Health Care Appropriations Subcommittee

Meeting Packet

March 18, 2014
12:30 PM—2:30 PM

Webster Hall

Will Weatherford
Speaker

Matt Hudson
Chair

AGENDA

Health Care Appropriations Subcommittee
March 18, 2014
12:30 PM—2:30 PM
Webster Hall

I. Call to Order

II. Roll Call

III. Chair's Budget Proposal for Fiscal Year 2014-15

IV. PCB HCAS 14-01 Cancer Centers

V. PCB HCAS 14-02 Medicaid

VI. CS/HB 819 Department of Health by Pigman

VII. CS/HB 437 Diabetes Advisory Council by Trujillo

VIII. Adjournment

Proposed DRG Payment
Simulation

Florida House of Representatives Proposed DRG Payment Simulation Fiscal Year 2013-14						
Simulation Parameters	**Overall**	**All Other Hospitals**	**Free-Standing Rehabilitation Hospitals**	**Rural Hospitals**	**LTAC Hospitals**	**High Medicaid and High Outlier Hosps**
Simulation payment, general revenue and PMATF	$1,715,363,187	$1,493,979,923	$6,480,395	$45,584,904	$2,771,698	$166,546,267
DRG base price	$3,071.71	$3,071.71	$3,071.71	$3,071.71	$3,071.71	$3,071.71
Cost outlier pool (percentage of total payments)	11.6%	11%	0%	0%	5%	22%
Wage index adjustment of base price	None					
Policy adjustor - Provider	N/A	None	2.705	1.988	2.128	2.472
Policy adjustor - DRG (service)	Neonates DRGs, severity 3 and 4 - 1.30					
Policy adjustor - Age	Pediatric DRGs, severity 3 and 4 - 1.30 (includes all service lines except normal newborns, neonates, and obstetrics) (applied to recipients less than 21 years of age)					
Documentation & coding adjustment	5% - 1% for real casemix change and 4% for documentation and coding improvement					
Relative weights	APR v.31 national re-centered to 1.0 for FL Medicaid					
Transfer discharge statuses	02, 05, 65, 66					
High side (provider loss) threshold and marginal cost (MC) percentage	$60,000 60%					
Outlier calculation	Applied to DRG payment only; does not consider IGT payments					
Charge Cap	Yes - adjusting state share only (not IGT payments)					
Undocumented non-citizen non-covered day adjustment	Yes - adjusting state share only (not IGT payments)					

Florida House of Representatives
Proposed DRG Payment Simulation
Fiscal Year 2013-14

County	Provider Name	2013-14 Baseline Payment from GR and PMATF (DRG Payment)	2014-15 Simulated Payment from GR and PMATF (DRG Payment)	Difference
Alachua	North Florida Regional Hospital	$ 9,397,387	$ 9,974,209	$ 576,822
Alachua	Shands Teaching Hospital	$ 71,815,751	$ 75,419,998	$ 3,604,247
Alachua	Specialty Hospital - Gainesville	$ 165,341	$ 194,135	$ 28,794
Bay	Bay Medical Center	$ 10,128,482	$ 10,569,177	$ 440,694
Bay	Gulf Coast Community Hospital	$ 8,302,257	$ 8,802,324	$ 500,067
Bay	Healthsouth Emerald Coast Hospital	$ 467,986	$ 488,157	$ 20,171
Bay	Select Specialty Hospital Panama City	$ 239,651	$ 290,054	$ 50,402
Bradford	Shands at Starke	$ 1,084,859	$ 1,094,068	$ 9,209
Brevard	Cape Canaveral Hospital	$ 2,031,897	$ 2,006,775	$ (25,122)
Brevard	HealthSouth Rehab Hosp-Sea Pines	$ 164,483	$ 172,575	$ 8,093
Brevard	Holmes Regional Medical Center	$ 12,251,571	$ 11,991,776	$ (259,795)
Brevard	Kindred Hospital-Melbourne	$ 34,600	$ 41,989	$ 7,390
Brevard	Palm Bay Hospital	$ 2,151,015	$ 1,920,470	$ (230,545)
Brevard	Parrish Medical Center	$ 2,235,285	$ 2,501,234	$ 265,948
Brevard	Viera Hospital	$ 451,034	$ 428,857	$ (22,177)
Brevard	Wuesthoff Medical Center Melbourne	$ 1,712,115	$ 1,748,774	$ 36,659
Brevard	Wuesthoff Memorial Hospital	$ 4,158,688	$ 4,322,411	$ 163,723
Broward	Broward General Hospital	$ 42,377,806	$ 43,626,852	$ 1,249,046
Broward	Cleveland Clinic Hospital	$ 899,552	$ 816,563	$ (82,989)
Broward	Columbia Plantation General Hosp	$ 18,397,616	$ 18,373,815	$ (23,800)
Broward	Coral Springs Medical Center	$ 7,749,630	$ 8,261,168	$ 511,538
Broward	HealthSouth Rehab Hosp-Sunrise	$ 42,166	$ 43,554	$ 1,388
Broward	Holy Cross Hospital, Inc.	$ 4,366,172	$ 4,054,318	$ (311,853)
Broward	Imperial Point Hospital	$ 2,916,901	$ 3,136,815	$ 219,914
Broward	Kindred Hospital - Ft.Lauderdale	$ 80,675	$ 63,599	$ (17,076)
Broward	Kindred Hospital-Hollywood	$ 40,937	$ 34,435	$ (6,502)
Broward	Memorial Hospital	$ 45,346,598	$ 46,611,722	$ 1,265,124
Broward	Memorial Hospital - West	$ 11,555,639	$ 11,780,656	$ 225,017
Broward	Memorial Hospital Miramar	$ 5,481,906	$ 5,759,091	$ 277,185
Broward	North Broward Medical Center	$ 8,245,425	$ 8,403,362	$ 157,936
Broward	Northwest Regional Hospital	$ 4,815,562	$ 4,894,463	$ 78,901
Broward	Pembroke Pines Hospital	$ 3,373,415	$ 3,338,736	$ (34,678)
Broward	St. John's Rehabilitation Hospital	$ 485,223	$ 420,865	$ (64,358)
Broward	University Hospital & Medical Center	$ 2,019,267	$ 2,087,552	$ 68,285
Broward	Westside Regional Medical Center	$ 2,274,895	$ 2,329,962	$ 55,067
Calhoun	Calhoun Liberty Hospital	$ 171,053	$ 171,900	$ 847

Florida House of Representatives
Proposed DRG Payment Simulation
Fiscal Year 2013-14

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Charlotte	Charlotte Regional Medical Center	$ 2,794,502	$ 2,470,891	$ (323,611)
Charlotte	Fawcett Memorial Hospital	$ 1,849,441	$ 1,970,983	$ 121,542
Charlotte	Peace River Regional Medical Center	$ 5,079,180	$ 5,225,919	$ 146,740
Citrus	Citrus Memorial Hospital	$ 3,078,742	$ 3,334,605	$ 255,864
Citrus	Seven Rivers Community Hospital	$ 2,530,541	$ 2,675,445	$ 144,904
Clay	Kindred Hospital - North Florida	$ 21,934	$ 25,855	$ 3,920
Clay	Orange Park Medical Center	$ 7,801,629	$ 8,262,277	$ 460,648
Collier	Cleveland Clinic FL Hospital - Naples	$ 3,960,367	$ 4,076,502	$ 116,134
Collier	Naples Community Hospital	$ 10,949,568	$ 11,646,565	$ 696,997
Columbia	Lake City Medical Center	$ 892,807	$ 956,892	$ 64,084
Columbia	Shands At Lake Shore	$ 8,119,576	$ 8,273,223	$ 153,647
Dade	Anne Bates Leach Eye Hospital	$ 9,458	$ 57,481	$ 48,022
Dade	Aventura Hospital & Medical Center	$ 6,435,940	$ 6,234,933	$ (201,007)
Dade	Baptist of Miami	$ 29,105,904	$ 26,944,652	$ (2,161,252)
Dade	Cedars Medical Center, Inc.	$ 11,685,247	$ 12,260,884	$ 575,637
Dade	Columbia Kendall Medical Center	$ 14,117,781	$ 13,545,247	$ (572,534)
Dade	Coral Gables Hospital	$ 2,163,989	$ 2,190,465	$ 26,476
Dade	Doctors Hospital	$ 2,077,739	$ 1,730,416	$ (347,323)
Dade	HealthSouth Rehab Hosp - Miami	$ 446,454	$ 460,146	$ 13,691
Dade	Healthsouth Larkin Hospital-Miami	$ 2,065,544	$ 2,155,228	$ 89,684
Dade	Hialeah Hospital	$ 8,718,869	$ 9,042,295	$ 323,426
Dade	Homestead Hospital	$ 9,978,016	$ 9,564,715	$ (413,301)
Dade	Jackson Memorial Hospital	$ 124,217,585	$ 129,507,142	$ 5,289,557
Dade	Mercy Hospital, Inc.	$ 4,149	$ 4,463	$ 313
Dade	Metropolitan Hospital Miami	$ 1,835,369	$ 1,897,723	$ 62,355
Dade	Miami Childrens Hospital	$ 76,465,553	$ 76,767,314	$ 301,761
Dade	Mt. Sinai Medical Center	$ 10,565,464	$ 10,700,151	$ 134,687
Dade	Northshore Medical Center	$ 16,625,465	$ 16,799,884	$ 174,419
Dade	Palm Springs General Hospital	$ 1,683,166	$ 1,764,679	$ 81,513
Dade	Palmetto General Hospital	$ 14,516,975	$ 14,994,633	$ 477,658
Dade	Select Specialty Hospital Miami	$ 9,634	$ 11,407	$ 1,773
Dade	South Miami Hospital	$ 23,734,520	$ 19,856,976	$ (3,877,544)
Dade	St.Catherine's Rehab Hosp	$ 1,095,328	$ 1,152,290	$ 56,962
Dade	University of Miami Hospital	$ 1,759,016	$ 1,722,166	$ (36,850)
Dade	West Gables Rehabilitation	$ 270,796	$ 267,821	$ (2,974)
Dade	West Kendall	$ 4,486,705	$ 3,084,989	$ (1,401,716)

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Dade	Westchester General Hospital	$ 2,584,376	$ 2,735,981	$ 151,606
Desoto	Desoto Memorial Hospital	$ 2,847,985	$ 2,939,364	$ 91,379
Duval	Baptist Hospital of Beaches	$ 1,988,498	$ 2,016,795	$ 28,296
Duval	Baptist Medical Center	$ 28,400,799	$ 27,637,626	$ (763,174)
Duval	Genesis Rehabilitation Hospital	$ 2,219,659	$ 2,275,558	$ 55,899
Duval	Mayo Clinic Florida	$ 1,648,545	$ 1,386,971	$ (261,574)
Duval	Memorial Medical Center	$ 10,030,163	$ 9,989,965	$ (40,198)
Duval	Shands Jacksonville Med Cntr	$ 42,576,216	$ 44,529,172	$ 1,952,957
Duval	St. Lukes- St. Vincent's Healthcare	$ 2,755,773	$ 2,855,669	$ 99,896
Duval	St. Vincent's Hospital	$ 8,642,301	$ 8,917,237	$ 274,936
Escambia	Baptist Hospital (Pensacola)	$ 10,153,777	$ 10,142,677	$ (11,099)
Escambia	Sacred Heart Hospital	$ 29,422,002	$ 30,347,584	$ 925,582
Escambia	Specialty Hospital - Pensacola	$ 279,447	$ 309,504	$ 30,057
Escambia	West Florida Regional Med Cntr	$ 5,262,714	$ 5,518,421	$ 255,708
Flagler	Florida Hospital - Flagler	$ 3,115,158	$ 3,134,628	$ 19,470
Franklin	George E. Weems Memorial Hosp	$ 165,512	$ 171,494	$ 5,982
Gulf	Sacred Heart Hosp. - Gulf	$ 245,219	$ 235,083	$ (10,136)
Hardee	Florida Hospital Wauchula	$ 116,844	$ 116,630	$ (215)
Hendry	Hendry Regional Medical Center	$ 763,339	$ 770,372	$ 7,033
Hernando	Brooksville Regional Hospital	$ 5,536,950	$ 5,957,718	$ 420,767
Hernando	Healthsouth Hospital of Spring Hill	$ 105,978	$ 111,026	$ 5,048
Hernando	Oak Hill Community Hospital	$ 1,928,761	$ 2,001,114	$ 72,353
Highlands	Florida Hospital Heartland Med Cntr	$ 3,876,487	$ 4,113,893	$ 237,406
Highlands	Highlands Regional Medical Center	$ 1,645,795	$ 1,777,227	$ 131,432
Hillsborough	Brandon Regional Medical Center	$ 10,490,532	$ 11,179,018	$ 688,486
Hillsborough	H L Moffitt Cancer Center	$ 7,925,210	$ 8,179,195	$ 253,985
Hillsborough	Kindred Hospital (Tampa)	$ 37,459	$ 35,716	$ (1,743)
Hillsborough	Memorial Hospital of Tampa	$ 1,028,198	$ 1,060,198	$ 32,000
Hillsborough	Shriners Hospital for Children	$ 243,755	$ 237,578	$ (6,176)
Hillsborough	South Bay Hospital	$ 743,133	$ 794,953	$ 51,820
Hillsborough	South Florida Baptist	$ 2,523,031	$ 2,686,768	$ 163,737
Hillsborough	St. Joseph's Hospital	$ 40,277,898	$ 41,972,494	$ 1,694,596
Hillsborough	Tampa General Hospital	$ 54,161,971	$ 57,818,950	$ 3,656,979
Hillsborough	Town and Country Hospital	$ 1,309,491	$ 1,367,447	$ 57,955
Hillsborough	Univ Community Hosp Carrollwood	$ 1,225,946	$ 1,228,790	$ 2,844
Hillsborough	Univ Community Hosp-Tampa	$ 7,817,585	$ 7,894,716	$ 77,131

