

Tab 1	SB 174 by Burgess (CO-INTRODUCERS) Collins ; (Compare to H 00725) Veterans' Long Term Care Facilities Admissions
Tab 2	CS/SB 186 by HP, Brodeur (CO-INTRODUCERS) Pizzo, Wright, Boyd, Burgess, Rouson, Hutson, Davis, Ingoglia, Garcia, Book ; (Similar to CS/H 00115) Progressive Supranuclear Palsy and Other Neurodegenerative Diseases Policy Committee
Tab 3	SB 214 by Harrell ; (Identical to H 00555) Child Protection Teams

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Harrell, Chair
Senator Garcia, Vice Chair

MEETING DATE: Thursday, January 11, 2024
TIME: 1:00—2:30 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Harrell, Chair; Senator Garcia, Vice Chair; Senators Avila, Baxley, Book, Brodeur, Burgess, Burton, Davis, Gruters, Rouson, and Simon

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 174 Burgess (Compare H 725)	Veterans' Long Term Care Facilities Admissions; Revising eligibility for residency in the Veteran's Domiciliary Home of Florida to include specified individuals; revising the definition of "resident"; revising the admission eligibility for veterans' nursing homes to include specified individuals, etc. MS 11/14/2023 Favorable AHS 01/11/2024 Favorable FP	Favorable Yeas 12 Nays 0
2	CS/SB 186 Health Policy / Brodeur (Similar CS/H 115)	Progressive Supranuclear Palsy and Other Neurodegenerative Diseases Policy Committee; Citing this act as the "Justo R. Cortes Progressive Supranuclear Palsy Act"; requiring the State Surgeon General to establish a progressive supranuclear palsy and other neurodegenerative diseases policy committee; requiring the Department of Health to provide staff and administrative support to the committee; providing for duties, membership, and meetings of the committee; requiring the State Surgeon General to submit a progress report and a final report by a specified date to the Governor and the Legislature, etc. HP 12/05/2023 Fav/CS AHS 01/11/2024 Favorable FP	Favorable Yeas 12 Nays 0
3	SB 214 Harrell (Identical H 555)	Child Protection Teams; Expanding the types of reports that the Department of Children and Families must refer to Child Protection Teams, etc. CF 12/13/2023 Favorable AHS 01/11/2024 Favorable FP	Favorable Yeas 12 Nays 0
4	Statewide Home Visiting Programs		Presented

Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL: SB 174

INTRODUCER: Senators Burgess and Collins

SUBJECT: Veterans' Long Term Care Facilities Admissions

DATE: January 10, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Brown</u>	<u>Proctor</u>	<u>MS</u>	Favorable
2.	<u>Howard</u>	<u>McKnight</u>	<u>AHS</u>	Favorable
3.	_____	_____	<u>FP</u>	_____

I. Summary:

SB 174 expands the eligibility for residency at a veterans' home to include a spouse or surviving spouse of a qualifying veteran, or a parent of a child who died while serving in the United States Armed Forces.

The bill revises the priority order for admission to a veterans' home. The bill ranks in 5th place for admission a spouse or surviving spouse of a veteran and in 6th (last) place a parent of a child who died while in military service. These rankings preserve as a higher priority admission of a veteran over a nonveteran.

The bill has no fiscal impact on state revenues or state expenditures.

The bill takes effect on July 1, 2024.

II. Present Situation:

Veterans Homes

Cost and Funding of Resident Care

A resident of a state veterans' home must contribute to the cost of his or her care if the resident receives a pension, compensation, gratuity from the federal government, or income from any other source if the monthly amount exceeds \$160.¹

¹ Section 296.37(1), F.S. This contribution for care may be 100 percent of the cost if an otherwise eligible veteran is able to fund his or her own support (s. 296.37(2), F.S.).

The average cost of care at a state veterans' nursing home in Florida is \$394.15 a day.² The cost of care is funded through multiple sources, including from the resident. Costs charged to residents ranges from an average \$98.63 a day for a resident on limited income, to the average cost of \$358.93 a day for a self-paying resident.³ If a resident veteran is between 70 and 100 percent disabled, the resident pays nothing.⁴

In addition to the resident's portion of payment, a federal subsidy in the form of reimbursement supplements the cost of care. Federal reimbursement is based on a per diem rate established by the United States Department of Veterans Affairs (VA) Administration.⁵ Current VA per diem for basic care is set at \$129.97 a day, while per diem for disabled veterans who are determined to be at least 70 percent disabled is set at \$474.45 a day.⁶ To qualify for reimbursement, federal law requires a facility to maintain a population of at least 75 percent veterans.⁷ If facility construction or renovation is funded solely by the state, then the facility is only required to maintain a population of at least 50 percent veterans.⁸

Federal law authorizes a state veterans' home to house non-veteran residents who are spouses of veterans or parents whose children died while in military service.⁹ These residents are required to pay the full cost.

Eligibility for Admission

To be considered for admission to a veterans' home in Florida, a veteran must have been discharged from the military with either an honorable or an upgrade to an honorable discharge.¹⁰

The state provides for veterans' homes as both Veterans' Domiciliary Homes¹¹ and Veterans' Nursing Homes.¹² Both veterans of wartime service and of peacetime service are eligible for admission. The order of admission to a veterans' home is ranked by priority.

Domiciliary Homes

Domiciliary care which is defined to mean shelter, sustenance, and incidental medical care for a person who is ambulatory and can otherwise provide self-care, but not a person in need of hospitalization or nursing home care services.¹³ A domiciliary home is an assisted living facility.

To be eligible for admission, a veteran must:

² Fla. Dep't of Veterans' Affairs, *2023 Agency Legislative Bill Analysis, SB 174* (Nov. 7, 2023) (on file with the Senate Committee on Military and Veterans Affairs, Space, and Domestic Security).

³ *Id.*

⁴ *Id.*

⁵ 38 CFR 51.210 (2023).

⁶ Fla. Dep't of Veterans' Affairs, *supra* note 2.

⁷ 38 CFR 51.210(d) (2023).

⁸ *Id.*

⁹ *Id.*

¹⁰ Sections 296.02(9) and 1.01(14), F.S.

¹¹ A Veterans' Domiciliary Home of Florida is a home for veterans established by the state (ss. 296.02 (10), and 296.03, F.S.).

¹² Chapter 296, Laws of Florida.

¹³ Section 296.02(4), F.S.

- Be a resident of the state at the time of application;
- Not be mentally ill, habitually inebriated, or addicted to drugs;
- Not owe money to the Florida Department of Veterans' Affairs (FDVA) for services rendered during a previous stay at a FDVA facility;
- Have applied for all financial assistance reasonably available through governmental sources; and
- Have been approved as eligible for care and treatment by the VA.¹⁴

Residents are admitted in order of priority as follows:

- A veteran with wartime service who has a service-connected disability but are not in need of hospitalization or nursing home care.
- A veteran with wartime service who has a non-service-connected disability but are not in need of hospitalization or nursing home care.
- A veteran with wartime service and no disability.
- A veteran with peacetime service.¹⁵

An applicant must file with the administrator all necessary information for admission purposes, including a certificate of eligibility and a certified copy of discharge.¹⁶

Nursing Homes

In addition to assisted-living facilities, Florida law provides for veterans' nursing homes.¹⁷ Each nursing home is overseen by an administrator who is selected by the Executive Director (director) of the FDVA.¹⁸

To be eligible for admission to a nursing home, a veteran must:

- Be in need of nursing care;
- Be a resident of the state at the time of application;
- Not owe money to the FDVA for services rendered during a previous stay at a FDVA facility;
- Have applied for all financial assistance reasonably available through governmental sources; and
- Have been approved as eligible for care and treatment by the VA.¹⁹

Residents are admitted in the following order of priority for an eligible veteran:

- Who is a resident of the state.
- Who has a service-connected disability as determined by the VA, or who was discharged or released from service for a disability incurred or aggravated in the line of duty and the disability is the condition for the nursing home need.

¹⁴ Section 296.06(2), F.S.

¹⁵ Section 296.08, F.S.

¹⁶ Section 296.08(2), F.S.

¹⁷ Section 296.32, F.S.

¹⁸ Section 296.34, F.S.

¹⁹ Section 296.36(1), F.S.

- Who has a non-service-connected disability and is unable to defray the cost of nursing home care.²⁰

Veterans Facilities in Florida

Currently, nine state veterans' homes operate in the state: eight skilled nursing facilities and one assisted living facility. Nursing homes are located in Daytona Beach (Emory L. Bennett State Veterans' Nursing Home), Orlando (Alwyn C. Cashe State Veterans' Nursing Home), Land O'Lakes (Baldomero Lopez State Veterans' Nursing Home), Pembroke Pines (Alexander "Sandy" Nininger Veterans' Nursing Home), Panama City (Clifford C. Sims State Veterans' Nursing Home), Port Charlotte (Douglas T. Jacobson State Veterans' Nursing Home), Port St. Lucie (Ardie R. Copas State Veterans' Nursing Home) and St. Augustine (Clyde E. Lassen State Veterans' Nursing Home), Florida. The assisted living facility is in Lake City (Robert H. Jenkins, Jr. Veterans' Domiciliary Home), and to be admitted, veterans must be able to eat and dress.²¹

As of October 2023, the occupancy rate for fully operational state veterans' nursing homes is at 94 percent.²² Only the Alwyn C. Cashe facility is not fully operational.²³ The FDVA is in the process of appealing a decision by the VA that the home does not pass certification, and correcting deficiencies identified by the Agency for Health Care Administration.²⁴ As such, the home currently has 23 private-pay, non-veteran residents.²⁵

Currently, 11 people statewide are on the waiting list for residential admission.²⁶ Veterans who are at least 70 percent disabled advance to the top of the list.²⁷

III. Effect of Proposed Changes:

This bill expands the eligibility for residency at a veterans' home to include a:

- Spouse of a qualifying veteran;
- Surviving spouse of a qualifying veteran; and
- Parent of a child who died while serving in the United States Armed Forces.

