

By Senator Grimsley

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1 A bill to be entitled
2 An act relating to health care facility regulation;
3 creating s. 154.13, F.S.; providing that a designated
4 facility owned or operated by a public health trust
5 and located within the boundaries of a municipality is
6 under the exclusive jurisdiction of the county
7 creating the public health trust; amending ss.
8 381.0031, 381.004, 384.31, 395.009, 400.0625, and
9 409.905, F.S.; eliminating state licensure
10 requirements for clinical laboratories; requiring
11 clinical laboratories to be federally certified;
12 amending s. 383.313, F.S.; requiring a birth center to
13 be federally certified and meet specified requirements
14 to perform certain laboratory tests; repealing s.
15 383.335, F.S., relating to partial exemptions from
16 licensure requirements for certain facilities that
17 provide obstetrical and gynecological surgical
18 services; amending s. 395.002, F.S.; revising and
19 deleting definitions to remove the term "mobile
20 surgical facility"; conforming a cross-reference;
21 creating s. 395.0091, F.S.; requiring the Agency for
22 Health Care Administration, in consultation with the
23 Board of Clinical Laboratory Personnel, to adopt rules
24 establishing criteria for alternate-site laboratory
25 testing; requiring specifications to be included in
26 the criteria; defining the term "alternate-site
27 testing"; amending ss. 395.0161 and 395.0163, F.S.;
28 deleting licensure and inspection requirements for
29 mobile surgical facilities to conform to changes made

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30 by the act; amending s. 395.0197, F.S.; requiring the
31 manager of a hospital or ambulatory surgical center
32 internal risk management program to demonstrate
33 competence in specified administrative and health care
34 service areas; conforming provisions to changes made
35 by the act; repealing s. 395.1046, F.S., relating to
36 hospital complaint investigation procedures; amending
37 s. 395.1055, F.S.; requiring hospitals that provide
38 specified services to meet agency licensure
39 requirements; providing standards to be included in
40 licensure requirements; conforming a provision to
41 changes made by the act; requiring a level 2
42 background screening for personnel of distinct part
43 nursing units; repealing ss. 395.10971 and 395.10972,
44 F.S., relating to the purpose and the establishment of
45 the Health Care Risk Manager Advisory Council,
46 respectively; amending s. 395.10973, F.S.; removing
47 requirements relating to agency standards for health
48 care risk managers to conform provisions to changes
49 made by the act; repealing s. 395.10974, F.S.,
50 relating to licensure of health care risk managers,
51 qualifications, licensure, and fees; repealing s.
52 395.10975, F.S., relating to grounds for denial,
53 suspension, or revocation of a health care risk
54 manager's license and an administrative fine; amending
55 s. 395.602, F.S.; deleting definitions for the terms
56 "emergency care hospital", "essential access community
57 hospital," "inactive rural hospital bed", and "rural
58 primary care hospital"; amending s. 395.603, F.S.;

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59 deleting provisions relating to deactivation of
60 general hospital beds by certain rural and emergency
61 care hospitals; repealing s. 395.604, F.S., relating
62 to other rural hospital programs; repealing s.
63 395.605, F.S., relating to emergency care hospitals;
64 amending s. 395.701, F.S.; revising the definition of
65 the term "hospital" to exclude hospitals operated by a
66 state agency; amending s. 400.191, F.S.; removing the
67 30-month reporting timeframe for the Nursing Home
68 Guide; amending s. 400.464, F.S.; requiring that a
69 license issued to a home health agency on or after a
70 specified date specify the services the organization
71 is authorized to perform and whether the services
72 constitute skilled care; providing that the provision
73 or advertising of certain services constitutes
74 unlicensed activity under certain circumstances;
75 authorizing certain persons, entities or organizations
76 providing home health services to voluntarily apply
77 for a certificate of exemption from licensure by
78 providing certain information to the agency; providing
79 that the certificate is valid for a specified time and
80 is nontransferable; authorizing the agency to charge a
81 fee for the certificate; amending s. 400.471, F.S.;
82 revising home health agency licensure requirements;
83 providing requirements for proof of accreditation for
84 home health agencies applying for change of ownership
85 or the addition of skilled care services; removing a
86 provision prohibiting the agency from issuing a
87 license to a home health agency that fails to satisfy

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88 the requirements of a Medicare certification survey
89 from the agency; amending s. 400.474, F.S.; revising
90 conditions for the imposition of a fine against a home
91 health agency; amending s. 400.476, F.S.; requiring a
92 home health agency providing skilled nursing care to
93 have a director of nursing; amending s. 400.484, F.S.;
94 imposing administrative fines on home health agencies
95 for specified classes of violations; amending s.
96 400.497, F.S.; requiring the agency to adopt, publish,
97 and enforce rules establishing standards for
98 certificates of exemption; amending s. 400.506, F.S.;
99 specifying a criminal penalty for any person who owns,
100 operates, or maintains an unlicensed nurse registry
101 that fails to cease operation immediately and apply
102 for a license after notification from the agency;
103 revising provisions authorizing the agency to impose a
104 fine on a nurse registry that fails to cease operation
105 after agency notification; revising circumstances
106 under which the agency is authorized to deny, suspend,
107 or revoke a license or impose a fine on a nurse
108 registry; amending s. 400.606, F.S.; removing a
109 requirement that an existing licensed health care
110 provider's hospice licensure application be
111 accompanied by a copy of the most recent profit-loss
112 statement and licensure inspection report; amending s.
113 400.925, F.S.; revising the definition of the term
114 "home medical equipment"; amending s. 400.931, F.S.;
115 requiring a home medical equipment provider to notify
116 the agency of certain personnel changes within a

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117 specified timeframe; amending s. 400.933, F.S.;

118 requiring the agency to accept the submission of a

119 valid medical oxygen retail establishment permit

120 issued by the Department of Business and Professional

121 Regulation in lieu of an agency inspection for

122 licensure; amending s. 400.980, F.S.; revising the

123 timeframe within which a health care services pool

124 registrant must provide the agency with certain

125 changes of information; amending s. 400.9935, F.S.;

126 specifying that a voluntary certificate of exemption

127 may be valid for up to 2 years; amending s. 408.0361,

128 F.S.; providing an exception for a hospital to become

129 a Level I Adult Cardiovascular provider if certain

130 requirements are met; amending s. 408.061, F.S.;

131 excluding hospitals operated by state agencies from

132 certain financial reporting requirements; conforming a

133 cross-reference; amending s. 408.07, F.S.; deleting

134 the definition for the term "clinical laboratory";

135 amending s. 408.20, F.S.; exempting hospitals operated

136 by any state agency from assessments against the

137 Health Care Trust Fund to fund certain agency

138 activities; repealing s. 408.7056, F.S., relating to

139 the Subscriber Assistance Program; amending s.

140 408.803, F.S.; defining the term "relative" for

141 purposes of the Health Care Licensing Procedures Act;

142 amending s. 408.806, F.S.; authorizing licensees who

143 hold licenses for multiple providers to request that

144 the agency align related license expiration dates;

145 authorizing the agency to issue licenses for an

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146 abbreviated licensure period and to charge a prorated
147 licensure fee; amending s. 408.809, F.S.; expanding
148 the scope of persons subject to a level 2 background
149 screening to include any employee of a licensee who is
150 a controlling interest and certain part-time
151 contractors; amending s. 408.810, F.S.; providing that
152 an applicant for change of ownership licensure is
153 exempt from furnishing proof of financial ability to
154 operate if certain conditions are met; authorizing the
155 agency to adopt rules governing circumstances under
156 which a controlling interest may act in certain legal
157 capacities on behalf of a patient or client; requiring
158 a licensee to ensure that certain persons do not hold
159 an ownership interest if the licensee is not organized
160 as or owned by a publicly traded corporation; defining
161 the term "publicly traded corporation"; amending s.
162 408.812, F.S.; providing that certain unlicensed
163 activity by a provider constitutes abuse and neglect;
164 clarifying that the agency may impose a fine or
165 penalty, as prescribed in an authorizing statute, if
166 an unlicensed provider who has received notification
167 fails to cease operation; authorizing the agency to
168 revoke all licenses and impose a fine or penalties
169 upon a controlling interest or licensee who has an
170 interest in more than one provider and who fails to
171 license a provider rendering services that require
172 licensure in certain circumstances; amending s.
173 408.820, F.S.; deleting certain exemptions from part
174 II of ch. 408, F.S., for specified providers to

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

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204 appropriate health care"; deleting a requirement that
205 the agency conduct at least one monitoring visit under
206 certain circumstances; deleting provisions authorizing
207 the agency to conduct periodic followup inspections
208 and complaint investigations under certain
209 circumstances; amending s. 429.294, F.S.; deleting the
210 specified timeframe within which an assisted living
211 facility must provide complete copies of a resident's
212 records in an investigation of resident's rights;
213 amending s. 429.34, F.S.; authorizing the agency to
214 inspect and investigate assisted living facilities as
215 necessary to determine compliance with certain laws;
216 removing a provision requiring the agency to inspect
217 each licensed assisted living facility at least
218 biennially; authorizing the agency to conduct
219 monitoring visits of each facility cited for prior
220 violations under certain circumstances; amending s.
221 429.52, F.S.; requiring an assisted living facility
222 administrator to complete required training and
223 education within a specified timeframe; amending s.
224 435.04, F.S.; providing that security background
225 investigations must ensure that a person has not been
226 arrested for, and is not awaiting final disposition
227 of, certain offenses; requiring that security
228 background investigations for purposes of
229 participation in the Medicaid program screen for
230 violations of federal or state law, rule, or
231 regulation governing any state Medicaid program, the
232 Medicare program, or any other publicly funded federal

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233 or state health care or health insurance program;
234 specifying offenses under federal law or any state law
235 that the security background investigations must
236 screen for; amending s. 435.12, F.S.; revising
237 fingerprinting requirements for purposes of a person's
238 inclusion in the care provider background screening
239 clearinghouse; amending s. 456.054, F.S.; prohibiting
240 any person or entity from paying or receiving a
241 kickback for referring patients to a clinical
242 laboratory; prohibiting a clinical laboratory from
243 providing personnel to perform certain functions or
244 duties in a health care practitioner's office or
245 dialysis facility; providing an exception; prohibiting
246 a clinical laboratory from leasing space in any part
247 of a health care practitioner's office or dialysis
248 facility; repealing part I of ch. 483, F.S., relating
249 to clinical laboratories; amending s. 483.294, F.S.;
250 removing a requirement that the agency inspect
251 multiphasic health testing centers at least once
252 annually; amending s. 483.801, F.S.; providing an
253 exemption from regulation for certain persons employed
254 by certain laboratories; amending s. 483.803, F.S.;
255 revising definitions of the terms "clinical
256 laboratory", and "clinical laboratory examination";
257 removing a cross-reference; amending s. 641.511, F.S.;
258 revising health maintenance organization subscriber
259 grievance reporting requirements; repealing s. 641.60,
260 F.S., relating to the Statewide Managed Care Ombudsman
261 Committee; repealing s. 641.65, F.S., relating to

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262 district managed care ombudsman committees; repealing
263 s. 641.67, F.S., relating to a district managed care
264 ombudsman committee, exemption from public records
265 requirements, and exceptions; repealing s. 641.68,
266 F.S., relating to a district managed care ombudsman
267 committee and exemption from public meeting
268 requirements; repealing s. 641.70, F.S., relating to
269 agency duties relating to the Statewide Managed Care
270 Ombudsman Committee and the district managed care
271 ombudsman committees; repealing s. 641.75, F.S.,
272 relating to immunity from liability and limitation on
273 testimony; amending s. 945.36, F.S.; authorizing law
274 enforcement personnel to conduct drug tests on certain
275 inmates and releasees; amending ss. 20.43, 220.1845,
276 376.30781, 376.86, 381.0034, 381.0405, 383.14, 383.30,
277 383.301, 383.302, 383.305, 383.309, 383.33, 385.211,
278 394.4787, 395.001, 395.003, 395.7015, 400.9905,
279 408.033, 408.036, 408.802, 409.9116, 409.975, 429.19,
280 456.001, 456.057, 456.076, 458.307, 458.345, 459.021,
281 483.813, 483.823, 491.003, 627.351, 627.602, 627.6406,
282 627.64194, 627.6513, 627.6574, 641.185, 641.31,
283 641.312, 641.3154, 641.51, 641.515, 641.55, 766.118,
284 766.202, 1009.65, and 1011.52, F.S.; conforming
285 provisions to changes made by the act; providing an
286 effective date.

287

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

289

290 Section 1. Paragraph (g) of subsection (3) of section

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291 20.43, Florida Statutes, is amended to read:

292 20.43 Department of Health.—There is created a Department
293 of Health.

294 (3) The following divisions of the Department of Health are
295 established:

296 (g) Division of Medical Quality Assurance, which is
297 responsible for the following boards and professions established
298 within the division:

299 1. The Board of Acupuncture, created under chapter 457.

300 2. The Board of Medicine, created under chapter 458.

301 3. The Board of Osteopathic Medicine, created under chapter
302 459.

303 4. The Board of Chiropractic Medicine, created under
304 chapter 460.

305 5. The Board of Podiatric Medicine, created under chapter
306 461.

307 6. Naturopathy, as provided under chapter 462.

308 7. The Board of Optometry, created under chapter 463.

309 8. The Board of Nursing, created under part I of chapter
310 464.

311 9. Nursing assistants, as provided under part II of chapter
312 464.

313 10. The Board of Pharmacy, created under chapter 465.

314 11. The Board of Dentistry, created under chapter 466.

315 12. Midwifery, as provided under chapter 467.

316 13. The Board of Speech-Language Pathology and Audiology,
317 created under part I of chapter 468.

318 14. The Board of Nursing Home Administrators, created under
319 part II of chapter 468.

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- 320 15. The Board of Occupational Therapy, created under part
321 III of chapter 468.
- 322 16. Respiratory therapy, as provided under part V of
323 chapter 468.
- 324 17. Dietetics and nutrition practice, as provided under
325 part X of chapter 468.
- 326 18. The Board of Athletic Training, created under part XIII
327 of chapter 468.
- 328 19. The Board of Orthotists and Prosthetists, created under
329 part XIV of chapter 468.
- 330 20. Electrolysis, as provided under chapter 478.
- 331 21. The Board of Massage Therapy, created under chapter
332 480.
- 333 22. The Board of Clinical Laboratory Personnel, created
334 under part II ~~III~~ of chapter 483.
- 335 23. Medical physicists, as provided under part IV of
336 chapter 483.
- 337 24. The Board of Opticianry, created under part I of
338 chapter 484.
- 339 25. The Board of Hearing Aid Specialists, created under
340 part II of chapter 484.
- 341 26. The Board of Physical Therapy Practice, created under
342 chapter 486.
- 343 27. The Board of Psychology, created under chapter 490.
- 344 28. School psychologists, as provided under chapter 490.
- 345 29. The Board of Clinical Social Work, Marriage and Family
346 Therapy, and Mental Health Counseling, created under chapter
347 491.
- 348 30. Emergency medical technicians and paramedics, as

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349 provided under part III of chapter 401.

350 Section 2. Section 154.13, Florida Statutes, is created to
351 read:

352 154.13 Designated facilities; jurisdiction.—Any designated
353 facility owned or operated by a public health trust and located
354 within the boundaries of a municipality is under the exclusive
355 jurisdiction of the county creating the public health trust and
356 is not within the jurisdiction of the municipality.

357 Section 3. Paragraph (k) of subsection (2) of section
358 220.1845, Florida Statutes, is amended to read:

359 220.1845 Contaminated site rehabilitation tax credit.—

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

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

374 Section 4. Paragraph (f) of subsection (3) of section
375 376.30781, Florida Statutes, is amended to read:

376 376.30781 Tax credits for rehabilitation of drycleaning-
377 solvent-contaminated sites and brownfield sites in designated

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378 brownfield areas; application process; rulemaking authority;
379 revocation authority.—

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

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

395 376.86 Brownfield Areas Loan Guarantee Program.—

396 (1) The Brownfield Areas Loan Guarantee Council is created
397 to review and approve or deny, by a majority vote of its
398 membership, the situations and circumstances for participation
399 in partnerships by agreements with local governments, financial
400 institutions, and others associated with the redevelopment of
401 brownfield areas pursuant to the Brownfields Redevelopment Act
402 for a limited state guaranty of up to 5 years of loan guarantees
403 or loan loss reserves issued pursuant to law. The limited state
404 loan guaranty applies only to 50 percent of the primary lenders
405 loans for redevelopment projects in brownfield areas. If the
406 redevelopment project is for affordable housing, as defined in

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

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

426 381.0031 Epidemiological research; report of diseases of
427 public health significance to department.-

428 (2) Any practitioner licensed in this state to practice
429 medicine, osteopathic medicine, chiropractic medicine,
430 naturopathy, or veterinary medicine; any hospital licensed under
431 part I of chapter 395; or any laboratory appropriately certified
432 by the Centers for Medicare and Medicaid Services under the
433 federal Clinical Laboratory Improvement Amendments and the
434 federal rules adopted thereunder which licensed under chapter
435 ~~483 that~~ diagnoses or suspects the existence of a disease of

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436 public health significance shall immediately report the fact to
437 the Department of Health.

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

440 381.0034 Requirement for instruction on HIV and AIDS.—

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

449 Section 8. Paragraph (c) of subsection (4) of section
450 381.004, Florida Statutes, is amended to read:

451 381.004 HIV testing.—

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

461 (c) The program shall have all laboratory procedures
462 performed in a laboratory appropriately certified by the Centers
463 for Medicare and Medicaid Services under the federal Clinical
464 Laboratory Improvement Amendments and the federal rules adopted

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465 thereunder ~~licensed under the provisions of chapter 483.~~

466 Section 9. Paragraph (f) of subsection (4) of section
467 381.0405, Florida Statutes, is amended to read:

468 381.0405 Office of Rural Health.—

469 (4) COORDINATION.—The office shall:

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

474 Section 10. Paragraph (a) of subsection (2) of section
475 383.14, Florida Statutes, is amended to read:

476 383.14 Screening for metabolic disorders, other hereditary
477 and congenital disorders, and environmental risk factors.—

478 (2) RULES.—

479 (a) After consultation with the Genetics and Newborn
480 Screening Advisory Council, the department shall adopt and
481 enforce rules requiring that every newborn in this state shall:

482 1. Before becoming 1 week of age, be subjected to a test
483 for phenylketonuria;

484 2. Be tested for any condition included on the federal
485 Recommended Uniform Screening Panel which the council advises
486 the department should be included under the state's screening
487 program. After the council recommends that a condition be
488 included, the department shall submit a legislative budget
489 request to seek an appropriation to add testing of the condition
490 to the newborn screening program. The department shall expand
491 statewide screening of newborns to include screening for such
492 conditions within 18 months after the council renders such
493 advice, if a test approved by the United States Food and Drug

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494 Administration or a test offered by an alternative vendor ~~which~~
495 ~~is compatible with the clinical standards established under part~~
496 ~~I of chapter 483~~ is available. If such a test is not available
497 within 18 months after the council makes its recommendation, the
498 department shall implement such screening as soon as a test
499 offered by the United States Food and Drug Administration or by
500 an alternative vendor is available; and

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

504 Section 11. Section 383.30, Florida Statutes, is amended to
505 read:

506 383.30 Birth Center Licensure Act; short title.—Sections
507 383.30-383.332 ~~383.30-383.335~~ shall be known and may be cited as
508 the "Birth Center Licensure Act."

509 Section 12. Section 383.301, Florida Statutes, is amended
510 to read:

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

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

525 Section 13. Section 383.302, Florida Statutes, is amended
526 to read:

527 383.302 Definitions of terms used in ss. 383.30-383.332
528 ~~383.30-383.335~~.—As used in ss. 383.30-383.332 ~~383.30-383.335~~,
529 the term:

530 (1) "Agency" means the Agency for Health Care
531 Administration.

