Bill No. HB 2125, 2nd Eng.

Amendment No. \_\_\_\_ CHAMBER ACTION Senate House 1 2 3 4 5 6 7 8 9 10 Senator Clary moved the following amendment: 11 12 13 Senate Amendment (with title amendment) 14 Delete everything after the enacting clause, 15 16 and insert: 17 Section 1. The Department of Children and Family Services and the Agency for Health Care Administration shall, 18 19 by October 1, 1999, develop a system to allow unborn children 20 of Medicaid-eligible mothers to be issued a Medicaid number 21 that shall be used for billing purposes and for monitoring of 22 care for the child beginning with the child's date of birth. Section 2. Paragraphs (e) and (f) of subsection (3) 23 24 and paragraphs (a) and (b) of subsection (7) of section 20.43, 25 Florida Statutes, 1998 Supplement, are amended, and paragraphs 26 (h), (i), and (j) are added to subsection (3) of that section, 27 to read: 28 20.43 Department of Health.--There is created a 29 Department of Health. 30 (3) The following divisions of the Department of 31 Health are established: 1 2:06 PM 04/28/99 h2125c-07x01

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(e) Division of Children's Medical Services Network. 1 2 (f) Division of Emergency Medical Services and 3 Community Health Resources Local Health Planning, Education, 4 and Workforce Development. 5 (h) Division of Children's Medical Services Prevention and Intervention. 6 7 (i) Division of Information Resource Management. (j) Division of Health Awareness and Tobacco. 8 9 (7) To protect and improve the public health, the 10 department may use state or federal funds to: (a) Provide incentives, including, but not limited to, 11 12 the promotional items listed in paragraph (b), food and including food coupons, and or payment for travel expenses, 13 14 for encouraging healthy lifestyle and disease prevention behaviors and patient compliance with medical treatment, such 15 16 as tuberculosis therapy and smoking cessation programs. Such 17 incentives shall be intended to cause individuals to take 18 action to improve their health. Any incentive for food, food 19 coupons, or travel expenses may not exceed the limitations in 20 s. 112.061. (b) Plan and conduct health education campaigns for 21 the purpose of protecting or improving public health. The 22 department may purchase promotional items, such as, but not 23 24 limited to, t-shirts, hats, sports items such as water bottles and sweat bands, calendars, nutritional charts, baby bibs, 25 26 growth charts, and other items printed with health-promotion 27 messages, and advertising, such as space on billboards or in 28 publications or radio or television time, for health information and promotional messages that recognize that the 29 30 following behaviors, among others, are detrimental to public 31 health: unprotected sexual intercourse, other than with one's

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spouse; cigarette and cigar smoking, use of smokeless tobacco 1 products, and exposure to environmental tobacco smoke; alcohol 2 3 consumption or other substance abuse during pregnancy; alcohol 4 abuse or other substance abuse; lack of exercise and poor diet and nutrition habits; and failure to recognize and address a 5 6 genetic tendency to suffer from sickle-cell anemia, diabetes, 7 high blood pressure, cardiovascular disease, or cancer. For purposes of activities under this paragraph, the Department of 8 9 Health may establish requirements for local matching funds or 10 in-kind contributions to create and distribute advertisements, in either print or electronic format, which are concerned with 11 12 each of the targeted behaviors, establish an independent 13 evaluation and feedback system for the public health communication campaign, and monitor and evaluate the efforts 14 15 to determine which of the techniques and methodologies are 16 most effective. 17 Section 3. Paragraphs (1), (p), and (s) of subsection (2) of section 110.205, Florida Statutes, are amended to read: 18 110.205 Career service; exemptions.--19 (2) EXEMPT POSITIONS.--The exempt positions which are 20 21 not covered by this part include the following, provided that no position, except for positions established for a limited 22 23 period of time pursuant to paragraph (h), shall be exempted if 24 the position reports to a position in the career service: 25 (1) All assistant division director, deputy division director, and bureau chief positions in any department, and 26 27 those positions determined by the department to have 28 managerial responsibilities comparable to such positions, which positions include, but are not limited to, positions in 29 30 the Department of Health, the Department of Children and 31 Family Services, and Rehabilitative Services and the 3 2:06 PM 04/28/99

Department of Corrections that are assigned primary duties of 1 2 serving as the superintendent of an institution: positions in 3 the Department of Transportation that are assigned primary 4 duties of serving as regional toll managers and managers of offices as defined in s. 20.23(3)(d)3. and (4)(d); positions 5 in the Department of Environmental Protection that are 6 7 assigned the duty of an Environmental Administrator or program administrator; and positions in the Department of Health and 8 9 Rehabilitative Services that are assigned the duties duty of 10 an Environmental Administrator, Assistant County Health 11 Department Director, and County Health Department Financial 12 Administrator. Unless otherwise fixed by law, the department 13 shall set the salary and benefits of these positions in 14 accordance with the rules established for the Selected Exempt 15 Service. The staff directors, assistant staff directors, 16 (p)

17 district program managers, district program coordinators, district subdistrict administrators, district administrative 18 services directors, district attorneys, county health 19 20 department directors, county health department administrators, 21 and the Deputy Director of Central Operations Services of the Department of Children and Family Health and Rehabilitative 22 Services and the county health department directors and county 23 24 health department administrators of the Department of Health. Unless otherwise fixed by law, the department shall establish 25 26 the salary range and benefits for these positions in 27 accordance with the rules of the Selected Exempt Service. 28 (s) The executive director of each board or commission

29 established within the Department of Business and Professional
30 Regulation or the Department of Health. Unless otherwise fixed
31 by law, the department shall establish the salary and benefits

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for these positions in accordance with the rules established 1 for the Selected Exempt Service. 2 Section 4. Subsection (15) of section 120.80, Florida 3 4 Statutes, 1998 Supplement, is amended to read: 5 120.80 Exceptions and special requirements; 6 agencies.--7 (15) DEPARTMENT OF HEALTH. -- Notwithstanding s. 120.57(1)(a), formal hearings may not be conducted by the 8 9 Secretary of Health, the director of the Agency for Health 10 Care Administration, or a board or member of a board within the Department of Health or the Agency for Health Care 11 12 Administration for matters relating to the regulation of 13 professions, as defined by part II of chapter 455. Notwithstanding s. 120.57(1)(a), hearings conducted within the 14 15 Department of Health in execution of the Special Supplemental Nutrition Program for Women, Infants, and Children; Child Care 16 17 Food Program; Children's Medical Services Program; and the 18 exemption from disqualification reviews for certified nurse assistants program need not be conducted by an administrative 19 law judge assigned by the division. The Department of Health 20 21 may contract with the Department of Children and Family Services for a hearing officer in these matters. 22 Section 5. Subsection (1) of section 154.504, Florida 23 24 Statutes, 1998 Supplement, is amended to read: 25 154.504 Eligibility and benefits.--26 (1) Any county or counties may apply for a primary 27 care for children and families challenge grant to provide 28 primary health care services to children and families with incomes of up to 150 percent of the federal poverty level. 29 30 Participants shall pay no monthly premium for participation, 31 but shall be required to pay a copayment at the time a service

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is provided. Copayments may be paid from sources other than 1 2 the participant, including, but not limited to, the child's or 3 parent's employer, or other private sources. Providers may 4 enter into contracts pursuant to As used in s. 766.1115, 5 provided copayments, the term "copayment" may not be 6 considered and may not be used as compensation for services to 7 health care providers, and all funds generated from copayments 8 shall be used by the governmental contractor and all other provisions in s. 766.1115 are met. 9 10 Section 6. Subsection (3) is added to section 287.155, 11 Florida Statutes, to read: 12 287.155 Motor vehicles; purchase by Division of 13 Universities, Department of Health and Rehabilitative 14 Services, Department of Juvenile Justice, and Department of 15 Corrections.--16 (3) The Department of Health is authorized, subject to 17 the approval of the Department of Management Services, to 18 purchase automobiles, trucks, and other automotive equipment for use by county health departments. 19 Section 7. Subsection (3) of section 372.6672, Florida 20 21 Statutes, 1998 Supplement, is amended to read: 22 372.6672 Alligator management and trapping program 23 implementation; commission authority.--24 (3) The powers and duties of the commission hereunder 25 shall not be construed so as to supersede the regulatory 26 authority or lawful responsibility of the Department of Health 27 and Rehabilitative Services, the Department of Agriculture and 28 Consumer Services, or any local governmental entity regarding the processing or handling of food products, but shall be 29 30 deemed supplemental thereto. Section 8. Paragraph (h) of subsection (3) of section 31

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381.004, Florida Statutes, 1998 Supplement, is amended to 1 2 read: 3 381.004 Testing for human immunodeficiency virus.--4 (3) HUMAN IMMUNODEFICIENCY VIRUS TESTING; INFORMED 5 CONSENT; RESULTS; COUNSELING; CONFIDENTIALITY .--6 (h) Notwithstanding the provisions of paragraph (a), 7 informed consent is not required: 1. When testing for sexually transmissible diseases is 8 9 required by state or federal law, or by rule including the 10 following situations: 11 a. HIV testing pursuant to s. 796.08 of persons 12 convicted of prostitution or of procuring another to commit 13 prostitution. 14 Testing for HIV by a medical examiner in accordance b. 15 with s. 406.11. 16 2. Those exceptions provided for blood, plasma, 17 organs, skin, semen, or other human tissue pursuant to s. 381.0041. 18 19 For the performance of an HIV-related test by 3. 20 licensed medical personnel in bona fide medical emergencies 21 when the test results are necessary for medical diagnostic 22 purposes to provide appropriate emergency care or treatment to the person being tested and the patient is unable to consent, 23 24 as supported by documentation in the medical record. Notification of test results in accordance with paragraph (c) 25 26 is required. 27 4. For the performance of an HIV-related test by 28 licensed medical personnel for medical diagnosis of acute illness where, in the opinion of the attending physician, 29 30 obtaining informed consent would be detrimental to the 31 patient, as supported by documentation in the medical record, 7 2:06 PM 04/28/99 h2125c-07x01

and the test results are necessary for medical diagnostic purposes to provide appropriate care or treatment to the person being tested. Notification of test results in accordance with paragraph (c) is required if it would not be detrimental to the patient. This subparagraph does not authorize the routine testing of patients for HIV infection without informed consent.

8 5. When HIV testing is performed as part of an autopsy9 for which consent was obtained pursuant to s. 872.04.

10 6. For the performance of an HIV test upon a defendant 11 pursuant to the victim's request in a prosecution for any type 12 of sexual battery where a blood sample is taken from the 13 defendant voluntarily, pursuant to court order for any 14 purpose, or pursuant to the provisions of s. 775.0877, s. 15 951.27, or s. 960.003; however, the results of any HIV test 16 performed shall be disclosed solely to the victim and the 17 defendant, except as provided in ss. 775.0877, 951.27, and 960.003. 18

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7. When an HIV test is mandated by court order.

8. For epidemiological research pursuant to s.
381.0032, for research consistent with institutional review
boards created by 45 C.F.R. part 46, or for the performance of
an HIV-related test for the purpose of research, if the
testing is performed in a manner by which the identity of the

25 test subject is not known and may not be retrieved by the 26 researcher.

9. When human tissue is collected lawfully without the
 consent of the donor for corneal removal as authorized by s.
 732.9185 or enucleation of the eyes as authorized by s.
 732.919.

10. For the performance of an HIV test upon an

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individual who comes into contact with medical personnel in 1 2 such a way that a significant exposure has occurred during the 3 course of employment or within the scope of practice and where 4 a blood sample is available that was taken from that 5 individual voluntarily by medical personnel for other 6 "Medical personnel" includes a licensed or purposes. 7 certified health care professional; an employee of a health 8 care professional, health care facility, or blood bank; and a paramedic or emergency medical technician as defined in s. 9 10 401.23.

Prior to performance of an HIV test on a 11 а. 12 voluntarily obtained blood sample, the individual from whom 13 the blood was obtained shall be requested to consent to the performance of the test and to the release of the results. 14 The individual's refusal to consent and all information 15 concerning the performance of an HIV test and any HIV test 16 17 result shall be documented only in the medical personnel's record unless the individual gives written consent to entering 18 this information on the individual's medical record. 19

Reasonable attempts to locate the individual and to 20 b. 21 obtain consent shall be made and all attempts must be documented. If the individual cannot be found, an HIV test may 22 be conducted on the available blood sample. If the individual 23 24 does not voluntarily consent to the performance of an HIV test, the individual shall be informed that an HIV test will 25 be performed, and counseling shall be furnished as provided in 26 27 this section. However, HIV testing shall be conducted only after a licensed physician documents, in the medical record of 28 the medical personnel, that there has been a significant 29 30 exposure and that, in the physician's medical judgment, the 31 information is medically necessary to determine the course of

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1 treatment for the medical personnel.

2 c. Costs of any HIV test of a blood sample performed 3 with or without the consent of the individual, as provided in 4 this subparagraph, shall be borne by the medical personnel or 5 the employer of the medical personnel. However, costs of 6 testing or treatment not directly related to the initial HIV 7 tests or costs of subsequent testing or treatment shall not be 8 borne by the medical personnel or the employer of the medical 9 personnel.

d. In order to utilize the provisions of this
subparagraph, the medical personnel must either be tested for
HIV pursuant to this section or provide the results of an HIV
test taken within 6 months prior to the significant exposure
if such test results are negative.

e. A person who receives the results of an HIV test
pursuant to this subparagraph shall maintain the
confidentiality of the information received and of the persons
tested. Such confidential information is exempt from s.
119.07(1).

If the source of the exposure will not voluntarily 20 f. 21 submit to HIV testing and a blood sample is not available, the medical personnel or the employer of such person acting on 22 behalf of the employee may seek a court order directing the 23 24 source of the exposure to submit to HIV testing. A sworn 25 statement by a physician licensed under chapter 458 or chapter 459 that a significant exposure has occurred and that, in the 26 27 physician's medical judgment, testing is medically necessary to determine the course of treatment constitutes probable 28 cause for the issuance of an order by the court. 29 The results 30 of the test shall be released to the source of the exposure 31 and to the person who experienced the exposure.

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For the performance of an HIV test upon an 1 11. 2 individual who comes into contact with medical personnel in 3 such a way that a significant exposure has occurred during the 4 course of employment or within the scope of practice of the 5 medical personnel while the medical personnel provides 6 emergency medical treatment to the individual; or who comes 7 into contact with nonmedical personnel in such a way that a significant exposure has occurred while the nonmedical 8 9 personnel provides emergency medical assistance during a 10 medical emergency. For the purposes of this subparagraph, a 11 medical emergency means an emergency medical condition outside 12 of a hospital or health care facility that provides physician 13 care. The test may be performed only during the course of treatment for the medical emergency. 14

15 a. An individual who is capable of providing consent 16 shall be requested to consent to an HIV test prior to the 17 testing. The individual's refusal to consent, and all 18 information concerning the performance of an HIV test and its 19 result, shall be documented only in the medical personnel's 20 record unless the individual gives written consent to entering 21 this information on the individual's medical record.

b. HIV testing shall be conducted only after a licensed physician documents, in the medical record of the medical personnel or nonmedical personnel, that there has been a significant exposure and that, in the physician's medical judgment, the information is medically necessary to determine the course of treatment for the medical personnel or nonmedical personnel.

c. Costs of any HIV test performed with or without the
consent of the individual, as provided in this subparagraph,
shall be borne by the medical personnel or the employer of the

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1 medical personnel or nonmedical personnel. However, costs of 2 testing or treatment not directly related to the initial HIV 3 tests or costs of subsequent testing or treatment shall not be 4 borne by the medical personnel or the employer of the medical 5 personnel or nonmedical personnel.

d. In order to utilize the provisions of this
subparagraph, the medical personnel or nonmedical personnel
shall be tested for HIV pursuant to this section or shall
provide the results of an HIV test taken within 6 months prior
to the significant exposure if such test results are negative.

e. A person who receives the results of an HIV test
pursuant to this subparagraph shall maintain the
confidentiality of the information received and of the persons
tested. Such confidential information is exempt from s.
119.07(1).

16 f. If the source of the exposure will not voluntarily 17 submit to HIV testing and a blood sample was not obtained during treatment for the medical emergency, the medical 18 personnel, the employer of the medical personnel acting on 19 20 behalf of the employee, or the nonmedical personnel may seek a 21 court order directing the source of the exposure to submit to HIV testing. A sworn statement by a physician licensed under 22 chapter 458 or chapter 459 that a significant exposure has 23 24 occurred and that, in the physician's medical judgment, 25 testing is medically necessary to determine the course of treatment constitutes probable cause for the issuance of an 26 27 order by the court. The results of the test shall be released to the source of the exposure and to the person who 28 29 experienced the exposure.

30 12. For the performance of an HIV test by the medical
31 examiner or attending physician upon an a deceased individual

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1	who is the source of a significant exposure to medical
2	personnel or nonmedical personnel who provided emergency
3	medical assistance and who expired or could not be
4	resuscitated while receiving during treatment for the medical
5	emergency medical assistance or care and who was the source of
6	a significant exposure to medical or nonmedical personnel
7	providing such assistance or care.
8	a. HIV testing may be conducted only after a licensed
9	physician documents in the medical record of the medical
10	personnel or nonmedical personnel that there has been a
11	significant exposure and that, in the physician's medical
12	judgment, the information is medically necessary to determine
13	the course of treatment for the medical personnel or
14	nonmedical personnel.
15	b. Costs of any HIV test performed under this
16	subparagraph may not be charged to the deceased or to the
17	family of the deceased person.
18	c. For the provisions of this subparagraph to be
19	applicable, the medical personnel or nonmedical personnel must
20	be tested for HIV under this section or must provide the
21	results of an HIV test taken within 6 months before the
22	significant exposure if such test results are negative.
23	d. A person who receives the results of an HIV test
24	pursuant to this subparagraph shall comply with paragraph (e).
25	13. For the performance of an HIV-related test
26	medically indicated by licensed medical personnel for medical
27	diagnosis of a hospitalized infant as necessary to provide
28	appropriate care and treatment of the infant when, after a
29	reasonable attempt, a parent cannot be contacted to provide
30	consent. The medical records of the infant shall reflect the
31	reason consent of the parent was not initially obtained. Test
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results shall be provided to the parent when the parent is 1 2 located. 3 14. For the performance of HIV testing conducted to 4 monitor the clinical progress of a patient previously 5 diagnosed to be HIV positive. 6 15. For the performance of repeated HIV testing 7 conducted to monitor possible conversion from a significant 8 exposure. 9 Section 9. Subsection (7) is added to section 10 381.0051, Florida Statutes, to read: 11 381.0051 Family planning.--12 (7) RULES.--The Department of Health may adopt rules 13 to implement this section. 14 Section 10. Subsection (16) is added to section 15 381.006, Florida Statutes, 1998 Supplement, to read: 16 381.006 Environmental health.--The department shall 17 conduct an environmental health program as part of fulfilling the state's public health mission. The purpose of this program 18 is to detect and prevent disease caused by natural and manmade 19 factors in the environment. The environmental health program 20 21 shall include, but not be limited to: (16) A group-care-facilities function, where a 22 group-care facility means any public or private school, 23 24 housing, building or buildings, section of a building, or 25 distinct part of a building or other place, whether operated 26 for profit or not, which undertakes, through its ownership or 27 management, to provide one or more personal services, care, 28 protection, and supervision to persons who require such 29 services and who are not related to the owner or 30 administrator. The department may adopt rules necessary to protect the health and safety of residents, staff, and patrons 31 14

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of group-care facilities, such as child care facilities, 1 family day-care homes, assisted-living facilities, adult 2 3 day-care centers, adult family-care homes, hospices, 4 residential treatment facilities, crisis-stabilization units, pediatric extended-care centers, intermediate-care facilities 5 for the developmentally disabled, group-care homes, and, б 7 jointly with the Department of Education, private and public schools. These rules may include provisions relating to 8 operation and maintenance of facilities, buildings, grounds, 9 10 equipment, furnishings, and occupant-space requirements; lighting; heating, cooling, and ventilation; water supply, 11 12 plumbing; sewage; sanitary facilities; insect and rodent 13 control; garbage; safety; personnel health, hygiene, and work practices; and other matters the department finds are 14 15 appropriate or necessary to protect the safety and health of the residents, staff, or patrons. The department may not adopt 16 17 rules that conflict with rules adopted by the licensing or 18 certifying agency. The department may enter and inspect at reasonable hours to determine compliance with applicable 19 20 statutes or rules. In addition to any sanctions that the 21 department may impose for violations of rules adopted under this section, the department shall also report such violations 22 to any agency responsible for licensing or certifying the 23 24 group-care facility. The licensing or certifying agency may 25 also impose any sanction based solely on the findings of the 26 department. 27 28 The department may adopt rules to carry out the provisions of 29 this section. 30 Section 11. Subsection (1) of section 381.0061, 31 Florida Statutes, is amended to read: 15

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1 381.0061 Administrative fines.--(1) In addition to any administrative action 2 3 authorized by chapter 120 or by other law, the department may 4 impose a fine, which shall not exceed \$500 for each violation, for a violation of s. 381.006(16), s. 381.0065, s. 381.0066, 5 6 s. 381.0072, or part III of chapter 489, for a violation of 7 any rule adopted under this chapter, or for a violation of any of the provisions of chapter 386. Notice of intent to impose 8 such fine shall be given by the department to the alleged 9 10 violator. Each day that a violation continues may constitute a separate violation. 11 12 Section 12. Subsections (2), (3), (4), and (5) of section 381.0062, Florida Statutes, 1998 Supplement, are 13 14 amended to read: 15 381.0062 Supervision; private and certain public water 16 systems.--17 (2) DEFINITIONS.--As used in this section: "Contaminant" means any physical, biological, 18 (a) chemical, or radiological substance or matter in water. 19 20 (b) "Department" means the Department of Health, 21 including the county health departments. 22 (C) "Florida Safe Drinking Water Act" means part VI of 23 chapter 403. 24 (d) "Health hazard" means any condition, contaminant, 25 device, or practice in a water system or its operation which will create or has the potential to create an acute or chronic 26 27 threat to the health and well-being of the water consumer. "Limited use commercial public water system" means 28 (e) a public water system not covered or included in the Florida 29 30 Safe Drinking Water Act, which serves one or more 31 nonresidential establishments and provides piped water.

