

1                                   A bill to be entitled  
2           An act relating to health care facility regulation;  
3           creating s. 154.13, F.S.; providing that a designated  
4           facility owned or operated by a public health trust  
5           and located within the boundaries of a municipality is  
6           under the exclusive jurisdiction of the county  
7           creating the public health trust; amending ss.  
8           381.0031, 381.004, 384.31, 395.009, 400.0625, and  
9           409.905, F.S.; eliminating state licensure  
10          requirements for clinical laboratories; requiring  
11          clinical laboratories to be federally certified;  
12          amending s. 383.313, F.S.; requiring a birth center to  
13          be federally certified and meet specified requirements  
14          to perform certain laboratory tests; repealing s.  
15          383.335, F.S., relating to partial exemptions from  
16          licensure requirements for certain facilities that  
17          provide obstetrical and gynecological surgical  
18          services; amending s. 395.002, F.S.; revising and  
19          deleting definitions to remove the term "mobile  
20          surgical facility"; conforming a cross-reference;  
21          creating s. 395.0091, F.S.; requiring the Agency for  
22          Health Care Administration, in consultation with the  
23          Board of Clinical Laboratory Personnel, to adopt rules  
24          establishing criteria for alternate-site laboratory  
25          testing; requiring specifications to be included in

26 | the criteria; defining the term "alternate-site  
27 | testing"; amending ss. 395.0161 and 395.0163, F.S.;  
28 | deleting licensure and inspection requirements for  
29 | mobile surgical facilities to conform to changes made  
30 | by the act; amending s. 395.0197, F.S.; requiring the  
31 | manager of a hospital or ambulatory surgical center  
32 | internal risk management program to demonstrate  
33 | competence in specified administrative and health care  
34 | service areas; conforming provisions to changes made  
35 | by the act; repealing s. 395.1046, F.S., relating to  
36 | hospital complaint investigation procedures; amending  
37 | s. 395.1055, F.S.; requiring hospitals that provide  
38 | specified services to meet agency licensure  
39 | requirements; providing standards to be included in  
40 | licensure requirements; conforming a provision to  
41 | changes made by the act; requiring a level 2  
42 | background screening for personnel of distinct part  
43 | nursing units; repealing ss. 395.10971 and 395.10972,  
44 | F.S., relating to the purpose and the establishment of  
45 | the Health Care Risk Manager Advisory Council,  
46 | respectively; amending s. 395.10973, F.S.; removing  
47 | requirements relating to agency standards for health  
48 | care risk managers to conform provisions to changes  
49 | made by the act; repealing s. 395.10974, F.S.,  
50 | relating to licensure of health care risk managers,

51 qualifications, licensure, and fees; repealing s.  
52 395.10975, F.S., relating to grounds for denial,  
53 suspension, or revocation of a health care risk  
54 manager's license and an administrative fine; amending  
55 s. 395.602, F.S.; deleting definitions for the terms  
56 "emergency care hospital", "essential access community  
57 hospital," "inactive rural hospital bed", and "rural  
58 primary care hospital"; amending s. 395.603, F.S.;  
59 deleting provisions relating to deactivation of  
60 general hospital beds by certain rural and emergency  
61 care hospitals; repealing s. 395.604, F.S., relating  
62 to other rural hospital programs; repealing s.  
63 395.605, F.S., relating to emergency care hospitals;  
64 amending s. 395.701, F.S.; revising the definition of  
65 the term "hospital" to exclude hospitals operated by a  
66 state agency; amending s. 400.191, F.S.; removing the  
67 30-month reporting timeframe for the Nursing Home  
68 Guide; amending s. 400.464, F.S.; requiring that a  
69 license issued to a home health agency on or after a  
70 specified date specify the services the organization  
71 is authorized to perform and whether the services  
72 constitute skilled care; providing that the provision  
73 or advertising of certain services constitutes  
74 unlicensed activity under certain circumstances;  
75 authorizing certain persons, entities or organizations

76 providing home health services to voluntarily apply  
77 for a certificate of exemption from licensure by  
78 providing certain information to the agency; providing  
79 that the certificate is valid for a specified time and  
80 is nontransferable; authorizing the agency to charge a  
81 fee for the certificate; amending s. 400.471, F.S.;  
82 revising home health agency licensure requirements;  
83 providing requirements for proof of accreditation for  
84 home health agencies applying for change of ownership  
85 or the addition of skilled care services; removing a  
86 provision prohibiting the agency from issuing a  
87 license to a home health agency that fails to satisfy  
88 the requirements of a Medicare certification survey  
89 from the agency; amending s. 400.474, F.S.; revising  
90 conditions for the imposition of a fine against a home  
91 health agency; amending s. 400.476, F.S.; requiring a  
92 home health agency providing skilled nursing care to  
93 have a director of nursing; amending s. 400.484, F.S.;  
94 imposing administrative fines on home health agencies  
95 for specified classes of violations; amending s.  
96 400.497, F.S.; requiring the agency to adopt, publish,  
97 and enforce rules establishing standards for  
98 certificates of exemption; amending s. 400.506, F.S.;  
99 specifying a criminal penalty for any person who owns,  
100 operates, or maintains an unlicensed nurse registry

101 that fails to cease operation immediately and apply  
102 for a license after notification from the agency;  
103 revising provisions authorizing the agency to impose a  
104 fine on a nurse registry that fails to cease operation  
105 after agency notification; revising circumstances  
106 under which the agency is authorized to deny, suspend,  
107 or revoke a license or impose a fine on a nurse  
108 registry; amending s. 400.606, F.S.; removing a  
109 requirement that an existing licensed health care  
110 provider's hospice licensure application be  
111 accompanied by a copy of the most recent profit-loss  
112 statement and licensure inspection report; amending s.  
113 400.925, F.S.; revising the definition of the term  
114 "home medical equipment"; amending s. 400.931, F.S.;  
115 requiring a home medical equipment provider to notify  
116 the agency of certain personnel changes within a  
117 specified timeframe; amending s. 400.933, F.S.;  
118 requiring the agency to accept the submission of a  
119 valid medical oxygen retail establishment permit  
120 issued by the Department of Business and Professional  
121 Regulation in lieu of an agency inspection for  
122 licensure; amending s. 400.980, F.S.; revising the  
123 timeframe within which a health care services pool  
124 registrant must provide the agency with certain  
125 changes of information; amending s. 400.9935, F.S.;

126 specifying that a voluntary certificate of exemption  
127 may be valid for up to 2 years; amending s. 408.0361,  
128 F.S.; providing an exception for a hospital to become  
129 a Level I Adult Cardiovascular provider if certain  
130 requirements are met; amending s. 408.061, F.S.;  
131 excluding hospitals operated by state agencies from  
132 certain financial reporting requirements; conforming a  
133 cross-reference; amending s. 408.07, F.S.; deleting  
134 the definition for the term "clinical laboratory";  
135 amending s. 408.20, F.S.; exempting hospitals operated  
136 by any state agency from assessments against the  
137 Health Care Trust Fund to fund certain agency  
138 activities; repealing s. 408.7056, F.S., relating to  
139 the Subscriber Assistance Program; amending s.  
140 408.803, F.S.; defining the term "relative" for  
141 purposes of the Health Care Licensing Procedures Act;  
142 amending s. 408.806, F.S.; authorizing licensees who  
143 hold licenses for multiple providers to request that  
144 the agency align related license expiration dates;  
145 authorizing the agency to issue licenses for an  
146 abbreviated licensure period and to charge a prorated  
147 licensure fee; amending s. 408.809, F.S.; expanding  
148 the scope of persons subject to a level 2 background  
149 screening to include any employee of a licensee who is  
150 a controlling interest and certain part-time

151 contractors; amending s. 408.810, F.S.; providing that  
152 an applicant for change of ownership licensure is  
153 exempt from furnishing proof of financial ability to  
154 operate if certain conditions are met; authorizing the  
155 agency to adopt rules governing circumstances under  
156 which a controlling interest may act in certain legal  
157 capacities on behalf of a patient or client; requiring  
158 a licensee to ensure that certain persons do not hold  
159 an ownership interest if the licensee is not organized  
160 as or owned by a publicly traded corporation; defining  
161 the term "publicly traded corporation"; amending s.  
162 408.812, F.S.; providing that certain unlicensed  
163 activity by a provider constitutes abuse and neglect;  
164 clarifying that the agency may impose a fine or  
165 penalty, as prescribed in an authorizing statute, if  
166 an unlicensed provider who has received notification  
167 fails to cease operation; authorizing the agency to  
168 revoke all licenses and impose a fine or penalties  
169 upon a controlling interest or licensee who has an  
170 interest in more than one provider and who fails to  
171 license a provider rendering services that require  
172 licensure in certain circumstances; amending s.  
173 408.820, F.S.; deleting certain exemptions from part  
174 II of ch. 408, F.S., for specified providers to  
175 conform provisions to changes made by the act;

176 amending s. 409.907, F.S.; removing the agency's  
177 authority to consider certain factors in determining  
178 whether to enter into, and in maintaining, a Medicaid  
179 provider agreement; amending s. 429.02, F.S.; revising  
180 definitions of the terms "assisted living facility"  
181 and "personal services"; amending s. 429.04, F.S.;  
182 providing additional exemptions from licensure as an  
183 assisted living facility; requiring a person or entity  
184 asserting the exemption to provide documentation that  
185 substantiates the claim upon agency investigation of  
186 unlicensed activity; amending s. 429.08, F.S.;  
187 providing criminal penalties and fines for a person  
188 who rents or otherwise maintains a building or  
189 property used as an unlicensed assisted living  
190 facility; providing criminal penalties and fines for a  
191 person who owns, operates, or maintains an unlicensed  
192 assisted living facility after receiving notice from  
193 the agency; amending s. 429.176, F.S.; prohibiting an  
194 assisted living facility from operating for more than  
195 a specified time without an administrator who has  
196 completed certain educational requirements; amending  
197 s. 429.24, F.S.; providing that 30-day written notice  
198 of rate increase for residency in an assisted living  
199 facility is not required in certain situations;  
200 amending s. 429.28, F.S.; revising the assisted living



201 facility resident bill of rights to include assistance  
202 with obtaining access to adequate and appropriate  
203 health care; defining the term "adequate and  
204 appropriate health care"; deleting a requirement that  
205 the agency conduct at least one monitoring visit under  
206 certain circumstances; deleting provisions authorizing  
207 the agency to conduct periodic followup inspections  
208 and complaint investigations under certain  
209 circumstances; amending s. 429.294, F.S.; deleting the  
210 specified timeframe within which an assisted living  
211 facility must provide complete copies of a resident's  
212 records in an investigation of resident's rights;  
213 amending s. 429.34, F.S.; authorizing the agency to  
214 inspect and investigate assisted living facilities as  
215 necessary to determine compliance with certain laws;  
216 removing a provision requiring the agency to inspect  
217 each licensed assisted living facility at least  
218 biennially; authorizing the agency to conduct  
219 monitoring visits of each facility cited for prior  
220 violations under certain circumstances; amending s.  
221 429.52, F.S.; requiring an assisted living facility  
222 administrator to complete required training and  
223 education within a specified timeframe; amending s.  
224 435.04, F.S.; providing that security background  
225 investigations must ensure that a person has not been

226 arrested for, and is not awaiting final disposition  
227 of, certain offenses; requiring that security  
228 background investigations for purposes of  
229 participation in the Medicaid program screen for  
230 violations of federal or state law, rule, or  
231 regulation governing any state Medicaid program, the  
232 Medicare program, or any other publicly funded federal  
233 or state health care or health insurance program;  
234 specifying offenses under federal law or any state law  
235 that the security background investigations must  
236 screen for; amending s. 456.054, F.S.; prohibiting any  
237 person or entity from paying or receiving a kickback  
238 for referring patients to a clinical laboratory;  
239 prohibiting a clinical laboratory from providing  
240 personnel to perform certain functions or duties in a  
241 health care practitioner's office or dialysis  
242 facility; providing an exception; prohibiting a  
243 clinical laboratory from leasing space in any part of  
244 a health care practitioner's office or dialysis  
245 facility; repealing part I of ch. 483, F.S., relating  
246 to clinical laboratories; amending s. 483.294, F.S.;  
247 removing a requirement that the agency inspect  
248 multiphasic health testing centers at least once  
249 annually; amending s. 483.801, F.S.; providing an  
250 exemption from regulation for certain persons employed

251 by certain laboratories; amending s. 483.803, F.S.;

252 revising definitions of the terms "clinical

253 laboratory", and "clinical laboratory examination";

254 removing a cross-reference; amending s. 641.511, F.S.;

255 revising health maintenance organization subscriber

256 grievance reporting requirements; repealing s. 641.60,

257 F.S., relating to the Statewide Managed Care Ombudsman

258 Committee; repealing s. 641.65, F.S., relating to

259 district managed care ombudsman committees; repealing

260 s. 641.67, F.S., relating to a district managed care

261 ombudsman committee, exemption from public records

262 requirements, and exceptions; repealing s. 641.68,

263 F.S., relating to a district managed care ombudsman

264 committee and exemption from public meeting

265 requirements; repealing s. 641.70, F.S., relating to

266 agency duties relating to the Statewide Managed Care

267 Ombudsman Committee and the district managed care

268 ombudsman committees; repealing s. 641.75, F.S.,

269 relating to immunity from liability and limitation on

270 testimony; amending s. 945.36, F.S.; authorizing law

271 enforcement personnel to conduct drug tests on certain

272 inmates and releasees; amending ss. 20.43, 220.1845,

273 376.30781, 376.86, 381.0034, 381.0405, 383.14, 383.30,

274 383.301, 383.302, 383.305, 383.309, 383.33, 385.211,

275 394.4787, 395.001, 395.003, 395.7015, 400.9905,

276 408.033, 408.036, 408.802, 409.9116, 409.975, 429.19,  
 277 456.001, 456.057, 456.076, 458.307, 458.345, 459.021,  
 278 483.813, 483.823, 491.003, 627.351, 627.602, 627.6406,  
 279 627.64194, 627.6513, 627.6574, 641.185, 641.31,  
 280 641.312, 641.3154, 641.51, 641.515, 641.55, 766.118,  
 281 766.202, 1009.65, and 1011.52, F.S.; conforming  
 282 provisions to changes made by the act; providing an  
 283 effective date.

284

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

286

287 Section 1. Paragraph (g) of subsection (3) of section  
 288 20.43, Florida Statutes, is amended to read:

289 20.43 Department of Health.—There is created a Department  
 290 of Health.

291 (3) The following divisions of the Department of Health  
 292 are established:

293 (g) Division of Medical Quality Assurance, which is  
 294 responsible for the following boards and professions established  
 295 within the division:

- 296 1. The Board of Acupuncture, created under chapter 457.
- 297 2. The Board of Medicine, created under chapter 458.
- 298 3. The Board of Osteopathic Medicine, created under  
 299 chapter 459.
- 300 4. The Board of Chiropractic Medicine, created under

- 301 chapter 460.
- 302       5. The Board of Podiatric Medicine, created under chapter
- 303 461.
- 304       6. Naturopathy, as provided under chapter 462.
- 305       7. The Board of Optometry, created under chapter 463.
- 306       8. The Board of Nursing, created under part I of chapter
- 307 464.
- 308       9. Nursing assistants, as provided under part II of
- 309 chapter 464.
- 310       10. The Board of Pharmacy, created under chapter 465.
- 311       11. The Board of Dentistry, created under chapter 466.
- 312       12. Midwifery, as provided under chapter 467.
- 313       13. The Board of Speech-Language Pathology and Audiology,
- 314 created under part I of chapter 468.
- 315       14. The Board of Nursing Home Administrators, created
- 316 under part II of chapter 468.
- 317       15. The Board of Occupational Therapy, created under part
- 318 III of chapter 468.
- 319       16. Respiratory therapy, as provided under part V of
- 320 chapter 468.
- 321       17. Dietetics and nutrition practice, as provided under
- 322 part X of chapter 468.
- 323       18. The Board of Athletic Training, created under part
- 324 XIII of chapter 468.
- 325       19. The Board of Orthotists and Prosthetists, created

326 | under part XIV of chapter 468.  
 327 |       20. Electrolysis, as provided under chapter 478.  
 328 |       21. The Board of Massage Therapy, created under chapter  
 329 | 480.  
 330 |       22. The Board of Clinical Laboratory Personnel, created  
 331 | under part II ~~III~~ of chapter 483.  
 332 |       23. Medical physicists, as provided under part IV of  
 333 | chapter 483.  
 334 |       24. The Board of Opticianry, created under part I of  
 335 | chapter 484.  
 336 |       25. The Board of Hearing Aid Specialists, created under  
 337 | part II of chapter 484.  
 338 |       26. The Board of Physical Therapy Practice, created under  
 339 | chapter 486.  
 340 |       27. The Board of Psychology, created under chapter 490.  
 341 |       28. School psychologists, as provided under chapter 490.  
 342 |       29. The Board of Clinical Social Work, Marriage and Family  
 343 | Therapy, and Mental Health Counseling, created under chapter  
 344 | 491.  
 345 |       30. Emergency medical technicians and paramedics, as  
 346 | provided under part III of chapter 401.  
 347 |       Section 2. Section 154.13, Florida Statutes, is created to  
 348 | read:  
 349 |       154.13 Designated facilities; jurisdiction.—Any designated  
 350 | facility owned or operated by a public health trust and located

351 within the boundaries of a municipality is under the exclusive  
352 jurisdiction of the county creating the public health trust and  
353 is not within the jurisdiction of the municipality.

354 Section 3. Paragraph (k) of subsection (2) of section  
355 220.1845, Florida Statutes, is amended to read:

356 220.1845 Contaminated site rehabilitation tax credit.—

357 (2) AUTHORIZATION FOR TAX CREDIT; LIMITATIONS.—

358 (k) In order to encourage the construction and operation  
359 of a new health care facility as defined in s. 408.032 or s.  
360 408.07, or a health care provider as defined in s. 408.07 ~~or s.~~  
361 ~~408.7056~~, on a brownfield site, an applicant for a tax credit  
362 may claim an additional 25 percent of the total site  
363 rehabilitation costs, not to exceed \$500,000, if the applicant  
364 meets the requirements of this paragraph. In order to receive  
365 this additional tax credit, the applicant must provide  
366 documentation indicating that the construction of the health  
367 care facility or health care provider by the applicant on the  
368 brownfield site has received a certificate of occupancy or a  
369 license or certificate has been issued for the operation of the  
370 health care facility or health care provider.

371 Section 4. Paragraph (f) of subsection (3) of section  
372 376.30781, Florida Statutes, is amended to read:

373 376.30781 Tax credits for rehabilitation of drycleaning-  
374 solvent-contaminated sites and brownfield sites in designated  
375 brownfield areas; application process; rulemaking authority;

376 | revocation authority.-

377 |       (3) (f) In order to encourage the construction and  
 378 | operation of a new health care facility or a health care  
 379 | provider, as defined in s. 408.032 or, s. 408.07, ~~or s.~~  
 380 | ~~408.7056~~, on a brownfield site, an applicant for a tax credit  
 381 | may claim an additional 25 percent of the total site  
 382 | rehabilitation costs, not to exceed \$500,000, if the applicant  
 383 | meets the requirements of this paragraph. In order to receive  
 384 | this additional tax credit, the applicant must provide  
 385 | documentation indicating that the construction of the health  
 386 | care facility or health care provider by the applicant on the  
 387 | brownfield site has received a certificate of occupancy or a  
 388 | license or certificate has been issued for the operation of the  
 389 | health care facility or health care provider.

390 |       Section 5. Subsection (1) of section 376.86, Florida  
 391 | Statutes, is amended to read:

392 |       376.86 Brownfield Areas Loan Guarantee Program.-

393 |       (1) The Brownfield Areas Loan Guarantee Council is created  
 394 | to review and approve or deny, by a majority vote of its  
 395 | membership, the situations and circumstances for participation  
 396 | in partnerships by agreements with local governments, financial  
 397 | institutions, and others associated with the redevelopment of  
 398 | brownfield areas pursuant to the Brownfields Redevelopment Act  
 399 | for a limited state guaranty of up to 5 years of loan guarantees  
 400 | or loan loss reserves issued pursuant to law. The limited state



401 loan guaranty applies only to 50 percent of the primary lenders  
402 loans for redevelopment projects in brownfield areas. If the  
403 redevelopment project is for affordable housing, as defined in  
404 s. 420.0004, in a brownfield area, the limited state loan  
405 guaranty applies to 75 percent of the primary lender's loan. If  
406 the redevelopment project includes the construction and  
407 operation of a new health care facility or a health care  
408 provider, as defined in s. 408.032 or s. 408.07, ~~or s.~~  
409 ~~408.7056~~, on a brownfield site and the applicant has obtained  
410 documentation in accordance with s. 376.30781 indicating that  
411 the construction of the health care facility or health care  
412 provider by the applicant on the brownfield site has received a  
413 certificate of occupancy or a license or certificate has been  
414 issued for the operation of the health care facility or health  
415 care provider, the limited state loan guaranty applies to 75  
416 percent of the primary lender's loan. A limited state guaranty  
417 of private loans or a loan loss reserve is authorized for  
418 lenders licensed to operate in the state upon a determination by  
419 the council that such an arrangement would be in the public  
420 interest and the likelihood of the success of the loan is great.

421 Section 6. Subsection (2) of section 381.0031, Florida  
422 Statutes, is amended to read:

423 381.0031 Epidemiological research; report of diseases of  
424 public health significance to department.—

425 (2) Any practitioner licensed in this state to practice

426 medicine, osteopathic medicine, chiropractic medicine,  
 427 naturopathy, or veterinary medicine; any hospital licensed under  
 428 part I of chapter 395; or any laboratory appropriately certified  
 429 by the Centers for Medicare and Medicaid Services under the  
 430 federal Clinical Laboratory Improvement Amendments and the  
 431 federal rules adopted thereunder which ~~licensed under chapter~~  
 432 ~~483 that~~ diagnoses or suspects the existence of a disease of  
 433 public health significance shall immediately report the fact to  
 434 the Department of Health.

435 Section 7. Subsection (3) of section 381.0034, Florida  
 436 Statutes, is amended to read:

437 381.0034 Requirement for instruction on HIV and AIDS.—

438 (3) The department shall require, as a condition of  
 439 granting a license under chapter 467 or part II ~~III~~ of chapter  
 440 483, that an applicant making initial application for licensure  
 441 complete an educational course acceptable to the department on  
 442 human immunodeficiency virus and acquired immune deficiency  
 443 syndrome. Upon submission of an affidavit showing good cause, an  
 444 applicant who has not taken a course at the time of licensure  
 445 shall be allowed 6 months to complete this requirement.

446 Section 8. Paragraph (c) of subsection (4) of section  
 447 381.004, Florida Statutes, is amended to read:

448 381.004 HIV testing.—

449 (4) HUMAN IMMUNODEFICIENCY VIRUS TESTING REQUIREMENTS;  
 450 REGISTRATION WITH THE DEPARTMENT OF HEALTH; EXEMPTIONS FROM

451 REGISTRATION.—No county health department and no other person in  
 452 this state shall conduct or hold themselves out to the public as  
 453 conducting a testing program for acquired immune deficiency  
 454 syndrome or human immunodeficiency virus status without first  
 455 registering with the Department of Health, reregistering each  
 456 year, complying with all other applicable provisions of state  
 457 law, and meeting the following requirements:

458 (c) The program shall have all laboratory procedures  
 459 performed in a laboratory appropriately certified by the Centers  
 460 for Medicare and Medicaid Services under the federal Clinical  
 461 Laboratory Improvement Amendments and the federal rules adopted  
 462 thereunder ~~licensed under the provisions of chapter 483.~~

463 Section 9. Paragraph (f) of subsection (4) of section  
 464 381.0405, Florida Statutes, is amended to read:

465 381.0405 Office of Rural Health.—

466 (4) COORDINATION.—The office shall:

467 (f) Assume responsibility for state coordination of the  
 468 Rural Hospital Transition Grant Program, ~~the Essential Access~~  
 469 ~~Community Hospital Program,~~ and other federal rural health care  
 470 programs.

