulated groups?

Positive impact will occur if regulation occurs. Training will be consistent, enabling safer and better quality service to the public.

42. Are there unregulated occupations performing services similar to those of the group to be regulated? If so, estimate those numbers of unregulated practitioners.

911/dispatch is a unique occupation with no other known similar unregulated practitioners (other than those listed in #38).

43. Describe the similarities and differences between practitioners and the groups identified in the above question.

Similarities (to #38) are emergency assistance and crisis intervention provided to the public such as victims of crime, illness or injury or fire-related events. Differences are the environment in which this assistance is provided (via phone vs on scene).

44. Will this legislation create confusion in the marketplace regarding who is licensed and who is not?

If all 911/dispatch personnel in Florida are required to meet minimum training qualifications and are licensed, there will be no confusion. Currently, a lack of mandated training and licensure causes confusion.

45. Will this generate scope of practice or unlicensed activity complaints?

Scope of practice complaints should be minimized by regulation and unlicensed activity complaints should be rare if agencies are mandated under regulation.

H. The occupation requires possession of knowledge, skills, and abilities that are both teachable and testable.

46. Is there a generally accepted core set of knowledge, skills, and abilities without which a practitioner may cause public harm? Describe and document.

No, there is no federal legislation mandating regulation.

47. What methods are currently used to define the requisite knowledge, skills, and abilities? Who is responsible for defining them?

There is no standardized, regulated testing for our professions it is all agency specific (Observation or Written)
Each Public Safety agency tests their employees on each skill set as they are attained.

48. Are those skills, abilities, and knowledge testable? Is the work of the group sufficiently defined that competence could be evaluated by some standard (i.e.: ratings of education, experience, or exam performance)? Is there a National Exam given to test this skill, ability, and knowledge level? What is the name of the test and the name and address of the testing service who has developed and offers this exam?

There are no standardized, regulated testing for our professions it is all agency specific (Observation or Written). There are no federal laws regulating Public Safety Telecommunicators.

49. List institutions and program titles offering accredited and nonaccredited preparatory programs in Florida. Estimate the annual number of graduates from each. If there are no such programs in Florida, list programs found elsewhere. Will out-of-state programs be recognized? How?

Presently Pinellas Community College, Seminole Community College and Hillsborough Community College are the only ones offering the program to be certified as a Telecommunicator.

50. Apart from the above listed programs, indicate various methods of acquiring the required knowledge, skills, and ability such as apprenticeships, internships, on-the-job training, etc.

At the present time most agencies conduct in-house on the job training.

51. Estimate the percentage of current practitioners trained by each of the routes described in questions 49 and 50.

Information from the OPPAGA report shows 1,109 individuals who are certified through five years of supervised full time employment. It also shows 3 individuals who received certification by documenting two years of supervised full time employment and completing an approved training program.

52. Does any examination or other measure currently exist to test for functional competence in this profession? If so, indicate how and by whom each was constructed and by whom it is currently administered. Include the name, address, and phone number. If not, indicate search efforts to locate such method.

At the present time no formal testing exists.

53. Describe the format and content of each examination listed in question 52. Describe the sections of each examination. What competencies is each designed to measure? How do these relate to the knowledge, skills, and abilities listed in question 46?

Not applicable at this time.

54. If more than one examination is listed above, which do you intend to support, if any? Why? If none of the above, why not and what do you propose as an alternate?

Not applicable at this time.

Economic Impact

55. How many people are exposed annually to this occupation? Will regulation of the occupation affect this figure? If so, in what way?

4,999 - OPPAGA survey of 911 call centers. No, each 911-call center has a minimum staffing in place at this time.

56. What is the current cost of the service provided? Estimate the amount of money spent annually in Florida for the services of this group. How will regulation affect these costs? Provide documentation for your answers.

From the Project Retains data:
Average full-time dispatcher salary: $16.06/hr. x 4,999 =$80,283.94 x 24 hrs = $1,926,814.50 x 365 days=$3,313,287,292.50. For some agencies the cost of training and the certification fees.

57. Outline major governmental activities you believe will be necessary to appropriately regulate practitioners.

Some examples:

(a) regulation by a newly-created board, regulation by an existing board, or regulation by the department. (If an existing board is applicable, please identify that board);

Regulated by the Department of Health

(b) credentials and licensure requirements review;

Yes

(c) examination development and administration;

Yes

(d) licensure renewal;

Yes

(e) enforcement of the law: complaints; investigations; prosecution; inspections; etc.; or
(e) continuing education, approval and school accreditation, etc.

Yes

58. How many practitioners are likely to be licensed if regulation is approved? Document.

The OPPAGA report shows 4,999 Telecommunicators in the State of Florida will need to be certified.

59. How many practitioners are expected to apply each year if regulation is adopted? Document.

It will depend on new hires at each agency.

60. If small numbers will apply in answers to 58 and 59, how are costs justified?

The cost of the program would support itself with testing fees.

61. Does adoption of the requested regulation represent the most cost effective form of regulation? Indicate alternatives considered and costs associated with each.

Yes, there is no alternative you will be certified or not certified.

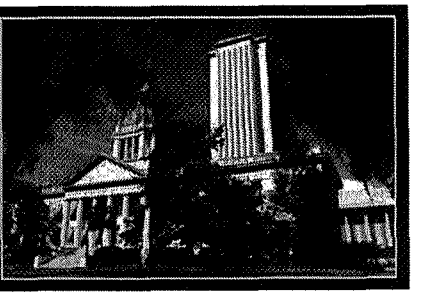
Proposed Legislation

62. Attach a draft of the legislation proposing new regulation. Please include:

(a) whether or not a board will be established;
(b) what background, education, and experience will be required by licensees;
(c) if an examination must be successfully completed;
(d) if a grandfather clause will be implemented and what the deadline date will be; and
(e) what actions will be prohibited and what disciplinary measures will be allowed.

The legislation already has a grandfather clause in place. An examination process will be implemented. A copy of the present legislation is attached.

oppaga
OFFICE OF PROGRAM POLICY ANALYSIS & GOVERNMENT ACCOUNTABILITY



January 2010 Report No. 10-12

911 Call Center Training in Florida Varies; Options Exist for Creating Minimum Standards

at a glance

Effective call-taking and dispatching are critical to the success of the 911 system. Call center staff must calmly and accurately gather information from distressed callers and determine which agencies should be sent to assist each caller.

Florida does not regularly collect comprehensive information on all call center staff. While the state offers a 208-hour voluntary training certification program for 911 call center staff, it does not mandate minimum levels of training for these personnel as do other large states. As a result, the initial and in-service training provided to 911 call center staff varies across the state. Most call centers reported that they offer some level of either formal classroom training and/or on-the-job training for newly hired 911 call-takers and dispatchers. However, training is largely accomplished on the job and formal training generally falls short of voluntary certification standards. While E911 funds can be used for call-taker training, they cannot be used for dispatcher training, which is primarily funded through local sources.

The Legislature could consider several options for mandating training and certification and making training more accessible to call centers. Alternatively, the Legislature could consider requiring minimum levels of training without mandating certification.

Scope

As directed by the Legislature, OPPAGA reviewed current training provisions for Florida's 911 emergency dispatcher personnel. Our review addressed five questions.

- How many call centers operate in Florida and how many 911 call center staff do they employ?
- How do Florida's statutory provisions for 911 call center staff training compare to those of other states?
- How much training do Florida's 911 call center staff currently receive?
- How are 911 call center staff training activities funded?
- Is there a compelling state interest in requiring mandatory training for 911 call center staff?

Background

Since 1973, Florida's state and local governments have been building and updating technology to support a 911 system that serves its citizens and visitors in emergency situations. In May 1997, the system achieved statewide implementation. The system was upgraded to Enhanced 911 (E911) services, which identifies callers' telephone numbers and addresses to local

dispatchers, for wireline and landline calls in September 2005. In March 2008, the system was upgraded to E911 services for wireless calls. E911 service is currently available in all 67 counties.

Florida currently has 235 public safety answering points, also known as call centers, that receive emergency 911 calls. Staff in these call centers include call-takers, dispatchers, and dual call-taker/dispatchers. Call-takers answer calls and record necessary information such as the caller's name and the nature of the emergency, and relay this information to dispatchers who assess the information, determine the type of emergency response needed, and direct appropriate emergency services (e.g., police, fire, or ambulance) to respond to the call. In some call centers, call-taking and dispatch functions are performed by the same individual (dual call-taker/dispatcher).

State, county, and local government entities administer Florida's E911 system.

The Department of Management Services coordinates the statewide system but has no authority to monitor emergency services. The department provides technical assistance to counties on technology standards and operational capabilities, helps design and implement new communications and data systems, and assists with staff training. The department also develops and updates a statewide emergency communications E911 system plan, which provides guidance to counties but permits them to design and maintain their own 911 systems and plans.[1] The department's statewide 911 coordinator reviews county plans and inspects call centers for compliance with the state plan.

The E911 Board was established by the Legislature in 2007 to administer the Emergency Communications Number E911 System Fund (E911 Trust Fund), which is the main funding source for 911 communications in the state.[2] The board consists of nine members, including the Department of Management Services' E911 system director, who is designated by the Secretary of the Department of Management Services and serves as chair.[3] With oversight by the department, the board administers the fund and disburses revenues to the department, wireless providers, and counties for specific authorized expenses.

Boards of County Commissioners are the responsible fiscal agent and ultimate authority for 911 services in each county. Each board designates a county 911 coordinator who serves as a point of contact for local call centers, reports on system status, and submits the county 911 plan to the department. These plans describe county 911 system infrastructure and staffing for each call center. Call centers are typically operated by city police departments and county sheriffs' offices. Call centers may establish their own training protocols and quality assurance measures.

Questions and Answers

Effective call-taking and dispatching are critical to the success of 911. Call center staff must calmly and accurately gather information from distressed callers and determine which agencies should be sent to assist each caller. Errors in 911 call-taking

[1] Section 365.171(4), *F.S.*

[2] The E911 Trust Fund is derived from a monthly fee (not to exceed 50 cents) on each wireless and non-wireless voice communication subscriber with a Florida billing address. The E911 Board makes disbursements from the E911 Trust Fund for wireless service provider E911 deployment and services, county E911 funding for equipment and services, rural county grants, E911 state grants, and E911 Board administration and operations.

[3] Pursuant to Section 365.172(5)(b), *F.S.*, the Governor appoints the remaining eight members: four county coordinators from a large, medium, and rural county and an at-large representative recommended by the Florida Association of Counties, two local exchange carrier members, and two members from the wireless telecommunications industry.

and dispatching can lead to tragedy, as occurred in a 2008 case.[4] Call center staff should receive adequate training to ensure that they can effectively perform their functions.

While Florida has a 208-hour voluntary training certification program for 911 call center staff, the state does not mandate minimum levels of training for these personnel. Most responding call centers offer fewer than 208 hours of formal training to their call center staff, and this training is largely more on-the-job training than formal. To fund their training efforts, call centers use a mixture of E911 funds and local funding sources. Given public safety concerns, the state has an interest in mandating training for 911 call center personnel.

How many call centers operate in Florida and how many 911 call center staff do they employ?

The state does not regularly collect comprehensive information on all call center staff. It has been estimated that the centers employ approximately 6,000 staff, and the 140 call centers that responded to our survey reported having 4,999 call center staff.

