A bill to be entitled 2 An act relating to health care facilities; 3 creating s. 400.0712, F.S.; authorizing the 4 Agency for Health Care Administration to issue 5 inactive licenses to nursing homes for all or a 6 portion of their beds under certain 7 circumstances; providing requirements for 8 application for and issuance of such licenses; providing rulemaking authority; amending s. 9 400.071, F.S.; deleting a provision relating to 10 issuance of inactive licenses, to conform; 11 amending s. 400.021, F.S.; redefining the term 12 13 "resident care plan," as used in part II of ch. 14 400, F.S.; amending s. 400.23, F.S.; providing that certain information from the agency must 15 be promptly updated to reflect the most current 16 agency actions; amending s. 400.211, F.S.; 17 18 revising inservice training requirements for persons employed as nursing assistants in a 19 nursing home facility; amending s. 400.9905, 20 F.S.; providing that certain entities providing 21 22 oncology or radiation therapy services are 23 exempt from the licensure requirements of part XIII of ch. 400, F.S.; providing legislative 24 intent with respect to such exemption; 25 providing for retroactive application; amending 26 s. 400.441, F.S.; requiring facilities to 27 28 conduct a minimum number of resident elopement 29 prevention and response drills annually; amending s. 408.034, F.S.; requiring the 30 nursing-home-bed-need methodology established 31

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by the agency by rule to include a goal of maintaining a specified subdistrict average occupancy rate; amending s. 408.036, F.S., relating to health-care-related projects subject to review for a certificate of need; subjecting certain projects relating to replacement of a nursing home and relocation of nursing home beds to expedited review; revising requirements for certain projects relating to the addition of nursing home beds which are exempt from review; exempting from review certain projects relating to replacement of a licensed nursing home bed on the same site or nearby and consolidation or combination of licensed nursing homes or transfer of beds between licensed nursing homes within the same planning subdistrict; providing rulemaking authority; providing for assessment of exemption-request fees; amending s. 52, ch. 2001-45, Laws of Florida; specifying nonapplication of a moratorium on certificates of need and authorizing approval of certain certificates of need for certain counties under certain circumstances; providing review requirements and bed limitations; amending s. 651.118, F.S.; revising provisions relating to use of sheltered nursing home beds at a continuing care facility by persons who are not residents of the continuing care facility; amending s. 395.003, F.S.; requiring a report by the Agency for Health Care Administration

regarding the licensure of emergency								
departments located off the premises of								
hospitals; prohibiting the issuance of licenses								
for such departments before July 1, 2005;								
amending s. 430.701, F.S.; providing								
legislative intent relating to the Department								
of Elderly Affairs approving service providers;								
amending s. 400.601, F.S.; redefining the term								
"hospice" as used in part VI of ch. 400, F.S.;								
amending s. 400.9935, F.S.; providing for								
posting of signs in health care facilities								
relating to rewards for information concerning								
certain crimes; providing for inspections by an								
employee of the Division of Insurance Fraud;								
amending s. 400.9905, F.S.; redefining the term								
"clinic"; amending s. 400.991, F.S.; changing								
the date by which an initial application for a								
health care clinic license must be filed with								
the Agency for Health Care Administration;								
making conforming changes to the requirement								
that qualified applicants receive a temporary								
license; providing for retroactive application;								
providing an effective date.								
Be It Enacted by the Legislature of the State of Florida:								
Section 1. Section 400.0712, Florida Statutes, is								
created to read:								
400.0712 Application for inactive license								
(1) As specified in this section, the agency may issue								

31 an inactive license to a nursing home facility for all or a

1	portion of its beds. Any request by a licensee that a nursing							
2	home or portion of a nursing home become inactive must be							
3	submitted to the agency in the format specified by the agency.							
4	The facility may not initiate any suspension of services,							
5	notify residents, or initiate facility closure before							
6	receiving approval from the agency; and a facility that							
7	violates this provision shall not be issued an inactive							
8	license. Upon agency approval of an inactive license, the							
9	nursing home shall notify residents of any necessary discharge							
10	or transfer as provided in s. 400.0255.							
11	(2) The agency may issue an inactive license to a							
12	nursing home that chooses to use an unoccupied contiquous							
13	portion of the facility for an alternative use to meet the							
14	needs of elderly persons through the use of less restrictive,							
15	less institutional services.							
16	(a) An inactive license issued under this subsection							
17	may be granted for a period not to exceed 12 months but may be							
18	renewed annually by the agency for 12 months.							
19	(b) A request to extend the inactive license must be							
20	submitted to the agency in the format specified by the agency							
21	and is not effective unless approved by the agency in writing.							
22	(c) Nursing homes that receive an inactive license to							
23	provide alternative services shall not receive preference for							
24	participation in the Assisted Living for the Elderly Medicaid							
25	waiver.							

services but is reasonably expected to resume services.