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"Limited use community public water system" means 1 (f) 2 a public water system not covered or included in the Florida 3 Safe Drinking Water Act, which serves five or more private 4 residences or two or more rental residences, and provides 5 piped water. 6 (q) "Maximum contaminant level" means the maximum 7 permissible level of a contaminant in potable water delivered 8 to consumers. (h) "Multi-family water system" means a water system 9 10 that provides piped water to three or four residences, one of 11 which may be a rental residence. 12 (i)(h) "Person" means an individual, public or private corporation, company, association, partnership, municipality, 13 14 agency of the state, district, federal, or any other legal 15 entity, or its legal representative, agent, or assignee. 16 (j)(i) "Potable water" means water that is 17 satisfactory for human consumption, dermal contact, culinary 18 purposes, or dishwashing as approved by the department. 19 (k)(j) "Private water system" means a water system 20 that provides piped water for one or two no more than four 21 nonrental residences, one of which may be a rental residence. (1)(k) "Public consumption" means oral ingestion or 22 physical contact with water by a person for any purpose other 23 24 than cleaning work areas or simple handwashing. Examples of 25 public consumption include, when making food or beverages 26 available to the general public, water used for washing food, 27 cooking utensils, or food service areas and water used for 28 preparing food or beverages; washing surfaces accessed by children as in a child care center or similar setting; washing 29 30 medical instruments or surfaces accessed by a patient; any 31 water usage in health care facilities; emergency washing

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devices such as eye washing sinks; washing in food processing
 plants or establishments like slaughterhouses and
 packinghouses; and water used in schools.

4 <u>(m)(1)</u> "Public water system" means a water system that 5 is not included or covered under the Florida Safe Drinking 6 Water Act, provides piped water to the public, and is not a 7 private <u>or multi-family</u> water system. For purposes of this 8 section, public water systems are classified as limited use 9 community or limited use commercial.

10 <u>(n)(m)</u> "Supplier of water" means the person, company, 11 or corporation that owns or operates a limited use community 12 or limited use commercial public water system, <u>a multi-family</u> 13 water system, or a private water system.

14 <u>(o)(n)</u> "Variance" means a sanction from the department 15 affording a supplier of water an extended time to correct a 16 maximum contaminant level violation caused by the raw water or 17 to deviate from construction standards established by rule of 18 the department.

19 (3) SUPERVISION.--The department and its agents shall 20 have general supervision and control over all private water 21 systems, multi-family water systems, and public water systems not covered or included in the Florida Safe Drinking Water Act 22 (part VI of chapter 403), and over those aspects of the public 23 24 water supply program for which it has the duties and 25 responsibilities provided for in part VI of chapter 403. The 26 department shall:

27 (a) Administer and enforce the provisions of this
28 section and all rules and orders adopted or issued under this
29 section, including water quality and monitoring standards.

30 (b) Require any person wishing to construct, modify,31 or operate a limited use community or limited use commercial

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1 public water system or a <u>multi-family</u> private water system to 2 first make application to and obtain approval from the 3 department on forms adopted by rule of the department.

4 (c) Review and act upon any application for the 5 construction, modification, operation, or change of ownership 6 of, and conduct surveillance, enforcement, and compliance 7 investigations of, limited use community and limited use 8 commercial public water systems, and <u>multi-family private</u> 9 water systems.

10 (d) Require a fee from the supplier of water in an 11 amount sufficient to cover the costs of reviewing and acting 12 upon any application for the construction, modification, or 13 operation of a limited use community and limited use 14 commercial public water system, of not less than \$10 or more 15 than \$90 annually.

(e) Require a fee from the supplier of water in an amount sufficient to cover the costs of reviewing and acting upon any application for the construction or change of ownership of a <u>multi-family</u> private water system serving more than one residence, of not less than \$10 or more than \$90.

21 (f) Require a fee from the supplier of water in an amount sufficient to cover the costs of sample collection, 22 review of analytical results, health-risk interpretations, and 23 24 coordination with other agencies when such work is not 25 included in paragraphs (b) and (c) and is requested by the 26 supplier of water, of not less than \$10 or more than \$90. 27 (g) Require suppliers of water to collect samples of 28 water, to submit such samples to a department-certified drinking water laboratory for contaminant analysis, and to 29 30 keep sampling records as required by rule of the department. 31 (h) Require all fees collected by the department in

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accordance with the provisions of this section to be deposited
 in an appropriate trust fund of the department, and used
 exclusively for the payment of costs incurred in the
 administration of this section.

5 (i) Prohibit any supplier of water from, intentionally 6 or otherwise, introducing any contaminant which poses a health 7 hazard into a drinking water system.

8 (j) Require suppliers of water to give public notice 9 of water problems and corrective measures under the conditions 10 specified by rule of the department.

11 (k) Require a fee to cover the cost of reinspection of 12 any system regulated under this section, which may not be less 13 than \$25 or more than \$40.

14 (4) RIGHT OF ENTRY .-- For purposes of this section, 15 department personnel may enter, at any reasonable time and if 16 they have reasonable cause to believe a violation of this 17 section is occurring or about to occur, upon any and all parts of the premises of such limited use public and multi-family 18 private drinking water systems serving more than one 19 residence, to make an examination and investigation to 20 21 determine the sanitary and safety conditions of such systems. Any person who interferes with, hinders, or opposes any 22 employee of the department in the discharge of his or her 23 24 duties pursuant to the provisions of this section is subject 25 to the penalties provided in s. 381.0025.

(5) ENFORCEMENT AND PENALTIES.--

(a) Any person who constructs, modifies, or operates a
limited use community or limited use commercial public water
system, <u>a multi-family water system</u>, or a private water
system, without first complying with the requirements of this
section, who operates a water system in violation of

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department order, or who maintains or operates a water system 1 2 after revocation of the permit is guilty of a misdemeanor of 3 the second degree, punishable as provided in s. 775.082 or s. 4 775.083. 5 (b) This section and rules adopted pursuant to this 6 section may be enforced by injunction or restraining order 7 granted by a circuit court as provided in s. 381.0012(2). (c) Additional remedies available to county health 8 9 department staff through any county or municipal ordinance may 10 be applied, over and above the penalties set forth in this section, to any violation of this section or the rules adopted 11 12 pursuant to this section. Section 13. Subsections (3) and (7) of section 381.90, 13 14 Florida Statutes, are amended to read: 15 381.90 Health Information Systems Council; legislative 16 intent; creation, appointment, duties.--17 (3) The council shall be composed of the following members or their senior executive-level designees: 18 19 The secretary of the Department of Health; (a) 20 (b) The secretary of the Department of Business and 21 Professional Regulation; 22 (c) The secretary of the Department of Children and 23 Family Services; 24 (d) The director of the Agency for Health Care 25 Administration; 26 The secretary of the Department of Corrections; (e) 27 (f) The Attorney General; 28 (g) The executive director of the Correctional Medical 29 Authority; 30 (h) Two members representing county health 31 departments, one from a small county and one from a large 21 2:06 PM 04/28/99 h2125c-07x01

county, appointed by the Governor; and 1 2 (i) A representative from the Florida Association of 3 Counties; -4 (j) The State Treasurer and Insurance Commissioner; 5 (k) A representative from the Florida Healthy Kids Corporation; 6 7 (1) A representative from a school of public health 8 chosen by the Board of Regents; 9 (m) The Commissioner of Education; 10 (n) The Secretary of the Department of Elderly 11 Affairs; and (o) The Secretary of the Department of Juvenile 12 Justice. 13 14 15 Representatives of the Federal Government may serve without 16 voting rights. 17 (7) The council's duties and responsibilities include, 18 but are not limited to, the following: 19 (a) By March 1 of each year, to develop and approve a 20 strategic plan pursuant to the requirements set forth in s. 21 186.022(9). Copies of the plan shall be transmitted 22 electronically or in writing to the Executive Office of the Governor, the Speaker of the House of Representatives, and the 23 24 President of the Senate. (b) To develop a mission statement, goals, and plan of 25 action, based on the guiding principles specified in s. 26 27 282.3032, for the identification, collection, standardization, 28 sharing, and coordination of health-related data across 29 federal, state, and local government and private-sector 30 entities. 31 (c) To develop a review process to ensure cooperative

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planning among agencies that collect or maintain 1 2 health-related data. The council shall submit a report on the 3 implementation of this requirement to the Executive Office of 4 the Governor, the President of the Senate, and the Speaker of 5 the House of Representatives by January 1, 2000. (d) (d) (c) To create ad hoc issue-oriented technical б 7 workgroups, on an as-needed basis, to make recommendations to 8 the council. Section 14. Subsection (10) of section 382.003, 9 10 Florida Statutes, is amended, and subsection (11) is added to 11 that section, to read: 12 382.003 Powers and duties of the department.--The 13 department may: (10) Adopt, promulgate, and enforce rules necessary 14 15 for the creation, issuance, recording, rescinding, 16 maintenance, and processing of vital records and for carrying 17 out the provisions of ss. 382.004-382.014 and ss. 382.016-382.019. 18 19 (11) By rule require that forms, documents, and information submitted to the department in the creation or 20 21 amendment of a vital record be under oath. Section 15. Subsection (3) of section 382.004, Florida 22 Statutes, is amended to read: 23 24 382.004 Reproduction and destruction of records.--25 (3) Photographs, microphotographs, or reproductions of any record in the form of film, prints, or electronically 26 27 produced certifications made in compliance with the provisions of this chapter and certified by the department shall have the 28 same force and effect as the originals thereof, shall be 29 30 treated as originals for the purpose of their admissibility in 31 any court or case, and shall be prima facie evidence in all 23

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courts and cases of the facts stated therein. 1 2 Section 16. Subsection (1) of section 382.008, Florida 3 Statutes, 1998 Supplement, is amended to read: 4 382.008 Death and fetal death registration .--5 (1) A certificate for each death and fetal death which 6 occurs in this state shall be filed on a form prescribed by 7 the department with the local registrar of the district in which the death occurred within 5 days after such death and 8 prior to final disposition, and shall be registered by such 9 10 registrar if it has been completed and filed in accordance with this chapter or adopted rules. The certificate shall 11 12 include the decedent's social security number, if available. 13 Disclosure of social security numbers obtained through this 14 requirement shall be limited to the purpose of administration 15 of the Title IV-D program for child support enforcement and as 16 otherwise provided by law. In addition, each certificate of 17 death or fetal death: (a) If requested by the informant, shall include 18 aliases or "also known as" (AKA) names of a decedent in 19 20 addition to the decedent's name of record. Aliases shall be 21 entered on the face of the death certificate in the space provided for name if there is sufficient space. If there is 22 not sufficient space, aliases may be recorded on the back of 23 24 the certificate and shall be considered part of the official record of death; 25 26 (b) If the place of death is unknown, shall be 27 registered in the registration district in which the dead body 28 or fetus is found within 5 days after such occurrence; and (c) If death occurs in a moving conveyance, shall be 29 30 registered in the registration district in which the dead body 31 was first removed from such conveyance.

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Section 17. Subsections (1), (2), and (4) of section 1 2 382.013, Florida Statutes, 1998 Supplement, are amended to 3 read: 4 382.013 Birth registration.--A certificate for each live birth that occurs in this state shall be filed within 5 5 days after such birth with the local registrar of the district 6 7 in which the birth occurred and shall be registered by the local registrar if the certificate has been completed and 8 filed in accordance with this chapter and adopted rules. The 9 10 information regarding registered births shall be used for comparison with information in the state case registry, as 11 12 defined in chapter 61. (1) FILING.--13 (a) If a birth occurs in a hospital, birth center, or 14 15 other health care facility, or en route thereto, the person in 16 charge of the facility shall be responsible for preparing the 17 certificate, certifying the facts of the birth, and filing the certificate with the local registrar. Within 48 hours after 18 the birth, the physician, midwife, or person in attendance 19 20 during or immediately after the delivery shall provide the 21 facility with the medical information required by the birth certificate. 22 (b) If a birth occurs outside a facility and a 23 24 physician licensed in this state, a certified nurse midwife, a midwife licensed in this state, or a public health nurse 25 26 employed by the department was in attendance during or 27 immediately after the delivery, that person shall prepare and 28 file the certificate. 29 (c) If a birth occurs outside a facility and the 30 delivery is not attended by one of the persons described in paragraph (b), the person in attendance, the mother, or the 31 25

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father shall report the birth to the registrar and provide 1 2 proof of the facts of birth. The department may require such 3 documents to be presented and such proof to be filed as it 4 deems necessary and sufficient to establish the truth of the 5 facts to be recorded by the certificate and may withhold registering the birth until its requirements are met. the б 7 child is not taken to the facility within 3 days after 8 delivery, the certificate shall be prepared and filed by one of the following persons in the indicated order of priority: 9 10 1. The physician or midwife in attendance during or 11 immediately after the birth. 2. In the absence of persons described in subparagraph 12 13 1., any other person in attendance during or immediately after the birth. 14 15 3. In the absence of persons described in subparagraph 16 2., the father or mother. 17 4. In the absence of the father and the inability of 18 the mother, the person in charge of the premises where the birth occurred. 19 20 (d) (d) (c) If a birth occurs in a moving conveyance and the child is first removed from the conveyance in this state, 21 the birth shall be filed and registered in this state and the 22 place to which the child is first removed shall be considered 23 24 the place of birth. 25 (e)(d) The mother or the father At least one of the parents of the child shall attest to the accuracy of the 26 27 personal data entered on the certificate in time to permit the timely registration of the certificate. 28 (f)(e) If a certificate of live birth is incomplete, 29 30 the local registrar shall immediately notify the health care 31 facility or person filing the certificate and shall require 26

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the completion of the missing items of information if they can
 be obtained prior to issuing certified copies of the birth
 certificate.

4 <u>(g)(f)</u> Regardless of any plan to place a child for
5 adoption after birth, the information on the birth certificate
6 as required by this section must be as to the child's birth
7 parents unless and until an application for a new birth record
8 is made under s. 63.152.

9

(2) PATERNITY.--

(a) If the mother is married at the time of birth, the
name of the husband shall be entered on the birth certificate
as the father of the child, unless paternity has been
determined otherwise by a court of competent jurisdiction.

(b) <u>Notwithstanding paragraph (a)</u>, if the husband of the mother dies while the mother is pregnant but before the birth of the child, the name of the deceased husband shall be entered on the birth certificate as the father of the child, unless paternity has been determined otherwise by a court of competent jurisdiction.

20 (c) If the mother is not married at the time of birth, the name of the father may not be entered on the birth 21 certificate without the execution of a consenting affidavit 22 signed by both the mother and the person to be named as the 23 24 father. After giving notice orally or through the use of 25 video or audio equipment, and in writing, of the alternatives to, the legal consequences of, and the rights, including, if 26 27 one parent is a minor, any rights afforded due to minority status, and responsibilities that arise from signing an 28 29 acknowledgment of paternity, the facility shall provide the 30 mother and the person to be named as the father with the 31 affidavit, as well as information provided by the Title IV-D

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agency established pursuant to s. 409.2557, regarding the
 benefits of voluntary establishment of paternity. Upon request
 of the mother and the person to be named as the father, the
 facility shall assist in the execution of the affidavit.

5 (d) If the paternity of the child is determined by a 6 court of competent jurisdiction as provided under s. 382.015, 7 the name of the father and the surname of the child shall be 8 entered on the certificate in accordance with the finding and 9 order of the court. If the court fails to specify a surname 10 for the child, the surname shall be entered in accordance with 11 subsection (3).

12 (e) If the father is not named on the certificate, no 13 other information about the father shall be entered on the 14 certificate.

15 (4) UNDETERMINED PARENTAGE. -- The person having custody 16 of a child of undetermined parentage shall register a birth 17 certificate shall be registered for every child of 18 undetermined parentage showing all known or approximate facts relating to the birth. To assist in later determination, 19 information concerning the place and circumstances under which 20 the child was found shall be included on the portion of the 21 birth certificate relating to marital status and medical 22 details. In the event the child is later identified to the 23 24 satisfaction of the department, a new birth certificate shall be prepared which shall bear the same number as the original 25 birth certificate, and the original certificate shall be 26 27 sealed and filed, shall be confidential and exempt from the provisions of s. 119.07(1), and shall not be opened to 28 inspection by, nor shall certified copies of the same be 29 30 issued except by court order to, any person other than the 31 registrant if of legal age.

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Section 18. 1 Section 382.015, Florida Statutes, is 2 amended to read: 3 382.015 New certificates of live birth; duty of clerks 4 of court and department. -- The clerk of the court in which any proceeding for adoption, annulment of an adoption, affirmation 5 6 of parental status, or determination of paternity is to be 7 registered, shall within 30 days after the final disposition, 8 forward to the department a certified court-certified copy of the court order <del>decree</del>, or a report of the proceedings upon a 9 10 form to be furnished by the department, together with sufficient information to identify the original birth 11 12 certificate and to enable the preparation of a new birth certificate. 13 (1) ADOPTION AND ANNULMENT OF ADOPTION. --14 15 (a) Upon receipt of the report or certified copy of an 16 adoption decree, together with the information necessary to 17 identify the original certificate of live birth, and establish 18 a new certificate, the department shall prepare and file a new birth certificate, absent objection by the court decreeing the 19 adoption, the adoptive parents, or the adoptee if of legal 20 21 age. The certificate shall bear the same file number as the original birth certificate. All names and identifying 22 information relating to the adoptive parents entered on the 23 24 new certificate shall refer to the adoptive parents, but nothing in the certificate shall refer to or designate the 25 26 parents as being adoptive. All other items not affected by 27 adoption shall be copied as on the original certificate, 28 including the date of registration and filing. (b) Upon receipt of the report or certified copy of an 29 30 annulment-of-adoption decree, together with the sufficient 31 information to identify the original certificate of live

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1 birth, the department shall, if a new certificate of birth was 2 filed following an adoption report or decree, remove the new 3 certificate and restore the original certificate to its 4 original place in the files, and the certificate so removed 5 shall be sealed by the department.

6 (c) Upon receipt of a report or certified copy of an 7 adoption decree or annulment-of-adoption decree for a person 8 born in another state, the department shall forward the report 9 or decree to the state of the registrant's birth. If the 10 adoptee was born in Canada, the department shall send a copy 11 of the report or decree to the appropriate birth registration 12 authority in Canada.

13

(2) DETERMINATION OF PATERNITY.--

14 (a) Upon receipt of the report or a certified copy of a final decree of determination of paternity, or upon written 15 16 request and receipt of a consenting affidavit signed by both 17 parents acknowledging the paternity of the registrant, together with sufficient information to identify the original 18 certificate of live birth, the department shall prepare and 19 file a new birth certificate which shall bear the same file 20 number as the original birth certificate. If paternity has 21 22 been established pursuant to court order, The registrant's name shall be entered as decreed by the court. Otherwise, the 23 24 surname of the registrant may be changed from that shown on 25 the original birth certificate at the request of the parents or the registrant if of legal age. The names and identifying 26 27 information of the parents shall be entered as of the date of 28 the registrant's birth.

(b) If the parents marry each other at any time after
the registrant's birth, the department shall, upon request of
the parents or registrant if of legal age and proof of the

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1 marriage, amend the certificate with regard to the parent's
2 marital status as though the parents were married at the time
3 of birth.

4 (c) If a father's name is already listed on the birth
5 certificate, the birth certificate may only be amended to add
6 a different father's name upon court order. If a change in
7 the registrant's surname is also desired, such change must be
8 included in the court order determining paternity or the name
9 must be changed pursuant to s. 68.07.