The bill revises the definition of "applicant" to mean the spouse or surviving spouse of a qualifying veteran, or a parent of a child who died while serving in the United States Armed Forces.

The bill revises the definition of "resident" to mean an eligible applicant to a state veterans' home.

²⁰ Section 296.36(3), F.S.

²¹ Fla. Dep't of Veterans Affairs, *Agency Update*, PowerPoint (Oct. 10, 2023) (on file with the Senate Committee on Military and Veterans Affairs, Space, and Domestic Security).

²² Fla. Dep't of Veterans Affairs, *The Florida Cabinet, Weekly EOG Agency Report, Week Ending Nov. 4, 2023* (on file with the Senate Committee on Military and Veterans Affairs, Space, and Domestic Security).

²³ *Id.*

²⁴ *Id.*

²⁵ *Id.*

²⁶ Fla. Dep't of Veterans' Affairs, *supra* note 2.

²⁷ *Id.*

The bill revises priority order for admission to a veterans' home. The bill ranks in 5th place the admission of a spouse or surviving spouse of a veteran and in 6th (last) place a parent of a child who died while serving in the Armed Forces of the United States. These rankings preserve as a higher priority admission of a veteran over a nonveteran.

The bill takes effect on July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

A qualifying nonveteran resident will have to pay full cost to reside in a state veterans' home. However, the resident would otherwise have to pay at another home, or for a private residence. For the spouse of a resident veteran, cost savings may be realized through the spouses sharing a room or assisted living arrangement.

C. Government Sector Impact:

The bill has no fiscal impact on state revenues or state expenditures, as a qualifying nonveteran resident will be charged the full cost of care and housing.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 296.02, 296.03, 296.08, 296.32, 296.33, and 296.36.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Burgess

23-00312A-24

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A bill to be entitled

An act relating to veterans' long term care facilities admissions; amending s. 296.02, F.S.; revising definitions; amending s. 296.03, F.S.; revising eligibility for residency in the Veteran's Domiciliary Home of Florida to include specified individuals; amending s. 296.08, F.S.; adding such individuals to the priority of admittance schedule; amending s. 296.32, F.S.; revising the legislative purpose of part II of ch. 296, F.S., to conform to changes made by the act; amending s. 296.33, F.S.; revising the definition of "resident"; amending s. 296.36, F.S.; revising the admission eligibility for veterans' nursing homes to include specified individuals; revising the priority of admissions to include such individuals; providing an effective date.

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

Section 1. Subsections (1), (4), (8), and (10) of section 296.02, Florida Statutes, are amended to read:

296.02 Definitions.—For the purposes of this part, except where the context clearly indicates otherwise:

(1) "Applicant" means a veteran with wartime service or peacetime service, as defined in this section, the spouse or surviving spouse of such veteran, or a parent of a child who died while serving in the Armed Forces of the United States, who is not in need of hospitalization or nursing home care.

(4) "Domiciliary care" means shelter, sustenance, and

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incidental medical care provided on an ambulatory self-care basis to assist eligible applicants ~~veterans~~ who are disabled by age or disease, but who are not in need of hospitalization or nursing home care services.

(8) "Resident" means any eligible applicant ~~veteran~~ admitted to residency in the home.

(10) "Veterans' Domiciliary Home of Florida," hereinafter referred to as the "home," means a home established by the state for veterans who served in wartime service or in peacetime service, as defined in this section, the spouses or surviving spouses of such veterans, or the parents of a child who died while serving in the Armed Forces of the United States.

Section 2. Section 296.03, Florida Statutes, is amended to read:

296.03 Veterans' Domiciliary Home of Florida.—The Veterans' Domiciliary Home of Florida is for veterans who served in wartime service or peacetime service, as defined in s. 296.02, the spouses or surviving spouses of such veterans, or the parents of a child who died while serving in the Armed Forces of the United States, and is maintained for the use of those individuals ~~veterans~~ who are not in need of hospitalization or nursing home care and who can attend to their personal needs, dress themselves, and attend a general dining facility, or who are in need of extended congregate care.

Section 3. Paragraphs (e) and (f) are added to subsection (1) of section 296.08, Florida Statutes, to read:

296.08 Priority of admittance.—

(1) In determining the eligibility of applicants to the home, the administrator shall give admittance priority in

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59 accordance with the following schedule:

60 (e) Those spouses or surviving spouses of veterans.

61 (f) Those parents of children who died while serving in the
62 Armed Forces of the United States.

63 Section 4. Section 296.32, Florida Statutes, is amended to
64 read:

65 296.32 Purpose.—The purpose of this part is to provide for
66 the establishment of basic standards for the operation of
67 veterans' nursing homes for eligible veterans, the spouses or
68 surviving spouses of such veterans, or the parents of a child
69 who died while serving in the Armed Forces of the United States,
70 who are in need of such services.

71 Section 5. Subsection (5) of section 296.33, Florida
72 Statutes, is amended to read:

73 296.33 Definitions.—As used in this part, the term:

74 (5) "Resident" means any eligible veteran, the spouse or
75 surviving spouse of such veteran, or a parent of a child who
76 died while serving in the Armed Forces of the United States, who
77 is admitted to the home.

78 Section 6. Subsection (1) of section 296.36, Florida
79 Statutes, is amended, and paragraphs (d) and (e) are added to
80 subsection (3) of that section, to read:

81 296.36 Eligibility and priority of admittance.—

82 (1) To be eligible for admittance to the home, the person
83 must be a veteran as provided in s. 1.01(14) or have eligible
84 peacetime service as defined in s. 296.02, or be the spouse or
85 surviving spouse of a veteran, or the parents of a child who
86 died while serving in the Armed Forces of the United States and
87 must:

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88 (a) Be in need of nursing home care.

89 (b) Be a resident of the state at the time of application
90 for admission to the home.

91 (c) Not owe money to the department for services rendered
92 during any previous stay at a department facility.

93 (d) Have applied for all financial assistance reasonably
94 available through governmental sources.

95 (e) Have been approved as eligible for care and treatment
96 by the United States Department of Veterans Affairs.

97 (3) Admittance priority must be given to eligible veterans
98 in the following order of priority:

99 (d) A spouse or a surviving spouse of such veteran as
100 described in this subsection.

101 (e) A parent of a child who died while serving in the Armed
102 Forces of the United States.

103 Section 7. This act shall take effect July 1, 2024.

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The Florida Senate

Committee Agenda Request

To: Senator Gayle Harrell, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: November 28, 2023

I respectfully request that **Senate Bill #174**, relating to Veterans' Long Term Care Facilities Admissions, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in blue ink that reads "Danny".

Senator Danny Burgess
Florida Senate, District 23

APPEARANCE RECORD

SB 174

11/11/2024

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

HHS APPROPRIATIONS

Committee

Amendment Barcode (if applicable)

Name

MAJOR GENERAL JAMES HARTSELL

Phone

(727) 518-3202 EXT 5587

Address

11351 WILMERTON Rd Suite 311

Email

JAMES.HARTSELL@FDVA.FL.GOV

Street

LARGO

FL

33778

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf](#) [flsenate.gov](#)

This form is part of the public record for this meeting.

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

SB 174

Bill Number or Topic

1/11/24

Meeting Date

HHS Approvs

Committee

Amendment Barcode (if applicable)

Name

LISA HURLEY

Phone

850.224.5081

Address

311 E. PARK AVE

Email

lhurley@smithbrymanandnigels.com

Street

TALLAHASSEE FL

32301

City

State

Zip

Speaking:

For

Against

Information

OR

* Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

COLLIER COUNTY

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf flsenate.gov](#)

This form is part of the public record for this meeting.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL: CS/SB 186

INTRODUCER: Health Policy Committee and Senator Brodeur and others

SUBJECT: Progressive Supranuclear Palsy and Other Neurodegenerative Diseases Policy Committee

DATE: January 10, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Morgan</u>	<u>Brown</u>	<u>HP</u>	<u>Fav/CS</u>
2.	<u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	<u>Favorable</u>
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Technical Changes

I. Summary:

CS/SB 186 creates undesignated sections of the Laws of Florida, requiring the State Surgeon General to establish a progressive supranuclear palsy and other neurodegenerative diseases policy committee (committee) to identify the impact of progressive supranuclear palsy and other neurodegenerative diseases on Floridians, while providing recommendations to improve health awareness, detection, and outcomes.

The bill provides administrative support to the committee, establishes the membership of the committee, and authorizes the committee chair to create subcommittees. The bill requires that members of the committee be appointed by September 1, 2024, and that the initial meeting be held by October 1, 2024. All meetings of the committee must take place via teleconference or other electronic means.

The bill requires the State Surgeon General to submit a progress report detailing committee activities, as well as findings and recommendations, to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 4, 2025. The bill requires the State Surgeon General to submit a final report to the Governor and the Legislature by January 4, 2026.

The bill provides that, once enacted, the act may be cited as the “Justo R. Cortes Progressive Supranuclear Palsy Act.”

The bill has no fiscal impact on state revenues or state expenditures.

The bill provides an effective date of July 1, 2024.