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

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

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

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

545 (b) Has hospital obstetrical privileges.

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

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

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552 (7) "Licensed facility" means a facility licensed in
553 accordance with s. 383.305.

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

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

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

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

570 383.305 Licensure; fees.—

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

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

577 383.309 Minimum standards for birth centers; rules and
578 enforcement.—

579 (1) The agency shall adopt and enforce rules to administer
580 ss. 383.30-383.332 ~~383.30-383.335~~ and part II of chapter 408,

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581 which rules shall include, but are not limited to, reasonable
582 and fair minimum standards for ensuring that:

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

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

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

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

594 383.313 Performance of laboratory and surgical services;
595 use of anesthetic and chemical agents.—

596 (1) LABORATORY SERVICES.—A birth center may collect
597 specimens for those tests that are requested under protocol. A
598 birth center must obtain and continuously maintain certification
599 by the Centers for Medicare and Medicaid Services under the
600 federal Clinical Laboratory Improvement Amendments and the
601 federal rules adopted thereunder in order to ~~may perform simple~~
602 laboratory tests specified, ~~as defined~~ by rule of the agency,
603 and which are appropriate to meet the needs of the patient ~~is~~
604 ~~exempt from the requirements of chapter 483, provided no more~~
605 ~~than five physicians are employed by the birth center and~~
606 ~~testing is conducted exclusively in connection with the~~
607 ~~diagnosis and treatment of clients of the birth center.~~

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

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610 383.33 Administrative penalties; moratorium on admissions.-

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

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

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

625 Section 18. Section 383.335, Florida Statutes, is repealed.

626 Section 19. Section 384.31, Florida Statutes, is amended to
627 read:

628 384.31 Testing of pregnant women; duty of the attendant.-
629 Every person, including every physician licensed under chapter
630 458 or chapter 459 or midwife licensed under part I of chapter
631 464 or chapter 467, attending a pregnant woman for conditions
632 relating to pregnancy during the period of gestation and
633 delivery shall cause the woman to be tested for sexually
634 transmissible diseases, including HIV, as specified by
635 department rule. Testing shall be performed by a laboratory
636 appropriately certified by the Centers for Medicare and Medicaid
637 Services under the federal Clinical Laboratory Improvement
638 Amendments and the federal rules adopted thereunder ~~approved~~ for

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639 such purposes ~~under part I of chapter 483~~. The woman shall be
640 informed of the tests that will be conducted and of her right to
641 refuse testing. If a woman objects to testing, a written
642 statement of objection, signed by the woman, shall be placed in
643 the woman's medical record and no testing shall occur.

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

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

648 (2) Notwithstanding chapter 893, medical centers recognized
649 pursuant to s. 381.925, or an academic medical research
650 institution legally affiliated with a licensed children's
651 specialty hospital as defined in s. 395.002(27) ~~s. 395.002(28)~~
652 that contracts with the Department of Health, may conduct
653 research on cannabidiol and low-THC cannabis. This research may
654 include, but is not limited to, the agricultural development,
655 production, clinical research, and use of liquid medical
656 derivatives of cannabidiol and low-THC cannabis for the
657 treatment for refractory or intractable epilepsy. The authority
658 for recognized medical centers to conduct this research is
659 derived from 21 C.F.R. parts 312 and 316. Current state or
660 privately obtained research funds may be used to support the
661 activities described in this section.

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

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

667 (7) "Specialty psychiatric hospital" means a hospital

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668 licensed by the agency pursuant to s. 395.002(27) ~~s. 395.002(28)~~
669 and part II of chapter 408 as a specialty psychiatric hospital.

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

672 395.001 Legislative intent.—It is the intent of the
673 Legislature to provide for the protection of public health and
674 safety in the establishment, construction, maintenance, and
675 operation of hospitals and, ambulatory surgical centers, ~~and~~
676 ~~mobile surgical facilities~~ by providing for licensure of same
677 and for the development, establishment, and enforcement of
678 minimum standards with respect thereto.

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

684 395.002 Definitions.—As used in this chapter:

685 (3) "Ambulatory surgical center" ~~or "mobile surgical~~
686 ~~facility"~~ means a facility the primary purpose of which is to
687 provide elective surgical care, in which the patient is admitted
688 to and discharged from such facility within the same working day
689 and is not permitted to stay overnight, and which is not part of
690 a hospital. However, a facility existing for the primary purpose
691 of performing terminations of pregnancy, an office maintained by
692 a physician for the practice of medicine, or an office
693 maintained for the practice of dentistry may ~~shall~~ not be
694 construed to be an ambulatory surgical center, provided that any
695 facility or office which is certified or seeks certification as
696 a Medicare ambulatory surgical center shall be licensed as an

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697 ambulatory surgical center pursuant to s. 395.003. ~~Any structure~~
698 ~~or vehicle in which a physician maintains an office and~~
699 ~~practices surgery, and which can appear to the public to be a~~
700 ~~mobile office because the structure or vehicle operates at more~~
701 ~~than one address, shall be construed to be a mobile surgical~~
702 ~~facility.~~

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

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

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

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

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

735 395.003 Licensure; denial, suspension, and revocation.—

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

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

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

754 (2) (b) The agency shall, at the request of a licensee that

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

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

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

771 (1) As a requirement for issuance or renewal of its
772 license, each licensed facility shall require that all clinical
773 laboratory tests performed by or for the licensed facility be
774 performed by a clinical laboratory appropriately certified by
775 the Centers for Medicare and Medicaid Services under the federal
776 Clinical Laboratory Improvement Amendments and the federal rules
777 adopted thereunder ~~licensed under the provisions of chapter 483.~~

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

780 395.0091 Alternate-site testing.-The agency, in
781 consultation with the Board of Clinical Laboratory Personnel,
782 shall adopt by rule the criteria for alternate-site testing to
783 be performed under the supervision of a clinical laboratory

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

802 Section 27. Paragraph (f) of subsection (1) of section
803 395.0161, Florida Statutes, is amended to read:

804 395.0161 Licensure inspection.—

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

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

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

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

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

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

827 395.0197 Internal risk management program.—

828 (2) The internal risk management program is the
829 responsibility of the governing board of the health care
830 facility. Each licensed facility shall hire a risk manager,
831 ~~licensed under s. 395.10974,~~ who is responsible for
832 implementation and oversight of the such facility's internal
833 risk management program and who demonstrates competence, through
834 education or experience, in all of the following areas:

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

836 (b) Applicable federal, state, and local health and safety
837 laws and rules.

838 (c) General risk management administration.

839 (d) Patient care.

840 (e) Medical care.

841 (f) Personal and social care.

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842 (g) Accident prevention.
843 (h) Departmental organization and management.
844 (i) Community interrelationships.
845 (j) Medical terminology as required by this section. A risk
846 ~~manager must not be made responsible for more than four internal~~
847 ~~risk management programs in separate licensed facilities, unless~~
848 ~~the facilities are under one corporate ownership or the risk~~
849 ~~management programs are in rural hospitals.~~

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

869 (16) There shall be no monetary liability on the part of,
870 and no cause of action for damages shall arise against, any risk

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871 manager, ~~licensed under s. 395.10974,~~ for the implementation and
872 oversight of the internal risk management program in a facility
873 licensed under this chapter or chapter 390 as required by this
874 section, for any act or proceeding undertaken or performed
875 within the scope of the functions of such internal risk
876 management program if the risk manager acts without intentional
877 fraud.

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

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

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

888 395.1055 Rules and enforcement.—

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

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

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

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

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

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

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

925 395.10973 Powers and duties of the agency.—It is the
926 function of the agency to:

927 (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to
928 implement ~~the provisions of~~ this part and part II of chapter 408

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929 conferring duties upon it.

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

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

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

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

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

950 (2)~~(7)~~ Develop a model risk management program for health
951 care facilities which will satisfy the requirements of s.
952 395.0197.

953 (3)~~(8)~~ Enforce the special-occupancy provisions of the
954 Florida Building Code which apply to hospitals, intermediate
955 residential treatment facilities, and ambulatory surgical
956 centers in conducting any inspection authorized by this chapter
957 and part II of chapter 408.

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

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

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

964 395.602 Rural hospitals.—

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

966 (a) ~~“Emergency care hospital” means a medical facility~~
967 ~~which provides:~~

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

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

974 (b) ~~“Essential access community hospital” means any~~
975 ~~facility which:~~

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

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

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

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

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

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

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

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

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

999 1. The sole provider within a county with a population
 1000 density of up to 100 persons per square mile;

1001 2. An acute care hospital, in a county with a population
 1002 density of up to 100 persons per square mile, which is at least
 1003 30 minutes of travel time, on normally traveled roads under
 1004 normal traffic conditions, from any other acute care hospital
 1005 within the same county;

1006 3. A hospital supported by a tax district or subdistrict
 1007 whose boundaries encompass a population of up to 100 persons per
 1008 square mile;

1009 4. A hospital classified as a sole community hospital under
 1010 42 C.F.R. s. 412.92 which has up to 175, ~~regardless of the~~
 1011 ~~number of~~ licensed beds;

1012 5. A hospital with a service area that has a population of
 1013 up to 100 persons per square mile. As used in this subparagraph,
 1014 the term "service area" means the fewest number of zip codes
 1015 that account for 75 percent of the hospital's discharges for the

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1016 most recent 5-year period, based on information available from
 1017 the hospital inpatient discharge database in the Florida Center
 1018 for Health Information and Transparency at the agency; or

1019 6. A hospital designated as a critical access hospital, as
 1020 defined in s. 408.07.

1021
 1022 Population densities used in this paragraph must be based upon
 1023 the most recently completed United States census. A hospital
 1024 that received funds under s. 409.9116 for a quarter beginning no
 1025 later than July 1, 2002, is deemed to have been and shall
 1026 continue to be a rural hospital from that date through June 30,
 1027 2021, if the hospital continues to have up to 100 licensed beds
 1028 and an emergency room. An acute care hospital that has not
 1029 previously been designated as a rural hospital and that meets
 1030 the criteria of this paragraph shall be granted such designation
 1031 upon application, including supporting documentation, to the
 1032 agency. A hospital that was licensed as a rural hospital during
 1033 the 2010-2011 or 2011-2012 fiscal year shall continue to be a
 1034 rural hospital from the date of designation through June 30,
 1035 2021, if the hospital continues to have up to 100 licensed beds
 1036 and an emergency room.

1037 ~~(f) "Rural primary care hospital" means any facility~~
 1038 ~~meeting the criteria in paragraph (c) or s. 395.605 which~~
 1039 ~~provides:~~

- 1040 ~~1. Twenty-four-hour emergency medical care;~~
 1041 ~~2. Temporary inpatient care for periods of 72 hours or less~~
 1042 ~~to patients requiring stabilization before discharge or transfer~~
 1043 ~~to another hospital. The 72-hour limitation does not apply to~~
 1044 ~~respite, skilled nursing, hospice, or other nonacute care~~

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1045 ~~patients; and~~

1046 ~~3. Has no more than six licensed acute care inpatient beds.~~

1047 (c)~~(g)~~ "Swing-bed" means a bed which can be used
1048 interchangeably as either a hospital, skilled nursing facility
1049 (SNF), or intermediate care facility (ICF) bed pursuant to 42
1050 C.F.R. parts 405, 435, 440, 442, and 447.

1051 Section 38. Section 395.603, Florida Statutes, is amended
1052 to read:

1053 395.603 ~~Deactivation of general hospital beds; Rural~~
1054 ~~hospital impact statement.-~~

1055 ~~(1) The agency shall establish, by rule, a process by which~~
1056 ~~a rural hospital, as defined in s. 395.602, that seeks licensure~~
1057 ~~as a rural primary care hospital or as an emergency care~~
1058 ~~hospital, or becomes a certified rural health clinic as defined~~
1059 ~~in Pub. L. No. 95-210, or becomes a primary care program such as~~
1060 ~~a county health department, community health center, or other~~
1061 ~~similar outpatient program that provides preventive and curative~~
1062 ~~services, may deactivate general hospital beds. Rural primary~~
1063 ~~care hospitals and emergency care hospitals shall maintain the~~
1064 ~~number of actively licensed general hospital beds necessary for~~
1065 ~~the facility to be certified for Medicare reimbursement.~~
1066 ~~Hospitals that discontinue inpatient care to become rural health~~
1067 ~~care clinics or primary care programs shall deactivate all~~
1068 ~~licensed general hospital beds. All hospitals, clinics, and~~
1069 ~~programs with inactive beds shall provide 24-hour emergency~~
1070 ~~medical care by staffing an emergency room. Providers with~~
1071 ~~inactive beds shall be subject to the criteria in s. 395.1041.~~
1072 ~~The agency shall specify in rule requirements for making 24-hour~~
1073 ~~emergency care available. Inactive general hospital beds shall~~

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1074 ~~be included in the acute care bed inventory, maintained by the~~
1075 ~~agency for certificate of need purposes, for 10 years from the~~
1076 ~~date of deactivation of the beds. After 10 years have elapsed,~~
1077 ~~inactive beds shall be excluded from the inventory. The agency~~
1078 ~~shall, at the request of the licensee, reactivate the inactive~~
1079 ~~general beds upon a showing by the licensee that licensure~~
1080 ~~requirements for the inactive general beds are met.~~

1081 ~~(2)~~ In formulating and implementing policies and rules that
1082 may have significant impact on the ability of rural hospitals to
1083 continue to provide health care services in rural communities,
1084 the agency, the department, or the respective regulatory board
1085 adopting policies or rules regarding the licensure or
1086 certification of health care professionals shall provide a rural
1087 hospital impact statement. The rural hospital impact statement
1088 shall assess the proposed action in light of the following
1089 questions:

1090 (1) ~~(a)~~ Do the health personnel affected by the proposed
1091 action currently practice in rural hospitals or are they likely
1092 to in the near future?

1093 (2) ~~(b)~~ What are the current numbers of the affected health
1094 personnel in this state, their geographic distribution, and the
1095 number practicing in rural hospitals?

1096 (3) ~~(c)~~ What are the functions presently performed by the
1097 affected health personnel, and are such functions presently
1098 performed in rural hospitals?

1099 (4) ~~(d)~~ What impact will the proposed action have on the
1100 ability of rural hospitals to recruit the affected personnel to
1101 practice in their facilities?

1102 (5) ~~(e)~~ What impact will the proposed action have on the

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1103 limited financial resources of rural hospitals through increased
 1104 salaries and benefits necessary to recruit or retain such health
 1105 personnel?

1106 (6)~~(f)~~ Is there a less stringent requirement which could
 1107 apply to practice in rural hospitals?

1108 (7)~~(g)~~ Will this action create staffing shortages, which
 1109 could result in a loss to the public of health care services in
 1110 rural hospitals or result in closure of any rural hospitals?

1111 Section 39. Section 395.604, Florida Statutes, is repealed.

1112 Section 40. Section 395.605, Florida Statutes, is repealed.

1113 Section 41. Paragraph (c) of subsection (1) of section
 1114 395.701, Florida Statutes, is amended to read:

1115 395.701 Annual assessments on net operating revenues for
 1116 inpatient and outpatient services to fund public medical
 1117 assistance; administrative fines for failure to pay assessments
 1118 when due; exemption.—

1119 (1) For the purposes of this section, the term:

1120 (c) "Hospital" means a health care institution as defined
 1121 in s. 395.002(12), but does not include any hospital operated by
 1122 a state ~~the agency or the Department of Corrections.~~

1123 Section 42. Paragraph (b) of subsection (2) of section
 1124 395.7015, Florida Statutes, is amended to read:

1125 395.7015 Annual assessment on health care entities.—

1126 (2) There is imposed an annual assessment against certain
 1127 health care entities as described in this section:

1128 (b) For the purpose of this section, "health care entities"
 1129 include the following:

1130 1. Ambulatory surgical centers ~~and mobile surgical~~
 1131 ~~facilities licensed under s. 395.003. This subsection shall only~~

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1132 ~~apply to mobile surgical facilities operating under contracts~~
1133 ~~entered into on or after July 1, 1998.~~

1134 ~~2. Clinical laboratories licensed under s. 483.091,~~
1135 ~~excluding any hospital laboratory defined under s. 483.041(6),~~
1136 ~~any clinical laboratory operated by the state or a political~~
1137 ~~subdivision of the state, any clinical laboratory which~~
1138 ~~qualifies as an exempt organization under s. 501(c)(3) of the~~
1139 ~~Internal Revenue Code of 1986, as amended, and which receives 70~~
1140 ~~percent or more of its gross revenues from services to charity~~
1141 ~~patients or Medicaid patients, and any blood, plasma, or tissue~~
1142 ~~bank procuring, storing, or distributing blood, plasma, or~~
1143 ~~tissue either for future manufacture or research or distributed~~
1144 ~~on a nonprofit basis, and further excluding any clinical~~
1145 ~~laboratory which is wholly owned and operated by 6 or fewer~~
1146 ~~physicians who are licensed pursuant to chapter 458 or chapter~~
1147 ~~459 and who practice in the same group practice, and at which no~~
1148 ~~clinical laboratory work is performed for patients referred by~~
1149 ~~any health care provider who is not a member of the same group.~~

1150 ~~2.3.~~ Diagnostic-imaging centers that are freestanding
1151 outpatient facilities that provide specialized services for the
1152 identification or determination of a disease through examination
1153 and also provide sophisticated radiological services, and in
1154 which services are rendered by a physician licensed by the Board
1155 of Medicine under s. 458.311, s. 458.313, or s. 458.317, or by
1156 an osteopathic physician licensed by the Board of Osteopathic
1157 Medicine under s. 459.0055 or s. 459.0075. For purposes of this
1158 paragraph, "sophisticated radiological services" means the
1159 following: magnetic resonance imaging; nuclear medicine;
1160 angiography; arteriography; computed tomography; positron

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1161 emission tomography; digital vascular imaging; bronchography;
1162 lymphangiography; splenography; ultrasound, excluding ultrasound
1163 providers that are part of a private physician's office practice
1164 or when ultrasound is provided by two or more physicians
1165 licensed under chapter 458 or chapter 459 who are members of the
1166 same professional association and who practice in the same
1167 medical specialties; and such other sophisticated radiological
1168 services, excluding mammography, as adopted in rule by the
1169 board.

1170 Section 43. Subsection (1) of section 400.0625, Florida
1171 Statutes, is amended to read:

1172 400.0625 Minimum standards for clinical laboratory test
1173 results and diagnostic X-ray results.—

1174 (1) Each nursing home, as a requirement for issuance or
1175 renewal of its license, shall require that all clinical
1176 laboratory tests performed for the nursing home be performed by
1177 a ~~clinical~~ laboratory appropriately certified by the Centers for
1178 Medicare and Medicaid Services under the federal Clinical
1179 Laboratory Improvement Amendments and the federal rules adopted
1180 thereunder ~~licensed under the provisions of chapter 483~~, except
1181 for such self-testing procedures as are approved by the agency
1182 by rule. ~~Results of clinical laboratory tests performed prior to~~
1183 ~~admission which meet the minimum standards provided in s.~~
1184 ~~483.181(3) shall be accepted in lieu of routine examinations~~
1185 ~~required upon admission and clinical laboratory tests which may~~
1186 ~~be ordered by a physician for residents of the nursing home.~~

1187 Section 44. Paragraph (a) of subsection (2) of section
1188 400.191, Florida Statutes, is amended to read:

1189 400.191 Availability, distribution, and posting of reports

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1190 and records.—

1191 (2) The agency shall publish the Nursing Home Guide
1192 quarterly in electronic form to assist consumers and their
1193 families in comparing and evaluating nursing home facilities.