10 (3) AFFIRMATION OF PARENTAL STATUS.--Upon receipt of an order of affirmation of parental status issued pursuant to 11 12 s. 742.16, together with sufficient information to identify 13 the original certificate of live birth, the department shall prepare and file a new birth certificate which shall bear the 14 15 same file number as the original birth certificate. The names 16 and identifying information of the registrant's parents 17 entered on the new certificate shall be the commissioning couple, but the new certificate may not make reference to or 18 designate the parents as the commissioning couple. 19

(4) SUBSTITUTION OF NEW CERTIFICATE OF BIRTH FOR 20 21 ORIGINAL.--When a new certificate of birth is prepared, the department shall substitute the new certificate of birth for 22 the original certificate on file. All copies of the original 23 24 certificate of live birth in the custody of a local registrar or other state custodian of vital records shall be forwarded 25 to the State Registrar. Thereafter, when a certified copy of 26 27 the certificate of birth of such person or portion thereof is issued, it shall be a copy of the new certificate of birth or 28 portion thereof, except when a court order requires issuance 29 30 of a certified copy of the original certificate of birth. In 31 | an adoption, change in paternity, affirmation of parental

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status, undetermined parentage, or court-ordered substitution, 1 2 the department shall place the original certificate of birth 3 and all papers pertaining thereto under seal, not to be broken 4 except by order of a court of competent jurisdiction or as 5 otherwise provided by law. (5) FORM.--Except for certificates of foreign birth б 7 which are registered as provided in s. 382.017, and delayed certificates of birth which are registered as provided in ss. 8 382.019 and 382.0195, all original, new, or amended 9 certificates of live birth shall be identical in form, 10 regardless of the marital status of the parents or the fact 11 12 that the registrant is adopted or of undetermined parentage. 13 (6) RULES.--The department shall adopt and enforce all 14 rules necessary for carrying out the provisions of this 15 section. Section 19. Subsections (3), (4), and (5) are added to 16 17 section 382.016, Florida Statutes, to read: 382.016 Amendment of records.--18 (3) Upon written request and receipt of an affidavit 19 signed by the mother and father acknowledging the paternity of 20 21 a registrant born out of wedlock, together with sufficient information to identify the original certificate of live 22 birth, the department shall prepare a new birth certificate, 23 24 which shall bear the same file number as the original birth 25 certificate. The names and identifying information of the parents shall be entered as of the date of the registrant's 26 27 birth. The surname of the registrant may be changed from that shown on the original birth certificate at the request of the 28 29 mother and father of the registrant, or the registrant if of 30 legal age. If the mother and father marry each other at any time after the registrant's birth, the department shall, upon 31

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the request of the mother and father or registrant if of legal 1 age and proof of the marriage, amend the certificate with 2 3 regard to the parents' marital status as though the parents 4 were married at the time of birth. 5 (4) When a new certificate of birth is prepared pursuant to subsection (3), the department shall substitute 6 7 the new certificate of birth for the original certificate on file. All copies of the original certificate of live birth in 8 the custody of a local registrar or other state custodian of 9 10 vital records shall be forwarded to the State Registrar. Thereafter, when a certified copy of the certificate of birth 11 12 or portion thereof is issued, it shall be a copy of the new certificate of birth or portion thereof, except when a court 13 order requires issuance of a certified copy of the original 14 15 certificate of birth. The department shall place the original certificate of birth and all papers pertaining thereto under 16 17 seal, not to be broken except by order of a court of competent 18 jurisdiction or as otherwise provided by law. 19 (5) If a father's name is listed on the birth certificate, the birth certificate may only be amended to 20 21 remove the father's name or to add a different father's name upon court order. If a change in the registrant's surname is 22 also desired, such change must be included in the court order 23 24 or the name must be changed pursuant to s. 68.07. 25 Section 20. Section 382.019, Florida Statutes, is 26 amended to read: 27 382.019 Delayed registration; administrative 28 procedures.--29 (1) Registration after 1 year is a delayed registration, and the department may, upon receipt of an 30 31 application and the fee required under s. 382.0255, and proof 33 2:06 PM 04/28/99 h2125c-07x01

of the birth, death, or fetal death as prescribed by this
 section or rule, register a delayed certificate if the
 department does not already have a certificate of the birth,
 death, or fetal death on file.

5 (2) The department may require such supporting 6 documents to be presented and such proof to be filed as it 7 deems necessary and sufficient to establish the truth of the 8 facts to be recorded by the certificate, and may withhold 9 registering the birth, death, or fetal death certificate until 10 its requirements are met.

(3) Certificates registered under this section are admissible as prima facie evidence of the facts recited therein with like force and effect as other vital records received or admitted in evidence.

15 (4) A delayed certificate of birth filed under this
16 section shall include a summary statement of the evidence
17 submitted in support of the delayed registration.

18 (5) A delayed certificate of birth submitted for 19 registration under this section shall be signed before a 20 notarizing official by the registrant if of legal age, or by 21 the parent or guardian of a minor registrant.

22 (6) A person may not establish more than one birth 23 certificate, and a delayed certificate of birth may not be 24 registered for a deceased person.

25 (7) A delayed death or fetal death record shall be 26 registered on a certificate of death or fetal death and marked 27 "delayed."

28 (8) In addition to the rulemaking authority found at 29 s. 382.003(10), the department may, by rule, provide for the 30 dismissal of an application that is not pursued within 1 year. 31 Section 21. Subsections (1) and (2) of section

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382.025, Florida Statutes, are amended to read: 1 2 382.025 Certified copies of vital records; 3 confidentiality; research.--4 (1) BIRTH RECORDS. -- Except for birth records over 100 5 years old which are not under seal pursuant to court order, all birth records of this state shall be confidential and are 6 7 exempt from the provisions of s. 119.07(1). (a) Certified copies of the original birth certificate 8 or a new or amended certificate, or affidavits thereof, are 9 10 confidential and exempt from the provisions of s. 119.07(1) and, upon receipt of a request and payment of the fee 11 12 prescribed in s. 382.0255, shall be issued only as authorized 13 by the department and in the form prescribed by the 14 department, and only: 15 1. To the registrant, if of legal age; 16 2. To the registrant's parent or guardian or other 17 legal representative; Upon receipt of the registrant's death certificate, 18 3. to the registrant's spouse or to the registrant's child, 19 grandchild, or sibling, if of legal age, or to the legal 20 21 representative of any of such persons; To any person if the birth record is over 100 years 22 4. 23 old and not under seal pursuant to court order; 24 5. To a law enforcement agency for official purposes; To any agency of the state or the United States for 25 6. 26 official purposes upon approval of the department; or 27 7. Upon order of any court of competent jurisdiction. (b) To protect the integrity of vital records and 28 prevent the fraudulent use of the birth certificates of 29 30 deceased persons, the department shall match birth and death 31 certificates and post the fact of death to the appropriate 35

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birth certificate. Except for a commemorative birth 1 certificate, any A certification of a birth certificate of a 2 3 deceased registrant shall be marked "deceased." In the case of 4 a commemorative birth certificate, such indication of death shall be made on the back of the certificate. 5 6 (c) The department shall issue, upon request and upon 7 payment of an additional fee as prescribed under s. 382.0255, a commemorative birth certificate representing that the birth 8 9 of the person named thereon is recorded in the office of the 10 registrar. The certificate issued under this paragraph shall be in a form consistent with the need to protect the integrity 11 12 of vital records but shall be suitable for display. It may 13 bear the seal of the state printed thereon and may be signed 14 by the Governor. 15 (2) OTHER RECORDS. --16 (a) The department shall authorize the issuance of a 17 certified copy of all or part of any marriage, dissolution of marriage, or death or fetal death certificate, excluding that 18 portion which is confidential and exempt from the provisions 19 of s. 119.07(1) as provided under s. 382.008, to any person 20 21 requesting it upon receipt of a request and payment of the fee prescribed by this section. A certification of the death or 22 fetal death certificate which includes the confidential 23 24 portions shall be issued only: To the registrant's spouse or parent, or to the 25 1. registrant's child, grandchild, or sibling, if of legal age, 26 27 or to any person family member who provides a will that has 28 been executed pursuant to s. 732.502, insurance policy, or other document that demonstrates his or her the family 29 30 member's interest in the estate of the registrant, or to any 31 person who provides documentation that he or she is acting on 36 2:06 PM 04/28/99 h2125c-07x01

behalf of any of them; 1 2 2 To any agency of the state or local government or 3 the United States for official purposes upon approval of the 4 department; or 5 3. Upon order of any court of competent jurisdiction. 6 (b) All portions of a certificate of death shall cease 7 to be exempt from the provisions of s. 119.07(1) 50 years after the date of death. 8 9 (c) The department shall issue, upon request and upon 10 payment of an additional fee prescribed by this section, a commemorative marriage license representing that the marriage 11 12 of the persons named thereon is recorded in the office of the 13 registrar. The certificate issued under this paragraph shall be in a form consistent with the need to protect the integrity 14 15 of vital records but shall be suitable for display. It may 16 bear the seal of the state printed thereon and may be signed 17 by the Governor. Section 22. Subsection (2) of section 382.0255, 18 Florida Statutes, is amended to read: 19 382.0255 Fees.--20 21 (2) The fee charged for each request for a certification of a birth record issued by the department or by 22 the local registrar shall be subject to an additional fee of 23 24 \$4 which shall be deposited in the appropriate departmental 25 trust fund. On a quarterly basis, the department shall 26 transfer<del>32 of this additional fee to the General Revenue Fund</del> 27 and \$1.50 to the Child Welfare Training Trust Fund created in 28 s. 402.40. Fifty cents of the fee shall be available for 29 appropriation to the department for administration of this 30 <del>chapter.</del> 31 Section 23. Paragraph (e) of subsection (3) and 37

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subsection (5) of section 383.14, Florida Statutes, are 1 2 amended to read: 3 383.14 Screening for metabolic disorders, other 4 hereditary and congenital disorders, and environmental risk 5 factors.--6 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.--The 7 department shall administer and provide certain services to implement the provisions of this section and shall: 8 9 Supply the necessary dietary treatment products (e) 10 where practicable for diagnosed cases of phenylketonuria and other metabolic diseases for as long as medically indicated 11 12 when the products are not otherwise available. Provide nutrition education and supplemental foods to those families 13 eligible for the Special Supplemental Nutrition Food Program 14 15 for Women, Infants, and Children as provided in s. 383.011. 16 17 All provisions of this subsection must be coordinated with the 18 provisions and plans established under this chapter, chapter 411, and Pub. L. No. 99-457. 19 20 (5) ADVISORY COUNCIL. -- There is established a Genetics 21 and Infant Screening Advisory Council made up of 12 members appointed by the Secretary of Health. The council shall be 22 composed of two consumer members, three practicing 23 24 pediatricians, at least one of whom must be a pediatric hematologist, one representative from each of the four medical 25 26 schools in the state, the Secretary of Health or his or her 27 designee, one representative from the Department of Health 28 representing Division of Children's Medical Services, and one representative from the Developmental Services Program Office 29 30 of the Department of Children and Family Services. All 31 appointments shall be for a term of 4 years. The chairperson

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of the council shall be elected from the membership of the 1 2 council and shall serve for a period of 2 years. The council 3 shall meet at least semiannually or upon the call of the 4 chairperson. The council may establish ad hoc or temporary 5 technical advisory groups to assist the council with specific topics which come before the council. Council members shall 6 7 serve without pay. Pursuant to the provisions of s. 112.061, 8 the council members are entitled to be reimbursed for per diem and travel expenses. It is the purpose of the council to 9 10 advise the department about: (a) Conditions for which testing should be included 11 12 under the screening program and the genetics program; 13 Procedures for collection and transmission of (b) 14 specimens and recording of results; and 15 (c) Methods whereby screening programs and genetics 16 services for children now provided or proposed to be offered 17 in the state may be more effectively evaluated, coordinated, and consolidated. 18 Section 24. Subsection (4) of section 385.202, Florida 19 20 Statutes, is amended to read: 21 385.202 Statewide cancer registry.--Funds appropriated for this section shall be used 22 (4) for establishing, administering, compiling, processing, and 23 24 providing biometric and statistical analyses to the reporting 25 facilities. Funds may also be used to ensure the quality and accuracy of the information reported and to provide management 26 27 information to the reporting facilities. Such reporting 28 hospitals shall be reimbursed for reasonable costs. 29 Section 25. Section 385.203, Florida Statutes, is 30 amended to read: 385.203 Diabetes Advisory Council; creation; function; 31 39 2:06 PM 04/28/99 h2125c-07x01

membership. --1 2 (1) To guide a statewide comprehensive approach to 3 diabetes prevention, diagnosis, education, care, treatment, 4 impact, and costs thereof, there is created a Diabetes 5 Advisory Council that serves as the advisory unit to the 6 diabetes centers, the Board of Regents, and the Department of 7 Health, other governmental agencies, professional and other organizations, and the general public. The council shall: 8 9 (a) Provide statewide leadership to continuously 10 improve the lives of Floridians with diabetes and reduce the burden of diabetes. 11 12 (b) Serve as a forum for the discussion and study of 13 issues related to the public health approach for the delivery 14 of health care services to persons with diabetes. 15 (b) Provide advice and consultation to the deans of the medical schools in which are located diabetes centers, and 16 17 by June 30 of each year, the council shall submit written recommendations to the deans regarding the need for diabetes 18 education, treatment, and research activities to promote the 19 20 prevention and control of diabetes. (c) By June 30 of each year, meet with the Secretary 21 of Health or his or her designee to make specific 22 recommendations regarding the public health aspects of the 23 24 prevention and control of diabetes. (2) The members of the council shall be appointed by 25 26 the Governor with advice from nominations by the Board of 27 Regents, the Board of Trustees of the University of Miami, and 28 the Secretary of Health. Members shall serve 4-year terms or until their successors are appointed or qualified. 29 30 (3) The council shall be composed of 25 18 citizens of 31 the state who have knowledge of, or work in the area of

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diabetes mellitus as follows: 1 (a) Five interested citizens, three of whom are 2 3 affected by diabetes. 4 (b) Twenty members, who must include one 5 representative from each of the following areas: nursing with 6 diabetes-educator certification; dietary with diabetes 7 educator certification; podiatry; opthalmology or optometry; psychology; pharmacy; adult endocrinology; pediatric 8 endocrinology; the American Diabetes Association (ADA); the 9 10 Juvenile Diabetes Foundation (JDF); a community health center; a county health department; an American Diabetes 11 12 Association-recognized community education program; each medical school in the state; an osteopathic medical school; 13 14 the insurance industry; a Children's Medical Services diabetes 15 regional program; and an employer. (c) One or more representatives from the Department of 16 17 Health, who shall serve on the council as ex officio members. four practicing physicians; one representative from each 18 medical school; seven interested citizens, at least three of 19 20 whom shall be persons who have or have had diabetes mellitus or who have a child with diabetes mellitus; the Secretary of 21 Health or his or her designee; one representative from the 22 Division of Children's Medical Services of the Department of 23 24 Health; and one professor of nutrition. (4)(a) The council shall annually elect from its 25 26 members a chair and vice chair a secretary. The council shall 27 meet at the chair's discretion; however, at least three 28 meetings shall be held each year. 29 (b) In conducting its meetings, the council shall use 30 accepted rules of procedure. A majority of the members of the 31 council constitutes a quorum, and action by a majority of a 41

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quorum is necessary for the council to take any official 1 action. The Department of Health secretary shall keep a 2 complete record of the proceedings of each meeting. The 3 4 record shall show the names of the members present and the 5 actions taken. The records shall be kept on file with the 6 department, and these and other documents about matters within 7 the jurisdiction of the council may be inspected by members of the council. 8

9 (5) Members of the council shall serve without 10 remuneration but may be reimbursed for per diem and travel 11 expenses as provided in s. 112.061, to the extent resources 12 are available.

13 (6) The department shall serve as an intermediary for 14 the council if the council coordinates, applies for, or 15 accepts any grants, funds, gifts, or services made available 16 to it by any agency or department of the Federal Government, 17 or any private agency or individual, for assistance in the 18 operation of the council or the diabetes centers established 19 in the various medical schools.

20 Section 26. Section 391.028, Florida Statutes, 1998 21 Supplement, is amended to read:

391.028 Administration.--The Children's Medical 22 23 Services program shall have a central office and area offices. 24 (1)The Director of the Division of Children's Medical Services must be a physician licensed under chapter 458 or 25 26 chapter 459 who has specialized training and experience in the 27 provision of health care to children and who has recognized 28 skills in leadership and the promotion of children's health programs. The division director shall be the deputy secretary 29 30 and the Deputy State Health Officer for Children's Medical 31 Services and is appointed by and reports to the secretary. The

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director may appoint division directors subject to the 1 approval of the secretary. 2 3 (2) The division director shall designate Children's 4 Medical Services area offices to perform operational activities, including, but not limited to: 5 6 (a) Providing case management services for the 7 network. (b) Providing local oversight of the program. 8 9 (c) Determining an individual's medical and financial 10 eligibility for the program. Participating in the determination of a level of 11 (d) 12 care and medical complexity for long-term care services. 13 (e) Authorizing services in the program and developing 14 spending plans. 15 (f) Participating in the development of treatment 16 plans. 17 (g) Taking part in the resolution of complaints and grievances from participants and health care providers. 18 19 (3) Each Children's Medical Services area office shall 20 be directed by a physician licensed under chapter 458 or 21 chapter 459 who has specialized training and experience in the provision of health care to children. The director of a 22 23 Children's Medical Services area office shall be appointed by 24 the division director from the active panel of Children's Medical Services physician consultants. 25 26 Section 27. Section 391.0315, Florida Statutes, 1998 27 Supplement, is amended to read: 28 391.0315 Benefits.--Benefits provided under the 29 program for children with special health care needs shall be 30 the same benefits provided to children as specified in ss. 31 409.905 and 409.906. The department may offer additional 43

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benefits for early intervention services, respite services, 1 2 genetic testing, genetic and nutritional counseling, and parent support services, if such services are determined to be 3 4 medically necessary. No child or person determined eligible 5 for the program who is eligible under Title XIX or Title XXI 6 of the Social Security Act shall receive any service other 7 than an initial health care screening or treatment of an emergency medical condition as defined in s. 395.002, until 8 9 such child or person is enrolled in Medicaid or a Title XXI 10 program. Section 28. Subsection (3) of section 392.69, Florida 11 12 Statutes, is amended, and subsection (4) is added to that section, to read: 13 392.69 Appropriation, sinking, and maintenance trust 14 15 funds; additional powers of the department. --16 (3) In the execution of its public health program 17 functions, notwithstanding s. 216.292(5)(b), the department is 18 hereby authorized to use any sums of money which it may heretofore have saved or which it may hereafter save from its 19 regular operating appropriation, or use any sums of money 20 21 acquired by gift or grant, or any sums of money it may acquire by the issuance of revenue certificates of the hospital to 22 match or supplement any state or federal funds, or any moneys 23 24 received by said department by gift or otherwise, for the construction or maintenance of additional facilities or 25 26 improvement to existing facilities, as the department deems 27 necessary. 28 (4) The department shall appoint an advisory board, 29 which shall meet quarterly to review and make recommendations 30 relating to patient care at A. G. Holley State Hospital. Members shall be appointed for terms of 3 years, with such 31 44

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appointments being staggered so that terms of no more than two 1 members expire in any one year. Members shall serve without 2 compensation, but they are entitled to be reimbursed for per 3 4 diem and travel expenses under s. 112.061. 5 Section 29. Subsection (7) of section 401.25, Florida 6 Statutes, is added to read: 7 401.25 Licensure as a basic life support or an advanced life support service.--8 9 (7)(a) Each permitted basic life support ambulance not 10 specifically exempted from this part, when transporting a person who is sick, injured, wounded, incapacitated, or 11 12 helpless, must be occupied by at least two persons: one 13 patient attendant who is a certified emergency medical technician, certified paramedic, or licensed physician; and 14 15 one ambulance driver who meets the requirements of s. 401.281. 16 This paragraph does not apply to interfacility transfers 17 governed by s. 401.252(1). 18 (b) Each permitted advanced life support ambulance not specifically exempted from this part, when transporting a 19 20 person who is sick, injured, wounded, incapacitated, or 21 helpless must be occupied by at least two persons: one who is a certified paramedic or licensed physician; and one who is a 22 certified emergency medical technician, certified paramedic, 23 or licensed physician who also meets the requirements of s. 24 401.281 for drivers. The person with the highest medical 25 certifications shall be in charge of patient care. This 26 27 paragraph does not apply to interfacility transfers governed by s. 401.252(1). 28 29 Section 30. Subsection (3) of section 401.27, Florida 30 Statutes, is amended to read: 401.27 Personnel; standards and certification.--31