471 Section 10. Paragraph (a) of subsection (2) of section  
 472 383.14, Florida Statutes, is amended to read:

473 383.14 Screening for metabolic disorders, other hereditary  
 474 and congenital disorders, and environmental risk factors.—

475 (2) RULES.—

476 (a) After consultation with the Genetics and Newborn  
477 Screening Advisory Council, the department shall adopt and  
478 enforce rules requiring that every newborn in this state shall:  
479 1. Before becoming 1 week of age, be subjected to a test  
480 for phenylketonuria;  
481 2. Be tested for any condition included on the federal  
482 Recommended Uniform Screening Panel which the council advises  
483 the department should be included under the state's screening  
484 program. After the council recommends that a condition be  
485 included, the department shall submit a legislative budget  
486 request to seek an appropriation to add testing of the condition  
487 to the newborn screening program. The department shall expand  
488 statewide screening of newborns to include screening for such  
489 conditions within 18 months after the council renders such  
490 advice, if a test approved by the United States Food and Drug  
491 Administration or a test offered by an alternative vendor ~~which~~  
492 ~~is compatible with the clinical standards established under part~~  
493 ~~I of chapter 483~~ is available. If such a test is not available  
494 within 18 months after the council makes its recommendation, the  
495 department shall implement such screening as soon as a test  
496 offered by the United States Food and Drug Administration or by  
497 an alternative vendor is available; and  
498 3. At the appropriate age, be tested for such other  
499 metabolic diseases and hereditary or congenital disorders as the  
500 department may deem necessary from time to time.

501 Section 11. Section 383.30, Florida Statutes, is amended  
 502 to read:

503 383.30 Birth Center Licensure Act; short title.—Sections  
 504 383.30-383.332 ~~383.30-383.335~~ shall be known and may be cited as  
 505 the "Birth Center Licensure Act."

506 Section 12. Section 383.301, Florida Statutes, is amended  
 507 to read:

508 383.301 Licensure and regulation of birth centers;  
 509 legislative intent.—It is the intent of the Legislature to  
 510 provide for the protection of public health and safety in the  
 511 establishment, maintenance, and operation of birth centers by  
 512 providing for licensure of birth centers and for the  
 513 development, establishment, and enforcement of minimum standards  
 514 with respect to birth centers. The requirements of part II of  
 515 chapter 408 shall apply to the provision of services that  
 516 require licensure pursuant to ss. 383.30-383.332 ~~383.30-383.335~~  
 517 and part II of chapter 408 and to entities licensed by or  
 518 applying for such licensure from the Agency for Health Care  
 519 Administration pursuant to ss. 383.30-383.332 ~~383.30-383.335~~. A  
 520 license issued by the agency is required in order to operate a  
 521 birth center in this state.

522 Section 13. Section 383.302, Florida Statutes, is amended  
 523 to read:

524 383.302 Definitions of terms used in ss. 383.30-383.332  
 525 ~~383.30-383.335~~.—As used in ss. 383.30-383.332 ~~383.30-383.335~~,

526 | the term:

527 |       (1) "Agency" means the Agency for Health Care  
528 | Administration.

529 |       (2) "Birth center" means any facility, institution, or  
530 | place, which is not an ambulatory surgical center or a hospital  
531 | or in a hospital, in which births are planned to occur away from  
532 | the mother's usual residence following a normal, uncomplicated,  
533 | low-risk pregnancy.

534 |       (3) "Clinical staff" means individuals employed full time  
535 | or part time by a birth center who are licensed or certified to  
536 | provide care at childbirth.

537 |       (4) "Consultant" means a physician licensed pursuant to  
538 | chapter 458 or chapter 459 who agrees to provide advice and  
539 | services to a birth center and who either:

540 |           (a) Is certified or eligible for certification by the  
541 | American Board of Obstetrics and Gynecology, or

542 |           (b) Has hospital obstetrical privileges.

543 |       (5) "Governing body" means any individual, group,  
544 | corporation, or institution which is responsible for the overall  
545 | operation and maintenance of a birth center.

546 |       (6) "Governmental unit" means the state or any county,  
547 | municipality, or other political subdivision or any department,  
548 | division, board, or other agency of any of the foregoing.

549 |       (7) "Licensed facility" means a facility licensed in  
550 | accordance with s. 383.305.

551 (8) "Low-risk pregnancy" means a pregnancy which is  
 552 expected to result in an uncomplicated birth, as determined  
 553 through risk criteria developed by rule of the department, and  
 554 which is accompanied by adequate prenatal care.

555 (9) "Person" means any individual, firm, partnership,  
 556 corporation, company, association, institution, or joint stock  
 557 association and means any legal successor of any of the  
 558 foregoing.

559 (10) "Premises" means those buildings, beds, and  
 560 facilities located at the main address of the licensee and all  
 561 other buildings, beds, and facilities for the provision of  
 562 maternity care located in such reasonable proximity to the main  
 563 address of the licensee as to appear to the public to be under  
 564 the dominion and control of the licensee.

565 Section 14. Subsection (1) of section 383.305, Florida  
 566 Statutes, is amended to read:

567 383.305 Licensure; fees.—

568 (1) In accordance with s. 408.805, an applicant or a  
 569 licensee shall pay a fee for each license application submitted  
 570 under ss. 383.30-383.332 ~~383.30-383.335~~ and part II of chapter  
 571 408. The amount of the fee shall be established by rule.

572 Section 15. Subsection (1) of section 383.309, Florida  
 573 Statutes, is amended to read:

574 383.309 Minimum standards for birth centers; rules and  
 575 enforcement.—

576 (1) The agency shall adopt and enforce rules to administer  
 577 ss. 383.30-383.332 ~~383.30-383.335~~ and part II of chapter 408,  
 578 which rules shall include, but are not limited to, reasonable  
 579 and fair minimum standards for ensuring that:

580 (a) Sufficient numbers and qualified types of personnel  
 581 and occupational disciplines are available at all times to  
 582 provide necessary and adequate patient care and safety.

583 (b) Infection control, housekeeping, sanitary conditions,  
 584 disaster plan, and medical record procedures that will  
 585 adequately protect patient care and provide safety are  
 586 established and implemented.

587 (c) Licensed facilities are established, organized, and  
 588 operated consistent with established programmatic standards.

589 Section 16. Subsection (1) of section 383.313, Florida  
 590 Statutes, is amended to read:

591 383.313 Performance of laboratory and surgical services;  
 592 use of anesthetic and chemical agents.—

593 (1) LABORATORY SERVICES.—A birth center may collect  
 594 specimens for those tests that are requested under protocol. A  
 595 birth center must obtain and continuously maintain certification  
 596 by the Centers for Medicare and Medicaid Services under the  
 597 federal Clinical Laboratory Improvement Amendments and the  
 598 federal rules adopted thereunder in order to ~~may perform simple~~  
 599 ~~laboratory tests specified,~~ as defined by rule of the agency,  
 600 and which are appropriate to meet the needs of the patient ~~is~~



601 ~~exempt from the requirements of chapter 483, provided no more~~  
602 ~~than five physicians are employed by the birth center and~~  
603 ~~testing is conducted exclusively in connection with the~~  
604 ~~diagnosis and treatment of clients of the birth center.~~

605 Section 17. Subsection (1) and paragraph (a) of subsection  
606 (2) of section 383.33, Florida Statutes, are amended to read:

607 383.33 Administrative penalties; moratorium on  
608 admissions.-

609 (1) In addition to the requirements of part II of chapter  
610 408, the agency may impose an administrative fine not to exceed  
611 \$500 per violation per day for the violation of any provision of  
612 ss. 383.30-383.332 ~~383.30-383.335~~, part II of chapter 408, or  
613 applicable rules.

614 (2) In determining the amount of the fine to be levied for  
615 a violation, as provided in this section, the following factors  
616 shall be considered:

617 (a) The severity of the violation, including the  
618 probability that death or serious harm to the health or safety  
619 of any person will result or has resulted; the severity of the  
620 actual or potential harm; and the extent to which ~~the provisions~~  
621 ~~of~~ ss. 383.30-383.332 ~~383.30-383.335~~, part II of chapter 408, or  
622 applicable rules were violated.

623 Section 18. Section 383.335, Florida Statutes, is  
624 repealed.

625 Section 19. Section 384.31, Florida Statutes, is amended

626 to read:

627       384.31 Testing of pregnant women; duty of the attendant.—  
628 Every person, including every physician licensed under chapter  
629 458 or chapter 459 or midwife licensed under part I of chapter  
630 464 or chapter 467, attending a pregnant woman for conditions  
631 relating to pregnancy during the period of gestation and  
632 delivery shall cause the woman to be tested for sexually  
633 transmissible diseases, including HIV, as specified by  
634 department rule. Testing shall be performed by a laboratory  
635 appropriately certified by the Centers for Medicare and Medicaid  
636 Services under the federal Clinical Laboratory Improvement  
637 Amendments and the federal rules adopted thereunder ~~approved~~ for  
638 such purposes ~~under part I of chapter 483~~. The woman shall be  
639 informed of the tests that will be conducted and of her right to  
640 refuse testing. If a woman objects to testing, a written  
641 statement of objection, signed by the woman, shall be placed in  
642 the woman's medical record and no testing shall occur.

643       Section 20. Subsection (2) of section 385.211, Florida  
644 Statutes, is amended to read:

645       385.211 Refractory and intractable epilepsy treatment and  
646 research at recognized medical centers.—

647       (2) Notwithstanding chapter 893, medical centers  
648 recognized pursuant to s. 381.925, or an academic medical  
649 research institution legally affiliated with a licensed  
650 children's specialty hospital as defined in s. 395.002(27) ~~s.~~

651 ~~395.002(28)~~ that contracts with the Department of Health, may  
652 conduct research on cannabidiol and low-THC cannabis. This  
653 research may include, but is not limited to, the agricultural  
654 development, production, clinical research, and use of liquid  
655 medical derivatives of cannabidiol and low-THC cannabis for the  
656 treatment for refractory or intractable epilepsy. The authority  
657 for recognized medical centers to conduct this research is  
658 derived from 21 C.F.R. parts 312 and 316. Current state or  
659 privately obtained research funds may be used to support the  
660 activities described in this section.

661 Section 21. Subsection (7) of section 394.4787, Florida  
662 Statutes, is amended to read:

663 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,  
664 and 394.4789.—As used in this section and ss. 394.4786,  
665 394.4788, and 394.4789:

666 (7) "Specialty psychiatric hospital" means a hospital  
667 licensed by the agency pursuant to s. 395.002(27) ~~s. 395.002(28)~~  
668 and part II of chapter 408 as a specialty psychiatric hospital.

669 Section 22. Section 395.001, Florida Statutes, is amended  
670 to read:

671 395.001 Legislative intent.—It is the intent of the  
672 Legislature to provide for the protection of public health and  
673 safety in the establishment, construction, maintenance, and  
674 operation of hospitals and ambulatory surgical centers, ~~and~~  
675 ~~mobile surgical facilities~~ by providing for licensure of same

676 and for the development, establishment, and enforcement of  
677 minimum standards with respect thereto.

678 Section 23. Present subsections (22) through (33) of  
679 section 395.002, Florida Statutes, are redesignated as  
680 subsections (21) through (32), respectively, and subsections (3)  
681 and (16) of that section and present subsections (21) and (23)  
682 of that section are amended, to read:

683 395.002 Definitions.—As used in this chapter:

684 (3) "Ambulatory surgical center" ~~or "mobile surgical~~  
685 ~~facility"~~ means a facility the primary purpose of which is to  
686 provide elective surgical care, in which the patient is admitted  
687 to and discharged from such facility within the same working day  
688 and is not permitted to stay overnight, and which is not part of  
689 a hospital. However, a facility existing for the primary purpose  
690 of performing terminations of pregnancy, an office maintained by  
691 a physician for the practice of medicine, or an office  
692 maintained for the practice of dentistry may ~~shall~~ not be  
693 construed to be an ambulatory surgical center, provided that any  
694 facility or office which is certified or seeks certification as  
695 a Medicare ambulatory surgical center shall be licensed as an  
696 ambulatory surgical center pursuant to s. 395.003. ~~Any structure~~  
697 ~~or vehicle in which a physician maintains an office and~~  
698 ~~practices surgery, and which can appear to the public to be a~~  
699 ~~mobile office because the structure or vehicle operates at more~~  
700 ~~than one address, shall be construed to be a mobile surgical~~

701 ~~facility.~~

702 (16) "Licensed facility" means a hospital or ambulatory  
703 surgical center, ~~or mobile surgical facility~~ licensed in  
704 accordance with this chapter.

705 ~~(21) "Mobile surgical facility" is a mobile facility in~~  
706 ~~which licensed health care professionals provide elective~~  
707 ~~surgical care under contract with the Department of Corrections~~  
708 ~~or a private correctional facility operating pursuant to chapter~~  
709 ~~957 and in which inmate patients are admitted to and discharged~~  
710 ~~from said facility within the same working day and are not~~  
711 ~~permitted to stay overnight. However, mobile surgical facilities~~  
712 ~~may only provide health care services to the inmate patients of~~  
713 ~~the Department of Corrections, or inmate patients of a private~~  
714 ~~correctional facility operating pursuant to chapter 957, and not~~  
715 ~~to the general public.~~

716 (22) ~~(23)~~ "Premises" means those buildings, beds, and  
717 equipment located at the address of the licensed facility and  
718 all other buildings, beds, and equipment for the provision of  
719 hospital or ambulatory surgical, ~~or mobile surgical~~ care  
720 located in such reasonable proximity to the address of the  
721 licensed facility as to appear to the public to be under the  
722 dominion and control of the licensee. For any licensee that is a  
723 teaching hospital as defined in s. 408.07 ~~s. 408.07(45)~~,  
724 reasonable proximity includes any buildings, beds, services,  
725 programs, and equipment under the dominion and control of the

726 licensee that are located at a site with a main address that is  
727 within 1 mile of the main address of the licensed facility; and  
728 all such buildings, beds, and equipment may, at the request of a  
729 licensee or applicant, be included on the facility license as a  
730 single premises.

731 Section 24. Paragraphs (a) and (b) of subsection (1) and  
732 paragraph (b) of subsection (2) of section 395.003, Florida  
733 Statutes, are amended to read:

734 395.003 Licensure; denial, suspension, and revocation.—

735 (1)(a) The requirements of part II of chapter 408 apply to  
736 the provision of services that require licensure pursuant to ss.  
737 395.001-395.1065 and part II of chapter 408 and to entities  
738 licensed by or applying for such licensure from the Agency for  
739 Health Care Administration pursuant to ss. 395.001-395.1065. A  
740 license issued by the agency is required in order to operate a  
741 hospital or ambulatory surgical center, ~~or mobile surgical~~  
742 ~~facility~~ in this state.

743 (b)1. It is unlawful for a person to use or advertise to  
744 the public, in any way or by any medium whatsoever, any facility  
745 as a "hospital," or "ambulatory surgical center," ~~or "mobile~~  
746 ~~surgical facility"~~ unless such facility has first secured a  
747 license under ~~the provisions of~~ this part.

748 2. This part does not apply to veterinary hospitals or to  
749 commercial business establishments using the word "hospital," or  
750 "ambulatory surgical center," ~~or "mobile surgical facility"~~ as a

751 part of a trade name if no treatment of human beings is  
752 performed on the premises of such establishments.

753 (2) (b) The agency shall, at the request of a licensee that  
754 is a teaching hospital as defined in s. 408.07 ~~s. 408.07(45)~~,  
755 issue a single license to a licensee for facilities that have  
756 been previously licensed as separate premises, provided such  
757 separately licensed facilities, taken together, constitute the  
758 same premises as defined in s. 395.002 ~~s. 395.002(23)~~. Such  
759 license for the single premises shall include all of the beds,  
760 services, and programs that were previously included on the  
761 licenses for the separate premises. The granting of a single  
762 license under this paragraph may ~~shall~~ not in any manner reduce  
763 the number of beds, services, or programs operated by the  
764 licensee.

765 Section 25. Subsection (1) of section 395.009, Florida  
766 Statutes, is amended to read:

767 395.009 Minimum standards for clinical laboratory test  
768 results and diagnostic X-ray results; prerequisite for issuance  
769 or renewal of license.—

770 (1) As a requirement for issuance or renewal of its  
771 license, each licensed facility shall require that all clinical  
772 laboratory tests performed by or for the licensed facility be  
773 performed by a clinical laboratory appropriately certified by  
774 the Centers for Medicare and Medicaid Services under the federal  
775 Clinical Laboratory Improvement Amendments and the federal rules

776 adopted thereunder ~~licensed under the provisions of chapter 483.~~

777 Section 26. Section 395.0091, Florida Statutes, is created  
778 to read:

779 395.0091 Alternate-site testing.—The agency, in  
780 consultation with the Board of Clinical Laboratory Personnel,  
781 shall adopt by rule the criteria for alternate-site testing to  
782 be performed under the supervision of a clinical laboratory  
783 director. At a minimum, the criteria must address hospital  
784 internal needs assessment; a protocol for implementation,  
785 including the identification of tests to be performed and who  
786 will perform them; selection of the method of testing to be used  
787 for alternate-site testing; minimum training and education  
788 requirements for those who will perform alternate-site testing,  
789 such as documented training, licensure, certification, or other  
790 medical professional background not limited to laboratory  
791 professionals; documented inservice training and initial and  
792 ongoing competency validation; an appropriate internal and  
793 external quality control protocol; an internal mechanism for the  
794 central laboratory to identify and track alternate-site testing;  
795 and recordkeeping requirements. Alternate-site testing locations  
796 must register when the hospital applies to renew its license.  
797 For purposes of this section, the term "alternate-site testing"  
798 includes any laboratory testing done under the administrative  
799 control of a hospital, but performed out of the physical or  
800 administrative confines of the central laboratory.



801 Section 27. Paragraph (f) of subsection (1) of section  
802 395.0161, Florida Statutes, is amended to read:

803 395.0161 Licensure inspection.—

804 (1) In addition to the requirement of s. 408.811, the  
805 agency shall make or cause to be made such inspections and  
806 investigations as it deems necessary, including:

807 ~~(f) Inspections of mobile surgical facilities at each time~~  
808 ~~a facility establishes a new location, prior to the admission of~~  
809 ~~patients. However, such inspections shall not be required when a~~  
810 ~~mobile surgical facility is moved temporarily to a location~~  
811 ~~where medical treatment will not be provided.~~

812 Section 28. Subsection (3) of section 395.0163, Florida  
813 Statutes, is amended to read:

814 395.0163 Construction inspections; plan submission and  
815 approval; fees.—

816 ~~(3) In addition to the requirements of s. 408.811, the~~  
817 ~~agency shall inspect a mobile surgical facility at initial~~  
818 ~~licensure and at each time the facility establishes a new~~  
819 ~~location, prior to admission of patients. However, such~~  
820 ~~inspections shall not be required when a mobile surgical~~  
821 ~~facility is moved temporarily to a location where medical~~  
822 ~~treatment will not be provided.~~

823 Section 29. Subsection (2), paragraph (c) of subsection  
824 (6), and subsections (16) and (17) of section 395.0197, Florida  
825 Statutes, are amended to read:

826 | 395.0197 Internal risk management program.—

827 | (2) The internal risk management program is the

828 | responsibility of the governing board of the health care

829 | facility. Each licensed facility shall hire a risk manager,

830 | ~~licensed under s. 395.10974,~~ who is responsible for

831 | implementation and oversight of the ~~such~~ facility's internal

832 | risk management program and who demonstrates competence, through

833 | education or experience, in all of the following areas:

834 | (a) Applicable standards of health care risk management.

835 | (b) Applicable federal, state, and local health and safety

836 | laws and rules.

837 | (c) General risk management administration.

838 | (d) Patient care.

839 | (e) Medical care.

840 | (f) Personal and social care.

841 | (g) Accident prevention.

842 | (h) Departmental organization and management.

843 | (i) Community interrelationships.

844 | (j) Medical terminology as required by this section. ~~A~~

845 | ~~risk manager must not be made responsible for more than four~~

846 | ~~internal risk management programs in separate licensed~~

847 | ~~facilities, unless the facilities are under one corporate~~

848 | ~~ownership or the risk management programs are in rural~~

849 | ~~hospitals.~~

850 | (6) (c) The report submitted to the agency must ~~shall~~ also

851 contain the name ~~and license number~~ of the risk manager of the  
852 licensed facility, a copy of its policy and procedures which  
853 govern the measures taken by the facility and its risk manager  
854 to reduce the risk of injuries and adverse incidents, and the  
855 results of such measures. The annual report is confidential and  
856 is not available to the public pursuant to s. 119.07(1) or any  
857 other law providing access to public records. The annual report  
858 is not discoverable or admissible in any civil or administrative  
859 action, except in disciplinary proceedings by the agency or the  
860 appropriate regulatory board. The annual report is not available  
861 to the public as part of the record of investigation for and  
862 prosecution in disciplinary proceedings made available to the  
863 public by the agency or the appropriate regulatory board.  
864 However, the agency or the appropriate regulatory board shall  
865 make available, upon written request by a health care  
866 professional against whom probable cause has been found, any  
867 such records which form the basis of the determination of  
868 probable cause.

869 (16) There shall be no monetary liability on the part of,  
870 and no cause of action for damages shall arise against, any risk  
871 manager, ~~licensed under s. 395.10974,~~ for the implementation and  
872 oversight of the internal risk management program in a facility  
873 licensed under this chapter or chapter 390 as required by this  
874 section, for any act or proceeding undertaken or performed  
875 within the scope of the functions of such internal risk

876 management program if the risk manager acts without intentional  
 877 fraud.

878 (17) A privilege against civil liability is hereby granted  
 879 to any ~~licensed~~ risk manager or licensed facility with regard to  
 880 information furnished pursuant to this chapter, unless the  
 881 ~~licensed~~ risk manager or facility acted in bad faith or with  
 882 malice in providing such information.

883 Section 30. Section 395.1046, Florida Statutes, is  
 884 repealed.

885 Section 31. Subsections (2) and (3) of section 395.1055,  
 886 Florida Statutes, are amended, and paragraph (i) is added to  
 887 subsection (1), to read:

888 395.1055 Rules and enforcement.—

889 (1) The agency shall adopt rules pursuant to ss.  
 890 120.536(1) and 120.54 to implement the provisions of this part,  
 891 which shall include reasonable and fair minimum standards for  
 892 ensuring that:

893 (i) All hospitals providing organ transplantation,  
 894 neonatal intensive care services, inpatient psychiatric  
 895 services, inpatient substance abuse services, or comprehensive  
 896 medical rehabilitation meet the minimum licensure requirements  
 897 adopted by the agency. Such licensure requirements must include  
 898 quality of care, nurse staffing, physician staffing, physical  
 899 plant, equipment, emergency transportation, and data reporting  
 900 standards.

901 (2) Separate standards may be provided for general and  
902 specialty hospitals, ambulatory surgical centers, ~~mobile~~  
903 ~~surgical facilities,~~ and statutory rural hospitals as defined in  
904 s. 395.602.