(a) An inactive license issued under this subsection

may be issued for a period not to exceed 12 months and may be

nursing home that will be temporarily unable to provide

(3) The agency may issue an inactive license to a

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demonstration of progress toward reopening. (b) All licensure fees must be current and paid in full, and may be prorated as provided by agency rule, before the inactive license is issued. (c) Reactivation of an inactive license requires that the applicant pay all licensure fees and the facility be inspected by the agency to confirm compliance with this part and applicable rules. (4) The agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 as necessary to implement this section. Section 2. Subsections (10), (11), and (12) of section 400.071, Florida Statutes, are amended to read: 400.071 Application for license. --(10) The agency may issue an inactive license to a nursing home that will be temporarily unable to provide services but that is reasonably expected to resume services. Such designation may be made for a period not to exceed 12 months but may be renewed by the agency for months. Any request by a licensee that a nursing home become inactive must be submitted to the agency and approved by the

renewed by the agency for an additional 6 months upon

(10)(11) As a condition of licensure, each facility must establish and submit with its application a plan for quality assurance and for conducting risk management.

agency prior to initiating any suspension of service or

as provided in s. 400.0255.

notifying residents. Upon agency approval, the nursing home

shall notify residents of any necessary discharge or transfer

(11)(12) The applicant must provide the agency with proof of a legal right to occupy the property before a license 31 | may be issued. Proof may include, but is not limited to,

copies of warranty deeds, lease or rental agreements, contracts for deeds, or quitclaim deeds. 3 Section 3. Subsection (17) of section 400.021, Florida Statutes, is amended to read: 4 400.021 Definitions.--When used in this part, unless 5 the context otherwise requires, the term: 6 7 (17) "Resident care plan" means a written plan 8 developed, maintained, and reviewed not less than quarterly by 9 a registered nurse, with participation from other facility staff and the resident or his or her designee or legal 10 representative, which includes a comprehensive assessment of 11 the needs of an individual resident; the type and frequency of 12 13 services required to provide the necessary care for the 14 resident to attain or maintain the highest practicable physical, mental, and psychosocial well-being; a listing of 15 services provided within or outside the facility to meet those 16 needs; and an explanation of service goals. The resident care 17 plan must be signed by the director of nursing or another registered nurse employed by the facility to whom 19 institutional responsibilities have been delegated and by the 20 resident, the resident's designee, or the resident's legal 21 representative. The facility may not use an agency or 2.2 23 temporary registered nurse to satisfy the foregoing 24 requirement and must document the institutional responsibilities that have been delegated to the registered 2.5 26 nurse. Section 4. Subsection (10) is added to section 400.23, 27 28 Florida Statutes, to read: 29 400.23 Rules; evaluation and deficiencies; licensure 30 status.--31

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_	(10)	Agency	reco	rds,	reports	rankir	ng sy	ystems,
Interne	et i	nformatio	on, a	ınd pı	ublicatio	ons must	be	promptly
update	d to	reflect	the	most	current	agency	act	ions.

Section 5. Subsection (4) of section 400.211, Florida Statutes, is amended to read:

400.211 Persons employed as nursing assistants; certification requirement.--

- (4) When employed by a nursing home facility for a 12-month period or longer, a nursing assistant, to maintain certification, shall submit to a performance review every 12 months and must receive regular inservice education based on the outcome of such reviews. The inservice training must:
- (a) Be sufficient to ensure the continuing competence of nursing assistants and must meet the standard specified in s. 464.203(7), must be at least 18 hours per year, and may include hours accrued under s. 464.203(8);
 - (b) Include, at a minimum:
- 1. Techniques for assisting with eating and proper feeding;
 - 2. Principles of adequate nutrition and hydration;
- 3. Techniques for assisting and responding to the cognitively impaired resident or the resident with difficult behaviors;
- 4. Techniques for caring for the resident at the end-of-life; and
- 5. Recognizing changes that place a resident at risk for pressure ulcers and falls; and
- (c) Address areas of weakness as determined in nursing assistant performance reviews and may address the special needs of residents as determined by the nursing home facility staff.

