

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 testing;  
25          requiring specifications to be included in the

26 criteria; defining the term "alternate-site testing";  
27 amending ss. 395.0161 and 395.0163, F.S.; deleting  
28 licensure and inspection requirements for mobile  
29 surgical facilities, to conform to changes made by the  
30 act; amending s. 395.0197, F.S.; requiring the manager  
31 of a hospital or ambulatory surgical center internal  
32 risk management program to demonstrate competence in  
33 specified administrative and health care service  
34 areas; conforming provisions to changes made by the  
35 act; repealing s. 395.1046, F.S., relating to hospital  
36 complaint investigation procedures; amending s.  
37 395.1055, 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; requiring the agency to adopt rules  
44 establishing standards for pediatric cardiac  
45 catheterization and pediatric cardiovascular surgery  
46 programs located in licensed hospitals; providing  
47 requirements for such programs; establishing minimum  
48 standards for rules for such pediatric cardiac  
49 programs; requiring hospitals with pediatric cardiac  
50 programs to participate in the clinical outcome

51 reporting systems; revising duties and membership of  
52 the pediatric cardiac technical advisory panel;  
53 requiring the panel to submit an annual report to the  
54 Governor, Legislature, Secretary of Health  
55 Administration, and State Surgeon General; repealing  
56 ss. 395.10971 and 395.10972, F.S., relating to the  
57 purpose and the establishment of the Health Care Risk  
58 Manager Advisory Council, respectively; amending s.  
59 395.10973, F.S.; removing requirements relating to  
60 agency standards for health care risk managers, to  
61 conform provisions to changes made by the act;  
62 repealing s. 395.10974, F.S., relating to licensure of  
63 health care risk managers, qualifications, licensure,  
64 and fees; repealing s. 395.10975, F.S., relating to  
65 grounds for denial, suspension, or revocation of a  
66 health care risk manager's license and an  
67 administrative fine; amending s. 395.602, F.S.;  
68 deleting definitions of the terms "emergency care  
69 hospital," "essential access community hospital,"  
70 "inactive rural hospital bed," and "rural primary care  
71 hospital"; amending s. 395.603, F.S.; deleting  
72 provisions relating to deactivation of general  
73 hospital beds by certain rural and emergency care  
74 hospitals; repealing s. 395.604, F.S., relating to  
75 other rural hospital programs; repealing s. 395.605,

76 F.S., relating to emergency care hospitals; amending  
77 s. 395.701, F.S.; revising the definition of the term  
78 "hospital" to exclude hospitals operated by a state  
79 agency; amending s. 400.191, F.S.; removing the 30-  
80 month reporting timeframe for the Nursing Home Guide;  
81 amending s. 400.464, F.S.; requiring that a license  
82 issued to a home health agency on or after a specified  
83 date specify the services the organization is  
84 authorized to perform and whether the services  
85 constitute skilled care; providing that the provision  
86 or advertising of certain services constitutes  
87 unlicensed activity under certain circumstances;  
88 authorizing certain persons, entities, or  
89 organizations providing home health services to  
90 voluntarily apply for a certificate of exemption from  
91 licensure by providing certain information to the  
92 agency; providing that the certificate is valid for a  
93 specified time and is nontransferable; authorizing the  
94 agency to charge a fee for the certificate; amending  
95 s. 400.471, F.S.; revising home health agency  
96 licensure requirements; providing requirements for  
97 proof of accreditation for home health agencies  
98 applying for change of ownership or the addition of  
99 skilled care services; removing a provision  
100 prohibiting the agency from issuing a license to a

101 home health agency that fails to satisfy the  
102 requirements of a Medicare certification survey from  
103 the agency; amending s. 400.474, F.S.; revising  
104 conditions for the imposition of a fine against a home  
105 health agency; amending s. 400.476, F.S.; requiring a  
106 home health agency providing skilled nursing care to  
107 have a director of nursing; amending s. 400.484, F.S.;  
108 imposing administrative fines on home health agencies  
109 for specified classes of violations; amending s.  
110 400.497, F.S.; requiring the agency to adopt, publish,  
111 and enforce rules establishing standards for  
112 certificates of exemption; amending s. 400.506, F.S.;  
113 specifying a criminal penalty for any person who owns,  
114 operates, or maintains an unlicensed nurse registry  
115 that fails to cease operation immediately and apply  
116 for a license after notification from the agency;  
117 specifying that a certain caregiver who is an  
118 independent contractor is not an employee of a nurse  
119 registry under any chapter; revising provisions  
120 authorizing the agency to impose a fine on a nurse  
121 registry that fails to cease operation after agency  
122 notification; revising circumstances under which the  
123 agency is authorized to deny, suspend, or revoke a  
124 license or impose a fine on a nurse registry;  
125 prohibiting a nurse registry from monitoring,

126 supervising, managing, or training a certain caregiver  
127 who is an independent contractor; amending s. 400.606,  
128 F.S.; removing a requirement that an existing licensed  
129 health care provider's hospice licensure application  
130 be accompanied by a copy of the most recent profit-  
131 loss statement and licensure inspection report;  
132 amending s. 400.925, F.S.; revising the definition of  
133 the term "home medical equipment"; amending s.  
134 400.931, F.S.; requiring a home medical equipment  
135 provider to notify the agency of certain personnel  
136 changes within a specified timeframe; amending s.  
137 400.933, F.S.; requiring the agency to accept the  
138 submission of a valid medical oxygen retail  
139 establishment permit issued by the Department of  
140 Business and Professional Regulation in lieu of an  
141 agency inspection for licensure; amending s. 400.980,  
142 F.S.; revising the timeframe within which a health  
143 care services pool registrant must provide the agency  
144 with certain changes of information; amending s.  
145 400.9935, F.S.; authorizing a voluntary certificate of  
146 exemption to be valid for up to 2 years; amending s.  
147 408.032, F.S.; revising the definition of the term  
148 "tertiary health service" to exclude bone marrow  
149 transplantation at certain hospitals; amending s.  
150 408.036, F.S.; removing exemptions from certificate-

151 of-need review for adult open-heart services; amending  
152 s. 408.0361, F.S.; providing an exception for a  
153 hospital to become a Level I Adult Cardiovascular  
154 provider if certain requirements are met; amending s.  
155 408.05, F.S.; requiring the agency to contract with  
156 the Society of Thoracic Surgeons and the American  
157 College of Cardiology for collection of certain data  
158 for publication on the agency's website for certain  
159 purposes; amending s. 408.061, F.S.; excluding  
160 hospitals operated by state agencies from certain  
161 financial reporting requirements; conforming a cross-  
162 reference; amending s. 408.07, F.S.; deleting the  
163 definition of the term "clinical laboratory"; amending  
164 s. 408.20, F.S.; exempting hospitals operated by any  
165 state agency from assessments against the Health Care  
166 Trust Fund to fund certain agency activities;  
167 repealing s. 408.7056, F.S., relating to the  
168 Subscriber Assistance Program; amending s. 408.803,  
169 F.S.; defining the term "relative" for purposes of the  
170 Health Care Licensing Procedures Act; amending s.  
171 408.806, F.S.; authorizing licensees who hold licenses  
172 for multiple providers to request that the agency  
173 align related license expiration dates; authorizing  
174 the agency to issue licenses for an abbreviated  
175 licensure period and to charge a prorated licensure

176 fee; amending s. 408.809, F.S.; expanding the scope of  
177 persons subject to a level 2 background screening to  
178 include any employee of a licensee who is a  
179 controlling interest and certain part-time  
180 contractors; amending s. 408.810, F.S.; providing that  
181 an applicant for change of ownership licensure is  
182 exempt from furnishing proof of financial ability to  
183 operate if certain conditions are met; authorizing the  
184 agency to adopt rules governing circumstances under  
185 which a controlling interest may act in certain legal  
186 capacities on behalf of a patient or client; requiring  
187 a licensee to ensure that certain persons do not hold  
188 an ownership interest if the licensee is not organized  
189 as or owned by a publicly traded corporation; defining  
190 the term "publicly traded corporation"; amending s.  
191 408.812, F.S.; providing that certain unlicensed  
192 activity by a provider constitutes abuse and neglect;  
193 clarifying that the agency may impose a fine or  
194 penalty, as prescribed in an authorizing statute, if  
195 an unlicensed provider who has received notification  
196 fails to cease operation; authorizing the agency to  
197 revoke all licenses and impose a fine or penalties  
198 upon a controlling interest or licensee who has an  
199 interest in more than one provider and who fails to  
200 license a provider rendering services that require



201 licensure in certain circumstances; amending s.  
202 408.820, F.S.; deleting certain exemptions from part  
203 II of ch. 408, F.S., for specified providers, to  
204 conform provisions to changes made by the act;  
205 conforming a cross-reference; amending s. 409.907,  
206 F.S.; removing the agency's authority to consider  
207 certain factors in determining whether to enter into,  
208 and in maintaining, a Medicaid provider agreement;  
209 amending s. 429.02, F.S.; revising definitions of the  
210 terms "assisted living facility" and "personal  
211 services"; amending s. 429.04, F.S.; providing  
212 additional exemptions from licensure as an assisted  
213 living facility; requiring a person or entity  
214 asserting the exemption to provide documentation that  
215 substantiates the claim upon agency investigation of  
216 unlicensed activity; amending s. 429.08, F.S.;  
217 providing criminal penalties and fines for a person  
218 who rents or otherwise maintains a building or  
219 property used as an unlicensed assisted living  
220 facility; providing criminal penalties and fines for a  
221 person who owns, operates, or maintains an unlicensed  
222 assisted living facility after receiving notice from  
223 the agency; amending s. 429.176, F.S.; prohibiting an  
224 assisted living facility from operating for more than  
225 a specified time without an administrator who has

226 completed certain educational requirements; amending  
227 s. 429.24, F.S.; providing that 30-day written notice  
228 of rate increase for residency in an assisted living  
229 facility is not required in certain situations;  
230 amending s. 429.28, F.S.; revising the assisted living  
231 facility resident bill of rights to include assistance  
232 with obtaining access to adequate and appropriate  
233 health care; defining the term "adequate and  
234 appropriate health care"; deleting a requirement that  
235 the agency conduct at least one monitoring visit under  
236 certain circumstances; deleting provisions authorizing  
237 the agency to conduct periodic followup inspections  
238 and complaint investigations under certain  
239 circumstances; amending s. 429.294, F.S.; deleting the  
240 specified timeframe within which an assisted living  
241 facility must provide complete copies of a resident's  
242 records in an investigation of resident's rights;  
243 amending s. 429.34, F.S.; authorizing the agency to  
244 inspect and investigate assisted living facilities as  
245 necessary to determine compliance with certain laws;  
246 removing a provision requiring the agency to inspect  
247 each licensed assisted living facility at least  
248 biennially; authorizing the agency to conduct  
249 monitoring visits of each facility cited for prior  
250 violations under certain circumstances; amending s.

251 429.52, F.S.; requiring an assisted living facility  
252 administrator to complete required training and  
253 education within a specified timeframe; amending s.  
254 435.04, F.S.; providing that security background  
255 investigations must ensure that a person has not been  
256 arrested for, and is not awaiting final disposition  
257 of, certain offenses; requiring that security  
258 background investigations for purposes of  
259 participation in the Medicaid program screen for  
260 violations of federal or state law, rule, or  
261 regulation governing any state Medicaid program, the  
262 Medicare program, or any other publicly funded federal  
263 or state health care or health insurance program;  
264 specifying offenses under federal law or any state law  
265 that the security background investigations must  
266 screen for; amending s. 456.054, F.S.; prohibiting any  
267 person or entity from paying or receiving a kickback  
268 for referring patients to a clinical laboratory;  
269 prohibiting a clinical laboratory from providing  
270 personnel to perform certain functions or duties in a  
271 health care practitioner's office or dialysis  
272 facility; providing an exception; prohibiting a  
273 clinical laboratory from leasing space in any part of  
274 a health care practitioner's office or dialysis  
275 facility; repealing part I of ch. 483, F.S., relating

276 to clinical laboratories; amending s. 483.294, F.S.;

277 removing a requirement that the agency inspect

278 multiphasic health testing centers at least once

279 annually; amending s. 483.801, F.S.; providing an

280 exemption from regulation for certain persons employed

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

282 revising definitions of the terms "clinical

283 laboratory" and "clinical laboratory examination";

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

285 revising health maintenance organization subscriber

286 grievance reporting requirements; repealing s. 641.60,

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

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

289 district managed care ombudsman committees; repealing

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

291 ombudsman committee, exemption from public records

292 requirements, and exceptions; repealing s. 641.68,

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

294 committee and exemption from public meeting

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

296 agency duties relating to the Statewide Managed Care

297 Ombudsman Committee and the district managed care

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

299 relating to immunity from liability and limitation on

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

301 enforcement personnel to conduct drug tests on certain  
 302 inmates and releasees; amending ss. 20.43, 220.1845,  
 303 376.30781, 376.86, 381.0034, 381.0405, 383.14, 383.30,  
 304 383.301, 383.302, 383.305, 383.309, 383.33, 385.211,  
 305 394.4787, 395.001, 395.003, 395.7015, 400.9905,  
 306 408.033, 408.802, 409.9116, 409.975, 429.19, 456.001,  
 307 456.057, 456.076, 458.307, 458.345, 459.021, 483.285,  
 308 483.813, 483.823, 491.003, 627.351, 627.602, 627.6406,  
 309 627.64194, 627.6513, 627.6574, 641.185, 641.31,  
 310 641.312, 641.3154, 641.51, 641.515, 641.55, 766.118,  
 311 766.202, 1009.65, and 1011.52, F.S.; conforming  
 312 provisions to changes made by the act; providing an  
 313 effective date.

314  
 315 Be It Enacted by the Legislature of the State of Florida:

316  
 317 Section 1. Paragraph (g) of subsection (3) of section  
 318 20.43, Florida Statutes, is amended to read:

319 20.43 Department of Health.—There is created a Department  
 320 of Health.

321 (3) The following divisions of the Department of Health  
 322 are established:

323 (g) Division of Medical Quality Assurance, which is  
 324 responsible for the following boards and professions established  
 325 within the division:

- 326 | 1. The Board of Acupuncture, created under chapter 457.  
 327 | 2. The Board of Medicine, created under chapter 458.  
 328 | 3. The Board of Osteopathic Medicine, created under  
 329 | chapter 459.  
 330 | 4. The Board of Chiropractic Medicine, created under  
 331 | chapter 460.  
 332 | 5. The Board of Podiatric Medicine, created under chapter  
 333 | 461.  
 334 | 6. Naturopathy, as provided under chapter 462.  
 335 | 7. The Board of Optometry, created under chapter 463.  
 336 | 8. The Board of Nursing, created under part I of chapter  
 337 | 464.  
 338 | 9. Nursing assistants, as provided under part II of  
 339 | chapter 464.  
 340 | 10. The Board of Pharmacy, created under chapter 465.  
 341 | 11. The Board of Dentistry, created under chapter 466.  
 342 | 12. Midwifery, as provided under chapter 467.  
 343 | 13. The Board of Speech-Language Pathology and Audiology,  
 344 | created under part I of chapter 468.  
 345 | 14. The Board of Nursing Home Administrators, created  
 346 | under part II of chapter 468.  
 347 | 15. The Board of Occupational Therapy, created under part  
 348 | III of chapter 468.  
 349 | 16. Respiratory therapy, as provided under part V of  
 350 | chapter 468.

- 351           17. Dietetics and nutrition practice, as provided under  
 352 part X of chapter 468.
- 353           18. The Board of Athletic Training, created under part  
 354 XIII of chapter 468.
- 355           19. The Board of Orthotists and Prosthetists, created  
 356 under part XIV of chapter 468.
- 357           20. Electrolysis, as provided under chapter 478.
- 358           21. The Board of Massage Therapy, created under chapter  
 359 480.
- 360           22. The Board of Clinical Laboratory Personnel, created  
 361 under part II ~~III~~ of chapter 483.
- 362           23. Medical physicists, as provided under part III ~~IV~~ of  
 363 chapter 483.
- 364           24. The Board of Opticianry, created under part I of  
 365 chapter 484.
- 366           25. The Board of Hearing Aid Specialists, created under  
 367 part II of chapter 484.
- 368           26. The Board of Physical Therapy Practice, created under  
 369 chapter 486.
- 370           27. The Board of Psychology, created under chapter 490.
- 371           28. School psychologists, as provided under chapter 490.
- 372           29. The Board of Clinical Social Work, Marriage and Family  
 373 Therapy, and Mental Health Counseling, created under chapter  
 374 491.
- 375           30. Emergency medical technicians and paramedics, as

376 provided under part III of chapter 401.

377 Section 2. Section 154.13, Florida Statutes, is created to  
378 read:

379 154.13 Designated facilities; jurisdiction.—Any designated  
380 facility owned or operated by a public health trust and located  
381 within the boundaries of a municipality is under the exclusive  
382 jurisdiction of the county creating the public health trust and  
383 is not within the jurisdiction of the municipality.

384 Section 3. Paragraph (k) of subsection (2) of section  
385 220.1845, Florida Statutes, is amended to read:

386 220.1845 Contaminated site rehabilitation tax credit.—

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

388 (k) In order to encourage the construction and operation  
389 of a new health care facility as defined in s. 408.032 or s.  
390 408.07, or a health care provider as defined in s. 408.07 ~~or s.~~  
391 ~~408.7056~~, on a brownfield site, an applicant for a tax credit  
392 may claim an additional 25 percent of the total site  
393 rehabilitation costs, not to exceed \$500,000, if the applicant  
394 meets the requirements of this paragraph. In order to receive  
395 this additional tax credit, the applicant must provide  
396 documentation indicating that the construction of the health  
397 care facility or health care provider by the applicant on the  
398 brownfield site has received a certificate of occupancy or a  
399 license or certificate has been issued for the operation of the  
400 health care facility or health care provider.



401 Section 4. Paragraph (f) of subsection (3) of section  
 402 376.30781, Florida Statutes, is amended to read:

403 376.30781 Tax credits for rehabilitation of drycleaning-  
 404 solvent-contaminated sites and brownfield sites in designated  
 405 brownfield areas; application process; rulemaking authority;  
 406 revocation authority.-

407 (3)

408 (f) In order to encourage the construction and operation  
 409 of a new health care facility or a health care provider, as  
 410 defined in s. 408.032 or, s. 408.07, ~~or s. 408.7056~~, on a  
 411 brownfield site, an applicant for a tax credit may claim an  
 412 additional 25 percent of the total site rehabilitation costs,  
 413 not to exceed \$500,000, if the applicant meets the requirements  
 414 of this paragraph. In order to receive this additional tax  
 415 credit, the applicant must provide documentation indicating that  
 416 the construction of the health care facility or health care  
 417 provider by the applicant on the brownfield site has received a  
 418 certificate of occupancy or a license or certificate has been  
 419 issued for the operation of the health care facility or health  
 420 care provider.

421 Section 5. Subsection (1) of section 376.86, Florida  
 422 Statutes, is amended to read:

423 376.86 Brownfield Areas Loan Guarantee Program.-

424 (1) The Brownfield Areas Loan Guarantee Council is created  
 425 to review and approve or deny, by a majority vote of its

426 membership, the situations and circumstances for participation  
427 in partnerships by agreements with local governments, financial  
428 institutions, and others associated with the redevelopment of  
429 brownfield areas pursuant to the Brownfields Redevelopment Act  
430 for a limited state guaranty of up to 5 years of loan guarantees  
431 or loan loss reserves issued pursuant to law. The limited state  
432 loan guaranty applies only to 50 percent of the primary lenders  
433 loans for redevelopment projects in brownfield areas. If the  
434 redevelopment project is for affordable housing, as defined in  
435 s. 420.0004, in a brownfield area, the limited state loan  
436 guaranty applies to 75 percent of the primary lender's loan. If  
437 the redevelopment project includes the construction and  
438 operation of a new health care facility or a health care  
439 provider, as defined in s. 408.032 or, s. 408.07, ~~or s.~~  
440 ~~408.7056~~, on a brownfield site and the applicant has obtained  
441 documentation in accordance with s. 376.30781 indicating that  
442 the construction of the health care facility or health care  
443 provider by the applicant on the brownfield site has received a  
444 certificate of occupancy or a license or certificate has been  
445 issued for the operation of the health care facility or health  
446 care provider, the limited state loan guaranty applies to 75  
447 percent of the primary lender's loan. A limited state guaranty  
448 of private loans or a loan loss reserve is authorized for  
449 lenders licensed to operate in the state upon a determination by  
450 the council that such an arrangement would be in the public

451 interest and the likelihood of the success of the loan is great.

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

454 381.0031 Epidemiological research; report of diseases of  
455 public health significance to department.—

456 (2) Any practitioner licensed in this state to practice  
457 medicine, osteopathic medicine, chiropractic medicine,  
458 naturopathy, or veterinary medicine; any hospital licensed under  
459 part I of chapter 395; or any laboratory appropriately certified  
460 by the Centers for Medicare and Medicaid Services under the  
461 federal Clinical Laboratory Improvement Amendments and the  
462 federal rules adopted thereunder which ~~licensed under chapter~~  
463 ~~483 that~~ diagnoses or suspects the existence of a disease of  
464 public health significance shall immediately report the fact to  
465 the Department of Health.

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

468 381.0034 Requirement for instruction on HIV and AIDS.—

469 (3) The department shall require, as a condition of  
470 granting a license under chapter 467 or part II ~~III~~ of chapter  
471 483, that an applicant making initial application for licensure  
472 complete an educational course acceptable to the department on  
473 human immunodeficiency virus and acquired immune deficiency  
474 syndrome. Upon submission of an affidavit showing good cause, an  
475 applicant who has not taken a course at the time of licensure

476 shall be allowed 6 months to complete this requirement.

477 Section 8. Paragraph (c) of subsection (4) of section  
478 381.004, Florida Statutes, is amended to read:

479 381.004 HIV testing.—

480 (4) HUMAN IMMUNODEFICIENCY VIRUS TESTING REQUIREMENTS;  
481 REGISTRATION WITH THE DEPARTMENT OF HEALTH; EXEMPTIONS FROM  
482 REGISTRATION.—No county health department and no other person in  
483 this state shall conduct or hold themselves out to the public as  
484 conducting a testing program for acquired immune deficiency  
485 syndrome or human immunodeficiency virus status without first  
486 registering with the Department of Health, reregistering each  
487 year, complying with all other applicable provisions of state  
488 law, and meeting the following requirements:

489 (c) The program shall have all laboratory procedures  
490 performed in a laboratory appropriately certified by the Centers  
491 for Medicare and Medicaid Services under the federal Clinical  
492 Laboratory Improvement Amendments and the federal rules adopted  
493 thereunder ~~licensed under the provisions of chapter 483.~~

494 Section 9. Paragraph (f) of subsection (4) of section  
495 381.0405, Florida Statutes, is amended to read:

496 381.0405 Office of Rural Health.—

497 (4) COORDINATION.—The office shall:

498 (f) Assume responsibility for state coordination of the  
499 Rural Hospital Transition Grant Program, ~~the Essential Access~~  
500 ~~Community Hospital Program,~~ and other federal rural health care

501 | programs.

502 | Section 10. Paragraph (a) of subsection (2) of section  
503 | 383.14, Florida Statutes, is amended to read:

504 | 383.14 Screening for metabolic disorders, other hereditary  
505 | and congenital disorders, and environmental risk factors.—

506 | (2) RULES.—

507 | (a) After consultation with the Genetics and Newborn  
508 | Screening Advisory Council, the department shall adopt and  
509 | enforce rules requiring that every newborn in this state shall:

510 | 1. Before becoming 1 week of age, be subjected to a test  
511 | for phenylketonuria;

512 | 2. Be tested for any condition included on the federal  
513 | Recommended Uniform Screening Panel which the council advises  
514 | the department should be included under the state's screening  
515 | program. After the council recommends that a condition be  
516 | included, the department shall submit a legislative budget  
517 | request to seek an appropriation to add testing of the condition  
518 | to the newborn screening program. The department shall expand  
519 | statewide screening of newborns to include screening for such  
520 | conditions within 18 months after the council renders such  
521 | advice, if a test approved by the United States Food and Drug  
522 | Administration or a test offered by an alternative vendor ~~which~~  
523 | ~~is compatible with the clinical standards established under part~~  
524 | ~~I of chapter 483~~ is available. If such a test is not available  
525 | within 18 months after the council makes its recommendation, the

526 department shall implement such screening as soon as a test  
 527 offered by the United States Food and Drug Administration or by  
 528 an alternative vendor is available; and

529 3. At the appropriate age, be tested for such other  
 530 metabolic diseases and hereditary or congenital disorders as the  
 531 department may deem necessary from time to time.

532 Section 11. Section 383.30, Florida Statutes, is amended  
 533 to read:

534 383.30 Birth Center Licensure Act; short title.—Sections  
 535 383.30-383.332 ~~383.30-383.335~~ shall be known and may be cited as  
 536 the "Birth Center Licensure Act."

537 Section 12. Section 383.301, Florida Statutes, is amended  
 538 to read:

539 383.301 Licensure and regulation of birth centers;  
 540 legislative intent.—It is the intent of the Legislature to  
 541 provide for the protection of public health and safety in the  
 542 establishment, maintenance, and operation of birth centers by  
 543 providing for licensure of birth centers and for the  
 544 development, establishment, and enforcement of minimum standards  
 545 with respect to birth centers. The requirements of part II of  
 546 chapter 408 shall apply to the provision of services that  
 547 require licensure pursuant to ss. 383.30-383.332 ~~383.30-383.335~~  
 548 and part II of chapter 408 and to entities licensed by or  
 549 applying for such licensure from the Agency for Health Care  
 550 Administration pursuant to ss. 383.30-383.332 ~~383.30-383.335~~. A

551 license issued by the agency is required in order to operate a  
 552 birth center in this state.