County 911 plans are required to include information on the number of call-takers and dispatchers in each call center, and bill analyses for proposed legislation have used this information to estimate that the centers have 6,033 call center staff statewide. However, we determined that staffing data in the county plans was at times outdated and inaccurate.[5] The E911 Board collects staff information annually, but only requests information on the number of call-takers in each county.

To obtain more reliable staffing data, we surveyed the 911 county coordinators, who reported the number of call centers within their counties and distributed questionnaires to each call center supervisor. We received responses from each county coordinator and 140 of the 235 call centers they identified.[6]

As shown in Exhibit 1, survey respondents indicated that their call centers employ 4,999 call center staff. More than half of these staff had dual call-taking and dispatch responsibilities. However, as we did not receive responses from 95 identified call centers, we could not identify the total number of 911 call center staff statewide.

Exhibit 1
911 Call Centers That Responded to Our Survey Reported Having 4,999 Call Center Staff

Type of Staff	Number	Percentage[1]
Call-taker	831	17%
Dispatcher	697	14%
Dual call-taker/ dispatcher	2,841	57%
Supervisor	630	13%
Total	**4,999**	**100%**

[1] Percentages do not total to 100% due to rounding.

Source: OPPAGA survey of 911 call centers.

[4] In January 2008, Denise Amber Lee of North Port, Florida, was abducted from her home and murdered after calling 911 to report her own abduction. A breakdown in emergency response efforts, including dispatch errors, affected law enforcement efforts to quickly respond to her abduction.

[5] For example, one county's 911 plan that lists 15 active call centers was last updated in 2002. In response to our survey, the county coordinator reported three active call centers. Due to such discrepancies, county plans are not reliable sources of information on call center staffing and organization.

[6] We received survey responses from 138 of the 228 local call centers and two of the seven Florida Highway Patrol call centers, for an overall response rate of 60%. In 10 counties (Calhoun, Clay, Flagler, Franklin, Gadsden, Hamilton, Okeechobee, Osceola, Santa Rosa, and Suwannee counties), no call center responded to the survey.

How do Florida's statutory provisions for 911 call center staff training compare to those of other states?

While Florida has a voluntary certification program for 911 call center staff, state law does not mandate minimum levels of training. Unlike Florida, many states require all 911 call center staff to receive approved training.

Chapter 2008-51, *Laws of Florida,* established a voluntary certification program for 911 call center staff, which requires 208 hours of training.[7] This program enables call center staff to become certified in two ways. First, staff may receive certification if they document having at least five years of supervised full-time employment as a 911 call-taker or dispatcher since January 1, 2002. Second, staff can become certified by documenting that they have at least two years of supervised full-time employment as a 911 call-taker or dispatcher since January 1, 2002, and that they have completed a training program that uses a curriculum framework approved by the Florida Department of Education.[8]

The 911 staff members may complete the training program in two ways. First, staff may complete coursework provided by a Florida college or school. Second, staff may complete a training program delivered by a local law enforcement agency that has been approved by the Department of Health and meets the Department of Education's curriculum framework. As of December 2009, only one Florida college—Tallahassee Community College—offers an approved training program. In addition, two local government agencies—Palm Beach County Sheriff's Office and Palm Beach County Fire Rescue—have received the Department of Health's approval to use their local training program for certification.[9]

People who wish to be certified or recertified as 911 call-takers or dispatchers must apply to the Florida Department of Health and pay a $75 application fee. Certification is valid for two years unless revoked or suspended by the Department of Health. Certified persons must pay a $100 renewal fee thereafter. The Florida Department of Health reports that 1,112 individuals had received this certification as of January 2010. This included 1,109 individuals who received certification by documenting five years of supervised full-time employment and three individuals who received certification by documenting two years of supervised full-time employment and completing an approved training program.

Unlike Florida, many states require all 911 call center staff to receive approved training. A 2007 study by the Florida chapter of the Association of Public-Safety Communications Officials reported that 27 states had mandatory training standards for 911 call center staff, while 5 states had voluntary training standards and 18 states had no training mandates.[10] Required and voluntary training programs ranged in length from 40 to 640 hours.

Other large states, including California, Illinois, New York, and Pennsylvania, mandate training for 911 call center staff. For example, New York requires all 911 call center staff to complete a 200-hour

[7] Section 401.465, *F.S.*

[8] The Department of Education curriculum provides two levels of training: a 208-hour program for police, fire, and ambulance dispatchers and a 24-hour program designed for emergency medical dispatchers.

[9] Local agency call centers that are not under the jurisdiction of the Department of Education (such as law enforcement agencies) may submit their training curricula to the Department of Health for approval. They must identify instructional objectives that meet the Department of Education's public safety telecommunication curriculum framework.

[10] This study included Florida as 1 of the 18 states that did not have a training mandate. It was conducted prior to Florida implementing its voluntary certification program in 2008.

emergency services training and evaluation program. In addition, these staff must complete a minimum of 40-hour classroom instruction that covers topics such as telephone techniques, call classification, and stress management. Pennsylvania requires 911 call-takers to complete a minimum of 104 hours of classroom and hands-on instruction, a written examination, and a practical test of call-taker skills. Pennsylvania also requires 911 dispatchers who work for fire, ambulance, or emergency medical service, or emergency management agencies to complete a training course that includes a minimum of 120 hours of classroom and hands-on instruction, while those working for law enforcement agencies must complete a minimum of 136 hours of classroom and hands-on instruction.[11]

National organizations have recommended training requirements for emergency call center staff, but these recommendations differ. For example, the Association of Public-Safety Communications Officials recommends 54 hours of instruction for public safety call-takers and dispatchers while the National Emergency Communications Institute offers a 40-hour training course for 911 officers that meets training standards for several associations.[12]

How much training do Florida's 911 call center staff currently receive?

The initial and in-service training provided to 911 call center staff varies across the state. Most (129, or 92%) of the 140 call centers that responded to our survey report that they offer some level of either formal classroom training and/or on-the-job training for newly hired 911 call-takers and dispatchers. However, this training is generally done on the job and formal training generally falls short of the voluntary certification standards established by Ch. 2008-51, *Laws of Florida*.

As shown in Exhibit 2, most of the initial employee training offered by call centers is on-the-job training rather than formal classroom training.[13] For example, for staff who perform both call-taking and dispatching, call centers report they provide an average of 3 weeks of formal, classroom training compared to 14 weeks of on-the-job training.

Exhibit 2
Florida's Call Centers Provide More On-the-job Training Than Formal Classroom Training

Type of Call Center Staff	Average Formal Training	Average On-The-Job Training
Call-taker	135 hours	413 hours
Dispatcher	104 hours	488 hours
Dual call-taker/ dispatcher	111 hours	555 hours

Source: OPPAGA survey of call centers.

Most call centers provide fewer formal classroom training hours than the 208 hours required by the voluntary certification program (see Exhibit 3).

[11] While counties are responsible for implementation and maintenance of the 911 system in Pennsylvania, this training and certification is an authorized expenditure of 911 fees.

[12] The National Emergency Communications Institute course meets Project 33 national public safety 911 training standards, the National Emergency Number Association call handling and call answering standards, National Fire Protection Association standards for telecommunicators, and the Commission on Accreditation for Law Enforcement Agencies standards for public safety communications agencies.

[13] Of the 129 call centers that responded to a specific question on their training requirements, 47 reported that they require some kind of initial training for their call-takers, 30 for their dispatchers, and 116 for their dual call-taker/dispatchers. Of those call centers that reported a specific number of hours in their training schedules, Exhibit 2 shows the average number of training hours provided to each type of telecommunicator staff.

Exhibit 3
Florida's Call Centers Generally Offer Less Than 208 Hours of Formal Classroom Training to Staff

Type of Call Center Staff	Less Than 208 Hours	208 Hours or More
Call-taker (n=35)	28 (80%)	7 (20%)
Dispatcher (n= 16)	14 (87%)	2 (13%)
Dual call-taker/dispatcher (n=84)	73 (87%)	11 (13%)

Source: OPPAGA survey of call centers.

Most Florida call centers do not offer in-service or continuing education training, and those that do offer this training often provide fewer hours than that required by some other states and recommended by a national organization. The Association of Public-Safety Communications Officials recommends that agencies require at least 24 hours of continuing education or recurrent training for telecommunication staff annually.[14] As shown in Exhibit 4, less than half of the centers reported providing annual in-service training to their call-takers, and about a third offered annual training to call center staff.

Exhibit 4
Florida's Call Center Staff Typically Do Not Receive In-Service Training

Type of Call Center Staff	Percentage Offering In-service Training	Average Hours of In-service Training
Call-taker (n=66)	42%	23 (n=27)
Dispatcher (n=55)	35%	14 (n=14)
Dual call-taker/dispatcher (n=132)	59%	26 (n=66)

Source: OPPAGA survey of call centers.

The average number of in-service training hours provided annually in Florida differs by occupation type. For example, the 66 call centers that reported a specific number of in-service training hours for dual call-taker/dispatcher personnel offer an average of 26 hours, ranging from 1 hour to 216 hours per year.

Other states require annual in-service training for 911 staff. For example, California requires 24 hours of training every two years while New York requires 21 hours of training every year. Illinois requires continuing education for call center staff, but does not specify a number of required in-service training hours.

How are 911 emergency call center staff training activities funded?

Funding for call-taker training comes from E911 funds and dispatcher training is paid primarily through local funding sources.

Call centers use a mixture of E911 and county funds to train call center staff. As shown in Exhibit 5, of the call centers that require initial training (129), the most common source of funding for training was E911 funds, followed by county and municipal funds.[15] Call centers also reported using other sources, such as Florida Second Dollar funding.[16]

[14] The Association of Public-Safety Communications Officials, *Minimum Training Standards for Public Safety Telecommunicator, Draft for Public Review and Comment,* September 2009.

[15] Of the 106 unique call centers reported a funding source for their training budget, 36 indicated a funding source for call-taker training, 17 for dispatcher training, and 98 for staff who perform both functions.

[16] According to s. 938.15, *F.S.,* 'second dollar' is the term used for the portion of funds allocated to police agencies by the state from traffic and court fines imposed on individuals.

Exhibit 5
Most Training Is Funded by E911 Funds[1]

Funding Source	Call-takers (n=36)	Dispatchers (n=17)	Dual (n=98)
E911 Funds	20	3	45
County Funds	9	4	38
Municipal Funds	7	1	32
Grants/Private Funds	1	1	4
Other Source	7	5	14

[1] The values in this table represent the number of instances each funding source was reported and not the number of unique call centers. Some call centers reported multiple funding sources.

Source: OPPAGA survey of call centers.

Section 365.172, *Florida Statutes*, authorizes the use of E911 fees to fund call-taker training in "proper methods and techniques."[17] E911 funds may not be used for expenses incurred after the call transfer to the responding public safety agency, such as dispatch services and training dispatch personnel. These expenses must be funded through county, municipal, agency, or grant funds.

While 106 call centers were able to identify the source of their training funds, 88 identified specific training costs. Call centers reported that they spent an average of $17,648 to train their call-takers, $2,984 to train their dispatchers, and $28,831 to train their dual call-taker/dispatchers during state or county Fiscal Year 2008-09.[18]

[17] E911 funds may also be used to pay for salary and expenses for the county coordinator, a geographical data position and staff assistant; the acquisition, implementation, and maintenance of call center equipment and software; and the salary and expenses for E911 call-takers, supervisors, and managers.

[18] Of the 88 unique call centers, 25 reported a training budget for call-takers, 5 reported a budget for dispatchers, and 79 reported a budget for call center staff performing both functions.