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Costs associated with this training may not be reimbursed from additional Medicaid funding through interim rate adjustments.

Section 6. Paragraph (h) is added to subsection (3) of section 400.9905, Florida Statutes, to read:

400.9905 Definitions.--

- (3) "Clinic" means an entity at which health care services are provided to individuals and which tenders charges for reimbursement for such services. For purposes of this part, the term does not include and the licensure requirements of this part do not apply to:
- (h) Entities that provide oncology or radiation therapy services by physicians licensed under chapter 458 or 459.
- Section 7. The amendment made by this act to section 400.9905(3), Florida Statutes, is intended to clarify the legislative intent of this provision as it existed at the time the provision initially took effect as section 456.0375(1)(b), Florida Statutes, and section 400.9905(3)(h), Florida Statutes, as created by this act, shall operate retroactively to October 1, 2001.
- Section 8. Paragraph (a) of subsection (1) of section 400.441, Florida Statutes, is amended to read:
 - 400.441 Rules establishing standards.--
- (1) It is the intent of the Legislature that rules published and enforced pursuant to this section shall include criteria by which a reasonable and consistent quality of resident care and quality of life may be ensured and the results of such resident care may be demonstrated. Such rules shall also ensure a safe and sanitary environment that is 31 residential and noninstitutional in design or nature. It is

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further intended that reasonable efforts be made to accommodate the needs and preferences of residents to enhance the quality of life in a facility. In order to provide safe and sanitary facilities and the highest quality of resident care accommodating the needs and preferences of residents, the department, in consultation with the agency, the Department of Children and Family Services, and the Department of Health, shall adopt rules, policies, and procedures to administer this part, which must include reasonable and fair minimum standards in relation to:

- (a) The requirements for and maintenance of facilities, not in conflict with the provisions of chapter 553, relating to plumbing, heating, cooling, lighting, ventilation, living space, and other housing conditions, which will ensure the health, safety, and comfort of residents and protection from fire hazard, including adequate provisions for fire alarm and other fire protection suitable to the size of the structure. Uniform firesafety standards shall be established and enforced by the State Fire Marshal in cooperation with the agency, the department, and the Department of Health.
 - 1. Evacuation capability determination. --
- a. The provisions of the National Fire Protection Association, NFPA 101A, Chapter 5, 1995 edition, shall be used for determining the ability of the residents, with or without staff assistance, to relocate from or within a licensed facility to a point of safety as provided in the fire codes adopted herein. An evacuation capability evaluation for initial licensure shall be conducted within 6 months after the date of licensure. For existing licensed facilities that are 31 | not equipped with an automatic fire sprinkler system, the

administrator shall evaluate the evacuation capability of residents at least annually. The evacuation capability evaluation for each facility not equipped with an automatic 3 fire sprinkler system shall be validated, without liability, by the State Fire Marshal, by the local fire marshal, or by the local authority having jurisdiction over firesafety, 6 before the license renewal date. If the State Fire Marshal, 8 local fire marshal, or local authority having jurisdiction 9 over firesafety has reason to believe that the evacuation capability of a facility as reported by the administrator may 10 have changed, it may, with assistance from the facility 11 administrator, reevaluate the evacuation capability through 12 13 timed exiting drills. Translation of timed fire exiting drills 14 to evacuation capability may be determined:

(I) Three minutes or less: prompt.