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Holmes	Doctors Memorial Hospital	$ 1,068,489	$ 1,104,687	$ 36,198
Indian River	HealthSouth Rehab Hosp-Treasure Coast	$ 328,317	$ 338,288	$ 9,971
Indian River	Indian River Memorial Hospital	$ 5,603,453	$ 6,077,241	$ 473,788
Indian River	Sebastian Hospital	$ 848,515	$ 909,543	$ 61,028
Jackson	Campbellton-Graceville Hospital	$ 14,523	$ 15,628	$ 1,105
Jackson	Jackson Hospital	$ 3,989,151	$ 4,170,033	$ 180,881
Lake	Florida Hospital Waterman	$ 5,241,197	$ 5,443,584	$ 202,387
Lake	Leesburg Regional Medical Center	$ 5,341,472	$ 5,649,344	$ 307,872
Lake	South Lake Memorial Hospital	$ 2,158,845	$ 2,316,089	$ 157,244
Lee	Cape Coral Hospital	$ 4,209,368	$ 4,489,555	$ 280,187
Lee	Lee Memorial Hospital	$ 29,493,000	$ 30,494,770	$ 1,001,770
Lee	Lehigh Regional Medical Center	$ 1,442,727	$ 1,488,736	$ 46,009
Lee	Southwest Florida Regional Medical	$ 7,272,419	$ 7,788,297	$ 515,878
Leon	Capital Regional Medical Center	$ 4,870,624	$ 5,016,090	$ 145,466
Leon	HealthSouth Rehab Hosp-Tallahassee	$ 209,906	$ 214,689	$ 4,783
Leon	Specialty Hospital - Tallahassee	$ 96,176	$ 108,302	$ 12,126
Leon	Tallahassee Memorial Rgnl Med Cntr	$ 16,926,844	$ 16,828,267	$ (98,577)
Levy	Tri-County Hospital Williston	$ 488,138	$ 508,533	$ 20,395
Madison	Madison County Memorial Hospital	$ 115,627	$ 118,846	$ 3,219
Manatee	L.W. Blake Memorial Hospital	$ 2,036,456	$ 2,100,819	$ 64,362
Manatee	Lakewood Ranch Medical Center	$ 728,457	$ 675,134	$ (53,323)
Manatee	Manatee Memorial Hospital	$ 10,722,070	$ 11,251,522	$ 529,452
Marion	Kindred Hospital Ocala	$ 42,777	$ 54,335	$ 11,558
Marion	Munroe Regional Medical Center	$ 9,684,639	$ 10,434,012	$ 749,373
Marion	Ocala Regional Medical Center	$ 4,759,106	$ 5,036,673	$ 277,567
Martin	Martin Memorial Hospital	$ 4,269,613	$ 4,354,102	$ 84,489
Monroe	Fishermen's Hospital	$ 121,140	$ 124,580	$ 3,440
Monroe	Lower Florida Keys Hospital	$ 2,047,150	$ 2,022,143	$ (25,007)
Monroe	Mariners Hospital	$ 115,669	$ 114,353	$ (1,316)
Nassau	Baptist Medical Center - Nassau	$ 2,230,752	$ 2,291,613	$ 60,861
OOS_Part	Archbold Memorial Hospital	$ 6,624	$ 6,952	$ 328
OOS_Part	Atmore Community Hospital	$ 53,228	$ 56,875	$ 3,647
OOS_Part	Charlton Memorial Hospital	$ 3,334	$ 3,444	$ 110
OOS_Part	D.W.Mcmillan Memorial	$ 8,346	$ 9,028	$ 683
OOS_Part	Flowers Hospital	$ 302,473	$ 323,547	$ 21,074
OOS_Part	South Baldwin Hospital	$ 3,993	$ 4,243	$ 250

Florida House of Representatives
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OOS_Part	South Georgia Medical Center	$ 19,031	$ 20,296	$ 1,265
OOS_Part	Southeast Alabama General	$ 575,247	$ 612,469	$ 37,222
OOS_Part	Southeast Georgia Medical Center	$ 36,814	$ 38,064	$ 1,250
OOS_Part	U.S.A Children's & Women's Hospital	$ 52,878	$ 54,783	$ 1,905
OOS_Part	University of South AL Med Cntr	$ 175,787	$ 176,658	$ 871
OOS_Part	Wiregrass Hospital	$ 77,822	$ 83,357	$ 5,535
Okaloosa	Columbia Twin Cities Hospital	$ 418,717	$ 432,526	$ 13,809
Okaloosa	Ft. Walton Beach Medical Center	$ 7,085,765	$ 7,352,338	$ 266,573
Okaloosa	North Okaloosa Medical Center	$ 2,598,149	$ 2,713,469	$ 115,321
Okeechobee	H.H. Raulerson	$ 3,114,334	$ 3,100,364	$ (13,970)
Orange	Florida Hospital	$ 76,436,279	$ 72,789,773	$ (3,646,505)
Orange	Health Central	$ 4,291,091	$ 4,629,621	$ 338,530
Orange	Orlando Regional Medical Center	$ 90,031,649	$ 87,848,575	$ (2,183,074)
Orange	Select Specialty Hospital - Orlando	$ 74,468	$ 68,042	$ (6,426)
Osceola	Columbia Medical Center-Osceola	$ 8,287,857	$ 8,774,442	$ 486,585
Osceola	St. Cloud Regional Center	$ 1,298,930	$ 1,292,814	$ (6,117)
Palm Beach	Bethesda Mem. Hosp.	$ 14,978,586	$ 15,527,518	$ 548,931
Palm Beach	Boca Raton Community Hospital	$ 2,434,478	$ 2,251,490	$ (182,988)
Palm Beach	Columbia Hospital	$ 2,811,603	$ 3,039,238	$ 227,635
Palm Beach	Columbia JFK Medical Center	$ 13,058,990	$ 13,438,234	$ 379,243
Palm Beach	Columbia Palms West Hospital	$ 8,278,351	$ 8,621,580	$ 343,229
Palm Beach	Delray Comm. Hospital	$ 3,399,928	$ 3,413,757	$ 13,829
Palm Beach	Glades General Hospital	$ 5,724,019	$ 5,855,988	$ 131,970
Palm Beach	Good Samaritan Hospital	$ 3,432,074	$ 3,594,799	$ 162,726
Palm Beach	Jupiter Hospital	$ 1,726,454	$ 1,868,035	$ 141,581
Palm Beach	Kindred Hospital - Palm Beaches	$ 35,624	$ 40,855	$ 5,231
Palm Beach	Palm Beach Gardens Medical Center	$ 1,887,662	$ 1,898,561	$ 10,899
Palm Beach	Specialty Hospital - Palm Beach	$ 180,702	$ 174,247	$ (6,455)
Palm Beach	St. Mary's Hospital	$ 31,993,308	$ 32,922,606	$ 929,298
Palm Beach	Wellington Regional Medical Center	$ 6,349,735	$ 6,728,282	$ 378,547
Palm Beach	West Boca Medical Center	$ 5,754,413	$ 6,160,923	$ 406,510
Pasco	Bayonet Point/Hudso	$ 4,504,242	$ 4,458,972	$ (45,270)
Pasco	Columbia New Port Richey Hospital	$ 3,513,970	$ 3,560,287	$ 46,317
Pasco	Florida Hospital Zephyrhills	$ 3,441,702	$ 3,641,715	$ 200,013
Pasco	North Bay Medical Center	$ 3,739,195	$ 3,899,896	$ 160,701
Pasco	Pasco Community Hospital	$ 1,343,898	$ 1,401,277	$ 57,380

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Fiscal Year 2013-14

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Pasco	UCHLTACH at Connerton	$ 225,554	$ 244,706	$ 19,151
Pinellas	All Children's Hospital	$ 86,819,364	$ 89,778,953	$ 2,959,589
Pinellas	BayCare Alliant Hospital	$ 1,012,516	$ 966,248	$ (46,268)
Pinellas	Bayfront Medical Center	$ 12,768,148	$ 13,319,894	$ 551,746
Pinellas	Edward White Hospital	$ 959,263	$ 946,852	$ (12,412)
Pinellas	HealthSouth Rehab Hosp-Largo	$ 368,618	$ 383,102	$ 14,484
Pinellas	Helen Ellis Memorial Hospital	$ 1,643,438	$ 1,613,098	$ (30,340)
Pinellas	Largo Medical Center	$ 3,678,298	$ 3,756,253	$ 77,955
Pinellas	Mease Hospital Clinic	$ 1,440,685	$ 1,533,557	$ 92,872
Pinellas	Mease Hospital Countryside	$ 5,870,218	$ 6,227,332	$ 357,114
Pinellas	Morton F. Plant Hospital	$ 8,972,036	$ 9,540,111	$ 568,076
Pinellas	Northside Hospital	$ 4,083,440	$ 4,190,617	$ 107,178
Pinellas	Palms of Pasadena Hospital	$ 738,421	$ 783,011	$ 44,590
Pinellas	St Anthonys Hospital	$ 5,464,593	$ 5,663,701	$ 199,109
Pinellas	St. Petersburg General Hospital	$ 4,186,077	$ 4,047,740	$ (138,337)
Polk	Bartow Memorial Hospital	$ 1,521,543	$ 1,596,300	$ 74,757
Polk	Heart of Florida Hospital	$ 4,000,124	$ 4,336,159	$ 336,035
Polk	Lake Wales Hospital Association	$ 1,201,692	$ 1,284,403	$ 82,711
Polk	Lakeland Regional Medical Center	$ 16,533,277	$ 17,483,776	$ 950,499
Polk	Winter Haven Hospital	$ 5,327,910	$ 5,746,592	$ 418,682
Putnam	Putnam Community Hospital	$ 4,899,380	$ 4,964,946	$ 65,566
Santa Rosa	Jay Hospital	$ 260,264	$ 262,301	$ 2,037
Santa Rosa	Santa Rosa Hospital	$ 2,135,835	$ 2,305,523	$ 169,688
Sarasota	Columbia Englewood Community Hosp	$ 274,583	$ 286,345	$ 11,762
Sarasota	Doctors Hospital of Sarasota	$ 871,815	$ 840,375	$ (31,439)
Sarasota	HealthSouth Rehab Hosp Sarasota	$ 149,121	$ 152,323	$ 3,202
Sarasota	Healthsouth Ridgelake Hospital	$ 140,325	$ 108,269	$ (32,055)
Sarasota	Memorial Hospital	$ 12,824,715	$ 13,396,839	$ 572,124
Sarasota	Venice Hospital	$ 1,664,458	$ 1,521,781	$ (142,677)
Seminole	Central Florida Regional Hospital	$ 3,309,761	$ 3,383,304	$ 73,543
St. Johns	Flagler Hospital	$ 4,654,205	$ 4,954,500	$ 300,295
St. Lucie	Lawnwood Regional Medical Center	$ 13,229,990	$ 13,541,247	$ 311,257
St. Lucie	St.Lucie Medical Center	$ 3,706,354	$ 3,837,674	$ 131,320
Sumter	The Villages Regional Hospital	$ 1,535,530	$ 1,620,139	$ 84,610
Suwannee	Shands at Live Oak	$ 664,343	$ 669,012	$ 4,669
Taylor	Doctor's Memorial Hospital	$ 885,663	$ 909,214	$ 23,551

Florida House of Representatives
Proposed DRG Payment Simulation
Fiscal Year 2013-14

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Union	Lake Butler Hospital	$ 47,539	$ 48,392	$ 852
Volusia	Bert Fish Memorial Hospital	$ 1,415,074	$ 1,541,770	$ 126,696
Volusia	Halifax Medical Center	$ 13,225,993	$ 14,010,219	$ 784,226
Volusia	Memorial Hospital - West Volusia	$ 3,858,401	$ 4,138,394	$ 279,993
Volusia	Ormond Beach Memorial Hospital	$ 5,404,574	$ 5,432,882	$ 28,309
Volusia	Volusia Medical Center	$ 2,739,104	$ 2,884,731	$ 145,627
Walton	Healthmark Regional Medical Center	$ 631,546	$ 643,990	$ 12,444
Walton	Sacred Heart Hosp - Emerald Coast	$ 3,259,412	$ 3,345,460	$ 86,049
Washington	Northwest Community Hospital	$ 423,955	$ 430,203	$ 6,248

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: PCB HCAS 14-01 Cancer Centers
SPONSOR(S): Health Care Appropriations Subcommittee
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Health Care Appropriations Subcommittee		Rodriguez	Pridgeon

SUMMARY ANALYSIS

This bill conforms statutes to the funding decisions included in the House proposed General Appropriations Act (GAA) for Fiscal Year 2014-2015. The bill:

- Creates s. 381.915, F.S., the Florida Consortium of National Cancer Institute Centers Program within the Department of Health (DOH) to enhance the quality and competitiveness of cancer care in the state, further a statewide biomedical research strategy responsive to the health needs of Florida's citizens and capitalize on the potential educational opportunities available to its students.
- Revises the statutory distribution of certain funds deposited into the Biomedical Research Trust Fund.
- Directs DOH to make payments to Florida-based cancer centers recognized by the National Cancer Institute (NCI) at the National Institutes of Health and to calculate an allocation fraction to be used for distributing funds to participating cancer centers.
- Provides that the allocation fraction is based on three factors: number of reportable cases, peer-review costs and biomedical educational and training costs and assigns weights to each of the primary allocation factors.
- Assigns tier-designated weights to each of a participating center's program metric factors based on the NCI status of the center.
- Requires that participating cancer centers meet minimum criteria for funding.
- Requires DOH, in conjunction with participating cancer centers, to submit a report to the Cancer Control Research Advisory Council (CCRAB) on specific metrics relating to cancer mortality and external funding for cancer-related research in the state.
- Authorizes the DOH to adopt rules to administer the Florida Consortium of National Cancer Institute Centers Program.
- Specifies that funding for the program is subject to an appropriation in the GAA.

The bill has an effective date of July 1, 2014.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Cancer is the general name for a group of more than 100 diseases. Although there are many kinds of cancer, all cancers start because abnormal cells grow out of control. Untreated cancers can cause serious illness and death. Half of all men and one-third of all women in the U.S. will develop cancer during their lifetimes.[1]

About 1,660,290 new cancer cases were expected to be diagnosed in 2013 in the United States, with approximately 118,290 of those occurring in Florida. In 2013, about 580,350 Americans were expected to die of cancer, almost 1,600 people per day. Cancer is the second most common cause of death in the United States, exceeded only by heart disease, accounting for nearly one of every four deaths. The NCI estimates that approximately 13.7 million Americans with a history of cancer were alive on January 1, 2012. Some of these individuals were cancer free, while others still had evidence of cancer and may have been undergoing treatment.[2]

Cancer is the leading cause of death in Florida.[3] Florida has the second-highest number of new diagnosed cancer cases in the U.S.[2], even though; it is the fourth-largest state in terms of population.

National Cancer Institute – Designated Cancer Centers

The NCI designation is nationally recognized as a marker of high-quality in cancer care and research and is linked to higher federal funding for cancer treatment. Florida has fewer designated cancer centers than peer states. For example, New York has six centers, Texas has four, and California has ten.[4] However, H. Lee Moffitt Cancer Center and Research Institute is the only National Cancer Institute - Designated Comprehensive Cancer Center in the state.

The NCI-designated cancer centers program recognizes institutions around the country that meet arduous criteria for world-class, state-of-the-art programs in multidisciplinary cancer research.[5] NCI-designated cancer centers are either affiliated with university medical centers or freestanding center institutions that are dedicated to research in the development of more effective approaches to prevention, diagnosis and treatment of cancer. The application process requires a rigorous review before being selected to be an NCI-designated cancer center.[6]

NCI awards two types of designations: NCI-Designated Cancer Center and NCI-Designated Comprehensive Cancer Center. NCI provides the following explanation of each types of award designation:[7]

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[1] American Cancer Society, *What is Cancer,* available at: http://www.cancer.org/cancer/cancerbasics/what-is-cancer (last viewed March 6, 2014).
[2] American Cancer Society, *Cancer Facts and Figures 2013,* available at: http://www.cancer.org/acs/groups/content/@epidemiologysurveilance/documents/document/acspc-036845.pdf (last viewed March 9, 2014).
[3] Florida Vital Statistics, *Annual Report 2012 – Deaths*, available at: http://www.flpublichealth.com/VSBOOK/pdf/2012/Deaths.pdf (last viewed March 9, 2014).
[4] National Cancer Institute, NCI-Designated Cancer Center, available at: http://www.cancer.gov/researchandfunding/extramural/cancercenters/find-a-cancer-center (last viewed March 5, 2014).
[5] National Cancer Institute, NCI-Designated Cancer Centers – *About the Cancer Centers Program*, available at: http://www.cancer.gov/researchandfunding/extramural/cancerenters/about (last viewed March 6, 2014).
[6] *Id.*
[7] *Id.*

- An NCI-designated cancer center must demonstrate scientific leadership, resources, and capabilities in laboratory, clinical, or population science, or some combination of these three components. It must also demonstrate reasonable depth and breadth of research in the scientific areas it chooses and transdisciplinary research across these areas.