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1	(3) Any person who desires to be certified or
2	recertified as an emergency medical technician or paramedic
3	must apply to the department under oath on forms provided by
4	the department which shall contain such information as the
5	department reasonably requires, which may include affirmative
6	evidence of ability to comply with applicable laws and rules.
7	The department shall determine whether the applicant meets the
8	requirements specified in this section and in rules of the
9	department and shall issue a certificate to any person who
10	meets such requirements.
11	Section 31. Section 401.2701, Florida Statutes, is
12	created to read:
13	401.2701 Emergency medical services training
14	programs
15	(1) Any private or public institution in Florida
16	desiring to conduct an approved program for the education of
17	emergency medical technicians and paramedics shall:
18	(a) Submit a completed application on a form provided
19	by the department, which must include:
20	1. Evidence that the institution is in compliance with
21	all applicable requirements of the Department of Education.
22	2. Evidence of an affiliation agreement with a
23	hospital that has an emergency department staffed by at least
24	one physician and one registered nurse.
25	3. Evidence of an affiliation agreement with a current
26	Florida-licensed emergency medical services provider. Such
27	agreement shall include, at a minimum, a commitment by the
28	provider to conduct the field experience portion of the
29	education program.
30	4. Documentation verifying faculty, including:
31	a. A medical director who is a licensed physician
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meeting the applicable requirements for emergency medical 1 2 services medical directors as outlined in this chapter and 3 rules of the department. The medical director shall have the 4 duty and responsibility of certifying that graduates have 5 successfully completed all phases of the education program and 6 are proficient in basic or advanced life support techniques, 7 as applicable. b. A program director responsible for the operation, 8 organization, periodic review, administration, development, 9 10 and approval of the program. 5. Documentation verifying that the curriculum: 11 12 a. Meets the course guides and instructor's lesson plans in the most recent Emergency Medical Technician-Basic 13 14 National Standard Curricula for emergency medical technician 15 programs and Emergency Medical Technician-Paramedic National 16 Standard Curricula for paramedic programs. 17 b. Includes 2 hours of instruction on the trauma 18 scorecard methodologies for assessment of adult trauma 19 patients and pediatric trauma patients as specified by the 20 department by rule. c. Includes 4 hours of instruction on HIV/AIDS 21 training consistent with the requirements of chapter 381. 22 6. Evidence of sufficient medical and educational 23 24 equipment to meet emergency medical services training program 25 needs. 26 (b) Receive a scheduled site visit from the department 27 to the applicant's institution. Such site visit shall be 28 conducted within 30 days after notification to the institution 29 that the application was accepted. During the site visit, the 30 department must determine the applicant's compliance with the 31 following criteria:

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1	1. Emergency medical technician programs must be a
2	minimum of 110 hours, with at least 20 hours of supervised
3	clinical supervision, including 10 hours in a hospital
4	emergency department.
5	2. Paramedic programs must be available only to
6	Florida-certified emergency medical technicians or an
7	emergency medical technician applicant who will obtain Florida
8	certification prior to completion of phase one of the
9	paramedic program. Paramedic programs must be a minimum of 700
10	hours of didactic and skills practice components, with the
11	skills laboratory student-to-instructor ratio not exceeding
12	six to one. Paramedic programs must provide a field internship
13	experience aboard an advanced life support permitted
14	ambulance.
15	(2) After completion of the site visit, the department
16	shall prepare a report which shall be provided to the
17	institution. Upon completion of the report, the application
18	shall be deemed complete and the provisions of s. 120.60,
19	shall apply.
20	(3) If the program is approved, the department must
21	issue the institution a 2-year certificate of approval as an
22	emergency medical technician training program or a paramedic
23	training program. If the application is denied, the department
24	must notify the applicant of any areas of strength, areas
25	needing improvement, and any suggested means of improvement of
26	the program. A denial notification shall be provided to the
27	applicant so as to allow the applicant 5 days prior to the
28	expiration of the application processing time in s. 120.60 to
29	advise the department in writing of its intent to submit a
30	plan of correction. Such intent notification shall provide the
31	time for application processing in s. 120.60. The plan of
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correction must be submitted to the department within 30 days 1 of the notice. The department shall advise the applicant of 2 3 its approval or denial of the plan of correction within 30 4 days of receipt. The denial of the plan of correction or 5 denial of the application may be reviewed as provided in 6 chapter 120. 7 (4) Approved emergency medical services training programs must maintain records and reports that must be made 8 available to the department, upon written request. Such 9 10 records must include student applications, records of attendance, records of participation in hospital clinic and 11 12 field training, medical records, course objectives and outlines, class schedules, learning objectives, lesson plans, 13 number of applicants, number of students accepted, admission 14 15 requirements, description of qualifications, duties and responsibilities of faculty, and correspondence. 16 17 (5) Each approved program must notify the department within 30 days of any change in the professional or employment 18 19 status of faculty. Each approved program must require its 20 students to pass a comprehensive final written and practical examination evaluating the skills described in the current 21 United States Department of Transportation EMT-Basic or 22 EMT-Paramedic, National Standard Curriculum. Each approved 23 24 program must issue a certificate of completion to program 25 graduates within 14 days of completion. 26 Section 32. Section 401.2715, Florida Statutes, is 27 created to read: 28 401.2715 Recertification training of emergency medical 29 technicians and paramedics. --30 (1) The department shall establish by rule criteria 31 for all emergency medical technician and paramedic 49

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recertification training. The rules shall provide that all 1 2 recertification training equals at least 30 hours, includes 3 the performance parameters for adult and pediatric emergency 4 medical clinical care, and is documented through a system of 5 recordkeeping. 6 (2) Any individual, institution, school, corporation, 7 or governmental entity may conduct emergency medical technician or paramedic recertification training upon 8 application to the department and payment of a nonrefundable 9 10 fee to be deposited into the Emergency Medical Services Trust 11 Fund. Institutions conducting department-approved educational 12 programs as provided in this chapter and licensed ambulance 13 services are exempt from the application process and payment 14 of fees. The department shall adopt rules for the application 15 and payment of a fee not to exceed the actual cost of 16 administering this approval process. 17 (3) To be eligible for recertification as provided in 18 s. 401.27, certified emergency medical technicians and paramedics must provide proof of completion of training 19 conducted pursuant to this section. The department shall 20 accept the written affirmation of a licensee's or a 21 22 department-approved educational program's medical director as documentation that the certificateholder has completed a 23 24 minimum of 30 hours of recertification training as provided 25 herein. Section 33. Present subsections (2), (3), and (4) of 26 27 section 401.30, Florida Statutes, 1998 Supplement, are renumbered as subsections (3), (4), and (5), respectively, and 28 a new subsection (2) is added to said section, to read: 29 30 401.30 Records.--(2) Each licensee must provide the receiving hospital 31 50

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with a copy of an individual patient care record for each 1 2 patient who is transported to the hospital. The information 3 contained in the record and the method and timeframe for 4 providing the record shall be prescribed by rule of the 5 department. 6 (3) (3) (2) Reports to the department from licensees which 7 cover statistical data are public records, except that the names of patients and other patient-identifying information 8 9 contained in such reports are confidential and exempt from the 10 provisions of s. 119.07(1). Any record furnished by a licensee at the request of the department must be a true and 11 12 certified copy of the original record and may not be altered 13 or have information deleted. (4) (4) (3) Records of emergency calls which contain 14 15 patient examination or treatment information are confidential and exempt from the provisions of s. 119.07(1) and may not be 16 17 disclosed without the consent of the person to whom they pertain, but appropriate limited disclosure may be made 18 without such consent: 19 20 (a) To the person's guardian, to the next of kin if 21 the person is deceased, or to a parent if the person is a 22 minor; (b) To hospital personnel for use in conjunction with 23 24 the treatment of the patient; 25 (c) To the department; 26 (d) To the service medical director; 27 (e) For use in a critical incident stress debriefing. Any such discussions during a critical incident stress 28 debriefing shall be considered privileged communication under 29 30 s. 90.503; (f) In any civil or criminal action, unless otherwise 31 51 2:06 PM 04/28/99 h2125c-07x01

prohibited by law, upon the issuance of a subpoena from a 1 2 court of competent jurisdiction and proper notice by the party 3 seeking such records, to the patient or his or her legal 4 representative; or 5 (g) To a local trauma agency or a regional trauma 6 agency, or a panel or committee assembled by such an agency to 7 assist the agency in performing quality assurance activities in accordance with a plan approved under s. 395.401. Records 8 9 obtained under this paragraph are confidential and exempt from 10 s. 119.07(1) and s. 24(a), Art. I of the State Constitution. 11 12 This subsection does not prohibit the department or a licensee 13 from providing information to any law enforcement agency or any other regulatory agency responsible for the regulation or 14 15 supervision of emergency medical services and personnel. 16 (5) (4) The department shall adopt and enforce all 17 rules necessary to administer this section. Section 34. Paragraph (1) is added to subsection (1) 18 of section 401.35, Florida Statutes, and paragraph (i) is 19 20 added to subsection (2) of said section, to read: 21 401.35 Rules.--The department shall adopt rules 22 necessary to carry out the purposes of this part. 23 (1) The rules must provide at least minimum standards 24 governing: 25 (1) Licensees' security and storage of controlled 26 substances, medications, and fluids, not inconsistent with the 27 provisions of chapter 499 or chapter 893. (2) The rules must establish application requirements 28 for licensure and certification. Pursuant thereto, the 29 30 department must develop application forms for basic life 31 support services and advanced life support services. An 52

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application for each respective service license must include, 1 2 but is not limited to: 3 (i) An oath, upon forms provided by the department 4 which shall contain such information as the department 5 reasonably requires, which may include affirmative evidence of 6 ability to comply with applicable laws and rules. 7 Section 35. Subsection (3) of section 409.9126, Florida Statutes, 1998 Supplement, is amended to read: 8 9 409.9126 Children with special health care needs.--10 (3) Services provided through the Children's Medical 11 Services network shall be reimbursed on a fee-for-service 12 basis and shall utilize a primary care case management 13 process. Beginning July 1, 1999, the Florida Medicaid program shall phase in by geographical area, capitation payments to 14 15 Children's Medical Services for services provided to Medicaid 16 children with special healthcare needs. By January 1, 2001, 17 the Agency for Health Care Administration shall make 18 capitation payments for Children's Medical Services enrollees statewide, to the extent provided by federal law. However, 19 effective July 1, 1999, reimbursement to the Children's 20 21 Medical Services program for services provided to Medicaid-eligible children with special health care needs 22 23 through the Children's Medical Services network shall be on a 24 capitated basis. 25 Section 36. Paragraph (a) of subsection (2) of section 465.019, Florida Statutes, 1998 Supplement, is amended to 26 27 read: 28 465.019 Institutional pharmacies; permits.--(2) The following classes of institutional pharmacies 29 30 are established: 31 (a) "Class I institutional pharmacies" are those 53 2:06 PM 04/28/99 h2125c-07x01

institutional pharmacies in which all medicinal drugs are 1 2 administered from individual prescription containers to the 3 individual patient and in which medicinal drugs are not 4 dispensed on the premises, except that nursing homes licensed under part II of chapter 400 may purchase medical oxygen for 5 6 administration to residents. No medicinal drugs may be 7 dispensed in a Class I institutional pharmacy. 8 Section 37. Subsections (14), (15), (16), (19), and (22) of section 499.005, Florida Statutes, 1998 Supplement, 9 10 are amended, and subsection (24) is added to that section, to 11 read: 12 499.005 Prohibited acts.--It is unlawful to perform or 13 cause the performance of any of the following acts in this 14 state: 15 (14)The purchase or receipt of a legend drug from a 16 person that is not authorized under this chapter the law of 17 the state in which the person resides to distribute legend 18 drugs. (15) The sale or transfer of a legend drug to a person 19 that is not authorized under the law of the jurisdiction in 20 21 which the person receives the drug resides to purchase or possess legend drugs. 22 23 (16) The purchase or receipt of a compressed medical 24 gas from a person that is not authorized under this chapter 25 the law of the state in which the person resides to distribute compressed medical gases. 26 27 (19) Providing the department with false or fraudulent 28 records, or making false or fraudulent statements, regarding any matter within the provisions of this chapter a drug, 29 30 device, or cosmetic. 31 (22) Failure to obtain a permit or registration, or 54

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operating without a valid permit when a permit or registration 1 2 is, as required by ss. 499.001-499.081 for that activity. 3 (24) The distribution of a legend device to the 4 patient or ultimate consumer without a prescription or order from a practitioner licensed by law to use or prescribe the 5 6 device. 7 Section 38. Subsection (13) of section 499.007, Florida Statutes, is amended to read: 8 499.007 Misbranded drug or device. -- A drug or device 9 10 is misbranded: (13) If it is a drug that is subject to paragraph 11 12 (12)(a), and if, at any time before it is dispensed, its label fails to bear the statement: 13 14 (a) "Caution: Federal Law Prohibits Dispensing 15 Without Prescription"; or 16 (b) "Rx Only"; 17 (c) The prescription symbol followed by the word 18 "Only"; or 19 (d)(b) "Caution: State Law Prohibits Dispensing 20 Without Prescription." 21 A drug dispensed by filling or refilling a written or oral 22 prescription of a practitioner licensed by law to prescribe 23 24 such drug is exempt from the requirements of this section, 25 except subsections (1), (8), (10), and (11) and the packaging requirements of subsections (6) and (7), if the drug bears a 26 27 label that contains the name and address of the dispenser or 28 seller, the prescription number and the date the prescription was written or filled, the name of the prescriber and the name 29 30 of the patient, and the directions for use and cautionary 31 statements. This exemption does not apply to any drug

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dispensed in the course of the conduct of a business of 1 2 dispensing drugs pursuant to diagnosis by mail or to any drug 3 dispensed in violation of subsection (12). The department 4 may, by rule, exempt drugs subject to ss. 499.062-499.064 from 5 subsection (12) if compliance with that subsection is not 6 necessary to protect the public health, safety, and welfare. 7 Section 39. Subsection (15) of section 499.028, Florida Statutes, is amended to read: 8 499.028 Drug samples or complimentary drugs; starter 9 10 packs; permits to distribute .--11 (15) A person may not possess a prescription drug 12 sample unless: 13 (a) The drug sample was prescribed to her or him as 14 evidenced by the label required in s. 465.0276(5). 15 (b) She or he is the employee of a complimentary drug 16 distributor that holds a permit issued under ss. 17 499.001-499.081. (c) She or he is a person to whom prescription drug 18 samples may be distributed pursuant to this section. 19 20 (d) He or she is an officer or employee of a federal, 21 state, or local government acting within the scope of his or 22 her employment. Section 40. Subsection (1) of section 499.069, Florida 23 24 Statutes, is amended to read: 499.069 Punishment for violations of s. 499.005; 25 26 dissemination of false advertisement. --27 (1) Any person who violates any of the provisions of 28 s. 499.005 is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083; but, if 29 30 the violation is committed after a conviction of such person 31 under this section has become final, such person is guilty of

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a misdemeanor of the first degree, punishable as provided in 1 2 s. 775.082 or s. 775.083 or as otherwise provided in ss. 3 499.001-499.081, except that any person who violates 4 subsection (8), subsection (10), subsection (14), subsection 5 (15), subsection (16), or subsection (17) of s. 499.005 is guilty of a felony of the third degree, punishable as provided б 7 in s. 775.082, s. 775.083, or s. 775.084, or as otherwise provided in ss. 499.001-499.081. 8 Section 41. Subsection (1) of section 742.10, Florida 9 10 Statutes, is amended to read:

11 742.10 Establishment of paternity for children born 12 out of wedlock.--

13 (1) This chapter provides the primary jurisdiction and procedures for the determination of paternity for children 14 15 born out of wedlock. When the establishment of paternity has been raised and determined within an adjudicatory hearing 16 17 brought under the statutes governing inheritance, or dependency under workers' compensation or similar compensation 18 programs, or when an affidavit acknowledging paternity or a 19 20 stipulation of paternity is executed by both parties and filed 21 with the clerk of the court, or when a consenting affidavit as provided for in s. 382.013 or s. 382.016 <del>s. 382.015</del> is 22 executed by both parties, it shall constitute the 23 24 establishment of paternity for purposes of this chapter. If no 25 adjudicatory proceeding was held, a voluntary acknowledgment of paternity shall create a rebuttable presumption, as defined 26 27 by s. 90.304, of paternity and is subject to the right of any signatory to rescind the acknowledgment within 60 days of the 28 date the acknowledgment was signed or the date of an 29 30 administrative or judicial proceeding relating to the child, 31 including a proceeding to establish a support order, in which

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1 the signatory is a party, whichever is earlier. Both parents 2 are required to provide their social security numbers on any 3 acknowledgment of paternity, consent affidavit, or stipulation 4 of paternity. Except for consenting affidavits under seal 5 pursuant to <u>ss.<del>s.</del></u>382.015 <u>and 382.016</u>, the Office of Vital 6 Statistics shall provide certified copies of affidavits to the 7 Title IV-D agency upon request.

8 Section 42. Section 39.303, Florida Statutes, 19989 Supplement, is amended to read:

10 39.303 Child protection teams; services; eligible cases.--The Division of Children's Medical Services of the 11 12 Department of Health shall develop, maintain, and coordinate 13 the services of one or more multidisciplinary child protection teams in each of the service districts of the Department of 14 15 Children and Family Services. Such teams may be composed of 16 representatives of appropriate health, mental health, social 17 service, legal service, and law enforcement agencies. The Legislature finds that optimal coordination of child 18 protection teams and sexual abuse treatment programs requires 19 20 collaboration between the Department of Health and the 21 Department of Children and Family Services. The two departments shall maintain an interagency agreement that 22 establishes protocols for oversight and operations of child 23 24 protection teams and sexual abuse treatment programs. The 25 Secretary of Health and the director of Deputy Secretary for Children's Medical Services, in consultation with the 26 27 Secretary of Children and Family Services, shall maintain the responsibility for the screening, employment, and, if 28 necessary, the termination of child protection team medical 29 30 directors, at headquarters and in the 15 districts. Child 31 protection team medical directors shall be responsible for

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1 oversight of the teams in the districts.

2 (1) The Department of Health shall utilize and convene the teams to supplement the assessment and protective 3 4 supervision activities of the family safety and preservation 5 program of the Department of Children and Family Services. Nothing in this section shall be construed to remove or reduce б 7 the duty and responsibility of any person to report pursuant 8 to this chapter all suspected or actual cases of child abuse, abandonment, or neglect or sexual abuse of a child. The role 9 10 of the teams shall be to support activities of the program and 11 to provide services deemed by the teams to be necessary and 12 appropriate to abused, abandoned, and neglected children upon 13 referral. The specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services that 14 15 a child protection team shall be capable of providing include, 16 but are not limited to, the following:

17 (a) Medical diagnosis and evaluation services,
18 including provision or interpretation of X rays and laboratory
19 tests, and related services, as needed, and documentation of
20 findings relative thereto.

21 (b) Telephone consultation services in emergencies and 22 in other situations.

(c) Medical evaluation related to abuse, abandonment,
or neglect, as defined by policy or rule of the Department of
Health.

(d) Such psychological and psychiatric diagnosis and
evaluation services for the child or the child's parent or
parents, legal custodian or custodians, or other caregivers,
or any other individual involved in a child abuse,

30 abandonment, or neglect case, as the team may determine to be 31 needed.