Is there a compelling state interest in requiring mandatory training for 911 call center staff?

Given public safety implications, the state has an interest in mandating training for 911 call center personnel. The Sunrise Act identifies factors that the state should consider when determining whether or not a profession should be regulated.[19] The state is to determine whether regulation is necessary to protect the public and whether a profession requires specialized skills that are measurable. The state is also to determine if regulation will adversely restrict the practice of the occupation.

It appears that 911 call center staff meet these criteria, as these staff play a key role in linking law enforcement, fire, and medical professionals to citizens in emergency situations. Further, the skills required for 911 call center staff are specialized and readily measurable, as demonstrated by the training courses offered in Florida as well as other states. Requiring mandatory training of 911 call center staff would not appear to adversely restrict the ability of individuals who seek to practice this profession.

There are advantages and disadvantages of mandating certification for 911 call center staff.

Advantages

- Provides the public with assurance that call center employees are trained and qualified to perform their duties.
- Ensures consistency and uniformity in training standards across the state.
- Raises the professionalism of the vocation and makes it consistent with other professionals in the emergency management field (law enforcement, fire fighters, and medical technicians).
- May reduce on-the-job training needs in some counties.

[19] Section 11.62, *F.S.*

- Helps protect call centers from liability issues.

Disadvantages

- Imposes a required cost on call centers and the local governments that employ these staff; E911 funding may not currently be used to fund dispatcher training.
- Does not prevent human error or ensure professional conduct.
- Does not account for differing training needs and dispatch practices among call centers. For example, law enforcement dispatching has different training needs than fire or medical dispatching.
- Does not take into account that small call centers may have difficulty managing staffing to meet training requirements.
- Few approved training programs are currently offered in the state. Local educational institutions or call centers would need to significantly increase the accessibility of certification training programs to meet a statewide training requirement.
- The state would need to establish a system to oversee compliance with training requirements, which would require funding.

The Legislature could consider several options for implementing mandatory training of 911 call center staff. Call centers could be required to submit their training curricula to the Florida Department of Health for approval. The majority of call centers that responded to our survey indicated that they use a written training curriculum during the initial formal training provided to new employees.[20] An advantage of this option is that the approved call center curriculum would meet the framework requirements for certification. This would enable 911 call center staff that can document two years of relevant full-time employment to use the training provided by their agencies to meet state certification requirements upon payment of the $75 application fee. A disadvantage of this option is that all call centers would need to develop a written training curriculum that meets the department's framework. As previously noted, only two call centers have received the Department of Health approval of their training curricula; therefore, this option also would require the Department of Health to review up to 233 training center curricula at no cost to call centers.[21]

A second option would be for the Legislature to direct the Department of Management Services to assist county coordinators and educational institutions in developing regional training programs that meet the requirements of the Department of Education's curriculum framework. These regional programs would offer training to all call centers in their area, and would avoid the need for each center to develop its own training curriculum and program. Staff seeking certification would be required to pay the $75 application fee. Call centers would likely need to supplement the regional training with instruction on local policies and procedures.

A third option would be for the Legislature to direct the Department of Management Services to develop a statewide web-based training course that meets the Department of Education curriculum framework. A web-based certification training program would provide greater access to training for 911 staff. The Department of Management Services is currently working with the E911 Board to develop a prototype web-based 911 call-taking course using a federal grant

[20] Of the call centers that indicated whether they use a written training curriculum, 95% (40 of 42) use a written training curriculum for call-takers; 73% (22 of 30) use a written training curriculum for dispatchers; and 91% (75 of 82) use a written training curriculum for dual call-taker/dispatchers.

[21] The Department of Health currently lacks statutory authority to charge a fee for reviewing training curricula.

award. While this training does not currently meet the Department of Education curriculum framework requirements, the Department of Management Services could submit the completed course curriculum to the Department of Health for approval.[22] However, the Department of Management Services would need to obtain funding to develop similar training for other 911 staff, as the federal grant award stipulates that funds may only be used for a call-taker training software and equipment and excludes dispatcher training. Call centers would likely need to supplement the web-based program with practical instruction on local policies and procedures, including local dispatch codes and equipment.

For any of these options, the Legislature could consider whether to authorize local governments to use E911 funds for dispatcher training, as current law does not allow these monies to be used for this purpose. As an alternative, the Legislature could require individuals seeking employment in a 911 call center to pay for pre-service training. Individuals who currently seek 911 certification by taking courses at approved community college programs must pay tuition for these courses, and other law enforcement professions require persons seeking certification to attend a training academy and pass a state certification exam at their own expense.[23]

The Department of Management Services indicates that the E911 fund could not realistically support mandatory training for all call center staff given its current revenue stream.[24] The E911 Board is currently considering changes to allocation percentages for distribution of wireless revenues, which could further reduce the projected trust fund balance.[25] Accordingly, the Legislature would likely need to increase the 911 surcharge if it wished to cover training costs through this funding mechanism.[26] The surcharge for wireline subscribers is currently set by the E911 Board at 50 cents in all but three Florida counties, and the fee for wireless, voice-over-internet-protocol, radio, satellite, or other service providers also is 50 cents.[27] As shown in Exhibit 6, the surcharge assessed by other states varies, ranging from a low of 20 cents per wireline or wireless user in Arizona to a high of $4.65 per wireline or voice-over-internet-protocol user in areas of West Virginia.

[22] Currently, the prototype web-based training is an 8-hour course and would need to be greatly expanded to meet the Department of Education curriculum framework.

[23] In some cases, law enforcement agencies may hire a person on a temporary employment authorization and sponsor the applicant through a training academy, and may pay the tuition and salary of an officer trainee candidate.

[24] In its 2008 Annual Report to the Legislature, the E911 Board reported that fee revenue only covered 66% of allowable expenditures in Fiscal Year 2007-08.

[25] The E911 Board estimated the trust fund balance at approximately $11 million as of June 2010. The board strives to maintain $8-10 million in reserve, which is used to cover service provider cost recovery invoices, as well as to help provide funding for state emergency grant programs and matching funds for federal grant programs.

[26] The 50 cent surcharge cap has not been increased since the fee was implemented in 1985.

[27] Duval County and Lee County are currently charging 44 cents per month while Volusia County is charging 41 cents per month.

Exhibit 6
911 Surcharges Vary by State

State	Wireline Fee	Wireless Fee	Voice-over-internet-Protocol Fee
Arizona	20 cents	20 cents	20 cents
California	.67% of intrastate calls	.67% of intrastate calls	None
Florida	41 cents to 50 cents	50 cents	50 cents
Illinois	25 cents to $3.20	72 cents; ($2.50 for City of Chicago)	None
New York	35 cents	$1.20 to $1.50	None
Pennsylvania	$1.00 to $1.50	$1.00	$1.00
Texas	50 cents (varies in certain areas)	50 cents	50 cents
West Virginia	98 cents to $4.65 (varies by county)	$3.00	98 cents to $4.65 (varies by county)

Source: National Emergency Number Association.

To reduce potential costs, the Legislature could establish mandatory training requirements for 911 call center staff that are lower than those currently required for certification. This would provide some level of assurance that 911 call center staff have a uniform minimum level of expertise while allowing individuals who seek a higher level of expertise to continue to seek voluntary certification. If provided through a statewide web-based system, the costs of providing training would be relatively low once the curriculum was developed. However, call centers would likely need to supplement a statewide minimum training course with practical, or on-the-job, instruction in order to provide staff with training on local dispatch codes and equipment. While a statewide minimum training requirement would achieve some of the goals of statewide certification, it would provide a lower level of assurance that 911 call center staff are adequately trained to perform their public safety responsibilities.

Agency Response

In accordance with the provisions of s. 11.51(5), *Florida Statutes,* a draft of our report was submitted to the Secretary of the Department of Management Services for review and response. The Secretary's written response is in Appendices A.

Appendix A

DEPARTMENT OF MANAGEMENT Services

Office of the Secretary
4050 Esplanade Way
Tallahassee, Florida 32399-0950
Tel: 850.488.2786
Fax: 850.922.6149
www.dms.MyFlorida.com

Governor Charlie Crist

Secretary Linda H. South

January 21, 2010

Mr. Gary R. VanLandingham, Director
Office of Program Policy Analysis and
Government Accountability
111 West Madison St., Room 312
Tallahassee, FL 32399-1450

Dear Mr. VanLandingham:

We have reviewed your preliminary and tentative report, ***911 Call Center Training in Florida Varies; Options Exist for Creating Minimum Standards***.

We recognize the importance of training for call center staff and appreciate your careful consideration of the issues involved. The department will implement or assist other entities in implementing any options the Legislature should choose to designate.

We appreciate your staff's efforts and cordial working relationship over the past few months. If you need additional information, please contact Steve Rumph, Inspector General, at 488-5285.

Sincerely,

Linda H. South
Secretary

cc: Marti Harkness, Staff Director, OPPAGA
Ken Granger, Chief of Staff
David Faulkenberry, Deputy Secretary
Charles Ghini, Director, Division of Telecommunications
John Ford, Chairman, E911 Board
Elizabeth Irvin, Legislative Affairs Director
Linda McDonald, Communications Director

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The Florida Legislature

Office of Program Policy Analysis and Government Accountability

OPPAGA provides performance and accountability information about Florida government in several ways.

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Project supervised by Marti Harkness (850/487-9233)
Project conducted by Ashleigh Holand and Matthew Moncrief
Gary R. VanLandingham, Ph. D., OPPAGA Director

Amendment No.1

COUNCIL/COMMITTEE ACTION	
ADOPTED	__ (Y/N)
ADOPTED AS AMENDED	__ (Y/N)
ADOPTED W/O OBJECTION	__ (Y/N)
FAILED TO ADOPT	__ (Y/N)
WITHDRAWN	__ (Y/N)
OTHER	_____

Council/Committee hearing bill: Health Care Regulation Policy Committee

Representative(s) Roberson, K. offered the following:

Amendment (with title amendment)

Remove lines 23-26 and insert:

Section 1. Paragraphs (a) and (b) of subsection (9) of section 365.172, Florida Statutes, are amended to read:

365.172 Emergency communications number "E911."—

(9) AUTHORIZED EXPENDITURES OF E911 FEE.—

(a) For purposes of this section, E911 service includes the functions of database management, call taking, location verification, dispatching, and call transfer.

T I T L E A M E N D M E N T

Remove line 3 and insert:

Amendment No.1

Amending s. 365.172, F.S.; including dispatching functions and fees for

Amendment No.2

COUNCIL/COMMITTEE ACTION

ADOPTED	__ (Y/N)
ADOPTED AS AMENDED	__ (Y/N)
ADOPTED W/O OBJECTION	__ (Y/N)
FAILED TO ADOPT	__ (Y/N)
WITHDRAWN	__ (Y/N)
OTHER	_____

Council/Committee hearing bill: Health Care Regulation Policy Committee

Representative(s) Roberson, K. offered the following:

Amendment (with title amendment)

Remove line 234 and insert:

Section 4. The Legislature finds that this act fulfills important state interest.

