



# Florida Chapter

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## American Academy of Pediatrics

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Throughout Session we worked on a long list of issues – both legislative and administrative. I think we had some good successes in the legislative arena and we appear to have had a good, although not huge, impact on various agency issues. Below is an abbreviated list of tasks we performed this Session.

1. We worked alongside the Booster Seat Coalition and the E-Cigarette coalition, worked with the bill sponsors, testified in committees and certainly had a strong impact on the passage of the booster seat and e-cigarette bills (in an acceptable form).
2. Advocating to budget chairmen and staff, we provided assistance to the Department of Health and were successful in receiving \$2.8 Million for Children's Medical Services Child Protection Teams.
3. Worked with legislation champions, budget staff and committee members, and other advocates regarding various appropriations issues.
4. We worked closely with the FMA and various specialty societies on the Prior Authorization / Step Therapy bill, the Scope of Practice Bill, tele-medicine and other general medical bills.
5. We diligently worked with House and Senate staff and bill sponsors to get language added to the Child Welfare bills.
6. Met with AHCA, DOH, DCF, and Healthy Kids staff on numerous issues (legislative and other).
7. Attended and participated in many meetings, conference calls, and email conferences on a frequent and routine basis.

### **2014 Session Summary**

The legislative session ended with the House and Senate at odds with each other over numerous large issues which were priorities of the respective leaders. For example, no health care reform legislation passed and the fight between current trauma centers and pending trauma centers remains unresolved; no bills passed dealing with pension reform - local or state; no gambling or casino legislation passed; no springs protection passed.

### **FCAAP Priority Bills That PASSED:**

#### **CS/HB 225 Child Safety Devices in Motor Vehicles**

Current law governing the use of child restraint devices (CRDs) requires every motor vehicle operator to properly use a crash-tested, federally approved CRD when transporting a child 5 years of age or younger. However, for children aged 4 through 5 years, a separate carrier, an

integrated child seat, or a seat belt may be used. A driver who violates this requirement is subject to a \$60 fine, court costs and add-ons, and having three points assessed against his or her driver's license. However, the driver may elect, with the court's approval, to participate in a child restraint safety program, completion of which, authorizes the court to waive the penalties and assessment of points.

The bill revises CRD requirements for children passengers in motor vehicles. The bill revises the provision allowing a seat belt to be used in lieu of a specialized device for children between 4 and 5 years of age. The bill specifies the device used for a child aged 4 through 5 must be a separate carrier, an integrated child seat, or a booster seat. A seat belt may be used for children between 4 and 5 years of age when the motor vehicle operator is not a member of the child's immediate family and the child is being transported either gratuitously, in the case of an emergency, or when a medical condition necessitates an exception as evidenced by appropriate documentation from a health professional.

### **CS/CS/SB 224 Nicotine Dispensing Devices**

The bill:

- defines a "nicotine product" as any product that contains nicotine, including liquid nicotine, that is intended for human consumption, whether inhaled, chewed, absorbed, dissolved or ingested by any means. The definition does not include a tobacco product under Florida law, a drug or device under Federal Law, or a product that contains incidental nicotine.
- redefines "nicotine dispensing devices" as any product that employs an electronic, chemical, or mechanical means to produce vapor from a nicotine product, including, but not limited to, an electronic cigarette, any similar device or product, any replacement cartridge, and any container of nicotine in a solution or other form for such devices or products.
- provides that the sale or giving of "nicotine products" and "nicotine dispensing devices" to minors under the age of 18 is prohibited and punishable as a second degree misdemeanor. It provides defenses, including a defense based on the appearance of the underage person and whether the underage person falsely misrepresented their age.
- provides signage requirements for dealers of "nicotine products" and "nicotine dispensing devices."
- creates a noncriminal violation for persons under 18 years to possess, purchase, or misrepresent their age or military service to obtain "nicotine products" or "nicotine dispensing devices" in certain circumstances with a \$25 fine for a first violation, \$25 fine for a second violation within 12 weeks of the first violation, and the suspension or revocation of the person's driver license, as provided in s. 322.056, F.S., for a third violation within 12 weeks of the first violation.
- prohibits the sale or delivery of nicotine products or nicotine dispensing devices by means of

self-service merchandising except when such products are under the direct control, or line of sight where effective control may be reasonably maintained, by the retailer or their agent or employee.

- creates the prohibitions in the bill in ch. 877, F.S., which relates to miscellaneous crimes, instead of ch. 569, F.S., which relates to tobacco products

### **SB 1666 Child Welfare**

This is the comprehensive child welfare bill which we worked on since before Session. It has not yet been summarized by committee staff, but we were able to get the following amendments into

The bill:

- **Critical Incident Rapid Response Team:** The bill creates this CIRRT. It also creates an advisory committee for the CIRRT. We got language in the bill which requires that the Statewide Medical Director for Child Protection to be a member of the advisory committee.
- **State Child Abuse Death Review Committee:**
  - We were successful in having all calls to the hotline reviewed rather than just calls regarding “verified” child abuse or neglect.
  - We were successful in replacing the seat on the State Child Abuse Death Review Committee currently held by “a board-certified pediatrician” with the Statewide Medical Director for Child Protection.