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1 (e) Expert medical, psychological, and related 2 professional testimony in court cases. 3 (f) Case staffings to develop treatment plans for 4 children whose cases have been referred to the team. A child 5 protection team may provide consultation with respect to a 6 child who is alleged or is shown to be abused, abandoned, or 7 neglected, which consultation shall be provided at the request of a representative of the family safety and preservation 8 9 program or at the request of any other professional involved 10 with a child or the child's parent or parents, legal custodian or custodians, or other caregivers. In every such child 11 12 protection team case staffing, consultation, or staff activity 13 involving a child, a family safety and preservation program representative shall attend and participate. 14 15 (q) Case service coordination and assistance, 16 including the location of services available from other public 17 and private agencies in the community. (h) Such training services for program and other 18 employees of the Department of Children and Family Services, 19 20 employees of the Department of Health, and other medical 21 professionals as is deemed appropriate to enable them to develop and maintain their professional skills and abilities 22 in handling child abuse, abandonment, and neglect cases. 23 24 (i) Educational and community awareness campaigns on 25 child abuse, abandonment, and neglect in an effort to enable 26 citizens more successfully to prevent, identify, and treat 27 child abuse, abandonment, and neglect in the community. (2) The child abuse, abandonment, and neglect cases 28 that are appropriate for referral by the family safety and 29 30 preservation program to child protection teams of the 31 Department of Health for support services as set forth in 60

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subsection (1) include, but are not limited to, cases 1 2 involving: 3 (a) Bruises, burns, or fractures in a child under the 4 age of 3 years or in a nonambulatory child of any age. 5 (b) Unexplained or implausibly explained bruises, 6 burns, fractures, or other injuries in a child of any age. 7 (C) Sexual abuse of a child in which vaginal or anal penetration is alleged or in which other unlawful sexual 8 9 conduct has been determined to have occurred. 10 (d) Venereal disease, or any other sexually 11 transmitted disease, in a prepubescent child. 12 (e) Reported malnutrition of a child and failure of a child to thrive. 13 14 (f) Reported medical, physical, or emotional neglect 15 of a child. 16 (g) Any family in which one or more children have been 17 pronounced dead on arrival at a hospital or other health care 18 facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or 19 other child remains in the home. 20 21 (h) Symptoms of serious emotional problems in a child 22 when emotional or other abuse, abandonment, or neglect is 23 suspected. 24 (3) In all instances in which a child protection team 25 is providing certain services to abused, abandoned, or neglected children, other offices and units of the Department 26 27 of Health, and offices and units of the Department of Children and Family Services, shall avoid duplicating the provision of 28 29 those services. 30 Section 43. Subsection (3) of section 385.203, Florida 31 Statutes, is amended to read:

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1 385.203 Diabetes Advisory Council; creation; function; 2 membership.--3 (3) The council shall be composed of 18 citizens of 4 the state as follows: four practicing physicians; one 5 representative from each medical school; seven interested 6 citizens, at least three of whom shall be persons who have or 7 have had diabetes mellitus or who have a child with diabetes 8 mellitus; the Secretary of Health or his or her designee; one representative from the Division of Children's Medical 9 10 Services of the Department of Health who represents Children's Medical Services; and one professor of nutrition. 11 12 Section 44. Subsection (8) of section 391.021, Florida Statutes, 1998 Supplement, is amended to read: 13 14 391.021 Definitions.--When used in this act, unless 15 the context clearly indicates otherwise: 16 "Program" means the Children's Medical Services (8) 17 program established in the Division of Children's Medical 18 Services of the department. Section 45. Paragraph (b) of subsection (1) of section 19 391.221, Florida Statutes, 1998 Supplement, is amended to 20 21 read: 22 391.221 Statewide Children's Medical Services Network 23 Advisory Council. --24 (1) The secretary of the department may appoint a Statewide Children's Medical Services Network Advisory Council 25 26 for the purpose of acting as an advisory body to the 27 department. Specifically, the duties of the council shall 28 include, but not be limited to: (b) Making recommendations to the director of the 29 30 Division of Children's Medical Services concerning the 31 selection of health care providers for the Children's Medical 62 2:06 PM 04/28/99 h2125c-07x01

Services network. 1 2 Section 46. Subsection (1) of section 391.222, Florida 3 Statutes, 1998 Supplement, is amended to read: 4 391.222 Cardiac Advisory Council.--5 (1) The secretary of the department may appoint a 6 Cardiac Advisory Council for the purpose of acting as the 7 advisory body to the Department of Health Division of Children's Medical Services in the delivery of cardiac 8 services to children. Specifically, the duties of the council 9 10 shall include, but not be limited to: (a) Recommending standards for personnel and 11 12 facilities rendering cardiac services for the Division of Children's Medical Services; 13 (b) Receiving reports of the periodic review of 14 15 cardiac personnel and facilities to determine if established standards for the Division of Children's Medical Services 16 17 cardiac services are met; (c) Making recommendations to the division director as 18 to the approval or disapproval of reviewed personnel and 19 20 facilities; 21 (d) Making recommendations as to the intervals for reinspection of approved personnel and facilities; and 22 (e) Providing input to the Division of Children's 23 24 Medical Services on all aspects of Children's Medical Services 25 cardiac programs, including the rulemaking process. 26 Section 47. Section 391.223, Florida Statutes, 1998 27 Supplement, is amended to read: 28 391.223 Technical advisory panels.--The secretary of 29 the department may establish technical advisory panels to 30 assist the Division of Children's Medical Services in 31 developing specific policies and procedures for the Children's 63

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Medical Services program. 1 Section 48. Subsection (3) of section 381.731, Florida 2 3 Statutes, as amended by section 2 of chapter 98-224, Laws of 4 Florida, is repealed. Section 49. Subsection (5) of section 383.307, Florida 5 6 Statutes, is repealed. 7 Section 50. Subsection (7) of section 404.20, Florida 8 Statutes, is repealed. 9 Section 51. Section 409.9125, Florida Statutes, is 10 repealed. Section 52. The building that is known as the "1911 11 12 State Board of Health Building" which is part of a 13 multi-building complex with the address of 1217 Pearl Street, 14 Jacksonville, Florida, shall be known as the "Wilson T. 15 Sowder, M.D., Building." Section 53. The building authorized by chapter 98-307, 16 17 Laws of Florida, which will be located at the University of South Florida which will house laboratory facilities for the 18 Department of Health shall be known as the "William G. 'Doc' 19 Myers, M.D., Building." 20 Section 54. The Department of Health headquarters 21 building which will comprise approximately 100,000 square feet 22 which is authorized by Specific Appropriation 1986 in the 23 1998-1999 General Appropriations Act shall be known as the "E. 24 Charlton Prather, M.D., Building." 25 26 Section 55. The Department of Health may apply for and 27 become a National Environmental Laboratory Accreditation 28 Program accrediting authority. The department, as an 29 accrediting entity, may adopt rules pursuant to sections 30 120.536(1) and 120.54, Florida Statutes, to implement 31 standards of the National Environmental Laboratory

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Accreditation Program, including requirements for proficiency 1 2 testing providers and other rules that are not inconsistent 3 with this section, including rules pertaining to fees, 4 application procedures, standards applicable to environmental or public water supply laboratories, and compliance. 5 6 Section 56. Section 381.0022, Florida Statutes, 1998 7 Supplement, is amended to read: 381.0022 Sharing confidential or exempt information .--8 9 (1) Notwithstanding any other provision of law to the 10 contrary, the Department of Health and the Department of Children and Family Services may share confidential 11 12 information or information exempt from disclosure under 13 chapter 119 on any individual who is or has been the subject 14 of a program within the jurisdiction of each agency. 15 Information so exchanged remains confidential or exempt as 16 provided by law. 17 (2) Notwithstanding any other provision of law to the 18 contrary, the Department of Health may share confidential information or information exempt from disclosure under 19 20 chapter 119 on any individual who is or has been a Medicaid 21 recipient and is or was the subject of a program within the jurisdiction of the Department of Health, for the purpose of 22 requesting, receiving, or auditing payment for services. 23 Information so exchanged remains confidential or exempt as 24 25 provided by law. Section 57. Paragraph (c) of subsection (2) of section 26 27 383.011, Florida Statutes, 1998 Supplement, is amended to 28 read: 29 383.011 Administration of maternal and child health 30 programs.--(2) The Department of Health shall follow federal 31 65 2:06 PM 04/28/99

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requirements and may adopt any rules necessary for the
 implementation of the maternal and child health care program,
 the WIC program, and the Child Care Food Program.

4 (c) With respect to the Child Care Food Program, the
5 department shall adopt rules that interpret and implement
6 relevant federal regulations, including 7 C.F.R. part 226. The
7 rules may must address at least those program requirements and
8 procedures identified in paragraph (1)(i).

9 Section 58. Section 468.304, Florida Statutes, 199810 Supplement, is amended to read:

11 468.304 Certification examination; admission.--The 12 department shall admit to examination for certification any 13 applicant who pays to the department a nonrefundable fee not 14 to exceed \$100 plus the actual per-applicant cost to the 15 department for purchasing the examination from a national 16 organization and submits satisfactory evidence, verified by 17 oath or affirmation, that she or he:

18 (1) Is at least 18 years of age at the time of 19 application;

(2) Is a high school graduate or has successfully
completed the requirements for a graduate equivalency diploma
(GED) or its equivalent;

(3) Is of good moral character; and

(4)(a) Has successfully completed an educational program, which program may be established in a hospital licensed pursuant to chapter 395 or in an accredited postsecondary academic institution which is subject to approval by the department as maintaining a satisfactory standard; or

30 (b)1. With respect to an applicant for a basic X-ray31 machine operator's certificate, has completed a course of

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study approved by the department with appropriate study 1 2 material provided the applicant by the department; 3 2. With respect to an applicant for a basic X-ray 4 machine operator-podiatric medicine certificate, has completed 5 a course of study approved by the department, provided that 6 such course of study shall be limited to that information 7 necessary to perform radiographic procedures within the scope of practice of a podiatric physician licensed pursuant to 8 9 chapter 461; 10 3. With respect only to an applicant for a general radiographer's certificate who is a basic X-ray machine 11 12 operator certificateholder, has completed an educational 13 program or a 2-year training program that takes into account 14 the types of procedures and level of supervision usually and 15 customarily practiced in a hospital, which educational or 16 training program complies with the rules of the department; or 17 4. With respect only to an applicant for a nuclear medicine technologist's certificate who is a general 18 radiographer certificateholder, has completed an educational 19 20 program or a 2-year training program that takes into account 21 the types of procedures and level of supervision usually and 22 customarily practiced in a hospital, which educational or training program complies with the rules of the department. 23 24 No application for a limited computed tomography certificate 25 26 shall be accepted. All persons holding valid computed 27 tomography certificates as of October 1, 1984, are subject to 28 the provisions of s. 468.309. Section 59. Subsection (4) of section 468.306, Florida 29 30 Statutes, 1998 Supplement, is amended to read: 468.306 Examinations.--All applicants, except those 31 67

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certified pursuant to s. 468.3065, shall be required to pass 1 2 an examination. The department is authorized to develop or 3 use examinations for each type of certificate. 4 (4) A nonrefundable fee not to exceed \$75 plus the 5 actual per-applicant cost for purchasing the examination from 6 a national organization shall be charged for any subsequent 7 examination. 8 Section 60. Paragraph (a) of subsection (1) of section 9 468.309, Florida Statutes, is amended to read: 10 468.309 Certificate; duration; renewal; reversion to inactive status. --11 12 (1)(a) A radiologic technologist's certificate issued 13 in accordance with this part <del>automatically</del> expires as 14 specified in rules adopted by the department which establish a 15 procedure for the biennial renewal of certificates on December 16 <del>31 of the year following the year of issuance</del>. A certificate 17 shall be renewed by the department for a period of 2 years upon payment of a renewal fee in an amount not to exceed \$75 18 and upon submission of a renewal application containing such 19 20 information as the department deems necessary to show that the 21 applicant for renewal is a radiologic technologist in good standing and has completed any continuing education 22 requirements that which may be established by the department 23 24 establishes. Section 61. Subsection (1) of section 455.565, Florida 25 26 Statutes, 1998 Supplement, is amended to read: 27 455.565 Designated health care professionals; 28 information required for licensure.--29 Each person who applies for initial licensure as a (1)30 physician under chapter 458, chapter 459, chapter 460, or 31 chapter 461, except a person applying for registration 68 2:06 PM 04/28/99

pursuant to ss. 458.345 and 459.021 must, at the time of 1 2 application, and each physician who applies for license 3 renewal under chapter 458, chapter 459, chapter 460, or 4 chapter 461, except a person registered pursuant to ss. 5 458.345 and 459.021 must, in conjunction with the renewal of 6 such license and under procedures adopted by the Department of 7 Health, and in addition to any other information that may be required from the applicant, furnish the following information 8 9 to the Department of Health: 10 (a)1. The name of each medical school that the applicant has attended, with the dates of attendance and the 11 12 date of graduation, and a description of all graduate medical 13 education completed by the applicant, excluding any coursework 14 taken to satisfy medical licensure continuing education 15 requirements. 16 2. The name of each hospital at which the applicant 17 has privileges. 18 3. The address at which the applicant will primarily conduct his or her practice. 19 20 4. Any certification that the applicant has received from a specialty board that is recognized by the board to 21 22 which the applicant is applying. 23 5. The year that the applicant began practicing 24 medicine. 25 6. Any appointment to the faculty of a medical school which the applicant currently holds and an indication as to 26 27 whether the applicant has had the responsibility for graduate 28 medical education within the most recent 10 years. 7. A description of any criminal offense of which the 29 30 applicant has been found guilty, regardless of whether 31 adjudication of guilt was withheld, or to which the applicant 69

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has pled guilty or nolo contendere. A criminal offense 1 2 committed in another jurisdiction which would have been a 3 felony or misdemeanor if committed in this state must be 4 reported. If the applicant indicates that a criminal offense 5 is under appeal and submits a copy of the notice for appeal of 6 that criminal offense, the department must state that the 7 criminal offense is under appeal if the criminal offense is reported in the applicant's profile. If the applicant 8 indicates to the department that a criminal offense is under 9 10 appeal, the applicant must, upon disposition of the appeal, submit to the department a copy of the final written order of 11 12 disposition.

8. A description of any final disciplinary action 13 taken within the previous 10 years against the applicant by 14 15 the agency regulating the profession that the applicant is or 16 has been licensed to practice, whether in this state or in any 17 other jurisdiction, by a specialty board that is recognized by the American Board of Medical Specialities, the American 18 Osteopathic Association, or a similar national organization, 19 or by a licensed hospital, health maintenance organization, 20 prepaid health clinic, ambulatory surgical center, or nursing 21 home. Disciplinary action includes resignation from or 22 nonrenewal of medical staff membership or the restriction of 23 24 privileges at a licensed hospital, health maintenance 25 organization, prepaid health clinic, ambulatory surgical center, or nursing home taken in lieu of or in settlement of a 26 27 pending disciplinary case related to competence or character. If the applicant indicates that the disciplinary action is 28 under appeal and submits a copy of the document initiating an 29 30 appeal of the disciplinary action, the department must state 31 that the disciplinary action is under appeal if the

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disciplinary action is reported in the applicant's profile. 1 2 (b) In addition to the information required under 3 paragraph (a), each applicant who seeks licensure under 4 chapter 458, chapter 459, or chapter 461, and who has 5 practiced previously in this state or in another jurisdiction 6 or a foreign country must provide the information required of 7 licensees under those chapters pursuant to s. 455.697. An applicant for licensure under chapter 460 who has practiced 8 9 previously in this state or in another jurisdiction or a 10 foreign country must provide the same information as is required of licensees under chapter 458, pursuant to s. 11 12 455.697. 13 Section 62. (1) The Division of Children's Medical 14 Services of the Department of Health shall contract with a 15 private nonprofit provider affiliated with a teaching hospital to conduct clinical trials, approved by a federally-sanctioned 16 17 institutional review board within the teaching hospital, on 18 the use of the drug Secretin to treat autism. 19 (2) The private nonprofit provider shall report its 20 findings to the Division of Children's Medical Services, the 21 President of the Senate, the Speaker of the House of Representatives, and other appropriate bodies. 22 Section 63. The sum of \$50,000 is appropriated to the 23 24 Division of Children's Medical Services of the Department of Health from the General Revenue Fund for the purpose of 25 26 implementing this act. 27 Section 64. Paragraph (b) of subsection (3) of section 28 232.435, Florida Statutes, is amended to read: 29 232.435 Extracurricular athletic activities; athletic 30 trainers.--31 (3)

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If a school district uses the services of an 1 (b) 2 athletic trainer who is not a teacher athletic trainer or a 3 teacher apprentice trainer within the requirements of this 4 section, such athletic trainer must be licensed as required by 5 part XIII <del>XIV</del> of chapter 468. 6 Section 65. Subsection (2) of section 381.026, Florida 7 Statutes, 1998 Supplement, is amended to read: 381.026 Florida Patient's Bill of Rights and 8 9 Responsibilities.--10 (2) DEFINITIONS.--As used in this section and s. 11 381.0261, the term: 12 (a) "Department" means the Department of Health. 13 (b)(a) "Health care facility" means a facility 14 licensed under chapter 395. 15 (c)(b) "Health care provider" means a physician 16 licensed under chapter 458, an osteopathic physician licensed 17 under chapter 459, or a podiatric physician licensed under chapter 461. 18 (d)(c) "Responsible provider" means a health care 19 20 provider who is primarily responsible for patient care in a 21 health care facility or provider's office. Section 66. Subsection (4) of section 381.0261, 22 Florida Statutes, 1998 Supplement, is amended to read: 23 24 381.0261 Summary of patient's bill of rights; 25 distribution; penalty.--26 (4)(a) An administrative fine may be imposed by the 27 Agency for Health Care Administration when any health care 28 provider or health care facility fails to make available to patients a summary of their rights, pursuant to s. 381.026 and 29 30 this section. Initial nonwillful violations shall be subject 31 to corrective action and shall not be subject to an

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administrative fine. The Agency for Health Care Administration 1 2 may levy a fine against a health care facility of up to \$5,000 3 for nonwillful violations, and up to \$25,000 for intentional 4 and willful violations. Each intentional and willful violation constitutes a separate violation and is subject to a separate 5 6 fine. 7 (b) An administrative fine may be imposed by the 8 appropriate regulatory board, or the department if there is no 9 board, when any health care provider fails to make available 10 to patients a summary of their rights, pursuant to s. 381.026 and this section. Initial nonwillful violations shall be 11 12 subject to corrective action and shall not be subject to an 13 administrative fine. The appropriate regulatory board or 14 department agency may levy a fine against a health care 15 provider of up to \$100 for nonwillful violations and up to \$500 for willful violations. Each intentional and willful 16 17 violation constitutes a separate violation and is subject to a separate fine. 18 19 Section 67. Subsection (11) of section 409.906, Florida Statutes, 1998 Supplement, is amended to read: 20 21 409.906 Optional Medicaid services.--Subject to specific appropriations, the agency may make payments for 22 services which are optional to the state under Title XIX of 23 24 the Social Security Act and are furnished by Medicaid 25 providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional 26 27 service that is provided shall be provided only when medically

29 Nothing in this section shall be construed to prevent or limit 30 the agency from adjusting fees, reimbursement rates, lengths 31 of stay, number of visits, or number of services, or making

necessary and in accordance with state and federal law.

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any other adjustments necessary to comply with the 1 2 availability of moneys and any limitations or directions 3 provided for in the General Appropriations Act or chapter 216. 4 Optional services may include: 5 (11) HEALTHY START SERVICES. -- The agency may pay for a 6 continuum of risk-appropriate medical and psychosocial 7 services for the Healthy Start program in accordance with a federal waiver. The agency may not implement the federal 8 9 waiver unless the waiver permits the state to limit enrollment 10 or the amount, duration, and scope of services to ensure that expenditures will not exceed funds appropriated by the 11 12 Legislature or available from local sources. If the Health Care Financing Administration does not approve a federal 13 waiver for Healthy Start services, the agency, in consultation 14 15 with the Department of Health and the Florida Association of Healthy Start Coalitions, is authorized to establish a 16 17 Medicaid certified-match program for Healthy Start services. 18 Participation in the Healthy Start certified-match program shall be voluntary and reimbursement shall be limited to the 19 20 federal Medicaid share to Medicaid-enrolled Healthy Start 21 coalitions for services provided to Medicaid recipients. The 22 agency shall take no action to implement a certified-match program without ensuring that the amendment and review 23 24 requirements of ss. 216.177 and 216.181 have been met. Section 68. Subsection (21) of section 409.910, 25 Florida Statutes, 1998 Supplement, is renumbered as subsection 26 27 (22), and a new subsection (21) is added to that section to 28 read: 29 409.910 Responsibility for payments on behalf of 30 Medicaid-eligible persons when other parties are liable .--(21) Entities providing health insurance as defined in 31

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s. 624.603, and health maintenance organizations as defined in 1 chapter 641, requiring tape or electronic billing formats from 2 the agency shall accept Medicaid billings that are prepared 3 4 using the current Medicare standard billing format. If the 5 insurance entity or health maintenance organization is unable to use the agency format, the entity shall accept paper claims 6 7 from the agency in lieu of tape or electronic billing, provided that these claims are prepared using current Medicare 8 9 standard billing formats. 10 Section 69. Section 409.9101, Florida Statutes, is 11 created to read: 12 409.9101 Recovery for payments made on behalf of 13 Medicaid-eligible persons .--(1) This section may be cited as the "Medicaid Estate 14 15 Recovery Act." 16 (2) It is the intent of the Legislature by this 17 section to supplement Medicaid funds that are used to provide 18 medical services to eligible persons. Medicaid estate recovery shall generally be accomplished through the filing of claims 19 against the estates of deceased Medicaid recipients. The 20 recoveries shall be made pursuant to federal authority in s. 21 13612 of the Omnibus Budget Reconciliation Act of 1993, which 22 amends s. 1917(b)(1) of the Social Security Act (42 U.S.C. s. 23 24 1396p(b)(1)).(3) Pursuant to s. 733.212(4)(a), the personal 25 representative of the estate of the decedent shall serve the 26 27 agency with a copy of the notice of administration of the 28 estate within 3 months after the first publication of the notice, unless the agency has already filed a claim pursuant 29 30 to this section. 31 (4) The acceptance of public medical assistance, as 75