553 Section 13. Section 383.302, Florida Statutes, is amended  
 554 to read:

555 383.302 Definitions of terms used in ss. 383.30-383.332  
 556 ~~383.30-383.335~~.—As used in ss. 383.30-383.332 ~~383.30-383.335~~,  
 557 the term:

558 (1) "Agency" means the Agency for Health Care  
 559 Administration.

560 (2) "Birth center" means any facility, institution, or  
 561 place, which is not an ambulatory surgical center or a hospital  
 562 or in a hospital, in which births are planned to occur away from  
 563 the mother's usual residence following a normal, uncomplicated,  
 564 low-risk pregnancy.

565 (3) "Clinical staff" means individuals employed full time  
 566 or part time by a birth center who are licensed or certified to  
 567 provide care at childbirth.

568 (4) "Consultant" means a physician licensed pursuant to  
 569 chapter 458 or chapter 459 who agrees to provide advice and  
 570 services to a birth center and who either:

571 (a) Is certified or eligible for certification by the  
 572 American Board of Obstetrics and Gynecology, or

573 (b) Has hospital obstetrical privileges.

574 (5) "Governing body" means any individual, group,  
 575 corporation, or institution which is responsible for the overall

576 operation and maintenance of a birth center.

577 (6) "Governmental unit" means the state or any county,  
578 municipality, or other political subdivision or any department,  
579 division, board, or other agency of any of the foregoing.

580 (7) "Licensed facility" means a facility licensed in  
581 accordance with s. 383.305.

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

586 (9) "Person" means any individual, firm, partnership,  
587 corporation, company, association, institution, or joint stock  
588 association and means any legal successor of any of the  
589 foregoing.

590 (10) "Premises" means those buildings, beds, and  
591 facilities located at the main address of the licensee and all  
592 other buildings, beds, and facilities for the provision of  
593 maternity care located in such reasonable proximity to the main  
594 address of the licensee as to appear to the public to be under  
595 the dominion and control of the licensee.

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

598 383.305 Licensure; fees.—

599 (1) In accordance with s. 408.805, an applicant or a  
600 licensee shall pay a fee for each license application submitted



601 under ss. 383.30-383.332 ~~383.30-383.335~~ and part II of chapter  
602 408. The amount of the fee shall be established by rule.

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

605 383.309 Minimum standards for birth centers; rules and  
606 enforcement.—

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

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

614 (b) Infection control, housekeeping, sanitary conditions,  
615 disaster plan, and medical record procedures that will  
616 adequately protect patient care and provide safety are  
617 established and implemented.

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

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

622 383.313 Performance of laboratory and surgical services;  
623 use of anesthetic and chemical agents.—

624 (1) LABORATORY SERVICES.—A birth center may collect  
625 specimens for those tests that are requested under protocol. A

626 birth center must obtain and continuously maintain certification  
627 by the Centers for Medicare and Medicaid Services under the  
628 federal Clinical Laboratory Improvement Amendments and the  
629 federal rules adopted thereunder in order to ~~may perform simple~~  
630 laboratory tests specified, ~~as defined by rule of the agency,~~  
631 and which are appropriate to meet the needs of the patient ~~is~~  
632 ~~exempt from the requirements of chapter 483, provided no more~~  
633 ~~than five physicians are employed by the birth center and~~  
634 ~~testing is conducted exclusively in connection with the~~  
635 ~~diagnosis and treatment of clients of the birth center.~~

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

638 383.33 Administrative penalties; moratorium on  
639 admissions.—

640 (1) In addition to the requirements of part II of chapter  
641 408, the agency may impose an administrative fine not to exceed  
642 \$500 per violation per day for the violation of any provision of  
643 ss. 383.30-383.332 ~~383.30-383.335~~, part II of chapter 408, or  
644 applicable rules.

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

648 (a) The severity of the violation, including the  
649 probability that death or serious harm to the health or safety  
650 of any person will result or has resulted; the severity of the

651 actual or potential harm; and the extent to which ~~the provisions~~  
652 ~~of ss. 383.30-383.332 ~~383.30-383.335~~~~, part II of chapter 408, or  
653 applicable rules were violated.

654 Section 18. Section 383.335, Florida Statutes, is  
655 repealed.

656 Section 19. Section 384.31, Florida Statutes, is amended  
657 to read:

658 384.31 Testing of pregnant women; duty of the attendant.-  
659 Every person, including every physician licensed under chapter  
660 458 or chapter 459 or midwife licensed under part I of chapter  
661 464 or chapter 467, attending a pregnant woman for conditions  
662 relating to pregnancy during the period of gestation and  
663 delivery shall cause the woman to be tested for sexually  
664 transmissible diseases, including HIV, as specified by  
665 department rule. Testing shall be performed by a laboratory  
666 appropriately certified by the Centers for Medicare and Medicaid  
667 Services under the federal Clinical Laboratory Improvement  
668 Amendments and the federal rules adopted thereunder ~~approved~~ for  
669 such purposes ~~under part I of chapter 483~~. The woman shall be  
670 informed of the tests that will be conducted and of her right to  
671 refuse testing. If a woman objects to testing, a written  
672 statement of objection, signed by the woman, shall be placed in  
673 the woman's medical record and no testing shall occur.

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

676 385.211 Refractory and intractable epilepsy treatment and  
677 research at recognized medical centers.—

678 (2) Notwithstanding chapter 893, medical centers  
679 recognized pursuant to s. 381.925, or an academic medical  
680 research institution legally affiliated with a licensed  
681 children's specialty hospital as defined in s. 395.002(27) ~~s.~~  
682 ~~395.002(28)~~ that contracts with the Department of Health, may  
683 conduct research on cannabidiol and low-THC cannabis. This  
684 research may include, but is not limited to, the agricultural  
685 development, production, clinical research, and use of liquid  
686 medical derivatives of cannabidiol and low-THC cannabis for the  
687 treatment for refractory or intractable epilepsy. The authority  
688 for recognized medical centers to conduct this research is  
689 derived from 21 C.F.R. parts 312 and 316. Current state or  
690 privately obtained research funds may be used to support the  
691 activities described in this section.

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

694 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,  
695 and 394.4789.—As used in this section and ss. 394.4786,  
696 394.4788, and 394.4789:

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

700 Section 22. Section 395.001, Florida Statutes, is amended

701 to read:

702 395.001 Legislative intent.—It is the intent of the  
 703 Legislature to provide for the protection of public health and  
 704 safety in the establishment, construction, maintenance, and  
 705 operation of hospitals and, ambulatory surgical centers, ~~and~~  
 706 ~~mobile surgical facilities~~ by providing for licensure of same  
 707 and for the development, establishment, and enforcement of  
 708 minimum standards with respect thereto.

709 Section 23. Subsections (22) through (33) of section  
 710 395.002, Florida Statutes, are renumbered as subsections (21)  
 711 through (32), respectively, and subsections (3) and (16) and  
 712 present subsections (21) and (23) of that section are amended,  
 713 to read:

714 395.002 Definitions.—As used in this chapter:

715 (3) "Ambulatory surgical center" ~~or "mobile surgical~~  
 716 ~~facility"~~ means a facility the primary purpose of which is to  
 717 provide elective surgical care, in which the patient is admitted  
 718 to and discharged from such facility within the same working day  
 719 and is not permitted to stay overnight, and which is not part of  
 720 a hospital. However, a facility existing for the primary purpose  
 721 of performing terminations of pregnancy, an office maintained by  
 722 a physician for the practice of medicine, or an office  
 723 maintained for the practice of dentistry may ~~shall~~ not be  
 724 construed to be an ambulatory surgical center, provided that any  
 725 facility or office which is certified or seeks certification as

726 a Medicare ambulatory surgical center shall be licensed as an  
727 ambulatory surgical center pursuant to s. 395.003. ~~Any structure~~  
728 ~~or vehicle in which a physician maintains an office and~~  
729 ~~practices surgery, and which can appear to the public to be a~~  
730 ~~mobile office because the structure or vehicle operates at more~~  
731 ~~than one address, shall be construed to be a mobile surgical~~  
732 ~~facility.~~

733 (16) "Licensed facility" means a hospital or, ambulatory  
734 surgical center, ~~or mobile surgical facility~~ licensed in  
735 accordance with this chapter.

736 ~~(21) "Mobile surgical facility" is a mobile facility in~~  
737 ~~which licensed health care professionals provide elective~~  
738 ~~surgical care under contract with the Department of Corrections~~  
739 ~~or a private correctional facility operating pursuant to chapter~~  
740 ~~957 and in which inmate patients are admitted to and discharged~~  
741 ~~from said facility within the same working day and are not~~  
742 ~~permitted to stay overnight. However, mobile surgical facilities~~  
743 ~~may only provide health care services to the inmate patients of~~  
744 ~~the Department of Corrections, or inmate patients of a private~~  
745 ~~correctional facility operating pursuant to chapter 957, and not~~  
746 ~~to the general public.~~

747 (22) ~~(23)~~ "Premises" means those buildings, beds, and  
748 equipment located at the address of the licensed facility and  
749 all other buildings, beds, and equipment for the provision of  
750 hospital or, ambulatory surgical, ~~or mobile surgical~~ care

751 located in such reasonable proximity to the address of the  
752 licensed facility as to appear to the public to be under the  
753 dominion and control of the licensee. For any licensee that is a  
754 teaching hospital as defined in s. 408.07 ~~s. 408.07(45)~~,  
755 reasonable proximity includes any buildings, beds, services,  
756 programs, and equipment under the dominion and control of the  
757 licensee that are located at a site with a main address that is  
758 within 1 mile of the main address of the licensed facility; and  
759 all such buildings, beds, and equipment may, at the request of a  
760 licensee or applicant, be included on the facility license as a  
761 single premises.

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

765 395.003 Licensure; denial, suspension, and revocation.—

766 (1) (a) The requirements of part II of chapter 408 apply to  
767 the provision of services that require licensure pursuant to ss.  
768 395.001-395.1065 and part II of chapter 408 and to entities  
769 licensed by or applying for such licensure from the Agency for  
770 Health Care Administration pursuant to ss. 395.001-395.1065. A  
771 license issued by the agency is required in order to operate a  
772 hospital or, ambulatory surgical center, ~~or mobile surgical~~  
773 ~~facility~~ in this state.

774 (b)1. It is unlawful for a person to use or advertise to  
775 the public, in any way or by any medium whatsoever, any facility

776 as a "hospital," or "ambulatory surgical center," ~~or "mobile~~  
777 ~~surgical facility"~~ unless such facility has first secured a  
778 license under ~~the provisions of~~ this part.

779 2. This part does not apply to veterinary hospitals or to  
780 commercial business establishments using the word "hospital," or  
781 "ambulatory surgical center," ~~or "mobile surgical facility"~~ as a  
782 part of a trade name if no treatment of human beings is  
783 performed on the premises of such establishments.

784 (2)

785 (b) The agency shall, at the request of a licensee that is  
786 a teaching hospital as defined in s. 408.07 ~~s. 408.07(45)~~, issue  
787 a single license to a licensee for facilities that have been  
788 previously licensed as separate premises, provided such  
789 separately licensed facilities, taken together, constitute the  
790 same premises as defined in s. 395.002 ~~s. 395.002(23)~~. Such  
791 license for the single premises shall include all of the beds,  
792 services, and programs that were previously included on the  
793 licenses for the separate premises. The granting of a single  
794 license under this paragraph may ~~shall~~ not in any manner reduce  
795 the number of beds, services, or programs operated by the  
796 licensee.

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

799 395.009 Minimum standards for clinical laboratory test  
800 results and diagnostic X-ray results; prerequisite for issuance



801 or renewal of license.—

802 (1) As a requirement for issuance or renewal of its  
803 license, each licensed facility shall require that all clinical  
804 laboratory tests performed by or for the licensed facility be  
805 performed by a clinical laboratory appropriately certified by  
806 the Centers for Medicare and Medicaid Services under the federal  
807 Clinical Laboratory Improvement Amendments and the federal rules  
808 adopted thereunder ~~licensed under the provisions of chapter 483.~~

809 Section 26. Section 395.0091, Florida Statutes, is created  
810 to read:

811 395.0091 Alternate-site testing.—The agency, in  
812 consultation with the Board of Clinical Laboratory Personnel,  
813 shall adopt by rule the criteria for alternate-site testing to  
814 be performed under the supervision of a clinical laboratory  
815 director. At a minimum, the criteria must address hospital  
816 internal needs assessment; a protocol for implementation,  
817 including the identification of tests to be performed and who  
818 will perform them; selection of the method of testing to be used  
819 for alternate-site testing; minimum training and education  
820 requirements for those who will perform alternate-site testing,  
821 such as documented training, licensure, certification, or other  
822 medical professional background not limited to laboratory  
823 professionals; documented inservice training and initial and  
824 ongoing competency validation; an appropriate internal and  
825 external quality control protocol; an internal mechanism for the

826 central laboratory to identify and track alternate-site testing;  
827 and recordkeeping requirements. Alternate-site testing locations  
828 must register when the hospital applies to renew its license.  
829 For purposes of this section, the term "alternate-site testing"  
830 includes any laboratory testing done under the administrative  
831 control of a hospital, but performed out of the physical or  
832 administrative confines of the central laboratory.

833 Section 27. Paragraph (f) of subsection (1) of section  
834 395.0161, Florida Statutes, is amended to read:

835 395.0161 Licensure inspection.—

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

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

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

846 395.0163 Construction inspections; plan submission and  
847 approval; fees.—

848 ~~(3) In addition to the requirements of s. 408.811, the~~  
849 ~~agency shall inspect a mobile surgical facility at initial~~  
850 ~~licensure and at each time the facility establishes a new~~

851 ~~location, prior to admission of patients. However, such~~  
852 ~~inspections shall not be required when a mobile surgical~~  
853 ~~facility is moved temporarily to a location where medical~~  
854 ~~treatment will not be provided.~~

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

858 395.0197 Internal risk management program.—

859 (2) The internal risk management program is the  
860 responsibility of the governing board of the health care  
861 facility. Each licensed facility shall hire a risk manager,  
862 ~~licensed under s. 395.10974,~~ who is responsible for  
863 implementation and oversight of the such facility's internal  
864 risk management program and who demonstrates competence, through  
865 education or experience, in all of the following areas:

866 (a) Applicable standards of health care risk management.

867 (b) Applicable federal, state, and local health and safety  
868 laws and rules.

869 (c) General risk management administration.

870 (d) Patient care.

871 (e) Medical care.

872 (f) Personal and social care.

873 (g) Accident prevention.

874 (h) Departmental organization and management.

875 (i) Community interrelationships.

876        (j) Medical terminology ~~as required by this section. A~~  
877 ~~risk manager must not be made responsible for more than four~~  
878 ~~internal risk management programs in separate licensed~~  
879 ~~facilities, unless the facilities are under one corporate~~  
880 ~~ownership or the risk management programs are in rural~~  
881 ~~hospitals.~~

882        (6)

883        (c) The report submitted to the agency must ~~shall~~ also  
884 contain the name ~~and license number~~ of the risk manager of the  
885 licensed facility, a copy of its policy and procedures which  
886 govern the measures taken by the facility and its risk manager  
887 to reduce the risk of injuries and adverse incidents, and the  
888 results of such measures. The annual report is confidential and  
889 is not available to the public pursuant to s. 119.07(1) or any  
890 other law providing access to public records. The annual report  
891 is not discoverable or admissible in any civil or administrative  
892 action, except in disciplinary proceedings by the agency or the  
893 appropriate regulatory board. The annual report is not available  
894 to the public as part of the record of investigation for and  
895 prosecution in disciplinary proceedings made available to the  
896 public by the agency or the appropriate regulatory board.  
897 However, the agency or the appropriate regulatory board shall  
898 make available, upon written request by a health care  
899 professional against whom probable cause has been found, any  
900 such records which form the basis of the determination of

901 | probable cause.

902 |         (16) There shall be no monetary liability on the part of,  
 903 | and no cause of action for damages shall arise against, any risk  
 904 | manager, ~~licensed under s. 395.10974,~~ for the implementation and  
 905 | oversight of the internal risk management program in a facility  
 906 | licensed under this chapter or chapter 390 as required by this  
 907 | section, for any act or proceeding undertaken or performed  
 908 | within the scope of the functions of such internal risk  
 909 | management program if the risk manager acts without intentional  
 910 | fraud.

911 |         (17) A privilege against civil liability is hereby granted  
 912 | to any ~~licensed~~ risk manager or licensed facility with regard to  
 913 | information furnished pursuant to this chapter, unless the  
 914 | ~~licensed~~ risk manager or facility acted in bad faith or with  
 915 | malice in providing such information.

916 |         Section 30. Section 395.1046, Florida Statutes, is  
 917 | repealed.

918 |         Section 31. Subsection (10) of section 395.1055, Florida  
 919 | Statutes, is renumbered as subsection (12), subsections (2),  
 920 | (3), and (9) are amended, paragraph (i) is added to subsection  
 921 | (1), and new subsections (10) and (11) are added to that  
 922 | section, to read:

923 |         395.1055 Rules and enforcement.—

924 |         (1) The agency shall adopt rules pursuant to ss.  
 925 | 120.536(1) and 120.54 to implement the provisions of this part,

926 | which shall include reasonable and fair minimum standards for  
927 | ensuring that:

928 |       (i) All hospitals providing organ transplantation,  
929 | neonatal intensive care services, inpatient psychiatric  
930 | services, inpatient substance abuse services, or comprehensive  
931 | medical rehabilitation meet the minimum licensure requirements  
932 | adopted by the agency. Such licensure requirements must include  
933 | quality of care, nurse staffing, physician staffing, physical  
934 | plant, equipment, emergency transportation, and data reporting  
935 | standards.

936 |       (2) Separate standards may be provided for general and  
937 | specialty hospitals, ambulatory surgical centers, ~~mobile~~  
938 | ~~surgical facilities,~~ and statutory rural hospitals as defined in  
939 | s. 395.602.

940 |       (3) The agency shall adopt rules with respect to the care  
941 | and treatment of patients residing in distinct part nursing  
942 | units of hospitals which are certified for participation in  
943 | Title XVIII (Medicare) and Title XIX (Medicaid) of the Social  
944 | Security Act skilled nursing facility program. Such rules shall  
945 | take into account the types of patients treated in hospital  
946 | skilled nursing units, including typical patient acuity levels  
947 | and the average length of stay in such units, and shall be  
948 | limited to the appropriate portions of the Omnibus Budget  
949 | Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22,  
950 | 1987), Title IV (Medicare, Medicaid, and Other Health-Related

951 Programs), Subtitle C (Nursing Home Reform), as amended. The  
952 agency shall require level 2 background screening as specified  
953 in s. 408.809(1)(e) pursuant to s. 408.809 and chapter 435 for  
954 personnel of distinct part nursing units.

955 (9) The agency shall establish a technical advisory panel,  
956 pursuant to s. 20.052, to develop procedures and standards for  
957 measuring outcomes of pediatric cardiac catheterization programs  
958 and pediatric cardiovascular ~~open-heart~~ surgery programs.

959 (a) Members of the panel must have technical expertise in  
960 pediatric cardiac medicine and shall serve without compensation  
961 and may not be reimbursed for per diem and travel expenses.

962 (b) ~~(a)~~ Voting members of the panel shall include ~~must be~~  
963 ~~composed of~~ 3 at-large members, including 1 cardiologist who is  
964 board certified in caring for adults with congenital heart  
965 disease and 2 board-certified pediatric cardiologists, neither  
966 of whom may be employed by any of the hospitals specified in  
967 subparagraphs 1.-10. or their affiliates, each of whom is  
968 appointed by the Secretary of Health Care Administration, and 10  
969 members and an alternate for each of these members, each of whom  
970 is a pediatric cardiologist or a pediatric cardiovascular  
971 surgeon, each appointed by the chief executive officer of ~~one of~~  
972 the following hospitals:

973 1. Johns Hopkins All Children's Hospital in St.  
974 Petersburg.

975 2. Arnold Palmer Hospital for Children in Orlando.

- 976 3. Joe DiMaggio Children's Hospital in Hollywood.  
977 4. Nicklaus Children's Hospital in Miami.  
978 5. St. Joseph's Children's Hospital in Tampa.  
979 6. University of Florida Health Shands Hospital in  
980 Gainesville.  
981 7. University of Miami Holtz Children's Hospital in Miami.  
982 8. Wolfson Children's Hospital in Jacksonville.  
983 9. Florida Hospital for Children in Orlando.  
984 10. Nemours Children's Hospital in Orlando.  
985

986 Appointments made under subparagraphs 1.-10. are contingent upon  
987 the hospital's maintenance of pediatric certificates of need and  
988 the hospital's compliance with this section and rules adopted  
989 thereunder, as determined by the Secretary of Health Care  
990 Administration. A member appointed under subparagraphs 1.-10.  
991 whose hospital fails to maintain such certificates or comply  
992 with standards may serve only as a nonvoting member until the  
993 hospital restores such certificates or complies with such  
994 standards.

995 (c) The Secretary of Health Care Administration may  
996 appoint nonvoting members to the panel. Nonvoting members may  
997 include:

- 998 1. The Secretary of Health Care Administration.  
999 2. The Surgeon General.  
1000 3. The Deputy Secretary of Children's Medical Services.



1001 4. Any current or past Division Director of Children's  
1002 Medical Services.

1003 5. A parent of a child with congenital heart disease.

1004 6. An adult with congenital heart disease.

1005 7. A representative from each of the following  
1006 organizations: the Florida Chapter of the American Academy of  
1007 Pediatrics, the Florida Chapter of the American College of  
1008 Cardiology, the Greater Southeast Affiliate of the American  
1009 Heart Association, the Adult Congenital Heart Association, the  
1010 March of Dimes, the Florida Association of Children's Hospitals,  
1011 and the Florida Society of Thoracic and Cardiovascular Surgeons.

1012 (d) The panel shall meet biannually, or more frequently  
1013 upon the call of the Secretary of Health Care Administration.  
1014 Such meetings may be conducted telephonically or by other  
1015 electronic means.

1016 (e) The duties of the panel include recommending to the  
1017 agency standards for quality of care, personnel, physical plant,  
1018 equipment, emergency transportation, and data reporting for  
1019 hospitals that provide pediatric cardiac services.

1020 (f) Beginning January 1, 2020, and annually thereafter,  
1021 the panel shall submit a report to the Governor, the President  
1022 of the Senate, the Speaker of the House of Representatives, the  
1023 Secretary of Health Care Administration, and the State Surgeon  
1024 General. The report must summarize the panel's activities during  
1025 the preceding fiscal year and include data and performance

1026 measures on surgical morbidity and mortality for all pediatric  
 1027 cardiac programs.

1028 ~~(b) Based on the recommendations of the panel, the agency~~  
 1029 ~~shall develop and adopt rules for pediatric cardiac~~  
 1030 ~~catheterization programs and pediatric open-heart surgery~~  
 1031 ~~programs which include at least the following:~~

1032 ~~1. A risk adjustment procedure that accounts for the~~  
 1033 ~~variations in severity and case mix found in hospitals in this~~  
 1034 ~~state;~~

1035 ~~2. Outcome standards specifying expected levels of~~  
 1036 ~~performance in pediatric cardiac programs. Such standards may~~  
 1037 ~~include, but are not limited to, in-hospital mortality,~~  
 1038 ~~infection rates, nonfatal myocardial infarctions, length of~~  
 1039 ~~postoperative bleeds, and returns to surgery; and~~

1040 ~~3. Specific steps to be taken by the agency and licensed~~  
 1041 ~~facilities that do not meet the outcome standards within a~~  
 1042 ~~specified time, including time required for detailed case~~  
 1043 ~~reviews and development and implementation of corrective action~~  
 1044 ~~plans.~~

1045 ~~(c) This subsection is repealed on July 1, 2022.~~

1046 (10) Based on the recommendations of the advisory panel in  
 1047 subsection (9), the agency shall adopt rules for pediatric  
 1048 cardiac programs that, at a minimum, include:

1049 (a) Standards for pediatric cardiac catheterization  
 1050 services and pediatric cardiovascular surgery, including quality

1051 of care, personnel, physical plant, equipment, emergency  
1052 transportation, data reporting, and appropriate operating hours  
1053 and timeframes for mobilization for emergency procedures.

1054 (b) Outcome standards consistent with nationally  
1055 established levels of performance in pediatric cardiac programs.

1056 (c) Specific steps to be taken by the agency and licensed  
1057 facilities when the facilities do not meet the outcome standards  
1058 within a specified time, including time required for detailed  
1059 case reviews and development and implementation of corrective  
1060 action plans.

1061 (11) A pediatric cardiac program shall:

1062 (a) Be located in a hospital licensed under this chapter  
1063 and include the following colocated components: a pediatric  
1064 cardiology clinic, a pediatric cardiac catheterization  
1065 laboratory, and a pediatric cardiovascular surgery program.

1066 (b) Have a risk adjustment surgical procedure protocol  
1067 following the guidelines established by the Society of Thoracic  
1068 Surgeons.

1069 (c) Have quality assurance and quality improvement  
1070 processes in place to enhance clinical operation and patient  
1071 satisfaction with services.

1072 (d) Participate in the clinical outcome reporting systems  
1073 operated by the Society of Thoracic Surgeons and the American  
1074 College of Cardiology.

1075 Section 32. Section 395.10971, Florida Statutes, is

1076 repealed.

1077 Section 33. Section 395.10972, Florida Statutes, is  
 1078 repealed.

1079 Section 34. Section 395.10973, Florida Statutes, is  
 1080 amended to read:

1081 395.10973 Powers and duties of the agency.—It is the  
 1082 function of the agency to:

1083 (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to  
 1084 implement ~~the provisions of~~ this part and part II of chapter 408  
 1085 conferring duties upon it.