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- (II) More than 3 minutes, but not more than 13 16 17 minutes: slow.
 - (III) More than 13 minutes: impractical.
- 19 b. The Office of the State Fire Marshal shall provide or cause the provision of training and education on the proper 20 application of Chapter 5, NFPA 101A, 1995 edition, to its 21 employees, to staff of the Agency for Health Care 2.2 23 Administration who are responsible for regulating facilities 24 under this part, and to local governmental inspectors. The Office of the State Fire Marshal shall provide or cause the 2.5 provision of this training within its existing budget, but may 26 charge a fee for this training to offset its costs. The 27 28 initial training must be delivered within 6 months after July 29 1, 1995, and as needed thereafter.
- c. The Office of the State Fire Marshal, in 31 cooperation with provider associations, shall provide or cause

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the provision of a training program designed to inform facility operators on how to properly review bid documents relating to the installation of automatic fire sprinklers. The Office of the State Fire Marshal shall provide or cause the provision of this training within its existing budget, but may charge a fee for this training to offset its costs. initial training must be delivered within 6 months after July 1, 1995, and as needed thereafter.

- d. The administrator of a licensed facility shall sign an affidavit verifying the number of residents occupying the facility at the time of the evacuation capability evaluation.
 - 2. Firesafety requirements.--
- a. Except for the special applications provided herein, effective January 1, 1996, the provisions of the National Fire Protection Association, Life Safety Code, NFPA 101, 1994 edition, Chapter 22 for new facilities and Chapter 23 for existing facilities shall be the uniform fire code applied by the State Fire Marshal for assisted living facilities, pursuant to s. 633.022.
- b. Any new facility, regardless of size, that applies for a license on or after January 1, 1996, must be equipped with an automatic fire sprinkler system. The exceptions as provided in section 22-2.3.5.1, NFPA 101, 1994 edition, as adopted herein, apply to any new facility housing eight or fewer residents. On July 1, 1995, local governmental entities responsible for the issuance of permits for construction shall inform, without liability, any facility whose permit for construction is obtained prior to January 1, 1996, of this automatic fire sprinkler requirement. As used in this part, the term "a new facility" does not mean an existing facility 31 that has undergone change of ownership.

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c. Notwithstanding any provision of s. 633.022 or of the National Fire Protection Association, NFPA 101A, Chapter 5, 1995 edition, to the contrary, any existing facility housing eight or fewer residents is not required to install an automatic fire sprinkler system, nor to comply with any other requirement in Chapter 23, NFPA 101, 1994 edition, that exceeds the firesafety requirements of NFPA 101, 1988 edition, that applies to this size facility, unless the facility has been classified as impractical to evacuate. Any existing facility housing eight or fewer residents that is classified as impractical to evacuate must install an automatic fire sprinkler system within the timeframes granted in this section.

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- d. Any existing facility that is required to install an automatic fire sprinkler system under this paragraph need not meet other firesafety requirements of Chapter 23, NFPA 101, 1994 edition, which exceed the provisions of NFPA 101, 1988 edition. The mandate contained in this paragraph which requires certain facilities to install an automatic fire sprinkler system supersedes any other requirement.
- e. This paragraph does not supersede the exceptions granted in NFPA 101, 1988 edition or 1994 edition.
- f. This paragraph does not exempt facilities from other firesafety provisions adopted under s. 633.022 and local building code requirements in effect before July 1, 1995.
- g. A local government may charge fees only in an amount not to exceed the actual expenses incurred by local government relating to the installation and maintenance of an automatic fire sprinkler system in an existing and properly licensed assisted living facility structure as of January 1, 31 1996.

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h. If a licensed facility undergoes major reconstruction or addition to an existing building on or after January 1, 1996, the entire building must be equipped with an automatic fire sprinkler system. Major reconstruction of a building means repair or restoration that costs in excess of 50 percent of the value of the building as reported on the tax rolls, excluding land, before reconstruction. Multiple reconstruction projects within a 5-year period the total costs of which exceed 50 percent of the initial value of the building at the time the first reconstruction project was permitted are to be considered as major reconstruction. Application for a permit for an automatic fire sprinkler system is required upon application for a permit for a reconstruction project that creates costs that go over the 50-percent threshold.

- i. Any facility licensed before January 1, 1996, that is required to install an automatic fire sprinkler system shall ensure that the installation is completed within the following timeframes based upon evacuation capability of the facility as determined under subparagraph 1.:
 - (I) Impractical evacuation capability, 24 months.
 - (II) Slow evacuation capability, 48 months.
 - (III) Prompt evacuation capability, 60 months.

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The beginning date from which the deadline for the automatic fire sprinkler installation requirement must be calculated is upon receipt of written notice from the local fire official that an automatic fire sprinkler system must be installed. The local fire official shall send a copy of the document indicating the requirement of a fire sprinkler system to the 31 Agency for Health Care Administration.