II. Present Situation:

Neurodegenerative disease is an umbrella term used for a plethora of conditions that gradually damage and destroy parts of the nervous system, especially areas of the brain. The effects and symptoms of these diseases tend to appear later in life and usually develop slowly.¹

Cases of such disorders are rare, with researchers estimating that neurodegenerative diseases affect more than 50 million people worldwide; however, most of these conditions are strongly attributed to age and are far more likely in persons over 65 years old.² According to the U.S. Census Bureau's 2020 population estimates, more than 55 million Americans are age 65 or older, one-fourth of whom live in California, Florida, and Texas.³ Florida's older residents compose 21.3 percent of the population, or approximately 4,638,000 of the state's 21,733,000 estimated residents.⁴

Diagnosing a neurodegenerative disease varies based on the suspected condition:

- Neurologic exam by a healthcare provider to discuss symptoms and medical history.
- Laboratory testing, such as blood and genetic tests.
- Imaging scans, such as computed tomography and magnetic resonance imaging scans.
- Histopathology, or microscopic tissue analysis, after death. Some neurodegenerative diseases are suspected, but a confirmed diagnosis is only possible after examining brain samples post autopsy.

Other tests are possible and continue to be developed.⁵

Neurodegenerative diseases are incurable and irreversible, but some of them can be treated in order to manage, limit, or slow symptom advancement and the resulting complications. Other neurodegenerative diseases have no treatment, meaning a more reactionary approach is taken versus preventive, i.e. treat the symptoms to promote the best quality of life.⁶

Progressive Supranuclear Palsy

Progressive supranuclear palsy (PSP)⁷ is a rare, complex condition that affects the brain, resulting in muscle weakness that worsens over time, limiting the ability to walk, and causing

¹ Cleveland Clinic, *Neurodegenerative Diseases*, available at <https://my.clevelandclinic.org/health/diseases/24976-neurodegenerative-diseases> (last visited Dec. 1, 2023).

² *Supra* note 1.

³ Population Reference Bureau, *Which U.S. States Have the Oldest Populations?*, available at <https://www.prb.org/resources/which-us-states-are-the-oldest/> (last visited Dec. 1, 2023).

⁴ *Id.*

⁵ *Supra* note 1.

⁶ *Id.*

⁷ Johns Hopkins Medicine, *Progressive Supranuclear Palsy*, available at <https://www.hopkinsmedicine.org/health/conditions-and-diseases/progressive-supranuclear-palsy> (last visited Dec. 1, 2023).

visual impairment. It is known as an atypical form of parkinsonism⁸, as well as a motor neuron disease.⁹

PSP Risk Factors

PSP occurs when brain cells in an area of the brain stem become damaged, but how or why these cells are damaged remains unknown. Although anyone could develop PSP, it is more common in men and those of late middle age or older.¹⁰

PSP Symptoms and Complications

Early signs of PSP can be subtle, but disease progression increases symptom severity. Problems with balance and rigidity or discomfort while walking often tend to be the first indicators of PSP.¹¹

Other symptoms include:¹²

- Increased forgetfulness and irritability.
- Unusual emotional outbursts, such as crying or laughing unexpectedly or at inappropriate times.
- Irrational anger.
- Hand tremors.
- Trouble controlling eye movement.
- Blurred vision.
- Slurred speech.
- Trouble swallowing.
- Dementia.
- Depression.
- Inability to control the eyelids, such as unwanted blinking or eye opening difficulty.

A careful evaluation of symptoms can help diagnose PSP, but signs often mirror those of Parkinson's disease, or even an inner ear infection, increasing the likelihood of misdiagnosis. However, key differences include:¹³

- Significant difficulty with speech and swallowing.
- Problems with eye movement, specifically when looking up or down.
- Leaning and falling backward versus forward.

⁸ Cleveland Clinic, *Parkinsonism*, available at <https://my.clevelandclinic.org/health/diseases/22815-parkinsonism> (last visited Dec. 1, 2023).

⁹ Cleveland Clinic, *Neurodegenerative Diseases*, available at <https://my.clevelandclinic.org/health/diseases/24976-neurodegenerative-diseases> (last visited Dec. 1, 2023).

¹⁰ Johns Hopkins Medicine, *Progressive Supranuclear Palsy*, available at <https://www.hopkinsmedicine.org/health/conditions-and-diseases/progressive-supranuclear-palsy> (last visited Dec. 1, 2023).

¹¹ *Id.*

¹² *Id.*

¹³ *Id.*

While PSP is not fatal, symptoms will worsen and, like all neurodegenerative diseases, it cannot be cured. Nevertheless, complications, such as pneumonia from the inhalation of food particles while choking, can be life threatening.¹⁴

PSP Treatment

Although there is no medicine or procedure to completely control the symptoms of PSP, there are strategies and methods available to assist in the management of symptoms, such as medications for the treatment of Parkinson's disease to improve balance, flexibility of the muscles, and depression.¹⁵

Other treatment options include:¹⁶

- Special glasses with prisms to improve vision.
- A weighted tool or aid to assist in walking and prevent falling backwards.
- Physical therapy and exercise to improve flexibility and decrease muscle atrophy.
- A feeding tube for when swallowing becomes too difficult.

Other Neurodegenerative Diseases

Other types of neurodegenerative diseases include:¹⁷

- Dementia-type diseases, which can cause progressive damage to various areas of the brain, resulting in neuron death and a wide range of symptoms. These include Alzheimer's disease, frontotemporal dementia, chronic traumatic encephalopathy, Lewy body dementia, and limbic predominant age-related TDP-43 encephalopathy.
- Demyelinating diseases, which involve myelin damage or loss and can affect the sending and relaying of nerve signals. These include conditions such as multiple sclerosis and neuromyelitis optica spectrum disorder.
- Parkinsonism-type diseases, which involve damage to specific neurons in the brain that help manage coordination and precise control of muscle movements. These include Parkinson's disease and other forms of parkinsonism.
- Motor neuron diseases, which involve the death of neurons that control movement. These include conditions such as amyotrophic lateral sclerosis and PSP.

Risk Factors

Although there are multiple causation factors attributed to most neurodegenerative diseases, a few have been identified as a stronger indicator than others.¹⁸

- Age: Older individuals are more likely to develop a neurodegenerative disease.
- Genetics: Spontaneous mutations can occur, specific mutations can be inherited, and a combination of genes can increase the risk of developing a neurodegenerative disease.

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ Cleveland Clinic, *Neurodegenerative Diseases*, available at <https://my.clevelandclinic.org/health/diseases/24976-neurodegenerative-diseases> (last visited Dec. 1, 2023).

¹⁸ *Id.*

- Environment: Exposure to pollution, chemicals and toxins, certain types of infections, address, etc.
- Medical history: Specific medical events can catalyze or exacerbate some neurodegenerative conditions.
- Lifestyle: Habits, routine, and choices, such as food, fitness, smoking, etc.

Symptoms and Complications

The symptoms of neurodegenerative diseases can vary widely, even among people with the same condition, as each brain is unique, the causes of the disease can differ, and the symptoms are dependent on the part of the brain or nervous system that has been affected. However, a commonality in those diagnosed is the correlation between progression and independence, i.e., the further the disease advances, the less self-reliant an afflicted individual becomes.¹⁹

In general, the following symptoms and complications are associated with neurodegenerative diseases:²⁰

- Dementia-type diseases: Confusion, memory loss, trouble thinking or concentrating, and behavior changes.
- Demyelinating diseases: Tingling or numbness, pain, muscle spasms, weakness and paralysis, coordination issues, and fatigue.
- Parkinsonism-type diseases: Slowed movements, shaking and tremors, balance problems, shuffling steps, and hunched posture, as well as decreased strength, flexibility, agility, and reflexes, increasing the risk of falls and fractures.
- Motor neuron diseases: Muscle weakness that progresses to paralysis, as well as increased risk of pneumonia and other respiratory conditions.

Executive Branch Structure

Chapter 20, F.S., creates the organizational structure of the Executive Branch of state government, and s. 20.03, F.S., provides definitions for uniform nomenclature throughout the structure of the Executive Branch, including bodies created as adjuncts to Executive Branch departments, agencies, or offices. A “committee” or “task force” means an advisory body created without specific statutory enactment for a time not to exceed one year or created by specific statutory enactment for a time not to exceed three years and appointed to study a specific problem and recommend a solution or policy alternative with respect to that problem. Its existence terminates upon the completion of its assignment.

III. Effect of Proposed Changes:

Section 1 provides that, once enacted, the act may be cited as the “Justo R. Cortes Progressive Supranuclear Palsy Act.”

Section 2 creates a non-statutory section of the Laws of Florida to require the State Surgeon General to establish a progressive supranuclear palsy (PSP) and other neurodegenerative diseases policy committee, a committee as defined in s. 20.03, F.S. The bill requires the Department of

¹⁹ *Id.*

²⁰ *Id.*

Health (DOH) to provide staff and administrative support to the committee for the purposes of carrying out the following duties and responsibilities:

- Identifying the aggregate number of people diagnosed with PSP and other neurodegenerative diseases each year in this state.
- Identifying how data is collected regarding diagnoses of PSP and other neurodegenerative diseases and adverse health outcomes associated with such conditions.
- Identifying how PSP and other neurodegenerative diseases impact the lives of people in the state.
- Identifying the standard of care for the surveillance, detection, and treatment of PSP and other neurodegenerative diseases.
- Identifying emerging treatments, therapies, and research relating to PSP and other neurodegenerative diseases.
- Developing a risk surveillance system to help health care providers identify patients who may be at a higher risk of developing PSP and other neurodegenerative diseases.
- Developing policy recommendations to help improve patient awareness of PSP and other neurodegenerative diseases.
- Developing policy recommendations to help improve surveillance and detection of patients who may be at a higher risk of being diagnosed with PSP and other neurodegenerative diseases in licensed health care facilities, including hospitals, nursing homes, assisted living facilities, residential treatment facilities, and ambulatory surgical centers.
- Developing policy recommendations relating to guidelines that affect the standard of care for patients with PSP and other neurodegenerative diseases.
- Developing policy recommendations relating to providing patients and their families with written notice of increased risks of being diagnosed with PSP and other neurodegenerative diseases.