1086 ~~(2) Develop, impose, and enforce specific standards within~~  
 1087 ~~the scope of the general qualifications established by this part~~  
 1088 ~~which must be met by individuals in order to receive licenses as~~  
 1089 ~~health care risk managers. These standards shall be designed to~~  
 1090 ~~ensure that health care risk managers are individuals of good~~  
 1091 ~~character and otherwise suitable and, by training or experience~~  
 1092 ~~in the field of health care risk management, qualified in~~  
 1093 ~~accordance with the provisions of this part to serve as health~~  
 1094 ~~care risk managers, within statutory requirements.~~

1095 ~~(3) Develop a method for determining whether an individual~~  
 1096 ~~meets the standards set forth in s. 395.10974.~~

1097 ~~(4) Issue licenses to qualified individuals meeting the~~  
 1098 ~~standards set forth in s. 395.10974.~~

1099 ~~(5) Receive, investigate, and take appropriate action with~~  
 1100 ~~respect to any charge or complaint filed with the agency to the~~

1101 ~~effect that a certified health care risk manager has failed to~~  
 1102 ~~comply with the requirements or standards adopted by rule by the~~  
 1103 ~~agency or to comply with the provisions of this part.~~

1104 ~~(6) Establish procedures for providing periodic reports on~~  
 1105 ~~persons certified or disciplined by the agency under this part.~~

1106 (2)~~(7)~~ Develop a model risk management program for health  
 1107 care facilities which will satisfy the requirements of s.  
 1108 395.0197.

1109 (3)~~(8)~~ Enforce the special-occupancy provisions of the  
 1110 Florida Building Code which apply to hospitals, intermediate  
 1111 residential treatment facilities, and ambulatory surgical  
 1112 centers in conducting any inspection authorized by this chapter  
 1113 and part II of chapter 408.

1114 Section 35. Section 395.10974, Florida Statutes, is  
 1115 repealed.

1116 Section 36. Section 395.10975, Florida Statutes, is  
 1117 repealed.

1118 Section 37. Subsection (2) of section 395.602, Florida  
 1119 Statutes, is amended to read:

1120 395.602 Rural hospitals.—

1121 (2) DEFINITIONS.—As used in this part, the term:

1122 ~~(a) "Emergency care hospital" means a medical facility~~  
 1123 ~~which provides:~~

1124 ~~1. Emergency medical treatment; and~~

1125 ~~2. Inpatient care to ill or injured persons prior to their~~

1126 ~~transportation to another hospital or provides inpatient medical~~  
1127 ~~care to persons needing care for a period of up to 96 hours. The~~  
1128 ~~96-hour limitation on inpatient care does not apply to respite,~~  
1129 ~~skilled nursing, hospice, or other nonacute care patients.~~

1130 ~~(b) "Essential access community hospital" means any~~  
1131 ~~facility which:~~

1132 ~~1. Has at least 100 beds;~~

1133 ~~2. Is located more than 35 miles from any other essential~~  
1134 ~~access community hospital, rural referral center, or urban~~  
1135 ~~hospital meeting criteria for classification as a regional~~  
1136 ~~referral center;~~

1137 ~~3. Is part of a network that includes rural primary care~~  
1138 ~~hospitals;~~

1139 ~~4. Provides emergency and medical backup services to rural~~  
1140 ~~primary care hospitals in its rural health network;~~

1141 ~~5. Extends staff privileges to rural primary care hospital~~  
1142 ~~physicians in its network; and~~

1143 ~~6. Accepts patients transferred from rural primary care~~  
1144 ~~hospitals in its network.~~

1145 ~~(c) "Inactive rural hospital bed" means a licensed acute~~  
1146 ~~care hospital bed, as defined in s. 395.002(13), that is~~  
1147 ~~inactive in that it cannot be occupied by acute care inpatients.~~

1148 (a) ~~(d)~~ "Rural area health education center" means an area  
1149 health education center (AHEC), as authorized by Pub. L. No. 94-  
1150 484, which provides services in a county with a population

1151 density of up to ~~no greater than~~ 100 persons per square mile.

1152 (b) ~~(e)~~ "Rural hospital" means an acute care hospital  
1153 licensed under this chapter, having 100 or fewer licensed beds  
1154 and an emergency room, which is:

1155 1. The sole provider within a county with a population  
1156 density of up to 100 persons per square mile;

1157 2. An acute care hospital, in a county with a population  
1158 density of up to 100 persons per square mile, which is at least  
1159 30 minutes of travel time, on normally traveled roads under  
1160 normal traffic conditions, from any other acute care hospital  
1161 within the same county;

1162 3. A hospital supported by a tax district or subdistrict  
1163 whose boundaries encompass a population of up to 100 persons per  
1164 square mile;

1165 4. A hospital classified as a sole community hospital  
1166 under 42 C.F.R. s. 412.92, regardless of the number of licensed  
1167 beds;

1168 5. A hospital with a service area that has a population of  
1169 up to 100 persons per square mile. As used in this subparagraph,  
1170 the term "service area" means the fewest number of zip codes  
1171 that account for 75 percent of the hospital's discharges for the  
1172 most recent 5-year period, based on information available from  
1173 the hospital inpatient discharge database in the Florida Center  
1174 for Health Information and Transparency at the agency; or

1175 6. A hospital designated as a critical access hospital, as

1176 defined in s. 408.07.

1177

1178 Population densities used in this paragraph must be based upon  
 1179 the most recently completed United States census. A hospital  
 1180 that received funds under s. 409.9116 for a quarter beginning no  
 1181 later than July 1, 2002, is deemed to have been and shall  
 1182 continue to be a rural hospital from that date through June 30,  
 1183 2021, if the hospital continues to have up to 100 licensed beds  
 1184 and an emergency room. An acute care hospital that has not  
 1185 previously been designated as a rural hospital and that meets  
 1186 the criteria of this paragraph shall be granted such designation  
 1187 upon application, including supporting documentation, to the  
 1188 agency. A hospital that was licensed as a rural hospital during  
 1189 the 2010-2011 or 2011-2012 fiscal year shall continue to be a  
 1190 rural hospital from the date of designation through June 30,  
 1191 2021, if the hospital continues to have up to 100 licensed beds  
 1192 and an emergency room.

1193 ~~(f) "Rural primary care hospital" means any facility~~  
 1194 ~~meeting the criteria in paragraph (e) or s. 395.605 which~~  
 1195 ~~provides:~~

- 1196 ~~1. Twenty four hour emergency medical care;~~
- 1197 ~~2. Temporary inpatient care for periods of 72 hours or~~  
 1198 ~~less to patients requiring stabilization before discharge or~~  
 1199 ~~transfer to another hospital. The 72-hour limitation does not~~  
 1200 ~~apply to respite, skilled nursing, hospice, or other nonacute~~



1201 ~~care patients; and~~

1202 ~~3. Has no more than six licensed acute care inpatient~~

1203 ~~beds.~~

1204 (c) ~~(g)~~ "Swing-bed" means a bed which can be used

1205 interchangeably as either a hospital, skilled nursing facility

1206 (SNF), or intermediate care facility (ICF) bed pursuant to 42

1207 C.F.R. parts 405, 435, 440, 442, and 447.

1208 Section 38. Section 395.603, Florida Statutes, is amended

1209 to read:

1210 395.603 ~~Deactivation of general hospital beds; Rural~~

1211 ~~hospital impact statement.-~~

1212 ~~(1) The agency shall establish, by rule, a process by~~

1213 ~~which a rural hospital, as defined in s. 395.602, that seeks~~

1214 ~~licensure as a rural primary care hospital or as an emergency~~

1215 ~~care hospital, or becomes a certified rural health clinic as~~

1216 ~~defined in Pub. L. No. 95-210, or becomes a primary care program~~

1217 ~~such as a county health department, community health center, or~~

1218 ~~other similar outpatient program that provides preventive and~~

1219 ~~curative services, may deactivate general hospital beds. Rural~~

1220 ~~primary care hospitals and emergency care hospitals shall~~

1221 ~~maintain the number of actively licensed general hospital beds~~

1222 ~~necessary for the facility to be certified for Medicare~~

1223 ~~reimbursement. Hospitals that discontinue inpatient care to~~

1224 ~~become rural health care clinics or primary care programs shall~~

1225 ~~deactivate all licensed general hospital beds. All hospitals,~~

1226 ~~clinics, and programs with inactive beds shall provide 24-hour~~  
1227 ~~emergency medical care by staffing an emergency room. Providers~~  
1228 ~~with inactive beds shall be subject to the criteria in s.~~  
1229 ~~395.1041. The agency shall specify in rule requirements for~~  
1230 ~~making 24-hour emergency care available. Inactive general~~  
1231 ~~hospital beds shall be included in the acute care bed inventory,~~  
1232 ~~maintained by the agency for certificate-of-need purposes, for~~  
1233 ~~10 years from the date of deactivation of the beds. After 10~~  
1234 ~~years have elapsed, inactive beds shall be excluded from the~~  
1235 ~~inventory. The agency shall, at the request of the licensee,~~  
1236 ~~reactivate the inactive general beds upon a showing by the~~  
1237 ~~licensee that licensure requirements for the inactive general~~  
1238 ~~beds are met.~~

1239 ~~(2)~~ In formulating and implementing policies and rules  
1240 that may have significant impact on the ability of rural  
1241 hospitals to continue to provide health care services in rural  
1242 communities, the agency, the department, or the respective  
1243 regulatory board adopting policies or rules regarding the  
1244 licensure or certification of health care professionals shall  
1245 provide a rural hospital impact statement. The rural hospital  
1246 impact statement shall assess the proposed action in light of  
1247 the following questions:

1248 (1)~~(a)~~ Do the health personnel affected by the proposed  
1249 action currently practice in rural hospitals or are they likely  
1250 to in the near future?

1251            (2)~~(b)~~ What are the current numbers of the affected health  
 1252 personnel in this state, their geographic distribution, and the  
 1253 number practicing in rural hospitals?

1254            (3)~~(e)~~ What are the functions presently performed by the  
 1255 affected health personnel, and are such functions presently  
 1256 performed in rural hospitals?

1257            (4)~~(d)~~ What impact will the proposed action have on the  
 1258 ability of rural hospitals to recruit the affected personnel to  
 1259 practice in their facilities?

1260            (5)~~(e)~~ What impact will the proposed action have on the  
 1261 limited financial resources of rural hospitals through increased  
 1262 salaries and benefits necessary to recruit or retain such health  
 1263 personnel?

1264            (6)~~(f)~~ Is there a less stringent requirement which could  
 1265 apply to practice in rural hospitals?

1266            (7)~~(g)~~ Will this action create staffing shortages, which  
 1267 could result in a loss to the public of health care services in  
 1268 rural hospitals or result in closure of any rural hospitals?

1269            Section 39. Section 395.604, Florida Statutes, is  
 1270 repealed.

1271            Section 40. Section 395.605, Florida Statutes, is  
 1272 repealed.

1273            Section 41. Paragraph (c) of subsection (1) of section  
 1274 395.701, Florida Statutes, is amended to read:

1275            395.701 Annual assessments on net operating revenues for

1276 inpatient and outpatient services to fund public medical  
 1277 assistance; administrative fines for failure to pay assessments  
 1278 when due; exemption.—

1279 (1) For the purposes of this section, the term:

1280 (c) "Hospital" means a health care institution as defined  
 1281 in s. 395.002(12), but does not include any hospital operated by  
 1282 a state ~~the agency or the Department of Corrections.~~

1283 Section 42. Paragraph (b) of subsection (2) of section  
 1284 395.7015, Florida Statutes, is amended to read:

1285 395.7015 Annual assessment on health care entities.—

1286 (2) There is imposed an annual assessment against certain  
 1287 health care entities as described in this section:

1288 (b) For the purpose of this section, "health care  
 1289 entities" include the following:

1290 1. Ambulatory surgical centers ~~and mobile surgical~~  
 1291 ~~facilities licensed under s. 395.003. This subsection shall only~~  
 1292 ~~apply to mobile surgical facilities operating under contracts~~  
 1293 ~~entered into on or after July 1, 1998.~~

1294 2. ~~Clinical laboratories licensed under s. 483.091,~~  
 1295 ~~excluding any hospital laboratory defined under s. 483.041(6),~~  
 1296 ~~any clinical laboratory operated by the state or a political~~  
 1297 ~~subdivision of the state, any clinical laboratory which~~  
 1298 ~~qualifies as an exempt organization under s. 501(c)(3) of the~~  
 1299 ~~Internal Revenue Code of 1986, as amended, and which receives 70~~  
 1300 ~~percent or more of its gross revenues from services to charity~~

1301 ~~patients or Medicaid patients, and any blood, plasma, or tissue~~  
1302 ~~bank procuring, storing, or distributing blood, plasma, or~~  
1303 ~~tissue either for future manufacture or research or distributed~~  
1304 ~~on a nonprofit basis, and further excluding any clinical~~  
1305 ~~laboratory which is wholly owned and operated by 6 or fewer~~  
1306 ~~physicians who are licensed pursuant to chapter 458 or chapter~~  
1307 ~~459 and who practice in the same group practice, and at which no~~  
1308 ~~clinical laboratory work is performed for patients referred by~~  
1309 ~~any health care provider who is not a member of the same group.~~

1310 2.3. Diagnostic-imaging centers that are freestanding  
1311 outpatient facilities that provide specialized services for the  
1312 identification or determination of a disease through examination  
1313 and also provide sophisticated radiological services, and in  
1314 which services are rendered by a physician licensed by the Board  
1315 of Medicine under s. 458.311, s. 458.313, or s. 458.317, or by  
1316 an osteopathic physician licensed by the Board of Osteopathic  
1317 Medicine under s. 459.0055 or s. 459.0075. For purposes of this  
1318 paragraph, "sophisticated radiological services" means the  
1319 following: magnetic resonance imaging; nuclear medicine;  
1320 angiography; arteriography; computed tomography; positron  
1321 emission tomography; digital vascular imaging; bronchography;  
1322 lymphangiography; splenography; ultrasound, excluding ultrasound  
1323 providers that are part of a private physician's office practice  
1324 or when ultrasound is provided by two or more physicians  
1325 licensed under chapter 458 or chapter 459 who are members of the

1326 same professional association and who practice in the same  
1327 medical specialties; and such other sophisticated radiological  
1328 services, excluding mammography, as adopted in rule by the  
1329 board.

1330 Section 43. Subsection (1) of section 400.0625, Florida  
1331 Statutes, is amended to read:

1332 400.0625 Minimum standards for clinical laboratory test  
1333 results and diagnostic X-ray results.—

1334 (1) Each nursing home, as a requirement for issuance or  
1335 renewal of its license, shall require that all clinical  
1336 laboratory tests performed for the nursing home be performed by  
1337 a ~~clinical~~ laboratory appropriately certified by the Centers for  
1338 Medicare and Medicaid Services under the federal Clinical  
1339 Laboratory Improvement Amendments and the federal rules adopted  
1340 thereunder ~~licensed under the provisions of chapter 483~~, except  
1341 for such self-testing procedures as are approved by the agency  
1342 by rule. ~~Results of clinical laboratory tests performed prior to~~  
1343 ~~admission which meet the minimum standards provided in s.~~  
1344 ~~483.181(3) shall be accepted in lieu of routine examinations~~  
1345 ~~required upon admission and clinical laboratory tests which may~~  
1346 ~~be ordered by a physician for residents of the nursing home.~~

1347 Section 44. Paragraph (a) of subsection (2) of section  
1348 400.191, Florida Statutes, is amended to read:

1349 400.191 Availability, distribution, and posting of reports  
1350 and records.—

1351 (2) The agency shall publish the Nursing Home Guide  
1352 quarterly in electronic form to assist consumers and their  
1353 families in comparing and evaluating nursing home facilities.

1354 (a) The agency shall provide an Internet site which shall  
1355 include at least the following information either directly or  
1356 indirectly through a link to another established site or sites  
1357 of the agency's choosing:

1358 1. A section entitled "Have you considered programs that  
1359 provide alternatives to nursing home care?" which shall be the  
1360 first section of the Nursing Home Guide and which shall  
1361 prominently display information about available alternatives to  
1362 nursing homes and how to obtain additional information regarding  
1363 these alternatives. The Nursing Home Guide shall explain that  
1364 this state offers alternative programs that permit qualified  
1365 elderly persons to stay in their homes instead of being placed  
1366 in nursing homes and shall encourage interested persons to call  
1367 the Comprehensive Assessment Review and Evaluation for Long-Term  
1368 Care Services (CARES) Program to inquire if they qualify. The  
1369 Nursing Home Guide shall list available home and community-based  
1370 programs which shall clearly state the services that are  
1371 provided and indicate whether nursing home services are included  
1372 if needed.

1373 2. A list by name and address of all nursing home  
1374 facilities in this state, including any prior name by which a  
1375 facility was known during the previous 24-month period.

1376 3. Whether such nursing home facilities are proprietary or  
 1377 nonproprietary.

1378 4. The current owner of the facility's license and the  
 1379 year that that entity became the owner of the license.

1380 5. The name of the owner or owners of each facility and  
 1381 whether the facility is affiliated with a company or other  
 1382 organization owning or managing more than one nursing facility  
 1383 in this state.

1384 6. The total number of beds in each facility and the most  
 1385 recently available occupancy levels.

1386 7. The number of private and semiprivate rooms in each  
 1387 facility.

1388 8. The religious affiliation, if any, of each facility.

1389 9. The languages spoken by the administrator and staff of  
 1390 each facility.

1391 10. Whether or not each facility accepts Medicare or  
 1392 Medicaid recipients or insurance, health maintenance  
 1393 organization, Veterans Administration, CHAMPUS program, or  
 1394 workers' compensation coverage.

1395 11. Recreational and other programs available at each  
 1396 facility.

1397 12. Special care units or programs offered at each  
 1398 facility.

1399 13. Whether the facility is a part of a retirement  
 1400 community that offers other services pursuant to part III of



1401 this chapter or part I or part III of chapter 429.

1402 14. Survey and deficiency information, including all  
 1403 federal and state recertification, licensure, revisit, and  
 1404 complaint survey information, for each facility ~~for the past 30~~  
 1405 ~~months~~. For noncertified nursing homes, state survey and  
 1406 deficiency information, including licensure, revisit, and  
 1407 complaint survey information ~~for the past 30 months~~ shall be  
 1408 provided.

1409 Section 45. Subsection (1) and paragraphs (b), (e), and  
 1410 (f) of subsection (4) of section 400.464, Florida Statutes, are  
 1411 amended, and subsection (6) is added to that section, to read:

1412 400.464 Home health agencies to be licensed; expiration of  
 1413 license; exemptions; unlawful acts; penalties.—

1414 (1) The requirements of part II of chapter 408 apply to  
 1415 the provision of services that require licensure pursuant to  
 1416 this part and part II of chapter 408 and entities licensed or  
 1417 registered by or applying for such licensure or registration  
 1418 from the Agency for Health Care Administration pursuant to this  
 1419 part. A license issued by the agency is required in order to  
 1420 operate a home health agency in this state. A license issued on  
 1421 or after July 1, 2018, must specify the home health services the  
 1422 organization is authorized to perform and indicate whether such  
 1423 specified services are considered skilled care. The provision or  
 1424 advertising of services that require licensure pursuant to this  
 1425 part without such services being specified on the face of the

1426 | license issued on or after July 1, 2018, constitutes unlicensed  
 1427 | activity as prohibited under s. 408.812.

1428 | (4)

1429 | (b) The operation or maintenance of an unlicensed home  
 1430 | health agency or the performance of any home health services in  
 1431 | violation of this part is declared a nuisance, inimical to the  
 1432 | public health, welfare, and safety. The agency or any state  
 1433 | attorney may, in addition to other remedies provided in this  
 1434 | part, bring an action for an injunction to restrain such  
 1435 | violation, or to enjoin the future operation or maintenance of  
 1436 | the home health agency or the provision of home health services  
 1437 | in violation of this part or part II of chapter 408, until  
 1438 | compliance with this part or the rules adopted under this part  
 1439 | has been demonstrated to the satisfaction of the agency.

1440 | (e) Any person who owns, operates, or maintains an  
 1441 | unlicensed home health agency and who, ~~within 10 working days~~  
 1442 | after receiving notification from the agency, fails to cease  
 1443 | operation and apply for a license under this part commits a  
 1444 | misdemeanor of the second degree, punishable as provided in s.  
 1445 | 775.082 or s. 775.083. Each day of continued operation is a  
 1446 | separate offense.

1447 | (f) Any home health agency that fails to cease operation  
 1448 | after agency notification may be fined in accordance with s.  
 1449 | 408.812 ~~\$500 for each day of noncompliance.~~

1450 | (6) Any person, entity, or organization providing home

1451 health services which is exempt from licensure under subsection  
1452 (5) may voluntarily apply for a certificate of exemption from  
1453 licensure under its exempt status with the agency on a form that  
1454 specifies its name or names and addresses, a statement of the  
1455 reasons why it is exempt from licensure as a home health agency,  
1456 and other information deemed necessary by the agency. A  
1457 certificate of exemption is valid for a period of not more than  
1458 2 years and is not transferable. The agency may charge an  
1459 applicant \$100 for a certificate of exemption or charge the  
1460 actual cost of processing the certificate.

1461 Section 46. Subsections (7) through (9) of section  
1462 400.471, Florida Statutes, are renumbered as subsections (6)  
1463 through (8), respectively, and subsections (2) and (6) and  
1464 present subsection (9) of that section are amended to read:

1465 400.471 Application for license; fee.—

1466 (2) In addition to the requirements of part II of chapter  
1467 408, the initial applicant, the applicant for a change of  
1468 ownership, and the applicant for the addition of skilled care  
1469 services must file with the application satisfactory proof that  
1470 the home health agency is in compliance with this part and  
1471 applicable rules, including:

1472 (a) A listing of services to be provided, either directly  
1473 by the applicant or through contractual arrangements with  
1474 existing providers.

1475 (b) The number and discipline of professional staff to be

1476 employed.

1477 ~~(c)~~ Completion of questions concerning volume data on the  
1478 renewal application as determined by rule.

1479 (c)~~(d)~~ A business plan, signed by the applicant, which  
1480 details the home health agency's methods to obtain patients and  
1481 its plan to recruit and maintain staff.

1482 (d)~~(e)~~ Evidence of contingency funding as required under  
1483 s. 408.8065 ~~equal to 1 month's average operating expenses during~~  
1484 ~~the first year of operation.~~

1485 (e)~~(f)~~ A balance sheet, income and expense statement, and  
1486 statement of cash flows for the first 2 years of operation which  
1487 provide evidence of having sufficient assets, credit, and  
1488 projected revenues to cover liabilities and expenses. The  
1489 applicant has demonstrated financial ability to operate if the  
1490 applicant's assets, credit, and projected revenues meet or  
1491 exceed projected liabilities and expenses. An applicant may not  
1492 project an operating margin of 15 percent or greater for any  
1493 month in the first year of operation. All documents required  
1494 under this paragraph must be prepared in accordance with  
1495 generally accepted accounting principles and compiled and signed  
1496 by a certified public accountant.

1497 (f)~~(g)~~ All other ownership interests in health care  
1498 entities for each controlling interest, as defined in part II of  
1499 chapter 408.

1500 (g)~~(h)~~ In the case of an application for initial

1501 licensure, an application for a change of ownership, or an  
 1502 application for the addition of skilled care services,  
 1503 documentation of accreditation, or an application for  
 1504 accreditation, from an accrediting organization that is  
 1505 recognized by the agency as having standards comparable to those  
 1506 required by this part and part II of chapter 408. A home health  
 1507 agency that ~~is not Medicare or Medicaid certified and does not~~  
 1508 provide skilled care is exempt from this paragraph.  
 1509 Notwithstanding s. 408.806, an initial applicant ~~that has~~  
 1510 ~~applied for accreditation~~ must provide proof of accreditation  
 1511 that is not conditional or provisional and a survey  
 1512 demonstrating compliance with the requirements of this part,  
 1513 part II of chapter 408, and applicable rules from an accrediting  
 1514 organization that is recognized by the agency as having  
 1515 standards comparable to those required by this part and part II  
 1516 of chapter 408 within 120 days after the date of the agency's  
 1517 receipt of the application for licensure ~~or the application~~  
 1518 ~~shall be withdrawn from further consideration.~~ Such  
 1519 accreditation must be continuously maintained by the home health  
 1520 agency to maintain licensure. The agency shall accept, in lieu  
 1521 of its own periodic licensure survey, the submission of the  
 1522 survey of an accrediting organization that is recognized by the  
 1523 agency if the accreditation of the licensed home health agency  
 1524 is not provisional and if the licensed home health agency  
 1525 authorizes releases of, and the agency receives the report of,

1526 | the accrediting organization.