- An NCI-designated comprehensive cancer center must demonstrate reasonable depth and breadth of research in each of three major areas: laboratory, clinical, and population-based research, as well as substantial transdisciplinary research that bridges these scientific areas. In addition, a comprehensive center must also demonstrate professional and public education and outreach capabilities, including the dissemination of clinical and public health advances in the communities it serves.

Florida Biomedical Research Program

The Florida Biomedical Research Program within the DOH includes two distinct programs: the James and Esther King Biomedical Research Program and the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program.

James and Esther King Biomedical Research Program

In 1999, the Legislature created the Florida Biomedical Research Program in DOH to support research initiatives that address the health care problems of Floridians in the areas of cancer, cardiovascular disease, stroke, and pulmonary disease.[8] A component of the Biomedical Research Program was the Biomedical Research Advisory Council (BRAC).[9] BRAC was created to advise the State Surgeon General on the direction and scope of the state's biomedical research program.

In 2001, the Legislature amended the purpose of the program, stating that the intent for the program was to provide an annual and perpetual source of funding to support research initiatives that address the health care problems of Floridians in the areas of tobacco-related cancer, cardiovascular disease, stroke, and pulmonary disease.[10] In 2003, the Florida Biomedical Research Program was renamed the "James and Esther King Biomedical Research Program (King Program)."[11]

The goals of the King Program are to:

- Improve the health of Floridians by researching better prevention, diagnoses, treatments, and cures for cancer, cardiovascular disease, stroke, and pulmonary disease.
- Expand the foundation of biomedical knowledge relating to the prevention, diagnosis, treatment, and cure of diseases related to tobacco use, including cancer, cardiovascular disease, stroke, and pulmonary disease.
- Improve the quality of the state's academic health centers by bringing the advances of biomedical research into the training of physicians and other health care providers.
- Increase the state's per capita funding for research by undertaking new initiatives in public health and biomedical research that will attract additional funding from outside the state.
- Stimulate economic activity in the state in areas related to biomedical research, such as the research and production of pharmaceuticals, biotechnology, and medical devices.

In 2013, the Legislature created new reporting requirements within the King Program for recipients of appropriations for biomedical and/or cancer research or related activities that do not have existing statutory reporting requirements. Annual fiscal-year progress reports describing the use of the funds

[8]Chapter 99-167, L.O.F.
[9] Section 215.5602(3), F.S.
[10]Chapter 2001-73, L.O.F.
[11]Chapter 2003-414, L.O.F.

are required to be submitted to the President of the Senate and the Speaker of the House of Representatives by December 15 of each year.[12]

The Legislature appropriated $10 million in recurring funds to the King Program for Fiscal Year 2013-14: $7.15 million from the Biomedical Research Trust Fund and $2.85 million from General Revenue.[13]

Bankhead-Coley Program

In 2006, the Legislature created the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley Program) within DOH. The purpose of the program was to advance progress towards cures for cancer through grant awards. The funds are distributed as grants to researchers seeking cures for cancer, with emphasis given to the efforts that significantly expand cancer research capacity in the state.[14]

The goals of the Bankhead-Coley Program are to significantly expand cancer research capacity and cancer treatment in the state by:

- Identifying ways to attract new research talent and attendant national grant-producing researchers to cancer research facilities in this state;
- Implementing a peer-reviewed, competitive process to identify and fund the best proposals to expand cancer research institutes in this state;
- Funding, through available resources, proposals that demonstrate the greatest opportunity to attract federal research grants and private financial support;
- Encouraging the employment of bioinformatics in order to create a cancer informatics infrastructure that enhances information and resource exchange and integration through researchers working in diverse disciplines to facilitate the full spectrum of cancer investigations;
- Facilitating the technical coordination, business development, and support of intellectual property as it relates to the advancement of cancer research;
- Aiding in other multidisciplinary, research-support activities for the advancement of cancer research;
- Improving both research and treatment through greater participation in clinical trials networks; and
- Reducing the impact of cancer on disparate groups.

In 2013, the Legislature appropriated $10 million in recurring funds to the Bankhead-Coley Program for Fiscal Year 2013-14: $5 million from the Biomedical Research Trust Fund and $5 million from General Revenue.[13]

Under the Bankhead-Coley Program[15], endowments to cancer research institutions are provided in the state to establish a funded research chair that will attract and retain a promising researcher in order to serve as a catalyst to attract other national grant-producing researchers to the state. The endowments are contingent upon funding in the GAA. The purpose of the endowment is to provide secure funding for at least seven years to attract an experienced and promising researcher whose continued employment for this period is not contingent upon grant awards associated with time-limited research projects to authorize the establishment of endowments for cancer research institutions within the state to fund an endowed research chair.

The research institution that receives an endowed chair must submit a report to the Governor, the President of the Senate and Speaker of the House of Representatives describing the research program and the responsibilities of the endowed chair. Upon final selection of the researcher, or if a

[12] Chapter 2013-50, L.O.F.
[13] Chapter 2013-40, L.O.F.
[14] The efforts to improve cancer research are outlined in s. 381.921, F.S.
[15] Section 381.922, F.S.

replacement is needed for the original endowed chair, the research institution must notify the Chairs of the Appropriations committees of the Senate and House of Representatives of the name of the researcher and specific information about the endowment budget and research responsibilities. The research institution is required to report annually to the President of the Senate and the Speaker of the House of Representatives information pertaining to the endowment.

In Fiscal Year 2013-14, the Legislature appropriated $10 million in nonrecurring funding to integrated cancer research and care institutions for establishing a funded research chair.[13]

Other Cancer Related Bodies in Florida

Cancer Control and Research Advisory Council (CCRAB)

In 1979, the Florida Cancer Control and Research Act was created pursuant to, s. 1004.435, F.S., along with the Cancer Control Research Advisory Council (CCRAB). CCRAB is housed within the H. Lee Moffitt Cancer Center and Research Institute, Inc. CCRAB consists of 35 members.[16]

CCRAB formulates and makes recommendations to the State Surgeon General, the Board of Governors, and the Florida Legislature. These recommendations include, but are not limited to, approval of the state cancer plan, cancer control initiatives, and the awarding of grants and contracts, as funds are available, to establish, or conduct programs in cancer control or prevention, cancer education and training, and cancer research. Technical Advisory Groups are formed by the Council to review such areas as the state cancer plan evaluation, tobacco use prevention, cancer disparities, cancer-related data, and legislative initiatives.

Statewide Cancer Registry

Section 385.202, F.S., requires each hospital or other licensed facility to report to DOH, information that indicates diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, and radiation, surgical, or other methods of diagnosis or treatment for each cancer diagnosed or treated by that facility to include Prostate Cancer. DOH, or a medical organization pursuant to a contract with DOH, is required to maintain and make available for research such information in a statewide cancer registry.

Cancer Center of Excellence Award Program

In 2013, the Legislature created the Cancer Center of Excellence Award Program to recognize hospitals, treatment centers, and other providers in Florida that demonstrate excellence in patient-centered, coordinated care for persons undergoing cancer treatment and therapy.[12]

The CCRAB and BRAC are directed to form a joint committee for the development of performance measures, a rating system, and a rating standard that must be achieved to be eligible for the three-year recognition.

The State Surgeon General is required to appoint a team of independent evaluators to assess and conduct onsite evaluations of applicants for the Award, and to notify the Governor of the applicants eligible to receive the Award.

The legislation also required the State Surgeon General to report to the President of the Senate and the Speaker of the House of Representatives, the status of implementing the Award program by January 31, 2014 and by December 15 annually thereafter. The State Surgeon General submitted the Implementation Report on January 22, 2014 to the Legislature.

[16] Section 1004.435(4)(a), F.S.

Awards are recognized for three years and provide that awardees will be given preference in certain competitive solicitations. Authorized awardees may use the Award designation in advertising and marketing.

Biomedical and Cancer Research Funding

The Florida Biomedical Research Program distributes grant awards for one-, two-, or three-year increments. Unspent awards revert to the Biomedical Research Trust Fund after five years. Any university or research institute in Florida may apply for grant funding to support the goals of either the King Program or Bankhead-Coley Program. All qualified investigators in the state, regardless of the institution, have an equal opportunity to compete for funding. Applications are accepted annually and awards are announced every June/July. After the awards are announced, the program obtains a signed contract, final budget, and the required study approvals from the grant recipient.

Biomedical Research Trust Fund

Currently, $25 million from the Biomedical Research Trust Fund is annually allocated to programs and institutions for research of tobacco-related or cancer-related illnesses:[17]

- $5 million – James and Esther King Biomedical Research Program
- $5 million – David Coley Cancer Research Program
- $5 million – H. Lee Moffitt Cancer Center and Research Institute
- $5 million – Sylvester Comprehensive Cancer Center at the University of Miami
- $5 million – University of Florida Health Shands Cancer Hospital

Additionally, the King Program is appropriated $2.15 million from Lawton Chiles Endowment Fund earnings on principle set aside for biomedical research.[18] These earnings are deposited into the Biomedical Research Trust Fund for the King Program.

A portion of the cigarette tax[19], approximately 1.00 percent, is deposited into the Biomedical Research Trust Fund. These funds are appropriated annually in an amount not to exceed $3 million to the Sanford-Burnham Medical Research Institute for biomedical research.[20] Based on cigarette tax distributions as of July 1, 2013, Sanford-Burnham would receive approximately $2.6 million for Fiscal Year 2013-14.

Torrey Pines Institute for Molecular Studies received $3 million in nonrecurring funds from the Biomedical Research Trust Fund for Fiscal Year 2013-14.[13]

Direct General Revenue Appropriations

The extent of GR funding for biomedical and cancer research has varied significantly from year-to-year. The GAA for Fiscal Year 2013-14 provided $17.05 million in recurring GR funding to support biomedical and cancer research.[13] The James and Esther King and Bankhead/Coley programs received $2.85 million and $5 million respectively. A total of $9.2 million in General Revenue funding was provided directly to four research institutions:[13]

- $2.05 million – H. Lee Moffitt Cancer Center and Research Institute
- $2.05 million – University of Florida Health Shands Cancer Hospital
- $2.05 million – Sylvester Comprehensive Cancer Center at the University of Miami
- $3 million – Sanford-Burnham Medical Research Institute

[17] Section 215.5602(12)(a), F.S.
[18] Section 215.5601(5)(a)(1), F.S.
[19] Section 210.02, F.S.
[20] Section 210.20(1)(c), F.S.

H. Lee Moffitt Cancer Center and Research Institute receives $10.6 million in recurring General Revenue funds within the Department of Education's budget of which a portion is directed to provide research and education related to cancer.[13]

Endowments for Research Chairs

In Fiscal Year 2013-14, the Legislature appropriated $10 million in nonrecurring funding to integrated cancer research and care institutions for establishing a funded research chair. Proviso language in the Fiscal Year 2013-14 GAA directed funding to three specific integrated cancer research and care institutions for the establishment of endowed research chairs:[13]

- $3,333,333 – H. Lee Moffitt Cancer Center and Research Institute
- $3,333,333 – University of Florida Health Shands Cancer Hospital
- $3,333,333 – Sylvester Comprehensive Cancer Center at the University of Miami

Additional Funding for the H. Lee Moffitt Cancer Center and Research Institute

A portion of the proceeds from cigarette taxes (an amount equal to 2.75 percent of the net collections) is provided to the Board of Directors of the H. Lee Moffit Cancer Center and Research Institute. These funds are appropriated monthly out of the Cigarette Tax Collection Trust Fund. These funds are to be used for lawful purposes, including constructing, furnishing, equipping, financing, operating, and maintaining cancer research and clinical and related facilities; furnishing, equipping, operating, and maintaining other properties owned or leased by the H. Lee Moffitt Cancer Center and Research Institute; and paying costs incurred in connection with purchasing, financing, operating, and maintaining such equipment, facilities, and properties. In Fiscal Year 2013-14, the amount of this direct cigarette tax distribution was approximately $10.6 million.[21]

The following chart summarizes State Biomedical and/or Cancer Research Funding for Fiscal Year 2013-14:

[21] Section 210.20(2)(b)

State Biomedical and/or Cancer Funding
(Millions of $)

H. Lee Moffitt Cancer Center and Research Institute				
Cancer Research and Eduction	10.6			10.6
Biomedical Research	2.1	5.0		7.1
Endowed Cancer Research Chair*	3.3			3.3
Direct Cigarette Tax Distribution - Section. 210.20(2)(b), F.S.			10.6	10.6
Sanford Burnham Medical Research Institute				
Biomedical Research	3.0	2.6		5.6
University of Florida Health Shands Cancer Hospital				
Biomedical Research	2.1	5.0		7.1
Endowed Cancer Research Chair*	3.3			3.3
Sylvester Comprehensive Cancer Center at the University of Miami				
Biomedical Research	2.1	5.0		7.1
Endowed Cancer Research Chair*	3.3			3.3
Torrey Pines Institute of Molecular Research				
Biomedical Research*		3.0		3.0
James and Esther King Biomedical Research Program				
Biomedical Research	2.9	7.2		10.0
William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program				
Biomedical Research	5.0	5.0		10.0

*Nonrecurring Funding

Effects of Proposed Changes

Florida Consortium of National Cancer Institute Centers Program

This bill creates s. 381.915, F.S., the Florida Consortium of National Cancer Institute Centers Program within DOH. The purpose of the program is to enhance the quality and competitiveness of cancer care in the state, further a statewide biomedical research strategy responsive to the health needs of Florida's citizens and capitalize on the potential educational opportunities available to its students. The bill directs DOH to make payments to Florida-based cancer centers recognized by the NCI at the National Institutes of Health as NCI-designated cancer centers or NCI-designated comprehensive cancer centers, and cancer centers working toward achieving NCI designation.

The bill directs DOH to calculate an allocation fraction to be used for distributing funds to participating cancer centers on or before September 15 of each year. The bill requires DOH to distribute funds to participating cancer centers on a quarterly basis on or before the final business day of each quarter of the state fiscal year. Annual funding for the program is subject to an appropriation in the GAA.

This bill revises the statutory distribution of certain funds deposited into the Biomedical Research Trust Fund. The bill eliminates the annual statutory distribution of cigarette tax revenues (approximately $2.6 million) deposited into the Biomedical Research Trust Fund for the Sanford-Burnham Medical Research Institute. The bill eliminates the annual statutory distribution of Biomedical Research Trust Fund allocations to the following institutions:

- $5 million – H. Lee Moffit Cancer Center and Research Institution
- $5 million – Sylvester Comprehensive Cancer Center of the University of Miami
- $5 million – University of Florida Health Shands Cancer Hospital

Proposed Funding Allocation Methodology

Program Metrics and Funding Allocation

The allocation fraction for each participating cancer center is based on specific cancer center factors including:

- Number of reportable cases,
- Peer-review costs and
- Biomedical educational and training costs.

The bill assigns weights to each of the primary allocation factors. *Number of Reportable Cases* are weighted at 40 percent. Both *Peer-review Costs* and *Biomedical Educational and Training Costs* are weighted at 30 percent.