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j. It is recognized that the installation of an automatic fire sprinkler system may create financial hardship for some facilities. The appropriate local fire official shall, without liability, grant two 1-year extensions to the timeframes for installation established herein, if an automatic fire sprinkler installation cost estimate and proof of denial from two financial institutions for a construction loan to install the automatic fire sprinkler system are submitted. However, for any facility with a class I or class II, or a history of uncorrected class III, firesafety deficiencies, an extension must not be granted. The local fire official shall send a copy of the document granting the time extension to the Agency for Health Care Administration.

- k. A facility owner whose facility is required to be equipped with an automatic fire sprinkler system under Chapter 23, NFPA 101, 1994 edition, as adopted herein, must disclose to any potential buyer of the facility that an installation of an automatic fire sprinkler requirement exists. The sale of the facility does not alter the timeframe for the installation of the automatic fire sprinkler system.
- 1. Existing facilities required to install an automatic fire sprinkler system as a result of construction-type restrictions in Chapter 23, NFPA 101, 1994 edition, as adopted herein, or evacuation capability requirements shall be notified by the local fire official in writing of the automatic fire sprinkler requirement, as well as the appropriate date for final compliance as provided in this subparagraph. The local fire official shall send a copy of the document to the Agency for Health Care Administration.
- m. Except in cases of life-threatening fire hazards, 31 | if an existing facility experiences a change in the evacuation

capability, or if the local authority having jurisdiction identifies a construction-type restriction, such that an automatic fire sprinkler system is required, it shall be afforded time for installation as provided in this subparagraph.

3. Resident elopement requirements.--Facilities are required to conduct a minimum of two resident elopement prevention and response drills per year. All administrators and direct care staff must participate in the drills that shall include a review of procedures to address resident elopement. Facilities shall document the implementation of the drills and ensure that the drills are conducted in a manner consistent with the facility's resident elopement policies and procedures.

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Facilities that are fully sprinkled and in compliance with other firesafety standards are not required to conduct more than one of the required fire drills between the hours of 11 p.m. and 7 a.m., per year. In lieu of the remaining drills, staff responsible for residents during such hours may be required to participate in a mock drill that includes a review of evacuation procedures. Such standards must be included or referenced in the rules adopted by the State Fire Marshal. Pursuant to s. 633.022(1)(b), the State Fire Marshal is the final administrative authority for firesafety standards established and enforced pursuant to this section. All licensed facilities must have an annual fire inspection conducted by the local fire marshal or authority having jurisdiction.

Section 9. Subsection (5) of section 408.034, Florida
31 Statutes, is amended to read:

408.034 Duties and responsibilities of agency; 2 rules.--3 (5) The agency shall establish by rule a nursing-home-bed-need methodology that has a goal of 4 maintaining a subdistrict average occupancy rate of 94 percent 5 and that reduces the community nursing home bed need for the 6 areas of the state where the agency establishes pilot 8 community diversion programs through the Title XIX aging 9 waiver program. Section 10. Paragraphs (g) and (h) are added to 10 subsection (2) of section 408.036, Florida Statutes, paragraph 11 (p) of subsection (3) is amended, paragraphs (u) and (v) are 12 13 added to subsection (3) of that section, and subsection (4) of that section is reenacted to read: 14 408.036 Projects subject to review; exemptions.--15 (2) PROJECTS SUBJECT TO EXPEDITED REVIEW. -- Unless 16 17 exempt pursuant to subsection (3), projects subject to an 18 expedited review shall include, but not be limited to: (q) Replacement of a nursing home within the same 19 district, provided the proposed project site is located within 20 a geographic area that contains at least 65 percent of the 21 22 facility's current residents and is within a 30-mile radius of 23 the replaced nursing home. 24 (h) Relocation of a portion of a nursing home's licensed beds to a facility within the same district, provided 2.5 the relocation is within a 30-mile radius of the existing 26 facility and the total number of nursing home beds in the 2.7 28 district does not increase. 29 The agency shall develop rules to implement the provisions for 30 31 expedited review, including time schedule, application content

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which may be reduced from the full requirements of s. 408.037(1), and application processing.