The bill requires that the committee be composed of 20 members, including the State Surgeon General, health care providers, family members or caretakers of patients who have been diagnosed with PSP and other neurodegenerative diseases, advocates, and other interested parties and associations.

The bill requires the President of the Senate and the Speaker of the House of Representatives to each appoint two members, and the State Surgeon General to appoint the chair and all other members of the committee. Members of the committee must be appointed by September 1, 2024, under the bill and shall serve without compensation for the entirety of the committee's existence.

The bill authorizes the chair to create subcommittees to help with research, scheduling speakers on important subjects, and drafting a committee report and policy recommendations. Meetings of the committee must be held through teleconference or other electronic means. The committee must meet for its initial meeting by October 1, 2024. Thereafter, the committee must meet upon the call of the chair or the request of a majority of the members. Notices for any scheduled meetings of the committee must be published in advance on the DOH's website.

The bill requires the State Surgeon General to submit a progress report detailing committee activities, as well as findings and recommendations, to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 4, 2025. The bill also requires the

State Surgeon General to submit a final report to the Governor and the Legislature by January 4, 2026. Both reports must be made available on the DOH's website.

The bill provides that the committee will sunset July 1, 2026, and this section of law will be repealed on that date.

Section 3 provides an effective date of July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill requires the DOH to provide administrative support for the committee. The costs of which can be absorbed within existing resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates undesignated sections of the Laws of Florida.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on December 5, 2023:

The CS:

- Changes the workgroup to a committee, as defined in s. 20.03, F.S., and establishes the committee as the duty and responsibility of the State Surgeon General and the DOH in the Laws of Florida.
- Provides a September 1, 2024, deadline for committee appointments, and requires that members serve for the entirety of the committee's existence.
- Requires, rather than allows, meetings to be held via teleconference or other electronic means. The initial committee meeting must be held by October 1, 2024, and all meetings thereafter occur upon the call of the chair or the request of a majority of the members. Notices for scheduled meetings of the committee must be published in advance on the DOH's website.
- Requires both a progress and a final report that include details as to committee activities, in addition to findings and recommendations. These reports must be published on the DOH's website. A submission deadline for the progress report is established as January 4, 2025.
- Provides a sunset date of July 1, 2026, for the committee.

B. Amendments:

None.

By the Committee on Health Policy; and Senators Brodeur, Pizzo, Wright, Boyd, Burgess, Rouson, Hutson, Davis, Ingoglia, and Garcia

588-01774-24

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A bill to be entitled

An act relating to a progressive supranuclear palsy and other neurodegenerative diseases policy committee; providing a short title; requiring the State Surgeon General to establish a progressive supranuclear palsy and other neurodegenerative diseases policy committee; requiring the Department of Health to provide staff and administrative support to the committee; providing for duties, membership, and meetings of the committee; requiring the State Surgeon General to submit a progress report and a final report by a specified date to the Governor and the Legislature; requiring the reports to be made available on the department's website; providing for the expiration of the committee; providing an effective date.

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

Section 1. This act may be cited as the "Justo R. Cortes Progressive Supranuclear Palsy Act."

Section 2. Progressive supranuclear palsy and other neurodegenerative diseases policy committee.-

(1) The State Surgeon General shall establish a progressive supranuclear palsy and other neurodegenerative diseases policy committee, a committee as defined in s. 20.03, Florida Statutes. The Department of Health shall provide staff and administrative support to the committee for purposes of carrying out its duties and responsibilities.

(2) The committee shall do all of the following:

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(a) Identify the aggregate number of people in the state diagnosed with progressive supranuclear palsy or other neurodegenerative diseases annually.

(b) Identify how data is collected regarding diagnoses of progressive supranuclear palsy or other neurodegenerative diseases and adverse health outcomes associated with such conditions.

(c) Identify how progressive supranuclear palsy and other neurodegenerative diseases impact the lives of people in the state.

(d) Identify the standard of care for the surveillance, detection, and treatment of progressive supranuclear palsy and other neurodegenerative diseases.

(e) Identify emerging treatments, therapies, and research relating to progressive supranuclear palsy and other neurodegenerative diseases.

(f) Develop a risk surveillance system to help health care providers identify patients who may be at a higher risk of developing progressive supranuclear palsy and other neurodegenerative diseases.

(g) Develop policy recommendations to help improve patient awareness of progressive supranuclear palsy and other neurodegenerative diseases.

(h) Develop policy recommendations to help improve surveillance and detection of patients who may be at a higher risk of being diagnosed with progressive supranuclear palsy and other neurodegenerative diseases in licensed health care facilities, including hospitals, nursing homes, assisted living facilities, residential treatment facilities, and ambulatory

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59 surgical centers.

60 (i) Develop policy recommendations relating to guidelines
 61 that affect the standard of care for patients with progressive
 62 supranuclear palsy or other neurodegenerative diseases.

63 (j) Develop policy recommendations relating to providing
 64 patients and their families with written notice of increased
 65 risks of being diagnosed with progressive supranuclear palsy and
 66 other neurodegenerative diseases.

67 (3) The committee shall be composed of 20 members,
 68 including the State Surgeon General. Members of the committee
 69 must be appointed by September 1, 2024.

70 (a) The State Surgeon General shall appoint health care
 71 providers, family members or caretakers of patients who have
 72 been diagnosed with progressive supranuclear palsy and other
 73 neurodegenerative diseases, advocates, and other interested
 74 parties and associations.

75 (b) The President of the Senate and the Speaker of the
 76 House of Representatives shall each appoint two members to the
 77 committee.

78 (c) Members of the committee shall serve without
 79 compensation and for the entirety of the committee's existence.

80 (d) The State Surgeon General shall appoint the chair of
 81 the committee.

82 (e) The chair of the committee may create subcommittees to
 83 help conduct research, schedule speakers on important subjects,
 84 and draft reports and policy recommendations.

85 (f) Meetings of the committee shall be held through
 86 teleconference or other electronic means. The committee shall
 87 meet for its initial meeting by October 1, 2024. Thereafter, the

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88 committee may meet upon the call of the chair or upon the
 89 request of a majority of its members. Notices for any scheduled
 90 meetings of the committee must be published in advance on the
 91 department's website.

92 (4) (a) The State Surgeon General shall submit a progress
 93 report detailing committee activities, as well as his or her
 94 findings and recommendations, to the Governor, the President of
 95 the Senate, and the Speaker of the House of Representatives by
 96 January 4, 2025. The report must be made available on the
 97 department's website.

98 (b) The State Surgeon General shall submit a final report
 99 detailing committee activities, as well as his or her findings
 100 and recommendations, to the Governor, the President of the
 101 Senate, and the Speaker of the House of Representatives by
 102 January 4, 2026. The report must be made available on the
 103 department's website.

104 (5) The committee shall sunset July 1, 2026, and this
 105 section is repealed on that date.

106 Section 3. This act shall take effect July 1, 2024.



The Florida Senate

Committee Agenda Request

To: Senator Gayle Harrell, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: January 4, 2024

I respectfully request that **Senate Bill #186**, relating to Progressive Supranuclear Palsy and Other Neurodegenerative Diseases Policy Committee, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in cursive script that reads "Jason Brodeur".

Senator Jason Brodeur
Florida Senate, District 10

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

1.11.24
Meeting Date

186
Bill Number or Topic

Area (aka case) Approp <
Committee

Amendment Barcode (if applicable)

Name Bob Cortes

Phone 407.463.8257

Address 1201 Bunnell Rd
Street

Email bob@bobcortes.com

Alt. Sp. City FL 32714
City State Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf](#) (flsenate.gov)

This form is part of the public record for this meeting.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL: SB 214

INTRODUCER: Senator Harrell

SUBJECT: Child Protection Teams

DATE: January 10, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Hall	Tuszynski	CF	Favorable
2.	Gerbrandt	McKnight	AHS	Favorable
3.			FP	

I. Summary:

SB 214 expands the reports that the Florida Central Abuse Hotline must refer to a Child Protection Team for assessment and other available support services to include cases involving:

- A child who was not properly restrained in a motor vehicle and, in the opinion of a physician, the improper restrained exacerbated the child’s injuries or resulted in the child’s death.
- A child who was left unattended or unsupervised in a motor vehicle and such action resulted in an injury to the child or the child’s death.
- Any report from an emergency room physician.

The bill reenacts s. 39.301(14)(c)1.-2., F.S.

The bill has a significant, negative fiscal impact on state government. See Section V. Fiscal Impact Statement.

The bill takes effect July 1, 2024.

II. Present Situation:

Child Welfare System

The child welfare system identifies families whose children are in danger of suffering or have suffered abuse, abandonment, or neglect and works with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.

Florida Central Abuse Hotline

The Department of Children and Families (DCF) operates the Florida central abuse hotline (Hotline), which accepts reports 24 hours a day, seven days a week of known or suspected child

abuse, abandonment, or neglect.¹ A child protective investigation begins with a report by any person to the Hotline. Statute mandates any person who knows or suspects a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, shall report such knowledge or suspicion to the Hotline.²

Once the Hotline obtains information from a reporter, if the allegations of the report meet the statutory definition then a child protective investigation by the DCF may be triggered.³ For the report to be accepted for an investigation there must be reasonable cause to believe that the child was harmed by abuse, abandonment, or neglect, or the child is at risk of harm.⁴

Child Protective Investigations

The DCF must conduct a child protective investigation if a Hotline report meets the statutory definition of child abuse, abandonment, or neglect. An investigation must be commenced immediately or within 24 hours after the report is received, depending on the nature of the allegation.⁵ The child protective investigator assesses the safety and perceived needs of the child and family and whether the child should receive in-home or out-of-home services.