1194 (a) The agency shall provide an Internet site which shall
1195 include at least the following information either directly or
1196 indirectly through a link to another established site or sites
1197 of the agency's choosing:

1198 1. A section entitled "Have you considered programs that
1199 provide alternatives to nursing home care?" which shall be the
1200 first section of the Nursing Home Guide and which shall
1201 prominently display information about available alternatives to
1202 nursing homes and how to obtain additional information regarding
1203 these alternatives. The Nursing Home Guide shall explain that
1204 this state offers alternative programs that permit qualified
1205 elderly persons to stay in their homes instead of being placed
1206 in nursing homes and shall encourage interested persons to call
1207 the Comprehensive Assessment Review and Evaluation for Long-Term
1208 Care Services (CARES) Program to inquire if they qualify. The
1209 Nursing Home Guide shall list available home and community-based
1210 programs which shall clearly state the services that are
1211 provided and indicate whether nursing home services are included
1212 if needed.

1213 2. A list by name and address of all nursing home
1214 facilities in this state, including any prior name by which a
1215 facility was known during the previous 24-month period.

1216 3. Whether such nursing home facilities are proprietary or
1217 nonproprietary.

1218 4. The current owner of the facility's license and the year

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1219 that that entity became the owner of the license.

1220 5. The name of the owner or owners of each facility and
1221 whether the facility is affiliated with a company or other
1222 organization owning or managing more than one nursing facility
1223 in this state.

1224 6. The total number of beds in each facility and the most
1225 recently available occupancy levels.

1226 7. The number of private and semiprivate rooms in each
1227 facility.

1228 8. The religious affiliation, if any, of each facility.

1229 9. The languages spoken by the administrator and staff of
1230 each facility.

1231 10. Whether or not each facility accepts Medicare or
1232 Medicaid recipients or insurance, health maintenance
1233 organization, Veterans Administration, CHAMPUS program, or
1234 workers' compensation coverage.

1235 11. Recreational and other programs available at each
1236 facility.

1237 12. Special care units or programs offered at each
1238 facility.

1239 13. Whether the facility is a part of a retirement
1240 community that offers other services pursuant to part III of
1241 this chapter or part I or part III of chapter 429.

1242 14. Survey and deficiency information, including all
1243 federal and state recertification, licensure, revisit, and
1244 complaint survey information, for each facility ~~for the past 30~~
1245 ~~months~~. For noncertified nursing homes, state survey and
1246 deficiency information, including licensure, revisit, and
1247 complaint survey information ~~for the past 30 months~~ shall be

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1248 provided.

1249 Section 45. Subsection (1) and paragraphs (b), (e), and (f)
1250 of subsection (4) of section 400.464, Florida Statutes, are
1251 amended, and subsection (6) is added to that section, to read:

1252 400.464 Home health agencies to be licensed; expiration of
1253 license; exemptions; unlawful acts; penalties.—

1254 (1) The requirements of part II of chapter 408 apply to the
1255 provision of services that require licensure pursuant to this
1256 part and part II of chapter 408 and entities licensed or
1257 registered by or applying for such licensure or registration
1258 from the Agency for Health Care Administration pursuant to this
1259 part. A license issued by the agency is required in order to
1260 operate a home health agency in this state. A license issued on
1261 or after July 1, 2018, must specify the home health services the
1262 organization is authorized to perform and indicate whether such
1263 specified services are considered skilled care. The provision or
1264 advertising of services that require licensure pursuant to this
1265 part without such services being specified on the face of the
1266 license issued on or after July 1, 2018, constitutes unlicensed
1267 activity as prohibited under s. 408.812.

1268 (4) (b) The operation or maintenance of an unlicensed home
1269 health agency or the performance of any home health services in
1270 violation of this part is declared a nuisance, inimical to the
1271 public health, welfare, and safety. The agency or any state
1272 attorney may, in addition to other remedies provided in this
1273 part, bring an action for an injunction to restrain such
1274 violation, or to enjoin the future operation or maintenance of
1275 the home health agency or the provision of home health services
1276 in violation of this part or part II of chapter 408, until

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1277 compliance with this part or the rules adopted under this part
1278 has been demonstrated to the satisfaction of the agency.

1279 (e) Any person who owns, operates, or maintains an
1280 unlicensed home health agency and who, ~~within 10 working days~~
1281 after receiving notification from the agency, fails to cease
1282 operation and apply for a license under this part commits a
1283 misdemeanor of the second degree, punishable as provided in s.
1284 775.082 or s. 775.083. Each day of continued operation is a
1285 separate offense.

1286 (f) Any home health agency that fails to cease operation
1287 after agency notification may be fined in accordance with s.
1288 408.812 \$500 for each day of noncompliance.

1289 (6) Any person, entity, or organization providing home
1290 health services which is exempt from licensure under subsection
1291 (5) may voluntarily apply for a certificate of exemption from
1292 licensure under its exempt status with the agency on a form that
1293 specifies its name or names and addresses, a statement of the
1294 reasons why it is exempt from licensure as a home health agency,
1295 and other information deemed necessary by the agency. A
1296 certificate of exemption is valid for a period of not more than
1297 2 years and is not transferable. The agency may charge an
1298 applicant \$100 for a certificate of exemption or charge the
1299 actual cost of processing the certificate.

1300 Section 46. Subsections (6) through (9) of section 400.471,
1301 Florida Statutes, are redesignated as subsections (5) through
1302 (8), respectively, and present subsections (2), (6), and (9) of
1303 that section are amended, to read:

1304 400.471 Application for license; fee.—

1305 (2) In addition to the requirements of part II of chapter

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1306 408, the initial applicant, the applicant for a change of
1307 ownership, and the applicant for the addition of skilled care
1308 services must file with the application satisfactory proof that
1309 the home health agency is in compliance with this part and
1310 applicable rules, including:

1311 (a) A listing of services to be provided, either directly
1312 by the applicant or through contractual arrangements with
1313 existing providers.

1314 (b) The number and discipline of professional staff to be
1315 employed.

1316 ~~(c) Completion of questions concerning volume data on the~~
1317 ~~renewal application as determined by rule.~~

1318 (c) ~~(d)~~ A business plan, signed by the applicant, which
1319 details the home health agency's methods to obtain patients and
1320 its plan to recruit and maintain staff.

1321 (d) ~~(e)~~ Evidence of contingency funding as required under s.
1322 408.8065 ~~equal to 1 month's average operating expenses during~~
1323 ~~the first year of operation.~~

1324 (e) ~~(f)~~ A balance sheet, income and expense statement, and
1325 statement of cash flows for the first 2 years of operation which
1326 provide evidence of having sufficient assets, credit, and
1327 projected revenues to cover liabilities and expenses. The
1328 applicant has demonstrated financial ability to operate if the
1329 applicant's assets, credit, and projected revenues meet or
1330 exceed projected liabilities and expenses. An applicant may not
1331 project an operating margin of 15 percent or greater for any
1332 month in the first year of operation. All documents required
1333 under this paragraph must be prepared in accordance with
1334 generally accepted accounting principles and compiled and signed

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1335 by a certified public accountant.

1336 ~~(f)(g)~~ All other ownership interests in health care
1337 entities for each controlling interest, as defined in part II of
1338 chapter 408.

1339 ~~(g)(h)~~ In the case of an application for initial licensure,
1340 an application for a change of ownership, or an application for
1341 the addition of skilled care services, documentation of
1342 accreditation, or an application for accreditation, from an
1343 accrediting organization that is recognized by the agency as
1344 having standards comparable to those required by this part and
1345 part II of chapter 408. A home health agency that ~~is not~~
1346 ~~Medicare or Medicaid certified and~~ does not provide skilled care
1347 is exempt from this paragraph. Notwithstanding s. 408.806, an
1348 initial applicant ~~that has applied for accreditation~~ must
1349 provide proof of accreditation that is not conditional or
1350 provisional and a survey demonstrating compliance with the
1351 requirements of this part, part II of chapter 408, and
1352 applicable rules from an accrediting organization that is
1353 recognized by the agency as having standards comparable to those
1354 required by this part and part II of chapter 408 within 120 days
1355 after the date of the agency's receipt of the application for
1356 licensure ~~or the application shall be withdrawn from further~~
1357 ~~consideration~~. Such accreditation must be continuously
1358 maintained by the home health agency to maintain licensure. The
1359 agency shall accept, in lieu of its own periodic licensure
1360 survey, the submission of the survey of an accrediting
1361 organization that is recognized by the agency if the
1362 accreditation of the licensed home health agency is not
1363 provisional and if the licensed home health agency authorizes

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1364 releases of, and the agency receives the report of, the
1365 accrediting organization.

1366 ~~(6) The agency may not issue a license designated as~~
1367 ~~certified to a home health agency that fails to satisfy the~~
1368 ~~requirements of a Medicare certification survey from the agency.~~

1369 (8)~~(9)~~ The agency may not issue a renewal license for a
1370 home health agency in any county having at least one licensed
1371 home health agency and that has more than one home health agency
1372 per 5,000 persons, as indicated by the most recent population
1373 estimates published by the Legislature's Office of Economic and
1374 Demographic Research, if the applicant or any controlling
1375 interest has been administratively sanctioned by the agency
1376 during the 2 years prior to the submission of the licensure
1377 renewal application for one or more of the following acts:

1378 (a) An intentional or negligent act that materially affects
1379 the health or safety of a client of the provider;

1380 (b) Knowingly providing home health services in an
1381 unlicensed assisted living facility or unlicensed adult family-
1382 care home, unless the home health agency or employee reports the
1383 unlicensed facility or home to the agency within 72 hours after
1384 providing the services;

1385 (c) Preparing or maintaining fraudulent patient records,
1386 such as, but not limited to, charting ahead, recording vital
1387 signs or symptoms which were not personally obtained or observed
1388 by the home health agency's staff at the time indicated,
1389 borrowing patients or patient records from other home health
1390 agencies to pass a survey or inspection, or falsifying
1391 signatures;

1392 (d) Failing to provide at least one service directly to a

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1393 patient for a period of 60 days;

1394 (e) Demonstrating a pattern of falsifying documents
1395 relating to the training of home health aides or certified
1396 nursing assistants or demonstrating a pattern of falsifying
1397 health statements for staff who provide direct care to patients.
1398 A pattern may be demonstrated by a showing of at least three
1399 fraudulent entries or documents;

1400 (f) Demonstrating a pattern of billing any payor for
1401 services not provided. A pattern may be demonstrated by a
1402 showing of at least three billings for services not provided
1403 within a 12-month period;

1404 (g) Demonstrating a pattern of failing to provide a service
1405 specified in the home health agency's written agreement with a
1406 patient or the patient's legal representative, or the plan of
1407 care for that patient, except ~~unless a reduction in service is~~
1408 ~~mandated by Medicare, Medicaid, or a state program or as~~
1409 provided in s. 400.492(3). A pattern may be demonstrated by a
1410 showing of at least three incidents, regardless of the patient
1411 or service, in which the home health agency did not provide a
1412 service specified in a written agreement or plan of care during
1413 a 3-month period;

1414 (h) Giving remuneration to a case manager, discharge
1415 planner, facility-based staff member, or third-party vendor who
1416 is involved in the discharge planning process of a facility
1417 licensed under chapter 395, chapter 429, or this chapter from
1418 whom the home health agency receives referrals or gives
1419 remuneration as prohibited in s. 400.474(6)(a);

1420 (i) Giving cash, or its equivalent, to a Medicare or
1421 Medicaid beneficiary;

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1422 (j) Demonstrating a pattern of billing the Medicaid program
1423 for services to Medicaid recipients which are medically
1424 unnecessary as determined by a final order. A pattern may be
1425 demonstrated by a showing of at least two such medically
1426 unnecessary services within one Medicaid program integrity audit
1427 period;

1428 (k) Providing services to residents in an assisted living
1429 facility for which the home health agency does not receive fair
1430 market value remuneration; or

1431 (l) Providing staffing to an assisted living facility for
1432 which the home health agency does not receive fair market value
1433 remuneration.

1434 Section 47. Subsection (5) of section 400.474, Florida
1435 Statutes, is amended to read:

1436 400.474 Administrative penalties.—

1437 (5) The agency shall impose a fine of \$5,000 against a home
1438 health agency that demonstrates a pattern of failing to provide
1439 a service specified in the home health agency's written
1440 agreement with a patient or the patient's legal representative,
1441 or the plan of care for that patient, except ~~unless a reduction~~
1442 ~~in service is mandated by Medicare, Medicaid, or a state program~~
1443 ~~or~~ as provided in s. 400.492(3). A pattern may be demonstrated
1444 by a showing of at least three incidences, regardless of the
1445 patient or service, where the home health agency did not provide
1446 a service specified in a written agreement or plan of care
1447 during a 3-month period. The agency shall impose the fine for
1448 each occurrence. The agency may also impose additional
1449 administrative fines under s. 400.484 for the direct or indirect
1450 harm to a patient, or deny, revoke, or suspend the license of

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1451 the home health agency for a pattern of failing to provide a
 1452 service specified in the home health agency's written agreement
 1453 with a patient or the plan of care for that patient.

1454 Section 48. Paragraph (c) of subsection (2) of section
 1455 400.476, Florida Statutes, is amended to read:

1456 400.476 Staffing requirements; notifications; limitations
 1457 on staffing services.-

1458 (2) DIRECTOR OF NURSING.-

1459 (c) A home health agency that provides skilled nursing care
 1460 must ~~is not Medicare or Medicaid certified and does not provide~~
 1461 ~~skilled care or provides only physical, occupational, or speech~~
 1462 ~~therapy is not required to have a director of nursing and is~~
 1463 ~~exempt from paragraph (b).~~

1464 Section 49. Section 400.484, Florida Statutes, is amended
 1465 to read:

1466 400.484 Right of inspection; violations ~~deficiencies~~;
 1467 fines.-

1468 (1) In addition to the requirements of s. 408.811, the
 1469 agency may make such inspections and investigations as are
 1470 necessary in order to determine the state of compliance with
 1471 this part, part II of chapter 408, and applicable rules.

1472 (2) The agency shall impose fines for various classes of
 1473 violations ~~deficiencies~~ in accordance with the following
 1474 schedule:

1475 (a) Class I violations are as provided in s. 408.813 A
 1476 ~~class I deficiency is any act, omission, or practice that~~
 1477 ~~results in a patient's death, disablement, or permanent injury,~~
 1478 ~~or places a patient at imminent risk of death, disablement, or~~
 1479 ~~permanent injury.~~ Upon finding a class I violation ~~deficiency~~,

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1480 the agency shall impose an administrative fine in the amount of
1481 \$15,000 for each occurrence and each day that the violation
1482 ~~deficiency~~ exists.

1483 (b) Class II violations are as provided in s. 408.813 A
1484 ~~class II deficiency is any act, omission, or practice that has a~~
1485 ~~direct adverse effect on the health, safety, or security of a~~
1486 ~~patient.~~ Upon finding a class II violation ~~deficiency~~, the
1487 agency shall impose an administrative fine in the amount of
1488 \$5,000 for each occurrence and each day that the violation
1489 ~~deficiency~~ exists.

1490 (c) Class III violations are as provided in s. 408.813 A
1491 ~~class III deficiency is any act, omission, or practice that has~~
1492 ~~an indirect, adverse effect on the health, safety, or security~~
1493 ~~of a patient.~~ Upon finding an uncorrected or repeated class III
1494 violation ~~deficiency~~, the agency shall impose an administrative
1495 fine not to exceed \$1,000 for each occurrence and each day that
1496 the uncorrected or repeated violation ~~deficiency~~ exists.

1497 (d) Class IV violations are as provided in s. 408.813 A
1498 ~~class IV deficiency is any act, omission, or practice related to~~
1499 ~~required reports, forms, or documents which does not have the~~
1500 ~~potential of negatively affecting patients.~~ These violations are
1501 of a type that the agency determines do not threaten the health,
1502 safety, or security of patients. Upon finding an uncorrected or
1503 repeated class IV violation ~~deficiency~~, the agency shall impose
1504 an administrative fine not to exceed \$500 for each occurrence
1505 and each day that the uncorrected or repeated violation
1506 ~~deficiency~~ exists.

1507 (3) In addition to any other penalties imposed pursuant to
1508 this section or part, the agency may assess costs related to an

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1509 investigation that results in a successful prosecution,
 1510 excluding costs associated with an attorney's time.

1511 Section 50. Subsection (4) of section 400.497, Florida
 1512 Statutes, is amended to read:

1513 400.497 Rules establishing minimum standards.—The agency
 1514 shall adopt, publish, and enforce rules to implement part II of
 1515 chapter 408 and this part, including, as applicable, ss. 400.506
 1516 and 400.509, which must provide reasonable and fair minimum
 1517 standards relating to:

1518 (4) Licensure application and renewal and certificates of
 1519 exemption.

1520 Section 51. Subsection (5) and paragraph (a) of subsection
 1521 (15) of section 400.506, Florida Statutes, are amended to read:

1522 400.506 Licensure of nurse registries; requirements;
 1523 penalties.—

1524 (5) (a) In addition to the requirements of s. 408.812, any
 1525 person who owns, operates, or maintains an unlicensed nurse
 1526 registry and who, ~~within 10 working days~~ after receiving
 1527 notification from the agency, fails to cease operation and apply
 1528 for a license under this part commits a misdemeanor of the
 1529 second degree, punishable as provided in s. 775.082 or s.
 1530 775.083. Each day of continued operation is a separate offense.

1531 (b) If a nurse registry fails to cease operation after
 1532 agency notification, the agency may impose a fine pursuant to s.
 1533 408.812 ~~of \$500 for each day of noncompliance~~.

1534 (15) (a) The agency may deny, suspend, or revoke the license
 1535 of a nurse registry and shall impose a fine of \$5,000 against a
 1536 nurse registry that:

1537 1. Provides services to residents in an assisted living

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1538 facility for which the nurse registry does not receive fair
1539 market value remuneration.

1540 2. Provides staffing to an assisted living facility for
1541 which the nurse registry does not receive fair market value
1542 remuneration.

1543 3. Fails to provide the agency, upon request, with copies
1544 of all contracts with assisted living facilities which were
1545 executed within the last 5 years.

1546 ~~4. Gives remuneration to a case manager, discharge planner,
1547 facility-based staff member, or third-party vendor who is
1548 involved in the discharge planning process of a facility
1549 licensed under chapter 395 or this chapter and from whom the
1550 nurse registry receives referrals. A nurse registry is exempt
1551 from this subparagraph if it does not bill the Florida Medicaid
1552 program or the Medicare program or share a controlling interest
1553 with any entity licensed, registered, or certified under part II
1554 of chapter 408 that bills the Florida Medicaid program or the
1555 Medicare program.~~

1556 ~~5. Gives remuneration to a physician, a member of the
1557 physician's office staff, or an immediate family member of the
1558 physician, and the nurse registry received a patient referral in
1559 the last 12 months from that physician or the physician's office
1560 staff. A nurse registry is exempt from this subparagraph if it
1561 does not bill the Florida Medicaid program or the Medicare
1562 program or share a controlling interest with any entity
1563 licensed, registered, or certified under part II of chapter 408
1564 that bills the Florida Medicaid program or the Medicare program.~~

1565 Section 52. Subsection (1) of section 400.606, Florida
1566 Statutes, is amended to read:

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1567 400.606 License; application; renewal; conditional license
1568 or permit; certificate of need.—

1569 (1) In addition to the requirements of part II of chapter
1570 408, the initial application and change of ownership application
1571 must be accompanied by a plan for the delivery of home,
1572 residential, and homelike inpatient hospice services to
1573 terminally ill persons and their families. Such plan must
1574 contain, but need not be limited to:

1575 (a) The estimated average number of terminally ill persons
1576 to be served monthly.

1577 (b) The geographic area in which hospice services will be
1578 available.

1579 (c) A listing of services which are or will be provided,
1580 either directly by the applicant or through contractual
1581 arrangements with existing providers.

1582 (d) Provisions for the implementation of hospice home care
1583 within 3 months after licensure.

1584 (e) Provisions for the implementation of hospice homelike
1585 inpatient care within 12 months after licensure.

1586 (f) The number and disciplines of professional staff to be
1587 employed.

1588 (g) The name and qualifications of any existing or
1589 potential contractee.

