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By the Committee on Health Regulation; and Senator Gardiner

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A bill to be entitled An act relating to health care; repealing s. 112.0455(10)(e), F.S., relating to a prohibition against applying the Drug-Free Workplace Act retroactively; repealing s. 383.325, F.S., relating to the requirement of a licensed facility under s. 383.305, F.S., to maintain inspection reports; repealing s. 395.1046, F.S., relating to the investigation of complaints regarding hospitals; repealing s. 395.3037, F.S.; deleting definitions relating to obsolete provisions governing primary and comprehensive stroke centers; amending s. 400.0239, F.S.; deleting an obsolete provision; repealing s. 400.147(10), F.S., relating to a requirement that a nursing home facility report any notice of a filing of a claim for a violation of a resident's rights or a claim of negligence; repealing s. 400.148, F.S., relating to the Medicaid "Up-or-Out" Quality of Care Contract Management Program; repealing s. 400.195, F.S., relating to reporting requirements for the Agency for Health Care Administration; amending s. 400.476, F.S.; providing requirements for an alternative administrator of a home health agency; revising the duties of the administrator; revising the requirements for a director of nursing for a specified number of home health agencies; prohibiting a home health agency from using an individual as a home health aide unless the person has completed training and an evaluation program; requiring a home health

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aide to meet certain standards in order to be competent in performing certain tasks; requiring a home health agency and staff to comply with accepted professional standards; providing certain requirements for a written contract between certain personnel and the agency; requiring a home health agency to provide certain services through its employees; authorizing a home health agency to provide additional services with another organization; providing responsibilities of a home health agency when it provides home health aide services through another organization; requiring the home health agency to coordinate personnel who provide home health services; requiring personnel to communicate with the home health agency; amending s. 400.487, F.S.; requiring a home health agency to provide a copy of the agreement between the agency and a patient which specifies the home health services to be provided; providing the rights that are protected by the home health agency; requiring the home health agency to furnish nursing services by or under the supervision of a registered nurse; requiring the home health agency to provide therapy services through a qualified therapist or therapy assistant; providing the duties and qualifications of a therapist and therapy assistant; requiring supervision by a physical therapist or occupational therapist of a physical therapist assistant or occupational therapist assistant; providing duties of a physical therapist assistant or occupational therapist assistant;

providing for speech therapy services to be provided by a qualified speech pathologist or audiologist; providing for a plan of care; providing that only the staff of a home health agency may administer drugs and treatments as ordered by certain health professionals; providing requirements for verbal orders; providing duties of a registered nurse, licensed practical nurse, home health aide, and certified nursing assistant who work for a home health agency; providing for supervisory visits of services provided by a home health agency; repealing s. 408.802(11), F.S., relating to the applicability of the Health Care Licensing Procedures Act to private review agents; repealing s. 409.912(15)(e), (f), and (g), F.S., relating to a requirement for the Agency for Health Care Administration to submit a report to the Legislature regarding the operations of the CARE program; repealing s. 429.12(2), F.S., relating to the sale or transfer of ownership of an assisted living facility; repealing s. 429.23(5), F.S., relating to each assisted living facility's requirement to submit a report to the agency regarding liability claims filed against it; repealing s. 429.911, F.S., relating to grounds for which the agency may take action against the owner of an adult day care center or its operator or employee; providing an effective date.

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

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Section 1. Paragraph (e) of subsection (10) of section 112.0455, Florida Statutes, is repealed.

- Section 2. <u>Section 383.325</u>, Florida Statutes, is repealed.
- Section 3. Section 395.1046, Florida Statutes, is repealed.
- Section 4. Section 395.3037, Florida Statutes, is repealed.
- Section 5. Paragraph (g) of subsection (2) of section 400.0239, Florida Statutes, is amended to read:

400.0239 Quality of Long-Term Care Facility Improvement Trust Fund.—

- (2) Expenditures from the trust fund shall be allowable for direct support of the following:
- (g) Other initiatives authorized by the Centers for Medicare and Medicaid Services for the use of federal civil monetary penalties, including projects recommended through the Medicaid "Up-or-Out" Quality of Care Contract Management Program pursuant to s. 400.148.