Weighted Tier Designations for NCI Status

Additionally, the bill assigns tier-designated weights to each of a participating center's program metric factors based on the NCI status of the center. The tier-designated weights are as follows:

- Tier 1: Florida-based NCI-designated Comprehensive Cancer Centers, weighted at 1.5
- Tier 2: Florida-based NCI-designated Cancer Centers, weighted at 1.25
- Tier 3: Florida-based cancer centers in pursuit of designation as either a NCI-designated Cancer Center or NCI-designated Comprehensive Cancer Center, weighted at 1.0

Criteria for Tier 3 Eligibility

The bill requires that cancer centers seeking Tier 3 eligibility under the program meet minimum criteria. Tier 3 eligibility criteria are as follows:

- Conducting cancer-related basic scientific research and cancer-related population scientific research;
- Offering and providing the full range of diagnostic and treatment services on site, as determined by the Commission on Cancer of the American College of Surgeons;
- Hosting or conducting cancer-related interventional clinical trials that are registered with the NCI's Clinical Trials Reporting Program;
- Offering degree-granting programs or affiliating with universities through degree-granting programs accredited or approved by a nationally recognized agency and offered through the center or through the center in conjunction with another institution accredited by the Commission on Colleges of the Southern Association of Colleges and Schools;
- Providing training to clinical trainees, medical trainees accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and postdoctoral fellows recently awarded a doctorate degree; and

- Having more than $5 million in annual direct costs associated with their total NCI peer-reviewed grant funding.

The bill provides that the GAA or accompanying legislation may limit the number of facilities eligible for Tier 3 designations or provide additional criteria for such designations. The bill limits the number of years that a cancer center is eligible for Tier 3 to five years.

Allocation Formula and Calculation of Allocation Fraction

The bill directs DOH to calculate a participating cancer center's allocation fraction on or before September 15 of each year based on the following formula:

$$CAF = [0.4 \times (CRC + TCRC)] + [0.3 \times (CPC + TCPC)] + [0.3 \times (CBE + TCBE)]$$

Where:
CAF = A cancer center's allocation fraction.
CRC = A cancer center's tier-weighted reportable cases.
TCRC = The total of all cancer centers' tier-weighted reportable cases.
CPC = A cancer center's tier-weighted peer-review costs.
TCPC = The total of all cancer centers' tier-weighted peer-review costs.
CBE = A cancer center's tier-weighted biomedical education and training.
TCBE = The total of all cancer centers' tier-weighted biomedical education and training.

The bill provides that a cancer center's annual allocation be calculated by multiplying the funds appropriated for the Florida Consortium of NCI Centers program in the GAA by that cancer center's allocation fraction. If the calculation results in an annual allocation that is less than $16 million, that cancer center's annual allocation shall be increased to a sum equaling $16 million, with the additional funds being provided proportionally from the annual allocations calculated for the other participating cancer centers.

Reporting Requirements

The bill requires DOH, in conjunction with participating cancer centers, to submit a report to CCRAB on specific metrics relating to cancer mortality and external funding for cancer-related research in the state. If a participating cancer center does not endorse this report or produce an equivalent independent report, the cancer center shall be suspended from the program for one year. The bill states that the report must include the following:

- An analysis of trending age-adjusted cancer mortality rates in the state, which must include, at a minimum, overall age-adjusted mortality rates for cancer statewide and age-adjusted mortality rates by age group, geographic region, and type of cancer, which must include, at a minimum:
  - Lung cancer
  - Pancreatic cancer
  - Sarcoma
  - Melanoma
  - Leukemia and Myelodysplastic Syndromes
  - Brain cancer
- Identification of trends in overall federal funding, broken down by institutional source, for cancer-related research in the state
- A list and narrative description of collaborative grants and inter-institutional collaboration among participating cancer centers, a comparison of collaborative grants in proportion to the grant totals for each cancer center, a catalogue of retreats and progress seed grants using state funds, and targets for collaboration in the future and reports on progress regarding such targets where appropriate.

B. SECTION DIRECTORY:

Section 1: Amends s. 20.435, F.S., authorizing funds in the Biomedical Research Trust Fund to be used for the Florida Consortium of National Cancer Institute Centers Program.
Section 2: Amends s. 210.20, F.S., revising the distribution of certain funds deposited into the Biomedical Research Trust Fund.
Section 3: Amends s. 215.5602, F.S., revising the distribution of certain funds deposited into the Biomedical Research Trust Fund.
Section 4: Creates s. 381.915, F.S., establishing the Florida Consortium of National Cancer Institute Centers Program, providing a purpose, requiring DOH to distribute funding to certain centers based on an allocation fraction, providing definitions, providing criteria for designation of tiers for cancer centers, providing a formula for determination of allocation fractions, requiring reports, provides that funding is subject to an appropriation in the GAA and providing rulemaking authority for the DOH.
Section 5: Provides an effective date of July 1, 2014.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   The bill eliminates the annual statutory distribution of cigarette tax revenues (approximately $2.6 million) deposited into the Biomedical Research Trust Fund for the Sanford-Burnham Medical Research Institute.

   The bill eliminates the annual statutory distribution of Biomedical Research Trust Fund allocations to the following institutions:
   - $5 million – H. Lee Moffit Cancer Center and Research Institution
   - $5 million – Sylvester Comprehensive Cancer Center of the University of Miami
   - $5 million – University of Florida Health Shands Cancer Hospital

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The possible addition of NCI-designated cancer centers to the state may generate positive fiscal outcomes for the private sector including, but not limited to, an increase of high paying jobs and other economic benefits. However, the specific economic impact is unknown.

D. FISCAL COMMENTS:

Subject to the passage of this bill, the House proposed GAA for Fiscal Year 2014-15 provides for the realignment of $26.75 million in annual funding from both the Biomedical Research Trust Fund and the

General Revenue Fund to support the Florida Consortium of National Cancer Institute Centers Program:

- Realigns $17.6 million recurring - Biomedical Research Trust Fund:
  - $5 million H. Lee Moffit Cancer Center and Research Institution
  - $5 million – Sylvester Comprehensive Cancer Center of the University of Miami
  - $5 million – University of Florida Health Shands Cancer Hospital
  - $2.6 million – Sanford-Burnham Medical Research Institute

- Realigns $9.2 million recurring - General Revenue:
  - $2.05 million – H. Lee Moffit Cancer Center and Research Institution
  - $2.05 million – Sylvester Comprehensive Cancer Center of the University of Miami
  - $2.05 million – University of Florida Health Shands Cancer Hospital
  - $3 million – Sanford-Burnham Medical Research Institute

Additionally, the House proposed GAA for Fiscal Year 2014-15 provides an additional $33.25 million from the General Revenue Fund to support the program. In total, the House proposes $60 million for the Florida Consortium of National Cancer Institute Centers Program in Fiscal Year 2014-15. Funding for the program would be distributed to eligible cancer centers pursuant to the calculation of the allocation formula and contingent on the passage of this bill or similar legislation. The charts below summarize current direct appropriations for FY 2013/14 and the House proposed appropriation to the program for FY 2014/15:

Summary of Current Direct Appropriations - FY 2013/14			
Institutions	**General Revenue**	**Biomedical Research Trust Fund**	**Total**
H. Lee Moffitt Cancer Center & Research Institute	2,050,000	5,000,000	7,050,000
University of Florida Health Shands Cancer Hospital	2,050,000	5,000,000	7,050,000
University of Miami Sylvester Comprehensive Cancer Center	2,050,000	5,000,000	7,050,000
Sanford-Burnham Medical Research Institute	3,000,000	2,600,000	5,600,000
Total	**9,150,000**	**17,600,000**	**26,750,000**

House Proposed - FL Consortium of NCI Centers Program Funding - FY 2014/15			
Proposed Realignment of Direct Appropriations FY 2013/14	**General Revenue**	**Biomedical Research Trust Fund**	**Total**
	9,150,000	17,600,000	26,750,000
Proposed New Funding	33,250,000	-	33,250,000
Total FL Consortium of NCI Centers Program - FY 2014/15	**42,400,000**	**17,600,000**	**60,000,000**

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

N/A

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

A bill to be entitled

An act relating to cancer centers; amending s. 20.435, F.S.; authorizing funds in the Biomedical Research Trust Fund to be used for the Florida Consortium of National Cancer Institute Centers Program; amending ss. 210.20 and 215.5602, F.S.; revising the distribution of certain funds deposited into the Biomedical Research Trust Fund; creating s. 381.915, F.S.; providing a short title; establishing the Florida Consortium of National Cancer Institute Centers Program; providing purpose; requiring the Department of Health to distribute funding to certain cancer centers; providing a formula for determination of allocations; providing definitions; providing criteria for designation of tiers for cancer centers; requiring reports; providing that funding is subject to annual appropriation; providing rulemaking authority; providing an effective date.

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

Section 1. Paragraph (a) of subsection (8) of section 20.435, Florida Statutes, is amended to read:

20.435 Department of Health; trust funds.—The following trust funds shall be administered by the Department of Health:

(8) Biomedical Research Trust Fund.

(a) Funds to be credited to the trust fund shall consist of funds deposited pursuant to s. 215.5601 and any other funds appropriated by the Legislature. Funds shall be used for the purposes of the James and Esther King Biomedical Research Program, the Florida Consortium of National Cancer Institute Centers Program, and the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program as specified in ss. 215.5602, 288.955, 381.915, and 381.922. The trust fund is exempt from the service charges imposed by s. 215.20.

Section 2. Paragraph (c) of subsection (2) of section 210.20, Florida Statutes, is amended to read:

210.20 Employees and assistants; distribution of funds.—

(2) As collections are received by the division from such cigarette taxes, it shall pay the same into a trust fund in the State Treasury designated "Cigarette Tax Collection Trust Fund" which shall be paid and distributed as follows:

(c) Beginning July 1, 2013, and continuing through June 30, 2033, the division shall from month to month certify to the Chief Financial Officer the amount derived from the cigarette tax imposed by s. 210.02, less the service charges provided for in s. 215.20 and less 0.9 percent of the amount derived from the cigarette tax imposed by s. 210.02, which shall be deposited into the Alcoholic Beverage and Tobacco Trust Fund, specifying an amount equal to 1 percent of the net collections, and that amount shall be deposited into the Biomedical Research Trust Fund in the Department of Health. ~~These funds are appropriated~~

~~annually in an amount not to exceed $3 million from the Biomedical Research Trust Fund for the Department of Health and the Sanford-Burnham Medical Research Institute to work in conjunction for the purpose of establishing activities and grant opportunities in relation to biomedical research.~~

Section 3. Paragraph (a) of subsection (12) of section 215.5602, Florida Statutes, is amended to read:

215.5602 James and Esther King Biomedical Research Program.—

(12)(a) Beginning in the 2011-2012 fiscal year and thereafter, $25 million from the revenue deposited into the Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7) shall be reserved for research of tobacco-related or cancer-related illnesses. Of the revenue deposited in the Health Care Trust Fund pursuant to this section, $25 million shall be transferred to the Biomedical Research Trust Fund within the Department of Health. Subject to annual appropriations in the General Appropriations Act, $5 million shall be appropriated to the James and Esther King Biomedical Research Program, $5 million shall be appropriated to the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program created under s. 381.922~~, $5 million shall be appropriated to the H. Lee Moffitt Cancer Center and Research Institute established under s. 1004.43, $5 million shall be appropriated to the Sylvester Comprehensive Cancer Center of the University of Miami, and $5 million shall be appropriated to the Shands Cancer Hospital~~.

Section 4. Section 381.915, Florida Statutes, is created to read:

381.915 Florida Consortium of National Cancer Institute Centers Program.—

(1) This section may be cited as the "Florida NCI Cancer Centers Act."

(2) The Florida Consortium of National Cancer Institute Centers Program is established to enhance the quality and competitiveness of cancer care in this state, further a statewide biomedical research strategy directly responsive to the health needs of Florida's citizens, and capitalize on the potential educational opportunities available to its students. The department shall make payments to Florida-based cancer centers recognized by the National Cancer Institute (NCI) at the National Institutes of Health as NCI-designated cancer centers or NCI-designated comprehensive cancer centers, and cancer centers working toward achieving NCI designation. The department shall distribute funds to participating cancer centers on a quarterly basis during each fiscal year for which an appropriation is made.

(3) On or before September 15 of each year, the department shall calculate an allocation fraction to be used for distributing funds to participating cancer centers. On or before the final business day of each quarter of the state fiscal year, the department shall distribute to each participating cancer center one-fourth of that cancer center's annual allocation

calculated under subsection (6). The allocation fraction for each participating cancer center is based on the cancer center's tier-designated weight under subsection (4) multiplied by each of the following allocation factors: number of reportable cases, peer-review costs, and biomedical education and training costs. As used in this section, the term:

(a) "Biomedical education and training" means instruction that is offered to a student who is enrolled in a biomedical research program at an affiliated university as a medical student or a student in a master's or doctoral degree program, or who is a resident physician trainee or postdoctoral trainee in such program. An affiliated university biomedical research program must be accredited or approved by a nationally recognized agency and offered through an institution accredited by the Commission on Colleges of the Southern Association of Colleges and Schools. Full-time equivalency for trainees shall be prorated for training received in oncologic sciences and oncologic medicine.

(b) "Cancer center" means a freestanding center, a center situated within an academic institution, or a formal research-based consortium under centralized leadership that has achieved NCI designation or is prepared to achieve NCI designation by July 1, 2019.

(c) "Florida-based" means that a cancer center's actual or sought designated status is or would be recognized by the NCI as primarily located in Florida and not in another state.

(d) "Peer-review costs" means the total annual direct costs for peer-reviewed cancer-related research projects, consistent with reporting guidelines provided by the NCI, for the most recent annual reporting period available.

(e) "Reportable cases" means cases of cancer in which a cancer center is involved in the diagnosis, evaluation of the diagnosis, evaluation of the extent of cancer spread at the time of diagnosis, or administration of all or any part of the first course of therapy for the most recent annual reporting period available. Cases relating to patients enrolled in institutional or investigator-initiated interventional clinical trials shall be weighted at 1.2 relative to other cases weighted at 1.0. Determination of institutional or investigator-initiated interventional clinical trials must be consistent with reporting guidelines provided by the NCI.

(4) Tier designations and corresponding weights within the Florida Consortium of National Cancer Institute Centers Program are as follows:

(a) Tier 1: Florida-based NCI-designated comprehensive cancer centers, which shall be weighted at 1.5.

(b) Tier 2: Florida-based NCI-designated cancer centers, which shall be weighted at 1.25.

(c) Tier 3: Florida-based cancer centers seeking designation as either a NCI-designated cancer center or NCI-designated comprehensive cancer center, which shall be weighted at 1.0.

1. A cancer center shall meet the following minimum criteria to be considered eligible for Tier 3 designation in any given fiscal year:

a. Conducting cancer-related basic scientific research and cancer-related population scientific research;

b. Offering and providing the full range of diagnostic and treatment services on site, as determined by the Commission on Cancer of the American College of Surgeons;

c. Hosting or conducting cancer-related interventional clinical trials that are registered with the NCI's Clinical Trials Reporting Program;

d. Offering degree-granting programs or affiliating with universities through degree-granting programs accredited or approved by a nationally recognized agency and offered through the center or through the center in conjunction with another institution accredited by the Commission on Colleges of the Southern Association of Colleges and Schools;

e. Providing training to clinical trainees, medical trainees accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and postdoctoral fellows recently awarded a doctorate degree; and

f. Having more than $5 million in annual direct costs associated with their total NCI peer-reviewed grant funding.