905 (3) The agency shall adopt rules with respect to the care  
906 and treatment of patients residing in distinct part nursing  
907 units of hospitals which are certified for participation in  
908 Title XVIII (Medicare) and Title XIX (Medicaid) of the Social  
909 Security Act skilled nursing facility program. Such rules shall  
910 take into account the types of patients treated in hospital  
911 skilled nursing units, including typical patient acuity levels  
912 and the average length of stay in such units, and shall be  
913 limited to the appropriate portions of the Omnibus Budget  
914 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22,  
915 1987), Title IV (Medicare, Medicaid, and Other Health-Related  
916 Programs), Subtitle C (Nursing Home Reform), as amended. The  
917 agency shall require level 2 background screening as specified  
918 in s. 408.809(1)(e) pursuant to s. 408.809 and chapter 435 for  
919 personnel of distinct part nursing units.

920 Section 32. Section 395.10971, Florida Statutes, is  
921 repealed.

922 Section 33. Section 395.10972, Florida Statutes, is  
923 repealed.

924 Section 34. Section 395.10973, Florida Statutes, is  
925 amended to read:

926           395.10973 Powers and duties of the agency.—It is the  
927 function of the agency to:

928           (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to  
929 implement ~~the provisions of~~ this part and part II of chapter 408  
930 conferring duties upon it.

931           ~~(2) Develop, impose, and enforce specific standards within~~  
932 ~~the scope of the general qualifications established by this part~~  
933 ~~which must be met by individuals in order to receive licenses as~~  
934 ~~health care risk managers. These standards shall be designed to~~  
935 ~~ensure that health care risk managers are individuals of good~~  
936 ~~character and otherwise suitable and, by training or experience~~  
937 ~~in the field of health care risk management, qualified in~~  
938 ~~accordance with the provisions of this part to serve as health~~  
939 ~~care risk managers, within statutory requirements.~~

940           ~~(3) Develop a method for determining whether an individual~~  
941 ~~meets the standards set forth in s. 395.10974.~~

942           ~~(4) Issue licenses to qualified individuals meeting the~~  
943 ~~standards set forth in s. 395.10974.~~

944           ~~(5) Receive, investigate, and take appropriate action with~~  
945 ~~respect to any charge or complaint filed with the agency to the~~  
946 ~~effect that a certified health care risk manager has failed to~~  
947 ~~comply with the requirements or standards adopted by rule by the~~  
948 ~~agency or to comply with the provisions of this part.~~

949           ~~(6) Establish procedures for providing periodic reports on~~  
950 ~~persons certified or disciplined by the agency under this part.~~

951        ~~(2)(7)~~ Develop a model risk management program for health  
 952 care facilities which will satisfy the requirements of s.  
 953 395.0197.

954        ~~(3)(8)~~ Enforce the special-occupancy provisions of the  
 955 Florida Building Code which apply to hospitals, intermediate  
 956 residential treatment facilities, and ambulatory surgical  
 957 centers in conducting any inspection authorized by this chapter  
 958 and part II of chapter 408.

959        Section 35. Section 395.10974, Florida Statutes, is  
 960 repealed.

961        Section 36. Section 395.10975, Florida Statutes, is  
 962 repealed.

963        Section 37. Subsection (2) of section 395.602, Florida  
 964 Statutes, is amended to read:

965        395.602 Rural hospitals.—

966        (2) DEFINITIONS.—As used in this part, the term:

967        ~~(a) "Emergency care hospital" means a medical facility~~  
 968 ~~which provides:~~

969        ~~1. Emergency medical treatment; and~~

970        ~~2. Inpatient care to ill or injured persons prior to their~~  
 971 ~~transportation to another hospital or provides inpatient medical~~  
 972 ~~care to persons needing care for a period of up to 96 hours. The~~  
 973 ~~96-hour limitation on inpatient care does not apply to respite,~~  
 974 ~~skilled nursing, hospice, or other nonacute care patients.~~

975        ~~(b) "Essential access community hospital" means any~~

976 ~~facility which:~~

977 ~~1. Has at least 100 beds;~~

978 ~~2. Is located more than 35 miles from any other essential~~  
979 ~~access community hospital, rural referral center, or urban~~  
980 ~~hospital meeting criteria for classification as a regional~~  
981 ~~referral center;~~

982 ~~3. Is part of a network that includes rural primary care~~  
983 ~~hospitals;~~

984 ~~4. Provides emergency and medical backup services to rural~~  
985 ~~primary care hospitals in its rural health network;~~

986 ~~5. Extends staff privileges to rural primary care hospital~~  
987 ~~physicians in its network; and~~

988 ~~6. Accepts patients transferred from rural primary care~~  
989 ~~hospitals in its network.~~

990 ~~(c) "Inactive rural hospital bed" means a licensed acute~~  
991 ~~care hospital bed, as defined in s. 395.002(13), that is~~  
992 ~~inactive in that it cannot be occupied by acute care inpatients.~~

993 ~~(a)-(d)~~ (a) "Rural area health education center" means an area  
994 health education center (AHEC), as authorized by Pub. L. No. 94-  
995 484, which provides services in a county with a population  
996 density of up to no greater than 100 persons per square mile.

997 ~~(b)-(e)~~ (b) "Rural hospital" means an acute care hospital  
998 licensed under this chapter, having 100 or fewer licensed beds  
999 and an emergency room, which is:

1000 1. The sole provider within a county with a population



1001 density of up to 100 persons per square mile;

1002       2. An acute care hospital, in a county with a population

1003 density of up to 100 persons per square mile, which is at least

1004 30 minutes of travel time, on normally traveled roads under

1005 normal traffic conditions, from any other acute care hospital

1006 within the same county;

1007       3. A hospital supported by a tax district or subdistrict

1008 whose boundaries encompass a population of up to 100 persons per

1009 square mile;

1010       4. A hospital classified as a sole community hospital

1011 under 42 C.F.R. s. 412.92, regardless of the number of licensed

1012 beds;

1013       5. A hospital with a service area that has a population of

1014 up to 100 persons per square mile. As used in this subparagraph,

1015 the term "service area" means the fewest number of zip codes

1016 that account for 75 percent of the hospital's discharges for the

1017 most recent 5-year period, based on information available from

1018 the hospital inpatient discharge database in the Florida Center

1019 for Health Information and Transparency at the agency; or

1020       6. A hospital designated as a critical access hospital, as

1021 defined in s. 408.07.

1022

1023 Population densities used in this paragraph must be based upon

1024 the most recently completed United States census. A hospital

1025 that received funds under s. 409.9116 for a quarter beginning no

1026 later than July 1, 2002, is deemed to have been and shall  
 1027 continue to be a rural hospital from that date through June 30,  
 1028 2021, if the hospital continues to have up to 100 licensed beds  
 1029 and an emergency room. An acute care hospital that has not  
 1030 previously been designated as a rural hospital and that meets  
 1031 the criteria of this paragraph shall be granted such designation  
 1032 upon application, including supporting documentation, to the  
 1033 agency. A hospital that was licensed as a rural hospital during  
 1034 the 2010-2011 or 2011-2012 fiscal year shall continue to be a  
 1035 rural hospital from the date of designation through June 30,  
 1036 2021, if the hospital continues to have up to 100 licensed beds  
 1037 and an emergency room.

1038 ~~(f) "Rural primary care hospital" means any facility~~  
 1039 ~~meeting the criteria in paragraph (e) or s. 395.605 which~~  
 1040 ~~provides:~~

- 1041 ~~1. Twenty-four-hour emergency medical care;~~
- 1042 ~~2. Temporary inpatient care for periods of 72 hours or~~  
 1043 ~~less to patients requiring stabilization before discharge or~~  
 1044 ~~transfer to another hospital. The 72-hour limitation does not~~  
 1045 ~~apply to respite, skilled nursing, hospice, or other nonacute~~  
 1046 ~~care patients; and~~
- 1047 ~~3. Has no more than six licensed acute care inpatient~~  
 1048 ~~beds.~~

1049 (c)(g) "Swing-bed" means a bed which can be used  
 1050 interchangeably as either a hospital, skilled nursing facility

1051 (SNF), or intermediate care facility (ICF) bed pursuant to 42  
1052 C.F.R. parts 405, 435, 440, 442, and 447.

1053 Section 38. Section 395.603, Florida Statutes, is amended  
1054 to read:

1055 395.603 ~~Deactivation of general hospital beds;~~ Rural  
1056 hospital impact statement.—

1057 ~~(1) The agency shall establish, by rule, a process by~~  
1058 ~~which a rural hospital, as defined in s. 395.602, that seeks~~  
1059 ~~licensure as a rural primary care hospital or as an emergency~~  
1060 ~~care hospital, or becomes a certified rural health clinic as~~  
1061 ~~defined in Pub. L. No. 95-210, or becomes a primary care program~~  
1062 ~~such as a county health department, community health center, or~~  
1063 ~~other similar outpatient program that provides preventive and~~  
1064 ~~curative services, may deactivate general hospital beds. Rural~~  
1065 ~~primary care hospitals and emergency care hospitals shall~~  
1066 ~~maintain the number of actively licensed general hospital beds~~  
1067 ~~necessary for the facility to be certified for Medicare~~  
1068 ~~reimbursement. Hospitals that discontinue inpatient care to~~  
1069 ~~become rural health care clinics or primary care programs shall~~  
1070 ~~deactivate all licensed general hospital beds. All hospitals,~~  
1071 ~~clinics, and programs with inactive beds shall provide 24-hour~~  
1072 ~~emergency medical care by staffing an emergency room. Providers~~  
1073 ~~with inactive beds shall be subject to the criteria in s.~~  
1074 ~~395.1041. The agency shall specify in rule requirements for~~  
1075 ~~making 24-hour emergency care available. Inactive general~~

1076 ~~hospital beds shall be included in the acute care bed inventory,~~  
1077 ~~maintained by the agency for certificate of need purposes, for~~  
1078 ~~10 years from the date of deactivation of the beds. After 10~~  
1079 ~~years have elapsed, inactive beds shall be excluded from the~~  
1080 ~~inventory. The agency shall, at the request of the licensee,~~  
1081 ~~reactivate the inactive general beds upon a showing by the~~  
1082 ~~licensee that licensure requirements for the inactive general~~  
1083 ~~beds are met.~~

1084       ~~(2)~~ In formulating and implementing policies and rules  
1085 that may have significant impact on the ability of rural  
1086 hospitals to continue to provide health care services in rural  
1087 communities, the agency, the department, or the respective  
1088 regulatory board adopting policies or rules regarding the  
1089 licensure or certification of health care professionals shall  
1090 provide a rural hospital impact statement. The rural hospital  
1091 impact statement shall assess the proposed action in light of  
1092 the following questions:

1093       (1)~~(a)~~ Do the health personnel affected by the proposed  
1094 action currently practice in rural hospitals or are they likely  
1095 to in the near future?

1096       (2)~~(b)~~ What are the current numbers of the affected health  
1097 personnel in this state, their geographic distribution, and the  
1098 number practicing in rural hospitals?

1099       (3)~~(c)~~ What are the functions presently performed by the  
1100 affected health personnel, and are such functions presently

1101 performed in rural hospitals?

1102 (4)~~(d)~~ What impact will the proposed action have on the  
 1103 ability of rural hospitals to recruit the affected personnel to  
 1104 practice in their facilities?

1105 (5)~~(e)~~ What impact will the proposed action have on the  
 1106 limited financial resources of rural hospitals through increased  
 1107 salaries and benefits necessary to recruit or retain such health  
 1108 personnel?

1109 (6)~~(f)~~ Is there a less stringent requirement which could  
 1110 apply to practice in rural hospitals?

1111 (7)~~(g)~~ Will this action create staffing shortages, which  
 1112 could result in a loss to the public of health care services in  
 1113 rural hospitals or result in closure of any rural hospitals?

1114 Section 39. Section 395.604, Florida Statutes, is  
 1115 repealed.

1116 Section 40. Section 395.605, Florida Statutes, is  
 1117 repealed.

1118 Section 41. Paragraph (c) of subsection (1) of section  
 1119 395.701, Florida Statutes, is amended to read:

1120 395.701 Annual assessments on net operating revenues for  
 1121 inpatient and outpatient services to fund public medical  
 1122 assistance; administrative fines for failure to pay assessments  
 1123 when due; exemption.—

1124 (1) For the purposes of this section, the term:

1125 (c) "Hospital" means a health care institution as defined

1126 in s. 395.002(12), but does not include any hospital operated by  
1127 a state ~~the agency or the Department of Corrections.~~

1128 Section 42. Paragraph (b) of subsection (2) of section  
1129 395.7015, Florida Statutes, is amended to read:

1130 395.7015 Annual assessment on health care entities.—

1131 (2) There is imposed an annual assessment against certain  
1132 health care entities as described in this section:

1133 (b) For the purpose of this section, "health care  
1134 entities" include the following:

1135 1. Ambulatory surgical centers ~~and mobile surgical~~  
1136 ~~facilities licensed under s. 395.003. This subsection shall only~~  
1137 ~~apply to mobile surgical facilities operating under contracts~~  
1138 ~~entered into on or after July 1, 1998.~~

1139 2. ~~Clinical laboratories licensed under s. 483.091,~~  
1140 ~~excluding any hospital laboratory defined under s. 483.041(6),~~  
1141 ~~any clinical laboratory operated by the state or a political~~  
1142 ~~subdivision of the state, any clinical laboratory which~~  
1143 ~~qualifies as an exempt organization under s. 501(c)(3) of the~~  
1144 ~~Internal Revenue Code of 1986, as amended, and which receives 70~~  
1145 ~~percent or more of its gross revenues from services to charity~~  
1146 ~~patients or Medicaid patients, and any blood, plasma, or tissue~~  
1147 ~~bank procuring, storing, or distributing blood, plasma, or~~  
1148 ~~tissue either for future manufacture or research or distributed~~  
1149 ~~on a nonprofit basis, and further excluding any clinical~~  
1150 ~~laboratory which is wholly owned and operated by 6 or fewer~~

1151 ~~physicians who are licensed pursuant to chapter 458 or chapter~~  
1152 ~~459 and who practice in the same group practice, and at which no~~  
1153 ~~clinical laboratory work is performed for patients referred by~~  
1154 ~~any health care provider who is not a member of the same group.~~

1155       2.3. Diagnostic-imaging centers that are freestanding  
1156 outpatient facilities that provide specialized services for the  
1157 identification or determination of a disease through examination  
1158 and also provide sophisticated radiological services, and in  
1159 which services are rendered by a physician licensed by the Board  
1160 of Medicine under s. 458.311, s. 458.313, or s. 458.317, or by  
1161 an osteopathic physician licensed by the Board of Osteopathic  
1162 Medicine under s. 459.0055 or s. 459.0075. For purposes of this  
1163 paragraph, "sophisticated radiological services" means the  
1164 following: magnetic resonance imaging; nuclear medicine;  
1165 angiography; arteriography; computed tomography; positron  
1166 emission tomography; digital vascular imaging; bronchography;  
1167 lymphangiography; splenography; ultrasound, excluding ultrasound  
1168 providers that are part of a private physician's office practice  
1169 or when ultrasound is provided by two or more physicians  
1170 licensed under chapter 458 or chapter 459 who are members of the  
1171 same professional association and who practice in the same  
1172 medical specialties; and such other sophisticated radiological  
1173 services, excluding mammography, as adopted in rule by the  
1174 board.

1175       Section 43. Subsection (1) of section 400.0625, Florida

1176 Statutes, is amended to read:

1177 400.0625 Minimum standards for clinical laboratory test  
1178 results and diagnostic X-ray results.-

1179 (1) Each nursing home, as a requirement for issuance or  
1180 renewal of its license, shall require that all clinical  
1181 laboratory tests performed for the nursing home be performed by  
1182 a ~~clinical~~ laboratory appropriately certified by the Centers for  
1183 Medicare and Medicaid Services under the federal Clinical  
1184 Laboratory Improvement Amendments and the federal rules adopted  
1185 thereunder ~~licensed under the provisions of chapter 483~~, except  
1186 for such self-testing procedures as are approved by the agency  
1187 by rule. ~~Results of clinical laboratory tests performed prior to~~  
1188 ~~admission which meet the minimum standards provided in s.~~  
1189 ~~483.181(3) shall be accepted in lieu of routine examinations~~  
1190 ~~required upon admission and clinical laboratory tests which may~~  
1191 ~~be ordered by a physician for residents of the nursing home.~~

1192 Section 44. Paragraph (a) of subsection (2) of section  
1193 400.191, Florida Statutes, is amended to read:

1194 400.191 Availability, distribution, and posting of reports  
1195 and records.-

1196 (2) The agency shall publish the Nursing Home Guide  
1197 quarterly in electronic form to assist consumers and their  
1198 families in comparing and evaluating nursing home facilities.

1199 (a) The agency shall provide an Internet site which shall  
1200 include at least the following information either directly or



1201 indirectly through a link to another established site or sites  
1202 of the agency's choosing:

1203 1. A section entitled "Have you considered programs that  
1204 provide alternatives to nursing home care?" which shall be the  
1205 first section of the Nursing Home Guide and which shall  
1206 prominently display information about available alternatives to  
1207 nursing homes and how to obtain additional information regarding  
1208 these alternatives. The Nursing Home Guide shall explain that  
1209 this state offers alternative programs that permit qualified  
1210 elderly persons to stay in their homes instead of being placed  
1211 in nursing homes and shall encourage interested persons to call  
1212 the Comprehensive Assessment Review and Evaluation for Long-Term  
1213 Care Services (CARES) Program to inquire if they qualify. The  
1214 Nursing Home Guide shall list available home and community-based  
1215 programs which shall clearly state the services that are  
1216 provided and indicate whether nursing home services are included  
1217 if needed.

1218 2. A list by name and address of all nursing home  
1219 facilities in this state, including any prior name by which a  
1220 facility was known during the previous 24-month period.

1221 3. Whether such nursing home facilities are proprietary or  
1222 nonproprietary.

1223 4. The current owner of the facility's license and the  
1224 year that that entity became the owner of the license.

1225 5. The name of the owner or owners of each facility and

1226 whether the facility is affiliated with a company or other  
 1227 organization owning or managing more than one nursing facility  
 1228 in this state.

1229 6. The total number of beds in each facility and the most  
 1230 recently available occupancy levels.

1231 7. The number of private and semiprivate rooms in each  
 1232 facility.

1233 8. The religious affiliation, if any, of each facility.

1234 9. The languages spoken by the administrator and staff of  
 1235 each facility.

1236 10. Whether or not each facility accepts Medicare or  
 1237 Medicaid recipients or insurance, health maintenance  
 1238 organization, Veterans Administration, CHAMPUS program, or  
 1239 workers' compensation coverage.

1240 11. Recreational and other programs available at each  
 1241 facility.

1242 12. Special care units or programs offered at each  
 1243 facility.

1244 13. Whether the facility is a part of a retirement  
 1245 community that offers other services pursuant to part III of  
 1246 this chapter or part I or part III of chapter 429.

1247 14. Survey and deficiency information, including all  
 1248 federal and state recertification, licensure, revisit, and  
 1249 complaint survey information, for each facility ~~for the past 30~~  
 1250 ~~months~~. For noncertified nursing homes, state survey and

1251 deficiency information, including licensure, revisit, and  
1252 complaint survey information ~~for the past 30 months~~ shall be  
1253 provided.

1254 Section 45. Subsection (1) and paragraphs (b), (e), and  
1255 (f) of subsection (4) of section 400.464, Florida Statutes, are  
1256 amended, and subsection (6) is added to that section, to read:

1257 400.464 Home health agencies to be licensed; expiration of  
1258 license; exemptions; unlawful acts; penalties.—

1259 (1) The requirements of part II of chapter 408 apply to  
1260 the provision of services that require licensure pursuant to  
1261 this part and part II of chapter 408 and entities licensed or  
1262 registered by or applying for such licensure or registration  
1263 from the Agency for Health Care Administration pursuant to this  
1264 part. A license issued by the agency is required in order to  
1265 operate a home health agency in this state. A license issued on  
1266 or after July 1, 2018, must specify the home health services the  
1267 organization is authorized to perform and indicate whether such  
1268 specified services are considered skilled care. The provision or  
1269 advertising of services that require licensure pursuant to this  
1270 part without such services being specified on the face of the  
1271 license issued on or after July 1, 2018, constitutes unlicensed  
1272 activity as prohibited under s. 408.812.

1273 (4) (b) The operation or maintenance of an unlicensed home  
1274 health agency or the performance of any home health services in  
1275 violation of this part is declared a nuisance, inimical to the

1276 public health, welfare, and safety. The agency or any state  
1277 attorney may, in addition to other remedies provided in this  
1278 part, bring an action for an injunction to restrain such  
1279 violation, or to enjoin the future operation or maintenance of  
1280 the home health agency or the provision of home health services  
1281 in violation of this part or part II of chapter 408, until  
1282 compliance with this part or the rules adopted under this part  
1283 has been demonstrated to the satisfaction of the agency.

1284 (e) Any person who owns, operates, or maintains an  
1285 unlicensed home health agency and who, ~~within 10 working days~~  
1286 after receiving notification from the agency, fails to cease  
1287 operation and apply for a license under this part commits a  
1288 misdemeanor of the second degree, punishable as provided in s.  
1289 775.082 or s. 775.083. Each day of continued operation is a  
1290 separate offense.

1291 (f) Any home health agency that fails to cease operation  
1292 after agency notification may be fined in accordance with s.  
1293 408.812 ~~\$500 for each day of noncompliance.~~

1294 (6) Any person, entity, or organization providing home  
1295 health services which is exempt from licensure under subsection  
1296 (5) may voluntarily apply for a certificate of exemption from  
1297 licensure under its exempt status with the agency on a form that  
1298 specifies its name or names and addresses, a statement of the  
1299 reasons why it is exempt from licensure as a home health agency,  
1300 and other information deemed necessary by the agency. A

1301 certificate of exemption is valid for a period of not more than  
1302 2 years and is not transferable. The agency may charge an  
1303 applicant \$100 for a certificate of exemption or charge the  
1304 actual cost of processing the certificate.

1305 Section 46. Subsections (6) through (9) of section  
1306 400.471, Florida Statutes, are redesignated as subsections (5)  
1307 through (8), respectively, and present subsections (2), (6), and  
1308 (9) of that section are amended to read:

1309 400.471 Application for license; fee.—

1310 (2) In addition to the requirements of part II of chapter  
1311 408, the initial applicant, the applicant for a change of  
1312 ownership, and the applicant for the addition of skilled care  
1313 services must file with the application satisfactory proof that  
1314 the home health agency is in compliance with this part and  
1315 applicable rules, including:

1316 (a) A listing of services to be provided, either directly  
1317 by the applicant or through contractual arrangements with  
1318 existing providers.

1319 (b) The number and discipline of professional staff to be  
1320 employed.

1321 ~~(c) Completion of questions concerning volume data on the~~  
1322 ~~renewal application as determined by rule.~~

1323 (c)~~(d)~~ A business plan, signed by the applicant, which  
1324 details the home health agency's methods to obtain patients and  
1325 its plan to recruit and maintain staff.

1326            (d)~~(e)~~ Evidence of contingency funding as required under  
 1327 s. 408.8065 ~~equal to 1 month's average operating expenses during~~  
 1328 ~~the first year of operation.~~

1329            (e)~~(f)~~ A balance sheet, income and expense statement, and  
 1330 statement of cash flows for the first 2 years of operation which  
 1331 provide evidence of having sufficient assets, credit, and  
 1332 projected revenues to cover liabilities and expenses. The  
 1333 applicant has demonstrated financial ability to operate if the  
 1334 applicant's assets, credit, and projected revenues meet or  
 1335 exceed projected liabilities and expenses. An applicant may not  
 1336 project an operating margin of 15 percent or greater for any  
 1337 month in the first year of operation. All documents required  
 1338 under this paragraph must be prepared in accordance with  
 1339 generally accepted accounting principles and compiled and signed  
 1340 by a certified public accountant.