Child Protection Teams

A child protection team (CPT) is a medically directed, multidisciplinary team that supplements the child protective investigation efforts of the DCF.⁶ CPTs are independent, community-based programs contracted by the Department of Health, which provide expertise in evaluating alleged child abuse and neglect, assess risk and protective factors, and provide recommendations for interventions to protect children and enhance a caregiver's capacity to provide a safer environment when possible.⁷

CPTs across the state are divided into 15 districts and provide services to all 67 counties by utilizing satellite offices and telemedicine sites.⁸ Each of the 15 districts served by CPTs are supervised by one or multiple CPT medical doctors, depending on the size and subdivision of the particular district.⁹

Certain reports of child abuse, abandonment, and neglect to the Hotline must be referred to CPTs, including:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age;
- Bruises anywhere on a child five years of age or younger;

¹ Section 39.201(5), F.S.

² Section 39.201(1)(a), F.S.

³ Section 39.201(2)(a), F.S.

⁴ Section 39.201(2), F.S.

⁵ Section 39.201(2)(a), F.S.

⁶ Florida Department of Health, Children's Medical Services, *Child Protection Teams*, https://www.cms-kids.com/families/child_protection_safety/child_protection_teams.html (last visited Nov. 28, 2023).

⁷ *Id.*

⁸ Florida Department of Health, *Children's Protection Team Directory (September 2023)*, <https://www.cms-kids.com/home/contact/cpt.pdf> (last visited Nov. 28, 2023).

⁹ *Id.*

- Any report alleging sexual abuse of a child;
- Any sexually transmitted disease in a prepubescent child;
- Reported malnutrition or failure of a child to thrive;
- Reported medical neglect of a child;
- A sibling or other child remaining in a home where one or more children have been pronounced dead on arrival or have been injured and later died as a result of suspected abuse, abandonment, or neglect; and
- Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment or neglect is suspected.¹⁰

When a CPT accepts a referral from the DCF or law enforcement, it may provide one or more of the following services:

- Medical diagnoses and evaluation;
- Child forensic interviews;
- Child and family assessments;
- Multidisciplinary staffings;
- Psychological and psychiatric evaluations;
- Community awareness campaign; and
- Expert court testimony.¹¹

CPT staff also provide training services to child protective investigators, community providers of child welfare services, and emergency room staff and other medical providers in the community.¹²

State Laws Protecting Children in Motor Vehicles

Child Restraint and Safety Belts

- Florida law requires the use of seat belts and child restraint devices, if applicable, by drivers, all front seat passengers, and all children under the age of 18 riding in a motor vehicle.

Currently, the Hotline accepts reports of children who are seriously harmed or die due to failure of a parent to use a child restraint required by law. These reports are accepted under the maltreatment of “inadequate supervision.”¹³

- Under s. 316.613, F.S., the driver of a motor vehicle transporting a child through 5 years of age must properly use a crash-tested, federally approved child restraint device for the child.

¹⁰ Section 39.303(4), F.S.

¹¹ Section 39.303(3), F.S.

¹² Section 39.303(3)(h), F.S.

¹³ The DCF’s operating procedures define “inadequate supervision” as a parent or caregiver leaving a child without adult supervision or arrangement appropriate for the child’s age, maturity, developmental level or mental or physical condition so that the child is unable to care for the child’s own needs or another basic need, or is unable to exercise sufficient judgment in responding to a physical or emotional crisis. *See* DCF CFOP 170-4, pg. A-29 (Sept. 1, 2020).

For children through age 3, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat.¹⁴

For children age 4 through age 5, a separate carrier, an integrated child seat, or a child booster seat may be used.¹⁵ However, the requirements to use a child restraint device for children in this age range do not apply when a safety belt is being used and the child is being transported:

- Gratuitously by a driver who is not a member of the child's immediate family;
- In a medical emergency involving the child; or
- Has a medical condition diagnosed by a health care professional that necessitates an exception.¹⁶

Additionally, under s. 316.614, F.S., it is unlawful for any person to drive a motor vehicle or an autocycle in Florida unless the driver and each passenger under the age of 18 are restrained by a safety belt or a child restraint device pursuant to s. 316.613, F.S. The requirements of s. 316.614, F.S., do not apply to motor vehicles that are not required to be equipped with safety belts under federal law.

Under ss. 316.613 and 316.614, F.S., a motor vehicle does not include a:

- School bus;
- Bus used for the transportation of persons for compensation, unless the bus is regularly used to transport children to or from school or in conjunction with school activities;
- Farm tractor or implement of husbandry;
- Truck having a gross vehicle weight rating more than 26,000 pounds; or
- Motorcycle, moped, or bicycle.

The child restraint requirements imposed by s. 316.613, F.S., do not apply to a chauffeur-driven taxi, limousine, sedan, van, bus, motor coach, or other passenger vehicle if the driver and the vehicle were hired and used for transportation of persons for compensation.¹⁷ It is the caregiver's responsibility to comply with the child restraint requirements in these situations.¹⁸

Any person violating ch. 316, F.S., commits a moving violation and is charged with a noncriminal infraction and must be cited for such an infraction¹⁹ and cited to appear before a judge authorized by law to preside over a court or hearing adjudicating traffic infractions.²⁰

¹⁴ Section 316.613(1)(a)1., F.S.

¹⁵ Section 316.613(1)(a)2., F.S.

¹⁶ *Id.*

¹⁷ Section 316.613(6), F.S.

¹⁸ *Id.*

¹⁹ Section 318.13, F.S., defines "infraction" to mean a noncriminal violation that may require community service hours under s. 316.027(4), F.S., but is not punishable by incarceration and for which there is no right to a trial by jury or a right to court-appointed counsel.

²⁰ Section 318.14(1), F.S.; A person who is not required to appear at a mandatory hearing under s. 318.19, F.S., may elect to pay a civil penalty and delinquent fee, if applicable, either by mail or in person, or entry into a payment plan to pay the civil penalty and delinquent fee, if applicable.

If another person dies because of the noncriminal infraction, the person cited is required to appear at a mandatory hearing (instead of having the option to pay a penalty in lieu of a hearing), perform 120 community service hours in a trauma center or hospital that regularly receives victims of vehicle accidents, and may be subjected to other civil or criminal penalties, such as if there's a negligence claim or the person is charged with a crime.²¹

In 2022, there were 397,537 crashes in Florida,²² resulting in 172 fatalities in minors aged 0-17.²³ The Florida Department of Highway Safety and Motor Vehicles reports there were 85 child passenger fatalities due to vehicle crashes. Of these fatalities, almost 50 percent were not wearing any type of restraint.²⁴ Further, in 2022, there were 7,207 citations given for no or improper child restraint device and 59 arrests for leaving a child unattended in a motor vehicle for 15 minutes or longer.²⁵

Leaving Children Unattended or Unsupervised in a Vehicle

Section 316.6135, F.S., prohibits a caregiver from leaving a child younger than six years of age unattended or unsupervised in a motor vehicle longer than 15 minutes, or for any period of time while the motor vehicle is running, the health of the child is in danger, or the child appears to be in distress. Each of these violations has its own penalties:

- Pursuant to s. 316.6135(2), F.S., a caregiver who leaves a child younger than six years of age unattended or unsupervised in a motor vehicle longer than 15 minutes commits a second-degree misdemeanor punishable up to 60 days in jail and a \$500 maximum fine.
- Pursuant to s. 316.6135(5), F.S., a caregiver who leaves a child younger than six years of age unattended or unsupervised in a motor vehicle for any period of time while the vehicle is running, the health of the child is in danger, or the child appears to be in distress is guilty of a noncriminal traffic infraction punishable by a fine not less than \$50 and not more than \$500.

If the caregiver leaves a child younger than six years of age unattended or unsupervised in a vehicle longer than 15 minutes, or for any period of time while the motor vehicle is running, the child's health is in danger, or the child appears to be in distress, and that action causes great bodily harm, permanent disability, or permanent disfigurement to a child, then the person commits a third degree felony punishable as provided in ss. 775.082, 775.083, and 775.084, F.S.

Any law enforcement officer who observes a child left unattended or unsupervised in a motor vehicle may use whatever means reasonably necessary to protect the child and remove the child

²¹ Any person cited for an infraction that results in a crash that causes the death of another will be required to appear at a mandatory hearing.

²² Florida Highway Safety and Motor Vehicles, *Crash Dashboard*, <https://www.flhsmv.gov/traffic-crash-reports/crash-dashboard/> (last visited Dec. 5, 2023).

²³ FL Health Charts, *Deaths from Motor Vehicle Crashes*, <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=Death.Dataviewer> (last visited Dec. 5, 2023).

²⁴ Florida Highway Safety and Motor Vehicles, *Safety Belts and Child Restraints*, <https://www.flhsmv.gov/safety-center/child-safety/safety-belts-child-restraints/> (last visited Dec. 5, 2023).

²⁵ Florida Department of Highway Safety and Motor Vehicles, *Annual Uniform Traffic Citation Report*, <https://services.flhsmv.gov/SpecialtyPlates/UniformTrafficCitationReport> (last visited Dec. 5, 2023).

from the motor vehicle.²⁶ If the law enforcement officer is unable to locate a caregiver, the child must be placed in the custody of the DCF.²⁷

Children experience different types of dangers if left unattended or unsupervised in a motor vehicle, such as heatstroke, setting the car in motion, seatbelt strangulation and leaving the car voluntarily.²⁸ From January 1990 to December 2014, there were 11,759 non-traffic injuries and fatalities in the United States to children 0 to 14 years of age, with a median age of the affected children being 3.7 years.²⁹ The incident types include:

- 3,115 children unattended in hot vehicles resulting in 729 deaths.
- 2,251 backovers³⁰ resulting in 1,232 deaths.
- 1,439 frontovers³¹ resulting in 692 deaths.
- 777 vehicles knocked into motion resulting in 227 deaths.
- 415 underage drivers resulting in 203 deaths.
- 173 power window incidents resulting in 61 deaths.
- 134 falls resulting in 54 deaths.
- 79 fires resulting in 41 deaths.
- 3,377 other incidents resulting in 157 deaths.