2. The General Appropriations Act or accompanying legislation may limit the number of cancer centers which shall

receive Tier 3 designations or provide additional criteria for such designation.

3. A cancer center's participation in Tier 3 shall be limited to 5 years.

4. A cancer center that qualifies as a designated Tier 3 center under the criteria provided in subparagraph 1. by July, 1, 2014, is authorized to pursue NCI designation as a cancer center or a comprehensive cancer center for 5 years after qualification.

(5) The department shall use the following formula to calculate a participating cancer center's allocation fraction:

$$CAF=[0.4\times(CRC\div TCRC)]+[0.3\times(CPC\div TCPC)]+[0.3\times(CBE\div TCBE)]$$

Where:

CAF=A cancer center's allocation fraction.

CRC=A cancer center's tier-weighted reportable cases.

TCRC=The total tier-weighted reportable cases for all cancer centers.

CPC=A cancer center's tier-weighted peer-review costs.

TCPC=The total tier-weighted peer-review costs for all cancer centers.

CBE=A cancer center's tier-weighted biomedical education and training.

TCBE=The total tier-weighted biomedical education and training for all cancer centers.

(6) A cancer center's annual allocation shall be calculated by multiplying the funds appropriated for the Florida Consortium of National Cancer Institute Centers Program in the General Appropriations Act by that cancer center's allocation fraction. If the calculation results in an annual allocation that is less than $16 million, that cancer center's annual allocation shall be increased to a sum equaling $16 million, with the additional funds being provided proportionally from the annual allocations calculated for the other participating cancer centers.

(7) Beginning July 1, 2017, and every 3 years thereafter, the department, in conjunction with participating cancer centers, shall submit a report to the Cancer Control and Research Advisory Council on specific metrics relating to cancer mortality and external funding for cancer-related research in the state. If a cancer center does not endorse this report or produce an equivalent independent report, the cancer center shall be suspended from the program for 1 year. The report must include:

(a) An analysis of trending age-adjusted cancer mortality rates in the state, which must include, at a minimum, overall age-adjusted mortality rates for cancer statewide and age-adjusted mortality rates by age group, geographic region, and type of cancer, which must include, at a minimum:

1. Lung cancer.

2. Pancreatic cancer.

3. Sarcoma.

4. Melanoma.

5. Leukemia and myelodysplastic syndromes.

6. Brain cancer.

(b) Identification of trends in overall federal funding, broken down by institutional source, for cancer-related research in the state.

(c) A list and narrative description of collaborative grants and interinstitutional collaboration among participating cancer centers, a comparison of collaborative grants in proportion to the grant totals for each cancer center, a catalogue of retreats and progress seed grants using state funds, and targets for collaboration in the future and reports on progress regarding such targets where appropriate.

(8) This section is subject to annual appropriation by the Legislature.

(9) The department may adopt rules to administer this section.

Section 5. This act shall take effect July 1, 2014.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: PCB HCAS 14-02 Medicaid
SPONSOR(S): Health Care Appropriations Subcommittee
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Health Care Appropriations Subcommittee		Clark	Pridgeon

SUMMARY ANALYSIS

The bill conforms statutes to the funding decisions related to the Medicaid Disproportionate Share Hospital (DSH) Program included in the House proposed General Appropriations Act (GAA) for Fiscal Year 2014-2015. The bill:

- Revises the years of audited data used in determining Medicaid and charity care days for hospitals in the DSH program.
- Continues Medicaid DSH distributions for nonstate, government-owned or operated hospitals eligible for payment on July 1, 2011.

The bill provides an effective date of July 1, 2014.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Disproportionate Share Hospital Program (DSH)

The Medicaid Disproportionate Share Hospital Program funding distributions are provided to hospitals that provide a disproportionate share of the Medicaid or charity care services to uninsured individuals. Each year, the Legislature delineates how the funds will be distributed to each eligible facility.

The bill amends several provisions of chapter 409, F.S., to implement the changes in DSH program funding to correspond to the House proposed General Appropriations Act for Fiscal Year 2014-2015. The bill:

- Revises the years of audited data to be used in calculating disproportionate share payments to hospitals for Fiscal Year 2014-2015 to use the 2006, 2007, and 2008 years; and
- Continues disproportionate share payments for any non-state, government-owned or operated hospital eligible for payment on July 1, 2011 for Fiscal Year 2014-2015.

B. SECTION DIRECTORY:

Section 1: Amends s. 409.911, F.S., to revise the years of audited data used for hospitals in the disproportionate share program and continues Medicaid disproportionate share distributions for nonstate, government-owned or operated hospitals eligible for payment on a specified date.

Section 2: Provides an effective date of July 1, 2014.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   $210,123,845 in federal Medicaid funds will be generated through the implementation of the DSH programs.

2. Expenditures:

   The House proposed GAA contains the following appropriation:

	FY 2014-15
REGULAR DISPROPORTIONATE SHARE (DSH)	
General Revenue	$ 750,000
Grants and Donations Trust Fund	$ 91,378,748
Medical Care Trust Fund	$ 136,592,077
Total	**$ 228,720,825**
MENTAL HEALTH HOSPITAL DSH	
Medical Care Trust Fund	$ 71,125,459
Total	**$ 71,125,459**
TUBERCULOSIS DSH	
Medical Care Trust Fund	$ 2,406,309
Total	**$ 2,406,309**
TOTAL BUDGETARY IMPACT	
General Revenue	**$ 750,000**
Grants and Donations Trust Fund	**$ 91,378,748**
Medical Care Trust Fund	**$ 210,123,845**
GRAND TOTAL	**$ 302,252,593**

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

In order to earn matching federal dollars, local governments and other local political subdivisions would be required to provide $91,378,748 in contributions for the DSH program.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Hospitals providing a disproportionate share of Medicaid or charity care services will receive additional reimbursement toward the cost of providing care to uninsured individuals.

D. FISCAL COMMENTS:

The AHCA will distribute a total of $302,252,593 through the federal Disproportionate Share Hospital (DSH) Program to hospitals providing a disproportionate share of Medicaid or charity care services.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

None.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

A bill to be entitled

An act relating to Medicaid; amending s. 409.911, F.S.; updating references to data used for calculations in the disproportionate share program; providing for continuance of Medicaid disproportionate share distributions for certain nonstate government owned or operated hospitals; providing an effective date.

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

Section 1. Paragraph (a) of subsection (2) and paragraph (d) of subsection (4) of section 409.911, Florida Statutes, are amended to read:

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

(2) The Agency for Health Care Administration shall use the following actual audited data to determine the Medicaid days

and charity care to be used in calculating the disproportionate share payment:

(a) The average of the ~~2005,~~ 2006, ~~and~~ 2007, and 2008 audited disproportionate share data to determine each hospital's Medicaid days and charity care for the 2014-2015 ~~2013-2014~~ state fiscal year.

(4) The following formulas shall be used to pay disproportionate share dollars to public hospitals:

(d) Any nonstate government owned or operated hospital eligible for payments under this section on July 1, 2011, remains eligible for payments during the 2014-2015 ~~2013-2014~~ state fiscal year.

Section 2. This act shall take effect July 1, 2014.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 819 Department of Health
SPONSOR(S): Health Quality Subcommittee; Pigman
TIED BILLS: **IDEN./SIM. BILLS:** SB 1066

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	11 Y, 1 N, As CS	Castagna	O'Callaghan
2) Health Care Appropriations Subcommittee		Pridgeon	Pridgeon
3) Health & Human Services Committee			

SUMMARY ANALYSIS

This bill removes the requirement that medical doctors complete certain continuing education requirements, but authorizes the Board of Medicine (Board), through rulemaking, to mandate specific continuing medical education requirements. Also, the Board may, by rule, allow the fulfillment of continuing education requirements, for:

- Continuing medical education courses approved by the American Medical Association;
- Attendance at board meetings in which a licensee is being disciplined;
- Service as a volunteer expert witness in a disciplinary proceeding or service as a member of a probable cause panel;
- Pro bono services to indigent and underserved populations or patients in critical need areas;
- Performing research in critical need areas; or
- Training for advanced professional certification.

This bill allows a board, or the Department when there is no board, to adopt rules (under certain circumstances) to waive initial application and licensure fees, and renewal of licensure fees, for health care practitioners licensed under ch. 456, F.S. The waiver of renewal fees may not exceed 2 years.

This bill will assist the Department in investigations of health care practitioners or persons conducting unlicensed activities by allowing the Department to enter into an interagency agreement with the Department of Highway and Safety Motor Vehicles to access current digital photographic images of licensed health care practitioners and authorizing the Department, instead of the Agency for Health Care Administration, to access patient records.

In addition to the above, the bill:

- Removes the option of apprenticeship as a pathway to licensure for massage therapists.
- Aligns continuing training requirements for certified nursing assistants' certification renewals with their biennial renewal cycles and abolishes the Council on Certified Nursing Assistants.
- Removes the requirement that the Department send a notification by registered mail to each registered dental laboratory operator within 30 days following the expiration date of the dental laboratory operator's registration.
- Updates the names of certain accrediting bodies for midwifery programs and registered dieticians.
- Revises the membership structure for the Board of Nursing Home Administrators and allows for those with a master's degree in health care services or an equivalent field to take the examination to be a licensed nursing home administrator regardless of the type of bachelor's degree earned.
- Requires an inter-facility transfer in an ambulance if a patient is "bed confined" or requires the administration of medical oxygen.

The bill has an insignificant positive fiscal impact on the Department of Health and an indeterminate, but likely significant impact on the Medicaid program. (See Fiscal Comments)

This bill provides an effective date of July 1, 2014.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Department of Health, Division of Medical Quality Assurance

Currently, the Division of Medical Quality Assurance (MQA) within the Department of Health (Department) licenses and regulates health care practitioners to preserve the health, safety, and welfare of the public. Working in conjunction with 22 boards and 6 councils, the MQA licenses and regulates 7 types of facilities and 200-plus license types in more than 40 health care professions.[1]

A board is a statutorily created entity that is authorized to exercise regulatory or rulemaking functions within the MQA.[2] Boards are responsible for approving or denying applications for licensure, establishing continuing medical education requirements, and are involved in disciplinary hearings. Sections 456.072, 456.073, and 456.074 F.S., provide the authority for a board to take disciplinary action against a licensee. The board can take action for any legally sufficient, written, and signed complaint that is filed before it.[3]

Department Investigations

The Department has the authority to investigate a complaint. Further, the Department may initiate an investigation if it has reasonable cause to believe that a licensee has violated a Florida Statute, or an administrative rule of either a board or the Department. However, patient and personnel records may only be issued to the Agency for Health Care Administration for purposes of investigation, prosecution, and disciplinary proceedings against a health care practitioner.[4] Records used to form the basis of an investigation against a health care practitioner, must be made available, upon written request, to the practitioner who is under investigation or prosecution. Otherwise, the patient records are currently protected from public access under s. 456.057(9)(a), F.S.

Licenses and Fees

A regulatory board issues a license to a health care practitioner after certain statutory and administrative criteria are met. Two licenses are issued to health care practitioners, 1 wallet-sized, and one wall certificate[5] measuring 6 ½ inches by 5 inches.[6] If a provider's license is revoked or issued in error, the licensee must surrender both of these to the Department. Photos of each licensee are kept on file with the Department.

Typical fees associated with obtaining an initial license for a profession within the jurisdiction of the Department include:

- An initial licensing fee.
- An initial application fee.

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[1] Florida Health Source, Florida Department of Health, *accessible at*: http://www.flhealthsource.gov/ (Last accessed February 28, 2014).
[2] Section 456.001, F.S.
[3] Section 456.025(3), F.S., provides that a complaint is legally sufficient if it contains the ultimate facts that show a violation of the relevant practice act or any rule adopted by the Department or the relevant board.
[4] Section 395.3025, F.S.
[5] The fee assessed by the Department for a wall certificate may not exceed $25. Section 456.025(4), F.S.
[6] Section 456.013(2), F.S.

- An initial unlicensed activity fee of $5.[7]
- Fees associated with criminal background checks.

Each board, or the Department when there is no board, determines by rule the amount of license fees for each profession it regulates. Fees are allocated to the MQA Trust Fund.[8]

MQA Trust Fund

Funds allocated to the MQA Trust Fund consist of fees and fines related to the licensing of health care professionals. Funds must be used for the purpose of providing administrative support for the regulation of health care professionals and for other such purposes as may be appropriate pursuant to legislative appropriation.[9] Every two years each board or, the Department when there is no board, collects applications and additional licensing fees from applicants and renewal fees from current practitioners. As of December 31, 2013, there was $20,749,755 in the MQA Trust Fund.[10]

Certified Nursing Assistants

To maintain certification, Certified Nursing Assistants (CNA) must show proof of having completed in-service training hours, which are the equivalent of continuing education hours for other health care professions. Currently, a CNA must complete 12 hours of in-service training each calendar year.[11] CNA licenses are issued for a biennium with a May 31st expiration date.

The Council on Certified Nursing Assistants (Council)[12] proposes rules to implement in-service training requirements. The Council is composed of 5 members:

- 2 Registered Nurses appointed by the chair of the Board of Nursing.
- 1 Licensed Practical Nurse appointed by the chair of the Board of Nursing.
- 2 Certified Nursing Assistants appointed by the State Surgeon General.

The Council meets every two months in conjunction with the Board of Nursing. During these meetings the Council makes recommendations to the Department and the Board of Nursing regarding CNA policies and procedures, licensure, and other regulatory issues.[13]

Massage Therapist Licensure

A person may be approved by the Board of Massage Therapy to become an apprentice to study massage under the instruction of a licensed massage therapist, if the person meets the qualifications stated in Rule 64B7-29.002, Florida Administrative Code. To qualify for an apprenticeship, the applicant must have secured the sponsorship of a sponsoring massage therapist, complete a Department application, pay a $100 fee, and must not be enrolled simultaneously as a student in a board-approved massage school.[14]

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[7] Section 455.2281, F.S., refers to the unlicensed activity fee which funds regulation of licensed professions, including investigations of persons conducting unlicensed health care activities.
[8] Section 456.025(8), F.S.
[9] Section 20.435(4), F.S.
[10] This amount pertains to the licensed practitioner portion of the MQA Trust Fund. The MQA Trust Fund also contains funds used for investigating unlicensed activities. Summary Expenditures by Functions Report, Florida Department of Health (on file with Health Quality Subcommittee staff).
[11] Section 464.203, F.S.
[12] Section 464.2085(2)(b), F.S.
[13] Council on Certified Nursing Assistants, Florida Board of Nursing, *accessible at*: http://www.floridasnursing.gov/board-comm/council-of-certified-nursing-assistants/ (Last accessed: March 2, 2014).
[14] Massage Apprentice, Florida Board of Massage Therapy, *accessible at*: http://www.floridasmassagetherapy.gov/licensing/massage-apprentice/ (Last accessed: February 28, 2014).

Section 480.042, F.S., provides certain licensing examination requirements if the examination is administered by the Department; however in recent years the Department has contracted with national testing vendor, Pearson Vue, to administer the examinations.[15]

Dental Laboratory Operators

According to s. 466.032, F.S., a dental laboratory operator is required to renew his or her dental laboratory operator registration every two years. Renewal notices are sent to the last known address of the dental laboratory operator 120 days prior to the expiration date of the registration. If a dental laboratory operator fails to timely renew his or her dental laboratory operator registration, the operator must be notified by registered mail by the Department. After the Department has provided notice of the failure to timely renew a dental laboratory operator registration, the dental laboratory operator is then given three additional months to renew the registration with no late fee.