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1	defined by Title XIX (Medicaid) of the Social Security Act,
2	including mandatory and optional supplemental payments under
3	the Social Security Act, shall create a claim, as defined in
4	s. 731.201, in favor of the agency as an interested person as
5	defined in s. 731.201. The claim amount is calculated as the
6	total amount paid to or for the benefit of the recipient for
7	medical assistance on behalf of the recipient after he or she
8	reached 55 years of age. There is no claim under this section
9	against estates of recipients who had not yet reached 55 years
10	of age.
11	(5) At the time of filing the claim, the agency may
12	reserve the right to amend the claim amounts based on medical
13	claims submitted by providers subsequent to the agency's
14	initial claim calculation.
15	(6) The claim of the agency shall be the current total
16	allowable amount of Medicaid payments as denoted in the
17	agency's provider payment processing system at the time the
18	agency's claim or amendment is filed. The agency's provider
19	processing system reports shall be admissible as prima facie
20	evidence in substantiating the agency's claim.
21	(7) The claim of the agency under this section shall
22	constitute a Class 3 claim under s. 733.707(1)(c), as provided
23	<u>in s. 414.28(1).</u>
24	(8) The claim created under this section shall not be
25	enforced if the recipient is survived by:
26	(a) A spouse;
27	(b) A child or children under 21 years of age; or
28	(c) A child or children who are blind or permanently
29	and totally disabled pursuant to the eligibility requirements
30	of Title XIX of the Social Security Act.
31	(9) In accordance with s. 4, Art. X of the State
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Constitution, no claim under this section shall be enforced 1 2 against any property that is determined to be the homestead of 3 the deceased Medicaid recipient and is determined to be exempt 4 from the claims of creditors of the deceased Medicaid 5 recipient. 6 (10) The agency shall not recover from an estate if 7 doing so would cause undue hardship for the qualified heirs, as defined in s. 731.201. The personal representative of an 8 estate and any heir may request that the agency waive recovery 9 10 of any or all of the debt when recovery would create a 11 hardship. A hardship does not exist solely because recovery 12 will prevent any heirs from receiving an anticipated 13 inheritance. The following criteria shall be considered by the agency in reviewing a hardship request: 14 15 (a) The heir: 16 1. Currently resides in the residence of the decedent; 17 2. Resided there at the time of the death of the 18 decedent; 19 3. Has made the residence his or her primary residence for the 12 months immediately preceding the death of the 20 21 decedent; and 4. Owns no other residence; 22 (b) The heir would be deprived of food, clothing, 23 24 shelter, or medical care necessary for the maintenance of life 25 or health; (c) The heir can document that he or she provided 26 27 full-time care to the recipient which delayed the recipient's 28 entry into a nursing home. The heir must be either the 29 decedent's sibling or the son or daughter of the decedent and 30 must have resided with the recipient for at least 1 year prior 31 to the recipient's death; or

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1	(d) The cost involved in the sale of the property
2	would be equal to or greater than the value of the property.
3	(11) Instances arise in Medicaid estate-recovery cases
4	where the assets include a settlement of a claim against a
5	liable third party. The agency's claim under s. 409.910 must
6	be satisfied prior to including the settlement proceeds as
7	estate assets. The remaining settlement proceeds shall be
8	included in the estate and be available to satisfy the
9	Medicaid estate-recovery claim. The Medicaid estate-recovery
10	share shall be one-half of the settlement proceeds included in
11	the estate. Nothing in this subsection is intended to limit
12	the agency's rights against other assets in the estate not
13	related to the settlement. However, in no circumstances shall
14	the agency's recovery exceed the total amount of Medicaid
15	medical assistance provided to the recipient.
16	(12) In instances where there are no liquid assets to
17	satisfy the Medicaid estate-recovery claim, if there is
18	nonhomestead real property and the costs of sale will not
19	exceed the proceeds, the property shall be sold to satisfy the
20	Medicaid estate-recovery claim. Real property shall not be
21	transferred to the agency in any instance.
22	(13) The agency is authorized to adopt rules to
23	implement the provisions of this section.
24	Section 70. Paragraph (d) of subsection (3) of section
25	409.912, Florida Statutes, 1998 Supplement, is amended to
26	read:
27	409.912 Cost-effective purchasing of health careThe
28	agency shall purchase goods and services for Medicaid
29	recipients in the most cost-effective manner consistent with
30	the delivery of quality medical care. The agency shall
31	maximize the use of prepaid per capita and prepaid aggregate
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fixed-sum basis services when appropriate and other 1 2 alternative service delivery and reimbursement methodologies, 3 including competitive bidding pursuant to s. 287.057, designed 4 to facilitate the cost-effective purchase of a case-managed 5 continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute 6 7 inpatient, custodial, and other institutional care and the 8 inappropriate or unnecessary use of high-cost services. 9 (3) The agency may contract with: 10 (d) No more than four provider service networks for demonstration projects to test Medicaid direct contracting. 11 12 One demonstration project must be located in Orange County. 13 The demonstration projects may be reimbursed on a fee-for-service or prepaid basis. A provider service network 14 15 which is reimbursed by the agency on a prepaid basis shall be 16 exempt from parts I and III of chapter 641, but must meet 17 appropriate financial reserve, quality assurance, and patient rights requirements as established by the agency. The agency 18 shall award contracts on a competitive bid basis and shall 19 select bidders based upon price and quality of care. Medicaid 20 21 recipients assigned to a demonstration project shall be chosen equally from those who would otherwise have been assigned to 22 prepaid plans and MediPass. The agency is authorized to seek 23 24 federal Medicaid waivers as necessary to implement the 25 provisions of this section. A demonstration project awarded pursuant to this paragraph shall be for 2 years from the date 26 27 of implementation. Section 71. Paragraph (a) of subsection (24) of 28

29 section 409.913, Florida Statutes, is amended to read: 30 409.913 Oversight of the integrity of the Medicaid 31 program.--The agency shall operate a program to oversee the

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activities of Florida Medicaid recipients, and providers and 1 2 their representatives, to ensure that fraudulent and abusive 3 behavior and neglect of recipients occur to the minimum extent 4 possible, and to recover overpayments and impose sanctions as 5 appropriate. 6 (24)(a) The agency may withhold Medicaid payments, in 7 whole or in part, to a provider upon receipt of reliable evidence that the circumstances giving rise to the need for a 8 withholding of payments involve fraud or willful 9 10 misrepresentation under the Medicaid program, or a crime committed while rendering goods or services to Medicaid 11 12 recipients, up to the amount of the overpayment as determined by final agency audit report, pending completion of legal 13 proceedings under this section. If the agency withholds 14 15 payments under this section, the Medicaid payment may not be 16 reduced by more than 10 percent. If it is has been determined 17 that fraud, willful misrepresentation, or a crime did not 18 occur an overpayment has not occurred, the payments withheld must be paid to the provider within 14 60 days after such 19 20 determination with interest at the rate of 10 percent a year. 21 Any money withheld in accordance with this paragraph shall be placed in a suspended account, readily accessible to the 22 agency, so that any payment ultimately due the provider shall 23 24 be made within 14 days. Furthermore, the authority to withhold payments under this paragraph shall not apply to physicians 25 26 whose alleged overpayments are being determined by 27 administrative proceedings pursuant to chapter 120. If the 28 amount of the alleged overpayment exceeds \$75,000, the agency 29 may reduce the Medicaid payments by up to \$25,000 per month. 30 Section 72. Section 409.9131, Florida Statutes, is 31 created to read:

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1	409.9131 Special provisions relating to integrity of
2	the Medicaid program
3	(1) LEGISLATIVE FINDINGS AND INTENTIt is the intent
4	of the Legislature that physicians, as defined in this
5	section, be subject to Medicaid fraud and abuse investigations
6	in accordance with the provisions set forth in this section as
7	a supplement to the provisions contained in s. 409.913. If a
8	conflict exists between the provisions of this section and s.
9	409.913, it is the intent of the Legislature that the
10	provisions of this section shall control.
11	(2) DEFINITIONS For purposes of this section, the
12	term:
13	(a) "Active practice" means a physician must have
14	regularly provided medical care and treatment to patients
15	within the past 2 years.
16	(b) "Medical necessity" or "medically necessary" means
17	any goods or services necessary to palliate the effects of a
18	terminal condition or to prevent, diagnose, correct, cure,
19	alleviate, or preclude deterioration of a condition that
20	threatens life, causes pain or suffering, or results in
21	illness or infirmity, which goods or services are provided in
22	accordance with generally accepted standards of medical
23	practice. For purposes of determining Medicaid reimbursement,
24	the agency is the final arbiter of medical necessity. In
25	making determinations of medical necessity, the agency must,
26	to the maximum extent possible, use a physician in active
27	practice, either employed by or under contract with the
28	agency, of the same specialty or subspecialty as the physician
29	under review. Such determination must be based upon the
30	information available at the time the goods or services were
31	provided.

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1	(c) "Peer" means a Florida licensed physician who is,
2	to the maximum extent possible, of the same specialty or
3	subspecialty, licensed under the same chapter, and in active
4	practice.
5	(d) "Peer review" means an evaluation of the
6	professional practices of a Medicaid physician provider by a
7	peer or peers in order to assess the medical necessity,
8	appropriateness, and quality of care provided, as such care is
9	compared to that customarily furnished by the physician's
10	peers and to recognized health care standards, and to
11	determine whether the documentation in the physician's records
12	is adequate.
13	(e) "Physician" means a person licensed to practice
14	medicine under chapter 458 or a person licensed to practice
15	osteopathic medicine under chapter 459.
16	(f) "Professional services" means procedures provided
17	to a Medicaid recipient, either directly by or under the
18	supervision of a physician who is a registered provider for
19	the Medicaid program.
20	(3) ONSITE RECORDS REVIEW As specified in s.
21	409.913(8), the agency may investigate, review, or analyze a
22	physician's medical records concerning Medicaid patients. The
23	physician must make such records available to the agency
24	during normal business hours. The agency must provide notice
25	to the physician at least 24 hours before such visit. The
26	agency and physician shall make every effort to set a mutually
27	agreeable time for the agency's visit during normal business
28	hours and within the 24-hour period. If such a time cannot be
29	agreed upon, the agency may set the time.
30	(4) NOTICE OF DUE PROCESS RIGHTS REQUIRED Whenever
31	the agency seeks an administrative remedy against a physician
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pursuant to this section or s. 409.913, the physician must be 1 advised of his or her rights to due process under chapter 120. 2 3 This provision shall not limit or hinder the agency's ability 4 to pursue any remedy available to it under s. 409.913 or other 5 applicable law. 6 (5) DETERMINATIONS OF OVERPAYMENT. -- In making a 7 determination of overpayment to a physician, the agency must: (a) Use accepted and valid auditing, accounting, 8 analytical, statistical, or peer-review methods, or 9 10 combinations thereof. Appropriate statistical methods may include, but are not limited to, sampling and extension to the 11 12 population, parametric and nonparametric statistics, tests of hypotheses, other generally accepted statistical methods, 13 review of medical records, and a consideration of the 14 15 physician's client case mix. Before performing a review of the physician's Medicaid records, however, the agency shall make 16 17 every effort to consider the physician's patient case mix, including, but not limited to, patient age and whether 18 individual patients are clients of the Children's Medical 19 Services network established in chapter 391. In meeting its 20 burden of proof in any administrative or court proceeding, the 21 agency may introduce the results of such statistical methods 22 and its other audit findings as evidence of overpayment. 23 24 (b) Refer all physician service claims for peer review when the agency's preliminary analysis indicates a potential 25 26 overpayment, and before any formal proceedings are initiated 27 against the physician, except as required by s. 409.913. (c) By March 1, 2000, the agency shall study and 28 29 report to the Legislature on its current statistical model 30 used to calculate overpayments and advise the Legislature what, if any, changes, improvements, or other modifications 31

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should be made to the statistical model. Such review shall 1 include, but not be limited to, a review of the 2 3 appropriateness of including physician specialty and case-mix 4 parameters within the statistical model. 5 Section 73. Subsections (4) and (6) of section 455.501, Florida Statutes, are amended to read: 6 7 455.501 Definitions.--As used in this part, the term: "Health care practitioner" means any person 8 (4) 9 licensed under chapter 457; chapter 458; chapter 459; chapter 10 460; chapter 461; chapter 462; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part II, part 11 12 III, part V, or part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part III or part IV of chapter 483; 13 14 chapter 484; chapter 486; chapter 490; or chapter 491. 15 (6) "Licensee" means any person or entity issued a 16 permit, registration, certificate, or license by the 17 department. 18 Section 74. Section 455.507, Florida Statutes, is 19 amended to read: 20 455.507 Members of Armed Forces in good standing with 21 administrative boards or department. --(1) Any member of the Armed Forces of the United 22 23 States now or hereafter on active duty who, at the time of his 24 becoming such a member, was in good standing with any administrative board of the state, or the department when 25 26 there is no board, and was entitled to practice or engage in 27 his or her profession or vocation in the state shall be kept 28 in good standing by such administrative board, or the department when there is no board, without registering, paying 29 30 dues or fees, or performing any other act on his or her part 31 to be performed, as long as he or she is a member of the Armed

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Forces of the United States on active duty and for a period of 1 2 6 months after his discharge from active duty as a member of 3 the Armed Forces of the United States, provided he or she is 4 not engaged in his or her licensed profession or vocation in 5 the private sector for profit. 6 (2) The boards listed in s.<del>ss. 20.165 and</del> 20.43, or 7 the department when there is no board, shall adopt rules exempting the spouses of members of the Armed Forces of the 8 9 United States from licensure renewal provisions, but only in 10 cases of absence from the state because of their spouses' duties with the Armed Forces. 11 12 Section 75. Section 455.521, Florida Statutes, 1998 13 Supplement, is amended to read: 14 455.521 Department; powers and duties.--The 15 department, for the professions boards under its jurisdiction, 16 shall: 17 (1) Adopt rules establishing a procedure for the biennial renewal of licenses; however, the department may 18 issue up to a 4-year license to selected licensees 19 20 notwithstanding any other provisions of law to the contrary. 21 Fees for such renewal shall not exceed the fee caps for individual professions on an annualized basis as authorized by 22 23 law. 24 (2) Appoint the executive director of each board, 25 subject to the approval of the board. 26 Submit an annual budget to the Legislature at a (3) 27 time and in the manner provided by law. 28 (4) Develop a training program for persons newly 29 appointed to membership on any board. The program shall 30 familiarize such persons with the substantive and procedural 31 laws and rules and fiscal information relating to the

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regulation of the appropriate profession and with the
 structure of the department.

3 (5) Adopt rules pursuant to ss. 120.536(1) and 120.544 to implement the provisions of this part.

5 (6) Establish by rules procedures by which the 6 department shall use the expert or technical advice of the 7 appropriate board for the purposes of investigation, 8 inspection, evaluation of applications, other duties of the 9 department, or any other areas the department may deem 10 appropriate.

11 (7) Require all proceedings of any board or panel 12 thereof and all formal or informal proceedings conducted by 13 the department, an administrative law judge, or a hearing 14 officer with respect to licensing or discipline to be 15 electronically recorded in a manner sufficient to assure the 16 accurate transcription of all matters so recorded.

17 (8) Select only those investigators, or consultants
18 who undertake investigations, who meet criteria established
19 with the advice of the respective boards.

20 (9) Allow applicants for new or renewal licenses and 21 current licensees to be screened by the Title IV-D child support agency pursuant to s. 409.2598 to assure compliance 22 with a support obligation. The purpose of this subsection is 23 24 to promote the public policy of this state as established in 25 s. 409.2551. The department shall, when directed by the court, 26 suspend or deny the license of any licensee found to have a 27 delinquent support obligation. The department shall issue or 28 reinstate the license without additional charge to the licensee when notified by the court that the licensee has 29 30 complied with the terms of the court order. The department 31 shall not be held liable for any license denial or suspension

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resulting from the discharge of its duties under this 1 2 subsection. 3 Section 76. Section 455.557, Florida Statutes, 1998 4 Supplement, is amended to read: 5 455.557 Standardized credentialing for health care 6 practitioners.--7 (1) INTENT.--The Legislature recognizes that an 8 efficient and effective health care practitioner credentialing 9 program helps to ensure access to quality health care and also 10 recognizes that health care practitioner credentialing activities have increased significantly as a result of health 11 12 care reform and recent changes in health care delivery and 13 reimbursement systems. Moreover, the resulting duplication of health care practitioner credentialing activities is 14 15 unnecessarily costly and cumbersome for both the practitioner 16 and the entity granting practice privileges. Therefore, it is 17 the intent of this section that a mandatory credentials collection verification program be established which provides 18 that, once a health care practitioner's core credentials data 19 are collected, validated, maintained, and stored, they need 20 21 not be collected again, except for corrections, updates, and 22 modifications thereto. Participation Mandatory credentialing under this section shall initially include those individuals 23 24 licensed under chapter 458, chapter 459, chapter 460, or 25 chapter 461. However, the department shall, with the approval of the applicable board, include other professions under the 26 27 jurisdiction of the Division of Medical Quality Assurance in 28 this credentialing program, provided they meet the requirements of s. 455.565. 29 30 (2) DEFINITIONS.--As used in this section, the term:

"Advisory council" or "council" means the

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Credentials Verification Advisory Council. 1 2 (b) "Applicant" means an individual applying for 3 licensure or a current licensee applying for credentialing. 4 (b)(c) "Certified" or "accredited," as applicable, 5 means approved by a quality assessment program, from the 6 National Committee for Quality Assurance, the Joint Commission 7 on Accreditation of Healthcare Organizations, the American Accreditation HealthCare Commission/URAC Utilization Review 8 Accreditation Commission, or any such other nationally 9 10 recognized and accepted organization authorized by the department, used to assess and certify any credentials 11 12 verification program, entity, or organization that verifies the credentials of any health care practitioner. 13 14 (c)(d) "Core credentials data" means the following 15 data: current name, any former name, and any alias, any professional education, professional training, peer 16 17 references, licensure, current Drug Enforcement Administration certification, social security number, specialty board 18 certification, Educational Commission for Foreign Medical 19 Graduates certification information, hospital or affiliations, 20 21 managed care organization affiliations, other institutional affiliations, professional society memberships, evidence of 22 professional liability coverage or evidence of financial 23 24 responsibility as required by s. 458.320 or s. 459.0085 25 insurance, history of claims, suits, judgments, or 26 settlements, final disciplinary action reported pursuant to s. 27 455.565(1)(a)8., and Medicare or Medicaid sanctions, civil or 28 criminal law violations, practitioner profiling data, special 29 conditions of impairment, or regulatory exemptions not 30 previously reported to the department in accordance with both 31 s. 455.565 and the initial licensure reporting requirements 88

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specified in the applicable practice act. 1 (d)(e) "Credential" or "credentialing" means the 2 3 process of assessing and verifying validating the 4 qualifications of a licensed health care practitioner or 5 applicant for licensure as a health care practitioner. (e)(f) "Credentials verification organization entity" б 7 means any program, entity, or organization that is organized and certified or accredited as a credentials verification 8 organization for the express purpose of collecting, verifying, 9 10 maintaining, storing, and providing to health care entities a health care practitioner's total core credentials data, 11 12 including all corrections, updates, and modifications thereto, as authorized by the health care practitioner and in 13 accordance with the provisions of this including all 14 15 corrections, updates, and modifications thereto, as authorized 16 by the health care practitioner and in accordance with the 17 provisions of this section. The division, once certified, shall be considered a credentials verification entity for all 18 health care practitioners. 19 20 (f)(g) "Department" means the Department of Health, 21 Division of Medical Quality Assurance. (g)(h) "Designated credentials verification 22 organization entity" means the credentials verification 23 24 program, entity, or organization organized and certified or 25 accredited for the express purpose of collecting, verifying, maintaining, storing, and providing to health care entities a 26 27 health care practitioner's total core credentials data, including all corrections, updates, and modifications thereto, 28 which is selected by the health care practitioner as the 29 30 credentials verification entity for all inquiries into his or 31 her credentials, if the health care practitioner chooses to

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make such a designation. Notwithstanding any such designation 1 2 by a health care practitioner, the division, once certified, 3 shall also be considered a designated credentials verification 4 entity for that health care practitioner. 5 (h) "Drug Enforcement Administration certification" 6 means certification issued by the Drug Enforcement 7 Administration for purposes of administration or prescription of controlled substances. Submission of such certification 8 under this section must include evidence that the 9 10 certification is current and must also include all current addresses to which the certificate is issued. 11 12 (i) "Division" means the Division of Medical Quality Assurance within the Department of Health. 13 14 (i)(j) "Health care entity" means: 15 1. Any health care facility or other health care organization licensed or certified to provide approved medical 16 17 and allied health services in this state Florida; or 2. Any entity licensed by the Department of Insurance 18 19 as a prepaid health care plan or health maintenance 20 organization or as an insurer to provide coverage for health 21 care services through a network of providers; or 3. Any accredited medical school in this state. 22 (j)(k) "Health care practitioner" means any person 23 24 licensed, or, for credentialing purposes only, any person 25 applying for licensure, under chapter 458, chapter 459, 26 chapter 460, or chapter 461 or any person licensed or applying 27 for licensure under a chapter subsequently made subject to 28 this section by the department with the approval of the applicable board, except a person registered or applying for 29 30 registration pursuant to s. 458.345 or s. 459.021. "Hospital or other institutional affiliations" 31 (k)

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means each hospital or other institution for which the health 1 care practitioner or applicant has provided medical services. 2 3 Submission of such information under this section must 4 include, for each hospital or other institution, the name and address of the hospital or institution, the staff status of 5 6 the health care practitioner or applicant at that hospital or 7 institution, and the dates of affiliation with that hospital or institution. 8 9 "National accrediting organization" means an (1) 10 organization that awards accreditation or certification to hospitals, managed care organizations, credentials 11 12 verification organizations, or other health care organizations, including, but not limited to, the Joint 13 14 Commission on Accreditation of Healthcare Organizations, the 15 American Accreditation HealthCare Commission/URAC, and the 16 National Committee for Quality Assurance. 17 (m) "Professional training" means any internship, 18 residency, or fellowship relating to the profession for which 19 the health care practitioner is licensed or seeking licensure. (n) "Specialty board certification" means 20 21 certification in a specialty issued by a specialty board recognized by the board in this state that regulates the 22 23 profession for which the health care practitioner is licensed 24 or seeking licensure. (m) "Primary source verification" means verification 25 26 of professional qualifications based on evidence obtained 27 directly from the issuing source of the applicable 28 qualification. 29 (n) "Recredentialing" means the process by which a 30 credentials verification entity verifies the credentials of a 31 health care practitioner whose core credentials data,

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including all corrections, updates, and modifications thereto, 1 2 are currently on file with the entity. 3 (o) "Secondary source verification" means confirmation 4 of a professional qualification by means other than primary 5 source verification, as outlined and approved by national б accrediting organizations. 7 (3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM.--(a) Every health care practitioner shall: 8 1. Report all core credentials data to the department 9 10 which is not already on file with the department, either by 11 designating a credentials verification organization to submit 12 the data or by submitting the data directly. 13 2. Notify the department within 45 days of any corrections, updates, or modifications to the core credentials 14 15 data either through his or her designated credentials 16 verification organization or by submitting the data directly. 17 Corrections, updates, and modifications to the core 18 credentials data provided the department under this section shall comply with the updating requirements of s. 455.565(3) 19 20 related to profiling. 21 (b) (a) In accordance with the provisions of this 22 section, The department shall: 1. Maintain a complete, current file of core 23 24 credentials data on each health care practitioner, which shall 25 include all updates provided in accordance with subparagraph (3)(a)2. 26 27 2. Release the core credentials data that is otherwise 28 confidential or exempt from the provisions of chapter 119 and s. 24(a), Art. I of the State Constitution and any 29 30 corrections, updates, and modifications thereto, if authorized 31 by the health care practitioner.