1341            (f)~~(g)~~ All other ownership interests in health care  
 1342 entities for each controlling interest, as defined in part II of  
 1343 chapter 408.

1344            (g)~~(h)~~ In the case of an application for initial  
 1345 licensure, an application for a change of ownership, or an  
 1346 application for the addition of skilled care services,  
 1347 documentation of accreditation, or an application for  
 1348 accreditation, from an accrediting organization that is  
 1349 recognized by the agency as having standards comparable to those  
 1350 required by this part and part II of chapter 408. A home health

1351 agency that ~~is not Medicare or Medicaid certified and~~ does not  
1352 provide skilled care is exempt from this paragraph.  
1353 Notwithstanding s. 408.806, an initial applicant ~~that has~~  
1354 ~~applied for accreditation~~ must provide proof of accreditation  
1355 that is not conditional or provisional and a survey  
1356 demonstrating compliance with the requirements of this part,  
1357 part II of chapter 408, and applicable rules from an accrediting  
1358 organization that is recognized by the agency as having  
1359 standards comparable to those required by this part and part II  
1360 of chapter 408 within 120 days after the date of the agency's  
1361 receipt of the application for licensure ~~or the application~~  
1362 ~~shall be withdrawn from further consideration.~~ Such  
1363 accreditation must be continuously maintained by the home health  
1364 agency to maintain licensure. The agency shall accept, in lieu  
1365 of its own periodic licensure survey, the submission of the  
1366 survey of an accrediting organization that is recognized by the  
1367 agency if the accreditation of the licensed home health agency  
1368 is not provisional and if the licensed home health agency  
1369 authorizes releases of, and the agency receives the report of,  
1370 the accrediting organization.

1371 ~~(6) The agency may not issue a license designated as~~  
1372 ~~certified to a home health agency that fails to satisfy the~~  
1373 ~~requirements of a Medicare certification survey from the agency.~~

1374 (8)~~(9)~~ The agency may not issue a renewal license for a  
1375 home health agency in any county having at least one licensed

1376 home health agency and that has more than one home health agency  
1377 per 5,000 persons, as indicated by the most recent population  
1378 estimates published by the Legislature's Office of Economic and  
1379 Demographic Research, if the applicant or any controlling  
1380 interest has been administratively sanctioned by the agency  
1381 during the 2 years prior to the submission of the licensure  
1382 renewal application for one or more of the following acts:

1383 (a) An intentional or negligent act that materially  
1384 affects the health or safety of a client of the provider;

1385 (b) Knowingly providing home health services in an  
1386 unlicensed assisted living facility or unlicensed adult family-  
1387 care home, unless the home health agency or employee reports the  
1388 unlicensed facility or home to the agency within 72 hours after  
1389 providing the services;

1390 (c) Preparing or maintaining fraudulent patient records,  
1391 such as, but not limited to, charting ahead, recording vital  
1392 signs or symptoms which were not personally obtained or observed  
1393 by the home health agency's staff at the time indicated,  
1394 borrowing patients or patient records from other home health  
1395 agencies to pass a survey or inspection, or falsifying  
1396 signatures;

1397 (d) Failing to provide at least one service directly to a  
1398 patient for a period of 60 days;

1399 (e) Demonstrating a pattern of falsifying documents  
1400 relating to the training of home health aides or certified



1401 nursing assistants or demonstrating a pattern of falsifying  
 1402 health statements for staff who provide direct care to patients.  
 1403 A pattern may be demonstrated by a showing of at least three  
 1404 fraudulent entries or documents;

1405 (f) Demonstrating a pattern of billing any payor for  
 1406 services not provided. A pattern may be demonstrated by a  
 1407 showing of at least three billings for services not provided  
 1408 within a 12-month period;

1409 (g) Demonstrating a pattern of failing to provide a  
 1410 service specified in the home health agency's written agreement  
 1411 with a patient or the patient's legal representative, or the  
 1412 plan of care for that patient, except ~~unless a reduction in~~  
 1413 ~~service is mandated by Medicare, Medicaid, or a state program or~~  
 1414 as provided in s. 400.492(3). A pattern may be demonstrated by a  
 1415 showing of at least three incidents, regardless of the patient  
 1416 or service, in which the home health agency did not provide a  
 1417 service specified in a written agreement or plan of care during  
 1418 a 3-month period;

1419 (h) Giving remuneration to a case manager, discharge  
 1420 planner, facility-based staff member, or third-party vendor who  
 1421 is involved in the discharge planning process of a facility  
 1422 licensed under chapter 395, chapter 429, or this chapter from  
 1423 whom the home health agency receives referrals or gives  
 1424 remuneration as prohibited in s. 400.474(6)(a);

1425 (i) Giving cash, or its equivalent, to a Medicare or

1426 Medicaid beneficiary;

1427 (j) Demonstrating a pattern of billing the Medicaid  
 1428 program for services to Medicaid recipients which are medically  
 1429 unnecessary as determined by a final order. A pattern may be  
 1430 demonstrated by a showing of at least two such medically  
 1431 unnecessary services within one Medicaid program integrity audit  
 1432 period;

1433 (k) Providing services to residents in an assisted living  
 1434 facility for which the home health agency does not receive fair  
 1435 market value remuneration; or

1436 (l) Providing staffing to an assisted living facility for  
 1437 which the home health agency does not receive fair market value  
 1438 remuneration.

1439 Section 47. Subsection (5) of section 400.474, Florida  
 1440 Statutes, is amended to read:

1441 400.474 Administrative penalties.—

1442 (5) The agency shall impose a fine of \$5,000 against a  
 1443 home health agency that demonstrates a pattern of failing to  
 1444 provide a service specified in the home health agency's written  
 1445 agreement with a patient or the patient's legal representative,  
 1446 or the plan of care for that patient, except ~~unless a reduction~~  
 1447 ~~in service is mandated by Medicare, Medicaid, or a state program~~  
 1448 ~~or~~ as provided in s. 400.492(3). A pattern may be demonstrated  
 1449 by a showing of at least three incidences, regardless of the  
 1450 patient or service, where the home health agency did not provide

1451 a service specified in a written agreement or plan of care  
1452 during a 3-month period. The agency shall impose the fine for  
1453 each occurrence. The agency may also impose additional  
1454 administrative fines under s. 400.484 for the direct or indirect  
1455 harm to a patient, or deny, revoke, or suspend the license of  
1456 the home health agency for a pattern of failing to provide a  
1457 service specified in the home health agency's written agreement  
1458 with a patient or the plan of care for that patient.

1459 Section 48. Paragraph (c) of subsection (2) of section  
1460 400.476, Florida Statutes, is amended to read:

1461 400.476 Staffing requirements; notifications; limitations  
1462 on staffing services.—

1463 (2) DIRECTOR OF NURSING.—

1464 (c) A home health agency that provides skilled nursing  
1465 care must ~~is not Medicare or Medicaid certified and does not~~  
1466 ~~provide skilled care or provides only physical, occupational, or~~  
1467 ~~speech therapy is not required to have a director of nursing and~~  
1468 ~~is exempt from paragraph (b).~~

1469 Section 49. Section 400.484, Florida Statutes, is amended  
1470 to read:

1471 400.484 Right of inspection; violations ~~deficiencies~~;  
1472 fines.—

1473 (1) In addition to the requirements of s. 408.811, the  
1474 agency may make such inspections and investigations as are  
1475 necessary in order to determine the state of compliance with

1476 | this part, part II of chapter 408, and applicable rules.

1477 |       (2) The agency shall impose fines for various classes of  
1478 | violations ~~deficiencies~~ in accordance with the following  
1479 | schedule:

1480 |       (a) Class I violations are as provided in s. 408.813 A  
1481 | ~~class I deficiency is any act, omission, or practice that~~  
1482 | ~~results in a patient's death, disablement, or permanent injury,~~  
1483 | ~~or places a patient at imminent risk of death, disablement, or~~  
1484 | ~~permanent injury.~~ Upon finding a class I violation ~~deficiency~~,  
1485 | the agency shall impose an administrative fine in the amount of  
1486 | \$15,000 for each occurrence and each day that the violation  
1487 | ~~deficiency~~ exists.

1488 |       (b) Class II violations are as provided in s. 408.813 A  
1489 | ~~class II deficiency is any act, omission, or practice that has a~~  
1490 | ~~direct adverse effect on the health, safety, or security of a~~  
1491 | ~~patient.~~ Upon finding a class II violation ~~deficiency~~, the  
1492 | agency shall impose an administrative fine in the amount of  
1493 | \$5,000 for each occurrence and each day that the violation  
1494 | ~~deficiency~~ exists.

1495 |       (c) Class III violations are as provided in s. 408.813 A  
1496 | ~~class III deficiency is any act, omission, or practice that has~~  
1497 | ~~an indirect, adverse effect on the health, safety, or security~~  
1498 | ~~of a patient.~~ Upon finding an uncorrected or repeated class III  
1499 | violation ~~deficiency~~, the agency shall impose an administrative  
1500 | fine not to exceed \$1,000 for each occurrence and each day that

1501 the uncorrected or repeated violation ~~deficiency~~ exists.

1502 (d) Class IV violations are as provided in s. 408.813 A  
 1503 ~~class IV deficiency is any act, omission, or practice related to~~  
 1504 ~~required reports, forms, or documents which does not have the~~  
 1505 ~~potential of negatively affecting patients.~~ These violations are  
 1506 of a type that the agency determines do not threaten the health,  
 1507 safety, or security of patients. Upon finding an uncorrected or  
 1508 repeated class IV violation ~~deficiency~~, the agency shall impose  
 1509 an administrative fine not to exceed \$500 for each occurrence  
 1510 and each day that the uncorrected or repeated violation  
 1511 ~~deficiency~~ exists.

1512 (3) In addition to any other penalties imposed pursuant to  
 1513 this section or part, the agency may assess costs related to an  
 1514 investigation that results in a successful prosecution,  
 1515 excluding costs associated with an attorney's time.

1516 Section 50. Subsection (4) of section 400.497, Florida  
 1517 Statutes, is amended to read:

1518 400.497 Rules establishing minimum standards.—The agency  
 1519 shall adopt, publish, and enforce rules to implement part II of  
 1520 chapter 408 and this part, including, as applicable, ss. 400.506  
 1521 and 400.509, which must provide reasonable and fair minimum  
 1522 standards relating to:

1523 (4) Licensure application and renewal and certificates of  
 1524 exemption.

1525 Section 51. Subsection (5) and paragraph (a) of subsection

1526 (15) of section 400.506, Florida Statutes, are amended to read:  
 1527 400.506 Licensure of nurse registries; requirements;  
 1528 penalties.—

1529 (5) (a) In addition to the requirements of s. 408.812, any  
 1530 person who owns, operates, or maintains an unlicensed nurse  
 1531 registry and who, ~~within 10 working days~~ after receiving  
 1532 notification from the agency, fails to cease operation and apply  
 1533 for a license under this part commits a misdemeanor of the  
 1534 second degree, punishable as provided in s. 775.082 or s.  
 1535 775.083. Each day of continued operation is a separate offense.

1536 (b) If a nurse registry fails to cease operation after  
 1537 agency notification, the agency may impose a fine pursuant to s.  
 1538 408.812 ~~of \$500 for each day of noncompliance.~~

1539 (15) (a) The agency may deny, suspend, or revoke the  
 1540 license of a nurse registry and shall impose a fine of \$5,000  
 1541 against a nurse registry that:

1542 1. Provides services to residents in an assisted living  
 1543 facility for which the nurse registry does not receive fair  
 1544 market value remuneration.

1545 2. Provides staffing to an assisted living facility for  
 1546 which the nurse registry does not receive fair market value  
 1547 remuneration.

1548 3. Fails to provide the agency, upon request, with copies  
 1549 of all contracts with assisted living facilities which were  
 1550 executed within the last 5 years.

1551 ~~4. Gives remuneration to a case manager, discharge~~  
1552 ~~planner, facility-based staff member, or third-party vendor who~~  
1553 ~~is involved in the discharge planning process of a facility~~  
1554 ~~licensed under chapter 395 or this chapter and from whom the~~  
1555 ~~nurse registry receives referrals. A nurse registry is exempt~~  
1556 ~~from this subparagraph if it does not bill the Florida Medicaid~~  
1557 ~~program or the Medicare program or share a controlling interest~~  
1558 ~~with any entity licensed, registered, or certified under part II~~  
1559 ~~of chapter 408 that bills the Florida Medicaid program or the~~  
1560 ~~Medicare program.~~

1561 ~~5. Gives remuneration to a physician, a member of the~~  
1562 ~~physician's office staff, or an immediate family member of the~~  
1563 ~~physician, and the nurse registry received a patient referral in~~  
1564 ~~the last 12 months from that physician or the physician's office~~  
1565 ~~staff. A nurse registry is exempt from this subparagraph if it~~  
1566 ~~does not bill the Florida Medicaid program or the Medicare~~  
1567 ~~program or share a controlling interest with any entity~~  
1568 ~~licensed, registered, or certified under part II of chapter 408~~  
1569 ~~that bills the Florida Medicaid program or the Medicare program.~~

1570 Section 52. Subsection (1) of section 400.606, Florida  
1571 Statutes, is amended to read:

1572 400.606 License; application; renewal; conditional license  
1573 or permit; certificate of need.—

1574 (1) In addition to the requirements of part II of chapter  
1575 408, the initial application and change of ownership application

1576 must be accompanied by a plan for the delivery of home,  
 1577 residential, and homelike inpatient hospice services to  
 1578 terminally ill persons and their families. Such plan must  
 1579 contain, but need not be limited to:

1580 (a) The estimated average number of terminally ill persons  
 1581 to be served monthly.

1582 (b) The geographic area in which hospice services will be  
 1583 available.

1584 (c) A listing of services which are or will be provided,  
 1585 either directly by the applicant or through contractual  
 1586 arrangements with existing providers.

1587 (d) Provisions for the implementation of hospice home care  
 1588 within 3 months after licensure.

1589 (e) Provisions for the implementation of hospice homelike  
 1590 inpatient care within 12 months after licensure.

1591 (f) The number and disciplines of professional staff to be  
 1592 employed.

1593 (g) The name and qualifications of any existing or  
 1594 potential contractee.

1595 (h) A plan for attracting and training volunteers.

1596

1597 ~~If the applicant is an existing licensed health care provider,~~  
 1598 ~~the application must be accompanied by a copy of the most recent~~  
 1599 ~~profit-loss statement and, if applicable, the most recent~~  
 1600 ~~licensure inspection report.~~



1601 Section 53. Subsection (6) of section 400.925, Florida  
 1602 Statutes, is amended to read:

1603 400.925 Definitions.—As used in this part, the term:

1604 (6) "Home medical equipment" includes any product as  
 1605 defined by the Food and Drug Administration's Federal Food,  
 1606 Drug, and Cosmetic Act, any products reimbursed under the  
 1607 Medicare Part B Durable Medical Equipment benefits, or any  
 1608 products reimbursed under the Florida Medicaid durable medical  
 1609 equipment program. Home medical equipment includes:

1610 (a) Oxygen and related respiratory equipment; ~~manual,~~  
 1611 ~~motorized, or customized wheelchairs and related seating and~~  
 1612 ~~positioning, but does not include prosthetics or orthotics or~~  
 1613 ~~any splints, braces, or aids custom fabricated by a licensed~~  
 1614 ~~health care practitioner;~~

1615 (b) Motorized scooters;

1616 (c) Personal transfer systems; ~~and~~

1617 (d) Specialty beds, for use by a person with a medical  
 1618 need; and

1619 (e) Manual, motorized, or customized wheelchairs and  
 1620 related seating and positioning, but does not include  
 1621 prosthetics or orthotics or any splints, braces, or aids custom  
 1622 fabricated by a licensed health care practitioner.

1623 Section 54. Subsection (4) of section 400.931, Florida  
 1624 Statutes, is amended to read:

1625 400.931 Application for license; fee.—

1626 (4) When a change of the general manager of a home medical  
 1627 equipment provider occurs, the licensee must notify the agency  
 1628 of the change within the timeframes established in part II of  
 1629 chapter 408 and applicable rules ~~45 days~~.

1630 Section 55. Subsection (2) of section 400.933, Florida  
 1631 Statutes, is amended to read:

1632 400.933 Licensure inspections and investigations.—

1633 (2) The agency shall accept, in lieu of its own periodic  
 1634 inspections for licensure, submission of the following:

1635 (a) The survey or inspection of an accrediting  
 1636 organization, provided the accreditation of the licensed home  
 1637 medical equipment provider is not provisional and provided the  
 1638 licensed home medical equipment provider authorizes release of,  
 1639 and the agency receives the report of, the accrediting  
 1640 organization; or

1641 (b) A copy of a valid medical oxygen retail establishment  
 1642 permit issued by the Department of Business and Professional  
 1643 Regulation Health, pursuant to chapter 499.

1644 Section 56. Subsection (2) of section 400.980, Florida  
 1645 Statutes, is amended to read:

1646 400.980 Health care services pools.—

1647 (2) The requirements of part II of chapter 408 apply to  
 1648 the provision of services that require licensure or registration  
 1649 pursuant to this part and part II of chapter 408 and to entities  
 1650 registered by or applying for such registration from the agency

1651 pursuant to this part. Registration or a license issued by the  
1652 agency is required for the operation of a health care services  
1653 pool in this state. In accordance with s. 408.805, an applicant  
1654 or licensee shall pay a fee for each license application  
1655 submitted using this part, part II of chapter 408, and  
1656 applicable rules. The agency shall adopt rules and provide forms  
1657 required for such registration and shall impose a registration  
1658 fee in an amount sufficient to cover the cost of administering  
1659 this part and part II of chapter 408. In addition to the  
1660 requirements in part II of chapter 408, the registrant must  
1661 provide the agency with any change of information contained on  
1662 the original registration application within the timeframes  
1663 established in this part, part II of chapter 408, and applicable  
1664 rules ~~14 days prior to the change.~~

1665 Section 57. Paragraphs (a) through (d) of subsection (4)  
1666 of section 400.9905, Florida Statutes, are amended to read:

1667 400.9905 Definitions.—

1668 (4) "Clinic" means an entity where health care services  
1669 are provided to individuals and which tenders charges for  
1670 reimbursement for such services, including a mobile clinic and a  
1671 portable equipment provider. As used in this part, the term does  
1672 not include and the licensure requirements of this part do not  
1673 apply to:

1674 (a) Entities licensed or registered by the state under  
1675 chapter 395; entities licensed or registered by the state and

1676 providing only health care services within the scope of services  
1677 authorized under their respective licenses under ss. 383.30-  
1678 383.332 ~~383.30-383.335~~, chapter 390, chapter 394, chapter 397,  
1679 this chapter except part X, chapter 429, chapter 463, chapter  
1680 465, chapter 466, chapter 478, ~~part I of chapter 483~~, chapter  
1681 484, or chapter 651; end-stage renal disease providers  
1682 authorized under 42 C.F.R. part 405, subpart U; providers  
1683 certified under 42 C.F.R. part 485, subpart B or subpart H; or  
1684 any entity that provides neonatal or pediatric hospital-based  
1685 health care services or other health care services by licensed  
1686 practitioners solely within a hospital licensed under chapter  
1687 395.

1688 (b) Entities that own, directly or indirectly, entities  
1689 licensed or registered by the state pursuant to chapter 395;  
1690 entities that own, directly or indirectly, entities licensed or  
1691 registered by the state and providing only health care services  
1692 within the scope of services authorized pursuant to their  
1693 respective licenses under ss. 383.30-383.332 ~~383.30-383.335~~,  
1694 chapter 390, chapter 394, chapter 397, this chapter except part  
1695 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
1696 478, ~~part I of chapter 483~~, chapter 484, or chapter 651; end-  
1697 stage renal disease providers authorized under 42 C.F.R. part  
1698 405, subpart U; providers certified under 42 C.F.R. part 485,  
1699 subpart B or subpart H; or any entity that provides neonatal or  
1700 pediatric hospital-based health care services by licensed

1701 practitioners solely within a hospital licensed under chapter  
1702 395.

1703 (c) Entities that are owned, directly or indirectly, by an  
1704 entity licensed or registered by the state pursuant to chapter  
1705 395; entities that are owned, directly or indirectly, by an  
1706 entity licensed or registered by the state and providing only  
1707 health care services within the scope of services authorized  
1708 pursuant to their respective licenses under ss. 383.30-383.332  
1709 ~~383.30-383.335~~, chapter 390, chapter 394, chapter 397, this  
1710 chapter except part X, chapter 429, chapter 463, chapter 465,  
1711 chapter 466, chapter 478, ~~part I of chapter 483~~, chapter 484, or  
1712 chapter 651; end-stage renal disease providers authorized under  
1713 42 C.F.R. part 405, subpart U; providers certified under 42  
1714 C.F.R. part 485, subpart B or subpart H; or any entity that  
1715 provides neonatal or pediatric hospital-based health care  
1716 services by licensed practitioners solely within a hospital  
1717 under chapter 395.

1718 (d) Entities that are under common ownership, directly or  
1719 indirectly, with an entity licensed or registered by the state  
1720 pursuant to chapter 395; entities that are under common  
1721 ownership, directly or indirectly, with an entity licensed or  
1722 registered by the state and providing only health care services  
1723 within the scope of services authorized pursuant to their  
1724 respective licenses under ss. 383.30-383.332 ~~383.30-383.335~~,  
1725 chapter 390, chapter 394, chapter 397, this chapter except part

1726 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
 1727 478, ~~part I of chapter 483~~, chapter 484, or chapter 651; end-  
 1728 stage renal disease providers authorized under 42 C.F.R. part  
 1729 405, subpart U; providers certified under 42 C.F.R. part 485,  
 1730 subpart B or subpart H; or any entity that provides neonatal or  
 1731 pediatric hospital-based health care services by licensed  
 1732 practitioners solely within a hospital licensed under chapter  
 1733 395.

1734  
 1735 Notwithstanding this subsection, an entity shall be deemed a  
 1736 clinic and must be licensed under this part in order to receive  
 1737 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.  
 1738 627.730-627.7405, unless exempted under s. 627.736(5)(h).

1739 Section 58. Subsection (6) of section 400.9935, Florida  
 1740 Statutes, is amended to read:

1741 400.9935 Clinic responsibilities.—

1742 (6) Any person or entity providing health care services  
 1743 which is not a clinic, as defined under s. 400.9905, may  
 1744 voluntarily apply for a certificate of exemption from licensure  
 1745 under its exempt status with the agency on a form that sets  
 1746 forth its name or names and addresses, a statement of the  
 1747 reasons why it cannot be defined as a clinic, and other  
 1748 information deemed necessary by the agency. An exemption may be  
 1749 valid for up to 2 years and is not transferable. The agency may  
 1750 charge an applicant for a certificate of exemption in an amount

1751 equal to \$100 or the actual cost of processing the certificate,  
 1752 whichever is less. An entity seeking a certificate of exemption  
 1753 must publish and maintain a schedule of charges for the medical  
 1754 services offered to patients. The schedule must include the  
 1755 prices charged to an uninsured person paying for such services  
 1756 by cash, check, credit card, or debit card. The schedule must be  
 1757 posted in a conspicuous place in the reception area of the  
 1758 entity and must include, but is not limited to, the 50 services  
 1759 most frequently provided by the entity. The schedule may group  
 1760 services by three price levels, listing services in each price  
 1761 level. The posting must be at least 15 square feet in size. As a  
 1762 condition precedent to receiving a certificate of exemption, an  
 1763 applicant must provide to the agency documentation of compliance  
 1764 with these requirements.