During the most recent license renewal period, the Department mailed 281 registered mail return-receipt notices to delinquent dental laboratory operators; 86 were returned as undeliverable. This notification requirement costs the Department over $2,000 every two years. This process is not required for any other regulated health care professionals.[16]

Continuing Medical Education

Health care practitioners must complete a certain amount of continuing medical education within each licensure renewal cycle to maintain their professional license. Florida law currently requires health care practitioners to complete continuing medical education related to:

- Prevention of medical errors; and[17]
- Human immunodeficiency virus and acquired immune deficiency syndrome.[18]

The Board of Medicine, the Board of Osteopathic Medicine, the Board of Chiropractic Medicine, and the Board of Podiatric Medicine require licensees to complete at least 40 hours of continuing education every 2 years. Each of those boards may require additional or specific continuing education requirements by rule.

Section 456.013, F.S., also states that up to 25 percent of continuing medical education hours may be fulfilled through pro bono services to the indigent, underserved populations, or patients in critical need areas. These services must be approved by the applicable board in advance.

Nursing Home Administrators

The Board of Nursing Home Administrators, within the Department, licenses and regulates nursing home administrators. The board is comprised of 7 members to be appointed by the Governor and confirmed by the Senate. The board members serve 4-year terms, or for the remainder of an unexpired vacancy.[19] The membership of the board consists of:

- 3 licensed nursing home administrators.
- 2 health care practitioners.
- 2 laypersons who have never been members of any health care profession.[20]

[15] Email correspondence with DOH, March 1, 2014 (on file with Health Quality Subcommittee staff).
[16] DOH MQA Analysis, dated July 22, 2013 (on file with Health Quality Subcommittee staff).
[17] Section 456.013, F.S.
[18] Section 456.033, F.S.
[19] Section 468.1665, F.S
[20] At least 1 member of the Board of Nursing Home Administrators must be 60 years of age or older.

Any person who wishes to be a nursing home administrator must take a licensure examination. To be eligible for examination, a person must hold a bachelor's degree majoring in health care administration, health services administration, or an equivalent major.[21]

The Board of Nursing Home Administrators may establish by rule requirements for issuance of a provisional license. A provisional license is issued by the board to fill a nursing home administrator position that unexpectedly becomes vacant due to illness, sudden death of the administrator, or abandonment of the position and is issued for not more than 6 months.[22]

The board may not issue a provisional license to any applicant who is under investigation in this state or another jurisdiction for certain offenses. The provisional license may be issued to a person who does not meet all of the licensing requirements for a nursing home administrator, but the person must meet other specified criteria set forth in rules adopted by the board. In the event a nursing home administrator vacates his or her position, the provisional license must be issued to the person who is designated as the responsible person next in command. The board may set an application fee not to exceed $500 for a provisional license.[23]

Inter-facility Transfer

The Department licenses and regulates medical transportation services under part III, ch. 401, F.S. "Inter-facility transfer" is defined as the transportation of a patient by ambulance between two facilities, including:[24]

- Intermediate care facilities for the developmentally disabled;
- Hospitals;
- Nursing homes; and
- Assisted living facilities.

Currently, an inter-facility transfer is required in a permitted ambulance if it is determined that a patient needs, or is likely to need, medical attention during transport.[25]

Many Floridians, especially those residents who are wheelchair-bound or "bed confined" and/or require the administration of oxygen, require access to transportation services that safely meet their level of needs. Currently, non-emergency medical transportation service providers may transport those who are wheelchair-bound or require a stretcher. This service may be provided in an ambulance or stretcher van dependent upon the provider or medical necessity.

Effect of Proposed Changes

Continuing Medical Education

This bill amends s. 456.013, F.S., to no longer require the Board of Medicine (Board) to require in rule that medical doctors complete a 2-hour course relating to the prevention of medical errors for initial licensure or renewal of licensure. The bill also removes the authority of the Board to adopt rules requiring continuing medical education from s. 456.013, F.S., and instead, places the Board's authority to adopt such rules in s. 458.319, F.S., which is within the Medical Practice Act. In addition to moving the Board's authority in statute, the bill provides additional authority to the Board allowing it to require by rule specific continuing education requirements and authorize in rule the fulfillment of continuing education requirements for:

[21] Section 468.1695, F.S
[22] Section 468.1735, F.S.
[23] *Id.*
[24] Section 401.23(12), F.S.
[25] Section 401.252, F.S.

- Continuing medical education courses approved by the American Medical Association;
- Attendance at board meetings in which a licensee is being disciplined;
- Service as a volunteer expert witness in a disciplinary proceeding or service as a member of a probable cause panel;
- Pro bono services to indigent and underserved populations or patients in critical need areas;
- Performing research in critical need areas; or
- Training for advanced professional certification.

Licensure Fee Waiver

The bill allows, when a health care profession's trust fund balance is in excess of the amount required to cover the costs of regulating that profession, the board or the Department when there is no board, to waive the payment of:

- Initial application and licensure fees received from applicants.
- Renewal fees received from licensed health care practitioners.

The waiver of renewal fees may not exceed 2 years.

Licensee Investigations

This bill allows the Department to enter into an interagency agreement with the Florida Department of Highway and Safety Motor Vehicles (DHSMV) to access current digital photographic records of licensed health care practitioners who live in Florida. This is current practice for other agencies; for example, under s. 322.142, F.S., DHSMV reproduces images for reproduction of licenses issued by the Department of Business and Professional Regulation. These images will assist the Department with identifying persons in investigations.

This bill amends s. 395.3025, F.S., authorizing the Department, instead of the Agency for Health Care Administration, to obtain patient records by subpoena for use by a professional board or the Department in its investigation, prosecution, or appeal of disciplinary proceedings of a health care practitioner.

Health Care Practitioner-Related Regulation

This bill removes the requirement that the Department issue a wallet-sized identification card and a wall certificate upon the licensure of a health practitioner. The bill also deletes the corresponding fee for the wall certificate, which currently may not exceed $25.

This bill removes the option of apprenticeship as a pathway to licensure for massage therapists. This bill also repeals obsolete statutory language in s. 480.042, F.S., referring to the Department administering and overseeing an in-state licensure examination for massage therapists.

This bill aligns current in-service training requirements for a Certified Nursing Assistant's license renewal with the established biennial renewal cycle for that practitioner. The bill also repeals s. 464.285, F.S., to abolish the Council on Certified Nursing Assistants.

This bill revises s. 468.1695, F.S., to allow those with a master's degree in health care administration, health services administration, or an equivalent major to be eligible to take the nursing home administrator licensure examination, regardless of the type of bachelor's degree they earned. The bill also revises the membership of the Board of Nursing Home Administrators to allow nursing home administrators to represent a majority of members on the board.

This bill repeals s. 468.1735, F.S., to no longer authorize the Board of Nursing Home Administrators to establish by rule requirements for the issuance of a provisional license for a nursing home administrator, and thereby eliminates provisional licenses for nursing home administrators.

This bill amends s. 466.032 (2), F.S., to remove the requirement that the Department send a notification by registered mail to each Florida dental laboratory operator who has failed to renew his or her registration.

This bill makes technical changes to:

- Correct the statutory reference to the authorized midwifery program accrediting body to reflect the acting body, the Council on Higher Education Accreditation and to recognize any future organizations.
- Reflect the acting accrediting body for Registered Dieticians, the Academy of Nutrition and Dietetics.

Inter-facility Transfers

This bill revises s. 401.252, F.S., to require an inter-facility transfer in a permitted ambulance if a patient:

- Is bed confined, as defined by the Center for Medicare and Medicaid Services.[26]
- Requires the administration, as defined under s. 465.003, F.S.,[27] of medical oxygen.

B. SECTION DIRECTORY:

Section 1. Amends s. 322.142, F.S., relating to color photographic or digital imaged licenses.
Section 2. Amends s. 395.3025, F.S., relating to patient and personnel records, copies, and examination.
Section 3. Amends s. 401.252, F.S., related to inter-facility transfers.
Section 4. Amends s. 456.013, F.S., relating to the Department of Health and general licensing provisions.
Section 5. Amends s. 456.025, F.S., relating to fees, receipts, and disposition.
Section 6. Amends s. 456.033, F.S., relating to requirement for instruction for certain licensees on HIV and AIDS.

Section 7. Amends s. 458.319, F.S., relating to renewal of license.
Section 8. Amends s. 464.203, F.S., relating to certified nursing assistants and certification requirement.
Section 9. Repeals s. 464.2085, relating to the Council on Certified Nursing Assistants.
Section 10. Amends s. 466.032, F.S., relating to registration.
Section 11. Amends s. 467.009, F.S., relating to midwifery programs, education and training requirements.
Section 12. Amends s. 468.1665, F.S., relating to the Board of Nursing Home Administrators.
Section 13. Amends s. 468.1695, F.S., relating to licensure by examination.
Section 14. Repeals s. 468.1735, F.S., relating to provisional licenses.
Section 15. Amends s. 468.503, F.S., relating to definitions.
Section 16. Amends s. 468.505, F.S., relating to exemptions and exceptions.

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[26] For a person to be considered bed confined the person must be unable to get up from bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair. Medicare Benefit Policy Manual Chapter 10 Ambulance Services (on file with Health Quality Subcommittee staff).
[27] Section 465.003(1), F.S., defines "administration" as obtaining and giving of a single dose of medicinal drugs by a legally authorized person to a patient for her or his consumption. Section 499.003(46), F.S., defines "medical oxygen" as a drug requiring a prescription.

Section 17. Amends s. 480.033, relating to definitions.
Section 18. Amends s. 480.041, F.S., relating to massage therapists, qualifications, licensure, and endorsement.
Section 19. Amends s. 480.042, F.S., relating to examinations.
Section 20. Amends s. 480.044, F.S., relating to fees and disposition.
Section 21. Amends s. 823.05, F.S., relating to places and groups engaged in criminal gang-related activity declared a nuisance; massage establishments engaged in prohibited activity; may be abated and enjoined.
Section 22. Provides an effective date of July 1, 2014.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

The Department and the boards will experience a decrease in revenues when a fee waiver is approved for a specific profession. The fee waiver for a board would not, however, be approved unless the profession's long range projections indicate sufficient cash to absorb the reduction in revenue.

The State General Revenue fund may experience a minimal decrease in revenues when any board, or the Department when there is no board, elects to implement the fee waiver due to the 8% surcharge on revenues collected being reduced.[28] This is not expected to be significant.

2. Expenditures:

The elimination of the specific size for a license will provide the Department flexibility to explore more cost-effective alternatives for printed licenses. The paper for a license is purchased in bulk and currently costs .142 cents per license. The fiscal impact is indeterminate at this time, yet anticipated to result in cost savings for the Department.[29]

The elimination of the Council on Certified Nursing Assistants will result in an annual cost-savings of approximately $40,700. The current costs associated with the council include council members' per diem of $50 per day and their travel costs, and the costs for MQA to staff 6 meetings annually.[30]

The elimination of the requirement to notify dental laboratory operators of registration delinquencies by certified mail will save the Department approximately $2,000 biennially.[31]

The inter-facility transfer requirement may impact Medicaid non-emergent transportation service costs. The Agency for Health Care Administration (AHCA) currently contracts with the Commission for Transportation Disadvantaged (CTD) for non-emergency transportation services. Beginning in Fiscal Year 2014-15, managed care plans under contract with AHCA will begin covering transportation services for Medicaid beneficiaries while the CTD will continue to provide transportation services for individuals not served in managed care plans. [32]

The CTD reported that in Fiscal Year 2012-13 they provided 67,785 trips for a total cost of $4.6 million. It is unknown how many of these individuals were transported by stretcher vehicle or ambulance. It is also unknown how many of these individuals were transported requiring oxygen or who were deemed bed confined and requiring oxygen. Based on a review of this data, the impact of this provision cannot be definitively determined, but it may have a significant impact to the Florida

[28] DOH Agency Bill Analysis, dated March 13, 2014 (on file with Health Care Appropriation Subcommittee Staff).
[29] *Id.*
[30] *Id.*
[31] *Id.*
[32] Email Correspondence with AHCA, dated March 13, 2014 (on file with Health Care Appropriations Subcommittee Staff)

Medicaid program transportation costs as many of these individuals may already be being safely transported in a stretcher van. Requiring the use of ambulance transportation in lieu of stretcher vans will have an impact on transportation costs, but the impact is indeterminate without additional data analysis.[33]

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Applicants and/or licensees of specific professions licensed and regulated by the appropriate board, or the Department when there is no board, will experience cost-savings if the fee waiver is implemented.

Provisions related to inter-facility transfers requiring ambulance transportation may have an impact on transportation providers depending on what level of reimbursement they are able to negotiate.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

This bill grants each board, or the Department when there is no board, specific authority to adopt rules to waive initial application fees, initial licensure fees, unlicensed activity fees, or renewal fees for health care professionals.

This bill grants the Board of Medicine specific authority to adopt rules related to continuing medical education requirements.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Authorization provided in lines 285-301 for the Board of Medicine to allow the substitution of continuing medical education for pro bono services to the indigent or underserved populations is redundant as this authorization is currently provided for in s. 456.013(9), F.S.

[33] *Id.*

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 5, 2014, the Health Quality Subcommittee adopted four amendments and reported the bill favorably as a committee substitute. The amendments made the following changes to the bill:

- Removed the section of the bill that transfers the medical complaint hotline from the Agency for Health Care Administration to the Department.
- Revised the membership of the Board of Nursing Home Administrators to consist as follows:
  - 4 registered nursing home administrators.
  - 1 health care practitioner.
  - 2 laypersons who have never been members of any health care profession.
- Permitted those with a master's degree in health care administration or equivalent major, to be eligible to take the nursing home administrator licensure examination, regardless of the type of bachelor's degree they earned.
- Revised the requirement for an inter-facility transfer in an ambulance to include those patients who are:
  - Bed confined.
  - Require the administration of medical oxygen.

The analysis is drafted to the committee substitute as passed by the Health Quality Subcommittee.

A bill to be entitled

An act relating to the Department of Health; amending s. 322.142, F.S.; authorizing the Department of Highway Safety and Motor Vehicles to provide reproductions of specified records to the Department of Health under certain circumstances; amending s. 395.3025, F.S.; clarifying duties of the Department of Health to maintain the confidentiality of patient records that it obtains under subpoena pursuant to an investigation; authorizing licensees under investigation to inspect or receive copies of patient records connected with the investigation, subject to certain conditions; amending s. 401.252, F.S.; providing additional requirements for a licensed basic or advanced life support service to conduct interfacility transfers in a permitted ambulance; amending s. 456.013, F.S.; deleting requirements for the physical size of licenses issued for various health professions; exempting Board of Medicine licensees from certain continuing education requirements applicable to other health professions; amending s. 456.025, F.S.; deleting fee for issuance of wall certificates for various health profession licenses; authorizing the boards or the department to adopt rules waiving certain fees for a specified period in certain circumstances; amending s. 456.033,

F.S.; exempting Board of Medicine licensees from certain continuing education requirements relating to instruction on HIV and AIDS; amending s. 458.319, F.S.; providing continuing medical education requirements for Board of Medicine licensees; authorizing the board to adopt rules; amending s. 464.203, F.S.; revising certified nursing assistant inservice training requirements; repealing s. 464.2085, F.S., relating to the creation, membership, and duties of the Council on Certified Nursing Assistants; amending s. 466.032, F.S.; deleting a requirement that the department provide certain notice to a dental laboratory operator who fails to renew her or his registration; amending s. 467.009, F.S.; revising the organization that must accredit certain midwifery programs; amending s. 468.1665, F.S.; revising membership of the Board of Nursing Home Administrators; amending s. 468.1695, F.S.; revising an educational requirement for an applicant to be eligible to take the nursing home administrator licensure examination; repealing s. 468.1735, F.S., relating to provisional licenses for nursing home administrators; amending ss. 468.503 and 468.505, F.S.; revising the organization with whom an individual must be registered to be a registered dietitian; revising a definition; amending ss. 480.033

and 480.041, F.S.; deleting provisions relating to massage therapy apprentices and apprenticeship programs; deleting a definition and revising licensure requirements for massage therapists, to conform; amending s. 480.042, F.S.; revising requirements for conducting massage therapist licensing examinations and maintaining examination records; amending s. 480.044, F.S.; deleting fee for massage therapy apprentices; amending s. 823.05, F.S.; conforming a cross-reference; providing an effective date.