Section 5. This act shall take effect July 1, 2010

T I T L E A M E N D M E N T

Remove line 18 and insert:

Governor has declared a state of emergency; providing that the act fulfills a important state interest; providing an

Amendment No.3

COUNCIL/COMMITTEE ACTION	
ADOPTED	__ (Y/N)
ADOPTED AS AMENDED	__ (Y/N)
ADOPTED W/O OBJECTION	__ (Y/N)
FAILED TO ADOPT	__ (Y/N)
WITHDRAWN	__ (Y/N)
OTHER	_____

Council/Committee hearing bill: Health Care Regulation Policy Committee

Representative(s) Roberson, K. offered the following:

Amendment

Remove lines 182-187 and insert:

set by the department, which may not exceed $50 ~~$100~~.

1. A certificateholder whose certificate has been on inactive status for 1 year or less may renew his or her 184 certificate pursuant to the rules adopted by the department and upon payment of a renewal fee set by the department, which may not exceed $50 ~~$100~~.

Amendment No. 4

COUNCIL/COMMITTEE ACTION

ADOPTED	__ (Y/N)
ADOPTED AS AMENDED	__ (Y/N)
ADOPTED W/O OBJECTION	__ (Y/N)
FAILED TO ADOPT	__ (Y/N)
WITHDRAWN	__ (Y/N)
OTHER	_____

Council/Committee hearing bill: Health Care Regulation Policy Committee

Representative(s) Roberson, K. offered the following:

Amendment

Remove line 206 and insert:

certificate is $50 ~~$75~~.

Amendment No.5

COUNCIL/COMMITTEE ACTION

ADOPTED	__ (Y/N)
ADOPTED AS AMENDED	__ (Y/N)
ADOPTED W/O OBJECTION	__ (Y/N)
FAILED TO ADOPT	__ (Y/N)
WITHDRAWN	__ (Y/N)
OTHER	_____

Council/Committee hearing bill: Health Care Regulation Policy Committee

Representative(s) Roberson, K. offered the following:

Amendment

Remove lines 212-216 and insert:

certificate set by the department, which may not exceed $50 ~~is $100~~.

(d) The application fee for department approval of a public safety telecommunication training program set by the department, which may not exceed $50.

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 355 (2010)

Amendment No.6

COUNCIL/COMMITTEE ACTION

ADOPTED	__ (Y/N)
ADOPTED AS AMENDED	__ (Y/N)
ADOPTED W/O OBJECTION	__ (Y/N)
FAILED TO ADOPT	__ (Y/N)
WITHDRAWN	__ (Y/N)
OTHER	_____

Council/Committee hearing bill: Health Care Regulation Policy Committee

Representative(s) Roberson, K. offered the following:

Amendment

Remove line 111 and insert:

public safety telecommunication training program

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 355 (2010)

Amendment No.7

COUNCIL/COMMITTEE ACTION

ADOPTED	__ (Y/N)
ADOPTED AS AMENDED	__ (Y/N)
ADOPTED W/O OBJECTION	__ (Y/N)
FAILED TO ADOPT	__ (Y/N)
WITHDRAWN	__ (Y/N)
OTHER	_____

Council/Committee hearing bill: Health Care Regulation Policy Committee

Representative(s) Roberson, K. offered the following:

Amendment

Remove line 121 and insert:

period not to exceed 12 months, provided the trainee works under

A bill to be entitled

An act relating to public safety telecommunicators; amending s. 365.172, F.S.; including fees for certification and recertification collected by the Department of Health in authorized expenditures for E911 services; amending s. 401.411, F.S.; revising applicability of certain disciplinary actions and penalties; amending s. 401.465, F.S.; redefining the term "emergency dispatcher" as "public safety telecommunicator"; defining the term "public safety telecommunication training program"; providing requirements for training and certification of a public safety telecommunicator, including fees; requiring the department to establish a procedure for the approval of public safety telecommunication training programs; providing for temporary waiver of certification requirements in an area of the state for which the Governor has declared a state of emergency; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (b) of subsection (9) of section 365.172, Florida Statutes, is amended to read:

365.172 Emergency communications number "E911."--

(9) AUTHORIZED EXPENDITURES OF E911 FEE.--

(b) All costs directly attributable to the establishment or provision of E911 service and contracting for E911 services

are eligible for expenditure of moneys derived from imposition of the fee authorized by this section. These costs include the acquisition, implementation, and maintenance of Public Safety Answering Point (PSAP) equipment and E911 service features, as defined in the Public Service Commission's lawfully approved 911 and E911 and related tariffs or the acquisition, installation, and maintenance of other E911 equipment, including call answering equipment, call transfer equipment, ANI controllers, ALI controllers, ANI displays, ALI displays, station instruments, E911 telecommunications systems, visual call information and storage devices, recording equipment, telephone devices and other equipment for the hearing impaired used in the E911 system, PSAP backup power systems, consoles, automatic call distributors, and interfaces, including hardware and software, for computer-aided dispatch (CAD) systems, integrated CAD systems for that portion of the systems used for E911 call taking, network clocks, salary and associated expenses for E911 call takers for that portion of their time spent taking and transferring E911 calls, salary and associated expenses for a county to employ a full-time equivalent E911 coordinator position and a full-time equivalent mapping or geographical data position and a staff assistant position per county for the portion of their time spent administrating the E911 system, training costs for PSAP call takers, supervisors, and managers in the proper methods and techniques used in taking and transferring E911 calls, costs to train and educate PSAP employees regarding E911 service or E911 equipment, <u>including Department of Health fees for the certification and</u>

recertification of 911 public safety telecommunicators as required under s. 401.465, and expenses required to develop and maintain all information, including ALI and ANI databases and other information source repositories, necessary to properly inform call takers as to location address, type of emergency, and other information directly relevant to the E911 call-taking and transferring function. Moneys derived from the fee may also be used for next-generation E911 network services, next-generation E911 database services, next-generation E911 equipment, and wireless E911 routing systems.

Section 2. Paragraphs (g) and (k) of subsection (1) of section 401.411, Florida Statutes, are amended to read:

401.411 Disciplinary action; penalties.--

(1) The department may deny, suspend, or revoke a license, certificate, or permit or may reprimand or fine any licensee, certificateholder, or other person operating under this part for any of the following grounds:

(g) Unprofessional conduct, including, but not limited to, any departure from or failure to conform to the minimal prevailing standards of acceptable practice under this part ~~as an emergency medical technician or paramedic~~, including undertaking activities that the emergency medical technician, ~~or~~ paramedic, health care professional, or other professional is not qualified by training or experience to perform.

(k) Practicing as an emergency medical technician, paramedic, ~~or other~~ health care professional, or other professional operating under this part without reasonable skill and without regard for the safety of the public ~~to patients~~ by

reason of illness, drunkenness, or the use of drugs, narcotics, or chemicals or any other substance or as a result of any mental or physical condition.

Section 3. Section 401.465, Florida Statutes, is amended to read:

401.465 911 public safety telecommunicator ~~emergency dispatcher~~ certification.--

(1) DEFINITIONS.--As used in this section, the term:

(a) "911 public safety telecommunicator ~~emergency dispatcher~~" means ~~a person employed by a state agency or local government as~~ a public safety dispatcher or 911 operator whose duties and responsibilities include the answering, receiving, transferring, and dispatching functions related to 911 calls; dispatching law enforcement officers, fire rescue services, emergency medical services, and other public safety services to the scene of an emergency; providing real-time information from federal, state, and local crime databases; or supervising or serving as the command officer to a person or persons having such duties and responsibilities. However, the term does not include administrative support personnel, including, but not limited to, those whose primary duties and responsibilities are in accounting, purchasing, legal, and personnel.

(b) "Department" means the Department of Health.

(c) "Public safety telecommunication training program" means a 911 emergency public safety telecommunications training program that the department determines to be equivalent to the most recent public safety telecommunication training program

curriculum framework developed by the Department of Education and consists of not less than 232 hours.

(2) PERSONNEL; STANDARDS AND CERTIFICATION.--

(a) Effective October 1, 2011, any person employed as a 911 public safety telecommunicator at a public safety answering point, as defined s. 365.172(3)(a), must be certified by the department.

(b) A public safety agency, as defined s. 365.171(3)(d), may employ a 911 public safety telecommunicator trainee for a period not to exceed 12 months, provided the trainee is under the direct supervision of a certified 911 public safety telecommunicator, as determined by rule of the department, and is enrolled in a public safety telecommunication training program.

(c) ~~(a)~~ An applicant for certification or recertification ~~Any person who desires to be certified or recertified~~ as a 911 public safety telecommunicator must ~~emergency dispatcher may~~ apply to the department under oath on forms provided by the department. The department shall establish by rule educational and training criteria for the certification and recertification of 911 public safety telecommunicators ~~emergency dispatchers~~.

(d) ~~(b)~~ The department shall determine whether the applicant meets the requirements specified in this section and in rules of the department and shall issue a certificate to any person who meets such requirements. Such requirements must include~~, but need not be limited to,~~ the following:

1. Completion of an appropriate 911 public safety telecommunication ~~emergency dispatcher~~ training program ~~that is~~

~~equivalent to the most recently approved emergency dispatcher course of the Department of Education and consists of not less than 208 hours~~;

~~2. Completion and documentation of at least 2 years of supervised full-time employment as a 911 emergency dispatcher since January 1, 2002;~~

2.~~3.~~ Certification under oath that the applicant is not addicted to alcohol or any controlled substance;

3.~~4.~~ Certification under oath that the applicant is free from any physical or mental defect or disease that might impair the applicant's ability to perform his or her duties;

4.~~5.~~ Submission of the application fee prescribed in subsection (3); ~~and~~

5.~~6.~~ Submission of a completed application to the department which indicates compliance with subparagraphs 1., 2., and 3.;~~,~~ and~~ 4.~~

6. Effective October 1, 2011, passage of an examination administered by the department that measures the applicant's competency and proficiency in the subject material of the public safety telecommunication training program.

(e)~~(c)~~ The department shall establish by rule a procedure that requires 20 hours of training for the biennial renewal certification of 911 public safety telecommunicators ~~emergency dispatchers~~.

(f)~~(d)~~ A ~~Each~~ 911 public safety telecommunicator ~~emergency dispatcher~~ certificate expires automatically if not renewed at the end of the 2-year period and may be renewed if the holder meets the qualifications for renewal as established by the

department. A certificate that is not renewed at the end of the 2-year period automatically reverts to an inactive status for a period that may not exceed 180 days. Such certificate may be reactivated and renewed within the 180-day period if the certificateholder meets all other qualifications for renewal and pays a $50 late fee. Reactivation shall be in a manner and on forms prescribed by department rule.

(g) ~~(e)~~ The department may suspend or revoke a certificate at any time if it determines that the certificateholder does not meet the applicable qualifications.

(h) ~~(f)~~ A certificateholder may request that his or her 911 public safety telecommunicator ~~emergency dispatcher~~ certificate be placed on inactive status by applying to the department before his or her current certification expires and paying a fee set by the department, which may not exceed $75 ~~$100~~.

1. A certificateholder whose certificate has been on inactive status for 1 year or less may renew his or her certificate pursuant to the rules adopted by the department and upon payment of a renewal fee set by the department, which may not exceed $75 ~~$100~~.

2. A certificateholder whose certificate has been on inactive status for more than 1 year may renew his or her certificate pursuant to rules adopted by the department.

3. A certificate that has been inactive for more than 6 years automatically expires and may not be renewed.

(i) ~~(g)~~ The department shall establish by rule a procedure for the initial certification of 911 public safety telecommunicators ~~emergency dispatchers~~ as defined in this

section who have documentation of at least 5 years of supervised full-time employment as a 911 public safety telecommunicator or an emergency dispatcher since January 1, 2002. The provisions of this paragraph expire October 1, 2011.