1765 Section 59. Paragraph (a) of subsection (2) of section  
 1766 408.033, Florida Statutes, is amended to read:

1767 408.033 Local and state health planning.—

1768 (2) FUNDING.—

1769 (a) The Legislature intends that the cost of local health  
 1770 councils be borne by assessments on selected health care  
 1771 facilities subject to facility licensure by the Agency for  
 1772 Health Care Administration, including abortion clinics, assisted  
 1773 living facilities, ambulatory surgical centers, birth birthing  
 1774 centers, ~~clinical laboratories except community nonprofit blood~~  
 1775 ~~banks and clinical laboratories operated by practitioners for~~

1776 ~~exclusive use regulated under s. 483.035,~~ home health agencies,  
1777 hospices, hospitals, intermediate care facilities for the  
1778 developmentally disabled, nursing homes, health care clinics,  
1779 and multiphasic testing centers and by assessments on  
1780 organizations subject to certification by the agency pursuant to  
1781 chapter 641, part III, including health maintenance  
1782 organizations and prepaid health clinics. Fees assessed may be  
1783 collected prospectively at the time of licensure renewal and  
1784 prorated for the licensure period.

1785 Section 60. Paragraphs (f) through (t) of subsection (3)  
1786 of section 408.036, Florida Statutes, are redesignated as  
1787 paragraphs (e) through (s), respectively, and present paragraphs  
1788 (e) and (p) of that subsection are amended, to read:

1789 408.036 Projects subject to review; exemptions.—

1790 (3) EXEMPTIONS.—Upon request, the following projects are  
1791 subject to exemption from the provisions of subsection (1):

1792 ~~(c) For mobile surgical facilities and related health care~~  
1793 ~~services provided under contract with the Department of~~  
1794 ~~Corrections or a private correctional facility operating~~  
1795 ~~pursuant to chapter 957.~~

1796 (o) ~~(p)~~ For replacement of a licensed nursing home on the  
1797 same site, or within 5 miles of the same site if within the same  
1798 subdistrict, if the number of licensed beds does not increase  
1799 except as permitted under paragraph (e) ~~(f)~~.

1800 Section 61. Paragraph (b) of subsection (3) of section



1801 408.0361, Florida Statutes, is amended to read:

1802 408.0361 Cardiovascular services and burn unit licensure.—

1803 (3) In establishing rules for adult cardiovascular  
1804 services, the agency shall include provisions that allow for:

1805 (b)1. For a hospital seeking a Level I program,  
1806 demonstration that, for the most recent 12-month period as  
1807 reported to the agency, it has provided a minimum of 300 adult  
1808 inpatient and outpatient diagnostic cardiac catheterizations or,  
1809 for the most recent 12-month period, has discharged or  
1810 transferred at least 300 patients ~~inpatients~~ with the principal  
1811 diagnosis of ischemic heart disease and that it has a  
1812 formalized, written transfer agreement with a hospital that has  
1813 a Level II program, including written transport protocols to  
1814 ensure safe and efficient transfer of a patient within 60  
1815 minutes.

1816 2.a. A hospital located more than 100 road miles from the  
1817 closest Level II adult cardiovascular services program does not  
1818 need to meet the diagnostic cardiac catheterization volume and  
1819 ischemic heart disease diagnosis volume requirements in  
1820 subparagraph 1., if the hospital demonstrates that it has, for  
1821 the most recent 12-month period as reported to the agency,  
1822 provided a minimum of 100 adult inpatient and outpatient  
1823 diagnostic cardiac catheterizations or that, for the most recent  
1824 12-month period, it has discharged or transferred at least 300  
1825 patients with the principal diagnosis of ischemic heart disease.

1826        b. ~~However,~~ A hospital located more than 100 road miles  
1827 from the closest Level II adult cardiovascular services program  
1828 does not need to meet the 60-minute transfer time protocol  
1829 requirement in subparagraph 1., if the hospital demonstrates  
1830 that it has a formalized, written transfer agreement with a  
1831 hospital that has a Level II program. The agreement must include  
1832 written transport protocols to ensure the safe and efficient  
1833 transfer of a patient, taking into consideration the patient's  
1834 clinical and physical characteristics, road and weather  
1835 conditions, and viability of ground and air ambulance service to  
1836 transfer the patient.

1837        3. At a minimum, the rules for adult cardiovascular  
1838 services must require nursing and technical staff to have  
1839 demonstrated experience in handling acutely ill patients  
1840 requiring intervention, based on the staff member's previous  
1841 experience in dedicated cardiac interventional laboratories or  
1842 surgical centers. If a staff member's previous experience is in  
1843 a dedicated cardiac interventional laboratory at a hospital that  
1844 does not have an approved adult open-heart-surgery program, the  
1845 staff member's previous experience qualifies only if, at the  
1846 time the staff member acquired his or her experience, the  
1847 dedicated cardiac interventional laboratory:

1848            a. Had an annual volume of 500 or more percutaneous  
1849 cardiac intervention procedures;

1850            b. Achieved a demonstrated success rate of 95 percent or

1851 greater for percutaneous cardiac intervention procedures;  
 1852 c. Experienced a complication rate of less than 5 percent  
 1853 for percutaneous cardiac intervention procedures; and  
 1854 d. Performed diverse cardiac procedures, including, but  
 1855 not limited to, balloon angioplasty and stenting, rotational  
 1856 atherectomy, cutting balloon atheroma remodeling, and procedures  
 1857 relating to left ventricular support capability.

1858 Section 62. Subsection (4) of section 408.061, Florida  
 1859 Statutes, is amended to read:

1860 408.061 Data collection; uniform systems of financial  
 1861 reporting; information relating to physician charges;  
 1862 confidential information; immunity.—

1863 (4) Within 120 days after the end of its fiscal year, each  
 1864 health care facility, excluding continuing care facilities,  
 1865 hospitals operated by state agencies, and nursing homes as those  
 1866 terms are defined in s. 408.07 ~~s. 408.07(14) and (37)~~, shall  
 1867 file with the agency, on forms adopted by the agency and based  
 1868 on the uniform system of financial reporting, its actual  
 1869 financial experience for that fiscal year, including  
 1870 expenditures, revenues, and statistical measures. Such data may  
 1871 be based on internal financial reports which are certified to be  
 1872 complete and accurate by the provider. However, hospitals'  
 1873 actual financial experience shall be their audited actual  
 1874 experience. Every nursing home shall submit to the agency, in a  
 1875 format designated by the agency, a statistical profile of the

1876 nursing home residents. The agency, in conjunction with the  
 1877 Department of Elderly Affairs and the Department of Health,  
 1878 shall review these statistical profiles and develop  
 1879 recommendations for the types of residents who might more  
 1880 appropriately be placed in their homes or other noninstitutional  
 1881 settings.

1882 Section 63. Subsection (11) of section 408.07, Florida  
 1883 Statutes, is amended to read:

1884 408.07 Definitions.—As used in this chapter, with the  
 1885 exception of ss. 408.031-408.045, the term:

1886 ~~(11) "Clinical laboratory" means a facility licensed under~~  
 1887 ~~s. 483.091, excluding: any hospital laboratory defined under s.~~  
 1888 ~~483.041(6); any clinical laboratory operated by the state or a~~  
 1889 ~~political subdivision of the state; any blood or tissue bank~~  
 1890 ~~where the majority of revenues are received from the sale of~~  
 1891 ~~blood or tissue and where blood, plasma, or tissue is procured~~  
 1892 ~~from volunteer donors and donated, processed, stored, or~~  
 1893 ~~distributed on a nonprofit basis; and any clinical laboratory~~  
 1894 ~~which is wholly owned and operated by physicians who are~~  
 1895 ~~licensed pursuant to chapter 458 or chapter 459 and who practice~~  
 1896 ~~in the same group practice, and at which no clinical laboratory~~  
 1897 ~~work is performed for patients referred by any health care~~  
 1898 ~~provider who is not a member of that same group practice.~~

1899 Section 64. Subsection (4) of section 408.20, Florida  
 1900 Statutes, is amended to read:

1901           408.20 Assessments; Health Care Trust Fund.—  
 1902           (4) Hospitals operated by a state agency ~~the Department of~~  
 1903 ~~Children and Families, the Department of Health, or the~~  
 1904 ~~Department of Corrections~~ are exempt from the assessments  
 1905 required under this section.  
 1906           Section 65. Section 408.7056, Florida Statutes, is  
 1907 repealed.  
 1908           Section 66. Subsections (10), (11), and (27) of section  
 1909 408.802, Florida Statutes, are amended to read:  
 1910           408.802 Applicability.—The provisions of this part apply  
 1911 to the provision of services that require licensure as defined  
 1912 in this part and to the following entities licensed, registered,  
 1913 or certified by the agency, as described in chapters 112, 383,  
 1914 390, 394, 395, 400, 429, 440, 483, and 765:  
 1915           ~~(10) Mobile surgical facilities, as provided under part I~~  
 1916 ~~of chapter 395.~~  
 1917           ~~(11) Health care risk managers, as provided under part I~~  
 1918 ~~of chapter 395.~~  
 1919           ~~(27) Clinical laboratories, as provided under part I of~~  
 1920 ~~chapter 483.~~  
 1921           Section 67. Subsections (12) and (13) of section 408.803,  
 1922 Florida Statutes, are redesignated as subsections (13) and (14),  
 1923 respectively, and a new subsection (12) is added to that  
 1924 section, to read:  
 1925           408.803 Definitions.—As used in this part, the term:

1926           (12) "Relative" means an individual who is the father,  
 1927 mother, stepfather, stepmother, son, daughter, brother, sister,  
 1928 grandmother, grandfather, great-grandmother, great-grandfather,  
 1929 grandson, granddaughter, uncle, aunt, first cousin, nephew,  
 1930 niece, husband, wife, father-in-law, mother-in-law, son-in-law,  
 1931 daughter-in-law, brother-in-law, sister-in-law, stepson,  
 1932 stepdaughter, stepbrother, stepsister, half-brother, or half-  
 1933 sister of a patient or client.

1934           Section 68. Paragraph (c) of subsection (7) of section  
 1935 408.806, Florida Statutes, is amended, and subsection (9) is  
 1936 added to that section, to read:

1937           408.806 License application process.—

1938           (7)(c) If an inspection is required by the authorizing  
 1939 statute for a license application other than an initial  
 1940 application, the inspection must be unannounced. This paragraph  
 1941 does not apply to inspections required pursuant to ss. 383.324,  
 1942 395.0161(4) ~~and~~, 429.67(6), ~~and~~ 483.061(2).

1943           (9) A licensee that holds a license for multiple providers  
 1944 licensed by the agency may request that all related license  
 1945 expiration dates be aligned. Upon such request, the agency may  
 1946 issue a license for an abbreviated licensure period with a  
 1947 prorated licensure fee.

1948           Section 69. Paragraphs (d) and (e) of subsection (1) of  
 1949 section 408.809, Florida Statutes, are amended to read:

1950           408.809 Background screening; prohibited offenses.—

1951 (1) Level 2 background screening pursuant to chapter 435  
1952 must be conducted through the agency on each of the following  
1953 persons, who are considered employees for the purposes of  
1954 conducting screening under chapter 435:

1955 (d) Any person who is a controlling interest ~~if the agency~~  
1956 ~~has reason to believe that such person has been convicted of any~~  
1957 ~~offense prohibited by s. 435.04. For each controlling interest~~  
1958 ~~who has been convicted of any such offense, the licensee shall~~  
1959 ~~submit to the agency a description and explanation of the~~  
1960 ~~conviction at the time of license application.~~

1961 (e) Any person, as required by authorizing statutes,  
1962 seeking employment with a licensee or provider who is expected  
1963 to, or whose responsibilities may require him or her to, provide  
1964 personal care or services directly to clients or have access to  
1965 client funds, personal property, or living areas; and any  
1966 person, as required by authorizing statutes, contracting with a  
1967 licensee or provider whose responsibilities require him or her  
1968 to provide personal care or personal services directly to  
1969 clients, or contracting with a licensee or provider to work 20  
1970 hours a week or more who will have access to client funds,  
1971 personal property, or living areas. Evidence of contractor  
1972 screening may be retained by the contractor's employer or the  
1973 licensee.

1974 Section 70. Subsection (8) of section 408.810, Florida  
1975 Statutes, is amended, and subsections (11), (12), and (13) are

1976 | added to that section, to read:

1977 |       408.810 Minimum licensure requirements.—In addition to the  
 1978 | licensure requirements specified in this part, authorizing  
 1979 | statutes, and applicable rules, each applicant and licensee must  
 1980 | comply with the requirements of this section in order to obtain  
 1981 | and maintain a license.

1982 |       (8) Upon application for initial licensure or change of  
 1983 | ownership licensure, the applicant shall furnish satisfactory  
 1984 | proof of the applicant's financial ability to operate in  
 1985 | accordance with the requirements of this part, authorizing  
 1986 | statutes, and applicable rules. The agency shall establish  
 1987 | standards for this purpose, including information concerning the  
 1988 | applicant's controlling interests. The agency shall also  
 1989 | establish documentation requirements, to be completed by each  
 1990 | applicant, that show anticipated provider revenues and  
 1991 | expenditures, the basis for financing the anticipated cash-flow  
 1992 | requirements of the provider, and an applicant's access to  
 1993 | contingency financing. A current certificate of authority,  
 1994 | pursuant to chapter 651, may be provided as proof of financial  
 1995 | ability to operate. The agency may require a licensee to provide  
 1996 | proof of financial ability to operate at any time if there is  
 1997 | evidence of financial instability, including, but not limited  
 1998 | to, unpaid expenses necessary for the basic operations of the  
 1999 | provider. An applicant applying for change of ownership  
 2000 | licensure is exempt from furnishing proof of financial ability



2001 to operate if the provider has been licensed for at least 5  
 2002 years, and:

2003 (a) The ownership change is a result of a corporate  
 2004 reorganization under which the controlling interest is unchanged  
 2005 and the applicant submits organizational charts that represent  
 2006 the current and proposed structure of the reorganized  
 2007 corporation; or

2008 (b) The ownership change is due solely to the death of a  
 2009 person holding a controlling interest, and the surviving  
 2010 controlling interests continue to hold at least 51 percent of  
 2011 ownership after the change of ownership.

2012 (11) The agency may adopt rules that govern the  
 2013 circumstances under which a controlling interest, an  
 2014 administrator, an employee, or a contractor, or a representative  
 2015 thereof, who is not a relative of the client may act as an agent  
 2016 of the client in authorizing consent for medical treatment,  
 2017 assignment of benefits, and release of information. Such rules  
 2018 may include requirements related to disclosure, bonding,  
 2019 restrictions, and client protections.

2020 (12) The licensee shall ensure that no person holds any  
 2021 ownership interest, either directly or indirectly, regardless of  
 2022 ownership structure, who:

2023 (a) Has a disqualifying offense pursuant to s. 408.809; or

2024 (b) Holds or has held any ownership interest, either  
 2025 directly or indirectly, regardless of ownership structure, in a

2026 provider that had a license revoked or an application denied  
 2027 pursuant to s. 408.815.

2028 (13) If the licensee is a publicly traded corporation or  
 2029 is wholly owned, directly or indirectly, by a publicly traded  
 2030 corporation, subsection (12) does not apply to those persons  
 2031 whose sole relationship with the corporation is as a shareholder  
 2032 of publicly traded shares. As used in this subsection, a  
 2033 "publicly traded corporation" is a corporation that issues  
 2034 securities traded on an exchange registered with the United  
 2035 States Securities and Exchange Commission as a national  
 2036 securities exchange.

2037 Section 71. Section 408.812, Florida Statutes, is amended  
 2038 to read:

2039 408.812 Unlicensed activity.—

2040 (1) A person or entity may not offer or advertise services  
 2041 that require licensure as defined by this part, authorizing  
 2042 statutes, or applicable rules to the public without obtaining a  
 2043 valid license from the agency. A licenseholder may not advertise  
 2044 or hold out to the public that he or she holds a license for  
 2045 other than that for which he or she actually holds the license.

2046 (2) The operation or maintenance of an unlicensed provider  
 2047 or the performance of any services that require licensure  
 2048 without proper licensure is a violation of this part and  
 2049 authorizing statutes. Unlicensed activity constitutes harm that  
 2050 materially affects the health, safety, and welfare of clients,

2051 and constitutes abuse and neglect, as defined in s. 415.102. The  
 2052 agency or any state attorney may, in addition to other remedies  
 2053 provided in this part, bring an action for an injunction to  
 2054 restrain such violation, or to enjoin the future operation or  
 2055 maintenance of the unlicensed provider or the performance of any  
 2056 services in violation of this part and authorizing statutes,  
 2057 until compliance with this part, authorizing statutes, and  
 2058 agency rules has been demonstrated to the satisfaction of the  
 2059 agency.

2060 (3) It is unlawful for any person or entity to own,  
 2061 operate, or maintain an unlicensed provider. If after receiving  
 2062 notification from the agency, such person or entity fails to  
 2063 cease operation ~~and apply for a license under this part and~~  
 2064 ~~authorizing statutes,~~ the person or entity is ~~shall be~~ subject  
 2065 to penalties as prescribed by authorizing statutes and  
 2066 applicable rules. Each day of ~~continued~~ operation is a separate  
 2067 offense.

2068 (4) Any person or entity that fails to cease operation  
 2069 after agency notification may be fined \$1,000 for each day of  
 2070 noncompliance.

2071 (5) When a controlling interest or licensee has an  
 2072 interest in more than one provider and fails to license a  
 2073 provider rendering services that require licensure, the agency  
 2074 may revoke all licenses, ~~and~~ impose actions under s. 408.814,  
 2075 and regardless of correction, impose a fine of \$1,000 per day,

2076 unless otherwise specified by authorizing statutes, against each  
 2077 licensee until such time as the appropriate license is obtained  
 2078 or the unlicensed activity ceases ~~for the unlicensed operation.~~

2079 (6) In addition to granting injunctive relief pursuant to  
 2080 subsection (2), if the agency determines that a person or entity  
 2081 is operating or maintaining a provider without obtaining a  
 2082 license and determines that a condition exists that poses a  
 2083 threat to the health, safety, or welfare of a client of the  
 2084 provider, the person or entity is subject to the same actions  
 2085 and fines imposed against a licensee as specified in this part,  
 2086 authorizing statutes, and agency rules.

2087 (7) Any person aware of the operation of an unlicensed  
 2088 provider must report that provider to the agency.

2089 Section 72. Subsections (10), (11) and (26) of section  
 2090 408.820, Florida Statutes, are amended, and subsections (12)  
 2091 through (25) and (27) and (28) are redesignated as subsections  
 2092 (10) through (23) and (24) and (25), respectively, to read:

2093 408.820 Exemptions.—Except as prescribed in authorizing  
 2094 statutes, the following exemptions shall apply to specified  
 2095 requirements of this part:

2096 ~~(10) Mobile surgical facilities, as provided under part I~~  
 2097 ~~of chapter 395, are exempt from s. 408.810(7)-(10).~~

2098 ~~(11) Health care risk managers, as provided under part I~~  
 2099 ~~of chapter 395, are exempt from ss. 408.806(7), 408.810(4)-(10),~~  
 2100 ~~and 408.811.~~

2101 ~~(26) Clinical laboratories, as provided under part I of~~  
 2102 ~~chapter 483, are exempt from s. 408.810(5)-(10).~~

2103 Section 73. Subsection (7) of section 409.905, Florida  
 2104 Statutes, is amended to read:

2105 409.905 Mandatory Medicaid services.—The agency may make  
 2106 payments for the following services, which are required of the  
 2107 state by Title XIX of the Social Security Act, furnished by  
 2108 Medicaid providers to recipients who are determined to be  
 2109 eligible on the dates on which the services were provided. Any  
 2110 service under this section shall be provided only when medically  
 2111 necessary and in accordance with state and federal law.

2112 Mandatory services rendered by providers in mobile units to  
 2113 Medicaid recipients may be restricted by the agency. Nothing in  
 2114 this section shall be construed to prevent or limit the agency  
 2115 from adjusting fees, reimbursement rates, lengths of stay,  
 2116 number of visits, number of services, or any other adjustments  
 2117 necessary to comply with the availability of moneys and any  
 2118 limitations or directions provided for in the General  
 2119 Appropriations Act or chapter 216.

2120 (7) INDEPENDENT LABORATORY SERVICES.—The agency shall pay  
 2121 for medically necessary diagnostic laboratory procedures ordered  
 2122 by a licensed physician or other licensed practitioner of the  
 2123 healing arts which are provided for a recipient in a laboratory  
 2124 that meets the requirements for Medicare participation and is  
 2125 appropriately certified by the Centers for Medicare and Medicaid

2126 Services under the federal Clinical Laboratory Improvement  
 2127 Amendments and the federal rules adopted thereunder ~~licensed~~  
 2128 ~~under chapter 483, if required.~~

2129 Section 74. Subsection (10) of section 409.907, Florida  
 2130 Statutes, is amended to read:

2131 409.907 Medicaid provider agreements.—The agency may make  
 2132 payments for medical assistance and related services rendered to  
 2133 Medicaid recipients only to an individual or entity who has a  
 2134 provider agreement in effect with the agency, who is performing  
 2135 services or supplying goods in accordance with federal, state,  
 2136 and local law, and who agrees that no person shall, on the  
 2137 grounds of handicap, race, color, or national origin, or for any  
 2138 other reason, be subjected to discrimination under any program  
 2139 or activity for which the provider receives payment from the  
 2140 agency.

2141 (10) The agency may consider whether the provider, or any  
 2142 officer, director, agent, managing employee, or affiliated  
 2143 person, or any partner or shareholder having an ownership  
 2144 interest equal to 5 percent or greater in the provider if the  
 2145 provider is a corporation, partnership, or other business  
 2146 entity, has:

2147 (a) Made a false representation or omission of any  
 2148 material fact in making the application, including the  
 2149 submission of an application that conceals the controlling or  
 2150 ownership interest of any officer, director, agent, managing

2151 employee, affiliated person, or partner or shareholder who may  
2152 not be eligible to participate;

2153 (b) Been or is currently excluded, suspended, terminated  
2154 from, or has involuntarily withdrawn from participation in,  
2155 Florida's Medicaid program or any other state's Medicaid  
2156 program, or from participation in any other governmental or  
2157 private health care or health insurance program;

2158 ~~(c) Been convicted of a criminal offense relating to the~~  
2159 ~~delivery of any goods or services under Medicaid or Medicare or~~  
2160 ~~any other public or private health care or health insurance~~  
2161 ~~program including the performance of management or~~  
2162 ~~administrative services relating to the delivery of goods or~~  
2163 ~~services under any such program;~~

2164 ~~(d) Been convicted under federal or state law of a~~  
2165 ~~criminal offense related to the neglect or abuse of a patient in~~  
2166 ~~connection with the delivery of any health care goods or~~  
2167 ~~services;~~

2168 ~~(e) Been convicted under federal or state law of a~~  
2169 ~~criminal offense relating to the unlawful manufacture,~~  
2170 ~~distribution, prescription, or dispensing of a controlled~~  
2171 ~~substance;~~

2172 ~~(f) Been convicted of any criminal offense relating to~~  
2173 ~~fraud, theft, embezzlement, breach of fiduciary responsibility,~~  
2174 ~~or other financial misconduct;~~

2175 ~~(g) Been convicted under federal or state law of a crime~~

2176 ~~punishable by imprisonment of a year or more which involves~~  
 2177 ~~moral turpitude;~~

2178 ~~(h) Been convicted in connection with the interference or~~  
 2179 ~~obstruction of any investigation into any criminal offense~~  
 2180 ~~listed in this subsection;~~

2181 ~~(i) Been found to have violated federal or state laws,~~  
 2182 ~~rules, or regulations governing Florida's Medicaid program or~~  
 2183 ~~any other state's Medicaid program, the Medicare program, or any~~  
 2184 ~~other publicly funded federal or state health care or health~~  
 2185 ~~insurance program, and been sanctioned accordingly;~~

2186 (c)~~(j)~~ Been previously found by a licensing, certifying,  
 2187 or professional standards board or agency to have violated the  
 2188 standards or conditions relating to licensure or certification  
 2189 or the quality of services provided; or

2190 (d)~~(k)~~ Failed to pay any fine or overpayment properly  
 2191 assessed under the Medicaid program in which no appeal is  
 2192 pending or after resolution of the proceeding by stipulation or  
 2193 agreement, unless the agency has issued a specific letter of  
 2194 forgiveness or has approved a repayment schedule to which the  
 2195 provider agrees to adhere.