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

Section 1. Paragraphs (j) and (k) of subsection (4) of section 322.142, Florida Statutes, are amended, and paragraph (l) is added to that subsection, to read:

322.142 Color photographic or digital imaged licenses.—

(4) The department may maintain a film negative or print file. The department shall maintain a record of the digital image and signature of the licensees, together with other data required by the department for identification and retrieval. Reproductions from the file or digital record are exempt from the provisions of s. 119.07(1) and shall be made and issued only:

(j) To district medical examiners pursuant to an interagency agreement for the purpose of identifying a deceased

individual, determining cause of death, and notifying next of kin of any investigations, including autopsies and other laboratory examinations, authorized in s. 406.11; ~~or~~

(k) To the following persons for the purpose of identifying a person as part of the official work of a court:

1. A justice or judge of this state;

2. An employee of the state courts system who works in a position that is designated in writing for access by the Chief Justice of the Supreme Court or a chief judge of a district or circuit court, or by his or her designee; or

3. A government employee who performs functions on behalf of the state courts system in a position that is designated in writing for access by the Chief Justice or a chief judge, or by his or her designee; or

(l) To the Department of Health, pursuant to an interagency agreement to access digital images to verify the identity of an individual during an investigation under chapter 456, and for the reproduction of licenses issued by the Department of Health.

Section 2. Paragraph (e) of subsection (4) of section 395.3025, Florida Statutes, is amended to read:

395.3025 Patient and personnel records; copies; examination.—

(4) Patient records are confidential and may ~~must~~ not be disclosed without the consent of the patient or his or her legal representative, but appropriate disclosure may be made without

such consent to:

(e) The department ~~agency~~ upon subpoena issued pursuant to s. 456.071.~~, but~~ The records obtained ~~thereby~~ must be used solely for the purpose of the department ~~agency~~ and the appropriate professional board in its investigation, prosecution, and appeal of disciplinary proceedings. If the department ~~agency~~ requests copies of the records, the facility shall charge a fee pursuant to this section ~~no more than its actual copying costs, including reasonable staff time~~. The department and the appropriate professional board must maintain the confidentiality of patient records obtained under this paragraph pursuant to s. 456.057. A licensee who is the subject of a department investigation may inspect or receive a copy of a patient record connected with the investigation if the licensee agrees in writing to maintain the confidentiality of the patient record pursuant to s. 456.057 ~~must be sealed and must not be available to the public pursuant to s. 119.07(1) or any other statute providing access to records, nor may they be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the agency or the appropriate regulatory board~~. ~~However, the agency must make available, upon written request by a practitioner against whom probable cause has been found, any such records that form the basis of the determination of probable cause.~~

Section 3. Subsection (2) of section 401.252, Florida

Statutes, is amended to read:

401.252 Interfacility transfer.—

(2)(a) A licensed basic or advanced life support service may conduct interfacility transfers in a permitted ambulance if the patient's treating physician certifies that the transfer is medically appropriate and the physician provides reasonable transfer orders. An interfacility transfer must be conducted in a permitted ambulance if the patient:

1. Is bed-confined, as defined in chapter 10 of the Medicare Benefit Policy Manual published by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services;

2. Requires the administration, as defined in s. 465.003(1), of medical oxygen; or

3. Has been determined to need ~~it is determined that the patient needs~~, or is likely to need, medical attention during transport.

(b) If the emergency medical technician or paramedic believes the level of patient care required during the transfer is beyond his or her capability, the medical director, or his or her designee, must be contacted for clearance prior to conducting the transfer. If necessary, the medical director, or his or her designee, shall attempt to contact the treating physician for consultation to determine the appropriateness of the transfer.

Section 4. Subsections (2), (6), and (7) of section

456.013, Florida Statutes, are amended to read:

456.013 Department; general licensing provisions.—

(2) Before the issuance of a ~~any~~ license, the department shall charge an initial license fee as determined by the applicable board or, if there is no board, by rule of the department. Upon receipt of the appropriate license fee, the department shall issue a license to a ~~any~~ person certified by the appropriate board, or its designee, as having met the licensure requirements imposed by law or rule. ~~The license shall consist of a wallet-size identification card and a wall card measuring 6 1/2 inches by 5 inches.~~ The licensee shall surrender the license to the department ~~the wallet-size identification card and the wall card~~ if the ~~licensee's~~ license was ~~is~~ issued in error or is revoked.

(6) As a condition of renewal of a license, ~~the Board of Medicine,~~ the Board of Osteopathic Medicine, the Board of Chiropractic Medicine, and the Board of Podiatric Medicine shall ~~each~~ require their respective licensees ~~which they respectively regulate~~ to periodically demonstrate their professional competency by completing at least 40 hours of continuing education every 2 years. The boards may require by rule that up to 1 hour of the required 40 or more hours be in the area of risk management or cost containment. This provision does ~~shall~~ not ~~be construed to~~ limit the number of hours that a licensee may obtain in risk management or cost containment to be credited toward satisfying the 40 or more required hours. This provision

does ~~shall~~ not ~~be construed to~~ require the boards to impose any requirement on licensees except for the completion of at least 40 hours of continuing education every 2 years. Each of the ~~such~~ boards shall determine whether any specific continuing education requirements not otherwise mandated by law will ~~shall~~ be mandated and shall approve criteria for, and the content of, ~~any~~ continuing education mandated by such board. Notwithstanding any other provision of law, the board, or the department when there is no board, may approve by rule alternative methods of obtaining continuing education credits in risk management. The alternative methods may include attending a board meeting at which another licensee is disciplined, serving as a volunteer expert witness for the department in a disciplinary case, or serving as a member of a probable cause panel following the expiration of a board member's term. Other boards within the Division of Medical Quality Assurance, or the department if there is no board, may adopt rules granting continuing education hours in risk management for attending a board meeting at which another licensee is disciplined, for serving as a volunteer expert witness for the department in a disciplinary case, or for serving as a member of a probable cause panel following the expiration of a board member's term.

(7) The boards, except the Board of Medicine, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The 2-hour course

shall count towards the total number of continuing education hours required for the profession. The course shall be approved by the board or department, as appropriate, and shall include a study of root-cause analysis, error reduction and prevention, and patient safety. In addition, the course approved by ~~the Board of Medicine and~~ the Board of Osteopathic Medicine shall include information relating to the five most misdiagnosed conditions during the previous biennium, as determined by the board. If the course is being offered by a facility licensed pursuant to chapter 395 for its employees, the board may approve up to 1 hour of the 2-hour course to be specifically related to error reduction and prevention methods used in that facility.

Section 5. Subsections (5) through (11) of section 456.025, Florida Statutes, are renumbered as subsections (4) through (10), respectively, and present subsections (4) and (6) are amended to read:

456.025 Fees; receipts; disposition.—

~~(4) Each board, or the department if there is no board, may charge a fee not to exceed $25, as determined by rule, for the issuance of a wall certificate pursuant to s. 456.013(2) requested by a licensee who was licensed prior to July 1, 1998, or for the issuance of a duplicate wall certificate requested by any licensee.~~

(5) ~~(6)~~ If the cash balance of the trust fund at the end of any fiscal year exceeds the total appropriation provided for the regulation of the health care professions in the prior fiscal

year, the boards, in consultation with the department, may lower the license renewal fees. When the department determines, based on long-range estimates of revenue, that a profession's trust fund balance exceeds the amount required to cover necessary functions, each board, or the department when there is no board, may adopt rules to implement the waiver of initial application fees, initial licensure fees, unlicensed activity fees, or renewal fees for that profession. The waiver of renewal fees may not exceed 2 years.

Section 6. Section 456.033, Florida Statutes, is amended to read:

456.033 Requirement for instruction for certain licensees on HIV and AIDS.—The following requirements apply to each person licensed or certified under chapter 457; ~~chapter 458,~~ chapter 459; chapter 460; chapter 461; chapter 463; part I of chapter 464; chapter 465; chapter 466; part II, part III, part V, or part X of chapter 468; or chapter 486:

(1) Each person shall be required by the appropriate board to complete no later than upon first renewal a continuing educational course, approved by the board, on human immunodeficiency virus and acquired immune deficiency syndrome as part of biennial relicensure or recertification. The course shall consist of education on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome. Such course shall include information on

current Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, treatment of patients, and any protocols and procedures applicable to human immunodeficiency virus counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to ss. 381.004 and 384.25.

(2) Each person shall submit confirmation of having completed the course required under subsection (1), on a form as provided by the board, when submitting fees for first renewal.

(3) The board shall have the authority to approve additional equivalent courses that may be used to satisfy the requirements in subsection (1). Each licensing board that requires a licensee to complete an educational course pursuant to this section may count the hours required for completion of the course included in the total continuing educational requirements as required by law.

(4) Any person holding two or more licenses subject to the provisions of this section shall be permitted to show proof of having taken one board-approved course on human immunodeficiency virus and acquired immune deficiency syndrome, for purposes of relicensure or recertification for additional licenses.

(5) Failure to comply with the above requirements shall constitute grounds for disciplinary action under each respective licensing chapter and s. 456.072(1)(e). In addition to discipline by the board, the licensee shall be required to

complete the course.

Section 7. Subsections (2), (3), and (4) of section 458.319, Florida Statutes, are renumbered as subsections (3), (4), and (5), respectively, and a new subsection (2) is added to that section to read:

458.319 Renewal of license.—

(2) Each licensee shall demonstrate his or her professional competency by completing at least 40 hours of continuing medical education every 2 years. The board, by rule, may:

(a) Provide that continuing medical education approved by the American Medical Association satisfies some or all of the continuing medical education requirements.

(b) Mandate specific continuing medical education requirements.

(c) Approve alternative methods for obtaining continuing medical education credits, including, but not limited to:

1. Attendance at a board meeting at which another licensee is disciplined;

2. Service as a volunteer expert witness for the department in a disciplinary proceeding; or

3. Service as a member of a probable cause panel following expiration of a board member's term.

(d) Provide that up to 25 percent of the required continuing medical education hours may be fulfilled through pro bono services to the indigent, underserved populations, or

patients in critical need areas in the state where the licensee practices.

1. The board shall require that any pro bono service be approved in advance to receive credit for continuing medical education under this paragraph.

2. The standard for determining indigency shall be that recognized by the federal poverty guidelines and shall be less than 150 percent of the federal poverty level.

(e) Provide that a portion of the continuing medical education hours may be fulfilled by performing research in critical need areas or by training for advanced professional certification.

(f) Adopt rules to define underserved and critical need areas.

Section 8. Subsection (7) of section 464.203, Florida Statutes, is amended to read:

464.203 Certified nursing assistants; certification requirement.—

(7) A certified nursing assistant shall complete 24 ~~12~~ hours of inservice training during each biennium ~~calendar year~~. The certified nursing assistant is ~~shall be~~ responsible for maintaining documentation demonstrating compliance with these provisions. ~~The Council on Certified Nursing Assistants, in accordance with s. 464.2085(2)(b), shall propose rules to implement this subsection.~~

Section 9. Section 464.2085, Florida Statutes, is

repealed.

Section 10. Subsection (2) of section 466.032, Florida Statutes, is amended to read:

466.032 Registration.—

~~(2) Upon the failure of any dental laboratory operator to comply with subsection (1), the department shall notify her or him by registered mail, within 1 month after the registration renewal date, return receipt requested, at her or his last known address, of such failure and inform her or him of the provisions of subsections (3) and (4).~~

Section 11. Subsection (8) of section 467.009, Florida Statutes, is amended to read:

467.009 Midwifery programs; education and training requirements.—

(8) Nonpublic educational institutions that conduct approved midwifery programs shall be accredited by a member of the Council on Higher Education Accreditation ~~Commission on Recognition of Postsecondary Accreditation~~ and shall be licensed by the Commission for Independent Education.

Section 12. Subsection (2) of section 468.1665, Florida Statutes, is amended to read:

468.1665 Board of Nursing Home Administrators; membership; appointment; terms.—

(2) Four ~~Three~~ members of the board must be licensed nursing home administrators. One member ~~Two members~~ of the board must be a health care practitioner ~~practitioners~~. The remaining

two members of the board must be laypersons who are not, and have never been, nursing home administrators or members of any health care profession or occupation. At least one member of the board must be 60 years of age or older.

Section 13. Subsection (2) of section 468.1695, Florida Statutes, is amended to read:

468.1695 Licensure by examination.—

(2) The department shall examine each applicant who the board certifies has completed the application form and remitted an examination fee set by the board not to exceed $250 and who:

(a)1. Holds a baccalaureate or master's degree from an accredited college or university and majored in health care administration, health services administration, or an equivalent major, or has credit for at least 60 semester hours in subjects, as prescribed by rule of the board, which prepare the applicant for total management of a nursing home; and

2. Has fulfilled the requirements of a college-affiliated or university-affiliated internship in nursing home administration or of a 1,000-hour nursing home administrator-in-training program prescribed by the board; or

(b)1. Holds a baccalaureate degree from an accredited college or university; and

2.a. Has fulfilled the requirements of a 2,000-hour nursing home administrator-in-training program prescribed by the board; or

b. Has 1 year of management experience allowing for the

application of executive duties and skills, including the staffing, budgeting, and directing of resident care, dietary, and bookkeeping departments within a skilled nursing facility, hospital, hospice, assisted living facility with a minimum of 60 licensed beds, or geriatric residential treatment program and, if such experience is not in a skilled nursing facility, has fulfilled the requirements of a 1,000-hour nursing home administrator-in-training program prescribed by the board.

Section 14. Section 468.1735, Florida Statutes, is repealed.

Section 15. Subsection (11) of section 468.503, Florida Statutes, is amended to read:

468.503 Definitions.—As used in this part:

(11) "Registered dietitian" means an individual registered with the accrediting body of the Academy of Nutrition and Dietetics ~~Commission on Dietetic Registration, the accrediting body of the American Dietetic Association~~.

Section 16. Subsection (4) of section 468.505, Florida Statutes, is amended to read:

468.505 Exemptions; exceptions.—

(4) Notwithstanding any other provision of this part, an individual registered by the accrediting body of the Academy of Nutrition and Dietetics ~~Commission on Dietetic Registration of the American Dietetic Association~~ has the right to use the title "Registered Dietitian" and the designation "R.D."