1590 (h) A plan for attracting and training volunteers.

1591

1592 ~~If the applicant is an existing licensed health care provider,~~
1593 ~~the application must be accompanied by a copy of the most recent~~
1594 ~~profit-loss statement and, if applicable, the most recent~~
1595 ~~licensure inspection report.~~

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1596 Section 53. Subsection (6) of section 400.925, Florida
1597 Statutes, is amended to read:

1598 400.925 Definitions.—As used in this part, the term:

1599 (6) "Home medical equipment" includes any product as
1600 defined by the Food and Drug Administration's Federal Food,
1601 Drug, and Cosmetic Act, any products reimbursed under the
1602 Medicare Part B Durable Medical Equipment benefits, or any
1603 products reimbursed under the Florida Medicaid durable medical
1604 equipment program. Home medical equipment includes:

1605 (a) Oxygen and related respiratory equipment; ~~manual,~~
1606 ~~motorized, or customized wheelchairs and related seating and~~
1607 ~~positioning, but does not include prosthetics or orthotics or~~
1608 ~~any splints, braces, or aids custom fabricated by a licensed~~
1609 ~~health care practitioner;~~

1610 (b) Motorized scooters;

1611 (c) Personal transfer systems; ~~and~~

1612 (d) Specialty beds, for use by a person with a medical
1613 need; and

1614 (e) Manual, motorized, or customized wheelchairs and
1615 related seating and positioning, but does not include
1616 prosthetics or orthotics or any splints, braces, or aids custom
1617 fabricated by a licensed health care practitioner.

1618 Section 54. Subsection (4) of section 400.931, Florida
1619 Statutes, is amended to read:

1620 400.931 Application for license; fee.—

1621 (4) When a change of the general manager of a home medical
1622 equipment provider occurs, the licensee must notify the agency
1623 of the change within the timeframes established in part II of
1624 chapter 408 and applicable rules ~~45 days.~~

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1625 Section 55. Subsection (2) of section 400.933, Florida
1626 Statutes, is amended to read:

1627 400.933 Licensure inspections and investigations.—

1628 (2) The agency shall accept, in lieu of its own periodic
1629 inspections for licensure, submission of the following:

1630 (a) The survey or inspection of an accrediting
1631 organization, provided the accreditation of the licensed home
1632 medical equipment provider is not provisional and provided the
1633 licensed home medical equipment provider authorizes release of,
1634 and the agency receives the report of, the accrediting
1635 organization; or

1636 (b) A copy of a valid medical oxygen retail establishment
1637 permit issued by the Department of Business and Professional
1638 Regulation Health, pursuant to chapter 499.

1639 Section 56. Subsection (2) of section 400.980, Florida
1640 Statutes, is amended to read:

1641 400.980 Health care services pools.—

1642 (2) The requirements of part II of chapter 408 apply to the
1643 provision of services that require licensure or registration
1644 pursuant to this part and part II of chapter 408 and to entities
1645 registered by or applying for such registration from the agency
1646 pursuant to this part. Registration or a license issued by the
1647 agency is required for the operation of a health care services
1648 pool in this state. In accordance with s. 408.805, an applicant
1649 or licensee shall pay a fee for each license application
1650 submitted using this part, part II of chapter 408, and
1651 applicable rules. The agency shall adopt rules and provide forms
1652 required for such registration and shall impose a registration
1653 fee in an amount sufficient to cover the cost of administering

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1654 this part and part II of chapter 408. In addition to the
1655 requirements in part II of chapter 408, the registrant must
1656 provide the agency with any change of information contained on
1657 the original registration application within the timeframes
1658 established in this part, part II of chapter 408, and applicable
1659 rules 14 days prior to the change.

1660 Section 57. Paragraphs (a) through (d) of subsection (4) of
1661 section 400.9905, Florida Statutes, are amended to read:

1662 400.9905 Definitions.—

1663 (4) "Clinic" means an entity where health care services are
1664 provided to individuals and which tenders charges for
1665 reimbursement for such services, including a mobile clinic and a
1666 portable equipment provider. As used in this part, the term does
1667 not include and the licensure requirements of this part do not
1668 apply to:

1669 (a) Entities licensed or registered by the state under
1670 chapter 395; entities licensed or registered by the state and
1671 providing only health care services within the scope of services
1672 authorized under their respective licenses under ss. 383.30-
1673 383.332 ~~383.30-383.335~~, chapter 390, chapter 394, chapter 397,
1674 this chapter except part X, chapter 429, chapter 463, chapter
1675 465, chapter 466, chapter 478, ~~part I of chapter 483~~, chapter
1676 484, or chapter 651; end-stage renal disease providers
1677 authorized under 42 C.F.R. part 405, subpart U; providers
1678 certified under 42 C.F.R. part 485, subpart B or subpart H; or
1679 any entity that provides neonatal or pediatric hospital-based
1680 health care services or other health care services by licensed
1681 practitioners solely within a hospital licensed under chapter
1682 395.

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1683 (b) Entities that own, directly or indirectly, entities
1684 licensed or registered by the state pursuant to chapter 395;
1685 entities that own, directly or indirectly, entities licensed or
1686 registered by the state and providing only health care services
1687 within the scope of services authorized pursuant to their
1688 respective licenses under ss. 383.30-383.332 ~~383.30-383.335~~,
1689 chapter 390, chapter 394, chapter 397, this chapter except part
1690 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter
1691 478, ~~part I of chapter 483~~, chapter 484, or chapter 651; end-
1692 stage renal disease providers authorized under 42 C.F.R. part
1693 405, subpart U; providers certified under 42 C.F.R. part 485,
1694 subpart B or subpart H; or any entity that provides neonatal or
1695 pediatric hospital-based health care services by licensed
1696 practitioners solely within a hospital licensed under chapter
1697 395.

1698 (c) Entities that are owned, directly or indirectly, by an
1699 entity licensed or registered by the state pursuant to chapter
1700 395; entities that are owned, directly or indirectly, by an
1701 entity licensed or registered by the state and providing only
1702 health care services within the scope of services authorized
1703 pursuant to their respective licenses under ss. 383.30-383.332
1704 ~~383.30-383.335~~, chapter 390, chapter 394, chapter 397, this
1705 chapter except part X, chapter 429, chapter 463, chapter 465,
1706 chapter 466, chapter 478, ~~part I of chapter 483~~, chapter 484, or
1707 chapter 651; end-stage renal disease providers authorized under
1708 42 C.F.R. part 405, subpart U; providers certified under 42
1709 C.F.R. part 485, subpart B or subpart H; or any entity that
1710 provides neonatal or pediatric hospital-based health care
1711 services by licensed practitioners solely within a hospital

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1712 under chapter 395.

1713 (d) Entities that are under common ownership, directly or
1714 indirectly, with an entity licensed or registered by the state
1715 pursuant to chapter 395; entities that are under common
1716 ownership, directly or indirectly, with an entity licensed or
1717 registered by the state and providing only health care services
1718 within the scope of services authorized pursuant to their
1719 respective licenses under ss. 383.30-383.332 ~~383.30-383.335~~,
1720 chapter 390, chapter 394, chapter 397, this chapter except part
1721 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter
1722 478, ~~part I of chapter 483~~, chapter 484, or chapter 651; end-
1723 stage renal disease providers authorized under 42 C.F.R. part
1724 405, subpart U; providers certified under 42 C.F.R. part 485,
1725 subpart B or subpart H; or any entity that provides neonatal or
1726 pediatric hospital-based health care services by licensed
1727 practitioners solely within a hospital licensed under chapter
1728 395.

1729
1730 Notwithstanding this subsection, an entity shall be deemed a
1731 clinic and must be licensed under this part in order to receive
1732 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.
1733 627.730-627.7405, unless exempted under s. 627.736(5)(h).

1734 Section 58. Subsection (6) of section 400.9935, Florida
1735 Statutes, is amended to read:

1736 400.9935 Clinic responsibilities.—

1737 (6) Any person or entity providing health care services
1738 which is not a clinic, as defined under s. 400.9905, may
1739 voluntarily apply for a certificate of exemption from licensure
1740 under its exempt status with the agency on a form that sets

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1741 forth its name or names and addresses, a statement of the
1742 reasons why it cannot be defined as a clinic, and other
1743 information deemed necessary by the agency. An exemption may be
1744 valid for up to 2 years and is not transferable. The agency may
1745 charge an applicant for a certificate of exemption in an amount
1746 equal to \$100 or the actual cost of processing the certificate,
1747 whichever is less. An entity seeking a certificate of exemption
1748 must publish and maintain a schedule of charges for the medical
1749 services offered to patients. The schedule must include the
1750 prices charged to an uninsured person paying for such services
1751 by cash, check, credit card, or debit card. The schedule must be
1752 posted in a conspicuous place in the reception area of the
1753 entity and must include, but is not limited to, the 50 services
1754 most frequently provided by the entity. The schedule may group
1755 services by three price levels, listing services in each price
1756 level. The posting must be at least 15 square feet in size. As a
1757 condition precedent to receiving a certificate of exemption, an
1758 applicant must provide to the agency documentation of compliance
1759 with these requirements.

1760 Section 59. Paragraph (a) of subsection (2) of section
1761 408.033, Florida Statutes, is amended to read:

1762 408.033 Local and state health planning.—

1763 (2) FUNDING.—

1764 (a) The Legislature intends that the cost of local health
1765 councils be borne by assessments on selected health care
1766 facilities subject to facility licensure by the Agency for
1767 Health Care Administration, including abortion clinics, assisted
1768 living facilities, ambulatory surgical centers, birth birthing
1769 centers, ~~clinical laboratories except community nonprofit blood~~

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1770 ~~banks and clinical laboratories operated by practitioners for~~
1771 ~~exclusive use regulated under s. 483.035,~~ home health agencies,
1772 hospices, hospitals, intermediate care facilities for the
1773 developmentally disabled, nursing homes, health care clinics,
1774 and multiphasic testing centers and by assessments on
1775 organizations subject to certification by the agency pursuant to
1776 chapter 641, part III, including health maintenance
1777 organizations and prepaid health clinics. Fees assessed may be
1778 collected prospectively at the time of licensure renewal and
1779 prorated for the licensure period.

1780 Section 60. Paragraphs (f) through (t) of subsection (3) of
1781 section 408.036, Florida Statutes, are redesignated as
1782 paragraphs (e) through (s), respectively, and present paragraphs
1783 (e) and (p) of that subsection are amended, to read:

1784 408.036 Projects subject to review; exemptions.—

1785 (3) EXEMPTIONS.—Upon request, the following projects are
1786 subject to exemption from the provisions of subsection (1):

1787 ~~(e) For mobile surgical facilities and related health care~~
1788 ~~services provided under contract with the Department of~~
1789 ~~Corrections or a private correctional facility operating~~
1790 ~~pursuant to chapter 957.~~

1791 (o) ~~(p)~~ For replacement of a licensed nursing home on the
1792 same site, or within 5 miles of the same site if within the same
1793 subdistrict, if the number of licensed beds does not increase
1794 except as permitted under paragraph (e) ~~(f)~~.

1795 Section 61. Paragraph (b) of subsection (3) of section
1796 408.0361, Florida Statutes, is amended to read:

1797 408.0361 Cardiovascular services and burn unit licensure.—

1798 (3) In establishing rules for adult cardiovascular

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1799 services, the agency shall include provisions that allow for:

1800 (b)1. For a hospital seeking a Level I program,
1801 demonstration that, for the most recent 12-month period as
1802 reported to the agency, it has provided a minimum of 300 adult
1803 inpatient and outpatient diagnostic cardiac catheterizations or,
1804 for the most recent 12-month period, has discharged or
1805 transferred at least 300 patients ~~inpatients~~ with the principal
1806 diagnosis of ischemic heart disease and that it has a
1807 formalized, written transfer agreement with a hospital that has
1808 a Level II program, including written transport protocols to
1809 ensure safe and efficient transfer of a patient within 60
1810 minutes.

1811 2.a. A hospital located more than 100 road miles from the
1812 closest Level II adult cardiovascular services program does not
1813 need to meet the diagnostic cardiac catheterization volume and
1814 ischemic heart disease diagnosis volume requirements in
1815 subparagraph 1., if the hospital demonstrates that it has, for
1816 the most recent 12-month period as reported to the agency,
1817 provided a minimum of 100 adult inpatient and outpatient
1818 diagnostic cardiac catheterizations or that, for the most recent
1819 12-month period, it has discharged or transferred at least 300
1820 patients with the principal diagnosis of ischemic heart disease.

1821 b. ~~However,~~ A hospital located more than 100 road miles
1822 from the closest Level II adult cardiovascular services program
1823 does not need to meet the 60-minute transfer time protocol
1824 requirement in subparagraph 1., if the hospital demonstrates
1825 that it has a formalized, written transfer agreement with a
1826 hospital that has a Level II program. The agreement must include
1827 written transport protocols to ensure the safe and efficient

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1828 transfer of a patient, taking into consideration the patient's
1829 clinical and physical characteristics, road and weather
1830 conditions, and viability of ground and air ambulance service to
1831 transfer the patient.

1832 3. At a minimum, the rules for adult cardiovascular
1833 services must require nursing and technical staff to have
1834 demonstrated experience in handling acutely ill patients
1835 requiring intervention, based on the staff member's previous
1836 experience in dedicated cardiac interventional laboratories or
1837 surgical centers. If a staff member's previous experience is in
1838 a dedicated cardiac interventional laboratory at a hospital that
1839 does not have an approved adult open-heart-surgery program, the
1840 staff member's previous experience qualifies only if, at the
1841 time the staff member acquired his or her experience, the
1842 dedicated cardiac interventional laboratory:

1843 a. Had an annual volume of 500 or more percutaneous cardiac
1844 intervention procedures;

1845 b. Achieved a demonstrated success rate of 95 percent or
1846 greater for percutaneous cardiac intervention procedures;

1847 c. Experienced a complication rate of less than 5 percent
1848 for percutaneous cardiac intervention procedures; and

1849 d. Performed diverse cardiac procedures, including, but not
1850 limited to, balloon angioplasty and stenting, rotational
1851 atherectomy, cutting balloon atheroma remodeling, and procedures
1852 relating to left ventricular support capability.

1853 Section 62. Subsection (4) of section 408.061, Florida
1854 Statutes, is amended to read:

1855 408.061 Data collection; uniform systems of financial
1856 reporting; information relating to physician charges;

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1857 confidential information; immunity.—

1858 (4) Within 120 days after the end of its fiscal year, each
1859 health care facility, excluding continuing care facilities,
1860 hospitals operated by state agencies, and nursing homes as those
1861 terms are defined in s. 408.07 ~~s. 408.07(14) and (37)~~, shall
1862 file with the agency, on forms adopted by the agency and based
1863 on the uniform system of financial reporting, its actual
1864 financial experience for that fiscal year, including
1865 expenditures, revenues, and statistical measures. Such data may
1866 be based on internal financial reports which are certified to be
1867 complete and accurate by the provider. However, hospitals'
1868 actual financial experience shall be their audited actual
1869 experience. Every nursing home shall submit to the agency, in a
1870 format designated by the agency, a statistical profile of the
1871 nursing home residents. The agency, in conjunction with the
1872 Department of Elderly Affairs and the Department of Health,
1873 shall review these statistical profiles and develop
1874 recommendations for the types of residents who might more
1875 appropriately be placed in their homes or other noninstitutional
1876 settings.

1877 Section 63. Subsection (11) of section 408.07, Florida
1878 Statutes, is amended to read:

1879 408.07 Definitions.—As used in this chapter, with the
1880 exception of ss. 408.031-408.045, the term:

1881 ~~(11) "Clinical laboratory" means a facility licensed under~~
1882 ~~s. 483.091, excluding: any hospital laboratory defined under s.~~
1883 ~~483.041(6); any clinical laboratory operated by the state or a~~
1884 ~~political subdivision of the state; any blood or tissue bank~~
1885 ~~where the majority of revenues are received from the sale of~~

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1886 ~~blood or tissue and where blood, plasma, or tissue is procured~~
1887 ~~from volunteer donors and donated, processed, stored, or~~
1888 ~~distributed on a nonprofit basis; and any clinical laboratory~~
1889 ~~which is wholly owned and operated by physicians who are~~
1890 ~~licensed pursuant to chapter 458 or chapter 459 and who practice~~
1891 ~~in the same group practice, and at which no clinical laboratory~~
1892 ~~work is performed for patients referred by any health care~~
1893 ~~provider who is not a member of that same group practice.~~

1894 Section 64. Subsection (4) of section 408.20, Florida
1895 Statutes, is amended to read:

1896 408.20 Assessments; Health Care Trust Fund.—

1897 (4) Hospitals operated by a state agency ~~the Department of~~
1898 ~~Children and Families, the Department of Health, or the~~
1899 ~~Department of Corrections~~ are exempt from the assessments
1900 required under this section.

1901 Section 65. Section 408.7056, Florida Statutes, is
1902 repealed.

1903 Section 66. Subsections (10), (11), and (27) of section
1904 408.802, Florida Statutes, are amended to read:

1905 408.802 Applicability.—The provisions of this part apply to
1906 the provision of services that require licensure as defined in
1907 this part and to the following entities licensed, registered, or
1908 certified by the agency, as described in chapters 112, 383, 390,
1909 394, 395, 400, 429, 440, 483, and 765:

1910 ~~(10) Mobile surgical facilities, as provided under part I~~
1911 ~~of chapter 395.~~

1912 ~~(11) Health care risk managers, as provided under part I of~~
1913 ~~chapter 395.~~

1914 ~~(27) Clinical laboratories, as provided under part I of~~

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1915 ~~chapter 483.~~

1916 Section 67. Subsections (12) and (13) of section 408.803,
1917 Florida Statutes, are redesignated as subsections (13) and (14),
1918 respectively, and a new subsection (12) is added to that
1919 section, to read:

1920 408.803 Definitions.—As used in this part, the term:

1921 (12) "Relative" means an individual who is the father,
1922 mother, stepfather, stepmother, son, daughter, brother, sister,
1923 grandmother, grandfather, great-grandmother, great-grandfather,
1924 grandson, granddaughter, uncle, aunt, first cousin, nephew,
1925 niece, husband, wife, father-in-law, mother-in-law, son-in-law,
1926 daughter-in-law, brother-in-law, sister-in-law, stepson,
1927 stepdaughter, stepbrother, stepsister, half-brother, or half-
1928 sister of a patient or client.

1929 Section 68. Paragraph (c) of subsection (7) of section
1930 408.806, Florida Statutes, is amended, and subsection (9) is
1931 added to that section, to read:

1932 408.806 License application process.—

1933 (7) (c) If an inspection is required by the authorizing
1934 statute for a license application other than an initial
1935 application, the inspection must be unannounced. This paragraph
1936 does not apply to inspections required pursuant to ss. 383.324,
1937 395.0161(4) and, 429.67(6), ~~and 483.061(2).~~

1938 (9) A licensee that holds a license for multiple providers
1939 licensed by the agency may request that all related license
1940 expiration dates be aligned. Upon such request, the agency may
1941 issue a license for an abbreviated licensure period with a
1942 prorated licensure fee.

1943 Section 69. Paragraphs (d) and (e) of subsection (1) of

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1944 section 408.809, Florida Statutes, are amended to read:

1945 408.809 Background screening; prohibited offenses.—

1946 (1) Level 2 background screening pursuant to chapter 435
1947 must be conducted through the agency on each of the following
1948 persons, who are considered employees for the purposes of
1949 conducting screening under chapter 435:

1950 (d) Any person who is a controlling interest ~~if the agency~~
1951 ~~has reason to believe that such person has been convicted of any~~
1952 ~~offense prohibited by s. 435.04. For each controlling interest~~
1953 ~~who has been convicted of any such offense, the licensee shall~~
1954 ~~submit to the agency a description and explanation of the~~
1955 ~~conviction at the time of license application.~~

1956 (e) Any person, as required by authorizing statutes,
1957 seeking employment with a licensee or provider who is expected
1958 to, or whose responsibilities may require him or her to, provide
1959 personal care or services directly to clients or have access to
1960 client funds, personal property, or living areas; and any
1961 person, as required by authorizing statutes, contracting with a
1962 licensee or provider whose responsibilities require him or her
1963 to provide personal care or personal services directly to
1964 clients, or contracting with a licensee or provider to work 20
1965 hours a week or more who will have access to client funds,
1966 personal property, or living areas. Evidence of contractor
1967 screening may be retained by the contractor's employer or the
1968 licensee.