### **HB 5201 Medicaid Conforming Bill**

Statewide Medicaid Managed Care Enrollment:

- The bill adds Medicaid recipients residing in APD-licensed group homes and children receiving services in a prescribed pediatric extended care (PPEC) center, to the list of recipients who are exempt from mandatory managed care enrollment under Statewide Medicaid Managed Care but who are allowed to join managed care plans voluntarily.

Reimbursement for PPEC Services:

- The bill provides that reimbursement for PPEC services provided to children enrolled in a Medicaid managed care plan will be paid to the PPEC service provider by AHCA on a fee-for-service basis.

Definition of Rural Hospital:

- Amends the definition of “rural hospital” to include hospitals meeting the qualifications of a federal “sole community hospital” having up to 340 beds. The bill removes an obsolete statutory provision in the definition of rural hospital.

Residency Program Reconciliation:

- Creates a new provision for the Statewide Medicaid Residency Program. The bill requires the Agency for Health Care Administration (AHCA) – beginning in the 2015-2016 fiscal year – to reconcile each participating hospital’s number of residents calculated under the program’s statutory formula with the most recent Medicare cost report submitted by the hospital. In any year in which retroactive adjustments are needed due to the reconciliation, those adjustments will be applied to the hospital’s allocation for that year.

Disproportionate Share Hospital Program:

- The bill updates statute so that data used by AHCA to measure hospital's Medicaid and charity care will be applied to the 2014-2015 fiscal year.
- The bill provides that any non-state-owned or operated hospital that was eligible for public-hospital disproportionate share payments on July 1, 2011, remains eligible for those payments during the 2014-2015 fiscal year.

Medically Needy in Statewide Medicaid Managed Care:

- The bill repeals the requirement in the Statewide Medicaid Managed Care program that persons eligible for the Medically Needy program must enroll in managed care plans and pay a monthly premium of an amount up to their share of cost calculated under the Medically Needy program. The bill also repeals requirements for Medicaid managed care plans related to Medically Needy.

Corrections to the General Appropriations Act:

- The bill contains two non-statutory sections of law that correct scrivener's errors

**Key Budget Issues that PASSED:**

CMS – Child Protection Team  
\$2.8M

Electronic Health Records – Meaningful Use

- \$14.7 Million for 2013 / 2014 to become effective upon the budget becoming law;
- \$81 Million for 2014 / 2015

AHCA Proviso:

From the funds in Specific Appropriation 197, \$1,112,760 from the Medical Care Trust Fund is provided for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs under the Department of Health. This funding is contingent upon the availability of state matching funds in the Department of Health in Specific Appropriation 543.

AHCA Proviso:

From the funds in Specific Appropriation 222, \$1,630,631 from the General Revenue Fund and \$2,401,592 from the Medical Care Trust Fund are provided for a rate increase for Prescribed Pediatric Extended Care centers.

AHCA Proviso:

From the funds in Specific Appropriation 224, \$3,400,000 from the General Revenue Fund and \$5,007,517 from the Medical Care Trust Fund are provided for a Pediatrician rate increase, effective January 1, 2015.

DCF Proviso:

From the funds in Specific Appropriations 323, 325, and 341, a total of 79 full-time equivalent

positions, 3,375,056 in salary rate and recurring appropriations in the amount of \$5,500,000 from the General Revenue Fund are contingent upon the passage of Senate Bill 1666 or similar legislation becoming law.

DCF Proviso:

331 SPECIAL CATEGORIES  
GRANTS AND AIDS - GRANTS TO SHERIFFS FOR PROTECTIVE INVESTIGATIONS  
FROM GENERAL REVENUE FUND . . . . . 36,830,066  
FROM WELFARE TRANSITION TRUST FUND . 9,392,840  
FROM  
SOCIAL SERVICES BLOCK GRANT  
TRUST FUND . . . . . 9,589,500

Funds in Specific Appropriation 331 are for the Department of Children and Families to award grants to the Sheriffs of Manatee, Pasco, Pinellas, Broward, Hillsborough, and Seminole counties to conduct child protective investigations as mandated in section 39.3065, Florida Statutes. Funds shall be proportionally allocated to counties based on the department's projected initial and additional investigations for each county, with multiple risk cases being weighted at 2.0 relative to other cases at 1.0.

DOH Proviso:

From the funds in Specific Appropriation 543, the Department of Health shall transfer an amount not to exceed \$450,000 from the General Revenue Fund to the Agency for

Health Care Administration for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs.

DOH Proviso:

547 SPECIAL CATEGORIES  
POISON CONTROL CENTER  
FROM GENERAL REVENUE FUND . . . . . 1,891,693  
From the Funds in Specific Appropriation 547, \$300,000 in nonrecurring funds from the General Revenue Fund is provided to the Florida Poison Information Center Network.

DOH Proviso:

From the funds in Specific Appropriation 551A, \$1,100,000 in nonrecurring funds from the General Revenue Fund is provided for the construction of a new Children's Medical Services facility in Ocala.in the 2014-2015 General Appropriations Act (HB 5001).