Section 6. <u>Subsection (10) of section 400.147</u>, Florida Statutes, is repealed.

- Section 7. <u>Section 400.148</u>, Florida Statutes, is repealed.
- Section 8. Section 400.195, Florida Statutes, is repealed.
- Section 9. Section 400.476, Florida Statutes, is amended to read:

400.476 Staffing requirements; notifications; limitations on staffing services.—

- (1) ADMINISTRATOR. -
- (a) An administrator may manage only one home health agency, except that an administrator may manage up to five home health agencies if all five home health agencies have identical controlling interests as defined in s. 408.803 and are located

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within one agency geographic service area or within an immediately contiguous county. If the home health agency is licensed under this chapter and is part of a retirement community that provides multiple levels of care, an employee of the retirement community may administer the home health agency and up to a maximum of four entities licensed under this chapter or chapter 429 which all have identical controlling interests as defined in s. 408.803. An administrator shall designate, in writing, for each licensed entity, a qualified alternate administrator to serve during the administrator's absence. An alternate administrator must meet the requirements in this paragraph and s. 400.462(1).

- (b) An administrator of a home health agency who is a licensed physician, physician assistant, or registered nurse licensed to practice in this state may also be the director of nursing for a home health agency. An administrator may serve as a director of nursing for up to the number of entities authorized in subsection (2) only if there are 10 or fewer full-time equivalent employees and contracted personnel in each home health agency.
- (c) The administrator shall organize and direct the agency's ongoing functions, maintain an ongoing liaison with the board members and the staff, employ qualified personnel and ensure adequate staff education and evaluations, ensure the accuracy of public informational materials and activities, implement an effective budgeting and accounting system, and ensure that the home health agency operates in compliance with this part and part II of chapter 408 and rules adopted for these laws.

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(d) The administrator shall clearly set forth in writing the organizational chart, services furnished, administrative control, and lines of authority for the delegation of responsibilities for patient care. These responsibilities must be readily identifiable. Administrative and supervisory functions may not be delegated to another agency or organization, and the primary home health agency shall monitor and control all services that are not furnished directly, including services provided through contracts.

- (2) DIRECTOR OF NURSING.-
- (a) A director of nursing may be the director of nursing for:
- 1. Up to two licensed home health agencies if the agencies have identical controlling interests as defined in s. 408.803 and are located within one agency geographic service area or within an immediately contiguous county; or
  - 2. Up to five licensed home health agencies if:
- a. All of the home health agencies have identical controlling interests as defined in s. 408.803;
- b. All of the home health agencies are located within one agency geographic service area or within an immediately contiguous county; and
- c. Each home health agency has a registered nurse who meets the qualifications of a director of nursing and who has a written delegation from the director of nursing to serve as the director of nursing for that home health agency when the director of nursing is not present; and.
- d. This person, or similarly qualified alternate, is available at all times during operating hours and participates

in all activities relevant to the professional services

furnished, including, but not limited to, the oversight of
nursing services, home health aides, and certified nursing
assistants, and assignment of personnel.

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If a home health agency licensed under this chapter is part of a retirement community that provides multiple levels of care, an employee of the retirement community may serve as the director of nursing of the home health agency and up to a maximum of four entities, other than home health agencies, licensed under this chapter or chapter 429 which all have identical controlling interests as defined in s. 408.803.

(b) A home health agency that provides skilled nursing care may not operate for more than 30 calendar days without a director of nursing. A home health agency that provides skilled nursing care and the director of nursing of a home health agency must notify the agency within 10 business days after termination of the services of the director of nursing for the home health agency. A home health agency that provides skilled nursing care must notify the agency of the identity and qualifications of the new director of nursing within 10 days after the new director is hired. If a home health agency that provides skilled nursing care operates for more than 30 calendar days without a director of nursing, the home health agency commits a class II deficiency. In addition to the fine for a class II deficiency, the agency may issue a moratorium in accordance with s. 408.814 or revoke the license. The agency shall fine a home health agency that fails to notify the agency as required in this paragraph \$1,000 for the first violation and \$2,000 for a repeat

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violation. The agency may not take administrative action against a home health agency if the director of nursing fails to notify the department upon termination of services as the director of nursing for the home health agency.