(j) The department shall establish by rule a procedure for the approval of public safety telecommunication training programs required by this section.

(3) FEES.--

(a) The initial application fee for ~~application for~~ the 911 public safety telecommunicator ~~emergency dispatcher~~ original certificate is $75.

(b) The examination fee for the 911 public safety telecommunicator set by the department, which may not exceed $75.

(c) ~~(b)~~ The application fee for the 911 public safety telecommunicator ~~emergency dispatcher~~ biennial renewal certificate set by the department, which may not exceed $75 ~~is $100~~.

(d) The application fee for department approval of a public safety telecommunication training program set by the department, which may not exceed $100.

(e) ~~(c)~~ Fees collected under this section shall be deposited into the Emergency Medical Services Trust Fund and used solely for salaries and expenses of the department incurred in administering this section.

(f) ~~(d)~~ If a certificate issued under this section is lost or destroyed, the person to whom the certificate was issued may,

upon payment of a fee set by the department, which may not exceed $25, obtain a duplicate or substitute certificate.

(g) ~~(e)~~ Upon surrender of the original 911 public safety telecommunicator or emergency dispatcher certificate and receipt of a replacement fee set by the department, which may not exceed $25, the department shall issue a replacement certificate to make a change in name.

(4) STATE-OF-EMERGENCY WAIVER.--The provisions of this section may be temporarily waived by the department in a geographic area of the state where a state of emergency has been declared by the Governor pursuant to s. 252.36.

Section 4. This act shall take effect July 1, 2010.

HB 683

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 683 Epidemiological Monitoring Systems
SPONSOR(S): Jenne
TIED BILLS: **IDEN./SIM. BILLS:** SB 1424

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	Health Care Regulation Policy Committee		Guy	Calamas
2)	Policy Council			
3)	Health & Family Services Policy Council			
4)				
5)				

SUMMARY ANALYSIS

House Bill 683 authorizes the Florida Department of Health (DOH) to collaborate with and disclose information to the U. S. Centers for Disease Control and Prevention (CDC) within epidemiological monitoring systems. The bill also provides that any activities undertaken pursuant to this section meet federal standards for the protection of personal health information.

The bill does not appear to have a fiscal impact on state government.

House Bill 683 provides an effective date of July 1, 2010.

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

The Federal Stimulus bill and Public Health Funding

As a part of the 2009 American Recovery and Reinvestment Act (ARRA) the federal government made available grant money from the federal Centers for Disease Control and Prevention (CDC) to states for data collection relating to healthcare-associated infections (HAI). The funding is available through the Epidemiology and Laboratory Capacity for Infectious Diseases Program (ELC Program) for a period of up to two years to build and improve state response to healthcare-associated infections.[1]

Healthcare-associated infections are infections that patients acquire in a health care facility during the course of receiving treatment for other conditions. According to the CDC, these infections rank in the top ten leading causes of death in the United States.[2] The Florida Department of Health (DOH) estimates that nationwide some 1.7 million infections and 99,000 deaths occur annually.[3] Although little data is currently available on HAI in Florida, hospitals, long-term care facilities and ambulatory care centers are subject to recurrent infectious outbreaks.[4]

The National Healthcare Safety Network (NHSN) is an internet-based epidemiological surveillance system for the collection of patient and health care provider data.[5] Facility participation in the NHSN is voluntary and the system is administered by the CDC's Division of Healthcare Quality Promotion.[6] The CDC uses HAI data submitted to the NHSN to estimate prevention practices nationally. Locally, the NHSN allows participating facilities to compare their infection rates against other facilities and against national aggregate metrics.[7]

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[1] Centers for Disease Control and Prevention, Healthcare-associated Infections: Recovery Act, "About Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Funding," see http://www.cdc.gov/HAI/recoveryact/aboutELC.html, (last visited February 14, 2010).
[2] Centers for Disease Control and Prevention, "Healthcare-Associated Infections (HAIs)", see http://www.cdc.gov/ncidod/dhqp/healthDis.html (last visited February 14, 2010).
[3] Florida Department of Health, Bill Analysis, Economic Statement and Fiscal Note, House Bill 683, January 29, 2010.
[4] Florida Department of Health, *ELC - Healthcare-associated Infections – Building and Sustaining State Programs to Prevent Healthcare-Associated Infections Grant Abstract*, (on file with the Committee).
[5] Centers for Disease Control and Prevention, "About NHSN," see http://www.cdc.gov/nhsn/about.html (last visited February 14, 2010).
[6] *Id.*
[7] *Id.*

A small number of Florida facilities already participate in the NHSN. According to DOH, it does not have the authority to collaborate with participating facilities and the CDC to access this particular data.[8]

Chapter 405, Florida Statutes, governs medical information available for research. It allows any person or organization to provide information about the treatment of any person to governmental health agencies to be used for studies to reduce morbidity and mortality.[9] According to the Florida Hospital Association, Chapter 405, F.S., provides sufficient authority for hospital participation in the NHSN.[10] According to DOH, the CDC is currently prevented from identifying participating Florida facilities to the DOH.[11]

Florida facilities report some disease condition and treatment data to the Agency for Health Care Administration for the Floridahealthfinder.gov website used by Florida consumers, health care professionals and researchers.[12] NHSN data differs from what is already collected by state government because it is targeted at the specific HAIs caused by central lines, catheters and ventilators. Data submitted to the NHSN is not available to the public and is used to create national statistical models as well as local comparison information.

Privacy and Security of Health Care Information

The 1996 Health Insurance Portability and Accountability Act (HIPAA) required the federal government to issue regulations protecting the privacy of health information. The U.S. Department of Health and Human Services (HHS) issued Standards for Privacy of Individually Identifiable Health Information on December 28, 2000, which took effect on April 14, 2003. The regulations establish a set of national standards for the protection of health information, and apply to health plans, health care clearinghouses and certain health care providers. The regulations permit states to afford greater privacy protections to health information. Exceptions for state law are provided for public health and state regulatory reporting.[13] HIPAA does not apply to disclosures of protected health information by covered entities (facilities) to public health agencies that are authorized by law to receive the information.[14]

Data collected by the NHSN includes both patient and facility information and is in electronic format. Section 308(d) of the federal Public Health Service Act provides for "Assurance of Confidentiality" statements which are "used for projects conducted by CDC staff or contractors that involve the collection or maintenance of sensitive identifiable or potentially identifiable information."[15] Projects related to the NHSN operate under the following Assurance of Confidentiality:

> The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not be disclosed or released without the consent of the individual, or the institution in accordance with Section 304, 306, and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).[16]

State Grant Proposal and Grant Status

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[8] Florida DOH of Health, Bill Analysis, Economic Statement and Fiscal Note, House Bill 683, January 29, 2010.
[9] s. 405.01, F.S.
[10] Teleconference with the Florida Hospital Association, February 11, 2010 (notes on file with the Committee).
[11] Correspondence with Florida Department of Health staff, February 12, 2010 (on file with the Committee).
[12] Florida Agency for Healthcare Administration, see http://www.floridahealthfinder.gov/researchers/researchers.shtml (last visited February 15, 2010).
[13] U.S. Department of Health and Human Services, "Health Information Privacy," see http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html (last visited February 15, 2010).
[14] 45 C.F.R. 164.512(b).
[15] Centers for Disease Control and Prevention, Assurance of Confidentiality, see http://www.cdc.gov/od/science/regs/privacy/ (last visited February 14, 2010).
[16] Centers for Disease Control and Prevention, "About NHSN," see http://www.cdc.gov/nhsn/about.html (last visited on February 15, 2010).

Three activities are available for funding through the ELC program. DOH applied for "Activity B" funds which are designed to increase facility participation in the NHSN and to use NHSN data to establish baseline HAI data for the state.[17] The DOH proposal consists of three parts:

- Establishment of a HAI Advisory Board;
- Development of a comprehensive statewide HAI prevention plan and a standardized HAI data collection mechanism; and
- Creation of regional HAI best prevention practices collaboratives.[18] [19]

In September 2009, DOH received $1.7 million in nonrecurring ARRA funds to implement the ELC program. In fiscal year 2009-2010, the Legislative Budget Commission approved a budget amendment authorizing the release of funds to cover the first year expenditures. The Governor's Legislative Budget Request for FY 2010-2011 requests the release of the remaining grant award. According to DOH, $1 million of the grant will be unusable without implementation of the provisions of House Bill 683.

Effect of Proposed Changes

House Bill 683 authorizes DOH to collaborate with and disclose information to the CDC within epidemiological surveillance systems. The bill also provides that any activities undertaken pursuant to this section meet federal privacy and security standards for personal health information.

B. SECTION DIRECTORY:

Section 1: Amends s. 385.3025, F.S., relating to patient and personnel records; copies; examination.
Section 2: Provides an effective date of July 1, 2010.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

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[17] Centers for Disease Control and Prevention, *Preventing Healthcare-Associated Infections, Epidemiology and Laboratory Capacity (ELC) Program Through the American Recovery and Reinvestment Act*, see http://www.cdc.gov/HAI/recoveryact/PDF/ELCpresentation051409gj.pdf (last visited February 14, 2010).
[18] Florida department of Health, *ELC - Healthcare-associated Infections – Building and Sustaining State Programs to Prevent Healthcare-Associated Infections Grant Abstract*, (on file with the Committee).
[19] Correspondence with Florida Department of Health staff, February 12, 2010 (on file with the Committee).

Although the provisions of House Bill 683 have no fiscal impact on state government, it is unclear if the HAI surveillance and monitoring program will remain active after FY 2010-2011. If so, the program may require state funds to continue epidemiological surveillance functions.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

   None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

Amendment No. 1

COUNCIL/COMMITTEE ACTION

ADOPTED	__ (Y/N)
ADOPTED AS AMENDED	__ (Y/N)
ADOPTED W/O OBJECTION	__ (Y/N)
FAILED TO ADOPT	__ (Y/N)
WITHDRAWN	__ (Y/N)
OTHER	_____

Council/Committee hearing bill: Health Care Regulation Policy Committee

Representative(s) Jenne offered the following:

Amendment

Remove lines 26-27 and insert:

staff have access. Collaboration and disclosures authorized by this section must comply with relevant state and federal privacy and security laws and regulations.

A bill to be entitled

An act relating to epidemiological monitoring systems; amending s. 395.3025, F.S.; authorizing the Department of Health to collaborate with and disclose certain information to the United States Centers for Disease Control and Prevention for specified purposes; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (5) of section 395.3025, Florida Statutes, is amended to read:

395.3025 Patient and personnel records; copies; examination.—

(5) The Department of Health may examine patient records of a licensed facility, whether held by the facility or the Agency for Health Care Administration, for the purpose of epidemiological investigations. The unauthorized release of information by agents of the department which would identify an individual patient is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. <u>The department may collaborate with, and disclose such information to, the United States Centers for Disease Control and Prevention as part of the epidemiological monitoring systems to which both the department and Centers for Disease Control and Prevention staff have access, as long as the systems meet federal standards for the protection of personal health information.</u>

Section 2. This act shall take effect July 1, 2010.