1969 Section 70. Subsection (8) of section 408.810, Florida
1970 Statutes, is amended, and subsections (11), (12), and (13) are
1971 added to that section, to read:

1972 408.810 Minimum licensure requirements.—In addition to the

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1973 licensure requirements specified in this part, authorizing
1974 statutes, and applicable rules, each applicant and licensee must
1975 comply with the requirements of this section in order to obtain
1976 and maintain a license.

1977 (8) Upon application for initial licensure or change of
1978 ownership licensure, the applicant shall furnish satisfactory
1979 proof of the applicant's financial ability to operate in
1980 accordance with the requirements of this part, authorizing
1981 statutes, and applicable rules. The agency shall establish
1982 standards for this purpose, including information concerning the
1983 applicant's controlling interests. The agency shall also
1984 establish documentation requirements, to be completed by each
1985 applicant, that show anticipated provider revenues and
1986 expenditures, the basis for financing the anticipated cash-flow
1987 requirements of the provider, and an applicant's access to
1988 contingency financing. A current certificate of authority,
1989 pursuant to chapter 651, may be provided as proof of financial
1990 ability to operate. The agency may require a licensee to provide
1991 proof of financial ability to operate at any time if there is
1992 evidence of financial instability, including, but not limited
1993 to, unpaid expenses necessary for the basic operations of the
1994 provider. An applicant applying for change of ownership
1995 licensure is exempt from furnishing proof of financial ability
1996 to operate if the provider has been licensed for at least 5
1997 years, and:

1998 (a) The ownership change is a result of a corporate
1999 reorganization under which the controlling interest is unchanged
2000 and the applicant submits organizational charts that represent
2001 the current and proposed structure of the reorganized

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2002 corporation; or

2003 (b) The ownership change is due solely to the death of a
2004 person holding a controlling interest, and the surviving
2005 controlling interests continue to hold at least 51 percent of
2006 ownership after the change of ownership.

2007 (11) The agency may adopt rules that govern the
2008 circumstances under which a controlling interest, an
2009 administrator, an employee, or a contractor, or a representative
2010 thereof, who is not a relative of the client may act as an agent
2011 of the client in authorizing consent for medical treatment,
2012 assignment or benefits, and release of information. Such rules
2013 may include requirements related to disclosure, bonding,
2014 restrictions, and client protections.

2015 (12) The licensee shall ensure that no person holds any
2016 ownership interest, either directly or indirectly, regardless of
2017 ownership structure, who:

2018 (a) Has a disqualifying offense pursuant to s. 408.809; or

2019 (b) Holds or has held any ownership interest, either
2020 directly or indirectly, regardless of ownership structure, in a
2021 provider that had a license revoked or an application denied
2022 pursuant to s. 408.815.

2023 (13) If the licensee is a publicly traded corporation or is
2024 wholly owned, directly or indirectly, by a publicly traded
2025 corporation, subsection (12) does not apply to those persons
2026 whose sole relationship with the corporation is as a shareholder
2027 of publicly traded shares. As used in this subsection, a
2028 "publicly traded corporation" is a corporation that issues
2029 securities traded on an exchange registered with the United
2030 States Securities and Exchange Commission as a national

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2031 securities exchange.

2032 Section 71. Section 408.812, Florida Statutes, is amended
2033 to read:

2034 408.812 Unlicensed activity.—

2035 (1) A person or entity may not offer or advertise services
2036 that require licensure as defined by this part, authorizing
2037 statutes, or applicable rules to the public without obtaining a
2038 valid license from the agency. A licenseholder may not advertise
2039 or hold out to the public that he or she holds a license for
2040 other than that for which he or she actually holds the license.

2041 (2) The operation or maintenance of an unlicensed provider
2042 or the performance of any services that require licensure
2043 without proper licensure is a violation of this part and
2044 authorizing statutes. Unlicensed activity constitutes harm that
2045 materially affects the health, safety, and welfare of clients,
2046 and constitutes abuse and neglect, as defined in s. 415.102. The
2047 agency or any state attorney may, in addition to other remedies
2048 provided in this part, bring an action for an injunction to
2049 restrain such violation, or to enjoin the future operation or
2050 maintenance of the unlicensed provider or the performance of any
2051 services in violation of this part and authorizing statutes,
2052 until compliance with this part, authorizing statutes, and
2053 agency rules has been demonstrated to the satisfaction of the
2054 agency.

2055 (3) It is unlawful for any person or entity to own,
2056 operate, or maintain an unlicensed provider. If after receiving
2057 notification from the agency, such person or entity fails to
2058 cease operation ~~and apply for a license under this part and~~
2059 ~~authorizing statutes,~~ the person or entity is ~~shall be~~ subject

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2060 to penalties as prescribed by authorizing statutes and
2061 applicable rules. Each day of ~~continued~~ operation is a separate
2062 offense.

2063 (4) Any person or entity that fails to cease operation
2064 after agency notification may be fined \$1,000 for each day of
2065 noncompliance.

2066 (5) When a controlling interest or licensee has an interest
2067 in more than one provider and fails to license a provider
2068 rendering services that require licensure, the agency may revoke
2069 all licenses, ~~and~~ impose actions under s. 408.814, and
2070 regardless of correction, impose a fine of \$1,000 per day,
2071 unless otherwise specified by authorizing statutes, against each
2072 licensee until such time as the appropriate license is obtained
2073 or the unlicensed activity ceases ~~for the unlicensed operation.~~

2074 (6) In addition to granting injunctive relief pursuant to
2075 subsection (2), if the agency determines that a person or entity
2076 is operating or maintaining a provider without obtaining a
2077 license and determines that a condition exists that poses a
2078 threat to the health, safety, or welfare of a client of the
2079 provider, the person or entity is subject to the same actions
2080 and fines imposed against a licensee as specified in this part,
2081 authorizing statutes, and agency rules.

2082 (7) Any person aware of the operation of an unlicensed
2083 provider must report that provider to the agency.

2084 Section 72. Subsections (10), (11) and (26) of section
2085 408.820, Florida Statutes, are amended, and subsections (12)
2086 through (25) and (27) and (28) are redesignated as subsections
2087 (10) through (23) and (24) and (25), respectively, to read:

2088 408.820 Exemptions.—Except as prescribed in authorizing

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2089 statutes, the following exemptions shall apply to specified
2090 requirements of this part:

2091 ~~(10) Mobile surgical facilities, as provided under part I~~
2092 ~~of chapter 395, are exempt from s. 408.810(7) (10).~~

2093 ~~(11) Health care risk managers, as provided under part I of~~
2094 ~~chapter 395, are exempt from ss. 408.806(7), 408.810(4) (10),~~
2095 ~~and 408.811.~~

2096 ~~(26) Clinical laboratories, as provided under part I of~~
2097 ~~chapter 483, are exempt from s. 408.810(5) (10).~~

2098 Section 73. Subsection (7) of section 409.905, Florida
2099 Statutes, is amended to read:

2100 409.905 Mandatory Medicaid services.—The agency may make
2101 payments for the following services, which are required of the
2102 state by Title XIX of the Social Security Act, furnished by
2103 Medicaid providers to recipients who are determined to be
2104 eligible on the dates on which the services were provided. Any
2105 service under this section shall be provided only when medically
2106 necessary and in accordance with state and federal law.

2107 Mandatory services rendered by providers in mobile units to
2108 Medicaid recipients may be restricted by the agency. Nothing in
2109 this section shall be construed to prevent or limit the agency
2110 from adjusting fees, reimbursement rates, lengths of stay,
2111 number of visits, number of services, or any other adjustments
2112 necessary to comply with the availability of moneys and any
2113 limitations or directions provided for in the General
2114 Appropriations Act or chapter 216.

2115 (7) INDEPENDENT LABORATORY SERVICES.—The agency shall pay
2116 for medically necessary diagnostic laboratory procedures ordered
2117 by a licensed physician or other licensed practitioner of the

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2118 healing arts which are provided for a recipient in a laboratory
2119 that meets the requirements for Medicare participation and is
2120 appropriately certified by the Centers for Medicare and Medicaid
2121 Services under the federal Clinical Laboratory Improvement
2122 Amendments and the federal rules adopted thereunder ~~licensed~~
2123 ~~under chapter 483, if required.~~

2124 Section 74. Subsection (10) of section 409.907, Florida
2125 Statutes, is amended to read:

2126 409.907 Medicaid provider agreements.—The agency may make
2127 payments for medical assistance and related services rendered to
2128 Medicaid recipients only to an individual or entity who has a
2129 provider agreement in effect with the agency, who is performing
2130 services or supplying goods in accordance with federal, state,
2131 and local law, and who agrees that no person shall, on the
2132 grounds of handicap, race, color, or national origin, or for any
2133 other reason, be subjected to discrimination under any program
2134 or activity for which the provider receives payment from the
2135 agency.

2136 (10) The agency may consider whether the provider, or any
2137 officer, director, agent, managing employee, or affiliated
2138 person, or any partner or shareholder having an ownership
2139 interest equal to 5 percent or greater in the provider if the
2140 provider is a corporation, partnership, or other business
2141 entity, has:

2142 (a) Made a false representation or omission of any material
2143 fact in making the application, including the submission of an
2144 application that conceals the controlling or ownership interest
2145 of any officer, director, agent, managing employee, affiliated
2146 person, or partner or shareholder who may not be eligible to

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2147 participate;

2148 (b) Been or is currently excluded, suspended, terminated
2149 from, or has involuntarily withdrawn from participation in,
2150 Florida's Medicaid program or any other state's Medicaid
2151 program, or from participation in any other governmental or
2152 private health care or health insurance program;

2153 ~~(c) Been convicted of a criminal offense relating to the
2154 delivery of any goods or services under Medicaid or Medicare or
2155 any other public or private health care or health insurance
2156 program including the performance of management or
2157 administrative services relating to the delivery of goods or
2158 services under any such program;~~

2159 ~~(d) Been convicted under federal or state law of a criminal
2160 offense related to the neglect or abuse of a patient in
2161 connection with the delivery of any health care goods or
2162 services;~~

2163 ~~(e) Been convicted under federal or state law of a criminal
2164 offense relating to the unlawful manufacture, distribution,
2165 prescription, or dispensing of a controlled substance;~~

2166 ~~(f) Been convicted of any criminal offense relating to
2167 fraud, theft, embezzlement, breach of fiduciary responsibility,
2168 or other financial misconduct;~~

2169 ~~(g) Been convicted under federal or state law of a crime
2170 punishable by imprisonment of a year or more which involves
2171 moral turpitude;~~

2172 ~~(h) Been convicted in connection with the interference or
2173 obstruction of any investigation into any criminal offense
2174 listed in this subsection;~~

2175 ~~(i) Been found to have violated federal or state laws,~~

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2176 ~~rules, or regulations governing Florida's Medicaid program or~~
2177 ~~any other state's Medicaid program, the Medicare program, or any~~
2178 ~~other publicly funded federal or state health care or health~~
2179 ~~insurance program, and been sanctioned accordingly;~~

2180 (c) ~~(j)~~ Been previously found by a licensing, certifying, or
2181 professional standards board or agency to have violated the
2182 standards or conditions relating to licensure or certification
2183 or the quality of services provided; or

2184 (d) ~~(k)~~ Failed to pay any fine or overpayment properly
2185 assessed under the Medicaid program in which no appeal is
2186 pending or after resolution of the proceeding by stipulation or
2187 agreement, unless the agency has issued a specific letter of
2188 forgiveness or has approved a repayment schedule to which the
2189 provider agrees to adhere.

2190 Section 75. Subsection (6) of section 409.9116, Florida
2191 Statutes, is amended to read:

2192 409.9116 Disproportionate share/financial assistance
2193 program for rural hospitals.—In addition to the payments made
2194 under s. 409.911, the Agency for Health Care Administration
2195 shall administer a federally matched disproportionate share
2196 program and a state-funded financial assistance program for
2197 statutory rural hospitals. The agency shall make
2198 disproportionate share payments to statutory rural hospitals
2199 that qualify for such payments and financial assistance payments
2200 to statutory rural hospitals that do not qualify for
2201 disproportionate share payments. The disproportionate share
2202 program payments shall be limited by and conform with federal
2203 requirements. Funds shall be distributed quarterly in each
2204 fiscal year for which an appropriation is made. Notwithstanding

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2205 the provisions of s. 409.915, counties are exempt from
2206 contributing toward the cost of this special reimbursement for
2207 hospitals serving a disproportionate share of low-income
2208 patients.

2209 (6) This section applies only to hospitals that were
2210 defined as statutory rural hospitals, or their successor-in-
2211 interest hospital, prior to January 1, 2001. Any additional
2212 hospital that is defined as a statutory rural hospital, or its
2213 successor-in-interest hospital, on or after January 1, 2001, is
2214 not eligible for programs under this section unless additional
2215 funds are appropriated each fiscal year specifically to the
2216 rural hospital disproportionate share and financial assistance
2217 programs in an amount necessary to prevent any hospital, or its
2218 successor-in-interest hospital, eligible for the programs prior
2219 to January 1, 2001, from incurring a reduction in payments
2220 because of the eligibility of an additional hospital to
2221 participate in the programs. A hospital, or its successor-in-
2222 interest hospital, which received funds pursuant to this section
2223 before January 1, 2001, and which qualifies under s.
2224 395.602(2)(b) ~~s. 395.602(2)(e)~~, shall be included in the
2225 programs under this section and is not required to seek
2226 additional appropriations under this subsection.

2227 Section 76. Paragraphs (a) and (b) of subsection (1) of
2228 section 409.975, Florida Statutes, are amended to read:

2229 409.975 Managed care plan accountability.—In addition to
2230 the requirements of s. 409.967, plans and providers
2231 participating in the managed medical assistance program shall
2232 comply with the requirements of this section.

2233 (1) PROVIDER NETWORKS.—Managed care plans must develop and

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2234 maintain provider networks that meet the medical needs of their
2235 enrollees in accordance with standards established pursuant to
2236 s. 409.967(2)(c). Except as provided in this section, managed
2237 care plans may limit the providers in their networks based on
2238 credentials, quality indicators, and price.

2239 (a) Plans must include all providers in the region that are
2240 classified by the agency as essential Medicaid providers, unless
2241 the agency approves, in writing, an alternative arrangement for
2242 securing the types of services offered by the essential
2243 providers. Providers are essential for serving Medicaid
2244 enrollees if they offer services that are not available from any
2245 other provider within a reasonable access standard, or if they
2246 provided a substantial share of the total units of a particular
2247 service used by Medicaid patients within the region during the
2248 last 3 years and the combined capacity of other service
2249 providers in the region is insufficient to meet the total needs
2250 of the Medicaid patients. The agency may not classify physicians
2251 and other practitioners as essential providers. The agency, at a
2252 minimum, shall determine which providers in the following
2253 categories are essential Medicaid providers:

- 2254 1. Federally qualified health centers.
- 2255 2. Statutory teaching hospitals as defined in s. 408.07(44)
2256 ~~s. 408.07(45)~~.
- 2257 3. Hospitals that are trauma centers as defined in s.
2258 395.4001(14).
- 2259 4. Hospitals located at least 25 miles from any other
2260 hospital with similar services.

2261
2262 Managed care plans that have not contracted with all essential

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2263 providers in the region as of the first date of recipient
2264 enrollment, or with whom an essential provider has terminated
2265 its contract, must negotiate in good faith with such essential
2266 providers for 1 year or until an agreement is reached, whichever
2267 is first. Payments for services rendered by a nonparticipating
2268 essential provider shall be made at the applicable Medicaid rate
2269 as of the first day of the contract between the agency and the
2270 plan. A rate schedule for all essential providers shall be
2271 attached to the contract between the agency and the plan. After
2272 1 year, managed care plans that are unable to contract with
2273 essential providers shall notify the agency and propose an
2274 alternative arrangement for securing the essential services for
2275 Medicaid enrollees. The arrangement must rely on contracts with
2276 other participating providers, regardless of whether those
2277 providers are located within the same region as the
2278 nonparticipating essential service provider. If the alternative
2279 arrangement is approved by the agency, payments to
2280 nonparticipating essential providers after the date of the
2281 agency's approval shall equal 90 percent of the applicable
2282 Medicaid rate. Except for payment for emergency services, if the
2283 alternative arrangement is not approved by the agency, payment
2284 to nonparticipating essential providers shall equal 110 percent
2285 of the applicable Medicaid rate.

2286 (b) Certain providers are statewide resources and essential
2287 providers for all managed care plans in all regions. All managed
2288 care plans must include these essential providers in their
2289 networks. Statewide essential providers include:

- 2290 1. Faculty plans of Florida medical schools.
- 2291 2. Regional perinatal intensive care centers as defined in

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2292 s. 383.16(2).

2293 3. Hospitals licensed as specialty children's hospitals as
2294 defined in s. 395.002(27) ~~s. 395.002(28)~~.2295 4. Accredited and integrated systems serving medically
2296 complex children which comprise separately licensed, but
2297 commonly owned, health care providers delivering at least the
2298 following services: medical group home, in-home and outpatient
2299 nursing care and therapies, pharmacy services, durable medical
2300 equipment, and Prescribed Pediatric Extended Care.2301
2302 Managed care plans that have not contracted with all statewide
2303 essential providers in all regions as of the first date of
2304 recipient enrollment must continue to negotiate in good faith.
2305 Payments to physicians on the faculty of nonparticipating
2306 Florida medical schools shall be made at the applicable Medicaid
2307 rate. Payments for services rendered by regional perinatal
2308 intensive care centers shall be made at the applicable Medicaid
2309 rate as of the first day of the contract between the agency and
2310 the plan. Except for payments for emergency services, payments
2311 to nonparticipating specialty children's hospitals shall equal
2312 the highest rate established by contract between that provider
2313 and any other Medicaid managed care plan.2314 Section 77. Subsections (5) and (17) of section 429.02,
2315 Florida Statutes, are amended to read:

2316 429.02 Definitions.—When used in this part, the term:

2317 (5) "Assisted living facility" means any building or
2318 buildings, section or distinct part of a building, private home,
2319 boarding home, home for the aged, or other residential facility,
2320 regardless of whether operated for profit ~~or not~~, which

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2321 ~~undertakes~~ through its ownership or management provides ~~to~~
2322 ~~provide~~ housing, meals, and one or more personal services for a
2323 period exceeding 24 hours to one or more adults who are not
2324 relatives of the owner or administrator.

2325 (17) "Personal services" means direct physical assistance
2326 with or supervision of the activities of daily living, ~~and~~ the
2327 self-administration of medication, or ~~and~~ other similar services
2328 which the department may define by rule. The term may ~~"Personal~~
2329 ~~services"~~ shall not be construed to mean the provision of
2330 medical, nursing, dental, or mental health services.

2331 Section 78. Paragraphs (b) and (d) of subsection (2) of
2332 section 429.04, Florida Statutes, are amended, and subsection
2333 (3) is added that section, to read:

2334 429.04 Facilities to be licensed; exemptions.—

2335 (2) The following are exempt from licensure under this
2336 part:

2337 (b) Any facility or part of a facility licensed by the
2338 Agency for Persons with Disabilities under chapter 393, a mental
2339 health facility licensed under ~~or~~ chapter 394, a hospital
2340 licensed under chapter 395, a nursing home licensed under part
2341 II of chapter 400, an inpatient hospice licensed under part IV
2342 of chapter 400, a home for special services licensed under part
2343 V of chapter 400, an intermediate care facility licensed under
2344 part VIII of chapter 400, or a transitional living facility
2345 licensed under part XI of chapter 400.