2196 Section 75. Subsection (6) of section 409.9116, Florida  
 2197 Statutes, is amended to read:

2198 409.9116 Disproportionate share/financial assistance  
 2199 program for rural hospitals.—In addition to the payments made  
 2200 under s. 409.911, the Agency for Health Care Administration



2201 shall administer a federally matched disproportionate share  
2202 program and a state-funded financial assistance program for  
2203 statutory rural hospitals. The agency shall make  
2204 disproportionate share payments to statutory rural hospitals  
2205 that qualify for such payments and financial assistance payments  
2206 to statutory rural hospitals that do not qualify for  
2207 disproportionate share payments. The disproportionate share  
2208 program payments shall be limited by and conform with federal  
2209 requirements. Funds shall be distributed quarterly in each  
2210 fiscal year for which an appropriation is made. Notwithstanding  
2211 the provisions of s. 409.915, counties are exempt from  
2212 contributing toward the cost of this special reimbursement for  
2213 hospitals serving a disproportionate share of low-income  
2214 patients.

2215 (6) This section applies only to hospitals that were  
2216 defined as statutory rural hospitals, or their successor-in-  
2217 interest hospital, prior to January 1, 2001. Any additional  
2218 hospital that is defined as a statutory rural hospital, or its  
2219 successor-in-interest hospital, on or after January 1, 2001, is  
2220 not eligible for programs under this section unless additional  
2221 funds are appropriated each fiscal year specifically to the  
2222 rural hospital disproportionate share and financial assistance  
2223 programs in an amount necessary to prevent any hospital, or its  
2224 successor-in-interest hospital, eligible for the programs prior  
2225 to January 1, 2001, from incurring a reduction in payments

2226 | because of the eligibility of an additional hospital to  
 2227 | participate in the programs. A hospital, or its successor-in-  
 2228 | interest hospital, which received funds pursuant to this section  
 2229 | before January 1, 2001, and which qualifies under s.  
 2230 | 395.602(2)(b) ~~s. 395.602(2)(e)~~, shall be included in the  
 2231 | programs under this section and is not required to seek  
 2232 | additional appropriations under this subsection.

2233 | Section 76. Paragraphs (a) and (b) of subsection (1) of  
 2234 | section 409.975, Florida Statutes, are amended to read:

2235 | 409.975 Managed care plan accountability.—In addition to  
 2236 | the requirements of s. 409.967, plans and providers  
 2237 | participating in the managed medical assistance program shall  
 2238 | comply with the requirements of this section.

2239 | (1) PROVIDER NETWORKS.—Managed care plans must develop and  
 2240 | maintain provider networks that meet the medical needs of their  
 2241 | enrollees in accordance with standards established pursuant to  
 2242 | s. 409.967(2)(c). Except as provided in this section, managed  
 2243 | care plans may limit the providers in their networks based on  
 2244 | credentials, quality indicators, and price.

2245 | (a) Plans must include all providers in the region that  
 2246 | are classified by the agency as essential Medicaid providers,  
 2247 | unless the agency approves, in writing, an alternative  
 2248 | arrangement for securing the types of services offered by the  
 2249 | essential providers. Providers are essential for serving  
 2250 | Medicaid enrollees if they offer services that are not available

2251 from any other provider within a reasonable access standard, or  
 2252 if they provided a substantial share of the total units of a  
 2253 particular service used by Medicaid patients within the region  
 2254 during the last 3 years and the combined capacity of other  
 2255 service providers in the region is insufficient to meet the  
 2256 total needs of the Medicaid patients. The agency may not  
 2257 classify physicians and other practitioners as essential  
 2258 providers. The agency, at a minimum, shall determine which  
 2259 providers in the following categories are essential Medicaid  
 2260 providers:

- 2261 1. Federally qualified health centers.
- 2262 2. Statutory teaching hospitals as defined in s.  
 2263 408.07(44) ~~s. 408.07(45)~~.
- 2264 3. Hospitals that are trauma centers as defined in s.  
 2265 395.4001(14).
- 2266 4. Hospitals located at least 25 miles from any other  
 2267 hospital with similar services.

2268  
 2269 Managed care plans that have not contracted with all essential  
 2270 providers in the region as of the first date of recipient  
 2271 enrollment, or with whom an essential provider has terminated  
 2272 its contract, must negotiate in good faith with such essential  
 2273 providers for 1 year or until an agreement is reached, whichever  
 2274 is first. Payments for services rendered by a nonparticipating  
 2275 essential provider shall be made at the applicable Medicaid rate

2276 as of the first day of the contract between the agency and the  
2277 plan. A rate schedule for all essential providers shall be  
2278 attached to the contract between the agency and the plan. After  
2279 1 year, managed care plans that are unable to contract with  
2280 essential providers shall notify the agency and propose an  
2281 alternative arrangement for securing the essential services for  
2282 Medicaid enrollees. The arrangement must rely on contracts with  
2283 other participating providers, regardless of whether those  
2284 providers are located within the same region as the  
2285 nonparticipating essential service provider. If the alternative  
2286 arrangement is approved by the agency, payments to  
2287 nonparticipating essential providers after the date of the  
2288 agency's approval shall equal 90 percent of the applicable  
2289 Medicaid rate. Except for payment for emergency services, if the  
2290 alternative arrangement is not approved by the agency, payment  
2291 to nonparticipating essential providers shall equal 110 percent  
2292 of the applicable Medicaid rate.

2293 (b) Certain providers are statewide resources and  
2294 essential providers for all managed care plans in all regions.  
2295 All managed care plans must include these essential providers in  
2296 their networks. Statewide essential providers include:

- 2297 1. Faculty plans of Florida medical schools.
- 2298 2. Regional perinatal intensive care centers as defined in  
2299 s. 383.16(2).
- 2300 3. Hospitals licensed as specialty children's hospitals as

2301 defined in s. 395.002(27) ~~s. 395.002(28)~~.

2302 4. Accredited and integrated systems serving medically  
2303 complex children which comprise separately licensed, but  
2304 commonly owned, health care providers delivering at least the  
2305 following services: medical group home, in-home and outpatient  
2306 nursing care and therapies, pharmacy services, durable medical  
2307 equipment, and Prescribed Pediatric Extended Care.

2308

2309 Managed care plans that have not contracted with all statewide  
2310 essential providers in all regions as of the first date of  
2311 recipient enrollment must continue to negotiate in good faith.  
2312 Payments to physicians on the faculty of nonparticipating  
2313 Florida medical schools shall be made at the applicable Medicaid  
2314 rate. Payments for services rendered by regional perinatal  
2315 intensive care centers shall be made at the applicable Medicaid  
2316 rate as of the first day of the contract between the agency and  
2317 the plan. Except for payments for emergency services, payments  
2318 to nonparticipating specialty children's hospitals shall equal  
2319 the highest rate established by contract between that provider  
2320 and any other Medicaid managed care plan.

2321 Section 77. Subsections (5) and (17) of section 429.02,  
2322 Florida Statutes, are amended to read:

2323 429.02 Definitions.—When used in this part, the term:

2324 (5) "Assisted living facility" means any building or  
2325 buildings, section or distinct part of a building, private home,

2326 | boarding home, home for the aged, or other residential facility,  
 2327 | regardless of whether operated for profit ~~or not~~, which  
 2328 | ~~undertakes~~ through its ownership or management provides to  
 2329 | ~~provide~~ housing, meals, and one or more personal services for a  
 2330 | period exceeding 24 hours to one or more adults who are not  
 2331 | relatives of the owner or administrator.

2332 | (17) "Personal services" means direct physical assistance  
 2333 | with or supervision of the activities of daily living, and the  
 2334 | self-administration of medication, or ~~and~~ other similar services  
 2335 | which the department may define by rule. The term may ~~"Personal~~  
 2336 | ~~services"~~ shall not be construed to mean the provision of  
 2337 | medical, nursing, dental, or mental health services.

2338 | Section 78. Paragraphs (b) and (d) of subsection (2) of  
 2339 | section 429.04, Florida Statutes, are amended, and subsection  
 2340 | (3) is added that section, to read:

2341 | 429.04 Facilities to be licensed; exemptions.—

2342 | (2) The following are exempt from licensure under this  
 2343 | part:

2344 | (b) Any facility or part of a facility licensed by the  
 2345 | Agency for Persons with Disabilities under chapter 393, a mental  
 2346 | health facility licensed under ~~or~~ chapter 394, a hospital  
 2347 | licensed under chapter 395, a nursing home licensed under part  
 2348 | II of chapter 400, an inpatient hospice licensed under part IV  
 2349 | of chapter 400, a home for special services licensed under part  
 2350 | V of chapter 400, an intermediate care facility licensed under

2351 part VIII of chapter 400, or a transitional living facility  
2352 licensed under part XI of chapter 400.

2353 (d) Any person who provides housing, meals, and one or  
2354 more personal services on a 24-hour basis in the person's own  
2355 home to not more than two adults who do not receive optional  
2356 state supplementation. The person who provides the housing,  
2357 meals, and personal services must own or rent the home and must  
2358 have established the home as his or her permanent residence. For  
2359 purposes of this paragraph, any person holding a homestead  
2360 exemption at an address other than that at which the person  
2361 asserts this exemption is presumed to not have established  
2362 permanent residence ~~reside therein~~. This exemption does not  
2363 apply to a person or entity that previously held a license  
2364 issued by the agency which was revoked or for which renewal was  
2365 denied by final order of the agency, or when the person or  
2366 entity voluntarily relinquished the license during agency  
2367 enforcement proceedings.

2368 (3) Upon agency investigation of unlicensed activity, any  
2369 person or entity that claims that it is exempt under this  
2370 section must provide documentation substantiating entitlement to  
2371 the exemption.

2372 Section 79. Paragraphs (b) and (d) of subsection (1) of  
2373 section 429.08, Florida Statutes, are amended to read:

2374 429.08 Unlicensed facilities; referral of person for  
2375 residency to unlicensed facility; penalties.—

2376 (1) (b) ~~Except as provided under paragraph (d),~~ Any person  
 2377 who owns, rents, or otherwise maintains a building or property  
 2378 used as ~~operates, or maintains~~ an unlicensed assisted living  
 2379 facility commits a felony of the third degree, punishable as  
 2380 provided in s. 775.082, s. 775.083, or s. 775.084. Each day of  
 2381 continued operation is a separate offense.

2382 (d) In addition to the requirements of s. 408.812, any  
 2383 person who owns, operates, or maintains an unlicensed assisted  
 2384 living facility after receiving notice from the agency ~~due to a~~  
 2385 ~~change in this part or a modification in rule within 6 months~~  
 2386 ~~after the effective date of such change and who, within 10~~  
 2387 ~~working days after receiving notification from the agency, fails~~  
 2388 ~~to cease operation or apply for a license under this part~~  
 2389 commits a felony of the third degree, punishable as provided in  
 2390 s. 775.082, s. 775.083, or s. 775.084. Each day of continued  
 2391 operation is a separate offense.

2392 Section 80. Section 429.176, Florida Statutes, is amended  
 2393 to read:

2394 429.176 Notice of change of administrator.—If, during the  
 2395 period for which a license is issued, the owner changes  
 2396 administrators, the owner must notify the agency of the change  
 2397 within 10 days and provide documentation within 90 days that the  
 2398 new administrator has completed the applicable core educational  
 2399 requirements under s. 429.52. A facility may not be operated for  
 2400 more than 120 consecutive days without an administrator who has



2401 completed the core educational requirements.

2402 Section 81. Subsection (7) of section 429.19, Florida  
 2403 Statutes, is amended to read:

2404 429.19 Violations; imposition of administrative fines;  
 2405 grounds.—

2406 (7) In addition to any administrative fines imposed, the  
 2407 agency may assess a survey fee, equal to the lesser of one half  
 2408 of the facility's biennial license and bed fee or \$500, to cover  
 2409 the cost of conducting initial complaint investigations that  
 2410 result in the finding of a violation that was the subject of the  
 2411 complaint or monitoring visits conducted ~~under s. 429.28(3)(c)~~  
 2412 to verify the correction of the violations.

2413 Section 82. Subsection (2) of section 429.24, Florida  
 2414 Statutes, is amended to read:

2415 429.24 Contracts.—

2416 (2) Each contract must contain express provisions  
 2417 specifically setting forth the services and accommodations to be  
 2418 provided by the facility; the rates or charges; provision for at  
 2419 least 30 days' written notice of a rate increase; the rights,  
 2420 duties, and obligations of the residents, other than those  
 2421 specified in s. 429.28; and other matters that the parties deem  
 2422 appropriate. A new service or accommodation added to, or  
 2423 implemented in, a resident's contract for which the resident was  
 2424 not previously charged does not require a 30-day written notice  
 2425 of a rate increase. Whenever money is deposited or advanced by a

2426 resident in a contract as security for performance of the  
 2427 contract agreement or as advance rent for other than the next  
 2428 immediate rental period:

2429 (a) Such funds shall be deposited in a banking institution  
 2430 in this state that is located, if possible, in the same  
 2431 community in which the facility is located; shall be kept  
 2432 separate from the funds and property of the facility; may not be  
 2433 represented as part of the assets of the facility on financial  
 2434 statements; and shall be used, or otherwise expended, only for  
 2435 the account of the resident.

2436 (b) The licensee shall, within 30 days of receipt of  
 2437 advance rent or a security deposit, notify the resident or  
 2438 residents in writing of the manner in which the licensee is  
 2439 holding the advance rent or security deposit and state the name  
 2440 and address of the depository where the moneys are being held.  
 2441 The licensee shall notify residents of the facility's policy on  
 2442 advance deposits.

2443 Section 83. Paragraphs (e) and (j) of subsection (1) and  
 2444 paragraphs (c), (d), and (e) of subsection (3) of section  
 2445 429.28, Florida Statutes, are amended to read:

2446 429.28 Resident bill of rights.—

2447 (1) No resident of a facility shall be deprived of any  
 2448 civil or legal rights, benefits, or privileges guaranteed by  
 2449 law, the Constitution of the State of Florida, or the  
 2450 Constitution of the United States as a resident of a facility.

2451 Every resident of a facility shall have the right to:

2452 (e) Freedom to participate in and benefit from community  
2453 services and activities and to pursue ~~achieve~~ the highest  
2454 possible level of independence, autonomy, and interaction within  
2455 the community.

2456 (j) Assistance with obtaining access to adequate and  
2457 appropriate health care. For purposes of this paragraph, the  
2458 term "adequate and appropriate health care" means the management  
2459 of medications, assistance in making appointments for health  
2460 care services, the provision of or arrangement of transportation  
2461 to health care appointments, and the performance of health care  
2462 services in accordance with s. 429.255 which are consistent with  
2463 established and recognized standards within the community.

2464 ~~(3)(c) During any calendar year in which no survey is~~  
2465 ~~conducted, the agency shall conduct at least one monitoring~~  
2466 ~~visit of each facility cited in the previous year for a class I~~  
2467 ~~or class II violation, or more than three uncorrected class III~~  
2468 ~~violations.~~

2469 ~~(d) The agency may conduct periodic followup inspections~~  
2470 ~~as necessary to monitor the compliance of facilities with a~~  
2471 ~~history of any class I, class II, or class III violations that~~  
2472 ~~threaten the health, safety, or security of residents.~~

2473 ~~(e) The agency may conduct complaint investigations as~~  
2474 ~~warranted to investigate any allegations of noncompliance with~~  
2475 ~~requirements required under this part or rules adopted under~~

2476 ~~this part.~~

2477 Section 84. Subsection (1) of section 429.294, Florida  
 2478 Statutes, is amended to read:

2479 429.294 Availability of facility records for investigation  
 2480 of resident's rights violations and defenses; penalty.—

2481 (1) Failure to provide complete copies of a resident's  
 2482 records, including, but not limited to, all medical records and  
 2483 the resident's chart, within the control or possession of the  
 2484 facility ~~within 10 days,~~ in accordance with ~~the provisions of s.~~  
 2485 400.145, shall constitute evidence of failure of that party to  
 2486 comply with good faith discovery requirements and shall waive  
 2487 the good faith certificate and presuit notice requirements under  
 2488 this part by the requesting party.

2489 Section 85. Subsection (2) of section 429.34, Florida  
 2490 Statutes, is amended to read:

2491 429.34 Right of entry and inspection.—

2492 (2)(a) In addition to the requirements of s. 408.811, the  
 2493 agency may inspect and investigate facilities as necessary to  
 2494 determine compliance with this part, part II of chapter 408, and  
 2495 rules adopted thereunder. ~~The agency shall inspect each licensed~~  
 2496 ~~assisted living facility at least once every 24 months to~~  
 2497 ~~determine compliance with this chapter and related rules. If an~~  
 2498 assisted living facility is cited for a class I violation or  
 2499 three or more class II violations arising from separate surveys  
 2500 within a 60-day period or due to unrelated circumstances during

2501 the same survey, the agency must conduct an additional licensure  
2502 inspection within 6 months.

2503 (b) During any calendar year in which a survey is not  
2504 conducted, the agency may conduct monitoring visits of each  
2505 facility cited in the previous year for a class I or class II  
2506 violation or for more than three uncorrected class III  
2507 violations.

2508 Section 86. Subsection (4) of section 429.52, Florida  
2509 Statutes, is amended to read:

2510 429.52 Staff training and educational programs; core  
2511 educational requirement.—

2512 (4) Effective January 1, 2004, a new facility  
2513 administrator must complete the required training and education,  
2514 including the competency test, within 90 days after the date of  
2515 employment ~~a reasonable time after being employed~~ as an  
2516 administrator, ~~as determined by the department~~. Failure to do so  
2517 is a violation of this part and subjects the violator to an  
2518 administrative fine as prescribed in s. 429.19. Administrators  
2519 licensed in accordance with part II of chapter 468 are exempt  
2520 from this requirement. Other licensed professionals may be  
2521 exempted, as determined by the department by rule.

2522 Section 87. Subsection (3) of section 435.04, Florida  
2523 Statutes, is amended, and subsection (4) is added to that  
2524 section, to read:

2525 435.04 Level 2 screening standards.—

2526 (3) The security background investigations under this  
2527 section must ensure that no person subject to this section has  
2528 been arrested for and is awaiting final disposition of, been  
2529 found guilty of, regardless of adjudication, or entered a plea  
2530 of nolo contendere or guilty to, any offense that constitutes  
2531 domestic violence as defined in s. 741.28, whether such act was  
2532 committed in this state or in another jurisdiction.

2533 (4) For the purpose of screening applicability to  
2534 participate in the Medicaid program, the security background  
2535 investigations under this section must ensure that a person  
2536 subject to screening under this section has not been arrested  
2537 for and is not awaiting final disposition of; has not been found  
2538 guilty of, regardless of adjudication, or entered a plea of nolo  
2539 contendere or guilty to; and has not been adjudicated delinquent  
2540 and the record sealed or expunged for, any of the following  
2541 offenses:

2542 (a) Violation of a federal law or a law in any state which  
2543 creates a criminal offense relating to:

2544 1. The delivery of any goods or services under Medicaid or  
2545 Medicare or any other public or private health care or health  
2546 insurance program, including the performance of management or  
2547 administrative services relating to the delivery of goods or  
2548 services under any such program;

2549 2. Neglect or abuse of a patient in connection with the  
2550 delivery of any health care good or service;

2551        3. Unlawful manufacture, distribution, prescription, or  
 2552 dispensing of a controlled substance;  
 2553        4. Fraud, theft, embezzlement, breach of fiduciary  
 2554 responsibility, or other financial misconduct; or  
 2555        5. Moral turpitude, if punishable by imprisonment of a  
 2556 year or more.  
 2557        6. Interference with or obstruction of an investigation  
 2558 into any criminal offense identified in this subsection.  
 2559        (b) Violation of the following state laws or laws of  
 2560 another jurisdiction:  
 2561            1. Section 817.569, criminal use of a public record or  
 2562 information contained in a public record;  
 2563            2. Section 838.016, unlawful compensation or reward for  
 2564 official behavior;  
 2565            3. Section 838.021, corruption by threat against a public  
 2566 servant;  
 2567            4. Section 838.022, official misconduct;  
 2568            5. Section 838.22, bid tampering;  
 2569            6. Section 839.13, falsifying records;  
 2570            7. Section 839.26, misuse of confidential information; or  
 2571        (c) Violation of a federal or state law, rule, or  
 2572 regulation governing the Florida Medicaid program or any other  
 2573 state Medicaid program, the Medicare program, or any other  
 2574 publicly funded federal or state health care or health insurance  
 2575 program.

2576 Section 88. Subsection (4) of section 456.001, Florida  
 2577 Statutes, is amended to read:

2578 456.001 Definitions.—As used in this chapter, the term:

2579 (4) "Health care practitioner" means any person licensed  
 2580 under chapter 457; chapter 458; chapter 459; chapter 460;  
 2581 chapter 461; chapter 462; chapter 463; chapter 464; chapter 465;  
 2582 chapter 466; chapter 467; part I, part II, part III, part V,  
 2583 part X, part XIII, or part XIV of chapter 468; chapter 478;  
 2584 chapter 480; part II or part III ~~or part IV~~ of chapter 483;  
 2585 chapter 484; chapter 486; chapter 490; or chapter 491.

2586 Section 89. Subsection (3) of section 456.054, Florida  
 2587 Statutes, is redesignated as subsection (4), and a new  
 2588 subsection (3) is added to that section, to read:

2589 456.054 Kickbacks prohibited.—

2590 (3) (a) It is unlawful for any person or any entity to pay  
 2591 or receive, directly or indirectly, a commission, bonus,  
 2592 kickback, or rebate from, or to engage in any form of a split-  
 2593 fee arrangement with, a dialysis facility, health care  
 2594 practitioner, surgeon, person, or entity for referring patients  
 2595 to a clinical laboratory as defined in s. 483.803.

2596 (b) It is unlawful for any clinical laboratory to:

2597 1. Provide personnel to perform any functions or duties in  
 2598 a health care practitioner's office or dialysis facility for any  
 2599 purpose, including for the collection or handling of specimens,  
 2600 directly or indirectly through an employee, contractor,



2601 independent staffing company, lease agreement, or otherwise,  
 2602 unless the laboratory and the practitioner's office, or dialysis  
 2603 facility, are wholly owned and operated by the same entity.