Presentation on Biomedical Research Programs

FLORIDA MEDICAL RESEARCH AND RESEARCH GRANT FUNDING PROGRAMS

	ENTITY	TYPE OF RESEARCH	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
1	**Alzheimer's Disease Brain Bank** **§§430.501-430.504, F.S.** Established as part of the Alzheimer's Disease Initiative at the DOEA The primary brain bank is located at Mount Sinai Medical Center pursuant to a contract with the DOEA.	**Alzheimer's Research—** The purpose of the Brain Bank is to study brains of persons clinically diagnosed with dementia and provide tissue for further research posthumously. Families of Alzheimer's patients receive two service benefits from the Brain Bank: (1) a diagnostic confirmation of the disease written in clear, understandable terms; and (2) involvement in varied research activities both inside and outside Florida. There are three brain bank sites that coordinate the program throughout the state. They assist in recruiting participants and act as liaisons between the brain bank and participants' families. Alzheimer's disease respite care program providers, memory disorder clinics, and model day care programs also recruit brain bank participants.	Legislature appropriates funds to the DOEA.	**N/A**	**NO.**
2	**Alzheimer's Disease Memory Disorder Clinics (15 Clinics)** **§430.502, F.S.** Located at various entities throughout the state, and funded through the DOEA. The DOEA is guided by the Alzheimer's Disease Advisory Committee in establishing	**Alzheimer's Research –** The Applied Research and Patient Care Program establishes memory disorder clinics to conduct applied, service-related research concerning diagnostic technique, therapeutic interventions and supportive services for persons suffering from Alzheimer's disease and related memory disorders and their caregivers. Memory disorder clinics have been established at the following locations: • UF • USF • FAU • UM • The Wein Center at Mt. Sinai Medical Center • North Broward Medical Center • Mayo Clinic Jacksonville • West Florida Regional Medical Center • East Central Florida Memory Disorder Clinic at the Joint	Legislature appropriates state funds to the DOEA. Federal funding provided via Medicaid home and community based waiver for persons with Alzheimer's disease for model day care and respite programs that work with the memory disorder clinics.	**Alzheimer's Disease Advisory Committee** **10 Governor Appointees**: • At least 4 persons licensed pursuant to chapter 458 or 459, or holding a Ph.D. degree, and currently involved in Alzheimer's research • At least 4 persons who have been caregivers of Alzheimer's disease patients • If possible, at least 1 each of the following professionals: gerontologist, geriatric psychiatrist, geriatrician, neurologist, social worker, and registered nurse. • The Secretary of DOEA serves as an ex officio member.	**NO.**

	ENTITY	TYPE OF RESEARCH	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
	additional memory disorder clinics.	Center for Advanced Therapeutics and Biomedical Research for FIT and Holmes Regional Medical Center • Orlando Regional Medical Center • Tenet St. Mary's Medical Center • Tallahassee Memorial Healthcare Neuroscience Center • Lee Memorial Hospital • Sarasota Memorial Hospital • Morton Plant Hospital The Advisory Committee evaluates the need for additional memory disorder clinics.			
3	**Brain and Spinal Cord Injury Research Programs** **§381.79, F.S.** Located at the UF and UM Colleges of Medicine.	**Brain and Spinal Cord Injury Research**—Clinical and basic research programs pertaining to brain and spinal cord injuries.	Legislature appropriates the money to the DOH from the Brain and Spinal Cord TF. Both programs receive 5% of the monthly revenues (up to $500,000 each per year) deposited into the Brain and Spinal Cord Injury Program TF pursuant to §318.21(2)(d), F.S. The TF □ monies received from certain civil penalties paid to a county court. Generally, these funds come from traffic-related fines and surcharges. The money is released to the universities at the end of each quarter.	**N/A**	**NO.**
4	**Cancer Control and Research Advisory Council** **§1004.435, F.S.** Located within the	**Cancer Research**— If funds are appropriated, the Council recommends to the State Surgeon General or the State Board of Governors the award of grants or contracts for cancer research. *See also* #2 Biomedical Research Facilitation Chart.	The Council receives annual funds directly from H. Lee Moffitt Cancer Center and Research Institute, Inc. Pursuant to 1004.435(6), F.S., the Legislature was to	**Cancer Control Research and Advisory Council** **Governor Appointees**: • American Cancer Society • Florida Tumor Registrars Association • Sylvester Comprehensive Cancer Center at UM • DOH	**YES.** If funds are appropriated, the Council recommends to the State Board of Education or the State Surgeon General the award of grants and contracts to qualified profit or non-profit associations or governmental

	ENTITY	TYPE OF RESEARCH	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
	H. Lee Moffitt Cancer Center and Research Institute, Inc., and makes grant funding recommendations to the State Surgeon General and the State Board of Education.		have appropriated funds to the Cancer Control and Research Fund, which would be comprised of state, federal, local, and private funds used for the award of grants and contracts. However, it appears that the fund was never created.	• UF Shands Cancer Center • AHCA • Florida Nurses Association • Florida Osteopathic Medical Association • American College of Surgeons • UM School of Medicine • UF College of Medicine • Nova Southeastern College of Osteopathic Medicine • USF College of Medicine • USF College of Public Health • Florida Society of Clinical Oncology • Florida Obstetric and Gynecologic Society who is trained in the specialty of gynecologic oncology • Florida Medical Association • Florida Pediatric Society • Florida Radiological Society • Florida Society of Pathologists • Moffitt Cancer Center Institute • 3 members of the general public acting as consumer advocates • Florida Dental Association • Florida Hospital Association • Association of Community Cancer Centers • Statutory teaching hospital affiliated with a community-based cancer center • Florida Association of Pediatric Tumor Programs, Inc. • Cancer Information Service • FAMU Institute of Public Health • Florida Society of Oncology Social Workers. Of the above gubernatorial appointments, at least one appointee must be over the age of 60 and at least 10 other appointees must be individuals who are minority persons as defined by §288.703(3), F.S. **Speaker Appointee:** • Member of the House of Representatives **President Appointee:**	agencies. Grants are awarded for cancer control and prevention, cancer education and training, and cancer research.

	ENTITY	TYPE OF RESEARCH	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
				• Member of the Senate	
5	**First Accredited Medical School** **§1011.52, F.S.** Located at the UM Medical School.	**Cancer Research—** The program provides funding for the operation and maintenance of the UM Medical School for its certification and approval by the Council on Medical Education and Hospitals of the American Medical Association, and for medical research conducted by the school.	Legislature appropriates funds to the UM Medical School.	**N/A**	**NO.**
6	**Florida Cancer Council** **§§381.92-381.921, F.S** Located within the DOH. At present, the Council is not active.	**Cancer Research—** The Council works with the FL CURED (*see* # 7 Biomedical Research Facilitation Chart) to improve and expand cancer research and treatment in Florida, create a cancer informatics infrastructure to enhance information and resource exchanges among researchers in Florida, and institute a competitive, peer-reviewed process for awarding cancer research grants.	Legislature appropriates state funds to the DOH. Private, local, state and federal resources as well as technical and professional income generated or derived from the mission-related activities of the Council.	**Florida Cancer Council** **Automatic Appointees:** • Chair of the Florida Dialogue on Cancer (Chair) • State Surgeon General • CEO of the Moffitt Cancer Center • Director of the UF Shands Cancer Center • CEO of the UM Sylvester Comprehensive Cancer Center • CEO of Mayo Clinic, Jacksonville • CEO of American Cancer Society, FL Division • President of the American Cancer Society, FL Division, Board of Directors • President of the Florida Society of Clinical Oncology • President of the American College of Surgeons, FL Chapter • CEO of Enterprise Florida, Inc. **Governor Appointees:** • 3 representatives of cancer programs approved by the American College of Surgeons **Speaker Appointees:** • 1 representative of a cancer program approved by the American College of Surgeons • 1 Member of the House **President Appointees:** • 1 representative of a cancer program approved by the American College of Surgeons • 1 Member of the Senate.	**YES.** The Council is required to institute a peer-reviewed, competitive process to identify and fund the best proposals to expand cancer research in the state. It consults with the FL CURED in making annual funding recommendations to the Legislature and Governor; however, the Council is not currently active. S*ee* # 7 Biomedical Research Facilitation Chart *See also* #5 Biomedical Research Facilitation Chart.
7	**Florida Center for Brian Tumor Research**	**Biomedical Research—** Coordinates with state public and private universities, hospitals, and the biomedical industry to discover brain tumor cures and	Legislature appropriates state funds through the DOH. Other funding from federal	**Scientific Advisory Council** **Governor Appointees:**	**YES.** The Center has developed a competitive, peer-review grant program for the award of

	ENTITY	TYPE OF RESEARCH	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
	§381.853, F.S. Located within the Evelyn F. and William L. McKnight Brain Institute of UF and guided by the Scientific Research Advisory Council.	develop treatment modalities and establish and maintain a brain tumor registry centralized database, monitors brain tumor research programs in the state, and develops a competitive, peer-review process for awarding brain tumor research. *See also* #6 Biomedical Research Facilitation Chart.	and private sources.	• 2 members from the Florida Center for Brain Tumor Research within the McKnight Brain Institute at UF • 2 members from the Cleveland Clinic who are involved in brain tumor research **State Surgeon General Appointees:** • 1 member of the Mayo Clinic in Jacksonville who treats brain tumor patients or who has expertise in basic brain tumor research **Speaker Appointees:** • 2 members of the Scripps Research Institute, one of whom has expertise in basic brain tumor research • 1 member of the Moffitt Cancer Center who is directly involved in the treatment of brain tumor patients or who has expertise in basic brain tumor research **President Appointees:** • 2 members from other public and private universities and institutions directly involved in brain tumor research • 1 member from the M.D. Anderson Cancer Center Orlando who is directly involved in the treatment of brain tumor research.	grants related to brain tumor research. *See also* #6 Biomedical Research Facilitation Chart.
8	**H. Lee Moffitt Cancer Center and Research Institute, Inc.** **§1004.43, §210.20, and §210.201, F.S.** The State Board of Education entered into a contract with USF to use facilities on the campus of USF to be known as the H. Lee Moffitt Cancer Center and	**Cancer Research—** The CEO establishes programs to fulfill the mission of the institute in research, education, treatment, prevention, and the early detection of cancer.	Through June 30, 2020, 1.47% of the net collections of the cigarette tax is paid monthly to the Board of the Center to construct, furnish, and equip a cancer research facility at USF adjacent to the Center, pursuant §210.20, F.S. Any additional appropriation to the Institute provided in the GAA is paid directly to the board of the corporation.	**Board of Directors** • USF President • Chair of the Board of Governors • 5 representatives of state universities • 10-14 directors who are neither doctors nor state employees elected by a majority vote of the members of the board.	**NO.**

	ENTITY	TYPE OF RESEARCH	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
	Research Institute, governed by a Florida not-for-profit corporation organized solely for operating and governing the H. Lee Moffitt Cancer Center. The institute is administered by a CEO appointed by the Board of the not-for-profit corporation. Houses the Cancer Control and Research Advisory Council (see # 4 above).				
9	**James and Esther King Biomedical Research Program** **§215.5602, F.S.** Located within the DOH, and administered by the Biomedical Research Advisory Council. Pursuant to §215.5602(14)-(15), F.S., the performance, outcomes and	**Biomedical research—** Research related to the prevention, diagnosis, treatment and cure of diseases related to tobacco use, including tobacco-related cancer, cardiovascular disease, stroke, and pulmonary disease.	Legislature appropriates funds from GR to the Biomedical Research TF. Beginning in the 2009-2010 fiscal year, 5% of the revenues, up to $50 million, deposited into the Health Care Trust Fund created pursuant to ss. 210. 011(9) and 210.267(7) shall be used for research of tobacco-related or cancer-related illnesses. In the 2009-2010 fiscal year, 2.5% of these funds, up to $25 million, shall be transferred to the Biomedical	**Biomedical Research Advisory Council** **Automatic Appointees**: • CEO American Cancer Society, Florida Division • CEO Florida/Puerto Rico Affiliate of American Heart Association • CEO American Lung Association of Florida **Governor Appointees**: • 2 members with expertise in biomedical research • 1 member from a state research university • 1 member from the general population in Florida **Speaker Appointees**: • 1 member from a professional medical organization • 1 representative from a cancer program approved by the American College of Surgeons **President Appointees**: • 1 member with expertise in behavioral or social research	**YES.** The Council has developed a competitive, peer-review process for evaluating grant and fellowship proposals. The Council reviews reports from a separate peer review panel and makes recommendations to the Secretary of the DOH for the award of grants.

