

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 622 — Health Care Facility Regulation

by Rules Committee; Appropriations Committee; and Senators Grimsley, Bean, and Campbell

The bill amends numerous provisions related to the regulation of health care facilities by the Agency for Health Care Administration (AHCA or agency). The bill’s substantive provisions include:

- Specifying that any facility owned or operated by a public health trust and located within the boundaries of a municipality is under the exclusive jurisdiction of the county creating the public health trust and not within the municipality’s jurisdiction. (*Section 2*).
- Allowing a cancer center to participate in Tier 3 of the Florida Consortium of National Cancer Institute Centers Program for six years, rather than five years. (*Section 10*).
- Requiring that any birthing center that performs laboratory tests on its patients must be federally certified by the federal Centers for Medicare & Medicaid Services (CMS) (*Section 17*), and repealing s. 383.335, F.S., which provides obsolete exemptions (*Section 18*).
- Repealing obsolete provisions related to mobile surgical facilities and rural hospitals. (*Sections 23, 24, 25, 28, 29, 38, 41, 61, and 124*).
- Allowing hospitals to perform “alternate-site testing” defined as any laboratory testing done under the administrative control of a hospital, but performed out of the physical or administrative confines of the hospital’s central laboratory. (*Section 27*).
- Eliminating the requirement that health care facility risk managers be licensed by the state. Risk managers are still required and must still demonstrate competence in specified areas, but competence will be determined by each health care facility individually. (*Sections 30, 33, 34, 35, 37, 94, and 117*).
- Repealing redundant complaint investigation procedures related to the Emergency Medical Treatment and Labor Act. (*Section 31*).
- Requiring the AHCA to adopt rules to ensure that all hospitals providing organ transplantation, neonatal intensive care services, inpatient psychiatric services, inpatient substance abuse services, or comprehensive medical rehabilitation meet the minimum licensure requirements adopted by the agency. (*Section 32*).
- Amending the pediatric cardiovascular technical advisory panel to add nonvoting members and to require additional reports. The bill also requires hospitals providing pediatric cardiology services to abide by certain guidelines. (*Section 32*).
- Requiring the AHCA to contract with the Society of Thoracic Surgeons and the American college of Cardiology to obtain certain data for publication on the AHCA’s website in a manner that will allow consumers to be informed of the aggregate data and to compare pediatric cardiac programs. (*Section 63*).
- Expanding an exemption for certain hospital assessments to hospitals operated by the Department of Children and Families. (*Sections 42 and 66*).
- Preventing nursing homes from accepting clinical laboratory tests in lieu of routine examinations and requiring the AHCA to post certain nursing home survey information in its nursing home guide. (*Section 44 and 45*).
- Revising provisions related to home health agencies (HHA) to:

- Require that any license issued for a home health agency on or after July 1, 2018, must specify the services that the home health agency is authorized to perform and eliminate a grace period for ceasing unlicensed HHA activity. (*Section 46*).
- Require application for a change of ownership or for the addition of skilled services. (*Section 47*).
- Clarify that a licensed HHA must provide the services specified in the written agreement with the patient except in emergency situations that are beyond the provider's control that make it impossible to provide the services. (*Sections 47 and 48*).
- Require a home health agency that provides skilled nursing care to have a director of nursing. (*Section 49*).
- Tying HHA violations to the general licensing provisions for health care facilities in part II of ch. 408, F.S. (*Section 50*).
- Revising provisions related to nurse registries to:
 - Eliminate a 10-day grace period for the cessation of unlicensed activity after receiving notification of such from the AHCA.
 - Remove the prohibitions on a nurse registry providing remuneration to a case manager, discharge planner, facility based staff member, third party vendor, physician, member of the physician's office staff, or an immediate family member of a physician for referrals.
 - Clarify that a nurse registry may not monitor, supervise, manage or train a caregiver or a registered nurse, licensed practical nurse, certified nursing assistant, companion or homemaker, or home health aide referred for contract under ch. 400, F.S.
 - Restrict nurse registries from monitoring, supervising, managing, or training a caregiver and specify that a caregiver referred by a nurse registry is not considered an employee of the nurse registry under any chapter. (*Section 52*).
- Eliminating a duplicative requirement that applicants for hospice licensure that are existing health care providers submit a profit-loss statement and the most recent licensure inspection report. (*Section 53*).
- Requiring home medical equipment providers to provide certain notifications to the AHCA within timeframes under the general licensing provisions. (*Section 55*).
- Making a certificate of exemption from licensure as a health care clinic valid for up to two years, instead of indefinitely. (*Section 59*).
- Eliminating obsolete provisions related to obtaining a certificate of need for adult cardiovascular services and exempting certain hospitals from patient volume requirements necessary to be licensed to provide Level I adult cardiovascular services. (*Sections 61 and 62*).
- Repealing the subscriber assistance program. (*Section 67*).
- Revising certain general licensure provisions for all health care facilities. (*Sections 69-73*).
- Revising certain provisions related to background screening. (*Sections 76 and 89*).
- Revising provisions related to Assisted Living Facilities (ALF) to:
 - Exempt certain facilities from licensure as an ALF. (*Section 80*).

- Create a 3rd degree felony for renting or maintaining a building or property that operated or maintains an unlicensed ALF. (*Section 81*).
- Prohibit an ALF from operating for more than 120 consecutive days without an administrator who has completed the core educational requirements. (*Section 82*).
- Specify that new services added to a resident's contract for which the resident was not previously charged do not require a 30-day written notice of rate increase. (*Section 84*).
- Clarify and revise certain resident bill of rights provisions. (*Sections 85 and 87*).
- Conform the requirement that ALFs provide copies of medical records to the provisions requiring nursing homes to provide such records. (*Section 86*).
- Specify that an ALF administrator must complete staff training, including passing the competency test, within 90 days of the date of employment. (*Section 88*).
- Repealing state licensure of clinical laboratories in favor of deferring to federal requirements. (*Sections 91, 97, and 99 with numerous other conforming changes made throughout the bill*).
- Eliminating statewide and district Managed Care Ombudsman Committees. (*Sections 118-123*).

If approved by the Governor, these provisions take effect July 1, 2018.

Vote: Senate 36-0; House 112-0