2346 (d) Any person who provides housing, meals, and one or more
2347 personal services on a 24-hour basis in the person's own home to
2348 not more than two adults who do not receive optional state
2349 supplementation. The person who provides the housing, meals, and

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2350 personal services must own or rent the home and must have
2351 established the home as his or her permanent residence. For
2352 purposes of this paragraph, any person holding a homestead
2353 exemption at an address other than that at which the person
2354 asserts this exemption is presumed to not have established
2355 permanent residence ~~reside therein~~. This exemption does not
2356 apply to a person or entity that previously held a license
2357 issued by the agency which was revoked or for which renewal was
2358 denied by final order of the agency, or when the person or
2359 entity voluntarily relinquished the license during agency
2360 enforcement proceedings.

2361 (3) Upon agency investigation of unlicensed activity, any
2362 person or entity that claims that it is exempt under this
2363 section must provide documentation substantiating entitlement to
2364 the exemption.

2365 Section 79. Paragraphs (b) and (d) of subsection (1) of
2366 section 429.08, Florida Statutes, are amended to read:

2367 429.08 Unlicensed facilities; referral of person for
2368 residency to unlicensed facility; penalties.—

2369 (1) (b) ~~Except as provided under paragraph (d),~~ Any person
2370 who owns, rents, or otherwise maintains a building or property
2371 used as ~~operates, or maintains~~ an unlicensed assisted living
2372 facility commits a felony of the third degree, punishable as
2373 provided in s. 775.082, s. 775.083, or s. 775.084. Each day of
2374 continued operation is a separate offense.

2375 (d) In addition to the requirements of s. 408.812, any
2376 person who owns, operates, or maintains an unlicensed assisted
2377 living facility after receiving notice from the agency ~~due to a~~
2378 ~~change in this part or a modification in rule within 6 months~~

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2379 ~~after the effective date of such change and who, within 10~~
2380 ~~working days after receiving notification from the agency, fails~~
2381 ~~to cease operation or apply for a license under this part~~
2382 commits a felony of the third degree, punishable as provided in
2383 s. 775.082, s. 775.083, or s. 775.084. Each day of continued
2384 operation is a separate offense.

2385 Section 80. Section 429.176, Florida Statutes, is amended
2386 to read:

2387 429.176 Notice of change of administrator.—If, during the
2388 period for which a license is issued, the owner changes
2389 administrators, the owner must notify the agency of the change
2390 within 10 days and provide documentation within 90 days that the
2391 new administrator has completed the applicable core educational
2392 requirements under s. 429.52. A facility may not be operated for
2393 more than 120 consecutive days without an administrator who has
2394 completed the core educational requirements.

2395 Section 81. Subsection(7) of section 429.19, Florida
2396 Statutes, is amended to read:

2397 429.19 Violations; imposition of administrative fines;
2398 grounds.—

2399 (7) In addition to any administrative fines imposed, the
2400 agency may assess a survey fee, equal to the lesser of one half
2401 of the facility's biennial license and bed fee or \$500, to cover
2402 the cost of conducting initial complaint investigations that
2403 result in the finding of a violation that was the subject of the
2404 complaint or monitoring visits conducted ~~under s. 429.28(3)(c)~~
2405 to verify the correction of the violations.

2406 Section 82. Subsection (2) of section 429.24, Florida
2407 Statutes, is amended to read:

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2408 429.24 Contracts.—

2409 (2) Each contract must contain express provisions
2410 specifically setting forth the services and accommodations to be
2411 provided by the facility; the rates or charges; provision for at
2412 least 30 days' written notice of a rate increase; the rights,
2413 duties, and obligations of the residents, other than those
2414 specified in s. 429.28; and other matters that the parties deem
2415 appropriate. A new service or accommodation added to, or
2416 implemented in, a resident's contract for which the resident was
2417 not previously charged does not require a 30-day written notice
2418 of a rate increase. Whenever money is deposited or advanced by a
2419 resident in a contract as security for performance of the
2420 contract agreement or as advance rent for other than the next
2421 immediate rental period:

2422 (a) Such funds shall be deposited in a banking institution
2423 in this state that is located, if possible, in the same
2424 community in which the facility is located; shall be kept
2425 separate from the funds and property of the facility; may not be
2426 represented as part of the assets of the facility on financial
2427 statements; and shall be used, or otherwise expended, only for
2428 the account of the resident.

2429 (b) The licensee shall, within 30 days of receipt of
2430 advance rent or a security deposit, notify the resident or
2431 residents in writing of the manner in which the licensee is
2432 holding the advance rent or security deposit and state the name
2433 and address of the depository where the moneys are being held.
2434 The licensee shall notify residents of the facility's policy on
2435 advance deposits.

2436 Section 83. Paragraphs (e) and (j) of subsection (1) and

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2437 paragraphs (c), (d), and (e) of subsection (3) of section
2438 429.28, Florida Statutes, are amended to read:

2439 429.28 Resident bill of rights.—

2440 (1) No resident of a facility shall be deprived of any
2441 civil or legal rights, benefits, or privileges guaranteed by
2442 law, the Constitution of the State of Florida, or the
2443 Constitution of the United States as a resident of a facility.
2444 Every resident of a facility shall have the right to:

2445 (e) Freedom to participate in and benefit from community
2446 services and activities and to pursue ~~achieve~~ the highest
2447 possible level of independence, autonomy, and interaction within
2448 the community.

2449 (j) Assistance with obtaining access to adequate and
2450 appropriate health care. For purposes of this paragraph, the
2451 term "adequate and appropriate health care" means the management
2452 of medications, assistance in making appointments for health
2453 care services, the provision of or arrangement of transportation
2454 to health care appointments, and the performance of health care
2455 services in accordance with s. 429.255 which are consistent with
2456 established and recognized standards within the community.

2457 ~~(3)(c) During any calendar year in which no survey is~~
2458 ~~conducted, the agency shall conduct at least one monitoring~~
2459 ~~visit of each facility cited in the previous year for a class I~~
2460 ~~or class II violation, or more than three uncorrected class III~~
2461 ~~violations.~~

2462 ~~(d) The agency may conduct periodic followup inspections as~~
2463 ~~necessary to monitor the compliance of facilities with a history~~
2464 ~~of any class I, class II, or class III violations that threaten~~
2465 ~~the health, safety, or security of residents.~~

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2466 ~~(c) The agency may conduct complaint investigations as~~
2467 ~~warranted to investigate any allegations of noncompliance with~~
2468 ~~requirements required under this part or rules adopted under~~
2469 ~~this part.~~

2470 Section 84. Subsection (1) of section 429.294, Florida
2471 Statutes, is amended to read:

2472 429.294 Availability of facility records for investigation
2473 of resident's rights violations and defenses; penalty.—

2474 (1) Failure to provide complete copies of a resident's
2475 records, including, but not limited to, all medical records and
2476 the resident's chart, within the control or possession of the
2477 facility ~~within 10 days,~~ in accordance with ~~the provisions of s.~~
2478 400.145, shall constitute evidence of failure of that party to
2479 comply with good faith discovery requirements and shall waive
2480 the good faith certificate and presuit notice requirements under
2481 this part by the requesting party.

2482 Section 85. Subsection (2) of section 429.34, Florida
2483 Statutes, is amended to read:

2484 429.34 Right of entry and inspection.—

2485 (2) (a) In addition to the requirements of s. 408.811, the
2486 agency may inspect and investigate facilities as necessary to
2487 determine compliance with this part, part II of chapter 408, and
2488 rules adopted thereunder. ~~The agency shall inspect each licensed~~
2489 ~~assisted living facility at least once every 24 months to~~
2490 ~~determine compliance with this chapter and related rules.~~ If an
2491 assisted living facility is cited for a class I violation or
2492 three or more class II violations arising from separate surveys
2493 within a 60-day period or due to unrelated circumstances during
2494 the same survey, the agency must conduct an additional licensure

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2495 inspection within 6 months.

2496 (b) During any calendar year in which a survey is not
2497 conducted, the agency may conduct monitoring visits of each
2498 facility cited in the previous year for a class I or class II
2499 violation or for more than three uncorrected class III
2500 violations.

2501 Section 86. Subsection (4) of section 429.52, Florida
2502 Statutes, is amended to read:

2503 429.52 Staff training and educational programs; core
2504 educational requirement.—

2505 (4) Effective January 1, 2004, a new facility administrator
2506 must complete the required training and education, including the
2507 competency test, within 90 days of the date of employment ~~a~~
2508 ~~reasonable time after being employed as an administrator, as~~
2509 ~~determined by the department.~~ Failure to do so is a violation of
2510 this part and subjects the violator to an administrative fine as
2511 prescribed in s. 429.19. Administrators licensed in accordance
2512 with part II of chapter 468 are exempt from this requirement.
2513 Other licensed professionals may be exempted, as determined by
2514 the department by rule.

2515 Section 87. Subsection (3) of section 435.04, Florida
2516 Statutes, is amended, and subsection (4) is added to that
2517 section, to read:

2518 435.04 Level 2 screening standards.—

2519 (3) The security background investigations under this
2520 section must ensure that no person subject to this section has
2521 been arrested for and is awaiting final disposition of, been
2522 found guilty of, regardless of adjudication, or entered a plea
2523 of nolo contendere or guilty to, any offense that constitutes

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2524 domestic violence as defined in s. 741.28, whether such act was
2525 committed in this state or in another jurisdiction.

2526 (4) For the purpose of screening applicability to
2527 participate in the Medicaid program, the security background
2528 investigations under this section must ensure that a person
2529 subject to screening under this section has not been arrested
2530 for and is not awaiting final disposition of; has not been found
2531 guilty of, regardless of adjudication, or entered a plea of nolo
2532 contendere or guilty to; and has not been adjudicated delinquent
2533 and the record sealed or expunged for, any of the following
2534 offenses:

2535 (a) Violation of a federal law or a law in any state which
2536 creates a criminal offense relating to:

2537 1. The delivery of any goods or services under Medicaid or
2538 Medicare or any other public or private health care or health
2539 insurance program, including the performance of management or
2540 administrative services relating to the delivery of goods or
2541 services under any such program;

2542 2. Neglect or abuse of a patient in connection with the
2543 delivery of any health care good or service;

2544 3. Unlawful manufacture, distribution, prescription, or
2545 dispensing of a controlled substance;

2546 4. Fraud, theft, embezzlement, breach of fiduciary
2547 responsibility, or other financial misconduct; or

2548 5. Moral turpitude, if punishable by imprisonment of a year
2549 or more.

2550 6. Interference with or obstruction of an investigation
2551 into any criminal offense identified in this subsection.

2552 (b) Violation of the following state laws or laws of

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2553 another jurisdiction:

2554 1. Section 817.569, criminal use of a public record or
2555 information contained in a public record;

2556 2. Section 838.016, unlawful compensation or reward for
2557 official behavior;

2558 3. Section 838.021, corruption by threat against a public
2559 servant;

2560 4. Section 838.022, official misconduct;

2561 5. Section 838.22, bid tampering;

2562 6. Section 839.13, falsifying records;

2563 7. Section 839.26, misuse of confidential information; or

2564 (c) Violation of a federal or state law, rule, or
2565 regulation governing the Florida Medicaid program or any other
2566 state Medicaid program, the Medicare program, or any other
2567 publicly funded federal or state health care or health insurance
2568 program.

2569 Section 88. Paragraph (a) of subsection (2) of section
2570 435.12, Florida Statutes, is amended to read:

2571 435.12 Care Provider Background Screening Clearinghouse.—

2572 (2) (a) To ensure that the information in the clearinghouse
2573 is current, the fingerprints of an employee required to be
2574 screened by a specified agency and included in the clearinghouse
2575 must be:

2576 1. Retained by the Department of Law Enforcement pursuant
2577 to s. 943.05(2)(g) and (h) and (3), and the Department of Law
2578 Enforcement must report the results of searching those
2579 fingerprints against state incoming arrest fingerprint
2580 submissions to the Agency for Health Care Administration for
2581 inclusion in the clearinghouse.

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2582 2. Retained by the Federal Bureau of Investigation in the
2583 national retained print arrest notification program as soon as
2584 the Department of Law Enforcement begins participation in such
2585 program. Arrest prints will be searched against retained prints
2586 at the Federal Bureau of Investigation and notification of
2587 arrests will be forwarded to the Florida Department of Law
2588 Enforcement and reported to the Agency for Health Care
2589 Administration for inclusion in the clearinghouse.

2590 3. Resubmitted for a Federal Bureau of Investigation
2591 national criminal history check every 5 years until such time as
2592 the fingerprints are retained by the Federal Bureau of
2593 Investigation.

2594 4. Subject to retention on a 5-year renewal basis with fees
2595 collected at the time of initial submission or resubmission of
2596 fingerprints.

2597 a. A person who passed a level 2 screening under s. 435.04
2598 after December 31, 2012, by a specified agency may extend the
2599 screening renewal period until January 1, 2020, unless the
2600 Department of Law Enforcement begins participation in the
2601 national retained print arrest notification program before that
2602 date.

2603 b. The retention of fingerprints by the Department of Law
2604 Enforcement pursuant to s. 943.05(2)(g) and (h) and (3) is
2605 extended until the earlier of January 1, 2021, or the date that
2606 the Department of Law Enforcement begins participation in the
2607 national retained print arrest notification program.

2608 5. Submitted with a photograph of the person taken at the
2609 time the fingerprints are submitted.

2610 Section 89. Subsection (4) of section 456.001, Florida

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2611 Statutes, is amended to read:

2612 456.001 Definitions.—As used in this chapter, the term:

2613 (4) "Health care practitioner" means any person licensed
2614 under chapter 457; chapter 458; chapter 459; chapter 460;
2615 chapter 461; chapter 462; chapter 463; chapter 464; chapter 465;
2616 chapter 466; chapter 467; part I, part II, part III, part V,
2617 part X, part XIII, or part XIV of chapter 468; chapter 478;
2618 chapter 480; part II or part III ~~or part IV~~ of chapter 483;
2619 chapter 484; chapter 486; chapter 490; or chapter 491.

2620 Section 90. Subsection (3) of section 456.054, Florida
2621 Statutes, is redesignated as subsection (4), and a new
2622 subsection (3) is added to that section, to read:

2623 456.054 Kickbacks prohibited.—

2624 (3) (a) It is unlawful for any person or any entity to pay
2625 or receive, directly or indirectly, a commission, bonus,
2626 kickback, or rebate from, or to engage in any form of a split-
2627 fee arrangement with, a dialysis facility, health care
2628 practitioner, surgeon, person, or entity for referring patients
2629 to a clinical laboratory as defined in s. 483.803.

2630 (b) It is unlawful for any clinical laboratory to:

2631 1. Provide personnel to perform any functions or duties in
2632 a health care practitioner's office or dialysis facility for any
2633 purpose, including for the collection or handling of specimens,
2634 directly or indirectly through an employee, contractor,
2635 independent staffing company, lease agreement, or otherwise,
2636 unless the laboratory and the practitioner's office, or dialysis
2637 facility, are wholly owned and operated by the same entity.

2638 2. Lease space within any part of a health care
2639 practitioner's office or dialysis facility for any purpose,

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2640 including for the purpose of establishing a collection station
2641 where materials or specimens are collected or drawn from
2642 patients.

2643 Section 91. Paragraphs (h) and (i) of subsection (2) of
2644 section 456.057, Florida Statutes, are amended to read:

2645 456.057 Ownership and control of patient records; report or
2646 copies of records to be furnished; disclosure of information.—

2647 (2) As used in this section, the terms "records owner,"
2648 "health care practitioner," and "health care practitioner's
2649 employer" do not include any of the following persons or
2650 entities; furthermore, the following persons or entities are not
2651 authorized to acquire or own medical records, but are authorized
2652 under the confidentiality and disclosure requirements of this
2653 section to maintain those documents required by the part or
2654 chapter under which they are licensed or regulated:

2655 (h) Clinical laboratory personnel licensed under part II
2656 ~~III~~ of chapter 483.

2657 (i) Medical physicists licensed under part III ~~IV~~ of
2658 chapter 483.

2659 Section 92. Paragraph (j) of subsection (1) of section
2660 456.076, Florida Statutes, is amended to read:

2661 456.076 Impaired practitioner programs.—

2662 (1) As used in this section, the term:

2663 (j) "Practitioner" means a person licensed, registered,
2664 certified, or regulated by the department under part III of
2665 chapter 401; chapter 457; chapter 458; chapter 459; chapter 460;
2666 chapter 461; chapter 462; chapter 463; chapter 464; chapter 465;
2667 chapter 466; chapter 467; part I, part II, part III, part V,
2668 part X, part XIII, or part XIV of chapter 468; chapter 478;

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2669 chapter 480; part II or part III ~~or part IV~~ of chapter 483;
2670 chapter 484; chapter 486; chapter 490; or chapter 491; or an
2671 applicant for a license, registration, or certification under
2672 the same laws.

2673 Section 93. Subsection (2) of section 458.307, Florida
2674 Statutes, is amended to read:

2675 458.307 Board of Medicine.—

2676 (2) Twelve members of the board must be licensed physicians
2677 in good standing in this state who are residents of the state
2678 and who have been engaged in the active practice or teaching of
2679 medicine for at least 4 years immediately preceding their
2680 appointment. One of the physicians must be on the full-time
2681 faculty of a medical school in this state, and one of the
2682 physicians must be in private practice and on the full-time
2683 staff of a statutory teaching hospital in this state as defined
2684 in s. 408.07. At least one of the physicians must be a graduate
2685 of a foreign medical school. The remaining three members must be
2686 residents of the state who are not, and never have been,
2687 licensed health care practitioners. One member must be a health
2688 care risk manager ~~licensed under s. 395.10974~~. At least one
2689 member of the board must be 60 years of age or older.

2690 Section 94. Subsection (1) of section 458.345, Florida
2691 Statutes, is amended to read:

2692 458.345 Registration of resident physicians, interns, and
2693 fellows; list of hospital employees; prescribing of medicinal
2694 drugs; penalty.—

2695 (1) Any person desiring to practice as a resident
2696 physician, assistant resident physician, house physician,
2697 intern, or fellow in fellowship training which leads to

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2698 subspecialty board certification in this state, or any person
2699 desiring to practice as a resident physician, assistant resident
2700 physician, house physician, intern, or fellow in fellowship
2701 training in a teaching hospital in this state as defined in s.
2702 408.07 ~~s. 408.07(45)~~ or s. 395.805(2), who does not hold a
2703 valid, active license issued under this chapter shall apply to
2704 the department to be registered and shall remit a fee not to
2705 exceed \$300 as set by the board. The department shall register
2706 any applicant the board certifies has met the following
2707 requirements:

2708 (a) Is at least 21 years of age.

2709 (b) Has not committed any act or offense within or without
2710 the state which would constitute the basis for refusal to
2711 certify an application for licensure pursuant to s. 458.331.

2712 (c) Is a graduate of a medical school or college as
2713 specified in s. 458.311(1)(f).

2714 Section 95. Subsection (1) of s. 459.021, Florida Statutes,
2715 is amended to read:

2716 459.021 Registration of resident physicians, interns, and
2717 fellows; list of hospital employees; penalty.—

2718 (1) Any person who holds a degree of Doctor of Osteopathic
2719 Medicine from a college of osteopathic medicine recognized and
2720 approved by the American Osteopathic Association who desires to
2721 practice as a resident physician, intern, or fellow in
2722 fellowship training which leads to subspecialty board
2723 certification in this state, or any person desiring to practice
2724 as a resident physician, intern, or fellow in fellowship
2725 training in a teaching hospital in this state as defined in s.
2726 408.07 ~~s. 408.07(45)~~ or s. 395.805(2), who does not hold an

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2727 active license issued under this chapter shall apply to the
2728 department to be registered, on an application provided by the
2729 department, before commencing such a training program and shall
2730 remit a fee not to exceed \$300 as set by the board.