1527 |       ~~(6) The agency may not issue a license designated as~~  
 1528 | ~~certified to a home health agency that fails to satisfy the~~  
 1529 | ~~requirements of a Medicare certification survey from the agency.~~

1530 |       (8)~~(9)~~ The agency may not issue a renewal license for a  
 1531 | home health agency in any county having at least one licensed  
 1532 | home health agency and that has more than one home health agency  
 1533 | per 5,000 persons, as indicated by the most recent population  
 1534 | estimates published by the Legislature's Office of Economic and  
 1535 | Demographic Research, if the applicant or any controlling  
 1536 | interest has been administratively sanctioned by the agency  
 1537 | during the 2 years prior to the submission of the licensure  
 1538 | renewal application for one or more of the following acts:

1539 |           (a) An intentional or negligent act that materially  
 1540 | affects the health or safety of a client of the provider;

1541 |           (b) Knowingly providing home health services in an  
 1542 | unlicensed assisted living facility or unlicensed adult family-  
 1543 | care home, unless the home health agency or employee reports the  
 1544 | unlicensed facility or home to the agency within 72 hours after  
 1545 | providing the services;

1546 |           (c) Preparing or maintaining fraudulent patient records,  
 1547 | such as, but not limited to, charting ahead, recording vital  
 1548 | signs or symptoms which were not personally obtained or observed  
 1549 | by the home health agency's staff at the time indicated,  
 1550 | borrowing patients or patient records from other home health

1551 agencies to pass a survey or inspection, or falsifying  
 1552 signatures;

1553 (d) Failing to provide at least one service directly to a  
 1554 patient for a period of 60 days;

1555 (e) Demonstrating a pattern of falsifying documents  
 1556 relating to the training of home health aides or certified  
 1557 nursing assistants or demonstrating a pattern of falsifying  
 1558 health statements for staff who provide direct care to patients.  
 1559 A pattern may be demonstrated by a showing of at least three  
 1560 fraudulent entries or documents;

1561 (f) Demonstrating a pattern of billing any payor for  
 1562 services not provided. A pattern may be demonstrated by a  
 1563 showing of at least three billings for services not provided  
 1564 within a 12-month period;

1565 (g) Demonstrating a pattern of failing to provide a  
 1566 service specified in the home health agency's written agreement  
 1567 with a patient or the patient's legal representative, or the  
 1568 plan of care for that patient, except ~~unless a reduction in~~  
 1569 ~~service is mandated by Medicare, Medicaid, or a state program or~~  
 1570 as provided in s. 400.492(3). A pattern may be demonstrated by a  
 1571 showing of at least three incidents, regardless of the patient  
 1572 or service, in which the home health agency did not provide a  
 1573 service specified in a written agreement or plan of care during  
 1574 a 3-month period;

1575 (h) Giving remuneration to a case manager, discharge

1576 planner, facility-based staff member, or third-party vendor who  
1577 is involved in the discharge planning process of a facility  
1578 licensed under chapter 395, chapter 429, or this chapter from  
1579 whom the home health agency receives referrals or gives  
1580 remuneration as prohibited in s. 400.474(6)(a);

1581 (i) Giving cash, or its equivalent, to a Medicare or  
1582 Medicaid beneficiary;

1583 (j) Demonstrating a pattern of billing the Medicaid  
1584 program for services to Medicaid recipients which are medically  
1585 unnecessary as determined by a final order. A pattern may be  
1586 demonstrated by a showing of at least two such medically  
1587 unnecessary services within one Medicaid program integrity audit  
1588 period;

1589 (k) Providing services to residents in an assisted living  
1590 facility for which the home health agency does not receive fair  
1591 market value remuneration; or

1592 (l) Providing staffing to an assisted living facility for  
1593 which the home health agency does not receive fair market value  
1594 remuneration.

1595 Section 47. Subsection (5) of section 400.474, Florida  
1596 Statutes, is amended to read:

1597 400.474 Administrative penalties.—

1598 (5) The agency shall impose a fine of \$5,000 against a  
1599 home health agency that demonstrates a pattern of failing to  
1600 provide a service specified in the home health agency's written



1601 agreement with a patient or the patient's legal representative,  
1602 or the plan of care for that patient, except ~~unless a reduction~~  
1603 ~~in service is mandated by Medicare, Medicaid, or a state program~~  
1604 ~~or~~ as provided in s. 400.492(3). A pattern may be demonstrated  
1605 by a showing of at least three incidences, regardless of the  
1606 patient or service, where the home health agency did not provide  
1607 a service specified in a written agreement or plan of care  
1608 during a 3-month period. The agency shall impose the fine for  
1609 each occurrence. The agency may also impose additional  
1610 administrative fines under s. 400.484 for the direct or indirect  
1611 harm to a patient, or deny, revoke, or suspend the license of  
1612 the home health agency for a pattern of failing to provide a  
1613 service specified in the home health agency's written agreement  
1614 with a patient or the plan of care for that patient.

1615 Section 48. Paragraph (c) of subsection (2) of section  
1616 400.476, Florida Statutes, is amended to read:

1617 400.476 Staffing requirements; notifications; limitations  
1618 on staffing services.—

1619 (2) DIRECTOR OF NURSING.—

1620 (c) A home health agency that provides skilled nursing  
1621 care must ~~is not Medicare or Medicaid certified and does not~~  
1622 ~~provide skilled care or provides only physical, occupational, or~~  
1623 ~~speech therapy is not required to have a director of nursing and~~  
1624 ~~is exempt from paragraph (b).~~

1625 Section 49. Section 400.484, Florida Statutes, is amended

1626 to read:

1627 400.484 Right of inspection; violations ~~deficiencies~~;  
1628 fines.—

1629 (1) In addition to the requirements of s. 408.811, the  
1630 agency may make such inspections and investigations as are  
1631 necessary in order to determine the state of compliance with  
1632 this part, part II of chapter 408, and applicable rules.

1633 (2) The agency shall impose fines for various classes of  
1634 violations ~~deficiencies~~ in accordance with the following  
1635 schedule:

1636 (a) Class I violations are as provided in s. 408.813 ~~A~~  
1637 ~~class I deficiency is any act, omission, or practice that~~  
1638 ~~results in a patient's death, disablement, or permanent injury,~~  
1639 ~~or places a patient at imminent risk of death, disablement, or~~  
1640 ~~permanent injury.~~ Upon finding a class I violation ~~deficiency~~,  
1641 the agency shall impose an administrative fine in the amount of  
1642 \$15,000 for each occurrence and each day that the violation  
1643 ~~deficiency~~ exists.

1644 (b) Class II violations are as provided in s. 408.813 ~~A~~  
1645 ~~class II deficiency is any act, omission, or practice that has a~~  
1646 ~~direct adverse effect on the health, safety, or security of a~~  
1647 ~~patient.~~ Upon finding a class II violation ~~deficiency~~, the  
1648 agency shall impose an administrative fine in the amount of  
1649 \$5,000 for each occurrence and each day that the violation  
1650 ~~deficiency~~ exists.

1651 (c) Class III violations are as provided in s. 408.813 A  
1652 ~~class III deficiency is any act, omission, or practice that has~~  
1653 ~~an indirect, adverse effect on the health, safety, or security~~  
1654 ~~of a patient.~~ Upon finding an uncorrected or repeated class III  
1655 violation deficiency, the agency shall impose an administrative  
1656 fine not to exceed \$1,000 for each occurrence and each day that  
1657 the uncorrected or repeated violation deficiency exists.

1658 (d) Class IV violations are as provided in s. 408.813 A  
1659 ~~class IV deficiency is any act, omission, or practice related to~~  
1660 ~~required reports, forms, or documents which does not have the~~  
1661 ~~potential of negatively affecting patients.~~ These violations are  
1662 of a type that the agency determines do not threaten the health,  
1663 safety, or security of patients. Upon finding an uncorrected or  
1664 repeated class IV violation deficiency, the agency shall impose  
1665 an administrative fine not to exceed \$500 for each occurrence  
1666 and each day that the uncorrected or repeated violation  
1667 deficiency exists.

1668 (3) In addition to any other penalties imposed pursuant to  
1669 this section or part, the agency may assess costs related to an  
1670 investigation that results in a successful prosecution,  
1671 excluding costs associated with an attorney's time.

1672 Section 50. Subsection (4) of section 400.497, Florida  
1673 Statutes, is amended to read:

1674 400.497 Rules establishing minimum standards.—The agency  
1675 shall adopt, publish, and enforce rules to implement part II of

1676 chapter 408 and this part, including, as applicable, ss. 400.506  
 1677 and 400.509, which must provide reasonable and fair minimum  
 1678 standards relating to:

1679 (4) Licensure application and renewal and certificates of  
 1680 exemption.

1681 Section 51. Subsection (5), paragraphs (d) and (e) of  
 1682 subsection (6), paragraph (a) of subsection (15), and subsection  
 1683 (19) of section 400.506, Florida Statutes, are amended to read:

1684 400.506 Licensure of nurse registries; requirements;  
 1685 penalties.—

1686 (5) (a) In addition to the requirements of s. 408.812, any  
 1687 person who owns, operates, or maintains an unlicensed nurse  
 1688 registry and who, ~~within 10 working days~~ after receiving  
 1689 notification from the agency, fails to cease operation and apply  
 1690 for a license under this part commits a misdemeanor of the  
 1691 second degree, punishable as provided in s. 775.082 or s.  
 1692 775.083. Each day of continued operation is a separate offense.

1693 (b) If a nurse registry fails to cease operation after  
 1694 agency notification, the agency may impose a fine pursuant to s.  
 1695 408.812 ~~of \$500 for each day of noncompliance.~~

1696 (6)

1697 (d) A registered nurse, licensed practical nurse,  
 1698 certified nursing assistant, companion or homemaker, or home  
 1699 health aide referred for contract under this chapter by a nurse  
 1700 registry is deemed an independent contractor and not an employee

1701 of the nurse registry under any chapter, regardless of the  
1702 obligations imposed on a nurse registry under this chapter or  
1703 chapter 408.

1704 (e) Upon referral of a registered nurse, licensed  
1705 practical nurse, certified nursing assistant, companion or  
1706 homemaker, or home health aide for contract in a private  
1707 residence or facility, the nurse registry shall advise the  
1708 patient, the patient's family, or any other person acting on  
1709 behalf of the patient, at the time of the contract for services,  
1710 that the caregiver referred by the nurse registry is an  
1711 independent contractor and that the ~~it is not the obligation of~~  
1712 ~~a~~ nurse registry may not ~~to~~ monitor, supervise, manage, or train  
1713 a caregiver referred for contract under this chapter.

1714 (15) (a) The agency may deny, suspend, or revoke the  
1715 license of a nurse registry and shall impose a fine of \$5,000  
1716 against a nurse registry that:

1717 1. Provides services to residents in an assisted living  
1718 facility for which the nurse registry does not receive fair  
1719 market value remuneration.

1720 2. Provides staffing to an assisted living facility for  
1721 which the nurse registry does not receive fair market value  
1722 remuneration.

1723 3. Fails to provide the agency, upon request, with copies  
1724 of all contracts with assisted living facilities which were  
1725 executed within the last 5 years.

1726           ~~4. Gives remuneration to a case manager, discharge~~  
1727 ~~planner, facility-based staff member, or third-party vendor who~~  
1728 ~~is involved in the discharge planning process of a facility~~  
1729 ~~licensed under chapter 395 or this chapter and from whom the~~  
1730 ~~nurse registry receives referrals. A nurse registry is exempt~~  
1731 ~~from this subparagraph if it does not bill the Florida Medicaid~~  
1732 ~~program or the Medicare program or share a controlling interest~~  
1733 ~~with any entity licensed, registered, or certified under part II~~  
1734 ~~of chapter 408 that bills the Florida Medicaid program or the~~  
1735 ~~Medicare program.~~

1736           ~~5. Gives remuneration to a physician, a member of the~~  
1737 ~~physician's office staff, or an immediate family member of the~~  
1738 ~~physician, and the nurse registry received a patient referral in~~  
1739 ~~the last 12 months from that physician or the physician's office~~  
1740 ~~staff. A nurse registry is exempt from this subparagraph if it~~  
1741 ~~does not bill the Florida Medicaid program or the Medicare~~  
1742 ~~program or share a controlling interest with any entity~~  
1743 ~~licensed, registered, or certified under part II of chapter 408~~  
1744 ~~that bills the Florida Medicaid program or the Medicare program.~~

1745           ~~(19) It is not the obligation of~~ A nurse registry may not  
1746 ~~to~~ monitor, supervise, manage, or train a registered nurse,  
1747 licensed practical nurse, certified nursing assistant, companion  
1748 or homemaker, or home health aide referred for contract under  
1749 this chapter. In the event of a violation of this chapter or a  
1750 violation of any other law of this state by a referred

1751 registered nurse, licensed practical nurse, certified nursing  
1752 assistant, companion or homemaker, or home health aide, or a  
1753 deficiency in credentials which comes to the attention of the  
1754 nurse registry, the nurse registry shall advise the patient to  
1755 terminate the referred person's contract, providing the reason  
1756 for the suggested termination; cease referring the person to  
1757 other patients or facilities; and, if practice violations are  
1758 involved, notify the licensing board. This section does not  
1759 affect or negate any other obligations imposed on a nurse  
1760 registry under chapter 408.

1761 Section 52. Subsection (1) of section 400.606, Florida  
1762 Statutes, is amended to read:

1763 400.606 License; application; renewal; conditional license  
1764 or permit; certificate of need.—

1765 (1) In addition to the requirements of part II of chapter  
1766 408, the initial application and change of ownership application  
1767 must be accompanied by a plan for the delivery of home,  
1768 residential, and homelike inpatient hospice services to  
1769 terminally ill persons and their families. Such plan must  
1770 contain, but need not be limited to:

1771 (a) The estimated average number of terminally ill persons  
1772 to be served monthly.

1773 (b) The geographic area in which hospice services will be  
1774 available.

1775 (c) A listing of services which are or will be provided,

1776 either directly by the applicant or through contractual  
 1777 arrangements with existing providers.

1778 (d) Provisions for the implementation of hospice home care  
 1779 within 3 months after licensure.

1780 (e) Provisions for the implementation of hospice homelike  
 1781 inpatient care within 12 months after licensure.

1782 (f) The number and disciplines of professional staff to be  
 1783 employed.

1784 (g) The name and qualifications of any existing or  
 1785 potential contractee.

1786 (h) A plan for attracting and training volunteers.

1787

1788 ~~If the applicant is an existing licensed health care provider,~~  
 1789 ~~the application must be accompanied by a copy of the most recent~~  
 1790 ~~profit-loss statement and, if applicable, the most recent~~  
 1791 ~~licensure inspection report.~~

1792 Section 53. Subsection (6) of section 400.925, Florida  
 1793 Statutes, is amended to read:

1794 400.925 Definitions.—As used in this part, the term:

1795 (6) "Home medical equipment" includes any product as  
 1796 defined by the Food and Drug Administration's Federal Food,  
 1797 Drug, and Cosmetic Act, any products reimbursed under the  
 1798 Medicare Part B Durable Medical Equipment benefits, or any  
 1799 products reimbursed under the Florida Medicaid durable medical  
 1800 equipment program. Home medical equipment includes:



1801           (a) Oxygen and related respiratory equipment; ~~manual,~~  
 1802 ~~motorized, or customized wheelchairs and related seating and~~  
 1803 ~~positioning, but does not include prosthetics or orthotics or~~  
 1804 ~~any splints, braces, or aids custom fabricated by a licensed~~  
 1805 ~~health care practitioner;~~

1806           (b) Motorized scooters;

1807           (c) Personal transfer systems; ~~and~~

1808           (d) Specialty beds, for use by a person with a medical  
 1809 need; and

1810           (e) Manual, motorized, or customized wheelchairs and  
 1811 related seating and positioning, but does not include  
 1812 prosthetics or orthotics or any splints, braces, or aids custom  
 1813 fabricated by a licensed health care practitioner.

1814           Section 54. Subsection (4) of section 400.931, Florida  
 1815 Statutes, is amended to read:

1816           400.931 Application for license; fee.—

1817           (4) When a change of the general manager of a home medical  
 1818 equipment provider occurs, the licensee must notify the agency  
 1819 of the change within the timeframes established in part II of  
 1820 chapter 408 and applicable rules ~~45 days~~.

1821           Section 55. Subsection (2) of section 400.933, Florida  
 1822 Statutes, is amended to read:

1823           400.933 Licensure inspections and investigations.—

1824           (2) The agency shall accept, in lieu of its own periodic  
 1825 inspections for licensure, submission of the following:

1826 (a) The survey or inspection of an accrediting  
 1827 organization, provided the accreditation of the licensed home  
 1828 medical equipment provider is not provisional and provided the  
 1829 licensed home medical equipment provider authorizes release of,  
 1830 and the agency receives the report of, the accrediting  
 1831 organization; or

1832 (b) A copy of a valid medical oxygen retail establishment  
 1833 permit issued by the Department of Business and Professional  
 1834 Regulation Health, pursuant to chapter 499.

1835 Section 56. Subsection (2) of section 400.980, Florida  
 1836 Statutes, is amended to read:

1837 400.980 Health care services pools.—

1838 (2) The requirements of part II of chapter 408 apply to  
 1839 the provision of services that require licensure or registration  
 1840 pursuant to this part and part II of chapter 408 and to entities  
 1841 registered by or applying for such registration from the agency  
 1842 pursuant to this part. Registration or a license issued by the  
 1843 agency is required for the operation of a health care services  
 1844 pool in this state. In accordance with s. 408.805, an applicant  
 1845 or licensee shall pay a fee for each license application  
 1846 submitted using this part, part II of chapter 408, and  
 1847 applicable rules. The agency shall adopt rules and provide forms  
 1848 required for such registration and shall impose a registration  
 1849 fee in an amount sufficient to cover the cost of administering  
 1850 this part and part II of chapter 408. In addition to the

1851 requirements in part II of chapter 408, the registrant must  
 1852 provide the agency with any change of information contained on  
 1853 the original registration application within the timeframes  
 1854 established in this part, part II of chapter 408, and applicable  
 1855 rules ~~14 days prior to the change.~~

1856 Section 57. Paragraphs (a) through (d) of subsection (4)  
 1857 of section 400.9905, Florida Statutes, are amended to read:

1858 400.9905 Definitions.—

1859 (4) "Clinic" means an entity where health care services  
 1860 are provided to individuals and which tenders charges for  
 1861 reimbursement for such services, including a mobile clinic and a  
 1862 portable equipment provider. As used in this part, the term does  
 1863 not include and the licensure requirements of this part do not  
 1864 apply to:

1865 (a) Entities licensed or registered by the state under  
 1866 chapter 395; entities licensed or registered by the state and  
 1867 providing only health care services within the scope of services  
 1868 authorized under their respective licenses under ss. 383.30-  
 1869 383.332 ~~383.30-383.335~~, chapter 390, chapter 394, chapter 397,  
 1870 this chapter except part X, chapter 429, chapter 463, chapter  
 1871 465, chapter 466, chapter 478, ~~part I of chapter 483~~, chapter  
 1872 484, or chapter 651; end-stage renal disease providers  
 1873 authorized under 42 C.F.R. part 405, subpart U; providers  
 1874 certified under 42 C.F.R. part 485, subpart B or subpart H; or  
 1875 any entity that provides neonatal or pediatric hospital-based

1876 health care services or other health care services by licensed  
 1877 practitioners solely within a hospital licensed under chapter  
 1878 395.

1879 (b) Entities that own, directly or indirectly, entities  
 1880 licensed or registered by the state pursuant to chapter 395;  
 1881 entities that own, directly or indirectly, entities licensed or  
 1882 registered by the state and providing only health care services  
 1883 within the scope of services authorized pursuant to their  
 1884 respective licenses under ss. 383.30-383.332 ~~383.30-383.335~~,  
 1885 chapter 390, chapter 394, chapter 397, this chapter except part  
 1886 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
 1887 478, ~~part I of chapter 483~~, chapter 484, or chapter 651; end-  
 1888 stage renal disease providers authorized under 42 C.F.R. part  
 1889 405, subpart U; providers certified under 42 C.F.R. part 485,  
 1890 subpart B or subpart H; or any entity that provides neonatal or  
 1891 pediatric hospital-based health care services by licensed  
 1892 practitioners solely within a hospital licensed under chapter  
 1893 395.

1894 (c) Entities that are owned, directly or indirectly, by an  
 1895 entity licensed or registered by the state pursuant to chapter  
 1896 395; entities that are owned, directly or indirectly, by an  
 1897 entity licensed or registered by the state and providing only  
 1898 health care services within the scope of services authorized  
 1899 pursuant to their respective licenses under ss. 383.30-383.332  
 1900 ~~383.30-383.335~~, chapter 390, chapter 394, chapter 397, this

1901 chapter except part X, chapter 429, chapter 463, chapter 465,  
1902 chapter 466, chapter 478, ~~part I of chapter 483~~, chapter 484, or  
1903 chapter 651; end-stage renal disease providers authorized under  
1904 42 C.F.R. part 405, subpart U; providers certified under 42  
1905 C.F.R. part 485, subpart B or subpart H; or any entity that  
1906 provides neonatal or pediatric hospital-based health care  
1907 services by licensed practitioners solely within a hospital  
1908 under chapter 395.

1909 (d) Entities that are under common ownership, directly or  
1910 indirectly, with an entity licensed or registered by the state  
1911 pursuant to chapter 395; entities that are under common  
1912 ownership, directly or indirectly, with an entity licensed or  
1913 registered by the state and providing only health care services  
1914 within the scope of services authorized pursuant to their  
1915 respective licenses under ss. 383.30-383.332 ~~383.30-383.335~~,  
1916 chapter 390, chapter 394, chapter 397, this chapter except part  
1917 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
1918 478, ~~part I of chapter 483~~, chapter 484, or chapter 651; end-  
1919 stage renal disease providers authorized under 42 C.F.R. part  
1920 405, subpart U; providers certified under 42 C.F.R. part 485,  
1921 subpart B or subpart H; or any entity that provides neonatal or  
1922 pediatric hospital-based health care services by licensed  
1923 practitioners solely within a hospital licensed under chapter  
1924 395.

1925

1926 Notwithstanding this subsection, an entity shall be deemed a  
 1927 clinic and must be licensed under this part in order to receive  
 1928 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.  
 1929 627.730-627.7405, unless exempted under s. 627.736(5)(h).

1930 Section 58. Subsection (6) of section 400.9935, Florida  
 1931 Statutes, is amended to read:

1932 400.9935 Clinic responsibilities.—

1933 (6) Any person or entity providing health care services  
 1934 which is not a clinic, as defined under s. 400.9905, may  
 1935 voluntarily apply for a certificate of exemption from licensure  
 1936 under its exempt status with the agency on a form that sets  
 1937 forth its name or names and addresses, a statement of the  
 1938 reasons why it cannot be defined as a clinic, and other  
 1939 information deemed necessary by the agency. An exemption may be  
 1940 valid for up to 2 years and is not transferable. The agency may  
 1941 charge an applicant for a certificate of exemption in an amount  
 1942 equal to \$100 or the actual cost of processing the certificate,  
 1943 whichever is less. An entity seeking a certificate of exemption  
 1944 must publish and maintain a schedule of charges for the medical  
 1945 services offered to patients. The schedule must include the  
 1946 prices charged to an uninsured person paying for such services  
 1947 by cash, check, credit card, or debit card. The schedule must be  
 1948 posted in a conspicuous place in the reception area of the  
 1949 entity and must include, but is not limited to, the 50 services  
 1950 most frequently provided by the entity. The schedule may group

1951 services by three price levels, listing services in each price  
 1952 level. The posting must be at least 15 square feet in size. As a  
 1953 condition precedent to receiving a certificate of exemption, an  
 1954 applicant must provide to the agency documentation of compliance  
 1955 with these requirements.

1956 Section 59. Subsection (17) of section 408.032, Florida  
 1957 Statutes, is amended to read:

1958 408.032 Definitions relating to Health Facility and  
 1959 Services Development Act.—As used in ss. 408.031-408.045, the  
 1960 term:

1961 (17) "Tertiary health service" means a health service  
 1962 which, due to its high level of intensity, complexity,  
 1963 specialized or limited applicability, and cost, should be  
 1964 limited to, and concentrated in, a limited number of hospitals  
 1965 to ensure the quality, availability, and cost-effectiveness of  
 1966 such service. Examples of such service include, but are not  
 1967 limited to, pediatric cardiac catheterization, pediatric open-  
 1968 heart surgery, organ transplantation, neonatal intensive care  
 1969 units, comprehensive rehabilitation, and medical or surgical  
 1970 services which are experimental or developmental in nature to  
 1971 the extent that the provision of such services is not yet  
 1972 contemplated within the commonly accepted course of diagnosis or  
 1973 treatment for the condition addressed by a given service.

1974 Tertiary health service does not include bone marrow  
 1975 transplantation at a statutory teaching hospital. The agency

1976 shall establish by rule a list of all tertiary health services.

1977 Section 60. Paragraph (a) of subsection (2) of section  
1978 408.033, Florida Statutes, is amended to read:

1979 408.033 Local and state health planning.—

1980 (2) FUNDING.—

1981 (a) The Legislature intends that the cost of local health  
1982 councils be borne by assessments on selected health care  
1983 facilities subject to facility licensure by the Agency for  
1984 Health Care Administration, including abortion clinics, assisted  
1985 living facilities, ambulatory surgical centers, birth birthing  
1986 ~~centers, clinical laboratories except community nonprofit blood~~  
1987 ~~banks and clinical laboratories operated by practitioners for~~  
1988 ~~exclusive use regulated under s. 483.035,~~ home health agencies,  
1989 hospices, hospitals, intermediate care facilities for the  
1990 developmentally disabled, nursing homes, health care clinics,  
1991 and multiphasic testing centers and by assessments on  
1992 organizations subject to certification by the agency pursuant to  
1993 chapter 641, part III, including health maintenance  
1994 organizations and prepaid health clinics. Fees assessed may be  
1995 collected prospectively at the time of licensure renewal and  
1996 prorated for the licensure period.

1997 Section 61. Paragraphs (g) through (l) and (o) through (t)  
1998 of subsection (3) of section 408.036, Florida Statutes, are  
1999 redesignated as paragraphs (f) through (k) and (l) through (q),  
2000 respectively, and paragraphs (e), (m), and (n) and present



2001 paragraphs (f) and (p) of that subsection are amended to read:

2002 408.036 Projects subject to review; exemptions.—

2003 (3) EXEMPTIONS.—Upon request, the following projects are  
 2004 subject to exemption from the provisions of subsection (1):

2005 ~~(e) For mobile surgical facilities and related health care~~  
 2006 ~~services provided under contract with the Department of~~  
 2007 ~~Corrections or a private correctional facility operating~~  
 2008 ~~pursuant to chapter 957.~~

2009 (e) ~~(f)~~ For the addition of nursing home beds licensed  
 2010 under chapter 400 in a number not exceeding 30 total beds or 25  
 2011 percent of the number of beds licensed in the facility being  
 2012 replaced under paragraph (2) (b), paragraph (2) (c), or paragraph  
 2013 (m) ~~(p)~~, whichever is less.