- (c) A home health agency that is not Medicare or Medicaid certified and does not provide skilled care or provides only physical, occupational, or speech therapy is not required to have a director of nursing and is exempt from paragraph (b).
- (3) TRAINING.—A home health agency shall ensure that each certified nursing assistant employed by or under contract with the home health agency and each home health aide employed by or under contract with the home health agency is adequately trained to perform the tasks of a home health aide in the home setting.
- (a) The home health agency may not use as a home health aide on a full-time, temporary, per diem, or other basis, any individual to provide services unless the individual has completed a training and competency evaluation program, or a competency evaluation program, as permitted in s. 400.497, which meets the minimum standards established by the agency in state rules.
- which he or she is evaluated as "unsatisfactory." The aide must perform any such task only under direct supervision by a licensed nurse until he or she receives training in the task and satisfactorily passes a subsequent evaluation in performing the task. A home health aide has not successfully passed a competency evaluation if the aide does not have a passing score on the test as specified by agency rule.
  - (4) STAFFING.—Staffing services may be provided anywhere

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## (5) PERSONNEL.—

- (a) The home health agency and its staff must comply with accepted professional standards and principles that apply to professionals, including, but not limited to, the state practice acts and the home health agency's policies and procedures.
- (b) If personnel under hourly or per-visit contracts are used by the home health agency, there must be a written contract between those personnel and the agency which specifies the following requirements:
- 1. Acceptance for care only of patients by the primary home health agency.
  - 2. The services to be furnished.
- 3. The necessity to conform to all applicable agency policies, including personnel qualifications.
- $\underline{\text{4. The responsibility for participating in developing plans}}$  of care.
- 5. The manner in which services are controlled, coordinated, and evaluated by the primary home health agency.
- 6. The procedures for submitting clinical and progress notes, scheduling of visits, and periodic patient evaluation.
- 7. The procedures for payment for services furnished under the contract.
- (c) A home health agency shall directly provide at least one of the types of services through home health agency employees, but may provide additional services under arrangements with another agency or organization. Services furnished under such arrangements must have a written contract conforming to the requirements specified in paragraph (b).

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(d) If home health aide services are provided by an individual who is not employed directly by the home health agency, the services of the home health aide must be provided under arrangements as stated in paragraphs (b) and (c). If the home health agency chooses to provide home health aide services under arrangements with another organization, the responsibilities of the home health agency include, but are not limited to:

- 1. Ensuring the overall quality of the care provided by the aide;
- 2. Supervising the aide's services as described in s. 400.487; and
- 3. Ensuring that each home health aide providing services under arrangements with another organization has met the training requirements or competency evaluation requirements of s. 400.497.
- (e) The home health agency shall coordinate the efforts of all personnel furnishing services, and the personnel shall maintain communication with the home health agency to ensure that personnel efforts support the objectives outlined in the plan of care. The clinical record or minutes of case conferences shall ensure that effective interchange, reporting, and coordination of patient care occurs.

Section 10. Section 400.487, Florida Statutes, is amended to read:

400.487 Home health service agreements; physician's, physician assistant's, and advanced registered nurse practitioner's treatment orders; patient assessment; establishment and review of plan of care; provision of services;