2731 Section 96. Part I of chapter 483, Florida Statutes,
2732 consisting of sections 483.011, 483.021, 483.031, 483.035,
2733 483.041, 483.051, 483.061, 483.091, 483.101, 483.111, 483.172,
2734 483.181, 483.191, 483.201, 483.221, 483.23, 483.245, and 483.26,
2735 is repealed.

2736 Section 97. Section 483.294, Florida Statutes, is amended
2737 to read:

2738 483.294 Inspection of centers.—In accordance with s.
2739 408.811, the agency shall, ~~at least once annually,~~ inspect the
2740 premises and operations of all centers subject to licensure
2741 under this part.

2742 Section 98. Subsections (3) and (5) of section 483.801,
2743 Florida Statutes, are amended, and subsection (6) is added to
2744 that section, to read:

2745 483.801 Exemptions.—This part applies to all clinical
2746 laboratories and clinical laboratory personnel within this
2747 state, except:

2748 (3) Persons engaged in testing performed by laboratories
2749 that are wholly owned and operated by one or more practitioners
2750 licensed under chapter 458, chapter 459, chapter 460, chapter
2751 461, chapter 462, chapter 463, or chapter 466 who practice in
2752 the same group practice, and in which no clinical laboratory
2753 work is performed for patients referred by any health care
2754 provider who is not a member of that group practice regulated
2755 under s. 483.035(1) or exempt from regulation under s.

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2756 483.031(2).

2757 (5) Advanced registered nurse practitioners licensed under
2758 part I of chapter 464 who perform provider-performed microscopy
2759 procedures (PPMP) in a an-exclusive-use laboratory setting
2760 pursuant to subsection (3).

2761 (6) Persons performing laboratory testing within a
2762 physician office practice for patients referred by a health care
2763 provider who is a member of the same physician office practice,
2764 if the laboratory or entity operating the laboratory within a
2765 physician office practice is under common ownership, directly or
2766 indirectly, with an entity licensed pursuant to chapter 395.

2767 Section 99. Subsections (2), (3), and (4) of section
2768 483.803, Florida Statutes, are amended to read:

2769 483.803 Definitions.—As used in this part, the term:

2770 (2) "Clinical laboratory" means the physical location in
2771 which one or more of the following services are performed to
2772 provide information or materials for use in the diagnosis,
2773 prevention, or treatment of a disease or the identification or
2774 assessment of a medical or physical condition:

2775 (a) Clinical laboratory services, which entail the
2776 examination of fluids or other materials taken from the human
2777 body.

2778 (b) Anatomic laboratory services, which entail the
2779 examination of tissue taken from the human body.

2780 (c) Cytology laboratory services, which entail the
2781 examination of cells from individual tissues or fluid taken from
2782 the human body ~~a clinical laboratory as defined in s. 483.041.~~

2783 (3) "Clinical laboratory examination" means a procedure
2784 performed to deliver the services identified in subsection (2),

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2785 including the oversight or interpretation of such services
 2786 ~~clinical laboratory examination as defined in s. 483.041.~~

2787 (4) "Clinical laboratory personnel" includes a clinical
 2788 laboratory director, supervisor, technologist, blood gas
 2789 analyst, or technician who performs or is responsible for
 2790 laboratory test procedures, but the term does not include
 2791 trainees, persons who perform screening for blood banks or
 2792 plasmapheresis centers, phlebotomists, or persons employed by a
 2793 clinical laboratory to perform manual pretesting duties or
 2794 clerical, personnel, or other administrative responsibilities,
 2795 ~~or persons engaged in testing performed by laboratories~~
 2796 ~~regulated under s. 483.035(1) or exempt from regulation under s.~~
 2797 ~~483.031(2).~~

2798 Section 100. Section 483.813, Florida Statutes, is amended
 2799 to read:

2800 483.813 Clinical laboratory personnel license.—A person may
 2801 not conduct a clinical laboratory examination or report the
 2802 results of such examination unless such person is licensed under
 2803 this part to perform such procedures. However, this provision
 2804 does not apply to any practitioner of the healing arts
 2805 authorized to practice in this state ~~or to persons engaged in~~
 2806 ~~testing performed by laboratories regulated under s. 483.035(1)~~
 2807 ~~or exempt from regulation under s. 483.031(2).~~ The department
 2808 may grant a temporary license to any candidate it deems properly
 2809 qualified, for a period not to exceed 1 year.

2810 Section 101. Subsection (2) of section 483.823, Florida
 2811 Statutes, is amended to read:

2812 483.823 Qualifications of clinical laboratory personnel.—
 2813 (2) Personnel qualifications may require appropriate

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2814 education, training, or experience or the passing of an
2815 examination in appropriate subjects or any combination of these,
2816 but a ~~ne~~ practitioner of the healing arts licensed to practice
2817 in this state is not required to obtain any license ~~under this~~
2818 ~~part~~ or to pay any fee under this part ~~hereunder except the fee~~
2819 ~~required for clinical laboratory licensure.~~

2820 Section 102. Paragraph (c) of subsection (7), and
2821 subsections (8) and (9) of section 491.003, Florida Statutes,
2822 are amended to read:

2823 491.003 Definitions.—As used in this chapter:

2824 (7) The “practice of clinical social work” is defined as
2825 the use of scientific and applied knowledge, theories, and
2826 methods for the purpose of describing, preventing, evaluating,
2827 and treating individual, couple, marital, family, or group
2828 behavior, based on the person-in-situation perspective of
2829 psychosocial development, normal and abnormal behavior,
2830 psychopathology, unconscious motivation, interpersonal
2831 relationships, environmental stress, differential assessment,
2832 differential planning, and data gathering. The purpose of such
2833 services is the prevention and treatment of undesired behavior
2834 and enhancement of mental health. The practice of clinical
2835 social work includes methods of a psychological nature used to
2836 evaluate, assess, diagnose, treat, and prevent emotional and
2837 mental disorders and dysfunctions (whether cognitive, affective,
2838 or behavioral), sexual dysfunction, behavioral disorders,
2839 alcoholism, and substance abuse. The practice of clinical social
2840 work includes, but is not limited to, psychotherapy,
2841 hypnotherapy, and sex therapy. The practice of clinical social
2842 work also includes counseling, behavior modification,

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2843 consultation, client-centered advocacy, crisis intervention, and
2844 the provision of needed information and education to clients,
2845 when using methods of a psychological nature to evaluate,
2846 assess, diagnose, treat, and prevent emotional and mental
2847 disorders and dysfunctions (whether cognitive, affective, or
2848 behavioral), sexual dysfunction, behavioral disorders,
2849 alcoholism, or substance abuse. The practice of clinical social
2850 work may also include clinical research into more effective
2851 psychotherapeutic modalities for the treatment and prevention of
2852 such conditions.

2853 (c) The terms "diagnose" and "treat," as used in this
2854 chapter, when considered in isolation or in conjunction with ~~any~~
2855 ~~provision of~~ the rules of the board, may ~~shall~~ not be construed
2856 to permit the performance of any act which clinical social
2857 workers are not educated and trained to perform, including, but
2858 not limited to, admitting persons to hospitals for treatment of
2859 the foregoing conditions, treating persons in hospitals without
2860 medical supervision, prescribing medicinal drugs as defined in
2861 chapter 465, authorizing clinical laboratory procedures ~~pursuant~~
2862 ~~to chapter 483~~, or radiological procedures, or use of
2863 electroconvulsive therapy. In addition, this definition ~~shall~~
2864 may not be construed to permit any person licensed,
2865 provisionally licensed, registered, or certified pursuant to
2866 this chapter to describe or label any test, report, or procedure
2867 as "psychological," except to relate specifically to the
2868 definition of practice authorized in this subsection.

2869 (8) The term "practice of marriage and family therapy"
2870 means ~~is defined as~~ the use of scientific and applied marriage
2871 and family theories, methods, and procedures for the purpose of

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2872 describing, evaluating, and modifying marital, family, and
2873 individual behavior, within the context of marital and family
2874 systems, including the context of marital formation and
2875 dissolution, and is based on marriage and family systems theory,
2876 marriage and family development, human development, normal and
2877 abnormal behavior, psychopathology, human sexuality,
2878 psychotherapeutic and marriage and family therapy theories and
2879 techniques. The practice of marriage and family therapy includes
2880 methods of a psychological nature used to evaluate, assess,
2881 diagnose, treat, and prevent emotional and mental disorders or
2882 dysfunctions (whether cognitive, affective, or behavioral),
2883 sexual dysfunction, behavioral disorders, alcoholism, and
2884 substance abuse. The practice of marriage and family therapy
2885 includes, but is not limited to, marriage and family therapy,
2886 psychotherapy, including behavioral family therapy,
2887 hypnotherapy, and sex therapy. The practice of marriage and
2888 family therapy also includes counseling, behavior modification,
2889 consultation, client-centered advocacy, crisis intervention, and
2890 the provision of needed information and education to clients,
2891 when using methods of a psychological nature to evaluate,
2892 assess, diagnose, treat, and prevent emotional and mental
2893 disorders and dysfunctions (whether cognitive, affective, or
2894 behavioral), sexual dysfunction, behavioral disorders,
2895 alcoholism, or substance abuse. The practice of marriage and
2896 family therapy may also include clinical research into more
2897 effective psychotherapeutic modalities for the treatment and
2898 prevention of such conditions.

2899 (a) Marriage and family therapy may be rendered to
2900 individuals, including individuals affected by termination of

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2901 marriage, to couples, whether married or unmarried, to families,
2902 or to groups.

2903 (b) The use of specific methods, techniques, or modalities
2904 within the practice of marriage and family therapy is restricted
2905 to marriage and family therapists appropriately trained in the
2906 use of such methods, techniques, or modalities.

2907 (c) The terms "diagnose" and "treat," as used in this
2908 chapter, when considered in isolation or in conjunction with ~~any~~
2909 ~~provision of~~ the rules of the board, may ~~shall~~ not be construed
2910 to permit the performance of any act that ~~which~~ marriage and
2911 family therapists are not educated and trained to perform,
2912 including, but not limited to, admitting persons to hospitals
2913 for treatment of the foregoing conditions, treating persons in
2914 hospitals without medical supervision, prescribing medicinal
2915 drugs as defined in chapter 465, authorizing clinical laboratory
2916 procedures ~~pursuant to chapter 483,~~ or radiological procedures,
2917 or the use of electroconvulsive therapy. In addition, this
2918 definition may ~~shall~~ not be construed to permit any person
2919 licensed, provisionally licensed, registered, or certified
2920 pursuant to this chapter to describe or label any test, report,
2921 or procedure as "psychological," except to relate specifically
2922 to the definition of practice authorized in this subsection.

2923 (d) The definition of "marriage and family therapy"
2924 contained in this subsection includes all services offered
2925 directly to the general public or through organizations, whether
2926 public or private, and applies whether payment is requested or
2927 received for services rendered.

2928 (9) The term "practice of mental health counseling" means
2929 ~~is defined as~~ the use of scientific and applied behavioral

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2930 science theories, methods, and techniques for the purpose of
2931 describing, preventing, and treating undesired behavior and
2932 enhancing mental health and human development and is based on
2933 the person-in-situation perspectives derived from research and
2934 theory in personality, family, group, and organizational
2935 dynamics and development, career planning, cultural diversity,
2936 human growth and development, human sexuality, normal and
2937 abnormal behavior, psychopathology, psychotherapy, and
2938 rehabilitation. The practice of mental health counseling
2939 includes methods of a psychological nature used to evaluate,
2940 assess, diagnose, and treat emotional and mental dysfunctions or
2941 disorders, (whether cognitive, affective, or behavioral),
2942 ~~behavioral disorders,~~ interpersonal relationships, sexual
2943 dysfunction, alcoholism, and substance abuse. The practice of
2944 mental health counseling includes, but is not limited to,
2945 psychotherapy, hypnotherapy, and sex therapy. The practice of
2946 mental health counseling also includes counseling, behavior
2947 modification, consultation, client-centered advocacy, crisis
2948 intervention, and the provision of needed information and
2949 education to clients, when using methods of a psychological
2950 nature to evaluate, assess, diagnose, treat, and prevent
2951 emotional and mental disorders and dysfunctions (whether
2952 cognitive, affective, or behavioral), behavioral disorders,
2953 sexual dysfunction, alcoholism, or substance abuse. The practice
2954 of mental health counseling may also include clinical research
2955 into more effective psychotherapeutic modalities for the
2956 treatment and prevention of such conditions.

2957 (a) Mental health counseling may be rendered to
2958 individuals, including individuals affected by the termination

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2959 of marriage, and to couples, families, groups, organizations,
2960 and communities.

2961 (b) The use of specific methods, techniques, or modalities
2962 within the practice of mental health counseling is restricted to
2963 mental health counselors appropriately trained in the use of
2964 such methods, techniques, or modalities.

2965 (c) The terms "diagnose" and "treat," as used in this
2966 chapter, when considered in isolation or in conjunction with any
2967 provision of the rules of the board, may ~~shall~~ not be construed
2968 to permit the performance of any act that ~~which~~ mental health
2969 counselors are not educated and trained to perform, including,
2970 but not limited to, admitting persons to hospitals for treatment
2971 of the foregoing conditions, treating persons in hospitals
2972 without medical supervision, prescribing medicinal drugs as
2973 defined in chapter 465, authorizing clinical laboratory
2974 procedures ~~pursuant to chapter 483,~~ or radiological procedures,
2975 or the use of electroconvulsive therapy. In addition, this
2976 definition may ~~shall~~ not be construed to permit any person
2977 licensed, provisionally licensed, registered, or certified
2978 pursuant to this chapter to describe or label any test, report,
2979 or procedure as "psychological," except to relate specifically
2980 to the definition of practice authorized in this subsection.

2981 (d) The definition of "mental health counseling" contained
2982 in this subsection includes all services offered directly to the
2983 general public or through organizations, whether public or
2984 private, and applies whether payment is requested or received
2985 for services rendered.

2986 Section 103. Paragraph (h) of subsection (4) of section
2987 627.351, Florida Statutes, is amended to read:

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2988 627.351 Insurance risk apportionment plans.—

2989 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT.—

2990 (h) As used in this subsection:

2991 1. "Health care provider" means hospitals licensed under

2992 chapter 395; physicians licensed under chapter 458; osteopathic

2993 physicians licensed under chapter 459; podiatric physicians

2994 licensed under chapter 461; dentists licensed under chapter 466;

2995 chiropractic physicians licensed under chapter 460; naturopaths

2996 licensed under chapter 462; nurses licensed under part I of

2997 chapter 464; midwives licensed under chapter 467; ~~clinical~~

2998 ~~laboratories registered under chapter 483;~~ physician assistants

2999 licensed under chapter 458 or chapter 459; physical therapists

3000 and physical therapist assistants licensed under chapter 486;

3001 health maintenance organizations certificated under part I of

3002 chapter 641; ambulatory surgical centers licensed under chapter

3003 395; other medical facilities as defined in subparagraph 2.;

3004 blood banks, plasma centers, industrial clinics, and renal

3005 dialysis facilities; or professional associations, partnerships,

3006 corporations, joint ventures, or other associations for

3007 professional activity by health care providers.

3008 2. "Other medical facility" means a facility the primary

3009 purpose of which is to provide human medical diagnostic services

3010 or a facility providing nonsurgical human medical treatment, to

3011 which facility the patient is admitted and from which facility

3012 the patient is discharged within the same working day, and which

3013 facility is not part of a hospital. However, a facility existing

3014 for the primary purpose of performing terminations of pregnancy

3015 or an office maintained by a physician or dentist for the

3016 practice of medicine may ~~shall~~ not be construed to be an "other

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3017 medical facility.”

3018 3. “Health care facility” means any hospital licensed under
3019 chapter 395, health maintenance organization certificated under
3020 part I of chapter 641, ambulatory surgical center licensed under
3021 chapter 395, or other medical facility as defined in
3022 subparagraph 2.

3023 Section 104. Paragraph (h) of subsection (1) of section
3024 627.602, Florida Statutes, is amended to read:

3025 627.602 Scope, format of policy.—

3026 (1) Each health insurance policy delivered or issued for
3027 delivery to any person in this state must comply with all
3028 applicable provisions of this code and all of the following
3029 requirements:

3030 (h) Section 641.312 and the provisions of the Employee
3031 Retirement Income Security Act of 1974, as implemented by 29
3032 C.F.R. s. 2560.503-1, relating to internal grievances. This
3033 paragraph does not apply ~~to a health insurance policy that is~~
3034 ~~subject to the Subscriber Assistance Program under s. 408.7056~~
3035 ~~or~~ to the types of benefits or coverages provided under s.
3036 627.6513(1)-(14) issued in any market.

3037 Section 105. Subsection (1) of section 627.6406, Florida
3038 Statutes, is amended to read:

3039 627.6406 Maternity care.—

3040 (1) Any policy of health insurance which ~~that~~ provides
3041 coverage for maternity care must also cover the services of
3042 certified nurse-midwives and midwives licensed pursuant to
3043 chapter 467, and the services of birth centers licensed under
3044 ss. 383.30-383.332 ~~383.30-383.335~~.

3045 Section 106. Paragraphs (b) and (e) of subsection (1) of

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3046 section 627.64194, Florida Statutes, are amended to read:

3047 627.64194 Coverage requirements for services provided by
3048 nonparticipating providers; payment collection limitations.—

3049 (1) As used in this section, the term:

3050 (b) "Facility" means a licensed facility as defined in s.
3051 395.002(16) and an urgent care center as defined in s. 395.002
3052 ~~s. 395.002(30)~~.

3053 (e) "Nonparticipating provider" means a provider who is not
3054 a preferred provider as defined in s. 627.6471 or a provider who
3055 is not an exclusive provider as defined in s. 627.6472. For
3056 purposes of covered emergency services under this section, a
3057 facility licensed under chapter 395 or an urgent care center
3058 defined in s. 395.002 ~~s. 395.002(30)~~ is a nonparticipating
3059 provider if the facility has not contracted with an insurer to
3060 provide emergency services to its insureds at a specified rate.

3061 Section 107. Section 627.6513, Florida Statutes, is amended
3062 to read:

3063 627.6513 Scope.—Section 641.312 and the provisions of the
3064 Employee Retirement Income Security Act of 1974, as implemented
3065 by 29 C.F.R. s. 2560.503-1, relating to internal grievances,
3066 apply to all group health insurance policies issued under this
3067 part. This section does not apply to ~~a group health insurance~~
3068 ~~policy that is subject to the Subscriber Assistance Program in~~
3069 ~~s. 408.7056 or to:~~

3070 (1) Coverage only for accident insurance, or disability
3071 income insurance, or any combination thereof.

3072 (2) Coverage issued as a supplement to liability insurance.

3073 (3) Liability insurance, including general liability
3074 insurance and automobile liability insurance.

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- 3075 (4) Workers' compensation or similar insurance.
- 3076 (5) Automobile medical payment insurance.
- 3077 (6) Credit-only insurance.
- 3078 (7) Coverage for onsite medical clinics, including prepaid
3079 health clinics under part II of chapter 641.
- 3080 (8) Other similar insurance coverage, specified in rules
3081 adopted by the commission, under which benefits for medical care
3082 are secondary or incidental to other insurance benefits. To the
3083 extent possible, such rules must be consistent with regulations
3084 adopted by the United States Department of Health and Human
3085 Services.
- 3086 (9) Limited scope dental or vision benefits, if offered
3087 separately.
- 3088 (10) Benefits for long-term care, nursing home care, home
3089 health care, or community-based care, or any combination
3090 thereof, if offered separately.
- 3091 (11) Other similar, limited benefits, if offered
3092 separately, as specified in rules adopted by the commission.
- 3093 (12) Coverage only for a specified disease or illness, if
3094 offered as independent, noncoordinated benefits.
- 3095 (13) Hospital indemnity or other fixed indemnity insurance,
3096 if offered as independent, noncoordinated benefits.
- 3097 (14) Benefits provided through a Medicare supplemental
3098 health insurance policy, as defined under s. 1882(g)(1) of the
3099 Social Security Act, coverage supplemental to the coverage
3100 provided under 10 U.S.C. chapter 55, and similar supplemental
3101 coverage provided to coverage under a group health plan, which
3102 are offered as a separate insurance policy and as independent,
3103 noncoordinated benefits.