2014 ~~(m)1. For the provision of adult open-heart services in a~~  
 2015 ~~hospital located within the boundaries of a health service~~  
 2016 ~~planning district, as defined in s. 408.032(5), which has~~  
 2017 ~~experienced an annual net out-migration of at least 600 open-~~  
 2018 ~~heart surgery cases for 3 consecutive years according to the~~  
 2019 ~~most recent data reported to the agency, and the district's~~  
 2020 ~~population per licensed and operational open-heart programs~~  
 2021 ~~exceeds the state average of population per licensed and~~  
 2022 ~~operational open-heart programs by at least 25 percent. All~~  
 2023 ~~hospitals within a health service planning district which meet~~  
 2024 ~~the criteria reference in sub-subparagraphs 2.a.-h. shall be~~  
 2025 ~~eligible for this exemption on July 1, 2004, and shall receive~~

2026 ~~the exemption upon filing for it and subject to the following:~~

2027 ~~a. A hospital that has received a notice of intent to~~  
2028 ~~grant a certificate of need or a final order of the agency~~  
2029 ~~granting a certificate of need for the establishment of an open-~~  
2030 ~~heart surgery program is entitled to receive a letter of~~  
2031 ~~exemption for the establishment of an adult open-heart surgery~~  
2032 ~~program upon filing a request for exemption and complying with~~  
2033 ~~the criteria enumerated in sub-subparagraphs 2.a.-h., and is~~  
2034 ~~entitled to immediately commence operation of the program.~~

2035 ~~b. An otherwise eligible hospital that has not received a~~  
2036 ~~notice of intent to grant a certificate of need or a final order~~  
2037 ~~of the agency granting a certificate of need for the~~  
2038 ~~establishment of an open-heart surgery program is entitled to~~  
2039 ~~immediately receive a letter of exemption for the establishment~~  
2040 ~~of an adult open-heart surgery program upon filing a request for~~  
2041 ~~exemption and complying with the criteria enumerated in sub-~~  
2042 ~~subparagraphs 2.a.-h., but is not entitled to commence operation~~  
2043 ~~of its program until December 31, 2006.~~

2044 ~~2. A hospital shall be exempt from the certificate-of-need~~  
2045 ~~review for the establishment of an open-heart surgery program~~  
2046 ~~when the application for exemption submitted under this~~  
2047 ~~paragraph complies with the following criteria:~~

2048 ~~a. The applicant must certify that it will meet and~~  
2049 ~~continuously maintain the minimum licensure requirements adopted~~  
2050 ~~by the agency governing adult open-heart programs, including the~~

2051 ~~most current guidelines of the American College of Cardiology~~  
2052 ~~and American Heart Association Guidelines for Adult Open Heart~~  
2053 ~~Programs.~~

2054 ~~b. The applicant must certify that it will maintain~~  
2055 ~~sufficient appropriate equipment and health personnel to ensure~~  
2056 ~~quality and safety.~~

2057 ~~e. The applicant must certify that it will maintain~~  
2058 ~~appropriate times of operation and protocols to ensure~~  
2059 ~~availability and appropriate referrals in the event of~~  
2060 ~~emergencies.~~

2061 ~~d. The applicant can demonstrate that it has discharged at~~  
2062 ~~least 300 inpatients with a principal diagnosis of ischemic~~  
2063 ~~heart disease for the most recent 12-month period as reported to~~  
2064 ~~the agency.~~

2065 ~~e. The applicant is a general acute care hospital that is~~  
2066 ~~in operation for 3 years or more.~~

2067 ~~f. The applicant is performing more than 300 diagnostic~~  
2068 ~~cardiac catheterization procedures per year, combined inpatient~~  
2069 ~~and outpatient.~~

2070 ~~g. The applicant's payor mix at a minimum reflects the~~  
2071 ~~community average for Medicaid, charity care, and self-pay~~  
2072 ~~patients or the applicant must certify that it will provide a~~  
2073 ~~minimum of 5 percent of Medicaid, charity care, and self-pay to~~  
2074 ~~open-heart-surgery patients.~~

2075 ~~h. If the applicant fails to meet the established criteria~~

2076 ~~for open-heart programs or fails to reach 300 surgeries per year~~  
2077 ~~by the end of its third year of operation, it must show cause~~  
2078 ~~why its exemption should not be revoked.~~

2079 ~~3. By December 31, 2004, and annually thereafter, the~~  
2080 ~~agency shall submit a report to the Legislature providing~~  
2081 ~~information concerning the number of requests for exemption it~~  
2082 ~~has received under this paragraph during the calendar year and~~  
2083 ~~the number of exemptions it has granted or denied during the~~  
2084 ~~calendar year.~~

2085 ~~(n) For the provision of percutaneous coronary~~  
2086 ~~intervention for patients presenting with emergency myocardial~~  
2087 ~~infarctions in a hospital without an approved adult open-heart-~~  
2088 ~~surgery program. In addition to any other documentation required~~  
2089 ~~by the agency, a request for an exemption submitted under this~~  
2090 ~~paragraph must comply with the following:~~

2091 ~~1. The applicant must certify that it will meet and~~  
2092 ~~continuously maintain the requirements adopted by the agency for~~  
2093 ~~the provision of these services. These licensure requirements~~  
2094 ~~shall be adopted by rule and must be consistent with the~~  
2095 ~~guidelines published by the American College of Cardiology and~~  
2096 ~~the American Heart Association for the provision of percutaneous~~  
2097 ~~coronary interventions in hospitals without adult open-heart~~  
2098 ~~services. At a minimum, the rules must require the following:~~

2099 ~~a. Cardiologists must be experienced interventionalists~~  
2100 ~~who have performed a minimum of 75 interventions within the~~

2101 ~~previous 12 months.~~

2102 ~~b. The hospital must provide a minimum of 36 emergency~~  
2103 ~~interventions annually in order to continue to provide the~~  
2104 ~~service.~~

2105 ~~e. The hospital must offer sufficient physician, nursing,~~  
2106 ~~and laboratory staff to provide the services 24 hours a day, 7~~  
2107 ~~days a week.~~

2108 ~~d. Nursing and technical staff must have demonstrated~~  
2109 ~~experience in handling acutely ill patients requiring~~  
2110 ~~intervention based on previous experience in dedicated~~  
2111 ~~interventional laboratories or surgical centers.~~

2112 ~~e. Cardiac care nursing staff must be adept in hemodynamic~~  
2113 ~~monitoring and Intra-aortic Balloon Pump (IABP) management.~~

2114 ~~f. Formalized written transfer agreements must be~~  
2115 ~~developed with a hospital with an adult open-heart surgery~~  
2116 ~~program, and written transport protocols must be in place to~~  
2117 ~~ensure safe and efficient transfer of a patient within 60~~  
2118 ~~minutes. Transfer and transport agreements must be reviewed and~~  
2119 ~~tested, with appropriate documentation maintained at least every~~  
2120 ~~3 months. However, a hospital located more than 100 road miles~~  
2121 ~~from the closest Level II adult cardiovascular services program~~  
2122 ~~does not need to meet the 60-minute transfer time protocol if~~  
2123 ~~the hospital demonstrates that it has a formalized, written~~  
2124 ~~transfer agreement with a hospital that has a Level II program.~~  
2125 ~~The agreement must include written transport protocols that~~

2126 ~~ensure the safe and efficient transfer of a patient, taking into~~  
2127 ~~consideration the patient's clinical and physical~~  
2128 ~~characteristics, road and weather conditions, and viability of~~  
2129 ~~ground and air ambulance service to transfer the patient.~~

2130 ~~g. Hospitals implementing the service must first undertake~~  
2131 ~~a training program of 3 to 6 months' duration, which includes~~  
2132 ~~establishing standards and testing logistics, creating quality~~  
2133 ~~assessment and error management practices, and formalizing~~  
2134 ~~patient-selection criteria.~~

2135 ~~2. The applicant must certify that it will use at all~~  
2136 ~~times the patient-selection criteria for the performance of~~  
2137 ~~primary angioplasty at hospitals without adult open-heart-~~  
2138 ~~surgery programs issued by the American College of Cardiology~~  
2139 ~~and the American Heart Association. At a minimum, these criteria~~  
2140 ~~would provide for the following:~~

2141 ~~a. Avoidance of interventions in hemodynamically stable~~  
2142 ~~patients who have identified symptoms or medical histories.~~

2143 ~~b. Transfer of patients who have a history of coronary~~  
2144 ~~disease and clinical presentation of hemodynamic instability.~~

2145 ~~3. The applicant must agree to submit a quarterly report~~  
2146 ~~to the agency detailing patient characteristics, treatment, and~~  
2147 ~~outcomes for all patients receiving emergency percutaneous~~  
2148 ~~coronary interventions pursuant to this paragraph. This report~~  
2149 ~~must be submitted within 15 days after the close of each~~  
2150 ~~calendar quarter.~~

2151 ~~4. The exemption provided by this paragraph does not apply~~  
2152 ~~unless the agency determines that the hospital has taken all~~  
2153 ~~necessary steps to be in compliance with all requirements of~~  
2154 ~~this paragraph, including the training program required under~~  
2155 ~~sub-subparagraph 1.g.~~

2156 ~~5. Failure of the hospital to continuously comply with the~~  
2157 ~~requirements of sub-subparagraphs 1.c.-f. and subparagraphs 2.~~  
2158 ~~and 3. will result in the immediate expiration of this~~  
2159 ~~exemption.~~

2160 ~~6. Failure of the hospital to meet the volume requirements~~  
2161 ~~of sub-subparagraphs 1.a. and b. within 18 months after the~~  
2162 ~~program begins offering the service will result in the immediate~~  
2163 ~~expiration of the exemption.~~

2164  
2165 ~~If the exemption for this service expires under subparagraph 5.~~  
2166 ~~or subparagraph 6., the agency may not grant another exemption~~  
2167 ~~for this service to the same hospital for 2 years and then only~~  
2168 ~~upon a showing that the hospital will remain in compliance with~~  
2169 ~~the requirements of this paragraph through a demonstration of~~  
2170 ~~corrections to the deficiencies that caused expiration of the~~  
2171 ~~exemption. Compliance with the requirements of this paragraph~~  
2172 ~~includes compliance with the rules adopted pursuant to this~~  
2173 ~~paragraph.~~

2174 ~~(m)-(p)~~ For replacement of a licensed nursing home on the  
2175 same site, or within 5 miles of the same site if within the same

2176 subdistrict, if the number of licensed beds does not increase  
 2177 except as permitted under paragraph (e) ~~(f)~~.

2178 Section 62. Paragraph (b) of subsection (3) of section  
 2179 408.0361, Florida Statutes, is amended to read:

2180 408.0361 Cardiovascular services and burn unit licensure.—

2181 (3) In establishing rules for adult cardiovascular  
 2182 services, the agency shall include provisions that allow for:

2183 (b)1. For a hospital seeking a Level I program,  
 2184 demonstration that, for the most recent 12-month period as  
 2185 reported to the agency, it has provided a minimum of 300 adult  
 2186 inpatient and outpatient diagnostic cardiac catheterizations or,  
 2187 for the most recent 12-month period, has discharged or  
 2188 transferred at least 300 patients ~~inpatients~~ with the principal  
 2189 diagnosis of ischemic heart disease and that it has a  
 2190 formalized, written transfer agreement with a hospital that has  
 2191 a Level II program, including written transport protocols to  
 2192 ensure safe and efficient transfer of a patient within 60  
 2193 minutes.

2194 2.a. A hospital located more than 100 road miles from the  
 2195 closest Level II adult cardiovascular services program does not  
 2196 need to meet the diagnostic cardiac catheterization volume and  
 2197 ischemic heart disease diagnosis volume requirements in  
 2198 subparagraph 1., if the hospital demonstrates that it has, for  
 2199 the most recent 12-month period as reported to the agency,  
 2200 provided a minimum of 100 adult inpatient and outpatient



2201 diagnostic cardiac catheterizations or that, for the most recent  
2202 12-month period, it has discharged or transferred at least 300  
2203 patients with the principal diagnosis of ischemic heart disease.

2204 b. ~~However,~~ A hospital located more than 100 road miles  
2205 from the closest Level II adult cardiovascular services program  
2206 does not need to meet the 60-minute transfer time protocol  
2207 requirement in subparagraph 1., if the hospital demonstrates  
2208 that it has a formalized, written transfer agreement with a  
2209 hospital that has a Level II program. The agreement must include  
2210 written transport protocols to ensure the safe and efficient  
2211 transfer of a patient, taking into consideration the patient's  
2212 clinical and physical characteristics, road and weather  
2213 conditions, and viability of ground and air ambulance service to  
2214 transfer the patient.

2215 3. At a minimum, the rules for adult cardiovascular  
2216 services must require nursing and technical staff to have  
2217 demonstrated experience in handling acutely ill patients  
2218 requiring intervention, based on the staff member's previous  
2219 experience in dedicated cardiac interventional laboratories or  
2220 surgical centers. If a staff member's previous experience is in  
2221 a dedicated cardiac interventional laboratory at a hospital that  
2222 does not have an approved adult open-heart-surgery program, the  
2223 staff member's previous experience qualifies only if, at the  
2224 time the staff member acquired his or her experience, the  
2225 dedicated cardiac interventional laboratory:

- 2226 |       a. Had an annual volume of 500 or more percutaneous
- 2227 | cardiac intervention procedures;
- 2228 |       b. Achieved a demonstrated success rate of 95 percent or
- 2229 | greater for percutaneous cardiac intervention procedures;
- 2230 |       c. Experienced a complication rate of less than 5 percent
- 2231 | for percutaneous cardiac intervention procedures; and
- 2232 |       d. Performed diverse cardiac procedures, including, but
- 2233 | not limited to, balloon angioplasty and stenting, rotational
- 2234 | atherectomy, cutting balloon atheroma remodeling, and procedures
- 2235 | relating to left ventricular support capability.

2236 |       Section 63. Paragraph (k) is added to subsection (3) of

2237 | section 408.05, Florida Statutes, to read:

2238 |       408.05 Florida Center for Health Information and

2239 | Transparency.—

2240 |       (3) HEALTH INFORMATION TRANSPARENCY.—In order to

2241 | disseminate and facilitate the availability of comparable and

2242 | uniform health information, the agency shall perform the

2243 | following functions:

2244 |       (k) Contract with the Society of Thoracic Surgeons and the

2245 | American College of Cardiology to obtain data reported pursuant

2246 | to s. 395.1055 for publication on the agency's website in a

2247 | manner that will allow consumers to be informed of aggregate

2248 | data and to compare pediatric cardiac programs.

2249 |       Section 64. Subsection (4) of section 408.061, Florida

2250 | Statutes, is amended to read:

2251 408.061 Data collection; uniform systems of financial  
 2252 reporting; information relating to physician charges;  
 2253 confidential information; immunity.—

2254 (4) Within 120 days after the end of its fiscal year, each  
 2255 health care facility, excluding continuing care facilities,  
 2256 hospitals operated by state agencies, and nursing homes as those  
 2257 terms are defined in s. 408.07 ~~s. 408.07(14) and (37)~~, shall  
 2258 file with the agency, on forms adopted by the agency and based  
 2259 on the uniform system of financial reporting, its actual  
 2260 financial experience for that fiscal year, including  
 2261 expenditures, revenues, and statistical measures. Such data may  
 2262 be based on internal financial reports which are certified to be  
 2263 complete and accurate by the provider. However, hospitals'  
 2264 actual financial experience shall be their audited actual  
 2265 experience. Every nursing home shall submit to the agency, in a  
 2266 format designated by the agency, a statistical profile of the  
 2267 nursing home residents. The agency, in conjunction with the  
 2268 Department of Elderly Affairs and the Department of Health,  
 2269 shall review these statistical profiles and develop  
 2270 recommendations for the types of residents who might more  
 2271 appropriately be placed in their homes or other noninstitutional  
 2272 settings.

2273 Section 65. Subsection (11) of section 408.07, Florida  
 2274 Statutes, is amended to read:

2275 408.07 Definitions.—As used in this chapter, with the

2276 | exception of ss. 408.031-408.045, the term:

2277 |       ~~(11) "Clinical laboratory" means a facility licensed under~~  
2278 | ~~s. 483.091, excluding: any hospital laboratory defined under s.~~  
2279 | ~~483.041(6); any clinical laboratory operated by the state or a~~  
2280 | ~~political subdivision of the state; any blood or tissue bank~~  
2281 | ~~where the majority of revenues are received from the sale of~~  
2282 | ~~blood or tissue and where blood, plasma, or tissue is procured~~  
2283 | ~~from volunteer donors and donated, processed, stored, or~~  
2284 | ~~distributed on a nonprofit basis; and any clinical laboratory~~  
2285 | ~~which is wholly owned and operated by physicians who are~~  
2286 | ~~licensed pursuant to chapter 458 or chapter 459 and who practice~~  
2287 | ~~in the same group practice, and at which no clinical laboratory~~  
2288 | ~~work is performed for patients referred by any health care~~  
2289 | ~~provider who is not a member of that same group practice.~~

2290 |       Section 66. Subsection (4) of section 408.20, Florida  
2291 | Statutes, is amended to read:

2292 |       408.20 Assessments; Health Care Trust Fund.—

2293 |       (4) Hospitals operated by a state agency ~~the Department of~~  
2294 | ~~Children and Families, the Department of Health, or the~~  
2295 | ~~Department of Corrections~~ are exempt from the assessments  
2296 | required under this section.

2297 |       Section 67. Section 408.7056, Florida Statutes, is  
2298 | repealed.

2299 |       Section 68. Subsections (12) through (26) and (29) of  
2300 | section 408.802, Florida Statutes, are renumbered as subsections

2301 (10) through (24) and (26), respectively, and subsections (10),  
 2302 (11), and (27) and present subsection (28) of that section are  
 2303 amended to read:

2304 408.802 Applicability.—The provisions of this part apply  
 2305 to the provision of services that require licensure as defined  
 2306 in this part and to the following entities licensed, registered,  
 2307 or certified by the agency, as described in chapters 112, 383,  
 2308 390, 394, 395, 400, 429, 440, 483, and 765:

2309 ~~(10) Mobile surgical facilities, as provided under part I~~  
 2310 ~~of chapter 395.~~

2311 ~~(11) Health care risk managers, as provided under part I~~  
 2312 ~~of chapter 395.~~

2313 ~~(27) Clinical laboratories, as provided under part I of~~  
 2314 ~~chapter 483.~~

2315 (25) ~~(28)~~ Multiphasic health testing centers, as provided  
 2316 under part I ~~II~~ of chapter 483.

2317 Section 69. Subsections (12) and (13) of section 408.803,  
 2318 Florida Statutes, are renumbered as subsections (13) and (14),  
 2319 respectively, and a new subsection (12) is added to that section  
 2320 to read:

2321 408.803 Definitions.—As used in this part, the term:

2322 (12) "Relative" means an individual who is the father,  
 2323 mother, stepfather, stepmother, son, daughter, brother, sister,  
 2324 grandmother, grandfather, great-grandmother, great-grandfather,  
 2325 grandson, granddaughter, uncle, aunt, first cousin, nephew,

2326 niece, husband, wife, father-in-law, mother-in-law, son-in-law,  
 2327 daughter-in-law, brother-in-law, sister-in-law, stepson,  
 2328 stepdaughter, stepbrother, stepsister, half-brother, or half-  
 2329 sister of a patient or client.

2330 Section 70. Paragraph (c) of subsection (7) of section  
 2331 408.806, Florida Statutes, is amended, and subsection (9) is  
 2332 added to that section, to read:

2333 408.806 License application process.—

2334 (7)

2335 (c) If an inspection is required by the authorizing  
 2336 statute for a license application other than an initial  
 2337 application, the inspection must be unannounced. This paragraph  
 2338 does not apply to inspections required pursuant to ss. 383.324,  
 2339 395.0161(4) and, 429.67(6), ~~and 483.061(2).~~

2340 (9) A licensee that holds a license for multiple providers  
 2341 licensed by the agency may request that all related license  
 2342 expiration dates be aligned. Upon such request, the agency may  
 2343 issue a license for an abbreviated licensure period with a  
 2344 prorated licensure fee.

2345 Section 71. Paragraphs (d) and (e) of subsection (1) of  
 2346 section 408.809, Florida Statutes, are amended to read:

2347 408.809 Background screening; prohibited offenses.—

2348 (1) Level 2 background screening pursuant to chapter 435  
 2349 must be conducted through the agency on each of the following  
 2350 persons, who are considered employees for the purposes of

2351 conducting screening under chapter 435:

2352 (d) Any person who is a controlling interest ~~if the agency~~  
2353 ~~has reason to believe that such person has been convicted of any~~  
2354 ~~offense prohibited by s. 435.04. For each controlling interest~~  
2355 ~~who has been convicted of any such offense, the licensee shall~~  
2356 ~~submit to the agency a description and explanation of the~~  
2357 ~~conviction at the time of license application.~~

2358 (e) Any person, as required by authorizing statutes,  
2359 seeking employment with a licensee or provider who is expected  
2360 to, or whose responsibilities may require him or her to, provide  
2361 personal care or services directly to clients or have access to  
2362 client funds, personal property, or living areas; and any  
2363 person, as required by authorizing statutes, contracting with a  
2364 licensee or provider whose responsibilities require him or her  
2365 to provide personal care or personal services directly to  
2366 clients, or contracting with a licensee or provider to work 20  
2367 hours a week or more who will have access to client funds,  
2368 personal property, or living areas. Evidence of contractor  
2369 screening may be retained by the contractor's employer or the  
2370 licensee.

2371 Section 72. Subsection (8) of section 408.810, Florida  
2372 Statutes, is amended, and subsections (11), (12), and (13) are  
2373 added to that section, to read:

2374 408.810 Minimum licensure requirements.—In addition to the  
2375 licensure requirements specified in this part, authorizing

2376 statutes, and applicable rules, each applicant and licensee must  
 2377 comply with the requirements of this section in order to obtain  
 2378 and maintain a license.

2379 (8) Upon application for initial licensure or change of  
 2380 ownership licensure, the applicant shall furnish satisfactory  
 2381 proof of the applicant's financial ability to operate in  
 2382 accordance with the requirements of this part, authorizing  
 2383 statutes, and applicable rules. The agency shall establish  
 2384 standards for this purpose, including information concerning the  
 2385 applicant's controlling interests. The agency shall also  
 2386 establish documentation requirements, to be completed by each  
 2387 applicant, that show anticipated provider revenues and  
 2388 expenditures, the basis for financing the anticipated cash-flow  
 2389 requirements of the provider, and an applicant's access to  
 2390 contingency financing. A current certificate of authority,  
 2391 pursuant to chapter 651, may be provided as proof of financial  
 2392 ability to operate. The agency may require a licensee to provide  
 2393 proof of financial ability to operate at any time if there is  
 2394 evidence of financial instability, including, but not limited  
 2395 to, unpaid expenses necessary for the basic operations of the  
 2396 provider. An applicant applying for change of ownership  
 2397 licensure is exempt from furnishing proof of financial ability  
 2398 to operate if the provider has been licensed for at least 5  
 2399 years, and:

2400 (a) The ownership change is a result of a corporate



2401 reorganization under which the controlling interest is unchanged  
2402 and the applicant submits organizational charts that represent  
2403 the current and proposed structure of the reorganized  
2404 corporation; or

2405 (b) The ownership change is due solely to the death of a  
2406 person holding a controlling interest, and the surviving  
2407 controlling interests continue to hold at least 51 percent of  
2408 ownership after the change of ownership.

2409 (11) The agency may adopt rules that govern the  
2410 circumstances under which a controlling interest, an  
2411 administrator, an employee, or a contractor, or a representative  
2412 thereof, who is not a relative of the client may act as an agent  
2413 of the client in authorizing consent for medical treatment,  
2414 assignment of benefits, and release of information. Such rules  
2415 may include requirements related to disclosure, bonding,  
2416 restrictions, and client protections.

2417 (12) The licensee shall ensure that no person holds any  
2418 ownership interest, either directly or indirectly, regardless of  
2419 ownership structure, who:

2420 (a) Has a disqualifying offense pursuant to s. 408.809; or

2421 (b) Holds or has held any ownership interest, either  
2422 directly or indirectly, regardless of ownership structure, in a  
2423 provider that had a license revoked or an application denied  
2424 pursuant to s. 408.815.

2425 (13) If the licensee is a publicly traded corporation or

2426 is wholly owned, directly or indirectly, by a publicly traded  
2427 corporation, subsection (12) does not apply to those persons  
2428 whose sole relationship with the corporation is as a shareholder  
2429 of publicly traded shares. As used in this subsection, a  
2430 "publicly traded corporation" is a corporation that issues  
2431 securities traded on an exchange registered with the United  
2432 States Securities and Exchange Commission as a national  
2433 securities exchange.

2434 Section 73. Section 408.812, Florida Statutes, is amended  
2435 to read:

2436 408.812 Unlicensed activity.—

2437 (1) A person or entity may not offer or advertise services  
2438 that require licensure as defined by this part, authorizing  
2439 statutes, or applicable rules to the public without obtaining a  
2440 valid license from the agency. A licenseholder may not advertise  
2441 or hold out to the public that he or she holds a license for  
2442 other than that for which he or she actually holds the license.

2443 (2) The operation or maintenance of an unlicensed provider  
2444 or the performance of any services that require licensure  
2445 without proper licensure is a violation of this part and  
2446 authorizing statutes. Unlicensed activity constitutes harm that  
2447 materially affects the health, safety, and welfare of clients,  
2448 and constitutes abuse and neglect, as defined in s. 415.102. The  
2449 agency or any state attorney may, in addition to other remedies  
2450 provided in this part, bring an action for an injunction to

2451 restrain such violation, or to enjoin the future operation or  
2452 maintenance of the unlicensed provider or the performance of any  
2453 services in violation of this part and authorizing statutes,  
2454 until compliance with this part, authorizing statutes, and  
2455 agency rules has been demonstrated to the satisfaction of the  
2456 agency.