Section 17. Subsection (5) of section 480.033, Florida

Statutes, is amended to read:

480.033 Definitions.—As used in this act:

~~(5) "Apprentice" means a person approved by the board to study massage under the instruction of a licensed massage therapist.~~

Section 18. Subsections (1) and (4) of section 480.041, Florida Statutes, are amended to read:

480.041 Massage therapists; qualifications; licensure; endorsement.—

(1) A ~~Any~~ person is qualified for licensure as a massage therapist under this act who:

(a) Is at least 18 years of age or has received a high school diploma or graduate equivalency diploma;

(b) Has completed a course of study at a board-approved massage school ~~or has completed an apprenticeship program that meets standards adopted by the board~~; and

(c) Has received a passing grade on an examination administered by the department.

(4) The board shall adopt rules:

(a) ~~Establishing a minimum training program for apprentices.~~

~~(b)~~ Providing for educational standards, examination, and certification for the practice of colonic irrigation, as defined in s. 480.033 ~~480.033(6)~~, by massage therapists.

(b)~~(c)~~ Specifying licensing procedures for practitioners desiring to be licensed in this state who hold an active license

and have practiced in any other state, territory, or jurisdiction of the United States or any foreign national jurisdiction which has licensing standards substantially similar to, equivalent to, or more stringent than the standards of this state.

Section 19. Subsection (5) of section 480.042, Florida Statutes, is amended to read:

480.042 Examinations.—

(5) ~~All licensing examinations shall be conducted in such manner that the applicant shall be known to the department by number until her or his examination is completed and the proper grade determined.~~ An accurate record of each examination shall be maintained, ~~shall be made,~~ and that record, together with all examination papers, ~~shall be filed with the State Surgeon General and~~ shall be kept by the testing entities for reference and inspection for a period of not less than 2 years immediately following the examination.

Section 20. Paragraph (h) of subsection (1) of section 480.044, Florida Statutes, is amended to read:

480.044 Fees; disposition.—

(1) The board shall set fees according to the following schedule:

~~(h) Fee for apprentice: not to exceed $100.~~

Section 21. Subsection (3) of section 823.05, Florida Statutes, is amended to read:

823.05 Places and groups engaged in criminal gang-related

activity declared a nuisance; massage establishments engaged in prohibited activity; may be abated and enjoined.—

(3) A massage establishment as defined in s. 480.033 ~~480.033(7)~~ that operates in violation of s. 480.0475 or s. 480.0535(2) is declared a nuisance and may be abated or enjoined as provided in ss. 60.05 and 60.06.

Section 22. This act shall take effect July 1, 2014.

Amendment No. 1

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

Committee/Subcommittee hearing bill: Health Care Appropriations Subcommittee

Representative Pigman offered the following:

Amendment (with title amendment)

Remove lines 130-155

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

Remove lines 13-16 and insert:

certain conditions;

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 437 Diabetes Advisory Council
SPONSOR(S): Health Quality Subcommittee; Trujillo
TIED BILLS: **IDEN./SIM. BILLS:** SB 694

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	11 Y, 0 N, As CS	Dunn	O'Callaghan
2) Health Care Appropriations Subcommittee		Pridgeon	Pridgeon
3) Health & Human Services Committee			

SUMMARY ANALYSIS

The bill amends s. 385.203, F.S., to require the Diabetes Advisory Council (Council), in conjunction with the Department of Health, the Agency for Health Care Administration, and the Department of Management Services, to submit by January 10 of each odd-numbered year a report on diabetes in Florida to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The report must provide:

- The public health consequences and financial impact on the state from all types of diabetes and resulting health complications;
- A description and an assessment of the effectiveness of state agency diabetes programs and activities, the funding of such programs and activities, and cost-savings associated with such programs and activities;
- A description of the coordination among state agencies of programs, activities, and communications designed to manage, treat, and prevent all types of diabetes; and
- A detailed action plan for reducing and controlling the number of new cases of diabetes, which must include proposed steps to reduce the impact of all types of diabetes, expected outcomes from implementing the action plan, and benchmarks for preventing and controlling diabetes.

The bill appears to have no fiscal impact on state or local governments.

The bill provides an effective date of July 1, 2014.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Diabetes is a group of diseases characterized by high blood glucose (blood sugar), due to the body's inability to produce insulin or inability to effectively use insulin. Uncontrolled glucose build up can lead to death or serious health complications, such as vision loss, kidney failure, and amputations of legs or feet. Diabetes is a major cause of heart disease and stroke, with death rates two to four times higher for adults with diabetes than those without. [1]

The three common types of diabetes are:[2]

- **Type 1:** accounts for about five percent of all diagnosed cases. Type 1 is typically diagnosed in children and young adults. Currently, there are no known ways to prevent type 1 diabetes.
- **Type 2:** accounts for about 95 percent of all diagnosed cases. Diagnosis among adults aged 65 years or older is seven times higher than those aged 20–44 years. Research shows that healthy eating, regular physical activity, and medication if prescribed can control, prevent, or delay type 2 diabetes.
- **Gestational diabetes:** develops and is diagnosed as a result of pregnancy in two to ten percent of pregnant women. Gestational diabetes increases the risk of developing type 2 diabetes in both the mother and the child.

Risk factors for diabetes include:[3]

- Being over the age of 45;
- Being overweight;
- Having a parent or sibling with diabetes;
- Having a minority family background;
- Developing diabetes while pregnant; and
- Being physically active less than three times per week.

Persons with any of the above risk factors are at risk of developing pre-diabetes. Pre-diabetes is a condition where blood sugar levels are higher than normal, but not high enough for a diagnosis of diabetes. Persons with pre-diabetes are five to fifteen times more likely to develop type 2 diabetes, heart disease, and stroke.[4] The Centers for Disease Control and Prevention (CDC) estimates that 33 percent of U.S. adults have pre-diabetes.[5]

Nationally, the CDC estimates that 25.8 million people have diabetes.[6] Of those estimated to have diabetes, only 18.8 million have been diagnosed.[7] Men are slightly more likely to have diabetes than

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[1] Centers for Disease Control and Prevention, *Diabetes Report Card 2012*, 2012, at 1, *available at* http://www.cdc.gov/diabetes/pubs/reportcard.htm (last visited Feb. 25, 2014).
[2] *Id.*
[3] Fla. Dep't of Health, *Diabetes*, http://www.floridahealth.gov/diseases-and-conditions/diabetes/ (last visited Feb. 25, 2014).
[4] *Id.*
[5] Centers for Disease Control and Prevention, *Diabetes Report Card 2012*, *supra* note 1, at 4.
[6] Centers for Disease Control and Prevention, *2011 National Diabetes Fact Sheet*, *available at* http://www.cdc.gov/Diabetes/pubs/estimates11.htm (last visited Feb. 25 2014).
[7] *Id.*

women.[8] Minorities are at a greater risk of having diabetes than non-Hispanic white adults, with a 66 percent higher risk for Hispanics and a 77 percent higher risk for non-Hispanic blacks.[9] Based on current trends, the CDC has projected that one in three U.S. adults could have diabetes by 2050.[10]

Economic Impact of Diabetes

The American Diabetes Association estimates that the total cost of diagnosed diabetes rose 41 percent from 2007 to 2012 to $245 billion, which includes $176 billion in direct medical costs and $69 billion in reduced productivity.[11] Direct medical costs consist of hospital inpatient care, prescription medications, anti-diabetic supplies, physician visits, and nursing stays.[12] The largest factors attributing to reduced productivity costs are the absenteeism, inability to work due to disease related disability, and lost productive capacity due to early mortality.[13] The average diabetic patient spends about $7,900 per year on diabetes costs, making diabetes patient's average medical expenditures 2.3 times higher than non-diabetic persons.[14]

Diabetes in Florida

Diabetes is the sixth leading cause of death in Florida.[15] In 2010, Florida's diabetes rate of 10.4 percent ranked 43rd among the states.[16]

Florida's population contains significant concentrations of groups at risk of developing diabetes. In 2010, 37.8 percent of Floridians were overweight.[17] In addition, Florida has over 8.3 million residents over the age of 45, and Florida has over 3.2 million residents over the age of 65, one of the populations most vulnerable to diabetes.[18] Florida's number of residents over the age of 65 is expected to rise to 24.4 percent by 2040 from 17.3 percent in 2011.[19] Moreover, Florida's population is comprised of 39.8 percent of Hispanics and African Americans, two groups that have a higher risk of developing diabetes.[20]

Diabetes Advisory Council

The Diabetes Advisory Council (Council) is an advisory unit to the Department of Health, government agencies, professional organizations, and the general public. The Council's purpose is to guide a statewide comprehensive approach to diabetes prevention, diagnosis, education, care, treatment, impact, and costs. The 26 members of the Council are appointed by the Governor and are comprised

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[8] *Id.* (stating that 13 million men have diabetes compared to 12.6 million women).
[9] *Id.*
[10] Centers for Disease Control and Prevention, *Diabetes Report Card 2012*, *supra* note 1, at 2.
[11] American Diabetes Association, *Economic Costs of Diabetes in the U.S. in 2012*, 36 DIABETES CARE 1033, 1033 (2013), *available at* http://care.diabetesjournals.org/content/36/4/1033.full.pdf+html (last visited Feb. 25, 2014).
[12] *Id.* (noting that the hospital care accounts for 43 percent and medications account for 18 percent).
[13] *Id.*
[14] *Id.*
[15] Fla. Dep't of Health, *Florida Mortality Atlas: 2011 Mortality Atlas*, http://www.floridacharts.com/charts/MortAtlas.aspx (last visited Feb. 26, 2014).
[16] Fla. Dep't of Health, *Florida State Health Improvement Plan 2012 – 2015*, April 2012, at B14, *available at* http://www.floridahealth.gov/public-health-in-your-life/about-the-department/_documents/state-health-improvement-plan.pdf (last visited Feb. 25, 2014) (compared to 8.7 percent national rate).
[17] *Id.*
[18] Florida Demographic Estimating Conference, February 2013 and the University of Florida, Bureau of Economic and Business Research, Florida Population Studies, Bulletin 166, June 2013, *available at* http://edr.state.fl.us/Content/population-demographics/data/ (follow "Florida Census Day Population: 1970-2040" hyperlink) (last visited Feb. 26, 2014).
[19] *Id.*
[20] U.S. Census Bureau, *State and County Quick Facts: Florida*, *available at* http://quickfacts.census.gov/qfd/states/12000.html (last modified Jan. 6, 2014) (citing population percentages of 23.2 Hispanic and 16.6 African American).

of health care professionals and members of the public, three of whom must be affected by diabetes. The Council meets once per year with the State Surgeon General to make specific recommendations regarding the public health aspects of the prevention and control of diabetes.[21]

Effect of Proposed Changes

The bill amends s. 385.203, F.S., to require the Diabetes Advisory Council (Council), in conjunction with the Department of Health, the Agency for Health Care Administration, and the Department of Management Services, to submit by January 10 of each odd-numbered year a report on diabetes in Florida to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The report must provide:

- The public health consequences and financial impact on the state from all types of diabetes and the resulting health complications;
- The number of persons with diabetes covered by Medicaid[22] or the Division of State Group Insurance;[23]
- The number of persons impacted by state agency diabetes programs and activities;
- A description and an assessment of the effectiveness of state agency diabetes programs and activities;
- The amount and source of funding for state agency diabetes programs and activities;
- The cost-savings realized by state agency diabetes programs and activities;
- A description of the coordination among state agencies of programs, activities, and communications designed to manage, treat, and prevent all types of diabetes; and
- The development of and revisions to a detailed action plan for reducing and controlling the number of new cases of diabetes and proposed steps to reduce the impact of all types of diabetes, including expected outcomes and benchmarks if the plan is implemented.

The bill provides an effective date of July 1, 2014.

B. SECTION DIRECTORY:

Section 1. Amends s. 385.203, F.S., relating to Diabetes Advisory Council; creation; function; membership.
Section 2. Provides an effective date of July 1, 2014.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

[21] Section 385.203, F.S.
[22] Medicaid is a joint federal and state funded program that pays for health care for low income Floridians and is administered by the Agency for Health Care Administration, pursuant to ch. 409, F.S. Over 3.3 million Floridians are currently enrolled in Medicaid and approximately $21 billion was spent on Florida Medicaid in FY 2012-2013. Agency for Health Care Administration, "Florida Medicaid," available at: http://ahca.myflorida.com/Medicaid/index.shtml (last visited on March 2, 2014).
[23] The Florida Department of Management Services administers the State Group Insurance Program created under s. 110.123, F.S. The program offers four types of health plans from which an eligible employee may choose. In FY 2012-2013, the program covered 169,804 employees at a cost of $1.8 billion. Florida Department of Management Services, Division of State Group Insurance, "State Employees' Group Health Self-Insurance Trust Fund, Report on the Financial Outlook," December 13, 2013, available at: http://edr.state.fl.us/Content/conferences/healthinsurance/HealthInsuranceOutlook.pdf (last visited on March 2, 2014).

2. Expenditures:

The Department of Health has reported that, although the department's workload will be increased due to the amount of information required by the bill to be provided to the Council, it can be handled within existing department resources.[24]

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

No additional rule-making authority is necessary to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 5, 2014, the Health Quality Subcommittee adopted an amendment to HB 437 and reported the bill favorably as a committee substitute. The amendment removes the requirement that the Diabetes Advisory Council include a detailed budget request in the report submitted to the Governor and Legislature.

This analysis is drafted to the committee substitute as passed by the Health Quality Subcommittee.

[24] Florida Department of Health, 2014 Agency Legislative Bill Analysis, HB 437, February 7, 2014, on file with committee staff.

A bill to be entitled

An act relating to the Diabetes Advisory Council; amending s. 385.203, F.S.; requiring the council, in conjunction with the Department of Health, the Agency for Health Care Administration, and the Department of Management Services to develop plans to manage, treat, and prevent diabetes; requiring a report to the Governor and Legislature; providing for contents of the report; providing an effective date.

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

Section 1. Paragraph (c) of subsection (1) of section 385.203, Florida Statutes, is redesignated as paragraph (d), and a new paragraph (c) is added to that subsection to read:

385.203 Diabetes Advisory Council; creation; function; membership.—

(1) To guide a statewide comprehensive approach to diabetes prevention, diagnosis, education, care, treatment, impact, and costs thereof, there is created a Diabetes Advisory Council that serves as the advisory unit to the Department of Health, other governmental agencies, professional and other organizations, and the general public. The council shall:

(c) In conjunction with the department, the Agency for Health Care Administration, and the Department of Management Services, submit by January 10 of each odd-numbered year to the

Governor, the President of the Senate, and the Speaker of the House of Representatives a report containing the following information:

1. The public health consequences and financial impact on the state from all types of diabetes and resulting health complications, including the number of persons with diabetes covered by Medicaid, the number of persons with diabetes who are insured by the Division of State Group Insurance, and the number of persons with diabetes who are impacted by state agency diabetes programs and activities.

2. A description and an assessment of the effectiveness of the diabetes programs and activities implemented by each state agency, the amount and source of funding for such programs and activities, and the cost savings realized as a result of the implementation of such programs and activities.

3. A description of the coordination among state agencies of programs, activities, and communications designed to manage, treat, and prevent all types of diabetes.

4. The development of and revisions to a detailed action plan for reducing and controlling the number of new cases of diabetes and identification of proposed action steps to reduce the impact of all types of diabetes, identification of expected outcomes if the plan is implemented, and establishment of benchmarks for preventing and controlling diabetes.

Section 2. This act shall take effect July 1, 2014.