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3104 Section 108. Subsection (1) of section 627.6574, Florida
3105 Statutes, is amended to read:

3106 627.6574 Maternity care.—

3107 (1) Any group, blanket, or franchise policy of health
3108 insurance which ~~that~~ provides coverage for maternity care must
3109 also cover the services of certified nurse-midwives and midwives
3110 licensed pursuant to chapter 467, and the services of birth
3111 centers licensed under ss. 383.30-383.332 ~~383.30-383.335~~.

3112 Section 109. Paragraph (j) of subsection (1) of section
3113 641.185, Florida Statutes, is amended to read:

3114 641.185 Health maintenance organization subscriber
3115 protections.—

3116 (1) With respect to the provisions of this part and part
3117 III, the principles expressed in the following statements ~~shall~~
3118 serve as standards to be followed by the commission, the office,
3119 the department, and the Agency for Health Care Administration in
3120 exercising their powers and duties, in exercising administrative
3121 discretion, in administrative interpretations of the law, in
3122 enforcing its provisions, and in adopting rules:

3123 ~~(j) A health maintenance organization should receive timely~~
3124 ~~and, if necessary, urgent review by an independent state~~
3125 ~~external review organization for unresolved grievances and~~
3126 ~~appeals pursuant to s. 408.7056.~~

3127 Section 110. Paragraph (a) of subsection (18) of section
3128 641.31, Florida Statutes, is amended to read:

3129 641.31 Health maintenance contracts.—

3130 (18) (a) Health maintenance contracts that provide coverage,
3131 benefits, or services for maternity care must provide, as an
3132 option to the subscriber, the services of nurse-midwives and

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3133 midwives licensed pursuant to chapter 467, and the services of
3134 birth centers licensed pursuant to ss. 383.30-383.332 ~~383.30-~~
3135 ~~383.335~~, if such services are available within the service area.

3136 Section 111. Section 641.312, Florida Statutes, is amended
3137 to read:

3138 641.312 Scope.—The Office of Insurance Regulation may adopt
3139 rules to administer ~~the provisions of~~ the National Association
3140 of Insurance Commissioners' Uniform Health Carrier External
3141 Review Model Act, issued by the National Association of
3142 Insurance Commissioners and dated April 2010. This section does
3143 not apply to ~~a health maintenance contract that is subject to~~
3144 ~~the Subscriber Assistance Program under s. 408.7056 or to the~~
3145 types of benefits or coverages provided under s. 627.6513(1)-
3146 (14) issued in any market.

3147 Section 112. Subsection (4) of section 641.3154, Florida
3148 Statutes, is amended to read:

3149 641.3154 Organization liability; provider billing
3150 prohibited.—

3151 (4) A provider or any representative of a provider,
3152 regardless of whether the provider is under contract with the
3153 health maintenance organization, may not collect or attempt to
3154 collect money from, maintain any action at law against, or
3155 report to a credit agency a subscriber of an organization for
3156 payment of services for which the organization is liable, if the
3157 provider in good faith knows or should know that the
3158 organization is liable. This prohibition applies during the
3159 pendency of any claim for payment made by the provider to the
3160 organization for payment of the services and any legal
3161 proceedings or dispute resolution process to determine whether

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3162 the organization is liable for the services if the provider is
3163 informed that such proceedings are taking place. It is presumed
3164 that a provider does not know and should not know that an
3165 organization is liable unless:

3166 (a) The provider is informed by the organization that it
3167 accepts liability;

3168 (b) A court of competent jurisdiction determines that the
3169 organization is liable; or

3170 ~~(c) The office or agency makes a final determination that~~
3171 ~~the organization is required to pay for such services subsequent~~
3172 ~~to a recommendation made by the Subscriber Assistance Panel~~
3173 ~~pursuant to s. 408.7056; or~~

3174 (c) ~~(d)~~ The agency issues a final order that the
3175 organization is required to pay for such services subsequent to
3176 a recommendation made by a resolution organization pursuant to
3177 s. 408.7057.

3178 Section 113. Paragraph (c) of subsection (5) of section
3179 641.51, Florida Statutes, is amended to read:

3180 641.51 Quality assurance program; second medical opinion
3181 requirement.—

3182 (5) (c) For second opinions provided by contract physicians
3183 the organization is prohibited from charging a fee to the
3184 subscriber in an amount in excess of the subscriber fees
3185 established by contract for referral contract physicians. The
3186 organization shall pay the amount of all charges, which are
3187 usual, reasonable, and customary in the community, for second
3188 opinion services performed by a physician not under contract
3189 with the organization, but may require the subscriber to be
3190 responsible for up to 40 percent of such amount. The

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3191 organization may require that any tests deemed necessary by a
3192 noncontract physician shall be conducted by the organization.
3193 The organization may deny reimbursement rights granted under
3194 this section in the event the subscriber seeks in excess of
3195 three such referrals per year if such subsequent referral costs
3196 are deemed by the organization to be evidence that the
3197 subscriber has unreasonably overutilized the second opinion
3198 privilege. A subscriber ~~thus~~ denied reimbursement under this
3199 section has ~~shall have~~ recourse to grievance procedures as
3200 specified in ss. ~~408.7056~~, 641.495~~7~~, and 641.511. The
3201 organization's physician's professional judgment concerning the
3202 treatment of a subscriber derived after review of a second
3203 opinion is ~~shall be~~ controlling as to the treatment obligations
3204 of the health maintenance organization. Treatment not authorized
3205 by the health maintenance organization is ~~shall be~~ at the
3206 subscriber's expense.

3207 Section 114. Subsection (1), paragraph (e) of subsection
3208 (3), paragraph (d) of subsection (4), paragraphs (g) and (h) of
3209 subsection (6), and subsections (7) through (12) of section
3210 641.511, Florida Statutes, are amended to read:

3211 641.511 Subscriber grievance reporting and resolution
3212 requirements.—

3213 (1) Every organization must have a grievance procedure
3214 available to its subscribers for the purpose of addressing
3215 complaints and grievances. Every organization must notify its
3216 subscribers that a subscriber must submit a grievance within 1
3217 year after the date of occurrence of the action that initiated
3218 the grievance, ~~and may submit the grievance for review to the~~
3219 ~~Subscriber Assistance Program panel as provided in s. 408.7056~~

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3220 ~~after receiving a final disposition of the grievance through the~~
3221 ~~organization's grievance process.~~ An organization shall maintain
3222 records of all grievances and shall report annually to the
3223 agency the total number of grievances handled, a categorization
3224 of the cases underlying the grievances, and the final
3225 disposition of the grievances.

3226 (3) Each organization's grievance procedure, as required
3227 under subsection (1), must include, at a minimum:

3228 (e) A notice that a subscriber may voluntarily pursue
3229 binding arbitration in accordance with the terms of the contract
3230 if offered by the organization, after completing the
3231 organization's grievance procedure ~~and as an alternative to the~~
3232 ~~Subscriber Assistance Program.~~ Such notice shall include an
3233 explanation that the subscriber may incur some costs if the
3234 subscriber pursues binding arbitration, depending upon the terms
3235 of the subscriber's contract.

3236 (4) ~~(d) In any case when the review process does not resolve~~
3237 ~~a difference of opinion between the organization and the~~
3238 ~~subscriber or the provider acting on behalf of the subscriber,~~
3239 ~~the subscriber or the provider acting on behalf of the~~
3240 ~~subscriber may submit a written grievance to the Subscriber~~
3241 ~~Assistance Program.~~

3242 (6) ~~(g) In any case when the expedited review process does~~
3243 ~~not resolve a difference of opinion between the organization and~~
3244 ~~the subscriber or the provider acting on behalf of the~~
3245 ~~subscriber, the subscriber or the provider acting on behalf of~~
3246 ~~the subscriber may submit a written grievance to the Subscriber~~
3247 ~~Assistance Program.~~

3248 (g) ~~(h)~~ An organization shall not provide an expedited

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3249 retrospective review of an adverse determination.

3250 ~~(7) Each organization shall send to the agency a copy of~~
3251 ~~its quarterly grievance reports submitted to the office pursuant~~
3252 ~~to s. 408.7056(12).~~

3253 ~~(7)(8)~~ (7) The agency shall investigate all reports of
3254 unresolved quality of care grievances received from:

3255 ~~(a)~~ annual and quarterly grievance reports submitted by the
3256 organization to the office.

3257 ~~(b)~~ Review requests of subscribers whose grievances remain
3258 unresolved after the subscriber has followed the full grievance
3259 procedure of the organization.

3260 ~~(9)(a)~~ The agency shall advise subscribers with grievances
3261 to follow their organization's formal grievance process for
3262 resolution prior to review by the Subscriber Assistance Program.
3263 The subscriber may, however, submit a copy of the grievance to
3264 the agency at any time during the process.

3265 ~~(b)~~ Requiring completion of the organization's grievance
3266 process before the Subscriber Assistance Program panel's review
3267 does not preclude the agency from investigating any complaint or
3268 grievance before the organization makes its final determination.

3269 ~~(10)~~ Each organization must notify the subscriber in a
3270 final decision letter that the subscriber may request review of
3271 the organization's decision concerning the grievance by the
3272 Subscriber Assistance Program, as provided in s. 408.7056, if
3273 the grievance is not resolved to the satisfaction of the
3274 subscriber. The final decision letter must inform the subscriber
3275 that the request for review must be made within 365 days after
3276 receipt of the final decision letter, must explain how to
3277 initiate such a review, and must include the addresses and toll-

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3278 ~~free telephone numbers of the agency and the Subscriber~~
3279 ~~Assistance Program.~~

3280 (8)~~(11)~~ Each organization, as part of its contract with any
3281 provider, must require the provider to post a consumer
3282 assistance notice prominently displayed in the reception area of
3283 the provider and clearly noticeable by all patients. The
3284 consumer assistance notice must state the addresses and toll-
3285 free telephone numbers of the Agency for Health Care
3286 Administration, ~~the Subscriber Assistance Program,~~ and the
3287 Department of Financial Services. The consumer assistance notice
3288 must also clearly state that the address and toll-free telephone
3289 number of the organization's grievance department shall be
3290 provided upon request. The agency may adopt rules to implement
3291 this section.

3292 (9)~~(12)~~ The agency may impose administrative sanction, in
3293 accordance with s. 641.52, against an organization for
3294 noncompliance with this section.

3295 Section 115. Subsection (1) of section 641.515, Florida
3296 Statutes, is amended to read:

3297 641.515 Investigation by the agency.—

3298 (1) The agency shall investigate further any quality of
3299 care issue contained in recommendations and reports submitted
3300 pursuant to s. ss. 408.7056 ~~and 641.511~~. The agency shall also
3301 investigate further any information that indicates that the
3302 organization does not meet accreditation standards or the
3303 standards of the review organization performing the external
3304 quality assurance assessment pursuant to reports submitted under
3305 s. 641.512. Every organization shall submit its books and
3306 records and take other appropriate action as may be necessary to

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3307 facilitate an examination. The agency shall have access to the
3308 organization's medical records of individuals and records of
3309 employed and contracted physicians, with the consent of the
3310 subscriber or by court order, as necessary to administer ~~carry~~
3311 ~~out the provisions of~~ this part.

3312 Section 116. Subsection (2) of section 641.55, Florida
3313 Statutes, is amended to read:

3314 641.55 Internal risk management program.—

3315 (2) The risk management program shall be the responsibility
3316 of the governing authority or board of the organization. Every
3317 organization which has an annual premium volume of \$10 million
3318 or more and which directly provides health care in a building
3319 owned or leased by the organization shall hire a risk manager,
3320 ~~certified under ss. 395.10971-395.10975~~, who is ~~shall be~~
3321 responsible for implementation of the organization's risk
3322 management program required by this section. A part-time risk
3323 manager may ~~shall~~ not be responsible for risk management
3324 programs in more than four organizations or facilities. Every
3325 organization that ~~which~~ does not directly provide health care in
3326 a building owned or leased by the organization and every
3327 organization with an annual premium volume of less than \$10
3328 million shall designate an officer or employee of the
3329 organization to serve as the risk manager.

3330
3331 The gross data compiled under this section or s. 395.0197 shall
3332 be furnished by the agency upon request to organizations to be
3333 utilized for risk management purposes. The agency shall adopt
3334 rules necessary to administer ~~carry out the provisions of~~ this
3335 section.

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3336 Section 117. Section 641.60, Florida Statutes, is repealed.
3337 Section 118. Section 641.65, Florida Statutes, is repealed.
3338 Section 119. Section 641.67, Florida Statutes, is repealed.
3339 Section 120. Section 641.68, Florida Statutes, is repealed.
3340 Section 121. Section 641.70, Florida Statutes, is repealed.
3341 Section 122. Section 641.75, Florida Statutes, is repealed.
3342 Section 123. Paragraph (b) of subsection (6) of section
3343 766.118, Florida Statutes, is amended to read:
3344 766.118 Determination of noneconomic damages.—
3345 (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF A
3346 PRACTITIONER PROVIDING SERVICES AND CARE TO A MEDICAID
3347 RECIPIENT.—Notwithstanding subsections (2), (3), and (5), with
3348 respect to a cause of action for personal injury or wrongful
3349 death arising from medical negligence of a practitioner
3350 committed in the course of providing medical services and
3351 medical care to a Medicaid recipient, regardless of the number
3352 of such practitioner defendants providing the services and care,
3353 noneconomic damages may not exceed \$300,000 per claimant, unless
3354 the claimant pleads and proves, by clear and convincing
3355 evidence, that the practitioner acted in a wrongful manner. A
3356 practitioner providing medical services and medical care to a
3357 Medicaid recipient is not liable for more than \$200,000 in
3358 noneconomic damages, regardless of the number of claimants,
3359 unless the claimant pleads and proves, by clear and convincing
3360 evidence, that the practitioner acted in a wrongful manner. The
3361 fact that a claimant proves that a practitioner acted in a
3362 wrongful manner does not preclude the application of the
3363 limitation on noneconomic damages prescribed elsewhere in this
3364 section. For purposes of this subsection:

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3365 (b) The term "practitioner," in addition to the meaning
 3366 prescribed in subsection (1), includes any hospital or
 3367 ambulatory surgical center, ~~or mobile surgical facility~~ as
 3368 defined and licensed under chapter 395.

3369 Section 124. Subsection (4) of section 766.202, Florida
 3370 Statutes, is amended to read:

3371 766.202 Definitions; ss. 766.201-766.212.—As used in ss.
 3372 766.201-766.212, the term:

3373 (4) "Health care provider" means any hospital or
 3374 ambulatory surgical center, ~~or mobile surgical facility~~ as
 3375 defined and licensed under chapter 395; a birth center licensed
 3376 under chapter 383; any person licensed under chapter 458,
 3377 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,
 3378 part I of chapter 464, chapter 466, chapter 467, part XIV of
 3379 chapter 468, or chapter 486; ~~a clinical lab licensed under~~
 3380 ~~chapter 483~~; a health maintenance organization certificated
 3381 under part I of chapter 641; a blood bank; a plasma center; an
 3382 industrial clinic; a renal dialysis facility; or a professional
 3383 association partnership, corporation, joint venture, or other
 3384 association for professional activity by health care providers.

3385 Section 125. Section 945.36, Florida Statutes, is amended
 3386 to read:

3387 945.36 ~~Exemption from health testing regulations for~~ Law
 3388 enforcement personnel authorized to conduct ~~conducting~~ drug
 3389 tests on inmates and releasees.—

3390 (1) Any law enforcement officer, state or county probation
 3391 officer, employee of the Department of Corrections, or employee
 3392 of a contracted community correctional center who is certified
 3393 by the Department of Corrections pursuant to subsection (2) may

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3394 ~~administer, is exempt from part I of chapter 483, for the~~
3395 ~~limited purpose of administering~~ a urine screen drug test to:

- 3396 (a) Persons during incarceration;
- 3397 (b) Persons released as a condition of probation for either
3398 a felony or misdemeanor;
- 3399 (c) Persons released as a condition of community control;
- 3400 (d) Persons released as a condition of conditional release;
- 3401 (e) Persons released as a condition of parole;
- 3402 (f) Persons released as a condition of provisional release;
- 3403 (g) Persons released as a condition of pretrial release; or
- 3404 (h) Persons released as a condition of control release.

3405 (2) The Department of Corrections shall develop a procedure
3406 for certification of any law enforcement officer, state or
3407 county probation officer, employee of the Department of
3408 Corrections, or employee of a contracted community correctional
3409 center to perform a urine screen drug test on the persons
3410 specified in subsection (1).

3411 Section 126. Paragraph (b) of subsection (2) of section
3412 1009.65, Florida Statutes, is amended to read:

3413 1009.65 Medical Education Reimbursement and Loan Repayment
3414 Program.—

3415 (2) From the funds available, the Department of Health
3416 shall make payments to selected medical professionals as
3417 follows:

3418 (b) All payments are ~~shall be~~ contingent on continued proof
3419 of primary care practice in an area defined in s. 395.602(2)(b)
3420 ~~s. 395.602(2)(e)~~, or an underserved area designated by the
3421 Department of Health, provided the practitioner accepts Medicaid
3422 reimbursement if eligible for such reimbursement. Correctional

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3423 facilities, state hospitals, and other state institutions that
3424 employ medical personnel shall be designated by the Department
3425 of Health as underserved locations. Locations with high
3426 incidences of infant mortality, high morbidity, or low Medicaid
3427 participation by health care professionals may be designated as
3428 underserved.

3429 Section 127. Subsection (2) of section 1011.52, Florida
3430 Statutes, is amended to read:

3431 1011.52 Appropriation to first accredited medical school.-

3432 (2) In order for a medical school to qualify under ~~the~~
3433 ~~provisions of~~ this section and to be entitled to the benefits
3434 herein, such medical school:

3435 (a) Must be primarily operated and established to offer,
3436 afford, and render a medical education to residents of the state
3437 qualifying for admission to such institution;

3438 (b) Must be operated by a municipality or county of this
3439 state, or by a nonprofit organization heretofore or hereafter
3440 established exclusively for educational purposes;

3441 (c) Must, upon the formation and establishment of an
3442 accredited medical school, transmit and file with the Department
3443 of Education documentary proof evidencing the facts that such
3444 institution has been certified and approved by the council on
3445 medical education and hospitals of the American Medical
3446 Association and has adequately met the requirements of that
3447 council in regard to its administrative facilities,
3448 administrative plant, clinical facilities, curriculum, and all
3449 other such requirements as may be necessary to qualify with the
3450 council as a recognized, approved, and accredited medical
3451 school;

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3452 (d) Must certify to the Department of Education the name,
3453 address, and educational history of each student approved and
3454 accepted for enrollment in such institution for the ensuing
3455 school year; and

3456 (e) Must have in place an operating agreement with a
3457 government-owned hospital that is located in the same county as
3458 the medical school and that is a statutory teaching hospital as
3459 defined in s. 408.07(44) ~~s. 408.07(45)~~. The operating agreement
3460 must ~~shall~~ provide for the medical school to maintain the same
3461 level of affiliation with the hospital, including the level of
3462 services to indigent and charity care patients served by the
3463 hospital, which was in place in the prior fiscal year. Each
3464 year, documentation demonstrating that an operating agreement is
3465 in effect shall be submitted jointly to the Department of
3466 Education by the hospital and the medical school prior to the
3467 payment of moneys from the annual appropriation.

3468 Section 128. This act shall take effect July 1, 2018.