2457 (3) It is unlawful for any person or entity to own,  
2458 operate, or maintain an unlicensed provider. If after receiving  
2459 notification from the agency, such person or entity fails to  
2460 cease operation ~~and apply for a license under this part and~~  
2461 ~~authorizing statutes~~, the person or entity is ~~shall be~~ subject  
2462 to penalties as prescribed by authorizing statutes and  
2463 applicable rules. Each day of ~~continued~~ operation is a separate  
2464 offense.

2465 (4) Any person or entity that fails to cease operation  
2466 after agency notification may be fined \$1,000 for each day of  
2467 noncompliance.

2468 (5) When a controlling interest or licensee has an  
2469 interest in more than one provider and fails to license a  
2470 provider rendering services that require licensure, the agency  
2471 may revoke all licenses, and impose actions under s. 408.814,  
2472 and regardless of correction, impose a fine of \$1,000 per day,  
2473 unless otherwise specified by authorizing statutes, against each  
2474 licensee until such time as the appropriate license is obtained  
2475 or the unlicensed activity ceases ~~for the unlicensed operation.~~

2476 (6) In addition to granting injunctive relief pursuant to  
2477 subsection (2), if the agency determines that a person or entity  
2478 is operating or maintaining a provider without obtaining a  
2479 license and determines that a condition exists that poses a  
2480 threat to the health, safety, or welfare of a client of the  
2481 provider, the person or entity is subject to the same actions  
2482 and fines imposed against a licensee as specified in this part,  
2483 authorizing statutes, and agency rules.

2484 (7) Any person aware of the operation of an unlicensed  
2485 provider must report that provider to the agency.

2486 Section 74. Subsections (12) through (25) and (28) of  
2487 section 408.820, Florida Statutes, are renumbered as subsections  
2488 (10) through (23) and (25), respectively, and subsections (10),  
2489 (11), and (26) and present subsection (27) of that section are  
2490 amended to read:

2491 408.820 Exemptions.—Except as prescribed in authorizing  
2492 statutes, the following exemptions shall apply to specified  
2493 requirements of this part:

2494 ~~(10) Mobile surgical facilities, as provided under part I~~  
2495 ~~of chapter 395, are exempt from s. 408.810(7)-(10).~~

2496 ~~(11) Health care risk managers, as provided under part I~~  
2497 ~~of chapter 395, are exempt from ss. 408.806(7), 408.810(4)-(10),~~  
2498 ~~and 408.811.~~

2499 ~~(26) Clinical laboratories, as provided under part I of~~  
2500 ~~chapter 483, are exempt from s. 408.810(5)-(10).~~

2501        (24) ~~(27)~~ Multiphasic health testing centers, as provided  
 2502 under part I ~~II~~ of chapter 483, are exempt from s. 408.810(5)-  
 2503 (10).

2504        Section 75. Subsection (7) of section 409.905, Florida  
 2505 Statutes, is amended to read:

2506        409.905 Mandatory Medicaid services.—The agency may make  
 2507 payments for the following services, which are required of the  
 2508 state by Title XIX of the Social Security Act, furnished by  
 2509 Medicaid providers to recipients who are determined to be  
 2510 eligible on the dates on which the services were provided. Any  
 2511 service under this section shall be provided only when medically  
 2512 necessary and in accordance with state and federal law.

2513 Mandatory services rendered by providers in mobile units to  
 2514 Medicaid recipients may be restricted by the agency. Nothing in  
 2515 this section shall be construed to prevent or limit the agency  
 2516 from adjusting fees, reimbursement rates, lengths of stay,  
 2517 number of visits, number of services, or any other adjustments  
 2518 necessary to comply with the availability of moneys and any  
 2519 limitations or directions provided for in the General  
 2520 Appropriations Act or chapter 216.

2521        (7) INDEPENDENT LABORATORY SERVICES.—The agency shall pay  
 2522 for medically necessary diagnostic laboratory procedures ordered  
 2523 by a licensed physician or other licensed practitioner of the  
 2524 healing arts which are provided for a recipient in a laboratory  
 2525 that meets the requirements for Medicare participation and is

2526 appropriately certified by the Centers for Medicare and Medicaid  
 2527 Services under the federal Clinical Laboratory Improvement  
 2528 Amendments and the federal rules adopted thereunder ~~licensed~~  
 2529 ~~under chapter 483, if required.~~

2530 Section 76. Subsection (10) of section 409.907, Florida  
 2531 Statutes, is amended to read:

2532 409.907 Medicaid provider agreements.—The agency may make  
 2533 payments for medical assistance and related services rendered to  
 2534 Medicaid recipients only to an individual or entity who has a  
 2535 provider agreement in effect with the agency, who is performing  
 2536 services or supplying goods in accordance with federal, state,  
 2537 and local law, and who agrees that no person shall, on the  
 2538 grounds of handicap, race, color, or national origin, or for any  
 2539 other reason, be subjected to discrimination under any program  
 2540 or activity for which the provider receives payment from the  
 2541 agency.

2542 (10) The agency may consider whether the provider, or any  
 2543 officer, director, agent, managing employee, or affiliated  
 2544 person, or any partner or shareholder having an ownership  
 2545 interest equal to 5 percent or greater in the provider if the  
 2546 provider is a corporation, partnership, or other business  
 2547 entity, has:

2548 (a) Made a false representation or omission of any  
 2549 material fact in making the application, including the  
 2550 submission of an application that conceals the controlling or

2551 ownership interest of any officer, director, agent, managing  
 2552 employee, affiliated person, or partner or shareholder who may  
 2553 not be eligible to participate;

2554 (b) Been or is currently excluded, suspended, terminated  
 2555 from, or has involuntarily withdrawn from participation in,  
 2556 Florida's Medicaid program or any other state's Medicaid  
 2557 program, or from participation in any other governmental or  
 2558 private health care or health insurance program;

2559 ~~(c) Been convicted of a criminal offense relating to the~~  
 2560 ~~delivery of any goods or services under Medicaid or Medicare or~~  
 2561 ~~any other public or private health care or health insurance~~  
 2562 ~~program including the performance of management or~~  
 2563 ~~administrative services relating to the delivery of goods or~~  
 2564 ~~services under any such program;~~

2565 ~~(d) Been convicted under federal or state law of a~~  
 2566 ~~criminal offense related to the neglect or abuse of a patient in~~  
 2567 ~~connection with the delivery of any health care goods or~~  
 2568 ~~services;~~

2569 ~~(e) Been convicted under federal or state law of a~~  
 2570 ~~criminal offense relating to the unlawful manufacture,~~  
 2571 ~~distribution, prescription, or dispensing of a controlled~~  
 2572 ~~substance;~~

2573 ~~(f) Been convicted of any criminal offense relating to~~  
 2574 ~~fraud, theft, embezzlement, breach of fiduciary responsibility,~~  
 2575 ~~or other financial misconduct;~~

2576 ~~(g) Been convicted under federal or state law of a crime~~  
 2577 ~~punishable by imprisonment of a year or more which involves~~  
 2578 ~~moral turpitude;~~

2579 ~~(h) Been convicted in connection with the interference or~~  
 2580 ~~obstruction of any investigation into any criminal offense~~  
 2581 ~~listed in this subsection;~~

2582 ~~(i) Been found to have violated federal or state laws,~~  
 2583 ~~rules, or regulations governing Florida's Medicaid program or~~  
 2584 ~~any other state's Medicaid program, the Medicare program, or any~~  
 2585 ~~other publicly funded federal or state health care or health~~  
 2586 ~~insurance program, and been sanctioned accordingly;~~

2587 (c) ~~(j)~~ Been previously found by a licensing, certifying,  
 2588 or professional standards board or agency to have violated the  
 2589 standards or conditions relating to licensure or certification  
 2590 or the quality of services provided; or

2591 (d) ~~(k)~~ Failed to pay any fine or overpayment properly  
 2592 assessed under the Medicaid program in which no appeal is  
 2593 pending or after resolution of the proceeding by stipulation or  
 2594 agreement, unless the agency has issued a specific letter of  
 2595 forgiveness or has approved a repayment schedule to which the  
 2596 provider agrees to adhere.

2597 Section 77. Subsection (6) of section 409.9116, Florida  
 2598 Statutes, is amended to read:

2599 409.9116 Disproportionate share/financial assistance  
 2600 program for rural hospitals.—In addition to the payments made



2601 | under s. 409.911, the Agency for Health Care Administration  
2602 | shall administer a federally matched disproportionate share  
2603 | program and a state-funded financial assistance program for  
2604 | statutory rural hospitals. The agency shall make  
2605 | disproportionate share payments to statutory rural hospitals  
2606 | that qualify for such payments and financial assistance payments  
2607 | to statutory rural hospitals that do not qualify for  
2608 | disproportionate share payments. The disproportionate share  
2609 | program payments shall be limited by and conform with federal  
2610 | requirements. Funds shall be distributed quarterly in each  
2611 | fiscal year for which an appropriation is made. Notwithstanding  
2612 | the provisions of s. 409.915, counties are exempt from  
2613 | contributing toward the cost of this special reimbursement for  
2614 | hospitals serving a disproportionate share of low-income  
2615 | patients.

2616 |       (6) This section applies only to hospitals that were  
2617 | defined as statutory rural hospitals, or their successor-in-  
2618 | interest hospital, prior to January 1, 2001. Any additional  
2619 | hospital that is defined as a statutory rural hospital, or its  
2620 | successor-in-interest hospital, on or after January 1, 2001, is  
2621 | not eligible for programs under this section unless additional  
2622 | funds are appropriated each fiscal year specifically to the  
2623 | rural hospital disproportionate share and financial assistance  
2624 | programs in an amount necessary to prevent any hospital, or its  
2625 | successor-in-interest hospital, eligible for the programs prior

2626 to January 1, 2001, from incurring a reduction in payments  
2627 because of the eligibility of an additional hospital to  
2628 participate in the programs. A hospital, or its successor-in-  
2629 interest hospital, which received funds pursuant to this section  
2630 before January 1, 2001, and which qualifies under s.  
2631 395.602(2)(b) ~~s. 395.602(2)(c)~~, shall be included in the  
2632 programs under this section and is not required to seek  
2633 additional appropriations under this subsection.

2634 Section 78. Paragraphs (a) and (b) of subsection (1) of  
2635 section 409.975, Florida Statutes, are amended to read:

2636 409.975 Managed care plan accountability.—In addition to  
2637 the requirements of s. 409.967, plans and providers  
2638 participating in the managed medical assistance program shall  
2639 comply with the requirements of this section.

2640 (1) PROVIDER NETWORKS.—Managed care plans must develop and  
2641 maintain provider networks that meet the medical needs of their  
2642 enrollees in accordance with standards established pursuant to  
2643 s. 409.967(2)(c). Except as provided in this section, managed  
2644 care plans may limit the providers in their networks based on  
2645 credentials, quality indicators, and price.

2646 (a) Plans must include all providers in the region that  
2647 are classified by the agency as essential Medicaid providers,  
2648 unless the agency approves, in writing, an alternative  
2649 arrangement for securing the types of services offered by the  
2650 essential providers. Providers are essential for serving

2651 Medicaid enrollees if they offer services that are not available  
2652 from any other provider within a reasonable access standard, or  
2653 if they provided a substantial share of the total units of a  
2654 particular service used by Medicaid patients within the region  
2655 during the last 3 years and the combined capacity of other  
2656 service providers in the region is insufficient to meet the  
2657 total needs of the Medicaid patients. The agency may not  
2658 classify physicians and other practitioners as essential  
2659 providers. The agency, at a minimum, shall determine which  
2660 providers in the following categories are essential Medicaid  
2661 providers:

- 2662 1. Federally qualified health centers.
- 2663 2. Statutory teaching hospitals as defined in s.  
2664 408.07(44) ~~s. 408.07(45)~~.
- 2665 3. Hospitals that are trauma centers as defined in s.  
2666 395.4001(14).
- 2667 4. Hospitals located at least 25 miles from any other  
2668 hospital with similar services.

2669  
2670 Managed care plans that have not contracted with all essential  
2671 providers in the region as of the first date of recipient  
2672 enrollment, or with whom an essential provider has terminated  
2673 its contract, must negotiate in good faith with such essential  
2674 providers for 1 year or until an agreement is reached, whichever  
2675 is first. Payments for services rendered by a nonparticipating

2676 essential provider shall be made at the applicable Medicaid rate  
2677 as of the first day of the contract between the agency and the  
2678 plan. A rate schedule for all essential providers shall be  
2679 attached to the contract between the agency and the plan. After  
2680 1 year, managed care plans that are unable to contract with  
2681 essential providers shall notify the agency and propose an  
2682 alternative arrangement for securing the essential services for  
2683 Medicaid enrollees. The arrangement must rely on contracts with  
2684 other participating providers, regardless of whether those  
2685 providers are located within the same region as the  
2686 nonparticipating essential service provider. If the alternative  
2687 arrangement is approved by the agency, payments to  
2688 nonparticipating essential providers after the date of the  
2689 agency's approval shall equal 90 percent of the applicable  
2690 Medicaid rate. Except for payment for emergency services, if the  
2691 alternative arrangement is not approved by the agency, payment  
2692 to nonparticipating essential providers shall equal 110 percent  
2693 of the applicable Medicaid rate.

2694 (b) Certain providers are statewide resources and  
2695 essential providers for all managed care plans in all regions.  
2696 All managed care plans must include these essential providers in  
2697 their networks. Statewide essential providers include:

- 2698 1. Faculty plans of Florida medical schools.
- 2699 2. Regional perinatal intensive care centers as defined in  
2700 s. 383.16(2).

2701 3. Hospitals licensed as specialty children's hospitals as  
 2702 defined in s. 395.002(27) ~~s. 395.002(28)~~.

2703 4. Accredited and integrated systems serving medically  
 2704 complex children which comprise separately licensed, but  
 2705 commonly owned, health care providers delivering at least the  
 2706 following services: medical group home, in-home and outpatient  
 2707 nursing care and therapies, pharmacy services, durable medical  
 2708 equipment, and Prescribed Pediatric Extended Care.

2709  
 2710 Managed care plans that have not contracted with all statewide  
 2711 essential providers in all regions as of the first date of  
 2712 recipient enrollment must continue to negotiate in good faith.  
 2713 Payments to physicians on the faculty of nonparticipating  
 2714 Florida medical schools shall be made at the applicable Medicaid  
 2715 rate. Payments for services rendered by regional perinatal  
 2716 intensive care centers shall be made at the applicable Medicaid  
 2717 rate as of the first day of the contract between the agency and  
 2718 the plan. Except for payments for emergency services, payments  
 2719 to nonparticipating specialty children's hospitals shall equal  
 2720 the highest rate established by contract between that provider  
 2721 and any other Medicaid managed care plan.

2722 Section 79. Subsections (5) and (17) of section 429.02,  
 2723 Florida Statutes, are amended to read:

2724 429.02 Definitions.—When used in this part, the term:

2725 (5) "Assisted living facility" means any building or

2726 buildings, section or distinct part of a building, private home,  
 2727 boarding home, home for the aged, or other residential facility,  
 2728 regardless of whether operated for profit ~~or not~~, which  
 2729 ~~undertakes~~ through its ownership or management provides to  
 2730 ~~provide~~ housing, meals, and one or more personal services for a  
 2731 period exceeding 24 hours to one or more adults who are not  
 2732 relatives of the owner or administrator.

2733 (17) "Personal services" means direct physical assistance  
 2734 with or supervision of the activities of daily living, ~~and~~ the  
 2735 self-administration of medication, or ~~and~~ other similar services  
 2736 which the department may define by rule. The term may ~~"Personal~~  
 2737 ~~services"~~ shall not be construed to mean the provision of  
 2738 medical, nursing, dental, or mental health services.

2739 Section 80. Paragraphs (b) and (d) of subsection (2) of  
 2740 section 429.04, Florida Statutes, are amended, and subsection  
 2741 (3) is added that section, to read:

2742 429.04 Facilities to be licensed; exemptions.—

2743 (2) The following are exempt from licensure under this  
 2744 part:

2745 (b) Any facility or part of a facility licensed by the  
 2746 Agency for Persons with Disabilities under chapter 393, a mental  
 2747 health facility licensed under ~~or~~ chapter 394, a hospital  
 2748 licensed under chapter 395, a nursing home licensed under part  
 2749 II of chapter 400, an inpatient hospice licensed under part IV  
 2750 of chapter 400, a home for special services licensed under part

2751 V of chapter 400, an intermediate care facility licensed under  
2752 part VIII of chapter 400, or a transitional living facility  
2753 licensed under part XI of chapter 400.

2754 (d) Any person who provides housing, meals, and one or  
2755 more personal services on a 24-hour basis in the person's own  
2756 home to not more than two adults who do not receive optional  
2757 state supplementation. The person who provides the housing,  
2758 meals, and personal services must own or rent the home and must  
2759 have established the home as his or her permanent residence. For  
2760 purposes of this paragraph, any person holding a homestead  
2761 exemption at an address other than that at which the person  
2762 asserts this exemption is presumed to not have established  
2763 permanent residence ~~reside therein~~. This exemption does not  
2764 apply to a person or entity that previously held a license  
2765 issued by the agency which was revoked or for which renewal was  
2766 denied by final order of the agency, or when the person or  
2767 entity voluntarily relinquished the license during agency  
2768 enforcement proceedings.

2769 (3) Upon agency investigation of unlicensed activity, any  
2770 person or entity that claims that it is exempt under this  
2771 section must provide documentation substantiating entitlement to  
2772 the exemption.

2773 Section 81. Paragraphs (b) and (d) of subsection (1) of  
2774 section 429.08, Florida Statutes, are amended to read:

2775 429.08 Unlicensed facilities; referral of person for

2776 residency to unlicensed facility; penalties.—

2777 (1)

2778 (b) ~~Except as provided under paragraph (d),~~ Any person who  
 2779 owns, rents, or otherwise maintains a building or property used  
 2780 as operates, or maintains an unlicensed assisted living facility  
 2781 commits a felony of the third degree, punishable as provided in  
 2782 s. 775.082, s. 775.083, or s. 775.084. Each day of continued  
 2783 operation is a separate offense.

2784 (d) In addition to the requirements of s. 408.812, any  
 2785 person who owns, operates, or maintains an unlicensed assisted  
 2786 living facility after receiving notice from the agency ~~due to a~~  
 2787 ~~change in this part or a modification in rule within 6 months~~  
 2788 ~~after the effective date of such change and who, within 10~~  
 2789 ~~working days after receiving notification from the agency, fails~~  
 2790 ~~to cease operation or apply for a license under this part~~  
 2791 commits a felony of the third degree, punishable as provided in  
 2792 s. 775.082, s. 775.083, or s. 775.084. Each day of continued  
 2793 operation is a separate offense.

2794 Section 82. Section 429.176, Florida Statutes, is amended  
 2795 to read:

2796 429.176 Notice of change of administrator.—If, during the  
 2797 period for which a license is issued, the owner changes  
 2798 administrators, the owner must notify the agency of the change  
 2799 within 10 days and provide documentation within 90 days that the  
 2800 new administrator has completed the applicable core educational



2801 requirements under s. 429.52. A facility may not be operated for  
 2802 more than 120 consecutive days without an administrator who has  
 2803 completed the core educational requirements.

2804 Section 83. Subsection (7) of section 429.19, Florida  
 2805 Statutes, is amended to read:

2806 429.19 Violations; imposition of administrative fines;  
 2807 grounds.—

2808 (7) In addition to any administrative fines imposed, the  
 2809 agency may assess a survey fee, equal to the lesser of one half  
 2810 of the facility's biennial license and bed fee or \$500, to cover  
 2811 the cost of conducting initial complaint investigations that  
 2812 result in the finding of a violation that was the subject of the  
 2813 complaint or monitoring visits conducted ~~under s. 429.28(3)(e)~~  
 2814 to verify the correction of the violations.

2815 Section 84. Subsection (2) of section 429.24, Florida  
 2816 Statutes, is amended to read:

2817 429.24 Contracts.—

2818 (2) Each contract must contain express provisions  
 2819 specifically setting forth the services and accommodations to be  
 2820 provided by the facility; the rates or charges; provision for at  
 2821 least 30 days' written notice of a rate increase; the rights,  
 2822 duties, and obligations of the residents, other than those  
 2823 specified in s. 429.28; and other matters that the parties deem  
 2824 appropriate. A new service or accommodation added to, or  
 2825 implemented in, a resident's contract for which the resident was

2826 | not previously charged does not require a 30-day written notice  
 2827 | of a rate increase. Whenever money is deposited or advanced by a  
 2828 | resident in a contract as security for performance of the  
 2829 | contract agreement or as advance rent for other than the next  
 2830 | immediate rental period:

2831 |       (a) Such funds shall be deposited in a banking institution  
 2832 | in this state that is located, if possible, in the same  
 2833 | community in which the facility is located; shall be kept  
 2834 | separate from the funds and property of the facility; may not be  
 2835 | represented as part of the assets of the facility on financial  
 2836 | statements; and shall be used, or otherwise expended, only for  
 2837 | the account of the resident.

2838 |       (b) The licensee shall, within 30 days of receipt of  
 2839 | advance rent or a security deposit, notify the resident or  
 2840 | residents in writing of the manner in which the licensee is  
 2841 | holding the advance rent or security deposit and state the name  
 2842 | and address of the depository where the moneys are being held.  
 2843 | The licensee shall notify residents of the facility's policy on  
 2844 | advance deposits.

2845 |       Section 85. Paragraphs (e) and (j) of subsection (1) and  
 2846 | paragraphs (c), (d), and (e) of subsection (3) of section  
 2847 | 429.28, Florida Statutes, are amended to read:

2848 |       429.28 Resident bill of rights.—

2849 |       (1) No resident of a facility shall be deprived of any  
 2850 | civil or legal rights, benefits, or privileges guaranteed by

2851 law, the Constitution of the State of Florida, or the  
 2852 Constitution of the United States as a resident of a facility.  
 2853 Every resident of a facility shall have the right to:

2854 (e) Freedom to participate in and benefit from community  
 2855 services and activities and to pursue ~~achieve~~ the highest  
 2856 possible level of independence, autonomy, and interaction within  
 2857 the community.

2858 (j) Assistance with obtaining access to adequate and  
 2859 appropriate health care. For purposes of this paragraph, the  
 2860 term "adequate and appropriate health care" means the management  
 2861 of medications, assistance in making appointments for health  
 2862 care services, the provision of or arrangement of transportation  
 2863 to health care appointments, and the performance of health care  
 2864 services in accordance with s. 429.255 which are consistent with  
 2865 established and recognized standards within the community.

2866 (3)

2867 ~~(c) During any calendar year in which no survey is~~  
 2868 ~~conducted, the agency shall conduct at least one monitoring~~  
 2869 ~~visit of each facility cited in the previous year for a class I~~  
 2870 ~~or class II violation, or more than three uncorrected class III~~  
 2871 ~~violations.~~

2872 ~~(d) The agency may conduct periodic followup inspections~~  
 2873 ~~as necessary to monitor the compliance of facilities with a~~  
 2874 ~~history of any class I, class II, or class III violations that~~  
 2875 ~~threaten the health, safety, or security of residents.~~

2876 ~~(c) The agency may conduct complaint investigations as~~  
 2877 ~~warranted to investigate any allegations of noncompliance with~~  
 2878 ~~requirements required under this part or rules adopted under~~  
 2879 ~~this part.~~

2880 Section 86. Subsection (1) of section 429.294, Florida  
 2881 Statutes, is amended to read:

2882 429.294 Availability of facility records for investigation  
 2883 of resident's rights violations and defenses; penalty.—

2884 (1) Failure to provide complete copies of a resident's  
 2885 records, including, but not limited to, all medical records and  
 2886 the resident's chart, within the control or possession of the  
 2887 facility ~~within 10 days,~~ in accordance with ~~the provisions of s.~~  
 2888 400.145, shall constitute evidence of failure of that party to  
 2889 comply with good faith discovery requirements and shall waive  
 2890 the good faith certificate and presuit notice requirements under  
 2891 this part by the requesting party.

2892 Section 87. Subsection (2) of section 429.34, Florida  
 2893 Statutes, is amended to read:

2894 429.34 Right of entry and inspection.—

2895 (2) (a) In addition to the requirements of s. 408.811, the  
 2896 agency may inspect and investigate facilities as necessary to  
 2897 determine compliance with this part, part II of chapter 408, and  
 2898 rules adopted thereunder ~~The agency shall inspect each licensed~~  
 2899 ~~assisted living facility at least once every 24 months to~~  
 2900 ~~determine compliance with this chapter and related rules. If an~~

2901 assisted living facility is cited for a class I violation or  
2902 three or more class II violations arising from separate surveys  
2903 within a 60-day period or due to unrelated circumstances during  
2904 the same survey, the agency must conduct an additional licensure  
2905 inspection within 6 months.

2906 (b) During any calendar year in which a survey is not  
2907 conducted, the agency may conduct monitoring visits of each  
2908 facility cited in the previous year for a class I or class II  
2909 violation or for more than three uncorrected class III  
2910 violations.

2911 Section 88. Subsection (4) of section 429.52, Florida  
2912 Statutes, is amended to read:

2913 429.52 Staff training and educational programs; core  
2914 educational requirement.—

2915 (4) Effective January 1, 2004, a new facility  
2916 administrator must complete the required training and education,  
2917 including the competency test, within 90 days after the date of  
2918 employment ~~a reasonable time after being employed~~ as an  
2919 administrator, ~~as determined by the department~~. Failure to do so  
2920 is a violation of this part and subjects the violator to an  
2921 administrative fine as prescribed in s. 429.19. Administrators  
2922 licensed in accordance with part II of chapter 468 are exempt  
2923 from this requirement. Other licensed professionals may be  
2924 exempted, as determined by the department by rule.