Since 1998, 968 children have died nationwide due to vehicular heatstroke.³² The national average of child heatstroke deaths per year since 1998 is 37 and have ranged in age from 5 days old to 14 years.³³ More than half of the deaths (55 percent) are children under two years of age.³⁴ Since 1998, Florida has had the largest number of child heatstroke deaths in vehicles (110), second only to Texas (143)³⁵

Currently, a CPT may accept referrals related to children left unattended or unsupervised in motor vehicles. However, the report would not constitute a mandatory referral unless it met a criterion outlined in s. 39.303(4), F.S.

²⁶ Section 316.6135(5), F.S.

²⁷ Section 316.6135(7), F.S.

²⁸ Kids and Cars, *NEVER Leave a Child Alone Inside a Vehicle... Not Even for a Minute!*, available at: https://www.kidsandcars.org/document_center/download/hot-cars/Kids-Alone-in-Cars-FACT-SHEET.pdf (last visited Dec. 5, 2023).

²⁹ Mark R. Zonrillo, et.al., Unintentional non-traffic injury and fatal events: Threats to children in and around vehicles, *Traffic Injury Prevention*, 19:2, 184-188, available at: <https://docs.house.gov/meetings/IF/IF17/20190523/109548/HHRG-116-IF17-Wstate-FennellJ-20190523-SD004.pdf#page=5&zoom=100,0,66> (last visited Dec. 5, 2023).

³⁰ Backovers are defined as a child being backed over by a vehicle traveling in reverse.

³¹ Frontovers are defined as a slow forward-moving vehicle running over a child.

³² United States Department of Transportation, Traffic Safety Marketing, *Child Safety: Heatstroke Prevention*. See KidsandCars.org, *Children Vehicular Heatstroke Deaths by Year*, https://www.trafficsafetymarketing.gov/get-materials/child-safety/heatstroke-prevention?_ga=2.56158690.870054613.1615229487-1650636428.1615229487 (last visited Dec. 5, 2023).

³³ U.S. Department of Transportation, *Traffic Safety Marketing, Heatstroke Deaths of Children in Vehicles*, <https://www.noheatstroke.org/index.htm> (last visited Dec. 5, 2023).

³⁴ *Id.*

³⁵ National Safety Council, *Hot Car Deaths*, <https://injuryfacts.nsc.org/motor-vehicle/motor-vehicle-safety-issues/hotcars/data-details/> (last visited Dec. 4, 2023).

III. Effect of Proposed Changes:

Section 1 expands the reports the Hotline must refer to CPTs for assessment and other available support services to include cases involving:

- A child who was not properly restrained in a motor vehicle and, in the opinion of a physician, the improper restraint exacerbated the child's injuries or resulted in the child's death;
- A child who was left unattended or unsupervised in a motor vehicle and such action resulted in an injury to the child or the child's death; and
- Any report from an emergency room physician.

Section 2 reenacts s. 39.301(14)(c)1.-2., F.S., which requires the DCF, in consultation with the judiciary to adopt by rule:

- Criteria that are factors requiring that the DCF to take the child into custody, petition the court, or, if the child is not taken into custody, conduct an administrative review. Such factors must include, but are not limited to, noncompliance with a safety plan or the case plan developed by the department, and the family, and prior abuse reports with findings that involve the child, the child's sibling, or the child's caregiver.
- Requirements that if, after administrative review, the DCF determines not to take the child into custody or petition the court, the DCF shall document the reason for its decision in writing and include it in the investigative file. For all cases accepted by law enforcement for criminal investigation, the DCF must include in the file written documentation that the review included input from law enforcement. In addition, for all cases that must be referred to CPTs pursuant to s. 39.303(4) and (5), F.S., the file must include written documentation that the administrative review included the results of the team's evaluation.

Section 3 provides that the bill is effective July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill has a significant, negative fiscal impact on the Department of Health. An exact fiscal impact is unable to be calculated due to not knowing the number of additional children that will be referred to CPT as a result of the additional mandatory criteria. It is estimated to be as high as \$1.3 million recurring.³⁶

Data received from the Department of Highway Safety and Motor Vehicles of crashes between 2019-2022 show that an average of 1,236 minors received an incapacitating injury and an average of 157 child fatalities occurred each year (a combined total of 1,393). However, this data does not detail if those injuries/fatalities were due to the lack of or inadequate restraint.³⁷

An estimated cost per child served by the CPT Program is calculated by dividing the total amount of contracted dollars distributed to the local CPTs by the number of children served.³⁸ Data for the previous three fiscal years is as follows:

- FY 2022/23: \$22,149,588/ 23,463 children = \$944.02 per child.
- FY 2021/22: \$22,428,805/ 23,629 children = \$949.21 per child.
- FY 2020/21: \$22,428,805/ 24,534 children = \$914.20 per child.³⁹

Based on the average minors receiving an incapacitating injury (1,236) and the average number of child fatalities (157), the additional costs to provide CPT services could be as high as \$1,303,583.33 per year:

$$1,236 + 157 = 1,393 \text{ additional children} \times \$935.81 \text{ average cost per child} = \$1,303,583.33$$

VI. Technical Deficiencies:

None.

³⁶ The Department of Health, *Agency Analysis of SB 214*, p. 4-5 (on file with the Senate Committee on Children, Families, and Elder Affairs).

³⁷ *Id.*

³⁸ *Id.*

³⁹ *Id.*

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 39.303 of the Florida Statutes.

This bill reenacts section 39.301 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Harrell

31-00366-24

2024214__

A bill to be entitled

An act relating to Child Protection Teams; amending s. 39.303, F.S.; expanding the types of reports that the Department of Children and Families must refer to Child Protection Teams; reenacting s. 39.301(14)(c), F.S., relating to the initiation of protective investigations, to incorporate the amendment made to s. 39.303, F.S., in a reference thereto; providing an effective date.

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

Section 1. Paragraphs (j), (k), and (l) are added to subsection (4) of section 39.303, Florida Statutes, to read:

39.303 Child Protection Teams and sexual abuse treatment programs; services; eligible cases.—

(4) The child abuse, abandonment, and neglect reports that must be referred by the department to Child Protection Teams of the Department of Health for an assessment and other appropriate available support services as set forth in subsection (3) must include cases involving:

(j) A child who was not properly restrained in a motor vehicle pursuant to s. 316.613 or s. 316.614 when, in the opinion of a physician, the improper restraint exacerbated the child's injuries in a motor vehicle accident or resulted in the child's death.

(k) A child who was left unattended or unsupervised in a motor vehicle pursuant to s. 316.6135 and such action resulted in an injury to the child or in the child's death.

Page 1 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

31-00366-24

2024214__

(l) Any report from an emergency room physician.

Section 2. For the purpose of incorporating the amendment made by this act to section 39.303, Florida Statutes, in a reference thereto, paragraph (c) of subsection (14) of section 39.301, Florida Statutes, is reenacted to read:

39.301 Initiation of protective investigations.—

(14)

(c) The department, in consultation with the judiciary, shall adopt by rule:

1. Criteria that are factors requiring that the department take the child into custody, petition the court as provided in this chapter, or, if the child is not taken into custody or a petition is not filed with the court, conduct an administrative review. Such factors must include, but are not limited to, noncompliance with a safety plan or the case plan developed by the department, and the family under this chapter, and prior abuse reports with findings that involve the child, the child's sibling, or the child's caregiver.

2. Requirements that if after an administrative review the department determines not to take the child into custody or petition the court, the department shall document the reason for its decision in writing and include it in the investigative file. For all cases that were accepted by the local law enforcement agency for criminal investigation pursuant to subsection (2), the department must include in the file written documentation that the administrative review included input from law enforcement. In addition, for all cases that must be referred to Child Protection Teams pursuant to s. 39.303(4) and (5), the file must include written documentation that the

Page 2 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

31-00366-24

2024214__

59 administrative review included the results of the team's
60 evaluation.

61 Section 3. This act shall take effect July 1, 2024.

The Florida Senate

APPEARANCE RECORD

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1/11/24

Meeting Date

214

Bill Number or Topic

HHS Approps

Committee

Amendment Barcode (if applicable)

Name Doug Bell

Phone 850 510 7146

Address 119 S. Monroe St

Email doug.bell@mkdfirm.com

TLH

City

FL

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Florida Chapter, American Academy of Pediatrics

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, 2020-2022 Joint Rules, pdf, flsenate.gov

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The Florida Senate

APPEARANCE RECORD

1/11/2024

0214

Meeting Date

Bill Number or Topic

HHS Approps

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Committee

Amendment Barcode (if applicable)

Name **Victoria Zepp**

Phone **833/6188180**

Address **310 W. College Avenue**

Email **victoria@team180.com**

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

One Hope United

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

Home Visiting Programs



Objectives

Provide an Overview of:

- Universal Prenatal Risk Screen
- Coordinated Intake and Referral Process
- Healthy Start Program
- Nurse Family Partnership
- Healthy Families
- Early Steps Program