	ENTITY	TYPE OF RESEARCH	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
	financial management of the Program must be reviewed; the most appropriate funding source and means of funding the program must be determined; and the section must be re-enacted during the 2010 Legislative Session. Otherwise, the Program expires on January 1, 2011.		Research TF for the James and Esther King Program. The Program also receives funds from the Lawton Chiles Endowment Fund. *See* # 10 Biomedical Research Facilitation Chart.	• 1 representative from a cancer program approved by the American College of Surgeons.	
10	**Johnnie B. Byrd, Sr. Alzheimer's Center** **§ 1004.445, F.S.** An Institute established within USF, managed and overseen by a Board of Directors.	**Alzheimer's Research—** Research regarding the prevention and early detection of Alzheimer's Disease. **Other—** The Center provides education related to, and treatment of, Alzheimer's disease.	Funding is provided from state, private, local and federal sources, as well as technical and professional income generated or derived from practice activities at the institute. If state funds are appropriated, they may be used for conducting and supporting research and related clinical services, awarding institutional grants and investigator-initiated research grants to other persons within the state through a peer-reviewed competitive process, developing and operating integrated data projects, providing assistance to the memory disorder clinics, and providing for the operation of	**Board of Directors** **Governor Appointees:** • 1 person **Speaker Appointees:** • 1 person **President Appointees:** • 1 person **Board of Trustees of USF:** • 4 people Trustees are eligible for appointment. The Board appoints the chair.	**YES.** The Board is authorized to use a competitive, peer-reviewed grant award process.

	ENTITY	TYPE OF RESEARCH	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
			the institute.		
11	**William G. "Bill" Bankhead, Jr. and David Coley Cancer Research Program** **§381.922, F.S.** Located within the DOH, and administered by the Biomedical Research Advisory Council. Pursuant to §381.922(7)-(8), F.S., the performance, outcomes and financial management of the Program must be reviewed; the most appropriate funding source and means of funding the program must be determined; and the section must be re-enacted during the 2010 Legislative Session. Otherwise, the Program expires on January 1, 2011.	**Cancer Research—** Research to further search for cures of cancer.	Legislature appropriates recurring GR to the Biomedical Research TF. Beginning in the 2009-2010 fiscal year, 5% of the revenues, up to $50 million, deposited into the Health Care Trust Fund created pursuant to ss. 210. 011(9) and 210.267(7) shall be used for research of tobacco-related or cancer-related illnesses. In the 2009-2010 fiscal year, 2.5% of these funds, up to $25 million, shall be transferred to the Biomedical Research TF for the Bankhead-Coley Program.	**Biomedical Research Advisory Council** See # 9 above.	**YES.** The Council uses a peer-review process for evaluating grant proposals. The Council reviews reports from a separate peer-review panel and makes recommendations to the Secretary of the DOH for the award of grants.

FLORIDA BIOMEDICAL RESEARCH FACILITATION PROGRAMS

	ENTITY	PURPOSE	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
1	**Alzheimer's Disease Advisory Committee** **§430.501, F.S.** Located within DOEA.	**Alzheimer's Research—** The Advisory Committee advises the DOEA regarding legislative, programmatic, and administrative matters that relate to Alzheimer's Disease patients and their caretakers, and evaluates the need for additional memory disorder clinics in the state.	Gifts, grants or other sources deposited within the Grants and Donations TF at the DOEA.	**Alzheimer's Disease Advisory Committee** **10 Governor Appointees**: • At least 4 persons licensed pursuant to chapter 458 or 459 or hold a Ph.D. degree and are currently involved in Alzheimer's research • At least 4 persons who have been caregivers of Alzheimer's disease patients • If possible, at least 1 each of the following professionals: gerontologist, geriatric psychiatrist, geriatrician, neurologist, social worker, and registered nurse • The Secretary of the DOEA serves as an ex officio member.	**YES.** Grants are not awarded using state funds. However, if funds are made available through gifts, grants or other sources, the DOEA awards research grants related to Alzheimer's disease control or prevention, education and training, and research to qualified profit or non-profit associations and institutions or governmental agencies. The Advisory Committee advises DOEA on the grant awards.
2	**Cancer Control and Research Advisory Council** **§1004.435, F.S.** Located within the H. Lee Moffitt Cancer Center and Research Institute, Inc., and makes grant funding recommendations to the DOH and the State Board of Education.	**Cancer Research—** The Advisory Council approves the "Florida Cancer Plan," which includes recommendations for the coordination and integration of medical, nursing, paramedical, lay, and other plans concerned with cancer control and research; formulates and recommends to the State Surgeon General a plan for the care and treatment of persons suffering from cancer; and recommends the establishment of standard requirements for the organization, equipment, and conduct of cancer units or departments in hospitals and clinics in the State.	Pursuant to §1004.435(6), F.S., funds were supposed to be appropriated to the Cancer Control and Research Fund, which would be comprised of state, federal, local, and private funds used for the award of grants and contracts. However, after extensive research, it appears that the fund was never created. Instead, the Council receives annual funds directly from H. Lee Moffitt Cancer Center and Research Institute, Inc.	**Cancer Control Research and Advisory Council** **Governor Appointees**: • American Cancer Society • Florida Tumor Registrars Association • Sylvester Comprehensive Cancer Center at UM • DOH • UF Shands Cancer Center • AHCA • Florida Nurses Association • Florida Osteopathic Medical Association • American College of Surgeons • UM School of Medicine • UF College of Medicine • Nova Southeastern College of Osteopathic Medicine • USF College of Medicine • USF College of Public Health • Florida Society of Clinical Oncology • Florida Obstetric and Gynecologic Society	**YES.** *See* #4 Biomedical Research Funding Chart

	ENTITY	PURPOSE	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
				who is trained in the specialty of gynecologic oncology • Florida Medical Association • Florida Pediatric Society • Florida Radiological Society • Florida Society of Pathologists • Moffitt Cancer Center Institute • 3 members of the general public acting as consumer advocates • Florida Dental Association • Florida Hospital Association • Association of Community Cancer Centers • Statutory teaching hospital affiliated with a community-based cancer center • Florida Association of Pediatric Tumor Programs, Inc. • Cancer Information Service • FAMU Institute of Public Health • Florida Society of Oncology Social Workers Of the above gubernatorial appointments, at least one appointee must be over the age of 60 and at least 10 other appointees must be individuals who are minority persons as defined by §288.703(3), F.S. **Speaker Appointee:** • Member of the House of Representatives **President Appointee**: • Member of the Senate The Governor appoints the chairperson of the Council.	
3	**Center for Health Technologies** **§381.0404, F.S.,** This Center is required to be administered by a	**Medical Research and Education—** To encourage the development and growth of health sciences in the state, with an emphasis on technologies which will help to prevent illness and reduce health care costs; assist coordination between and with educational institutions, health care providers, and persons engaged in research and development of health care products; provide services to persons and incipient firms engaged in the incubation of	In the past, the Center received federal funding. The Center's Administrator has the authority to apply for and receive gifts, grants, and contributions.	**N/A**	**NO.** The Center may initiate or coordinate large grant applications by linking local resources.

	ENTITY	PURPOSE	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
	statutory teaching hospital in Dade county: Mount Sinai Medical Center. However, the Center has not been active since 1997.	health care products; assist in technology transfer; and establish academic laboratories, libraries, and other resource facilities to be shared among the Center's constituents.			
4	**Florida Biomedical and Social Research Review Council** **§381.85, F.S.** Located within the DOH. At present, this Council is not active.	**Biomedical Research Review—** The Council evaluates proposed biomedical research to be conducted on adults or children in the state of Florida by the DOH or with funds appropriated to the DOH.	Legislature appropriates funds to the DOH.	**Review Council for Biomedical and Social Research** **Governor, Speaker and President each appoint:** • 1 individual knowledgeable in biomedical research • 1 individual knowledgeable in behavioral research • 1 individual from the client advocacy community.	**NO.**
5	**Florida Cancer Council** **§§381.92-381.921, F.S** Located within the DOH. At present, the Council is not active.	**Cancer Research—** The Council coordinates with the FL CURED and identifies ways to attract new research talent in the state, seeks to continue to improve research and treatment by identifying ways to increase enrollment in clinical trials, creates awareness within the medical professional industry of clinical trials available in the state, and aids other multidisciplinary research-supported activities as they inure to the advancement of cancer research.	Legislature appropriates state funds to the DOH. Private, local, state and federal resources as well as technical and professional income generated or derived from the mission-related activities of the Council.	**Florida Cancer Council** **Automatic Appointees:** • Chair of the Florida Dialogue on Cancer (Chair) • State Surgeon General • CEO of the Moffitt Cancer Center • Director of the UF Shands Cancer Center • CEO of the UM Sylvester Comprehensive Cancer Center • CEO of Mayo Clinic, Jacksonville • CEO of American Cancer Society, FL Division • President of the American Cancer Society, FL Division, Board of Directors • President of the Florida Society of Clinical Oncology • President of the American College of Surgeons, FL Chapter • CEO of Enterprise Florida, Inc. **Governor Appointees:**	**YES.** *See* #6 Biomedical Research Funding Chart.