2925 Section 89. Subsection (3) of section 435.04, Florida

2926 Statutes, is amended, and subsection (4) is added to that  
 2927 section, to read:

2928 435.04 Level 2 screening standards.—

2929 (3) The security background investigations under this  
 2930 section must ensure that no person subject to this section has  
 2931 been arrested for and is awaiting final disposition of, been  
 2932 found guilty of, regardless of adjudication, or entered a plea  
 2933 of nolo contendere or guilty to, any offense that constitutes  
 2934 domestic violence as defined in s. 741.28, whether such act was  
 2935 committed in this state or in another jurisdiction.

2936 (4) For the purpose of screening applicability to  
 2937 participate in the Medicaid program, the security background  
 2938 investigations under this section must ensure that a person  
 2939 subject to screening under this section has not been arrested  
 2940 for and is not awaiting final disposition of; has not been found  
 2941 guilty of, regardless of adjudication, or entered a plea of nolo  
 2942 contendere or guilty to; and has not been adjudicated delinquent  
 2943 and the record sealed or expunged for, any of the following  
 2944 offenses:

2945 (a) Violation of a federal law or a law in any state which  
 2946 creates a criminal offense relating to:

2947 1. The delivery of any goods or services under Medicaid or  
 2948 Medicare or any other public or private health care or health  
 2949 insurance program, including the performance of management or  
 2950 administrative services relating to the delivery of goods or

2951 services under any such program;  
 2952 2. Neglect or abuse of a patient in connection with the  
 2953 delivery of any health care good or service;  
 2954 3. Unlawful manufacture, distribution, prescription, or  
 2955 dispensing of a controlled substance;  
 2956 4. Fraud, theft, embezzlement, breach of fiduciary  
 2957 responsibility, or other financial misconduct;  
 2958 5. Moral turpitude, if punishable by imprisonment of a  
 2959 year or more; or  
 2960 6. Interference with or obstruction of an investigation  
 2961 into any criminal offense identified in this subsection.  
 2962 (b) Violation of the following state laws or laws of  
 2963 another jurisdiction:  
 2964 1. Section 817.569, criminal use of a public record or  
 2965 information contained in a public record;  
 2966 2. Section 838.016, unlawful compensation or reward for  
 2967 official behavior;  
 2968 3. Section 838.021, corruption by threat against a public  
 2969 servant;  
 2970 4. Section 838.022, official misconduct;  
 2971 5. Section 838.22, bid tampering;  
 2972 6. Section 839.13, falsifying records; or  
 2973 7. Section 839.26, misuse of confidential information.  
 2974 (c) Violation of a federal or state law, rule, or  
 2975 regulation governing the Florida Medicaid program or any other

2976 state Medicaid program, the Medicare program, or any other  
 2977 publicly funded federal or state health care or health insurance  
 2978 program.

2979 Section 90. Subsection (4) of section 456.001, Florida  
 2980 Statutes, is amended to read:

2981 456.001 Definitions.—As used in this chapter, the term:

2982 (4) "Health care practitioner" means any person licensed  
 2983 under chapter 457; chapter 458; chapter 459; chapter 460;  
 2984 chapter 461; chapter 462; chapter 463; chapter 464; chapter 465;  
 2985 chapter 466; chapter 467; part I, part II, part III, part V,  
 2986 part X, part XIII, or part XIV of chapter 468; chapter 478;  
 2987 chapter 480; part II or part III ~~or part IV~~ of chapter 483;  
 2988 chapter 484; chapter 486; chapter 490; or chapter 491.

2989 Section 91. Subsection (3) of section 456.054, Florida  
 2990 Statutes, is renumbered as subsection (4), and a new subsection  
 2991 (3) is added to that section to read:

2992 456.054 Kickbacks prohibited.—

2993 (3) (a) It is unlawful for any person or any entity to pay  
 2994 or receive, directly or indirectly, a commission, bonus,  
 2995 kickback, or rebate from, or to engage in any form of a split-  
 2996 fee arrangement with, a dialysis facility, health care  
 2997 practitioner, surgeon, person, or entity for referring patients  
 2998 to a clinical laboratory as defined in s. 483.803.

2999 (b) It is unlawful for any clinical laboratory to:

3000 1. Provide personnel to perform any functions or duties in



3001 a health care practitioner's office or dialysis facility for any  
3002 purpose, including for the collection or handling of specimens,  
3003 directly or indirectly through an employee, contractor,  
3004 independent staffing company, lease agreement, or otherwise,  
3005 unless the laboratory and the practitioner's office, or dialysis  
3006 facility, are wholly owned and operated by the same entity.

3007 2. Lease space within any part of a health care  
3008 practitioner's office or dialysis facility for any purpose,  
3009 including for the purpose of establishing a collection station  
3010 where materials or specimens are collected or drawn from  
3011 patients.

3012 Section 92. Paragraphs (h) and (i) of subsection (2) of  
3013 section 456.057, Florida Statutes, are amended to read:

3014 456.057 Ownership and control of patient records; report  
3015 or copies of records to be furnished; disclosure of  
3016 information.—

3017 (2) As used in this section, the terms "records owner,"  
3018 "health care practitioner," and "health care practitioner's  
3019 employer" do not include any of the following persons or  
3020 entities; furthermore, the following persons or entities are not  
3021 authorized to acquire or own medical records, but are authorized  
3022 under the confidentiality and disclosure requirements of this  
3023 section to maintain those documents required by the part or  
3024 chapter under which they are licensed or regulated:

3025 (h) Clinical laboratory personnel licensed under part II

3026 ~~III~~ of chapter 483.

3027 (i) Medical physicists licensed under part III ~~IV~~ of  
 3028 chapter 483.

3029 Section 93. Paragraph (j) of subsection (1) of section  
 3030 456.076, Florida Statutes, is amended to read:

3031 456.076 Impaired practitioner programs.—

3032 (1) As used in this section, the term:

3033 (j) "Practitioner" means a person licensed, registered,  
 3034 certified, or regulated by the department under part III of  
 3035 chapter 401; chapter 457; chapter 458; chapter 459; chapter 460;  
 3036 chapter 461; chapter 462; chapter 463; chapter 464; chapter 465;  
 3037 chapter 466; chapter 467; part I, part II, part III, part V,  
 3038 part X, part XIII, or part XIV of chapter 468; chapter 478;  
 3039 chapter 480; part II or part III ~~or part IV~~ of chapter 483;  
 3040 chapter 484; chapter 486; chapter 490; or chapter 491; or an  
 3041 applicant for a license, registration, or certification under  
 3042 the same laws.

3043 Section 94. Subsection (2) of section 458.307, Florida  
 3044 Statutes, is amended to read:

3045 458.307 Board of Medicine.—

3046 (2) Twelve members of the board must be licensed  
 3047 physicians in good standing in this state who are residents of  
 3048 the state and who have been engaged in the active practice or  
 3049 teaching of medicine for at least 4 years immediately preceding  
 3050 their appointment. One of the physicians must be on the full-

3051 time faculty of a medical school in this state, and one of the  
 3052 physicians must be in private practice and on the full-time  
 3053 staff of a statutory teaching hospital in this state as defined  
 3054 in s. 408.07. At least one of the physicians must be a graduate  
 3055 of a foreign medical school. The remaining three members must be  
 3056 residents of the state who are not, and never have been,  
 3057 licensed health care practitioners. One member must be a health  
 3058 care risk manager ~~licensed under s. 395.10974~~. At least one  
 3059 member of the board must be 60 years of age or older.

3060 Section 95. Subsection (1) of section 458.345, Florida  
 3061 Statutes, is amended to read:

3062 458.345 Registration of resident physicians, interns, and  
 3063 fellows; list of hospital employees; prescribing of medicinal  
 3064 drugs; penalty.—

3065 (1) Any person desiring to practice as a resident  
 3066 physician, assistant resident physician, house physician,  
 3067 intern, or fellow in fellowship training which leads to  
 3068 subspecialty board certification in this state, or any person  
 3069 desiring to practice as a resident physician, assistant resident  
 3070 physician, house physician, intern, or fellow in fellowship  
 3071 training in a teaching hospital in this state as defined in s.  
 3072 408.07 ~~s. 408.07(45)~~ or s. 395.805(2), who does not hold a  
 3073 valid, active license issued under this chapter shall apply to  
 3074 the department to be registered and shall remit a fee not to  
 3075 exceed \$300 as set by the board. The department shall register

3076 any applicant the board certifies has met the following  
 3077 requirements:

3078 (a) Is at least 21 years of age.

3079 (b) Has not committed any act or offense within or without  
 3080 the state which would constitute the basis for refusal to  
 3081 certify an application for licensure pursuant to s. 458.331.

3082 (c) Is a graduate of a medical school or college as  
 3083 specified in s. 458.311(1)(f).

3084 Section 96. Subsection (1) of s. 459.021, Florida  
 3085 Statutes, is amended to read:

3086 459.021 Registration of resident physicians, interns, and  
 3087 fellows; list of hospital employees; penalty.—

3088 (1) Any person who holds a degree of Doctor of Osteopathic  
 3089 Medicine from a college of osteopathic medicine recognized and  
 3090 approved by the American Osteopathic Association who desires to  
 3091 practice as a resident physician, intern, or fellow in  
 3092 fellowship training which leads to subspecialty board  
 3093 certification in this state, or any person desiring to practice  
 3094 as a resident physician, intern, or fellow in fellowship  
 3095 training in a teaching hospital in this state as defined in s.  
 3096 408.07 ~~s. 408.07(45)~~ or s. 395.805(2), who does not hold an  
 3097 active license issued under this chapter shall apply to the  
 3098 department to be registered, on an application provided by the  
 3099 department, before commencing such a training program and shall  
 3100 remit a fee not to exceed \$300 as set by the board.

3101           Section 97. Part I of chapter 483, Florida Statutes,  
 3102 consisting of sections 483.011, 483.021, 483.031, 483.035,  
 3103 483.041, 483.051, 483.061, 483.091, 483.101, 483.111, 483.172,  
 3104 483.181, 483.191, 483.201, 483.221, 483.23, 483.245, and 483.26,  
 3105 is repealed.

3106           Section 98. Subsection (7) of section 483.285, Florida  
 3107 Statutes, is amended to read:

3108           483.285 Application of part; exemptions.—This part applies  
 3109 to all multiphasic health testing centers within the state, but  
 3110 does not apply to:

3111           ~~(7) A clinical laboratory registered under part I.~~

3112           Section 99. Section 483.294, Florida Statutes, is amended  
 3113 to read:

3114           483.294 Inspection of centers.—In accordance with s.  
 3115 408.811, the agency shall, ~~at least once annually,~~ inspect the  
 3116 premises and operations of all centers subject to licensure  
 3117 under this part.

3118           Section 100. Subsections (3) and (5) of section 483.801,  
 3119 Florida Statutes, are amended, and subsection (6) is added to  
 3120 that section, to read:

3121           483.801 Exemptions.—This part applies to all clinical  
 3122 laboratories and clinical laboratory personnel within this  
 3123 state, except:

3124           (3) Persons engaged in testing performed by laboratories  
 3125 that are wholly owned and operated by one or more practitioners

3126 licensed under chapter 458, chapter 459, chapter 460, chapter  
 3127 461, chapter 462, chapter 463, or chapter 466 who practice in  
 3128 the same group practice, and in which no clinical laboratory  
 3129 work is performed for patients referred by any health care  
 3130 provider who is not a member of that group practice regulated  
 3131 ~~under s. 483.035(1) or exempt from regulation under s.~~  
 3132 ~~483.031(2).~~

3133 (5) Advanced registered nurse practitioners licensed under  
 3134 part I of chapter 464 who perform provider-performed microscopy  
 3135 procedures (PPMP) in a ~~an exclusive-use~~ laboratory setting  
 3136 pursuant to subsection (3).

3137 (6) Persons performing laboratory testing within a  
 3138 physician office practice for patients referred by a health care  
 3139 provider who is a member of the same physician office practice,  
 3140 if the laboratory or entity operating the laboratory within a  
 3141 physician office practice is under common ownership, directly or  
 3142 indirectly, with an entity licensed pursuant to chapter 395.

3143 Section 101. Subsections (2), (3), and (4) of section  
 3144 483.803, Florida Statutes, are amended to read:

3145 483.803 Definitions.—As used in this part, the term:

3146 (2) "Clinical laboratory" means the physical location in  
 3147 which one or more of the following services are performed to  
 3148 provide information or materials for use in the diagnosis,  
 3149 prevention, or treatment of a disease or the identification or  
 3150 assessment of a medical or physical condition:

3151        (a) Clinical laboratory services, which entail the  
3152 examination of fluids or other materials taken from the human  
3153 body.

3154        (b) Anatomic laboratory services, which entail the  
3155 examination of tissue taken from the human body.

3156        (c) Cytology laboratory services, which entail the  
3157 examination of cells from individual tissues or fluid taken from  
3158 the human body ~~a clinical laboratory as defined in s. 483.041.~~

3159        (3) "Clinical laboratory examination" means a procedure  
3160 performed to deliver the services identified in subsection (2),  
3161 including the oversight or interpretation of such services  
3162 ~~clinical laboratory examination as defined in s. 483.041.~~

3163        (4) "Clinical laboratory personnel" includes a clinical  
3164 laboratory director, supervisor, technologist, blood gas  
3165 analyst, or technician who performs or is responsible for  
3166 laboratory test procedures, but the term does not include  
3167 trainees, persons who perform screening for blood banks or  
3168 plasmapheresis centers, phlebotomists, or persons employed by a  
3169 clinical laboratory to perform manual pretesting duties or  
3170 clerical, personnel, or other administrative responsibilities,  
3171 ~~or persons engaged in testing performed by laboratories~~  
3172 ~~regulated under s. 483.035(1) or exempt from regulation under s.~~  
3173 ~~483.031(2).~~

3174        Section 102. Section 483.813, Florida Statutes, is amended  
3175 to read:

3176           483.813 Clinical laboratory personnel license.—A person  
 3177 may not conduct a clinical laboratory examination or report the  
 3178 results of such examination unless such person is licensed under  
 3179 this part to perform such procedures. However, this provision  
 3180 does not apply to any practitioner of the healing arts  
 3181 authorized to practice in this state ~~or to persons engaged in~~  
 3182 ~~testing performed by laboratories regulated under s. 483.035(1)~~  
 3183 ~~or exempt from regulation under s. 483.031(2)~~. The department  
 3184 may grant a temporary license to any candidate it deems properly  
 3185 qualified, for a period not to exceed 1 year.

3186           Section 103. Subsection (2) of section 483.823, Florida  
 3187 Statutes, is amended to read:

3188           483.823 Qualifications of clinical laboratory personnel.—

3189           (2) Personnel qualifications may require appropriate  
 3190 education, training, or experience or the passing of an  
 3191 examination in appropriate subjects or any combination of these,  
 3192 but a ~~no~~ practitioner of the healing arts licensed to practice  
 3193 in this state is not required to obtain any license ~~under this~~  
 3194 ~~part~~ or to pay any fee under this part ~~hereunder except the fee~~  
 3195 ~~required for clinical laboratory licensure~~.

3196           Section 104. Paragraph (c) of subsection (7) and  
 3197 subsections (8) and (9) of section 491.003, Florida Statutes,  
 3198 are amended to read:

3199           491.003 Definitions.—As used in this chapter:

3200           (7) The "practice of clinical social work" is defined as



3201 the use of scientific and applied knowledge, theories, and  
3202 methods for the purpose of describing, preventing, evaluating,  
3203 and treating individual, couple, marital, family, or group  
3204 behavior, based on the person-in-situation perspective of  
3205 psychosocial development, normal and abnormal behavior,  
3206 psychopathology, unconscious motivation, interpersonal  
3207 relationships, environmental stress, differential assessment,  
3208 differential planning, and data gathering. The purpose of such  
3209 services is the prevention and treatment of undesired behavior  
3210 and enhancement of mental health. The practice of clinical  
3211 social work includes methods of a psychological nature used to  
3212 evaluate, assess, diagnose, treat, and prevent emotional and  
3213 mental disorders and dysfunctions (whether cognitive, affective,  
3214 or behavioral), sexual dysfunction, behavioral disorders,  
3215 alcoholism, and substance abuse. The practice of clinical social  
3216 work includes, but is not limited to, psychotherapy,  
3217 hypnotherapy, and sex therapy. The practice of clinical social  
3218 work also includes counseling, behavior modification,  
3219 consultation, client-centered advocacy, crisis intervention, and  
3220 the provision of needed information and education to clients,  
3221 when using methods of a psychological nature to evaluate,  
3222 assess, diagnose, treat, and prevent emotional and mental  
3223 disorders and dysfunctions (whether cognitive, affective, or  
3224 behavioral), sexual dysfunction, behavioral disorders,  
3225 alcoholism, or substance abuse. The practice of clinical social

3226 work may also include clinical research into more effective  
3227 psychotherapeutic modalities for the treatment and prevention of  
3228 such conditions.

3229 (c) The terms "diagnose" and "treat," as used in this  
3230 chapter, when considered in isolation or in conjunction with ~~any~~  
3231 ~~provision of~~ the rules of the board, may ~~shall~~ not be construed  
3232 to permit the performance of any act which clinical social  
3233 workers are not educated and trained to perform, including, but  
3234 not limited to, admitting persons to hospitals for treatment of  
3235 the foregoing conditions, treating persons in hospitals without  
3236 medical supervision, prescribing medicinal drugs as defined in  
3237 chapter 465, authorizing clinical laboratory procedures ~~pursuant~~  
3238 ~~to chapter 483~~, or radiological procedures, or use of  
3239 electroconvulsive therapy. In addition, this definition ~~shall~~  
3240 may not be construed to permit any person licensed,  
3241 provisionally licensed, registered, or certified pursuant to  
3242 this chapter to describe or label any test, report, or procedure  
3243 as "psychological," except to relate specifically to the  
3244 definition of practice authorized in this subsection.

3245 (8) The term "practice of marriage and family therapy"  
3246 means ~~is defined as~~ the use of scientific and applied marriage  
3247 and family theories, methods, and procedures for the purpose of  
3248 describing, evaluating, and modifying marital, family, and  
3249 individual behavior, within the context of marital and family  
3250 systems, including the context of marital formation and

3251 dissolution, and is based on marriage and family systems theory,  
3252 marriage and family development, human development, normal and  
3253 abnormal behavior, psychopathology, human sexuality,  
3254 psychotherapeutic and marriage and family therapy theories and  
3255 techniques. The practice of marriage and family therapy includes  
3256 methods of a psychological nature used to evaluate, assess,  
3257 diagnose, treat, and prevent emotional and mental disorders or  
3258 dysfunctions (whether cognitive, affective, or behavioral),  
3259 sexual dysfunction, behavioral disorders, alcoholism, and  
3260 substance abuse. The practice of marriage and family therapy  
3261 includes, but is not limited to, marriage and family therapy,  
3262 psychotherapy, including behavioral family therapy,  
3263 hypnotherapy, and sex therapy. The practice of marriage and  
3264 family therapy also includes counseling, behavior modification,  
3265 consultation, client-centered advocacy, crisis intervention, and  
3266 the provision of needed information and education to clients,  
3267 when using methods of a psychological nature to evaluate,  
3268 assess, diagnose, treat, and prevent emotional and mental  
3269 disorders and dysfunctions (whether cognitive, affective, or  
3270 behavioral), sexual dysfunction, behavioral disorders,  
3271 alcoholism, or substance abuse. The practice of marriage and  
3272 family therapy may also include clinical research into more  
3273 effective psychotherapeutic modalities for the treatment and  
3274 prevention of such conditions.

3275 (a) Marriage and family therapy may be rendered to

3276 individuals, including individuals affected by termination of  
3277 marriage, to couples, whether married or unmarried, to families,  
3278 or to groups.

3279 (b) The use of specific methods, techniques, or modalities  
3280 within the practice of marriage and family therapy is restricted  
3281 to marriage and family therapists appropriately trained in the  
3282 use of such methods, techniques, or modalities.

3283 (c) The terms "diagnose" and "treat," as used in this  
3284 chapter, when considered in isolation or in conjunction with ~~any~~  
3285 ~~provision of~~ the rules of the board, may ~~shall~~ not be construed  
3286 to permit the performance of any act that ~~which~~ marriage and  
3287 family therapists are not educated and trained to perform,  
3288 including, but not limited to, admitting persons to hospitals  
3289 for treatment of the foregoing conditions, treating persons in  
3290 hospitals without medical supervision, prescribing medicinal  
3291 drugs as defined in chapter 465, authorizing clinical laboratory  
3292 procedures ~~pursuant to chapter 483,~~ or radiological procedures,  
3293 or the use of electroconvulsive therapy. In addition, this  
3294 definition may ~~shall~~ not be construed to permit any person  
3295 licensed, provisionally licensed, registered, or certified  
3296 pursuant to this chapter to describe or label any test, report,  
3297 or procedure as "psychological," except to relate specifically  
3298 to the definition of practice authorized in this subsection.

3299 (d) The definition of "marriage and family therapy"  
3300 contained in this subsection includes all services offered

3301 directly to the general public or through organizations, whether  
3302 public or private, and applies whether payment is requested or  
3303 received for services rendered.

3304 (9) The term "practice of mental health counseling" means  
3305 ~~is defined as~~ the use of scientific and applied behavioral  
3306 science theories, methods, and techniques for the purpose of  
3307 describing, preventing, and treating undesired behavior and  
3308 enhancing mental health and human development and is based on  
3309 the person-in-situation perspectives derived from research and  
3310 theory in personality, family, group, and organizational  
3311 dynamics and development, career planning, cultural diversity,  
3312 human growth and development, human sexuality, normal and  
3313 abnormal behavior, psychopathology, psychotherapy, and  
3314 rehabilitation. The practice of mental health counseling  
3315 includes methods of a psychological nature used to evaluate,  
3316 assess, diagnose, and treat emotional and mental dysfunctions or  
3317 disorders, ~~(whether cognitive, affective, or behavioral),~~  
3318 ~~behavioral disorders,~~ interpersonal relationships, sexual  
3319 dysfunction, alcoholism, and substance abuse. The practice of  
3320 mental health counseling includes, but is not limited to,  
3321 psychotherapy, hypnotherapy, and sex therapy. The practice of  
3322 mental health counseling also includes counseling, behavior  
3323 modification, consultation, client-centered advocacy, crisis  
3324 intervention, and the provision of needed information and  
3325 education to clients, when using methods of a psychological

3326 nature to evaluate, assess, diagnose, treat, and prevent  
3327 emotional and mental disorders and dysfunctions (whether  
3328 cognitive, affective, or behavioral), behavioral disorders,  
3329 sexual dysfunction, alcoholism, or substance abuse. The practice  
3330 of mental health counseling may also include clinical research  
3331 into more effective psychotherapeutic modalities for the  
3332 treatment and prevention of such conditions.

3333 (a) Mental health counseling may be rendered to  
3334 individuals, including individuals affected by the termination  
3335 of marriage, and to couples, families, groups, organizations,  
3336 and communities.

3337 (b) The use of specific methods, techniques, or modalities  
3338 within the practice of mental health counseling is restricted to  
3339 mental health counselors appropriately trained in the use of  
3340 such methods, techniques, or modalities.

3341 (c) The terms "diagnose" and "treat," as used in this  
3342 chapter, when considered in isolation or in conjunction with any  
3343 provision of the rules of the board, may ~~shall~~ not be construed  
3344 to permit the performance of any act that ~~which~~ mental health  
3345 counselors are not educated and trained to perform, including,  
3346 but not limited to, admitting persons to hospitals for treatment  
3347 of the foregoing conditions, treating persons in hospitals  
3348 without medical supervision, prescribing medicinal drugs as  
3349 defined in chapter 465, authorizing clinical laboratory  
3350 procedures ~~pursuant to chapter 483,~~ or radiological procedures,

3351 or the use of electroconvulsive therapy. In addition, this  
 3352 definition may ~~shall~~ not be construed to permit any person  
 3353 licensed, provisionally licensed, registered, or certified  
 3354 pursuant to this chapter to describe or label any test, report,  
 3355 or procedure as "psychological," except to relate specifically  
 3356 to the definition of practice authorized in this subsection.

3357 (d) The definition of "mental health counseling" contained  
 3358 in this subsection includes all services offered directly to the  
 3359 general public or through organizations, whether public or  
 3360 private, and applies whether payment is requested or received  
 3361 for services rendered.

3362 Section 105. Paragraph (h) of subsection (4) of section  
 3363 627.351, Florida Statutes, is amended to read:

3364 627.351 Insurance risk apportionment plans.—

3365 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT.—

3366 (h) As used in this subsection:

3367 1. "Health care provider" means hospitals licensed under  
 3368 chapter 395; physicians licensed under chapter 458; osteopathic  
 3369 physicians licensed under chapter 459; podiatric physicians  
 3370 licensed under chapter 461; dentists licensed under chapter 466;  
 3371 chiropractic physicians licensed under chapter 460; naturopaths  
 3372 licensed under chapter 462; nurses licensed under part I of  
 3373 chapter 464; midwives licensed under chapter 467; ~~clinical~~  
 3374 ~~laboratories registered under chapter 483;~~ physician assistants  
 3375 licensed under chapter 458 or chapter 459; physical therapists

3376 and physical therapist assistants licensed under chapter 486;  
3377 health maintenance organizations certificated under part I of  
3378 chapter 641; ambulatory surgical centers licensed under chapter  
3379 395; other medical facilities as defined in subparagraph 2.;  
3380 blood banks, plasma centers, industrial clinics, and renal  
3381 dialysis facilities; or professional associations, partnerships,  
3382 corporations, joint ventures, or other associations for  
3383 professional activity by health care providers.

3384 2. "Other medical facility" means a facility the primary  
3385 purpose of which is to provide human medical diagnostic services  
3386 or a facility providing nonsurgical human medical treatment, to  
3387 which facility the patient is admitted and from which facility  
3388 the patient is discharged within the same working day, and which  
3389 facility is not part of a hospital. However, a facility existing  
3390 for the primary purpose of performing terminations of pregnancy  
3391 or an office maintained by a physician or dentist for the  
3392 practice of medicine may ~~shall~~ not be construed to be an "other  
3393 medical facility."