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1	3. Charge a fee to access the core credentials data,
2	which may not exceed the actual cost, including prorated setup
3	and operating costs, pursuant to the requirements of chapter
4	119. The actual cost shall be set in consultation with the
5	advisory council.
6	4. Develop, in consultation with the advisory council,
7	standardized forms to be used by the health care practitioner
8	or designated credentials verification organization for the
9	initial reporting of core credentials data, for the health
10	care practitioner to authorize the release of core credentials
11	data, and for the subsequent reporting of corrections,
12	updates, and modifications thereto develop standardized forms
13	necessary for the creation of a standardized system as well as
14	guidelines for collecting, verifying, maintaining, storing,
15	and providing core credentials data on health care
16	practitioners through credentials verification entities,
17	except as otherwise provided in this section, for the purpose
18	of eliminating duplication. Once the core credentials data are
19	submitted, the health care practitioner is not required to
20	resubmit this initial data when applying for practice
21	privileges with health care entities. However, as provided in
22	<del>paragraph (d), each health care practitioner is responsible</del>
23	for providing any corrections, updates, and modifications to
24	his or her core credentials data, to ensure that all
25	credentialing data on the practitioner remains current.
26	Nothing in this paragraph prevents the designated credentials
27	verification entity from obtaining all necessary attestation
28	and release form signatures and dates.
29	<u>5.(b)</u> Establish There is established a Credentials
30	Verification Advisory Council, consisting of 13 members, to
31	assist the department as provided in this section with the
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1	development of guidelines for establishment of the
2	standardized credentials verification program. The secretary,
3	or his or her designee, shall serve as one member and chair of
4	the council and shall appoint the remaining 12 members. Except
5	for any initial lesser term required to achieve staggering,
6	such appointments shall be for 4-year staggered terms, with
7	one 4-year reappointment, as applicable. Three members shall
8	represent hospitals, and two members shall represent health
9	maintenance organizations. One member shall represent health
10	insurance entities. One member shall represent the credentials
11	verification industry. Two members shall represent physicians
12	licensed under chapter 458. One member shall represent
13	osteopathic physicians licensed under chapter 459. One member
14	shall represent chiropractic physicians licensed under chapter
15	460. One member shall represent podiatric physicians licensed
16	under chapter 461.
17	(c) A registered credentials verification organization
18	may be designated by a health care practitioner to assist the
19	health care practitioner to comply with the requirements of
20	subsection (3)(a)2. A designated credentials verification
21	organization shall:
22	1. Timely comply with the requirements of subsection
23	(3)(a)2., pursuant to rules adopted by the department.
24	2. Not provide the health care practitioner's core
25	data, including all corrections, updates, and modifications,
26	without the authorization of the practitioner.
27	(c) The department, in consultation with the advisory
28	council, shall develop standard forms for the initial
29	reporting of core credentials data for credentialing purposes
30	and for the subsequent reporting of corrections, updates, and
31	modifications thereto for recredentialing purposes.
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1	(d) Each health care practitioner licensed under
2	<del>chapter 458, chapter 459, chapter 460, or chapter 461, or any</del>
3	person licensed under a chapter subsequently made subject to
4	this section, must report any action or information as defined
5	in paragraph (2)(d), including any correction, update, or
6	modification thereto, as soon as possible but not later than
7	<del>30 days after such action occurs or such information is known,</del>
8	to the department or his or her designated credentials
9	verification entity, if any, who must report it to the
10	department. In addition, a licensee must update, at least
11	quarterly, his or her data on a form prescribed by the
12	department.
13	(e) An individual applying for licensure under chapter
14	458, chapter 459, chapter 460, or chapter 461, or any person
15	applying for licensure under a chapter subsequently made
16	subject to this section, must submit the individual's initial
17	core credentials data to a credentials verification entity, if
18	such information has not already been submitted to the
19	department or the appropriate licensing board or to any other
20	credentials verification entity.
21	(f) Applicants may decide which credentials
22	verification entity they want to process and store their core
23	<del>credentials data; however, such data shall at all times be</del>
24	maintained by the department. An applicant may choose not to
25	designate a credentials verification entity, provided the
26	applicant has a written agreement with the health care entity
27	or entities that are responsible for his or her credentialing.
28	<del>In addition, any licensee may choose to move his or her core</del>
29	credentials data from one credentials verification entity to
30	another.
31	(g) Any health care entity that employs, contracts
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with, or allows health care practitioners to treat its 1 2 patients must use the designated credentials verification 3 entity to obtain core credentials data on a health care practitioner applying for privileges with that entity, if the 4 5 health care practitioner has made such a designation, or may use the division in lieu thereof as the designated credentials 6 7 verification entity required for obtaining core credentials 8 data on such health care practitioner. Any additional information required by the health care entity's credentialing 9 10 process may be collected from the primary source of that information either by the health care entity or its contractee 11 12 or by the designated credentials verification entity. (h) Nothing in this section may be construed to 13 restrict the right of any health care entity to request 14 15 additional information necessary for credentialing. 16 (i) Nothing in this section may be construed to 17 restrict access to the National Practitioner Data Bank by the department, any health care entity, or any credentials 18 verification entity. 19 20 (d)(j) Nothing in This section shall not may be 21 construed to restrict in any way the authority of the health care entity to credential and to approve or deny an 22 application for hospital staff membership, clinical 23 24 privileges, or managed care network participation. (4) DELEGATION BY CONTRACT. -- A health care entity may 25 contract with any credentials verification entity to perform 26 27 the functions required under this section. The submission of an application for health care privileges with a health care 28 entity shall constitute authorization for the health care 29 30 entity to access the applicant's core credentials data with 31 the department or the applicant's designated credentials 96

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verification entity, if the applicant has made such a 1 2 designation. 3 (5) AVAILABILITY OF DATA COLLECTED.--4 (a) The department shall make available to a health 5 care entity or credentials verification entity registered with the department all core credentials data it collects on any б 7 licensee that is otherwise confidential and exempt from the provisions of chapter 119 and s. 24(a), Art. I of the State 8 Constitution, including corrections, updates, and 9 10 modifications thereto, if a health care entity submits proof of the licensee's current pending application for purposes of 11 12 credentialing the applicant based on the core credentials data 13 maintained by the department. (b) Each credentials verification entity shall make 14 15 available to a health care entity the licensee has authorized 16 to receive the data, and to the department at the credentials 17 verification entity's actual cost of providing the data, all core credentials data it collects on any licensee, including 18 all corrections, updates, and modifications thereto. 19 (c) The department shall charge health care entities 20 and other credentials verification entities a reasonable fee, 21 pursuant to the requirements of chapter 119, to access all 22 credentialing data it maintains on applicants and licensees. 23 24 The fee shall be set in consultation with the advisory council and may not exceed the actual cost of providing the data. 25 26 (4)(6) DUPLICATION OF DATA PROHIBITED.--27 (a) A health care entity or credentials verification organization is prohibited from collecting or attempting may 28 not collect or attempt to collect duplicate core credentials 29 30 data from any individual health care practitioner or from any primary source if the information is available from already on 31 97

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file with the department or with any credentials verification 1 2 entity. This section shall not be construed to restrict the 3 right of any health care entity or credentials verification 4 organization to collect additional information from the health care practitioner which is not included in the core 5 6 credentials data file. This section shall not be construed to 7 prohibit a health care entity or credentials verification organization from obtaining all necessary attestation and 8 9 release form signatures and dates. (b) Effective July 1, 2002, a state agency in this 10 11 state which credentials health care practitioners may not 12 collect or attempt to collect duplicate core credentials data from any individual health care practitioner if the 13 information is already available from the department. This 14 15 section shall not be construed to restrict the right of any such state agency to request additional information not 16 included in the core credential data file, but which is deemed 17 necessary for the agency's specific credentialing purposes. 18 19 (b) A credentials verification entity other than the 20 department may not attempt to collect duplicate core 21 credentials data from any individual health care practitioner if the information is already on file with another credentials 22 verification entity or with the appropriate licensing board of 23 24 another state, provided the other state's credentialing program meets national standards and is certified or 25 accredited, as outlined by national accrediting organizations, 26 27 and agrees to provide all data collected under such program on 28 that health care practitioner. 29 (7) RELIABILITY OF DATA. -- Any credentials verification 30 entity may rely upon core credentials data, including all 31 corrections, updates, and modifications thereto, from the 98

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department if the department certifies that the information 1 2 was obtained in accordance with primary source verification 3 procedures; and the department may rely upon core credentials 4 data, including all corrections, updates, and modifications 5 thereto, from any credentials verification entity if the designated credentials verification entity certifies that the б 7 information was obtained in accordance with primary source 8 verification procedures. 9 (5)(8) STANDARDS AND REGISTRATION. --10 (a) The department's credentials verification 11 procedures must meet national standards, as outlined by 12 national accrediting organizations. 13 (b) Any credentials verification organization entity that does business in this state Florida must be fully 14 15 accredited or certified as a credentials verification organization meet national standards, as outlined by a 16 17 national accrediting organization as specified in paragraph 18 (2)(b)<del>organizations,</del>and must register with the department. The department may charge a reasonable registration fee, set 19 in consultation with the advisory council, not to exceed an 20 21 amount sufficient to cover its actual expenses in providing and enforcing for such registration. The department shall 22 establish by rule for biennial renewal of such registration. 23 24 Failure by a registered Any credentials verification organization to maintain full accreditation or certification, 25 to provide data as authorized by the health care practitioner, 26 27 to report to the department changes, updates, and 28 modifications to a health care practitioner's records within the time period specified in subparagraph (3)(a)2., or to 29 30 comply with the prohibition against collection of duplicate core credentials data from a practitioner may result in denial 31

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of an application for renewal of registration or in revocation 1 2 or suspension of a registration entity that fails to meet the 3 standards required to be certified or accredited, fails to 4 register with the department, or fails to provide data 5 collected on a health care practitioner may not be selected as the designated credentials verification entity for any health 6 7 care practitioner. (6)(9) LIABILITY.--No civil, criminal, or 8

9 administrative action may be instituted, and there shall be no 10 liability, against any <u>registered credentials verification</u> 11 <u>organization or</u> health care entity on account of its reliance 12 on any data obtained <u>directly</u> from <u>the department</u> <del>a</del> 13 <del>credentials verification entity</del>.

14 (10) REVIEW.--Before releasing a health care
 15 practitioner's core credentials data from its data bank, a
 16 designated credentials verification entity other than the
 17 department must provide the practitioner up to 30 days to
 18 review such data and make any corrections of fact.

19 (11) VALIDATION OF CREDENTIALS.--Except as otherwise 20 acceptable to the health care entity and applicable certifying 21 or accrediting organization listed in paragraph (2)(c), the department and all credentials verification entities must 22 perform primary source verification of all credentialing 23 24 information submitted to them pursuant to this section; 25 however, secondary source verification may be utilized if 26 there is a documented attempt to contact primary sources. The 27 validation procedures used by the department and credentials 28 verification entities must meet the standards established by 29 rule pursuant to this section. 30 (7)(12) LIABILITY INSURANCE REQUIREMENTS. -- The 31 department, in consultation with the Credentials Verification

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1	Advisory Council, shall establish the minimum liability
2	insurance requirements for Each credentials verification
3	organization entity doing business in this state shall
4	maintain liability insurance appropriate to meet the
5	certification or accreditation requirements established in
6	this section.
7	(8) (13) RULESThe department, in consultation with
8	the advisory council applicable board, shall adopt rules
9	necessary to develop and implement the standardized core
10	credentials data collection verification program established
11	by this section.
12	(9) COUNCIL ABOLISHED; DEPARTMENT AUTHORITYThe
13	council shall be abolished October 1, 1999. After the council
14	is abolished, all duties of the department required under this
15	section to be in consultation with the council may be carried
16	out by the department on its own.
17	Section 77. Subsections (1), (2), (6), (7), (8), and
18	(9) of section 455.564, Florida Statutes, 1998 Supplement, are
19	amended to read:
20	455.564 Department; general licensing provisions
21	(1) Any person desiring to be licensed in a profession
22	within the jurisdiction of the department shall apply to the
23	department in writing to take the licensure examination. The
24	application shall be made on a form prepared and furnished by
25	the department and shall require the social security number of
26	the applicant. The form shall be supplemented as needed to
27	reflect any material change in any circumstance or condition
28	stated in the application which takes place between the
29	initial filing of the application and the final grant or
30	denial of the license and which might affect the decision of
31	the department. An incomplete application shall expire 1 year
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after initial filing. In order to further the economic 1 2 development goals of the state, and notwithstanding any law to 3 the contrary, the department may enter into an agreement with 4 the county tax collector for the purpose of appointing the 5 county tax collector as the department's agent to accept 6 applications for licenses and applications for renewals of 7 licenses. The agreement must specify the time within which the tax collector must forward any applications and accompanying 8 9 application fees to the department.

10 (2) Before the issuance of any license, the department may charge an initial license fee as determined by rule of the 11 12 applicable board or, if no such board exists, by rule of the 13 department. Upon receipt of the appropriate license fee, the department shall issue a license to any person certified by 14 15 the appropriate board, or its designee, as having met the 16 licensure requirements imposed by law or rule. The license 17 licensee shall consist of be issued a wallet-size identification card and a wall card measuring 6 1/2 inches by 18 5 inches. In addition to the two-part license, the department, 19 20 at the time of initial licensure, shall issue a wall 21 certificate suitable for conspicuous display, which shall be no smaller than 8 1/2 inches by 14 inches. The licensee shall 22 surrender to the department the wallet-size identification 23 24 card, the wall card, and the wall certificate, if one has been 25 issued by the department, if the licensee's license is 26 suspended or revoked. The department shall promptly return the 27 wallet-size identification card and the wall certificate to 28 the licensee upon reinstatement of a suspended or revoked 29 license. 30 (6) As a condition of renewal of a license, the Board 31 of Medicine, the Board of Osteopathic Medicine, the Board of

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Chiropractic Medicine, and the Board of Podiatric Medicine 1 2 shall each require licensees which they respectively regulate 3 to periodically demonstrate their professional competency by 4 completing at least 40 hours of continuing education every 2 5 years, which may include up to 1 hour of risk management or 6 cost containment and up to 2 hours of other topics related to 7 the applicable medical specialty, if required by board rule. The boards may require by rule that up to 1 hour of the 8 required 40 or more hours be in the area of risk management or 9 10 cost containment. This provision shall not be construed to limit the number of hours that a licensee may obtain in risk 11 12 management or cost containment to be credited toward satisfying the 40 or more required hours. This provision shall 13 14 not be construed to require the boards to impose any 15 requirement on licensees except for the completion of at least 40 hours of continuing education every 2 years. Each of such 16 17 boards shall determine whether any specific continuing education course requirements not otherwise mandated by law 18 19 shall be mandated and shall approve criteria for, and the content of, any continuing education course mandated by such 20 21 board. Notwithstanding any other provision of law, the board, or the department when there is no board, may approve by rule 22 alternative methods of obtaining continuing education credits 23 24 in risk management. The alternative methods may include 25 attending a board meeting at which another  $\frac{1}{2}$  licensee is 26 disciplined, serving as a volunteer expert witness for the 27 department in a disciplinary case, or serving as a member of a 28 probable cause panel following the expiration of a board member's term. Other boards within the Division of Medical 29 30 Quality Assurance, or the department if there is no board, may adopt rules granting continuing education hours in risk 31

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1 management for attending a board meeting at which another 2 licensee is disciplined, serving as a volunteer expert witness 3 for the department in a disciplinary case, or serving as a 4 member of a probable cause panel following the expiration of a 5 board member's term. 6 (7) The respective boards within the jurisdiction of 7 the department or the department when there is no board may.

7 the department, or the department when there is no board, may 8 adopt rules to provide for the use of approved videocassette 9 courses, not to exceed 5 hours per subject, to fulfill the 10 continuing education requirements of the professions they regulate. Such rules shall provide for prior board approval of 11 12 the board, or the department when there is no board, of the 13 criteria for and content of such courses and shall provide for a videocassette course validation form to be signed by the 14 15 vendor and the licensee and submitted to the department, along 16 with the license renewal application, for continuing education 17 credit.

18 (8) Any board that currently requires continuing education for renewal of a license, or the department if there 19 20 is no board, shall adopt rules to establish the criteria for 21 continuing education courses. The rules may provide that up to a maximum of 25 percent of the required continuing 22 education hours can be fulfilled by the performance of pro 23 24 bono services to the indigent or to underserved populations or in areas of critical need within the state where the licensee 25 practices. The board, or the department if there is no board, 26 27 must require that any pro bono services be approved in advance in order to receive credit for continuing education under this 28 subsection. The standard for determining indigency shall be 29 30 that recognized by the Federal Poverty Income Guidelines 31 produced by the United States Department of Health and Human

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The rules may provide for approval by the board, or Services. 1 2 the department if there is no board, that a part of the 3 continuing education hours can be fulfilled by performing 4 research in critical need areas or for training leading to advanced professional certification. The board, or the 5 6 department if there is no board, may make rules to define 7 underserved and critical need areas. The department shall adopt rules for administering continuing education 8 9 requirements adopted by the boards or the department if there 10 is no board. 11 (9) Notwithstanding any law to the contrary, an 12 elected official who is licensed under a practice act 13 administered by the Division of Medical Health Quality Assurance may hold employment for compensation with any public 14 15 agency concurrent with such public service. Such dual service 16 must be disclosed according to any disclosure required by 17 applicable law. Section 78. Present subsections (5), (6), and (7) of 18 section 455.5651, Florida Statutes, 1998 Supplement, are 19 20 renumbered as subsections (6), (7), and (8), respectively, and a new subsection (5) is added to that section, to read: 21 455.5651 Practitioner profile; creation.--22 (5) The Department of Health may not include 23 24 disciplinary action taken by a licensed hospital or an ambulatory surgical center in the practitioner profile. 25 26 Section 79. Section 455.567, Florida Statutes, is 27 amended to read: 28 455.567 Sexual misconduct; disgualification for 29 license, certificate, or registration. --30 (1) Sexual misconduct in the practice of a health care profession means violation of the professional relationship 31 105 2:06 PM 04/28/99 h2125c-07x01

through which the health care practitioner uses such 1 2 relationship to engage or attempt to engage the patient or 3 client, or an immediate family member of the patient or client 4 in, or to induce or attempt to induce such person to engage in, verbal or physical sexual activity outside the scope of 5 the professional practice of such health care profession. б 7 Sexual misconduct in the practice of a health care profession 8 is prohibited. 9 (2) Each board within the jurisdiction of the 10 department, or the department if there is no board, shall 11 refuse to admit a candidate to any examination and refuse to 12 issue a license, certificate, or registration to any applicant 13 if the candidate or applicant has: (a)(1) Had any license, certificate, or registration 14 15 to practice any profession or occupation revoked or surrendered based on a violation of sexual misconduct in the 16 17 practice of that profession under the laws of any other state or any territory or possession of the United States and has 18 not had that license, certificate, or registration reinstated 19 20 by the licensing authority of the jurisdiction that revoked 21 the license, certificate, or registration; or 22 (b) (2) Committed any act in any other state or any territory or possession of the United States which if 23 24 committed in this state would constitute sexual misconduct. 25 For purposes of this subsection, a licensing authority's 26 27 acceptance of a candidate's relinquishment of a license which is offered in response to or in anticipation of the filing of 28 administrative charges against the candidate's license 29 30 constitutes the surrender of the license. Section 80. Subsection (2) of section 455.574, Florida 31 106 2:06 PM 04/28/99 h2125c-07x01