- (3) EXEMPTIONS.--Upon request, the following projects
 are subject to exemption from the provisions of subsection
 (1):
- (p) For the addition of nursing home beds licensed under chapter 400 in a number not exceeding 10 total beds or 10 percent of the number of beds licensed in the facility being expanded, whichever is greater, or for the addition of nursing home beds licensed under chapter 400 at a facility that has been designated as a Gold Seal nursing home under s. 400.235 in a number not exceeding 20 total beds or 10 percent of the number of beds licensed in the facility being expanded, whichever is greater.
- 1. In addition to any other documentation required by the agency, a request for exemption submitted under this paragraph must:
- a. Effective until June 30, 2001, Certify that the facility has not had any class I or class II deficiencies within the 30 months preceding the request for addition.
- b. Effective on July 1, 2001, certify that the facility has been designated as a Gold Seal nursing home under s. 400.235.
- $\underline{\text{b.e.}}$ Certify that the prior 12-month average occupancy rate for the nursing home beds at the facility meets or exceeds 96 percent.
- $\underline{\text{c.d.}}$ Certify that any beds authorized for the facility under this paragraph before the date of the current request for an exemption have been licensed and operational for at least 12 months.

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- 2. The timeframes and monitoring process specified in s. 408.040(2)(a)-(c) apply to any exemption issued under this paragraph.
- 3. The agency shall count beds authorized under this paragraph as approved beds in the published inventory of nursing home beds until the beds are licensed.
- (u) For replacement of a licensed nursing home on the same site, or within 3 miles of the same site, provided the number of licensed beds does not increase.
- (v) For consolidation or combination of licensed nursing homes or transfer of beds between licensed nursing homes within the same planning subdistrict, by providers that operate multiple nursing homes within that planning subdistrict, provided there is no increase in the planning subdistrict total of nursing home beds and the relocation does not exceed 30 miles from the original location.
- (4) A request for exemption under subsection (3) may be made at any time and is not subject to the batching requirements of this section. The request shall be supported by such documentation as the agency requires by rule. The agency shall assess a fee of \$250 for each request for exemption submitted under subsection (3).
- Section 11. Section 52 of chapter 2001-45, Laws of Florida, as amended by section 1693 of chapter 2003-261, Laws of Florida, is amended to read:
- Section 52. <u>(1)</u> Notwithstanding the establishment of need as provided for in chapter 408, Florida Statutes, no certificate of need for additional community nursing home beds shall be approved by the agency until July 1, 2006.
- (2) The Legislature finds that the continued growth in the Medicaid budget for nursing home care has constrained the

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 ability of the state to meet the needs of its elderly residents through the use of less restrictive and less institutional methods of long-term care. It is therefore the intent of the Legislature to limit the increase in Medicaid nursing home expenditures in order to provide funds to invest in long-term care that is community-based and provides supportive services in a manner that is both more cost-effective and more in keeping with the wishes of the elderly residents of this state.

(3) This moratorium on certificates of need shall not apply to sheltered nursing home beds in a continuing care retirement community certified by the former Department of Insurance or by the Office of Insurance Regulation pursuant to chapter 651, Florida Statutes.

(4)(a) The moratorium on certificates of need does not apply and a certificate of need for additional community nursing home beds may be approved for a county that meets the following circumstances:

- 1. The county has no community nursing home beds; and
- 2. The lack of community nursing home beds occurs because all nursing home beds in the county which were licensed on July 1, 2001, have subsequently closed.
- (b) The certificate-of-need review for such circumstances shall be subject to the comparative review process consistent with the provisions of section 408.039, Florida Statutes, and the number of beds may not exceed the number of beds lost by the county after July 1, 2001.

This subsection shall be repealed upon the expiration of the moratorium established in subsection (1).