2604 2. Lease space within any part of a health care  
 2605 practitioner's office or dialysis facility for any purpose,  
 2606 including for the purpose of establishing a collection station  
 2607 where materials or specimens are collected or drawn from  
 2608 patients.

2609 Section 90. Paragraphs (h) and (i) of subsection (2) of  
 2610 section 456.057, Florida Statutes, are amended to read:

2611 456.057 Ownership and control of patient records; report  
 2612 or copies of records to be furnished; disclosure of  
 2613 information.—

2614 (2) As used in this section, the terms "records owner,"  
 2615 "health care practitioner," and "health care practitioner's  
 2616 employer" do not include any of the following persons or  
 2617 entities; furthermore, the following persons or entities are not  
 2618 authorized to acquire or own medical records, but are authorized  
 2619 under the confidentiality and disclosure requirements of this  
 2620 section to maintain those documents required by the part or  
 2621 chapter under which they are licensed or regulated:

2622 (h) Clinical laboratory personnel licensed under part II  
 2623 ~~III~~ of chapter 483.

2624 (i) Medical physicists licensed under part III ~~IV~~ of  
 2625 chapter 483.

2626 Section 91. Paragraph (j) of subsection (1) of section  
 2627 456.076, Florida Statutes, is amended to read:

2628 456.076 Impaired practitioner programs.—

2629 (1) As used in this section, the term:

2630 (j) "Practitioner" means a person licensed, registered,  
 2631 certified, or regulated by the department under part III of  
 2632 chapter 401; chapter 457; chapter 458; chapter 459; chapter 460;  
 2633 chapter 461; chapter 462; chapter 463; chapter 464; chapter 465;  
 2634 chapter 466; chapter 467; part I, part II, part III, part V,  
 2635 part X, part XIII, or part XIV of chapter 468; chapter 478;  
 2636 chapter 480; part II or part III ~~or part IV~~ of chapter 483;  
 2637 chapter 484; chapter 486; chapter 490; or chapter 491; or an  
 2638 applicant for a license, registration, or certification under  
 2639 the same laws.

2640 Section 92. Subsection (2) of section 458.307, Florida  
 2641 Statutes, is amended to read:

2642 458.307 Board of Medicine.—

2643 (2) Twelve members of the board must be licensed  
 2644 physicians in good standing in this state who are residents of  
 2645 the state and who have been engaged in the active practice or  
 2646 teaching of medicine for at least 4 years immediately preceding  
 2647 their appointment. One of the physicians must be on the full-  
 2648 time faculty of a medical school in this state, and one of the  
 2649 physicians must be in private practice and on the full-time  
 2650 staff of a statutory teaching hospital in this state as defined

2651 in s. 408.07. At least one of the physicians must be a graduate  
2652 of a foreign medical school. The remaining three members must be  
2653 residents of the state who are not, and never have been,  
2654 licensed health care practitioners. One member must be a health  
2655 care risk manager ~~licensed under s. 395.10974~~. At least one  
2656 member of the board must be 60 years of age or older.

2657 Section 93. Subsection (1) of section 458.345, Florida  
2658 Statutes, is amended to read:

2659 458.345 Registration of resident physicians, interns, and  
2660 fellows; list of hospital employees; prescribing of medicinal  
2661 drugs; penalty.—

2662 (1) Any person desiring to practice as a resident  
2663 physician, assistant resident physician, house physician,  
2664 intern, or fellow in fellowship training which leads to  
2665 subspecialty board certification in this state, or any person  
2666 desiring to practice as a resident physician, assistant resident  
2667 physician, house physician, intern, or fellow in fellowship  
2668 training in a teaching hospital in this state as defined in s.  
2669 408.07 ~~s. 408.07(45)~~ or s. 395.805(2), who does not hold a  
2670 valid, active license issued under this chapter shall apply to  
2671 the department to be registered and shall remit a fee not to  
2672 exceed \$300 as set by the board. The department shall register  
2673 any applicant the board certifies has met the following  
2674 requirements:

2675 (a) Is at least 21 years of age.

2676 (b) Has not committed any act or offense within or without  
 2677 the state which would constitute the basis for refusal to  
 2678 certify an application for licensure pursuant to s. 458.331.

2679 (c) Is a graduate of a medical school or college as  
 2680 specified in s. 458.311(1)(f).

2681 Section 94. Subsection (1) of s. 459.021, Florida  
 2682 Statutes, is amended to read:

2683 459.021 Registration of resident physicians, interns, and  
 2684 fellows; list of hospital employees; penalty.—

2685 (1) Any person who holds a degree of Doctor of Osteopathic  
 2686 Medicine from a college of osteopathic medicine recognized and  
 2687 approved by the American Osteopathic Association who desires to  
 2688 practice as a resident physician, intern, or fellow in  
 2689 fellowship training which leads to subspecialty board  
 2690 certification in this state, or any person desiring to practice  
 2691 as a resident physician, intern, or fellow in fellowship  
 2692 training in a teaching hospital in this state as defined in s.  
 2693 408.07 ~~s. 408.07(45)~~ or s. 395.805(2), who does not hold an  
 2694 active license issued under this chapter shall apply to the  
 2695 department to be registered, on an application provided by the  
 2696 department, before commencing such a training program and shall  
 2697 remit a fee not to exceed \$300 as set by the board.

2698 Section 95. Part I of chapter 483, Florida Statutes,  
 2699 consisting of sections 483.011, 483.021, 483.031, 483.035,  
 2700 483.041, 483.051, 483.061, 483.091, 483.101, 483.111, 483.172,

2701 483.181, 483.191, 483.201, 483.221, 483.23, 483.245, and 483.26,  
 2702 is repealed.

2703 Section 96. Section 483.294, Florida Statutes, is amended  
 2704 to read:

2705 483.294 Inspection of centers.—In accordance with s.  
 2706 408.811, the agency shall, ~~at least once annually,~~ inspect the  
 2707 premises and operations of all centers subject to licensure  
 2708 under this part.

2709 Section 97. Subsections (3) and (5) of section 483.801,  
 2710 Florida Statutes, are amended, and subsection (6) is added to  
 2711 that section, to read:

2712 483.801 Exemptions.—This part applies to all clinical  
 2713 laboratories and clinical laboratory personnel within this  
 2714 state, except:

2715 (3) Persons engaged in testing performed by laboratories  
 2716 that are wholly owned and operated by one or more practitioners  
 2717 licensed under chapter 458, chapter 459, chapter 460, chapter  
 2718 461, chapter 462, chapter 463, or chapter 466 who practice in  
 2719 the same group practice, and in which no clinical laboratory  
 2720 work is performed for patients referred by any health care  
 2721 provider who is not a member of that group practice ~~regulated~~  
 2722 ~~under s. 483.035(1) or exempt from regulation under s.~~  
 2723 ~~483.031(2).~~

2724 (5) Advanced registered nurse practitioners licensed under  
 2725 part I of chapter 464 who perform provider-performed microscopy

2726 | procedures (PPMP) in a ~~an exclusive-use~~ laboratory setting  
2727 | pursuant to subsection (3).

2728 | (6) Persons performing laboratory testing within a  
2729 | physician office practice for patients referred by a health care  
2730 | provider who is a member of the same physician office practice,  
2731 | if the laboratory or entity operating the laboratory within a  
2732 | physician office practice is under common ownership, directly or  
2733 | indirectly, with an entity licensed pursuant to chapter 395.

2734 | Section 98. Subsections (2), (3), and (4) of section  
2735 | 483.803, Florida Statutes, are amended to read:

2736 | 483.803 Definitions.—As used in this part, the term:

2737 | (2) "Clinical laboratory" means the physical location in  
2738 | which one or more of the following services are performed to  
2739 | provide information or materials for use in the diagnosis,  
2740 | prevention, or treatment of a disease or the identification or  
2741 | assessment of a medical or physical condition:

2742 | (a) Clinical laboratory services, which entail the  
2743 | examination of fluids or other materials taken from the human  
2744 | body.

2745 | (b) Anatomic laboratory services, which entail the  
2746 | examination of tissue taken from the human body.

2747 | (c) Cytology laboratory services, which entail the  
2748 | examination of cells from individual tissues or fluid taken from  
2749 | the human body ~~a clinical laboratory as defined in s. 483.041.~~

2750 | (3) "Clinical laboratory examination" means a procedure

2751 performed to deliver the services identified in subsection (2),  
2752 including the oversight or interpretation of such services  
2753 ~~clinical laboratory examination as defined in s. 483.041.~~

2754 (4) "Clinical laboratory personnel" includes a clinical  
2755 laboratory director, supervisor, technologist, blood gas  
2756 analyst, or technician who performs or is responsible for  
2757 laboratory test procedures, but the term does not include  
2758 trainees, persons who perform screening for blood banks or  
2759 plasmapheresis centers, phlebotomists, or persons employed by a  
2760 clinical laboratory to perform manual pretesting duties or  
2761 clerical, personnel, or other administrative responsibilities,  
2762 ~~or persons engaged in testing performed by laboratories~~  
2763 ~~regulated under s. 483.035(1) or exempt from regulation under s.~~  
2764 ~~483.031(2).~~

2765 Section 99. Section 483.813, Florida Statutes, is amended  
2766 to read:

2767 483.813 Clinical laboratory personnel license.—A person  
2768 may not conduct a clinical laboratory examination or report the  
2769 results of such examination unless such person is licensed under  
2770 this part to perform such procedures. However, this provision  
2771 does not apply to any practitioner of the healing arts  
2772 authorized to practice in this state ~~or to persons engaged in~~  
2773 ~~testing performed by laboratories regulated under s. 483.035(1)~~  
2774 ~~or exempt from regulation under s. 483.031(2).~~ The department  
2775 may grant a temporary license to any candidate it deems properly

2776 | qualified, for a period not to exceed 1 year.

2777 |       Section 100. Subsection (2) of section 483.823, Florida  
2778 | Statutes, is amended to read:

2779 |       483.823 Qualifications of clinical laboratory personnel.—

2780 |       (2) Personnel qualifications may require appropriate  
2781 | education, training, or experience or the passing of an  
2782 | examination in appropriate subjects or any combination of these,  
2783 | but a ~~ne~~ practitioner of the healing arts licensed to practice  
2784 | in this state is not required to obtain any license ~~under this~~  
2785 | ~~part~~ or to pay any fee under this part ~~hereunder except the fee~~  
2786 | ~~required for clinical laboratory licensure.~~

2787 |       Section 101. Paragraph (c) of subsection (7) and  
2788 | subsections (8) and (9) of section 491.003, Florida Statutes,  
2789 | are amended to read:

2790 |       491.003 Definitions.—As used in this chapter:

2791 |       (7) The "practice of clinical social work" is defined as  
2792 | the use of scientific and applied knowledge, theories, and  
2793 | methods for the purpose of describing, preventing, evaluating,  
2794 | and treating individual, couple, marital, family, or group  
2795 | behavior, based on the person-in-situation perspective of  
2796 | psychosocial development, normal and abnormal behavior,  
2797 | psychopathology, unconscious motivation, interpersonal  
2798 | relationships, environmental stress, differential assessment,  
2799 | differential planning, and data gathering. The purpose of such  
2800 | services is the prevention and treatment of undesired behavior



2801 and enhancement of mental health. The practice of clinical  
2802 social work includes methods of a psychological nature used to  
2803 evaluate, assess, diagnose, treat, and prevent emotional and  
2804 mental disorders and dysfunctions (whether cognitive, affective,  
2805 or behavioral), sexual dysfunction, behavioral disorders,  
2806 alcoholism, and substance abuse. The practice of clinical social  
2807 work includes, but is not limited to, psychotherapy,  
2808 hypnotherapy, and sex therapy. The practice of clinical social  
2809 work also includes counseling, behavior modification,  
2810 consultation, client-centered advocacy, crisis intervention, and  
2811 the provision of needed information and education to clients,  
2812 when using methods of a psychological nature to evaluate,  
2813 assess, diagnose, treat, and prevent emotional and mental  
2814 disorders and dysfunctions (whether cognitive, affective, or  
2815 behavioral), sexual dysfunction, behavioral disorders,  
2816 alcoholism, or substance abuse. The practice of clinical social  
2817 work may also include clinical research into more effective  
2818 psychotherapeutic modalities for the treatment and prevention of  
2819 such conditions.

2820 (c) The terms "diagnose" and "treat," as used in this  
2821 chapter, when considered in isolation or in conjunction with ~~any~~  
2822 ~~provision of~~ the rules of the board, may ~~shall~~ not be construed  
2823 to permit the performance of any act which clinical social  
2824 workers are not educated and trained to perform, including, but  
2825 not limited to, admitting persons to hospitals for treatment of

2826 | the foregoing conditions, treating persons in hospitals without  
2827 | medical supervision, prescribing medicinal drugs as defined in  
2828 | chapter 465, authorizing clinical laboratory procedures ~~pursuant~~  
2829 | ~~to chapter 483~~, or radiological procedures, or use of  
2830 | electroconvulsive therapy. In addition, this definition ~~shall~~  
2831 | may not be construed to permit any person licensed,  
2832 | provisionally licensed, registered, or certified pursuant to  
2833 | this chapter to describe or label any test, report, or procedure  
2834 | as "psychological," except to relate specifically to the  
2835 | definition of practice authorized in this subsection.

2836 |         (8) The term "practice of marriage and family therapy"  
2837 | means ~~is defined as~~ the use of scientific and applied marriage  
2838 | and family theories, methods, and procedures for the purpose of  
2839 | describing, evaluating, and modifying marital, family, and  
2840 | individual behavior, within the context of marital and family  
2841 | systems, including the context of marital formation and  
2842 | dissolution, and is based on marriage and family systems theory,  
2843 | marriage and family development, human development, normal and  
2844 | abnormal behavior, psychopathology, human sexuality,  
2845 | psychotherapeutic and marriage and family therapy theories and  
2846 | techniques. The practice of marriage and family therapy includes  
2847 | methods of a psychological nature used to evaluate, assess,  
2848 | diagnose, treat, and prevent emotional and mental disorders or  
2849 | dysfunctions (whether cognitive, affective, or behavioral),  
2850 | sexual dysfunction, behavioral disorders, alcoholism, and

2851 substance abuse. The practice of marriage and family therapy  
2852 includes, but is not limited to, marriage and family therapy,  
2853 psychotherapy, including behavioral family therapy,  
2854 hypnotherapy, and sex therapy. The practice of marriage and  
2855 family therapy also includes counseling, behavior modification,  
2856 consultation, client-centered advocacy, crisis intervention, and  
2857 the provision of needed information and education to clients,  
2858 when using methods of a psychological nature to evaluate,  
2859 assess, diagnose, treat, and prevent emotional and mental  
2860 disorders and dysfunctions (whether cognitive, affective, or  
2861 behavioral), sexual dysfunction, behavioral disorders,  
2862 alcoholism, or substance abuse. The practice of marriage and  
2863 family therapy may also include clinical research into more  
2864 effective psychotherapeutic modalities for the treatment and  
2865 prevention of such conditions.

2866 (a) Marriage and family therapy may be rendered to  
2867 individuals, including individuals affected by termination of  
2868 marriage, to couples, whether married or unmarried, to families,  
2869 or to groups.

2870 (b) The use of specific methods, techniques, or modalities  
2871 within the practice of marriage and family therapy is restricted  
2872 to marriage and family therapists appropriately trained in the  
2873 use of such methods, techniques, or modalities.

2874 (c) The terms "diagnose" and "treat," as used in this  
2875 chapter, when considered in isolation or in conjunction with ~~any~~

2876 ~~provision of~~ the rules of the board, may ~~shall~~ not be construed  
2877 to permit the performance of any act that ~~which~~ marriage and  
2878 family therapists are not educated and trained to perform,  
2879 including, but not limited to, admitting persons to hospitals  
2880 for treatment of the foregoing conditions, treating persons in  
2881 hospitals without medical supervision, prescribing medicinal  
2882 drugs as defined in chapter 465, authorizing clinical laboratory  
2883 procedures ~~pursuant to chapter 483,~~ or radiological procedures,  
2884 or the use of electroconvulsive therapy. In addition, this  
2885 definition may ~~shall~~ not be construed to permit any person  
2886 licensed, provisionally licensed, registered, or certified  
2887 pursuant to this chapter to describe or label any test, report,  
2888 or procedure as "psychological," except to relate specifically  
2889 to the definition of practice authorized in this subsection.

2890 (d) The definition of "marriage and family therapy"  
2891 contained in this subsection includes all services offered  
2892 directly to the general public or through organizations, whether  
2893 public or private, and applies whether payment is requested or  
2894 received for services rendered.

2895 (9) The term "practice of mental health counseling" means  
2896 ~~is defined as~~ the use of scientific and applied behavioral  
2897 science theories, methods, and techniques for the purpose of  
2898 describing, preventing, and treating undesired behavior and  
2899 enhancing mental health and human development and is based on  
2900 the person-in-situation perspectives derived from research and

2901 theory in personality, family, group, and organizational  
2902 dynamics and development, career planning, cultural diversity,  
2903 human growth and development, human sexuality, normal and  
2904 abnormal behavior, psychopathology, psychotherapy, and  
2905 rehabilitation. The practice of mental health counseling  
2906 includes methods of a psychological nature used to evaluate,  
2907 assess, diagnose, and treat emotional and mental dysfunctions or  
2908 disorders, (whether cognitive, affective, or behavioral),  
2909 ~~behavioral disorders,~~ interpersonal relationships, sexual  
2910 dysfunction, alcoholism, and substance abuse. The practice of  
2911 mental health counseling includes, but is not limited to,  
2912 psychotherapy, hypnotherapy, and sex therapy. The practice of  
2913 mental health counseling also includes counseling, behavior  
2914 modification, consultation, client-centered advocacy, crisis  
2915 intervention, and the provision of needed information and  
2916 education to clients, when using methods of a psychological  
2917 nature to evaluate, assess, diagnose, treat, and prevent  
2918 emotional and mental disorders and dysfunctions (whether  
2919 cognitive, affective, or behavioral), behavioral disorders,  
2920 sexual dysfunction, alcoholism, or substance abuse. The practice  
2921 of mental health counseling may also include clinical research  
2922 into more effective psychotherapeutic modalities for the  
2923 treatment and prevention of such conditions.

2924 (a) Mental health counseling may be rendered to  
2925 individuals, including individuals affected by the termination

2926 of marriage, and to couples, families, groups, organizations,  
 2927 and communities.

2928 (b) The use of specific methods, techniques, or modalities  
 2929 within the practice of mental health counseling is restricted to  
 2930 mental health counselors appropriately trained in the use of  
 2931 such methods, techniques, or modalities.

2932 (c) The terms "diagnose" and "treat," as used in this  
 2933 chapter, when considered in isolation or in conjunction with any  
 2934 provision of the rules of the board, may ~~shall~~ not be construed  
 2935 to permit the performance of any act that ~~which~~ mental health  
 2936 counselors are not educated and trained to perform, including,  
 2937 but not limited to, admitting persons to hospitals for treatment  
 2938 of the foregoing conditions, treating persons in hospitals  
 2939 without medical supervision, prescribing medicinal drugs as  
 2940 defined in chapter 465, authorizing clinical laboratory  
 2941 procedures ~~pursuant to chapter 483,~~ or radiological procedures,  
 2942 or the use of electroconvulsive therapy. In addition, this  
 2943 definition may ~~shall~~ not be construed to permit any person  
 2944 licensed, provisionally licensed, registered, or certified  
 2945 pursuant to this chapter to describe or label any test, report,  
 2946 or procedure as "psychological," except to relate specifically  
 2947 to the definition of practice authorized in this subsection.

2948 (d) The definition of "mental health counseling" contained  
 2949 in this subsection includes all services offered directly to the  
 2950 general public or through organizations, whether public or

2951 private, and applies whether payment is requested or received  
 2952 for services rendered.

2953 Section 102. Paragraph (h) of subsection (4) of section  
 2954 627.351, Florida Statutes, is amended to read:

2955 627.351 Insurance risk apportionment plans.—

2956 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT.—

2957 (h) As used in this subsection:

2958 1. "Health care provider" means hospitals licensed under  
 2959 chapter 395; physicians licensed under chapter 458; osteopathic  
 2960 physicians licensed under chapter 459; podiatric physicians  
 2961 licensed under chapter 461; dentists licensed under chapter 466;  
 2962 chiropractic physicians licensed under chapter 460; naturopaths  
 2963 licensed under chapter 462; nurses licensed under part I of  
 2964 chapter 464; midwives licensed under chapter 467; ~~clinical~~  
 2965 ~~laboratories registered under chapter 483;~~ physician assistants  
 2966 licensed under chapter 458 or chapter 459; physical therapists  
 2967 and physical therapist assistants licensed under chapter 486;  
 2968 health maintenance organizations certificated under part I of  
 2969 chapter 641; ambulatory surgical centers licensed under chapter  
 2970 395; other medical facilities as defined in subparagraph 2.;  
 2971 blood banks, plasma centers, industrial clinics, and renal  
 2972 dialysis facilities; or professional associations, partnerships,  
 2973 corporations, joint ventures, or other associations for  
 2974 professional activity by health care providers.

2975 2. "Other medical facility" means a facility the primary

2976 | purpose of which is to provide human medical diagnostic services  
2977 | or a facility providing nonsurgical human medical treatment, to  
2978 | which facility the patient is admitted and from which facility  
2979 | the patient is discharged within the same working day, and which  
2980 | facility is not part of a hospital. However, a facility existing  
2981 | for the primary purpose of performing terminations of pregnancy  
2982 | or an office maintained by a physician or dentist for the  
2983 | practice of medicine may ~~shall~~ not be construed to be an "other  
2984 | medical facility."

2985 |         3. "Health care facility" means any hospital licensed  
2986 | under chapter 395, health maintenance organization certificated  
2987 | under part I of chapter 641, ambulatory surgical center licensed  
2988 | under chapter 395, or other medical facility as defined in  
2989 | subparagraph 2.

2990 |         Section 103. Paragraph (h) of subsection (1) of section  
2991 | 627.602, Florida Statutes, is amended to read:

2992 |         627.602 Scope, format of policy.—

2993 |         (1) Each health insurance policy delivered or issued for  
2994 | delivery to any person in this state must comply with all  
2995 | applicable provisions of this code and all of the following  
2996 | requirements:

2997 |         (h) Section 641.312 and the provisions of the Employee  
2998 | Retirement Income Security Act of 1974, as implemented by 29  
2999 | C.F.R. s. 2560.503-1, relating to internal grievances. This  
3000 | paragraph does not apply ~~to a health insurance policy that is~~



3001 ~~subject to the Subscriber Assistance Program under s. 408.7056~~  
 3002 ~~or~~ to the types of benefits or coverages provided under s.  
 3003 627.6513(1)-(14) issued in any market.

3004 Section 104. Subsection (1) of section 627.6406, Florida  
 3005 Statutes, is amended to read:

3006 627.6406 Maternity care.—

3007 (1) Any policy of health insurance which ~~that~~ provides  
 3008 coverage for maternity care must also cover the services of  
 3009 certified nurse-midwives and midwives licensed pursuant to  
 3010 chapter 467, and the services of birth centers licensed under  
 3011 ss. 383.30-383.332 ~~383.30-383.335~~.

3012 Section 105. Paragraphs (b) and (e) of subsection (1) of  
 3013 section 627.64194, Florida Statutes, are amended to read:

3014 627.64194 Coverage requirements for services provided by  
 3015 nonparticipating providers; payment collection limitations.—

3016 (1) As used in this section, the term:

3017 (b) "Facility" means a licensed facility as defined in s.  
 3018 395.002(16) and an urgent care center as defined in s. 395.002  
 3019 ~~s. 395.002(30)~~.