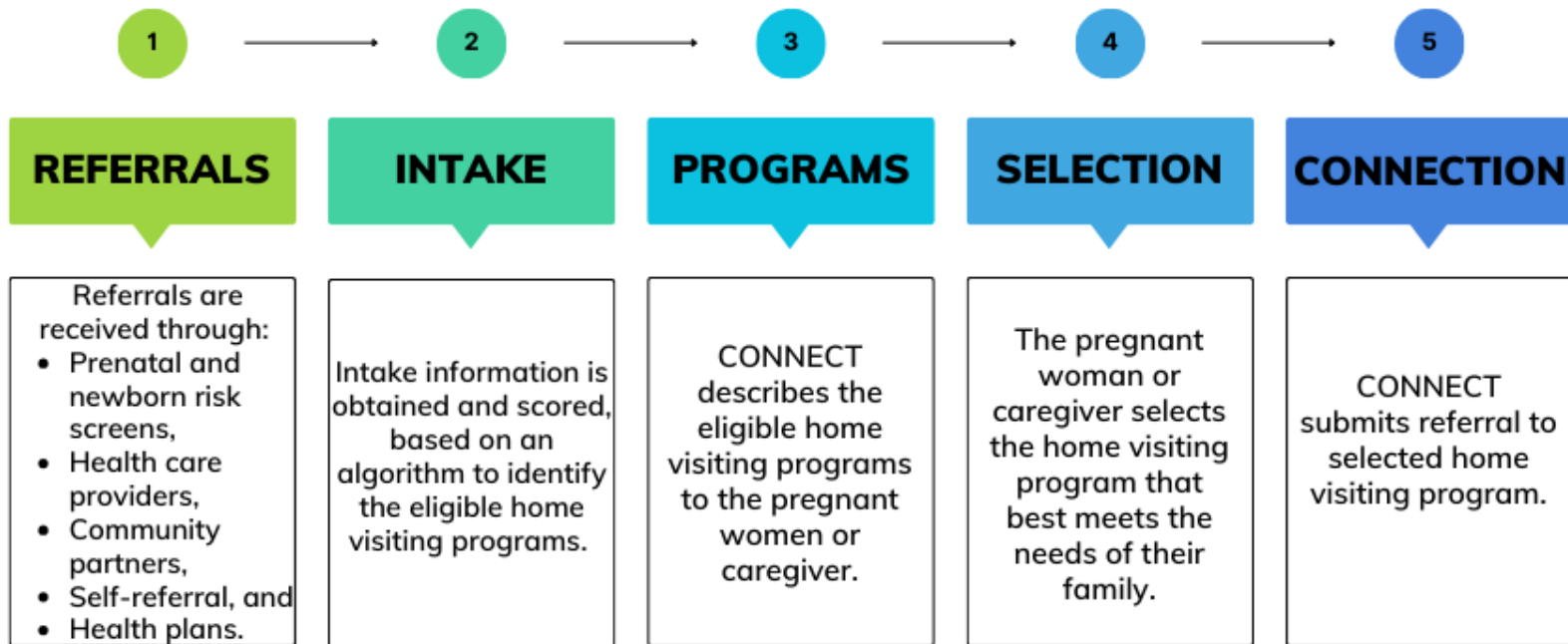
Universal Prenatal Risk Screen Update

- Administered by health care providers at a pregnant woman's first prenatal appointment.
- Identifies pregnant women at risk of a poor pregnancy or birth outcome.
- Currently piloting an electronic process.
- Statewide implementation of the electronic process scheduled for July 1, 2024.

Coordinated Intake and Referral

- Coordinated intake and referral, known as CONNECT, was created to provide streamlined access to home visiting services that best meet a family's needs.
- Healthy Start facilitates this process for all home visiting programs in Florida.

Coordinated Intake and Referral Process



Healthy Start Program Overview

- Healthy Start is a home visiting program that provides education and care coordination to pregnant women and families of children under the age of three.
- The goal of the program is to reduce risk factors associated with preterm birth, low birth weight, infant mortality and poor developmental outcomes.
- Sections 383.216; 383.011; 381.0055; 383.14, Florida Statutes
- Organizational Structure includes:
 - **Florida Association of Healthy Start Coalitions:** Serves as the governing body. Includes executive director and elected board.
 - **Healthy Start Coalitions:** 32 coalitions covering the 67 counties
 - **MomCare Network:** Serves as an administrative service organization representing all the coalitions under the provisions of s. 409.975(4)(a), F.S.
 - **CONNECT:** Coordinated Intake and Referral System for all home visiting programs in a community

Healthy Start Program Eligibility and Services

Eligibility:

- Pregnant women
- Children ages birth to 3 years old
- Parents and caregivers of children receiving services
- Fathers of children birth to 3 years old

Services:

- Coordinated intake and referral
- Home visiting services
- Interconception Care
- Education Services (Breastfeeding, Nutrition, Tobacco Cessation, Childbirth, Parenting), and Psychosocial Counseling
- Fetal and Infant Mortality Reviews
- Fatherhood Services

Healthy Start

Oversight, Accountability, and Contracts

The Florida Department of Health contracts with the 32 Healthy Start Coalitions to provide services related to CONNECT, home visiting, community engagement, fetal and infant mortality reviews and fatherhood initiatives.

The Department provides oversight for:

- Adherence to contractual requirements
- State Healthy Start Program Guidelines
- Quality Assurance, Accountability, and Monitoring of Home Visiting Services
- Targeted Technical Assistance
- Fiscal Management

Healthy Start Contractual Requirements

Topic	Department of Health
CONNECT	<ul style="list-style-type: none"> Coordinate a Home Visitation Advisory Committee, that includes the participating home visiting programs in the community, to address implementation of the Coordinated Intake and Referral process (barriers, successes, outcomes, etc.).
Services	<ul style="list-style-type: none"> Establish subcontracts for home visiting services. Train subcontractors. Monitor subcontracts.
Community Engagement	<ul style="list-style-type: none"> Establish public and private partnerships for the provision of coordinated community-based prenatal and infant health care. Assess the maternal and child health system of care. Develop strategic plans, with community partners, to improve the maternal and child health system of care in the community.
Other	<ul style="list-style-type: none"> Fetal and Infant Mortality Reviews: Convene case review teams, and community action groups, to review cases of fetal and infant death, identify recommendations to improve systems of care, and implement recommendations. Fatherhood: Provide fatherhood home visiting services, as described on the fatherhood engagement plan.

Healthy Start Contractual Requirements

Topic	Agency for Health Care Administration
CONNECT	<ul style="list-style-type: none"> • Healthy Start Momcare Network subcontracts with all 32 Healthy Start Coalitions to provide Coordinated Intake and Referral Services. • Assign Coordinated Intake and Referral Specialists to each Medicaid Eligible pregnant woman or child from birth to 3-years.
Services	<ul style="list-style-type: none"> • The 32 coalitions establish subcontracts for home visiting services to Medicaid Eligible pregnant women and children from birth to 3-years. • Train subcontractors in all aspects of the requirements of the HSMN Agreement with AHCA. • Monitor subcontracts.
Community Engagement	<ul style="list-style-type: none"> • Establish public and private partnerships for the provision of coordinated community-based prenatal and infant health care to Medicaid recipients. • Coordination with Medicaid Managed Care Plans on services provided to recipients who are enrolled on the Statewide Medicaid Managed Care (SMMC) program and who are also receiving services from a Healthy Start Coalition.
Other	<ul style="list-style-type: none"> • Monthly submission of Quality Performance Measures and number of services provided to Medicaid Eligible recipients. • Develop and maintain a secure database for the storage of all data related to work performed. • Provide access to secure database to AHCA, DOH, and SMMC health plans.

Healthy Start Funding

Fiscal Year	Department of Health	Agency for Health Care Administration
2021-2022	Federal: \$4,485,431 General Revenue: \$19,975,176 Total: \$24,460,607	MCTF Funds: \$41,728,067 General Revenue: \$24,888,876 Total: \$66,616,943
2022-2023	Federal: \$4,485,431 General Revenue: \$19,975,176 Fetal and Infant Mortality Reviews: \$1,602,000 Fatherhood Program: \$4,420,000 Total: \$30,482,607	MCTF Funds: \$38,058,383 General Revenue: \$25,056,679 Total: \$63,115,062
2023-2024	Federal: \$4,485,431 General Revenue: \$33,975,341 Fetal and Infant Mortality Reviews: \$1,602,000 Fatherhood Program: \$4,400,000 Total: \$44,462,772	MCTF Funds: \$37,540,839 General Revenue: \$25,574,223 Total: \$63,115,062

Nurse Family Partnership Overview

- National, evidence-based program that provides home visitation services to first-time mothers.
- The goal of the program is to:
 - Improve pregnancy outcomes by helping women engage in good preventive health practices.
 - Improve child health and development by helping parents provide responsible care.
 - Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future.

Nurse Family Partnership Eligibility and Services

Eligibility:

- First time pregnant women.
- Entry into the program must occur by the 28th week of pregnancy.
- Client must be within 235% of the federal poverty level.

Services:

- Specially-trained nurses provide home visiting services during pregnancy through the child's second birthday.
- Connection to educational and employment resources.
- Preventative health services and linkage to care providers.
- Referral to services for mental health and substance use disorders.

Nurse Family Partnership Oversight, Accountability, and Contracts

- The Florida Department of Health contracts with Florida Association of Healthy Start Coalitions for five Nurse Family Partnership sites, in accordance with the General Appropriations Act.
- The contract requires:
 - Registered Nurses to be hired and trained for home visiting services.
 - A minimum number of clients based on the funding amount.
 - Services to be provided in accordance with the national Nurse Family Partnership model.
- The Department provides oversight for:
 - Adherence to contractual requirements
 - Quality Assurance, Accountability, and Monitoring
 - Targeted Technical Assistance
 - Fiscal Management

Nurse Family Partnership Funding

Nurse Family Partnership Programs Funded by the Department

Fiscal Year	Contract Amount	Counties and Provider
2021-2022	\$750,000	<ul style="list-style-type: none"> Brevard: Prenatal & Infant Care Health Care Coalition of Brevard County Hillsborough: Healthy Start Coalition of Hillsborough County, Inc. Orange: Healthy Start Coalition of Orange County, Inc. Miami-Dade: Health Choice Network of Florida, Inc.
2022-2023	\$500,000	<ul style="list-style-type: none"> Brevard: Prenatal & Infant Care Health Care Coalition of Brevard County Hillsborough: Healthy Start Coalition of Hillsborough County, Inc. Orange: Healthy Start Coalition of Orange County, Inc. Miami-Dade: Health Choice Network of Florida, Inc.
2023-2024	\$1,000,000	<ul style="list-style-type: none"> Hillsborough: Healthy Start Coalition of Hillsborough County, Inc. Orange: Healthy Start Coalition of Orange County, Inc. Miami-Dade: Health Choice Network Treasure Coast Region (St. Lucie, Indian River, and Martin Counties): Healthy Start Coalition of St. Lucie County, Inc. North Central Region (Citrus, Hernando, Lake, Sumter, Marion, Alachua, Dixie, Gilchrist, and Levy counties): Healthy Start of North Central Florida, Inc.