(5) The moratorium on certificates of need does not apply for the addition of nursing home beds licensed under 3 chapter 400, Florida Statutes, to a nursing home located in a county having up to 50,000 residents, in a number not 4 exceeding 10 total beds or 10 percent of the number of beds 5 licensed in the facility being expanded, whichever is greater. 6 7 In addition to any other documentation required by the agency, 8 a request submitted under this subsection must: 9 (a) Certify that the facility has not had any class I or class II deficiencies within the 30 months preceding the 10 request for addition. 11 (b) Certify that the prior 12-month average occupancy 12 13 rate for the nursing home beds at the facility meets or 14 exceeds 94 percent and the facility has not had any class I or class II deficiencies since its initial licensure. 15 (c) For a facility that has been licensed for less 16 than 24 months, certify that the prior 6-month average 17 18 occupancy rate for the nursing home beds at the facility meets 19 or exceeds 94 percent and that the facility has not had any class I or class II deficiencies since its initial licensure. 20 21 22 This subsection shall be repealed upon the expiration of the moratorium established in subsection (1). 23 24 Section 12. Subsection (7) of section 651.118, Florida Statutes, is amended to read: 25 651.118 Agency for Health Care Administration; 26 certificates of need; sheltered beds; community beds.--27 28 (7) Notwithstanding the provisions of subsection (2), 29 at the discretion of the continuing care provider, sheltered nursing home beds may be used for persons who are not 30 31 residents of the continuing care facility and who are not

parties to a continuing care contract for a period of up to 5 years after the date of issuance of the initial nursing home license. A provider whose 5-year period has expired or is expiring may request the Agency for Health Care Administration for an extension, not to exceed 30 percent of the total sheltered nursing home beds, if the utilization by residents of the <u>nursing home</u> facility in the sheltered beds will not generate sufficient income to cover <u>nursing home</u> facility expenses, as evidenced by one of the following:

- (a) The <u>nursing home</u> facility has a net loss for the most recent fiscal year as determined under generally accepted accounting principles, excluding the effects of extraordinary or unusual items, as demonstrated in the most recently audited financial statement; or
- (b) The <u>nursing home</u> facility would have had a pro forma loss for the most recent fiscal year, excluding the effects of extraordinary or unusual items, if revenues were reduced by the amount of revenues from persons in sheltered beds who were not residents, as reported on by a certified public accountant.

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The agency shall be authorized to grant an extension to the provider based on the evidence required in this subsection. The agency may request a continuing care facility to use up to 25 percent of the patient days generated by new admissions of nonresidents during the extension period to serve Medicaid recipients for those beds authorized for extended use if there is a demonstrated need in the respective service area and if funds are available. A provider who obtains an extension is prohibited from applying for additional sheltered beds under 31 the provision of subsection (2), unless additional residential

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units are built or the provider can demonstrate need by continuing care facility residents to the Agency for Health Care Administration. The 5-year limit does not apply to up to five sheltered beds designated for inpatient hospice care as part of a contractual arrangement with a hospice licensed under part VI of chapter 400. A continuing care facility that uses such beds after the 5-year period shall report such use to the Agency for Health Care Administration. For purposes of this subsection, "resident" means a person who, upon admission to the continuing care facility, initially resides in a part of the continuing care facility not licensed under part II of chapter 400.

Section 13. Subsection (1) of section 395.003, Florida Statutes, is amended to read:

395.003 Licensure; issuance, renewal, denial, modification, suspension, and revocation .--

- (1)(a) A No person may not shall establish, conduct, or maintain a hospital, ambulatory surgical center, or mobile surgical facility in this state without first obtaining a license under this part.
- (b)1. It is unlawful for \underline{a} any person to use or advertise to the public, in any way or by any medium whatsoever, any facility as a "hospital," "ambulatory surgical center, " or "mobile surgical facility" unless such facility has first secured a license under the provisions of this part.
- 2. Nothing in This part does not apply applies to veterinary hospitals or to commercial business establishments using the word "hospital," "ambulatory surgical center," or "mobile surgical facility" as a part of a trade name if no treatment of human beings is performed on the premises of such 31 establishments.