3394 3. "Health care facility" means any hospital licensed  
3395 under chapter 395, health maintenance organization certificated  
3396 under part I of chapter 641, ambulatory surgical center licensed  
3397 under chapter 395, or other medical facility as defined in  
3398 subparagraph 2.

3399 Section 106. Paragraph (h) of subsection (1) of section  
3400 627.602, Florida Statutes, is amended to read:



3401 627.602 Scope, format of policy.—

3402 (1) Each health insurance policy delivered or issued for  
 3403 delivery to any person in this state must comply with all  
 3404 applicable provisions of this code and all of the following  
 3405 requirements:

3406 (h) Section 641.312 and the provisions of the Employee  
 3407 Retirement Income Security Act of 1974, as implemented by 29  
 3408 C.F.R. s. 2560.503-1, relating to internal grievances. This  
 3409 paragraph does not apply ~~to a health insurance policy that is~~  
 3410 ~~subject to the Subscriber Assistance Program under s. 408.7056~~  
 3411 ~~or~~ to the types of benefits or coverages provided under s.  
 3412 627.6513(1)-(14) issued in any market.

3413 Section 107. Subsection (1) of section 627.6406, Florida  
 3414 Statutes, is amended to read:

3415 627.6406 Maternity care.—

3416 (1) Any policy of health insurance which ~~that~~ provides  
 3417 coverage for maternity care must also cover the services of  
 3418 certified nurse-midwives and midwives licensed pursuant to  
 3419 chapter 467, and the services of birth centers licensed under  
 3420 ss. 383.30-383.332 ~~383.30-383.335~~.

3421 Section 108. Paragraphs (b) and (e) of subsection (1) of  
 3422 section 627.64194, Florida Statutes, are amended to read:

3423 627.64194 Coverage requirements for services provided by  
 3424 nonparticipating providers; payment collection limitations.—

3425 (1) As used in this section, the term:

3426 (b) "Facility" means a licensed facility as defined in s.  
 3427 395.002(16) and an urgent care center as defined in s. 395.002  
 3428 ~~s. 395.002(30)~~.

3429 (e) "Nonparticipating provider" means a provider who is  
 3430 not a preferred provider as defined in s. 627.6471 or a provider  
 3431 who is not an exclusive provider as defined in s. 627.6472. For  
 3432 purposes of covered emergency services under this section, a  
 3433 facility licensed under chapter 395 or an urgent care center  
 3434 defined in s. 395.002 ~~s. 395.002(30)~~ is a nonparticipating  
 3435 provider if the facility has not contracted with an insurer to  
 3436 provide emergency services to its insureds at a specified rate.

3437 Section 109. Section 627.6513, Florida Statutes, is  
 3438 amended to read:

3439 627.6513 Scope.—Section 641.312 and the provisions of the  
 3440 Employee Retirement Income Security Act of 1974, as implemented  
 3441 by 29 C.F.R. s. 2560.503-1, relating to internal grievances,  
 3442 apply to all group health insurance policies issued under this  
 3443 part. This section does not apply to ~~a group health insurance~~  
 3444 ~~policy that is subject to the Subscriber Assistance Program in~~  
 3445 ~~s. 408.7056 or to:~~

3446 (1) Coverage only for accident insurance, or disability  
 3447 income insurance, or any combination thereof.

3448 (2) Coverage issued as a supplement to liability  
 3449 insurance.

3450 (3) Liability insurance, including general liability

3451 insurance and automobile liability insurance.

3452 (4) Workers' compensation or similar insurance.

3453 (5) Automobile medical payment insurance.

3454 (6) Credit-only insurance.

3455 (7) Coverage for onsite medical clinics, including prepaid

3456 health clinics under part II of chapter 641.

3457 (8) Other similar insurance coverage, specified in rules

3458 adopted by the commission, under which benefits for medical care

3459 are secondary or incidental to other insurance benefits. To the

3460 extent possible, such rules must be consistent with regulations

3461 adopted by the United States Department of Health and Human

3462 Services.

3463 (9) Limited scope dental or vision benefits, if offered

3464 separately.

3465 (10) Benefits for long-term care, nursing home care, home

3466 health care, or community-based care, or any combination

3467 thereof, if offered separately.

3468 (11) Other similar, limited benefits, if offered

3469 separately, as specified in rules adopted by the commission.

3470 (12) Coverage only for a specified disease or illness, if

3471 offered as independent, noncoordinated benefits.

3472 (13) Hospital indemnity or other fixed indemnity

3473 insurance, if offered as independent, noncoordinated benefits.

3474 (14) Benefits provided through a Medicare supplemental

3475 health insurance policy, as defined under s. 1882(g)(1) of the

3476 Social Security Act, coverage supplemental to the coverage  
 3477 provided under 10 U.S.C. chapter 55, and similar supplemental  
 3478 coverage provided to coverage under a group health plan, which  
 3479 are offered as a separate insurance policy and as independent,  
 3480 noncoordinated benefits.

3481 Section 110. Subsection (1) of section 627.6574, Florida  
 3482 Statutes, is amended to read:

3483 627.6574 Maternity care.—

3484 (1) Any group, blanket, or franchise policy of health  
 3485 insurance which ~~that~~ provides coverage for maternity care must  
 3486 also cover the services of certified nurse-midwives and midwives  
 3487 licensed pursuant to chapter 467, and the services of birth  
 3488 centers licensed under ss. 383.30-383.332 ~~383.30-383.335~~.

3489 Section 111. Paragraph (j) of subsection (1) of section  
 3490 641.185, Florida Statutes, is amended to read:

3491 641.185 Health maintenance organization subscriber  
 3492 protections.—

3493 (1) With respect to the provisions of this part and part  
 3494 III, the principles expressed in the following statements ~~shall~~  
 3495 serve as standards to be followed by the commission, the office,  
 3496 the department, and the Agency for Health Care Administration in  
 3497 exercising their powers and duties, in exercising administrative  
 3498 discretion, in administrative interpretations of the law, in  
 3499 enforcing its provisions, and in adopting rules:

3500 ~~(j) A health maintenance organization should receive~~

3501 ~~timely and, if necessary, urgent review by an independent state~~  
 3502 ~~external review organization for unresolved grievances and~~  
 3503 ~~appeals pursuant to s. 408.7056.~~

3504 Section 112. Paragraph (a) of subsection (18) of section  
 3505 641.31, Florida Statutes, is amended to read:

3506 641.31 Health maintenance contracts.—

3507 (18) (a) Health maintenance contracts that provide  
 3508 coverage, benefits, or services for maternity care must provide,  
 3509 as an option to the subscriber, the services of nurse-midwives  
 3510 and midwives licensed pursuant to chapter 467, and the services  
 3511 of birth centers licensed pursuant to ss. 383.30-383.332 ~~383.30-~~  
 3512 ~~383.335~~, if such services are available within the service area.

3513 Section 113. Section 641.312, Florida Statutes, is amended  
 3514 to read:

3515 641.312 Scope.—The Office of Insurance Regulation may  
 3516 adopt rules to administer ~~the provisions of~~ the National  
 3517 Association of Insurance Commissioners' Uniform Health Carrier  
 3518 External Review Model Act, issued by the National Association of  
 3519 Insurance Commissioners and dated April 2010. This section does  
 3520 not apply to a ~~health maintenance contract that is subject to~~  
 3521 ~~the Subscriber Assistance Program under s. 408.7056 or to the~~  
 3522 types of benefits or coverages provided under s. 627.6513(1)-  
 3523 (14) issued in any market.

3524 Section 114. Subsection (4) of section 641.3154, Florida  
 3525 Statutes, is amended to read:

3526 641.3154 Organization liability; provider billing  
 3527 prohibited.—

3528 (4) A provider or any representative of a provider,  
 3529 regardless of whether the provider is under contract with the  
 3530 health maintenance organization, may not collect or attempt to  
 3531 collect money from, maintain any action at law against, or  
 3532 report to a credit agency a subscriber of an organization for  
 3533 payment of services for which the organization is liable, if the  
 3534 provider in good faith knows or should know that the  
 3535 organization is liable. This prohibition applies during the  
 3536 pendency of any claim for payment made by the provider to the  
 3537 organization for payment of the services and any legal  
 3538 proceedings or dispute resolution process to determine whether  
 3539 the organization is liable for the services if the provider is  
 3540 informed that such proceedings are taking place. It is presumed  
 3541 that a provider does not know and should not know that an  
 3542 organization is liable unless:

3543 (a) The provider is informed by the organization that it  
 3544 accepts liability;

3545 (b) A court of competent jurisdiction determines that the  
 3546 organization is liable; or

3547 ~~(c) The office or agency makes a final determination that~~  
 3548 ~~the organization is required to pay for such services subsequent~~  
 3549 ~~to a recommendation made by the Subscriber Assistance Panel~~  
 3550 ~~pursuant to s. 408.7056; or~~

3551            (c)~~(d)~~ The agency issues a final order that the  
 3552 organization is required to pay for such services subsequent to  
 3553 a recommendation made by a resolution organization pursuant to  
 3554 s. 408.7057.

3555            Section 115. Paragraph (c) of subsection (5) of section  
 3556 641.51, Florida Statutes, is amended to read:

3557            641.51 Quality assurance program; second medical opinion  
 3558 requirement.—

3559            (5)

3560            (c) For second opinions provided by contract physicians  
 3561 the organization is prohibited from charging a fee to the  
 3562 subscriber in an amount in excess of the subscriber fees  
 3563 established by contract for referral contract physicians. The  
 3564 organization shall pay the amount of all charges, which are  
 3565 usual, reasonable, and customary in the community, for second  
 3566 opinion services performed by a physician not under contract  
 3567 with the organization, but may require the subscriber to be  
 3568 responsible for up to 40 percent of such amount. The  
 3569 organization may require that any tests deemed necessary by a  
 3570 noncontract physician shall be conducted by the organization.  
 3571 The organization may deny reimbursement rights granted under  
 3572 this section in the event the subscriber seeks in excess of  
 3573 three such referrals per year if such subsequent referral costs  
 3574 are deemed by the organization to be evidence that the  
 3575 subscriber has unreasonably overutilized the second opinion

3576 | privilege. A subscriber ~~thus~~ denied reimbursement under this  
3577 | section has ~~shall have~~ recourse to grievance procedures as  
3578 | specified in ss. ~~408.7056~~, 641.495~~7~~, and 641.511. The  
3579 | organization's physician's professional judgment concerning the  
3580 | treatment of a subscriber derived after review of a second  
3581 | opinion is ~~shall be~~ controlling as to the treatment obligations  
3582 | of the health maintenance organization. Treatment not authorized  
3583 | by the health maintenance organization is ~~shall be~~ at the  
3584 | subscriber's expense.

3585 |       Section 116. Subsection (1), paragraph (e) of subsection  
3586 | (3), paragraph (d) of subsection (4), paragraphs (g) and (h) of  
3587 | subsection (6), and subsections (7) through (12) of section  
3588 | 641.511, Florida Statutes, are amended to read:

3589 |       641.511 Subscriber grievance reporting and resolution  
3590 | requirements.—

3591 |       (1) Every organization must have a grievance procedure  
3592 | available to its subscribers for the purpose of addressing  
3593 | complaints and grievances. Every organization must notify its  
3594 | subscribers that a subscriber must submit a grievance within 1  
3595 | year after the date of occurrence of the action that initiated  
3596 | the grievance, ~~and may submit the grievance for review to the~~  
3597 | ~~Subscriber Assistance Program panel as provided in s. 408.7056~~  
3598 | ~~after receiving a final disposition of the grievance through the~~  
3599 | ~~organization's grievance process.~~ An organization shall maintain  
3600 | records of all grievances and shall report annually to the



3601 agency the total number of grievances handled, a categorization  
3602 of the cases underlying the grievances, and the final  
3603 disposition of the grievances.

3604 (3) Each organization's grievance procedure, as required  
3605 under subsection (1), must include, at a minimum:

3606 (e) A notice that a subscriber may voluntarily pursue  
3607 binding arbitration in accordance with the terms of the contract  
3608 if offered by the organization, after completing the  
3609 organization's grievance procedure ~~and as an alternative to the~~  
3610 ~~Subscriber Assistance Program~~. Such notice shall include an  
3611 explanation that the subscriber may incur some costs if the  
3612 subscriber pursues binding arbitration, depending upon the terms  
3613 of the subscriber's contract.

3614 (4)

3615 ~~(d) In any case when the review process does not resolve a~~  
3616 ~~difference of opinion between the organization and the~~  
3617 ~~subscriber or the provider acting on behalf of the subscriber,~~  
3618 ~~the subscriber or the provider acting on behalf of the~~  
3619 ~~subscriber may submit a written grievance to the Subscriber~~  
3620 ~~Assistance Program.~~

3621 (6)

3622 ~~(g) In any case when the expedited review process does not~~  
3623 ~~resolve a difference of opinion between the organization and the~~  
3624 ~~subscriber or the provider acting on behalf of the subscriber,~~  
3625 ~~the subscriber or the provider acting on behalf of the~~

3626 ~~subscriber may submit a written grievance to the Subscriber~~  
3627 ~~Assistance Program.~~

3628 (g)~~(h)~~ An organization shall not provide an expedited  
3629 retrospective review of an adverse determination.

3630 ~~(7) Each organization shall send to the agency a copy of~~  
3631 ~~its quarterly grievance reports submitted to the office pursuant~~  
3632 ~~to s. 408.7056(12).~~

3633 (7)~~(8)~~ The agency shall investigate all reports of  
3634 unresolved quality of care grievances received from:

3635 ~~(a)~~ annual and quarterly grievance reports submitted by  
3636 the organization to the office.

3637 ~~(b) Review requests of subscribers whose grievances remain~~  
3638 ~~unresolved after the subscriber has followed the full grievance~~  
3639 ~~procedure of the organization.~~

3640 ~~(9) (a) The agency shall advise subscribers with grievances~~  
3641 ~~to follow their organization's formal grievance process for~~  
3642 ~~resolution prior to review by the Subscriber Assistance Program.~~  
3643 ~~The subscriber may, however, submit a copy of the grievance to~~  
3644 ~~the agency at any time during the process.~~

3645 ~~(b) Requiring completion of the organization's grievance~~  
3646 ~~process before the Subscriber Assistance Program panel's review~~  
3647 ~~does not preclude the agency from investigating any complaint or~~  
3648 ~~grievance before the organization makes its final determination.~~

3649 ~~(10) Each organization must notify the subscriber in a~~  
3650 ~~final decision letter that the subscriber may request review of~~

3651 ~~the organization's decision concerning the grievance by the~~  
3652 ~~Subscriber Assistance Program, as provided in s. 408.7056, if~~  
3653 ~~the grievance is not resolved to the satisfaction of the~~  
3654 ~~subscriber. The final decision letter must inform the subscriber~~  
3655 ~~that the request for review must be made within 365 days after~~  
3656 ~~receipt of the final decision letter, must explain how to~~  
3657 ~~initiate such a review, and must include the addresses and toll-~~  
3658 ~~free telephone numbers of the agency and the Subscriber~~  
3659 ~~Assistance Program.~~

3660       (8)~~(11)~~ Each organization, as part of its contract with  
3661 any provider, must require the provider to post a consumer  
3662 assistance notice prominently displayed in the reception area of  
3663 the provider and clearly noticeable by all patients. The  
3664 consumer assistance notice must state the addresses and toll-  
3665 free telephone numbers of the Agency for Health Care  
3666 Administration, ~~the Subscriber Assistance Program,~~ and the  
3667 Department of Financial Services. The consumer assistance notice  
3668 must also clearly state that the address and toll-free telephone  
3669 number of the organization's grievance department shall be  
3670 provided upon request. The agency may adopt rules to implement  
3671 this section.

3672       (9)~~(12)~~ The agency may impose administrative sanction, in  
3673 accordance with s. 641.52, against an organization for  
3674 noncompliance with this section.

3675       Section 117. Subsection (1) of section 641.515, Florida

3676 Statutes, is amended to read:

3677 641.515 Investigation by the agency.—

3678 (1) The agency shall investigate further any quality of  
 3679 care issue contained in recommendations and reports submitted  
 3680 pursuant to s. ~~ss. 408.7056~~ and 641.511. The agency shall also  
 3681 investigate further any information that indicates that the  
 3682 organization does not meet accreditation standards or the  
 3683 standards of the review organization performing the external  
 3684 quality assurance assessment pursuant to reports submitted under  
 3685 s. 641.512. Every organization shall submit its books and  
 3686 records and take other appropriate action as may be necessary to  
 3687 facilitate an examination. The agency shall have access to the  
 3688 organization's medical records of individuals and records of  
 3689 employed and contracted physicians, with the consent of the  
 3690 subscriber or by court order, as necessary to administer ~~carry~~  
 3691 ~~out the provisions of~~ this part.

3692 Section 118. Subsection (2) of section 641.55, Florida  
 3693 Statutes, is amended to read:

3694 641.55 Internal risk management program.—

3695 (2) The risk management program shall be the  
 3696 responsibility of the governing authority or board of the  
 3697 organization. Every organization which has an annual premium  
 3698 volume of \$10 million or more and which directly provides health  
 3699 care in a building owned or leased by the organization shall  
 3700 hire a risk manager, ~~certified under ss. 395.10971-395.10975,~~

3701 | who is ~~shall be~~ responsible for implementation of the  
 3702 | organization's risk management program required by this section.  
 3703 | A part-time risk manager may ~~shall~~ not be responsible for risk  
 3704 | management programs in more than four organizations or  
 3705 | facilities. Every organization that ~~which~~ does not directly  
 3706 | provide health care in a building owned or leased by the  
 3707 | organization and every organization with an annual premium  
 3708 | volume of less than \$10 million shall designate an officer or  
 3709 | employee of the organization to serve as the risk manager.

3710 |  
 3711 | The gross data compiled under this section or s. 395.0197 shall  
 3712 | be furnished by the agency upon request to organizations to be  
 3713 | utilized for risk management purposes. The agency shall adopt  
 3714 | rules necessary to administer ~~carry out the provisions of~~ this  
 3715 | section.

3716 |       Section 119. Section 641.60, Florida Statutes, is  
 3717 | repealed.

3718 |       Section 120. Section 641.65, Florida Statutes, is  
 3719 | repealed.

3720 |       Section 121. Section 641.67, Florida Statutes, is  
 3721 | repealed.

3722 |       Section 122. Section 641.68, Florida Statutes, is  
 3723 | repealed.

3724 |       Section 123. Section 641.70, Florida Statutes, is  
 3725 | repealed.

3726 Section 124. Section 641.75, Florida Statutes, is  
 3727 repealed.

3728 Section 125. Paragraph (b) of subsection (6) of section  
 3729 766.118, Florida Statutes, is amended to read:

3730 766.118 Determination of noneconomic damages.—

3731 (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF A  
 3732 PRACTITIONER PROVIDING SERVICES AND CARE TO A MEDICAID  
 3733 RECIPIENT.—Notwithstanding subsections (2), (3), and (5), with  
 3734 respect to a cause of action for personal injury or wrongful  
 3735 death arising from medical negligence of a practitioner  
 3736 committed in the course of providing medical services and  
 3737 medical care to a Medicaid recipient, regardless of the number  
 3738 of such practitioner defendants providing the services and care,  
 3739 noneconomic damages may not exceed \$300,000 per claimant, unless  
 3740 the claimant pleads and proves, by clear and convincing  
 3741 evidence, that the practitioner acted in a wrongful manner. A  
 3742 practitioner providing medical services and medical care to a  
 3743 Medicaid recipient is not liable for more than \$200,000 in  
 3744 noneconomic damages, regardless of the number of claimants,  
 3745 unless the claimant pleads and proves, by clear and convincing  
 3746 evidence, that the practitioner acted in a wrongful manner. The  
 3747 fact that a claimant proves that a practitioner acted in a  
 3748 wrongful manner does not preclude the application of the  
 3749 limitation on noneconomic damages prescribed elsewhere in this  
 3750 section. For purposes of this subsection:

3751 (b) The term "practitioner," in addition to the meaning  
 3752 prescribed in subsection (1), includes any hospital or  
 3753 ambulatory surgical center, ~~or mobile surgical facility~~ as  
 3754 defined and licensed under chapter 395.

3755 Section 126. Subsection (4) of section 766.202, Florida  
 3756 Statutes, is amended to read:

3757 766.202 Definitions; ss. 766.201-766.212.—As used in ss.  
 3758 766.201-766.212, the term:

3759 (4) "Health care provider" means any hospital or  
 3760 ambulatory surgical center, ~~or mobile surgical facility~~ as  
 3761 defined and licensed under chapter 395; a birth center licensed  
 3762 under chapter 383; any person licensed under chapter 458,  
 3763 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,  
 3764 part I of chapter 464, chapter 466, chapter 467, part XIV of  
 3765 chapter 468, or chapter 486; ~~a clinical lab licensed under~~  
 3766 ~~chapter 483~~; a health maintenance organization certificated  
 3767 under part I of chapter 641; a blood bank; a plasma center; an  
 3768 industrial clinic; a renal dialysis facility; or a professional  
 3769 association partnership, corporation, joint venture, or other  
 3770 association for professional activity by health care providers.

3771 Section 127. Section 945.36, Florida Statutes, is amended  
 3772 to read:

3773 945.36 ~~Exemption from health testing regulations for Law~~  
 3774 enforcement personnel authorized to conduct ~~conducting~~ drug  
 3775 tests on inmates and releasees.—

3776 (1) Any law enforcement officer, state or county probation  
 3777 officer, employee of the Department of Corrections, or employee  
 3778 of a contracted community correctional center who is certified  
 3779 by the Department of Corrections pursuant to subsection (2) may  
 3780 administer, ~~is exempt from part I of chapter 483, for the~~  
 3781 ~~limited purpose of administering~~ a urine screen drug test to:  
 3782 (a) Persons during incarceration;  
 3783 (b) Persons released as a condition of probation for  
 3784 either a felony or misdemeanor;  
 3785 (c) Persons released as a condition of community control;  
 3786 (d) Persons released as a condition of conditional  
 3787 release;  
 3788 (e) Persons released as a condition of parole;  
 3789 (f) Persons released as a condition of provisional  
 3790 release;  
 3791 (g) Persons released as a condition of pretrial release;  
 3792 or  
 3793 (h) Persons released as a condition of control release.  
 3794 (2) The Department of Corrections shall develop a  
 3795 procedure for certification of any law enforcement officer,  
 3796 state or county probation officer, employee of the Department of  
 3797 Corrections, or employee of a contracted community correctional  
 3798 center to perform a urine screen drug test on the persons  
 3799 specified in subsection (1).  
 3800 Section 128. Paragraph (b) of subsection (2) of section



3801 1009.65, Florida Statutes, is amended to read:

3802 1009.65 Medical Education Reimbursement and Loan Repayment  
3803 Program.—

3804 (2) From the funds available, the Department of Health  
3805 shall make payments to selected medical professionals as  
3806 follows:

3807 (b) All payments are ~~shall be~~ contingent on continued  
3808 proof of primary care practice in an area defined in s.  
3809 395.602(2)(b) ~~s. 395.602(2)(e)~~, or an underserved area  
3810 designated by the Department of Health, provided the  
3811 practitioner accepts Medicaid reimbursement if eligible for such  
3812 reimbursement. Correctional facilities, state hospitals, and  
3813 other state institutions that employ medical personnel shall be  
3814 designated by the Department of Health as underserved locations.  
3815 Locations with high incidences of infant mortality, high  
3816 morbidity, or low Medicaid participation by health care  
3817 professionals may be designated as underserved.

3818 Section 129. Subsection (2) of section 1011.52, Florida  
3819 Statutes, is amended to read:

3820 1011.52 Appropriation to first accredited medical school.—

3821 (2) In order for a medical school to qualify under ~~the~~  
3822 ~~provisions of~~ this section and to be entitled to the benefits  
3823 herein, such medical school:

3824 (a) Must be primarily operated and established to offer,  
3825 afford, and render a medical education to residents of the state

3826 | qualifying for admission to such institution;

3827 |       (b) Must be operated by a municipality or county of this  
3828 | state, or by a nonprofit organization heretofore or hereafter  
3829 | established exclusively for educational purposes;

3830 |       (c) Must, upon the formation and establishment of an  
3831 | accredited medical school, transmit and file with the Department  
3832 | of Education documentary proof evidencing the facts that such  
3833 | institution has been certified and approved by the council on  
3834 | medical education and hospitals of the American Medical  
3835 | Association and has adequately met the requirements of that  
3836 | council in regard to its administrative facilities,  
3837 | administrative plant, clinical facilities, curriculum, and all  
3838 | other such requirements as may be necessary to qualify with the  
3839 | council as a recognized, approved, and accredited medical  
3840 | school;

3841 |       (d) Must certify to the Department of Education the name,  
3842 | address, and educational history of each student approved and  
3843 | accepted for enrollment in such institution for the ensuing  
3844 | school year; and

3845 |       (e) Must have in place an operating agreement with a  
3846 | government-owned hospital that is located in the same county as  
3847 | the medical school and that is a statutory teaching hospital as  
3848 | defined in s. 408.07(44) ~~s. 408.07(45)~~. The operating agreement  
3849 | must ~~shall~~ provide for the medical school to maintain the same  
3850 | level of affiliation with the hospital, including the level of

3851 | services to indigent and charity care patients served by the  
3852 | hospital, which was in place in the prior fiscal year. Each  
3853 | year, documentation demonstrating that an operating agreement is  
3854 | in effect shall be submitted jointly to the Department of  
3855 | Education by the hospital and the medical school prior to the  
3856 | payment of moneys from the annual appropriation.

3857 |       Section 130. This act shall take effect July 1, 2018.