3020 (e) "Nonparticipating provider" means a provider who is  
 3021 not a preferred provider as defined in s. 627.6471 or a provider  
 3022 who is not an exclusive provider as defined in s. 627.6472. For  
 3023 purposes of covered emergency services under this section, a  
 3024 facility licensed under chapter 395 or an urgent care center  
 3025 defined in s. 395.002 ~~s. 395.002(30)~~ is a nonparticipating

3026 provider if the facility has not contracted with an insurer to  
3027 provide emergency services to its insureds at a specified rate.

3028 Section 106. Section 627.6513, Florida Statutes, is  
3029 amended to read:

3030 627.6513 Scope.—Section 641.312 and the provisions of the  
3031 Employee Retirement Income Security Act of 1974, as implemented  
3032 by 29 C.F.R. s. 2560.503-1, relating to internal grievances,  
3033 apply to all group health insurance policies issued under this  
3034 part. This section does not apply to ~~a group health insurance~~  
3035 ~~policy that is subject to the Subscriber Assistance Program in~~  
3036 ~~s. 408.7056 or to:~~

3037 (1) Coverage only for accident insurance, or disability  
3038 income insurance, or any combination thereof.

3039 (2) Coverage issued as a supplement to liability  
3040 insurance.

3041 (3) Liability insurance, including general liability  
3042 insurance and automobile liability insurance.

3043 (4) Workers' compensation or similar insurance.

3044 (5) Automobile medical payment insurance.

3045 (6) Credit-only insurance.

3046 (7) Coverage for onsite medical clinics, including prepaid  
3047 health clinics under part II of chapter 641.

3048 (8) Other similar insurance coverage, specified in rules  
3049 adopted by the commission, under which benefits for medical care  
3050 are secondary or incidental to other insurance benefits. To the

3051 extent possible, such rules must be consistent with regulations  
 3052 adopted by the United States Department of Health and Human  
 3053 Services.

3054 (9) Limited scope dental or vision benefits, if offered  
 3055 separately.

3056 (10) Benefits for long-term care, nursing home care, home  
 3057 health care, or community-based care, or any combination  
 3058 thereof, if offered separately.

3059 (11) Other similar, limited benefits, if offered  
 3060 separately, as specified in rules adopted by the commission.

3061 (12) Coverage only for a specified disease or illness, if  
 3062 offered as independent, noncoordinated benefits.

3063 (13) Hospital indemnity or other fixed indemnity  
 3064 insurance, if offered as independent, noncoordinated benefits.

3065 (14) Benefits provided through a Medicare supplemental  
 3066 health insurance policy, as defined under s. 1882(g)(1) of the  
 3067 Social Security Act, coverage supplemental to the coverage  
 3068 provided under 10 U.S.C. chapter 55, and similar supplemental  
 3069 coverage provided to coverage under a group health plan, which  
 3070 are offered as a separate insurance policy and as independent,  
 3071 noncoordinated benefits.

3072 Section 107. Subsection (1) of section 627.6574, Florida  
 3073 Statutes, is amended to read:

3074 627.6574 Maternity care.—

3075 (1) Any group, blanket, or franchise policy of health

3076 insurance which ~~that~~ provides coverage for maternity care must  
 3077 also cover the services of certified nurse-midwives and midwives  
 3078 licensed pursuant to chapter 467, and the services of birth  
 3079 centers licensed under ss. 383.30-383.332 ~~383.30-383.335~~.

3080 Section 108. Paragraph (j) of subsection (1) of section  
 3081 641.185, Florida Statutes, is amended to read:

3082 641.185 Health maintenance organization subscriber  
 3083 protections.-

3084 (1) With respect to the provisions of this part and part  
 3085 III, the principles expressed in the following statements ~~shall~~  
 3086 serve as standards to be followed by the commission, the office,  
 3087 the department, and the Agency for Health Care Administration in  
 3088 exercising their powers and duties, in exercising administrative  
 3089 discretion, in administrative interpretations of the law, in  
 3090 enforcing its provisions, and in adopting rules:

3091 ~~(j) A health maintenance organization should receive~~  
 3092 ~~timely and, if necessary, urgent review by an independent state~~  
 3093 ~~external review organization for unresolved grievances and~~  
 3094 ~~appeals pursuant to s. 408.7056.~~

3095 Section 109. Paragraph (a) of subsection (18) of section  
 3096 641.31, Florida Statutes, is amended to read:

3097 641.31 Health maintenance contracts.-

3098 (18) (a) Health maintenance contracts that provide  
 3099 coverage, benefits, or services for maternity care must provide,  
 3100 as an option to the subscriber, the services of nurse-midwives

3101 and midwives licensed pursuant to chapter 467, and the services  
 3102 of birth centers licensed pursuant to ss. 383.30-383.332 ~~383.30-~~  
 3103 ~~383.335~~, if such services are available within the service area.

3104 Section 110. Section 641.312, Florida Statutes, is amended  
 3105 to read:

3106 641.312 Scope.—The Office of Insurance Regulation may  
 3107 adopt rules to administer ~~the provisions of~~ the National  
 3108 Association of Insurance Commissioners' Uniform Health Carrier  
 3109 External Review Model Act, issued by the National Association of  
 3110 Insurance Commissioners and dated April 2010. This section does  
 3111 not apply to ~~a health maintenance contract that is subject to~~  
 3112 ~~the Subscriber Assistance Program under s. 408.7056 or to the~~  
 3113 types of benefits or coverages provided under s. 627.6513(1)-  
 3114 (14) issued in any market.

3115 Section 111. Subsection (4) of section 641.3154, Florida  
 3116 Statutes, is amended to read:

3117 641.3154 Organization liability; provider billing  
 3118 prohibited.—

3119 (4) A provider or any representative of a provider,  
 3120 regardless of whether the provider is under contract with the  
 3121 health maintenance organization, may not collect or attempt to  
 3122 collect money from, maintain any action at law against, or  
 3123 report to a credit agency a subscriber of an organization for  
 3124 payment of services for which the organization is liable, if the  
 3125 provider in good faith knows or should know that the

3126 organization is liable. This prohibition applies during the  
 3127 pendency of any claim for payment made by the provider to the  
 3128 organization for payment of the services and any legal  
 3129 proceedings or dispute resolution process to determine whether  
 3130 the organization is liable for the services if the provider is  
 3131 informed that such proceedings are taking place. It is presumed  
 3132 that a provider does not know and should not know that an  
 3133 organization is liable unless:

3134 (a) The provider is informed by the organization that it  
 3135 accepts liability;

3136 (b) A court of competent jurisdiction determines that the  
 3137 organization is liable; or

3138 ~~(c) The office or agency makes a final determination that~~  
 3139 ~~the organization is required to pay for such services subsequent~~  
 3140 ~~to a recommendation made by the Subscriber Assistance Panel~~  
 3141 ~~pursuant to s. 408.7056; or~~

3142 (c) ~~(d)~~ The agency issues a final order that the  
 3143 organization is required to pay for such services subsequent to  
 3144 a recommendation made by a resolution organization pursuant to  
 3145 s. 408.7057.

3146 Section 112. Paragraph (c) of subsection (5) of section  
 3147 641.51, Florida Statutes, is amended to read:

3148 641.51 Quality assurance program; second medical opinion  
 3149 requirement.—

3150 (5) (c) For second opinions provided by contract physicians

3151 the organization is prohibited from charging a fee to the  
3152 subscriber in an amount in excess of the subscriber fees  
3153 established by contract for referral contract physicians. The  
3154 organization shall pay the amount of all charges, which are  
3155 usual, reasonable, and customary in the community, for second  
3156 opinion services performed by a physician not under contract  
3157 with the organization, but may require the subscriber to be  
3158 responsible for up to 40 percent of such amount. The  
3159 organization may require that any tests deemed necessary by a  
3160 noncontract physician shall be conducted by the organization.  
3161 The organization may deny reimbursement rights granted under  
3162 this section in the event the subscriber seeks in excess of  
3163 three such referrals per year if such subsequent referral costs  
3164 are deemed by the organization to be evidence that the  
3165 subscriber has unreasonably overutilized the second opinion  
3166 privilege. A subscriber ~~thus~~ denied reimbursement under this  
3167 section has ~~shall have~~ recourse to grievance procedures as  
3168 specified in ss. ~~408.7056,~~ 641.495, and 641.511. The  
3169 organization's physician's professional judgment concerning the  
3170 treatment of a subscriber derived after review of a second  
3171 opinion is ~~shall be~~ controlling as to the treatment obligations  
3172 of the health maintenance organization. Treatment not authorized  
3173 by the health maintenance organization is ~~shall be~~ at the  
3174 subscriber's expense.

3175 Section 113. Subsection (1), paragraph (e) of subsection

3176 (3), paragraph (d) of subsection (4), paragraphs (g) and (h) of  
 3177 subsection (6), and subsections (7) through (12) of section  
 3178 641.511, Florida Statutes, are amended to read:

3179 641.511 Subscriber grievance reporting and resolution  
 3180 requirements.—

3181 (1) Every organization must have a grievance procedure  
 3182 available to its subscribers for the purpose of addressing  
 3183 complaints and grievances. Every organization must notify its  
 3184 subscribers that a subscriber must submit a grievance within 1  
 3185 year after the date of occurrence of the action that initiated  
 3186 the grievance, ~~and may submit the grievance for review to the~~  
 3187 ~~Subscriber Assistance Program panel as provided in s. 408.7056~~  
 3188 ~~after receiving a final disposition of the grievance through the~~  
 3189 ~~organization's grievance process.~~ An organization shall maintain  
 3190 records of all grievances and shall report annually to the  
 3191 agency the total number of grievances handled, a categorization  
 3192 of the cases underlying the grievances, and the final  
 3193 disposition of the grievances.

3194 (3) Each organization's grievance procedure, as required  
 3195 under subsection (1), must include, at a minimum:

3196 (e) A notice that a subscriber may voluntarily pursue  
 3197 binding arbitration in accordance with the terms of the contract  
 3198 if offered by the organization, after completing the  
 3199 organization's grievance procedure ~~and as an alternative to the~~  
 3200 ~~Subscriber Assistance Program.~~ Such notice shall include an



3201 explanation that the subscriber may incur some costs if the  
3202 subscriber pursues binding arbitration, depending upon the terms  
3203 of the subscriber's contract.

3204 ~~(4) (d) In any case when the review process does not~~  
3205 ~~resolve a difference of opinion between the organization and the~~  
3206 ~~subscriber or the provider acting on behalf of the subscriber,~~  
3207 ~~the subscriber or the provider acting on behalf of the~~  
3208 ~~subscriber may submit a written grievance to the Subscriber~~  
3209 ~~Assistance Program.~~

3210 ~~(6) (g) In any case when the expedited review process does~~  
3211 ~~not resolve a difference of opinion between the organization and~~  
3212 ~~the subscriber or the provider acting on behalf of the~~  
3213 ~~subscriber, the subscriber or the provider acting on behalf of~~  
3214 ~~the subscriber may submit a written grievance to the Subscriber~~  
3215 ~~Assistance Program.~~

3216 (g) (h) An organization shall not provide an expedited  
3217 retrospective review of an adverse determination.

3218 ~~(7) Each organization shall send to the agency a copy of~~  
3219 ~~its quarterly grievance reports submitted to the office pursuant~~  
3220 ~~to s. 408.7056(12).~~

3221 (7) (8) The agency shall investigate all reports of  
3222 unresolved quality of care grievances received from:

3223 ~~(a)~~ annual and quarterly grievance reports submitted by  
3224 the organization to the office.

3225 ~~(b) Review requests of subscribers whose grievances remain~~

3226 ~~unresolved after the subscriber has followed the full grievance~~  
3227 ~~procedure of the organization.~~

3228 ~~(9) (a) The agency shall advise subscribers with grievances~~  
3229 ~~to follow their organization's formal grievance process for~~  
3230 ~~resolution prior to review by the Subscriber Assistance Program.~~  
3231 ~~The subscriber may, however, submit a copy of the grievance to~~  
3232 ~~the agency at any time during the process.~~

3233 ~~(b) Requiring completion of the organization's grievance~~  
3234 ~~process before the Subscriber Assistance Program panel's review~~  
3235 ~~does not preclude the agency from investigating any complaint or~~  
3236 ~~grievance before the organization makes its final determination.~~

3237 ~~(10) Each organization must notify the subscriber in a~~  
3238 ~~final decision letter that the subscriber may request review of~~  
3239 ~~the organization's decision concerning the grievance by the~~  
3240 ~~Subscriber Assistance Program, as provided in s. 408.7056, if~~  
3241 ~~the grievance is not resolved to the satisfaction of the~~  
3242 ~~subscriber. The final decision letter must inform the subscriber~~  
3243 ~~that the request for review must be made within 365 days after~~  
3244 ~~receipt of the final decision letter, must explain how to~~  
3245 ~~initiate such a review, and must include the addresses and toll-~~  
3246 ~~free telephone numbers of the agency and the Subscriber~~  
3247 ~~Assistance Program.~~

3248 (8) ~~(11)~~ Each organization, as part of its contract with  
3249 any provider, must require the provider to post a consumer  
3250 assistance notice prominently displayed in the reception area of

3251 the provider and clearly noticeable by all patients. The  
3252 consumer assistance notice must state the addresses and toll-  
3253 free telephone numbers of the Agency for Health Care  
3254 Administration, ~~the Subscriber Assistance Program,~~ and the  
3255 Department of Financial Services. The consumer assistance notice  
3256 must also clearly state that the address and toll-free telephone  
3257 number of the organization's grievance department shall be  
3258 provided upon request. The agency may adopt rules to implement  
3259 this section.

3260 (9)~~(12)~~ The agency may impose administrative sanction, in  
3261 accordance with s. 641.52, against an organization for  
3262 noncompliance with this section.

3263 Section 114. Subsection (1) of section 641.515, Florida  
3264 Statutes, is amended to read:

3265 641.515 Investigation by the agency.—

3266 (1) The agency shall investigate further any quality of  
3267 care issue contained in recommendations and reports submitted  
3268 pursuant to s. ss. 408.7056 and 641.511. The agency shall also  
3269 investigate further any information that indicates that the  
3270 organization does not meet accreditation standards or the  
3271 standards of the review organization performing the external  
3272 quality assurance assessment pursuant to reports submitted under  
3273 s. 641.512. Every organization shall submit its books and  
3274 records and take other appropriate action as may be necessary to  
3275 facilitate an examination. The agency shall have access to the

3276 organization's medical records of individuals and records of  
 3277 employed and contracted physicians, with the consent of the  
 3278 subscriber or by court order, as necessary to administer ~~carry~~  
 3279 ~~out the provisions of~~ this part.

3280 Section 115. Subsection (2) of section 641.55, Florida  
 3281 Statutes, is amended to read:

3282 641.55 Internal risk management program.—

3283 (2) The risk management program shall be the  
 3284 responsibility of the governing authority or board of the  
 3285 organization. Every organization which has an annual premium  
 3286 volume of \$10 million or more and which directly provides health  
 3287 care in a building owned or leased by the organization shall  
 3288 hire a risk manager, ~~certified under ss. 395.10971-395.10975,~~  
 3289 who is ~~shall be~~ responsible for implementation of the  
 3290 organization's risk management program required by this section.  
 3291 A part-time risk manager may ~~shall~~ not be responsible for risk  
 3292 management programs in more than four organizations or  
 3293 facilities. Every organization that ~~which~~ does not directly  
 3294 provide health care in a building owned or leased by the  
 3295 organization and every organization with an annual premium  
 3296 volume of less than \$10 million shall designate an officer or  
 3297 employee of the organization to serve as the risk manager.

3298  
 3299 The gross data compiled under this section or s. 395.0197 shall  
 3300 be furnished by the agency upon request to organizations to be

3301 utilized for risk management purposes. The agency shall adopt  
 3302 rules necessary to administer ~~carry out the provisions of this~~  
 3303 section.

3304 Section 116. Section 641.60, Florida Statutes, is  
 3305 repealed.

3306 Section 117. Section 641.65, Florida Statutes, is  
 3307 repealed.

3308 Section 118. Section 641.67, Florida Statutes, is  
 3309 repealed.

3310 Section 119. Section 641.68, Florida Statutes, is  
 3311 repealed.

3312 Section 120. Section 641.70, Florida Statutes, is  
 3313 repealed.

3314 Section 121. Section 641.75, Florida Statutes, is  
 3315 repealed.

3316 Section 122. Paragraph (b) of subsection (6) of section  
 3317 766.118, Florida Statutes, is amended to read:

3318 766.118 Determination of noneconomic damages.—

3319 (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF A  
 3320 PRACTITIONER PROVIDING SERVICES AND CARE TO A MEDICAID  
 3321 RECIPIENT.—Notwithstanding subsections (2), (3), and (5), with  
 3322 respect to a cause of action for personal injury or wrongful  
 3323 death arising from medical negligence of a practitioner  
 3324 committed in the course of providing medical services and  
 3325 medical care to a Medicaid recipient, regardless of the number

3326 of such practitioner defendants providing the services and care,  
 3327 noneconomic damages may not exceed \$300,000 per claimant, unless  
 3328 the claimant pleads and proves, by clear and convincing  
 3329 evidence, that the practitioner acted in a wrongful manner. A  
 3330 practitioner providing medical services and medical care to a  
 3331 Medicaid recipient is not liable for more than \$200,000 in  
 3332 noneconomic damages, regardless of the number of claimants,  
 3333 unless the claimant pleads and proves, by clear and convincing  
 3334 evidence, that the practitioner acted in a wrongful manner. The  
 3335 fact that a claimant proves that a practitioner acted in a  
 3336 wrongful manner does not preclude the application of the  
 3337 limitation on noneconomic damages prescribed elsewhere in this  
 3338 section. For purposes of this subsection:

3339 (b) The term "practitioner," in addition to the meaning  
 3340 prescribed in subsection (1), includes any hospital or  
 3341 ambulatory surgical center, ~~or mobile surgical facility~~ as  
 3342 defined and licensed under chapter 395.

3343 Section 123. Subsection (4) of section 766.202, Florida  
 3344 Statutes, is amended to read:

3345 766.202 Definitions; ss. 766.201-766.212.—As used in ss.  
 3346 766.201-766.212, the term:

3347 (4) "Health care provider" means any hospital or  
 3348 ambulatory surgical center, ~~or mobile surgical facility~~ as  
 3349 defined and licensed under chapter 395; a birth center licensed  
 3350 under chapter 383; any person licensed under chapter 458,

3351 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,  
3352 part I of chapter 464, chapter 466, chapter 467, part XIV of  
3353 chapter 468, or chapter 486; ~~a clinical lab licensed under~~  
3354 ~~chapter 483~~; a health maintenance organization certificated  
3355 under part I of chapter 641; a blood bank; a plasma center; an  
3356 industrial clinic; a renal dialysis facility; or a professional  
3357 association partnership, corporation, joint venture, or other  
3358 association for professional activity by health care providers.

3359 Section 124. Section 945.36, Florida Statutes, is amended  
3360 to read:

3361 945.36 ~~Exemption from health testing regulations for Law~~  
3362 enforcement personnel authorized to conduct ~~conducting~~ drug  
3363 tests on inmates and releasees.-

3364 (1) Any law enforcement officer, state or county probation  
3365 officer, employee of the Department of Corrections, or employee  
3366 of a contracted community correctional center who is certified  
3367 by the Department of Corrections pursuant to subsection (2) may  
3368 administer, ~~is exempt from part I of chapter 483, for the~~  
3369 ~~limited purpose of administering~~ a urine screen drug test to:

3370 (a) Persons during incarceration;

3371 (b) Persons released as a condition of probation for  
3372 either a felony or misdemeanor;

3373 (c) Persons released as a condition of community control;

3374 (d) Persons released as a condition of conditional  
3375 release;

3376 (e) Persons released as a condition of parole;  
 3377 (f) Persons released as a condition of provisional  
 3378 release;  
 3379 (g) Persons released as a condition of pretrial release;  
 3380 or  
 3381 (h) Persons released as a condition of control release.  
 3382 (2) The Department of Corrections shall develop a  
 3383 procedure for certification of any law enforcement officer,  
 3384 state or county probation officer, employee of the Department of  
 3385 Corrections, or employee of a contracted community correctional  
 3386 center to perform a urine screen drug test on the persons  
 3387 specified in subsection (1).  
 3388 Section 125. Paragraph (b) of subsection (2) of section  
 3389 1009.65, Florida Statutes, is amended to read:  
 3390 1009.65 Medical Education Reimbursement and Loan Repayment  
 3391 Program.—  
 3392 (2) From the funds available, the Department of Health  
 3393 shall make payments to selected medical professionals as  
 3394 follows:  
 3395 (b) All payments are ~~shall be~~ contingent on continued  
 3396 proof of primary care practice in an area defined in s.  
 3397 395.602(2)(b) ~~s. 395.602(2)(e)~~, or an underserved area  
 3398 designated by the Department of Health, provided the  
 3399 practitioner accepts Medicaid reimbursement if eligible for such  
 3400 reimbursement. Correctional facilities, state hospitals, and



3401 other state institutions that employ medical personnel shall be  
 3402 designated by the Department of Health as underserved locations.  
 3403 Locations with high incidences of infant mortality, high  
 3404 morbidity, or low Medicaid participation by health care  
 3405 professionals may be designated as underserved.

3406 Section 126. Subsection (2) of section 1011.52, Florida  
 3407 Statutes, is amended to read:

3408 1011.52 Appropriation to first accredited medical school.-

3409 (2) In order for a medical school to qualify under ~~the~~  
 3410 ~~provisions of~~ this section and to be entitled to the benefits  
 3411 herein, such medical school:

3412 (a) Must be primarily operated and established to offer,  
 3413 afford, and render a medical education to residents of the state  
 3414 qualifying for admission to such institution;

3415 (b) Must be operated by a municipality or county of this  
 3416 state, or by a nonprofit organization heretofore or hereafter  
 3417 established exclusively for educational purposes;

3418 (c) Must, upon the formation and establishment of an  
 3419 accredited medical school, transmit and file with the Department  
 3420 of Education documentary proof evidencing the facts that such  
 3421 institution has been certified and approved by the council on  
 3422 medical education and hospitals of the American Medical  
 3423 Association and has adequately met the requirements of that  
 3424 council in regard to its administrative facilities,  
 3425 administrative plant, clinical facilities, curriculum, and all

3426 other such requirements as may be necessary to qualify with the  
3427 council as a recognized, approved, and accredited medical  
3428 school;

3429 (d) Must certify to the Department of Education the name,  
3430 address, and educational history of each student approved and  
3431 accepted for enrollment in such institution for the ensuing  
3432 school year; and

3433 (e) Must have in place an operating agreement with a  
3434 government-owned hospital that is located in the same county as  
3435 the medical school and that is a statutory teaching hospital as  
3436 defined in s. 408.07(44) ~~s. 408.07(45)~~. The operating agreement  
3437 must ~~shall~~ provide for the medical school to maintain the same  
3438 level of affiliation with the hospital, including the level of  
3439 services to indigent and charity care patients served by the  
3440 hospital, which was in place in the prior fiscal year. Each  
3441 year, documentation demonstrating that an operating agreement is  
3442 in effect shall be submitted jointly to the Department of  
3443 Education by the hospital and the medical school prior to the  
3444 payment of moneys from the annual appropriation.

3445 Section 127. This act shall take effect July 1, 2018.