orders not to resuscitate.-

- (1) Services provided by a home health agency must be covered by an agreement between the home health agency and the patient or the patient's legal representative specifying the home health services to be provided, the rates or charges for services paid with private funds, and the sources of payment, which may include Medicare, Medicaid, private insurance, personal funds, or a combination thereof. The home health agency shall provide a copy of the agreement to the patient or the patient's legal representative. A home health agency providing skilled care must make an assessment of the patient's needs within 48 hours after the start of services.
- (2) When required by the provisions of chapter 464; part I, part III, or part V of chapter 468; or chapter 486, the attending physician, physician assistant, or advanced registered nurse practitioner, acting within his or her respective scope of practice, shall establish treatment orders for a patient who is to receive skilled care. The treatment orders must be signed by the physician, physician assistant, or advanced registered nurse practitioner before a claim for payment for the skilled services is submitted by the home health agency. If the claim is submitted to a managed care organization, the treatment orders must be signed within the time allowed under the provider agreement. The treatment orders shall be reviewed, as frequently as the patient's illness requires, by the physician, physician assistant, or advanced registered nurse practitioner in consultation with the home health agency.
- (3) A home health agency shall arrange for supervisory visits by a registered nurse to the home of a patient receiving

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home health aide services <u>as specified in subsection (9)</u> in accordance with the patient's direction, approval, and agreement to pay the charge for the visits.

- (4) The home health agency shall protect and promote the rights of each individual under its care, including each of the following rights:
- (a) Notice of rights.—The home health agency shall provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment. The home health agency must maintain documentation showing that it has complied with the requirements of this section.
- (b) Exercise of rights and respect for property and person.—
- 1. The patient has the right to exercise his or her rights as a patient of the home health agency.
- 2. The patient has the right to have his or her property treated with respect.
- 3. The patient has the right to voice grievances regarding treatment or care that is or fails to be furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the home health agency, and not be subjected to discrimination or reprisal for doing so.
- 4. The home health agency must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is or fails to be furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency. The home health agency shall document the existence of the complaint

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- 5. The patient and his or her immediate family or representative must be informed of the right to report complaints via the statewide toll-free telephone number to the agency as required in s. 408.810.
- (c) Right to be informed and to participate in planning care and treatment.—
- 1. The patient has the right to be informed, in advance, about the care to be furnished and of any changes in the care to be furnished. The home health agency shall advise the patient in advance of which disciplines will furnish care and the frequency of visits proposed to be furnished. The home health agency must advise the patient in advance of any change in the plan of care before the change is made.
- 2. The patient has the right to participate in the planning of the care. The home health agency must advise the patient in advance of the right to participate in planning the care or treatment and in planning changes in the care or treatment. Each patient has the right to be informed of and to participate in the planning of his or her care. Each patient must be provided, upon request, a copy of the plan of care established and maintained for that patient by the home health agency.
- (5) When nursing services are ordered, the home health agency to which a patient has been admitted for care must provide the initial admission visit, all service evaluation visits, and the discharge visit by a direct employee. Services provided by others under contractual arrangements to a home health agency must be monitored and managed by the admitting home health agency is fully

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responsible for ensuring that all care provided through its employees or contract staff is delivered in accordance with this part and applicable rules.

- (6) The skilled care services provided by a home health agency, directly or under contract, must be supervised and coordinated in accordance with the plan of care. The home health agency shall furnish skilled nursing services by or under the supervision of a registered nurse and in accordance with the plan of care. Any therapy services offered directly or under arrangement by the home health agency must be provided by a qualified therapist or by a qualified therapy assistant under the supervision of a qualified therapist and in accordance with the plan of care.
- (a) Duties and qualifications.—A qualified therapist shall assist the physician in evaluating the level of function, help develop or revise the plan of care, prepare clinical and progress notes, advise and consult with the family and other agency personnel, and participate in in-service programs. The therapist or therapy assistant must meet the qualifications in the state practice acts and related applicable rules.
- (b) Physical therapy assistants and occupational therapy assistants.—Services provided by a physical therapy assistant or occupational therapy assistant must be under the supervision of a qualified physical therapist or occupational therapist as required in chapter 486 and part III of chapter 468, respectively, and related applicable rules. A physical therapy assistant or occupational therapy assistant shall perform services planned, delegated, and supervised by the therapist, assist in preparing clinical notes and progress reports,

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participate in educating the patient and his or her family, and participate in in-service programs.