Healthy Families Florida

- Nationally accredited home visiting program for expectant parents and parents of newborns.
- The goal of the program is to improve childhood outcomes and increase family self-sufficiency by empowering parents through education and community support.
- In FY 2022-23:
 - \$28.3M in state funding
 - 9,048 families served
 - 16,105 children served

Healthy Families Florida Eligibility

- Pregnant or with an infant 3 months old or less.
- Resides in Healthy Families Florida (HFF) service area.
- Positive score on Prenatal Risk Screen, Infant Risk Screen or HFF Record Referral Screen, or referral by specific partner agency (DCF, a CBC, DJJ, or Early Childhood Court).
- Facing challenging life circumstances.

Healthy Families Florida Services

- Available in all 67 counties - some programs (45) are county-wide, others (22) zip code specific.
- 11 sites provide enhanced services with either a Behavioral Health Navigator or a Family Specialist.
- Families are offered personalized weekly visits. As they progress through the program visits become less frequent.
- Home Visitors are there to work with families across many of their child's developmental stages.
- Families can participate until their child turns 5.

Healthy Families Florida Outcomes

Keeping Children Safe:

- 99% of children remain free of verified maltreatment one year after completing the program.

Strengthening Families:

- 86% of adult participants improved their self-sufficiency by getting a job, enrolling in job training, furthering their education, or securing stable housing while in the program.

Promoting Healthy Child Development:

- 97% of children and 97% of adult participants are connected to a medical provider while in the program.

Early Steps Program Overview

- Early Steps is a comprehensive statewide program for infants and toddlers with disabilities, ages birth to 3, and their families
- This Program:
 - Enhances the development of infants and toddlers with disabilities;
 - Reduces educational costs by minimizing the need for special education through early intervention; and
 - Enhances the capacity of families to meet their child's needs.
- Individuals with Disabilities Education Act (IDEA), Part C, 34 CFR §303
- Chapter 391, Part III, Sections 391.301-391.308, Florida Statutes
- The Florida Department of Health is the designated lead agency.

Early Steps Program Eligibility and Services

Eligibility:

- Birth to 3 years old
- Developmental delay
- Established conditions that commonly cause developmental delay
- At-risk conditions that may cause developmental delay

Early Intervention Services:

- Service coordination
- Early intervention sessions
- Counseling
- Therapies (speech/physical/occupational)
- Vision and hearing services
- Assistive technology
- Other required services

Early Steps Program Oversight, Accountability, and Contracts

- Early Steps State Office provides the following oversight:
 - Policies and Procedures
 - Quality Assurance, Accountability, and Monitoring
 - Targeted Technical Assistance and Professional Development
 - Fiscal Management
 - Dispute Resolution
- Governor appointed Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT)
- Contracts with 15 Local Early Steps Programs for statewide services
 - Responsible for local program oversight, including service delivery.
 - Service Coordinators and Family Resource Specialists
 - Early Intervention Service Providers, internal and contracted

Early Steps Program Funding

Fiscal Year	Department of Health
2021-2022	Federal: \$26,255,076 General Revenue: \$47,361,173 Total: \$73,616,249
2022-2023	Federal: \$31,017,140 General Revenue: \$47,361,173 Total: \$78,378,313
2023-2024	Federal: \$38,205,397 General Revenue: \$47,361,173 Total: \$85,566,570

Thank You

The Florida Senate

APPEARANCE RECORD

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Home visiting

Bill Number or Topic

Amendment Barcode (if applicable)

1/11/24

Meeting Date

Approps HHS

Committee

Name Melissa Jordan

Phone 850-245-4577

Address 4052 Bald Cypress Way

Street

Email Melissa.Jordan@flhealth.gov

Tallahassee, FL 32399

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf](#) [flsenate.gov](#)

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The Florida Senate

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Home Visiting

Bill Number or Topic

Amendment Barcode (if applicable)

1/11/24

Meeting Date

HHS Approps

Committee

Name

Kate Williams

Phone

850-488-9140

Address

2401 N. Monroe St

Email

SamKerce@myFLFamilies.com

Street

TLH

City

FL

State

32309

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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11/11/24 Meeting Date

House Visiting Bill Number or Topic

Approps HHS Committee

Amendment Barcode (if applicable)

Name Marcy Hajdukiewicz - Hi do Ke-yitch Phone 850-841-2737

Address 4052 Bald Cypress Way Street Email Marcy.Hajdukiewicz@flhath.gov

tall City FL State 32399 Zip

Speaking: [] For [] Against [x] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[x] I am appearing without compensation or sponsorship.

[] I am a registered lobbyist, representing:

[] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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Home Visiting

Bill Number or Topic

1/11/2024

Meeting Date

Appropriations (HHS)

Committee

Amendment Barcode (if applicable)

Name Austin Noll

Phone (904) 955-0331

Address 2727 Moran Dr.

Street

Email Austin.Noll@ahca.myflorida.com

Tallahassee

City

FL

State

32368

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Appropriations Committee on Health and Human Services

Judge:

Started: 1/11/2024 1:01:38 PM

Ends: 1/11/2024 2:03:37 PM

Length: 01:02:00

1:01:39 PM Sen. Harrell (Chair)
1:02:40 PM Sen. Garcia (Chair)
1:03:02 PM S 214
1:03:08 PM Sen. Harrell
1:04:32 PM Sen. Davis
1:05:00 PM Sen. Harrell
1:05:15 PM Doug Bell, Lobbyist, American Academy of Pediatrics Florida Chapter (waives in support)
1:05:20 PM Victoria Zepp, Lobbyist, One Hope United (waives in support)
1:05:29 PM Sen. Harrell
1:06:23 PM Sen. Garcia
1:06:32 PM S 174
1:06:39 PM Sen. Burgess
1:07:43 PM Sen. Burton
1:07:57 PM Sen. Burgess
1:08:09 PM James Hartsell, Major General, Florida Department of Veterans' Affairs (FDVA) (waives in support)
1:08:10 PM Lisa Hurley, Lobbyist, Collier County (waives in support)
1:08:21 PM Sen. Burgess (waives to close)
1:08:23 PM Sen. Garcia
1:08:51 PM S 186
1:08:59 PM Sen. Brodeur
1:10:12 PM Bob Cortes, Senior Administrator of Government & Community Affairs, Seminole County Sheriff's Office
1:14:40 PM Sen. Brodeur
1:16:52 PM Sen. Garcia
1:17:02 PM Sen. Harrell (Chair)
1:17:21 PM TAB 4 - Statewide Home Visiting Programs
1:18:43 PM Melissa Jordan, Assistant Deputy Secretary of Health, Department of Health (DOH)
1:30:13 PM Kate Williams, Assistant Secretary for the Office of Child and Family Well-Being, Department of Children and Families (DCF)
1:34:33 PM Marcy Hajdukiewicz, Division Director of Children's Medical Services, Department of Health (DOH)
1:37:04 PM Sen. Harrell
1:37:30 PM Sen. Davis
1:38:19 PM Austin Noll, Deputy Secretary for Medicaid Policy, Quality, and Operations, Agency for Health Care Administration (AHCA)
1:39:02 PM Sen. Davis
1:39:46 PM M. Jordan
1:40:54 PM Sen. Harrell
1:41:44 PM M. Jordan
1:43:00 PM Sen. Harrell
1:43:01 PM M. Jordan
1:43:07 PM Sen. Harrell
1:43:10 PM M. Jordan
1:44:02 PM Sen. Harrell
1:44:23 PM M. Jordan
1:44:46 PM Sen. Brodeur
1:46:03 PM Sen. Book
1:46:42 PM M. Jordan
1:47:16 PM Sen. Book
1:47:36 PM M. Jordan
1:47:58 PM Sen. Book
1:48:20 PM Sen. Harrell
1:48:43 PM M. Jordan
1:48:59 PM Sen. Book

1:49:24 PM	M. Jordan
1:49:47 PM	Sen. Baxley
1:56:16 PM	Sen. Davis
1:56:38 PM	M. Jordan
1:56:44 PM	Sen. Davis
1:57:05 PM	M. Jordan
1:57:19 PM	Sen. Book
1:57:46 PM	M. Jordan
1:58:10 PM	Sen. Harrell
1:58:33 PM	M. Jordan
1:59:03 PM	Sen. Harrell
1:59:34 PM	K. Williams
2:00:16 PM	Sen. Harrell
2:00:37 PM	K. Williams
2:00:38 PM	Sen. Harrell
2:00:48 PM	K. Williams
2:00:50 PM	Sen. Harrell
2:00:55 PM	K. Williams
2:00:57 PM	Sen. Harrell
2:01:02 PM	Sen. Rouson
2:01:20 PM	M. Jordan
2:02:17 PM	Sen. Harrell
2:02:56 PM	Sen. Simon
2:03:07 PM	Sen. Harrell