3. By December 31, 2004, the agency shall submit a 2 report to the President of the Senate and the Speaker of the 3 House of Representatives recommending whether it is in the public interest to allow a hospital to license or operate an 4 emergency department located off the premises of the hospital. 5 If the agency finds it to be in the public interest, the 6 7 report shall also recommend licensure criteria for such medical facilities, including criteria related to quality of 8 9 care and, if deemed necessary, the elimination of the possibility of confusion related to the service capabilities 10 of such facility in comparison to the service capabilities of 11 an emergency department located on the premises of the 12 13 hospital. Until July 1, 2005, additional emergency departments 14 located off the premises of licensed hospitals may not be authorized by the agency. 15 Section 14. Section 430.701, Florida Statutes, is 16 amended to read: 17 18 430.701 Legislative findings and intent.--19 (1) The Legislature finds that state expenditures for long-term care services continue to increase at a rapid rate 20 21 and that Florida faces increasing pressure in its efforts to 22 meet the long-term care needs of the public. It is the intent 23 of the Legislature that the Department of Elderly Affairs, in 24 consultation with the Agency for Health Care Administration, implement long-term care community diversion pilot projects to 2.5 test the effectiveness of managed care and outcome-based 26 reimbursement principles when applied to long-term care. 27 (2) Until such time as the agency receives a federal 28 29 waiver placing a cap on the number of providers in each geographic area, the Legislature intends that the department 30 not approve any additional providers in planning and service 31

areas that are currently served by three or more providers, and not approve more than three providers in areas that are 3 currently not served by any providers or are served by fewer 4 than 3 providers. These restrictions do not prevent the 5 department from approving a provider to expand service to additional counties within a planning and service area for 6 which the provider is already approved to serve. 8 Section 15. Subsection (3) of section 400.601, Florida Statutes, is amended to read: 9 400.601 Definitions.--As used in this part, the term: 10 (3) "Hospice" means a centrally administered 11 corporation not for profit, as defined in chapter 617, and 12 13 qualified as an exempt corporation under s. 501(c)(3) of the 14 Internal Revenue Code, providing a continuum of palliative and supportive care for the terminally ill patient and his or her 15 16 family. Section 16. Subsection (13) is added to section 17 18 400.9935, Florida Statutes, to read: 19 400.9935 Clinic responsibilities.--(13) The clinic, including hospitals and walk-in 20 clinics, shall display a sign in a conspicuous location within 21 22 the clinic readily visible to all patients indicating that pursuant to s. 626.9892, the Department of Financial Services 23 24 may pay rewards of up to \$25,000 to persons providing information leading to the arrest and conviction of persons 2.5 committing crimes investigated by the Division of Insurance 26 Fraud arising from violations of s. 440.105, s. 624.15, s. 2.7 28 626.9541, s. 626.989, or s. 817.234. An authorized employee of 29 the Division of Insurance Fraud may make unannounced inspections of clinics licensed pursuant to this part as are 30 31 necessary to determine that the clinic is in compliance with

this subsection. A licensed clinic shall allow full and complete access to the premises to such authorized employee of 3 the division who makes an inspection to determine compliance with this subsection. 4 5 Section 17. Present paragraphs (f) and (g) of subsection (3) of section 400.9905, Florida Statutes, are 6 redesignated as paragraphs (g) and (h) respectively, and a new 8 paragraph (f) is added to that subsection, to read: 9 400.9905 Definitions.--(3) "Clinic" means an entity at which health care 10 services are provided to individuals and which tenders charges 11 for reimbursement for such services. For purposes of this 12 13 part, the term does not include and the licensure requirements 14 of this part do not apply to: (f) A sole proprietorship, group practice, 15 partnership, or corporation that provides health care services 16 by physicians covered by s. 627.419, that is directly 17 18 supervised by one or more of such physicians, and that is 19 wholly owned by one or more of those physicians or by a physician and the spouse, parent, child, or sibling of that 20 physician. 21 Section 18. Subsections (2) and (3) of section 2.2 23 400.991, Florida Statutes, are amended to read: 24 400.991 License requirements; background screenings; prohibitions.--25 (2) The initial clinic license application shall be 26 filed with the agency by all clinics, as defined in s. 27 400.9905, on or before July 1 March 1, 2004. A clinic license 29 must be renewed biennially. 30 (3) Applicants that submit an application on or before

31 July 1 March 1, 2004, which meets all requirements for initial

licensure as specified in this section shall receive a temporary license until the completion of an initial inspection verifying that the applicant meets all requirements in rules authorized by s. 400.9925. However, a clinic engaged in magnetic resonance imaging services may not receive a temporary license unless it presents evidence satisfactory to the agency that such clinic is making a good faith effort and substantial progress in seeking accreditation required under s. 400.9935. Section 19. This act shall take effect upon becoming a law and section 18 shall apply retroactively to March 1, 2004.