- (c) Speech therapy services.—Speech therapy services shall be furnished only by or under supervision of a qualified speech pathologist or audiologist as required in part I of chapter 468 and related applicable rules.
- (d) Care follows a written plan of care.—The plan of care shall be reviewed by the physician or health professional who provided the treatment orders pursuant to subsection (2) and home health agency personnel as often as the severity of the patient's condition requires, but at least once every 60 days or more when there is a patient—elected transfer, a significant change in condition, or a discharge and return to the same home health agency during the 60-day episode. Professional staff of a home health agency shall promptly alert the physician or other health professional who provided the treatment orders of any change that suggests a need to alter the plan of care.
- (e) Administration of drugs and treatment.—Only professional staff of a home health agency may administer drugs and treatments as ordered by the physician or health professional pursuant to subsection (2), with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered according to the policy of the home health agency developed in consultation with a physician and after an assessment for contraindications. Verbal orders shall be in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist who is responsible for furnishing or supervising the ordered service. A verbal order may be accepted only by personnel who are authorized to do so by

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applicable state laws, rules, and internal policies of the home health agency.

- (7) A registered nurse shall conduct the initial evaluation visit, regularly reevaluate the patient's nursing needs, initiate the plan of care and necessary revisions, furnish those services requiring substantial and specialized nursing skill, initiate appropriate preventive and rehabilitative nursing procedures, prepare clinical and progress notes, coordinate services, inform the physician and other personnel of changes in the patient's condition and needs, counsel the patient and his or her family in meeting nursing and related needs, participate in in-service programs, and supervise and teach other nursing personnel.
- (8) A licensed practical nurse shall furnish services in accordance with agency policies, prepare clinical and progress notes, assist the physician and registered nurse in performing specialized procedures, prepare equipment and materials for treatments observing aseptic technique as required, and assist the patient in learning appropriate self-care techniques.
- (9) A home health aide and certified nursing assistant shall provide services that are ordered by the physician in the plan of care and that the aide or assistant is permitted to perform under state law. The duties of a home health aide or certified nursing assistant include the provision of hands-on personal care, performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance in administering medications that are ordinarily self-administered and are specified in agency rules. Any services by a home health aide which are offered by a home

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health agency must be provided by a qualified home health aide or certified nursing assistant.

- (a) Assignment and duties.—A home health aide or certified nursing assistant shall be assigned to a specific patient by a registered nurse. Written patient care instructions for the home health aide and certified nursing assistant must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide and certified nursing assistant as stated in this section.
- (b) Supervision.—If a patient receives skilled nursing care, the registered nurse shall perform the supervisory visit.

  If the patient is not receiving skilled nursing care but is receiving physical therapy, occupational therapy, or speech-language pathology services, the appropriate therapist may provide the supervision. A registered nurse or other professional must make an onsite visit to the patient's home at least once every 2 weeks. The visit is not required while the aide is providing care.
- (c) Supervising visits.—If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy, or speech-language pathology services, a registered nurse must make a supervisory visit to the patient's home at least once every 60 days, unless the home health agency providing the home health aide services is not Medicare or Medicaid certified and does not provide skilled care, either directly or through contracts. The registered nurse shall ensure that the aide is properly caring for the patient and each supervisory visit must occur while the home health aide is providing patient care. In addition to the requirements in

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this subsection, a home health agency shall arrange for
additional supervisory visits by a registered nurse to the home
of a patient receiving home health aide services in accordance
with the patient's direction, approval, and agreement to pay the
charge for the visits.

(10) (7) Home health agency personnel may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Home health personnel and agencies shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order and rules adopted by the agency.

Section 11. <u>Subsection (11) of section 408.802, Florida</u> Statutes, is repealed.

Section 12. <u>Paragraphs (e), (f), and (g) of subsection (15)</u> of section 409.912, Florida Statutes, are repealed.

Section 13. <u>Subsection (2) of section 429.12</u>, Florida Statutes, is repealed.

Section 14. <u>Subsection (5) of section 429.23, Florida</u> Statutes, is repealed.

Section 15. <u>Section 429.911(2)(b)</u>, Florida Statutes, is repealed.

Section 16. This act shall take effect July 1, 2010.