	ENTITY	PURPOSE	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
				• 3 representatives of cancer programs approved by the American College of Surgeons **Speaker Appointees**: • 1 representative of a cancer program approved by the American College of Surgeons • 1 Member of the House **President Appointees**: • 1 representative of a cancer program approved by the American College of Surgeons • 1 Member of the Senate.	
6	**Florida Center for Brian Tumor Research** **§381.853, F.S.** Located within the Evelyn F. and William L. McKnight Brain Institute of UF and guided by the Scientific Research Advisory Council.	**Biomedical Research—** Fosters collaboration with brain cancer research organizations and other institutions, monitors brain tumor research programs in the state, seeks to discover brain tumor cures and treatment modalities and develop and maintain a brain tumor registry and centralized database.	Legislature appropriates state funds to the DOH or to the state university budget. Other funding from federal and private sources.	**Scientific Advisory Council** **Governor Appointees**: • 2 members from the Florida Center for Brain Tumor Research within the McKnight Brain Institute at UF • 2 members from the Cleveland Clinic who are involved in brain tumor research **State Surgeon General Appointees**: • 1 member of the Mayo Clinic in Jacksonville who treats brain tumor patients or who has expertise in basic brain tumor research **Speaker Appointees:** • 2 members of the Scripps Research Institute, one of whom has expertise in basic brain tumor research • 1 member of the Moffitt Cancer Center who is directly involved in the treatment of brain tumor patients or who has expertise in basic brain tumor research **President Appointees:** • 2 members from other public and private universities and institutions directly involved in brain tumor research • 1 member from the M.D. Anderson Cancer Center Orlando who is directly involved in the treatment of brain tumor research.	**YES.** See # 7 Biomedical Research Funding Chart.
7	**Florida Center for Universal Research to Eradicate Disease**	**Biomedical Research—** To find cures for diseases such as cancer, heart disease, lung disease, diabetes, autoimmune disorders, and neurological	State, federal and private sources.	**Advisory Council** **State Surgeon General Appointee:**	**NO.**

	ENTITY	PURPOSE	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
	("FL CURED") **§381.855, F.S.** Program area within the DOH and guided by an Advisory Council. Resides at the Florida State University College of Medicine.	disorders, including Alzheimer's disease, epilepsy, and Parkinson's disease. FL CURED monitors, coordinates, improves, and expands all biomedical research programs in the state and facilitates funding opportunities by serving as a registry of all known grants opportunities and may assist entities in preparing grant applications. FL CURED hosts an annual biomedical research summit, encouraging clinical trials by facilitating partnerships between researchers, treating physicians, and community hospitals, as well as partnerships between researchers in this state with institutions in other states and countries. FL CURED serves as a registry of all known biomedical research grants and hosts a website with links to peer-reviewed biomedical research. The website serves as a registry of all known biomedical conducted in the state. FL CURED monitors supply and demand needs of researchers related to stem cell and other types of human tissue research. FL CURED facilitates partnerships among researchers working to cure all types of diseases.	The FL CURED receives $250,000 from the James and Esther King Biomedical Research program for its operating costs. *See* §215.5602(12), F.S.	• 1 representative of a Florida non-profit institution engaged in basic and clinical biomedical research and education which receives more than $10 million in annual grant funding from the National Institutes of Health **Automatic Members**: Representatives of the following: • Enterprise Florida, Inc. • BioFlorida • Biomedical Research Advisory Council • Florida Medical Foundation • Pharmaceutical Research and Manufacturers of America • Florida Cancer Council • American Cancer Society, Florida Div. • American Heart Assoc. • American Lung Assoc. of Florida • American Diabetes Assoc., S. Coastal Region • Alzheimer's Assoc. • Epilepsy Foundation • National Parkinson Foundation • Florida Public Health Foundation, Inc. • Florida Research Consortium.	
8	**Florida Technology, Research, and Scholarship Board** **§1004.226, F.S.** Established by the 21st Century Technology, Research, and Scholarship Act and located within the Board of Governors (BOG) of the state	**Medical Research and Development—** Three separate programs are administered by the Board under the 21st Century Technology, Research, and Scholarship Act – World Class Scholars, Centers of Excellence, and State University Research Commercialization Assistance Grant Program. Because Research and Commercialization Assistance Grants are not available for research and development, they are not included in the description below. **World Class Scholars**: Provides 1:1 matching funds to state universities that raise a minimum of $1 million to attract develop the state's capabilities in science and high-tech research.	Legislature appropriates funds to the BOG	**Florida Technology, Research, and Scholarship Board** Members must be representative of business leaders, industrial researchers, academic researchers, scientists, and leaders in the emerging and advanced technology sector. **Governor Appointees**: • 5 members, 1 of whom shall be appointed as the chair, 1 of whom shall be a member of the Enterprise Florida Board of Directors, and one of whom is a member of the BOG **Speaker Appointees**:	**YES.** **World Class Scholars**: In the past, the program allocated 1:1 state matching funds to attract 21st Century World Scholars to state universities. State universities must raise a minimum of $1 million to be eligible for state matching funds. **Centers of Excellence**: The Board utilizes a peer-reviewed, competitive process to identify and fund the best proposals. Generally, awards range from $10 million to $20 million.

	ENTITY	PURPOSE	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
	university system	The Board, in consultation with senior administrators of state universities, state university foundation directors, OTTED, the board of directors of Enterprise Florida, Inc. and leading members of private industry, develops and recommends to the BOG criteria for the program. **Centers of Excellence**: Creates or expands Centers of Excellence as a means of increasing technology-based business in the state and aligning research and development efforts with established, state-wide economic development strategies, including an emphasis on identified economic clusters. The Board recommends to the BOG criteria for approving proposals to create or expand a Center of Excellence at any state or private university, the Moffitt Cancer Center, the Florida Institute for Human and Machine Cognition, and any community college, training center, or other public or private research center in the state which coordinates with a state university for purposes of the Program. Additionally, the Board recommends to the BOG the approval and funding of those proposals that meet the criteria established by the BOG.		• 3 members **President Appointees:** • 3 members	If the award exceeds $20 million, it must be documented that the Center for Excellence has superior prospects for success in its field of research and offers outstanding opportunities to leverage state funds.
9	**Institutional Review Board** **§381.86, F.S.** Located within the DOH.	**Biomedical Research, Behavioral and Social Science Research—** The Institutional Review Board was created to satisfy federal requirements under 45 CFR part 46 and 21 CFR parts 50 and 56 that require review of all biomedical or behavioral research on any human subjects which is funded or supported in any manner by the DOH. The institutional review board may review research for other agencies at the discretion of the State Surgeon General. There are currently 2 Institutional Review Boards designated by the State Surgeon General.	Board members receive reimbursement for per diem and travel expenses. The DOH charges for costs it incurs for research oversight it provides according to a fee schedule for initial review, amendments and continuing review. Fees are waived for any students who are candidates for a degree from a Florida university.	**Institutional Review Board** Pursuant to federal law, the State Surgeon General appoints members and designates the chair.	**NO.**
10	**Lawton Chiles Endowment Fund**	**Advisory and Research Funding Program—** To support public health and biomedical research for the	The Endowment Fund was created from the sale of the	**Lawton Chiles Endowment Fund Advisory Council**	**NO.** However, funds are appropriated from the

	ENTITY	PURPOSE	FUNDING SOURCE	MEMBERSHIP	GRANT PROGRAM
	§215.5601, F.S. Operated by an Advisory Council and coordinates with state agencies.	prevention, diagnosis, treatment, and cure of diseases related to tobacco use by providing funds to state agencies.	State's right, title, and interest in and to the Tobacco Settlement. The Endowment Fund is administered by the State Board of Administration, serves as a clearing trust fund, and is managed as an annuity. Endowment funds are disbursed by Legislative appropriation to the Biomedical Research TF in the DOH and to the DOH, DOEA, and DCF through the Tobacco Settlement TF.	**Automatic Appointees:** • Director of the United Way of Florida • Director of the Foster Parents Association • Chair of the DOEA Advisory Council • State Long Term Care Ombudsman • Statewide Director of the AARP • President of the Florida Association of AAA's • Director of the Florida Pediatric Society **Governor Appointees**: • 1 representative from the GAL Program • 1 representative from a child welfare lead agency for community-based care • 1 representative from an elder care lead agency for community-based care • 1 representative from a statewide child advocacy organization • 1 consumer caregiver for children • 1 person over the age of 60 to represent the interest of elders • 1 person under the age of 18 to represent the interest of children • 1 consumer caregiver for a functionally impaired elderly person.	Endowment fund to the Biomedical Research TF for the James and Esther King Biomedical Research Program. *See* # 9 Biomedical Research Funding Chart.
11	**Statewide Cancer Registry Program** **§385.202, F.S.** A joint project of the DOH and the UM Miller School of Medicine.	**Cancer Education and Registry—** Maintains the Florida Cancer Data System comprised of information on each patient admitted to any hospital or outpatient facility licensed in Florida for treatment of cancer. The registry and database are utilized by the State and its partners to monitor the occurrence of cancer incidence and mortality, to aid in research studies to reduce cancer morbidity and mortality, to focus cancer control activities, and to address public questions and concerns regarding cancer. Information obtained shall be published for the purpose of advancing medical research or medical education.	Legislature may appropriate funds to the DOH to administer the database and compile, process, and provide biometric and statistical analyses to the reporting facilities.	**N/A**	**NO.**

Florida Biomedical Research Programs

bankheadcoley
Florida Biomedical Research Program

Susan Phillips, Ph.D.
Director, Office of Public Health Research

FLORIDA DEPARTMENT OF HEALTH

Program at a Glance

	Bankhead-Coley Program	James & Esther King Program
First awards made:	January 2007	June 2001
Total awards made:	139	188
Florida institutions supported:	12	16
Total value of awards:	$45.3 million	$79.2 million

JAMES & ESTHER KING BIOMEDICAL RESEARCH PROGRAM

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FLORIDA DEPARTMENT OF HEALTH

Leveraging State Funding

(Data as of December 1, 2009)

Value of awards at least one year old

$83 Million

Amount of follow-on external funding

$199 Million

JAMES & ESTHER KING BIOMEDICAL RESEARCH PROGRAM

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FLORIDA DEPARTMENT OF HEALTH

Bankhead-Coley Program FY 09-10 Grant Funding

	Regular Call	Special Call
Applications Received (#)	65	34
Amount Requested (million $)	$21.1	$20.1
Grants Awarded (#)	39	15
Amount Awarded (million $)	$11.4	$9.2
Additional Grant Awards	$2.1	- - -

Total Awards	$22.7
Maximum Appropriation	$25.0

JAMES & ESTHER KING BIOMEDICAL RESEARCH PROGRAM

bankheadcoley Florida Biomedical Research Program

FLORIDA DEPARTMENT OF HEALTH

James & Esther King Program FY 09-10 Grant Funding

	Regular Call	Special Call
Applications Received (#)	58	31
Amount Requested (million $)	$22.2	$16.9
Grants Awarded (#)	25	20
Amount Awarded (million $)	$10.0	$10.5
Additional Grant Awards	$1.4	- - -

Total Awards	$21.9
Maximum Appropriation	$27.2

JAMES & ESTHER KING BIOMEDICAL RESEARCH PROGRAM

bankheadcoley Florida Biomedical Research Program

FLORIDA DEPARTMENT OF HEALTH

Call for Grant Applications for FY 10-11 Funding

(Application deadline February 12, 2010 for grants to start July 1, 2010)

	Bankhead-Coley Program	James & Esther King Program	Total
Number of applications received	184	146	330
Estimated amount requested (million $)	$121.1	$90.7	$211.8
Estimated *fundable* grants (45%)	83	66	149
Estimated *potential* award value (million $)	$54.5	$40.8	$95.3

JAMES & ESTHER KING BIOMEDICAL RESEARCH PROGRAM

bankheadcoley Florida Biomedical Research Program

FLORIDA DEPARTMENT OF HEALTH

Creating High Wage Jobs in Florida

These programs are A CRUCIAL COMPONENT OF FLORIDA'S BIOMEDICAL TECHNOLOGY INVESTMENT PORTFOLIO and contribute to Florida's efforts to create and attract high impact businesses (Section 288.108, *Florida Statutes*) and high wage jobs.

Counting follow-on funding, THESE GRANTS HAVE SUPPORTED NEARLY 3,000 FLORIDA JOBS for scientists, postdoctoral researchers, research associates, laboratory technicians, nurses, and biostatisticians.

$10.89 = **The estimated regional economic impact of every $1 dollar spent on research at universities**

JAMES & ESTHER KING BIOMEDICAL RESEARCH PROGRAM

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FLORIDA DEPARTMENT OF HEALTH

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Florida Biomedical Research Program

JAMES & ESTHER KING
BIOMEDICAL RESEARCH PROGRAM

Susan Phillips, Ph.D.
Director, Office of Public Health Research

FLORIDA DEPARTMENT OF HEALTH