Statutes, 1998 Supplement, is amended to read: 1 2 455.574 Department of Health; examinations.--3 (2) For each examination developed by the department 4 or a contracted vendor, the board, or the department when 5 there is no board, shall adopt rules providing for 6 reexamination of any applicants who failed an examination 7 developed by the department or a contracted vendor. If both a 8 written and a practical examination are given, an applicant 9 shall be required to retake only the portion of the 10 examination on which the applicant failed to achieve a passing 11 grade, if the applicant successfully passes that portion 12 within a reasonable time, as determined by rule of the board, 13 or the department when there is no board, of passing the other 14 portion. Except for national examinations approved and 15 administered pursuant to this section, the department shall 16 provide procedures for applicants who fail an examination 17 developed by the department or a contracted vendor to review 18 their examination questions, answers, papers, grades, and grading key for the questions the candidate answered 19 incorrectly or, if not feasible, the parts of the examination 20 21 failed. Applicants shall bear the actual cost for the 22 department to provide examination review pursuant to this subsection. An applicant may waive in writing the 23 24 confidentiality of the applicant's examination grades. Section 81. Subsection (1) of section 455.587, Florida 25 Statutes, is amended, present subsections (2) through (7) are 26 27 renumbered as subsections (3) through (8), respectively, and a new subsection (2) is added to that section, to read: 28 29 455.587 Fees; receipts; disposition for boards within 30 the department. --31 (1) Each board within the jurisdiction of the

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department, or the department when there is no board, shall 1 2 determine by rule the amount of license fees for the its 3 profession it regulates, based upon long-range estimates 4 prepared by the department of the revenue required to 5 implement laws relating to the regulation of professions by 6 the department and the board. Each board, or the department 7 if there is no board, shall ensure that license fees are adequate to cover all anticipated costs and to maintain a 8 reasonable cash balance, as determined by rule of the agency, 9 10 with advice of the applicable board. If sufficient action is not taken by a board within 1 year after notification by the 11 12 department that license fees are projected to be inadequate, the department shall set license fees on behalf of the 13 14 applicable board to cover anticipated costs and to maintain 15 the required cash balance. The department shall include 16 recommended fee cap increases in its annual report to the 17 Legislature. Further, it is the legislative intent that no regulated profession operate with a negative cash balance. The 18 department may provide by rule for advancing sufficient funds 19 to any profession operating with a negative cash balance. The 20 advancement may be for a period not to exceed 2 consecutive 21 years, and the regulated profession must pay interest. 22 23 Interest shall be calculated at the current rate earned on 24 investments of a trust fund used by the department to implement this part. Interest earned shall be allocated to the 25 various funds in accordance with the allocation of investment 26 27 earnings during the period of the advance. 28 (2) Each board, or the department if there is no 29 board, may charge a fee not to exceed \$25, as determined by 30 rule, for the issuance of a wall certificate pursuant to s. 455.564(2) requested by a licensee who was licensed prior to 31

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July 1, 1998, or for the issuance of a duplicate wall 1 2 certificate requested by any licensee. Section 82. Section 455.601, Florida Statutes, is 3 4 amended to read: 5 455.601 Hepatitis B or human immunodeficiency 6 carriers.--7 (1) The department and each appropriate board within the Division of Medical Quality Assurance shall have the 8 9 authority to establish procedures to handle, counsel, and 10 provide other services to health care professionals within their respective boards who are infected with hepatitis B or 11 12 the human immunodeficiency virus. 13 (2) Any person licensed by the department and any other person employed by a health care facility who contracts 14 15 a blood-borne infection shall have a rebuttable presumption 16 that the illness was contracted in the course and scope of his 17 or her employment, provided that the person, as soon as 18 practicable, reports to the person's supervisor or the facility's risk manager any significant exposure, as that term 19 is defined in s. 381.004(2)(c), to blood or body fluids. The 20 21 employer may test the blood or body fluid to determine if it is infected with the same disease contracted by the employee. 22 The employer may rebut the presumption by the preponderance of 23 24 the evidence. Except as expressly provided in this subsection, 25 there shall be no presumption that a blood-borne infection is a job-related injury or illness. 26 27 Section 83. Subsections (1) and (6) of section 28 455.604, Florida Statutes, 1998 Supplement, are amended to 29 read: 30 455.604 Requirement for instruction for certain 31 licensees on human immunodeficiency virus and acquired immune 109 2:06 PM 04/28/99

1 deficiency syndrome.--

2 (1)The appropriate board shall require each person licensed or certified under chapter 457; chapter 458; chapter 3 4 459; chapter 460; chapter 461; chapter 463; chapter 464; 5 chapter 465; chapter 466; part II, part III, or part V, or 6 part X of chapter 468; or chapter 486 to complete a continuing 7 educational course, approved by the board, on human immunodeficiency virus and acquired immune deficiency syndrome 8 9 as part of biennial relicensure or recertification. The course shall consist of education on the modes of transmission, 10 infection control procedures, clinical management, and 11 12 prevention of human immunodeficiency virus and acquired immune 13 deficiency syndrome. Such course shall include information on current Florida law on acquired immune deficiency syndrome and 14 15 its impact on testing, confidentiality of test results, 16 treatment of patients, and any protocols and procedures 17 applicable to human immunodeficiency virus counseling and testing, reporting, the offering of HIV testing to pregnant 18 women, and partner notification issues pursuant to ss. 381.004 19 20 and 384.25.

21 (6) The board shall require as a condition of granting 22 a license under the chapters and parts specified in subsection (1) that an applicant making initial application for licensure 23 24 complete an educational course acceptable to the board on 25 human immunodeficiency virus and acquired immune deficiency syndrome. An applicant who has not taken a course at the time 26 27 of licensure shall, upon an affidavit showing good cause, be 28 allowed 6 months to complete this requirement. Section 84. Subsection (1) of section 455.607, Florida 29

30 Statutes, is amended to read:

455.607 Athletic trainers and massage therapists;

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requirement for instruction on human immunodeficiency virus
 and acquired immune deficiency syndrome.--

3 (1) The board, or the department where there is no 4 board, shall require each person licensed or certified under 5 part XIII <del>XIV</del> of chapter 468 or chapter 480 to complete a 6 continuing educational course approved by the board, or the 7 department where there is no board, on human immunodeficiency virus and acquired immune deficiency syndrome as part of 8 biennial relicensure or recertification. The course shall 9 10 consist of education on modes of transmission, infection control procedures, clinical management, and prevention of 11 12 human immunodeficiency virus and acquired immune deficiency 13 syndrome, with an emphasis on appropriate behavior and 14 attitude change. 15 Section 85. Paragraphs (t), (u), (v), (w), and (x) are added to subsection (1) of section 455.624, Florida Statutes, 16 17 subsection (2) of that section is amended, present subsection (3) of that section is renumbered as subsection (4) and 18 amended, present subsections (4) and (5) of that subsection 19 20 are renumbered as subsections (5) and (6), respectively, and a 21 new subsection (3) is added to that section, to read: 455.624 Grounds for discipline; penalties; 22 23 enforcement.--24 (1) The following acts shall constitute grounds for 25 which the disciplinary actions specified in subsection (2) may 26 be taken: 27 (t) Failing to comply with the requirements of ss. 28 381.026 and 381.0261 to provide patients with information 29 about their patient rights and how to file a patient 30 complaint. 31

(u) Engaging or attempting to engage a patient or

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client in verbal or physical sexual activity. For the purposes 1 2 of this section, a patient or client shall be presumed to be 3 incapable of giving free, full, and informed consent to verbal 4 or physical sexual activity. 5 (v) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, 6 7 failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, 8 deceptive, or fraudulent representations on a profile, 9 10 credentialing, or initial or renewal licensure application. 11 (w) Failing to report to the board, or the department 12 if there is no board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a 13 plea of nolo contendere to, regardless of adjudication, a 14 15 crime in any jurisdiction. Convictions, findings, adjudications, and pleas entered into prior to the enactment 16 17 of this paragraph must be reported in writing to the board, or 18 department if there is no board, on or before October 1, 1999. 19 (x) Using information about people involved in motor vehicle accidents which has been derived from accident reports 20 21 made by law enforcement officers or persons involved in accidents pursuant to s. 316.066, or using information 22 published in a newspaper or other news publication or through 23 24 a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or 25 any other solicitation whatsoever of the people involved in 26 27 such accidents. (2) When the board, or the department when there is no 28 board, finds any person guilty of the grounds set forth in 29 30 subsection (1) or of any grounds set forth in the applicable 31 practice act, including conduct constituting a substantial 112 2:06 PM 04/28/99 h2125c-07x01

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violation of subsection (1) or a violation of the applicable 1 2 practice act which occurred prior to obtaining a license, it 3 may enter an order imposing one or more of the following 4 penalties: (a) Refusal to certify, or to certify with 5 6 restrictions, an application for a license. 7 (b) Suspension or permanent revocation of a license. 8 (c) Restriction of practice. (d) Imposition of an administrative fine not to exceed 9 10 \$10,000<del>\$5,000</del> for each count or separate offense. (e) Issuance of a reprimand. 11 12 (f) Placement of the licensee on probation for a 13 period of time and subject to such conditions as the board, or 14 the department when there is no board, may specify. Those 15 conditions may include, but are not limited to, requiring the 16 licensee to undergo treatment, attend continuing education 17 courses, submit to be reexamined, work under the supervision of another licensee, or satisfy any terms which are reasonably 18 tailored to the violations found. 19 20 (q) Corrective action. 21 (h) Imposition of an administrative fine in accordance 22 with s. 381.0261 for violations regarding patient rights. 23 24 In determining what action is appropriate, the board, or 25 department when there is no board, must first consider what sanctions are necessary to protect the public or to compensate 26 27 the patient. Only after those sanctions have been imposed may the disciplining authority consider and include in the order 28 requirements designed to rehabilitate the practitioner. All 29 30 costs associated with compliance with orders issued under this subsection are the obligation of the practitioner. 31

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(3) Notwithstanding subsection (2), if the ground for 1 2 disciplinary action is the first-time failure of the licensee 3 to satisfy continuing education requirements established by 4 the board, or by the department if there is no board, the board or department, as applicable, shall issue a citation in 5 accordance with s. 455.617 and assess a fine, as determined by 6 7 the board or department by rule. In addition, for each hour of continuing education not completed or completed late, the 8 board or department, as applicable, may require the licensee 9 10 to take 1 additional hour of continuing education for each 11 hour not completed or completed late. 12 (4) (4) (3) In addition to any other discipline imposed 13 pursuant to this section or discipline imposed for a violation 14 of any practice act, the board, or the department when there 15 is no board, may assess costs related to the investigation and 16 prosecution of the case excluding costs associated with an 17 attorney's time. In any case where the board or the department imposes a fine or assessment and the fine or assessment is not 18 paid within a reasonable time, such reasonable time to be 19 prescribed in the rules of the board, or the department when 20 21 there is no board, or in the order assessing such fines or costs, the department or the Department of Legal Affairs may 22 contract for the collection of, or bring a civil action to 23 24 recover, the fine or assessment. Section 86. Section 455.664, Florida Statutes, is 25 26 amended to read: 27 455.664 Advertisement by a health care practitioner 28 provider of free or discounted services; required statement. -- In any advertisement for a free, discounted fee, 29 30 or reduced fee service, examination, or treatment by a health 31 care practitioner <del>provider</del> licensed under chapter 458, chapter 114 2:06 PM 04/28/99 h2125c-07x01

459, chapter 460, chapter 461, chapter 462, chapter 463, 1 2 chapter 464, chapter 465, chapter 466, chapter 467, chapter 3 478, chapter 483, chapter 484, or chapter 486, chapter 490, or 4 chapter 491, the following statement shall appear in capital 5 letters clearly distinguishable from the rest of the text: 6 THE PATIENT AND ANY OTHER PERSON RESPONSIBLE FOR PAYMENT HAS A 7 RIGHT TO REFUSE TO PAY, CANCEL PAYMENT, OR BE REIMBURSED FOR PAYMENT FOR ANY OTHER SERVICE, EXAMINATION, OR TREATMENT THAT 8 9 IS PERFORMED AS A RESULT OF AND WITHIN 72 HOURS OF RESPONDING 10 TO THE ADVERTISEMENT FOR THE FREE, DISCOUNTED FEE, OR REDUCED FEE SERVICE, EXAMINATION, OR TREATMENT. However, the required 11 12 statement shall not be necessary as an accompaniment to an 13 advertisement of a licensed health care practitioner provider defined by this section if the advertisement appears in a 14 15 classified directory the primary purpose of which is to 16 provide products and services at free, reduced, or discounted 17 prices to consumers and in which the statement prominently 18 appears in at least one place. Section 87. Subsections (7) and (16) of section 19 20 455.667, Florida Statutes, 1998 Supplement, are amended to 21 read:

455.667 Ownership and control of patient records;report or copies of records to be furnished.--

(7)(a)1. The department may obtain patient records and insurance information, if the complaint being investigated alleges inadequate medical care based on termination of insurance. The department may obtain patient access these records pursuant to a subpoena without written authorization from the patient if the department and the probable cause panel of the appropriate board, if any, find reasonable cause to believe that a health care practitioner has excessively or

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inappropriately prescribed any controlled substance specified 1 2 in chapter 893 in violation of this part or any professional 3 practice act or that a health care practitioner has practiced 4 his or her profession below that level of care, skill, and 5 treatment required as defined by this part or any professional practice act; provided, however, the and also find that б 7 appropriate, reasonable attempts were made to obtain a patient 8 release. 2. The department may obtain patient records and 9 10 insurance information pursuant to a subpoena without written 11 authorization from the patient if the department and the 12 probable cause panel of the appropriate board, if any, find reasonable cause to believe that a health care practitioner 13 has provided inadequate medical care based on termination of 14 15 insurance and also find that appropriate, reasonable attempts 16 were made to obtain a patient release. 17 3. The department may obtain patient records, billing 18 records, insurance information, provider contracts, and all attachments thereto pursuant to a subpoena without written 19 20 authorization from the patient if the department and probable 21 cause panel of the appropriate board, if any, find reasonable cause to believe that a health care practitioner has submitted 22 a claim, statement, or bill using a billing code that would 23 24 result in payment greater in amount than would be paid using a billing code that accurately describes the services performed, 25 requested payment for services that were not performed by that 26 27 health care practitioner, used information derived from a written report of an automobile accident generated pursuant to 28 29 chapter 316 to solicit or obtain patients personally or 30 through an agent regardless of whether the information is derived directly from the report or a summary of that report 31

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or from another person, solicited patients fraudulently, 1 received a kickback as defined in s. 455.657, violated the 2 3 patient brokering provisions of s. 817.505, or presented or 4 caused to be presented a false or fraudulent insurance claim within the meaning of s. 817.234(1)(a), and also find that, 5 6 within the meaning of s. 817.234(1)(a), patient authorization 7 cannot be obtained because the patient cannot be located or is deceased, incapacitated, or suspected of being a participant 8 in the fraud or scheme, and if the subpoena is issued for 9 10 specific and relevant records. 11 (b) Patient records, billing records, insurance 12 information, provider contracts, and all attachments thereto 13 record obtained by the department pursuant to this subsection 14 shall be used solely for the purpose of the department and the 15 appropriate regulatory board in disciplinary proceedings. The records shall otherwise be confidential and exempt from s. 16 17 119.07(1). This section does not limit the assertion of the psychotherapist-patient privilege under s. 90.503 in regard to 18 records of treatment for mental or nervous disorders by a 19 medical practitioner licensed pursuant to chapter 458 or 20 21 chapter 459 who has primarily diagnosed and treated mental and nervous disorders for a period of not less than 3 years, 22 inclusive of psychiatric residency. However, the health care 23 24 practitioner shall release records of treatment for medical conditions even if the health care practitioner has also 25 treated the patient for mental or nervous disorders. If the 26 27 department has found reasonable cause under this section and 28 the psychotherapist-patient privilege is asserted, the department may petition the circuit court for an in camera 29 30 review of the records by expert medical practitioners 31 appointed by the court to determine if the records or any part 117 2:06 PM 04/28/99 h2125c-07x01

thereof are protected under the psychotherapist-patient 1 2 privilege. 3 (16) A health care practitioner or records owner 4 furnishing copies of reports or records or making the reports or records available for digital scanning pursuant to this 5 6 section shall charge no more than the actual cost of copying, 7 including reasonable staff time, or the amount specified in administrative rule by the appropriate board, or the 8 9 department when there is no board. 10 Section 88. Subsection (3) is added to section 455.687, Florida Statutes, to read: 11 12 455.687 Certain health care practitioners; immediate 13 suspension of license.--14 (3) The department may issue an emergency order 15 suspending or restricting the license of any health care practitioner as defined in s. 455.501(4) who tests positive 16 17 for any drug on any government or private-sector preemployment 18 or employer-ordered confirmed drug test, as defined in s. 19 112.0455, when the practitioner does not have a lawful 20 prescription and legitimate medical reason for using such 21 drug. The practitioner shall be given 48 hours from the time of notification to the practitioner of the confirmed test 22 23 result to produce a lawful prescription for the drug before an 24 emergency order is issued. Section 89. Section 455.694, Florida Statutes, 1998 25 26 Supplement, is amended to read: 27 455.694 Financial responsibility requirements for 28 Boards regulating certain health care practitioners.--29 (1) As a prerequisite for licensure or license 30 renewal, the Board of Acupuncture, the Board of Chiropractic 31 Medicine, the Board of Podiatric Medicine, and the Board of 118 2:06 PM 04/28/99 h2125c-07x01

Dentistry shall, by rule, require that all health care 1 2 practitioners licensed under the respective board, and the 3 Board of Nursing shall, by rule, require that advanced 4 registered nurse practitioners certified under s. 464.012, and the department shall, by rule, require that midwives maintain 5 6 medical malpractice insurance or provide proof of financial 7 responsibility in an amount and in a manner determined by the board or department to be sufficient to cover claims arising 8 9 out of the rendering of or failure to render professional care 10 and services in this state.

11 (2) The board <u>or department</u> may grant exemptions upon 12 application by practitioners meeting any of the following 13 criteria:

14 (a) Any person licensed under chapter 457, chapter 15 460, chapter 461, s. 464.012, or chapter 466, or chapter 467 who practices exclusively as an officer, employee, or agent of 16 17 the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this subsection, an agent 18 of the state, its agencies, or its subdivisions is a person 19 20 who is eliqible for coverage under any self-insurance or 21 insurance program authorized by the provisions of s. 768.28(15) or who is a volunteer under s. 110.501(1). 22 (b) Any person whose license or certification has 23 24 become inactive under chapter 457, chapter 460, chapter 461, chapter 464, or chapter 466, or chapter 467 and who is not 25 26 practicing in this state. Any person applying for 27 reactivation of a license must show either that such licensee 28 maintained tail insurance coverage which provided liability coverage for incidents that occurred on or after October 1, 29 30 1993, or the initial date of licensure in this state, 31 whichever is later, and incidents that occurred before the

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date on which the license became inactive; or such licensee 1 must submit an affidavit stating that such licensee has no 2 unsatisfied medical malpractice judgments or settlements at 3 4 the time of application for reactivation.

5 (c) Any person holding a limited license pursuant to 6 s. 455.561, and practicing under the scope of such limited 7 license.

(d) Any person licensed or certified under chapter 8 9 457, chapter 460, chapter 461, s. 464.012, <del>or</del> chapter 466, or 10 chapter 467 who practices only in conjunction with his or her teaching duties at an accredited school or in its main 11 12 teaching hospitals. Such person may engage in the practice of 13 medicine to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching 14 15 position in the school.

16 (e) Any person holding an active license or 17 certification under chapter 457, chapter 460, chapter 461, s. 464.012, or chapter 466, or chapter 467 who is not practicing 18 in this state. If such person initiates or resumes practice 19 20 in this state, he or she must notify the department of such 21 activity.

22 (f) Any person who can demonstrate to the board or 23 department that he or she has no malpractice exposure in the 24 state.

25 (3) Notwithstanding the provisions of this section, the financial responsibility requirements of ss. 458.320 and 26 27 459.0085 shall continue to apply to practitioners licensed 28 under those chapters.

29 Section 90. Section 455.712, Florida Statutes, is 30 created to read:

31 455.712 Business establishments; requirements for

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active status licenses .--1 (1) A business establishment regulated by the Division 2 3 of Medical Quality Assurance pursuant to this part may provide 4 regulated services only if the business establishment has an active status license. A business establishment that provides 5 6 regulated services without an active status license is in 7 violation of this section and s. 455.624, and the board, or the department if there is no board, may impose discipline on 8 9 the business establishment. (2) A business establishment must apply with a 10 complete application, as defined by rule of the board, or the 11 12 department if there is no board, to renew an active status license before the license expires. If a business 13 establishment fails to renew before the license expires, the 14 15 license becomes delinquent, except as otherwise provided in statute, in the license cycle following expiration. 16 17 (3) A delinquent business establishment must apply 18 with a complete application, as defined by rule of the board, 19 or the department if there is no board, for active status within 6 months after becoming delinquent. Failure of a 20 21 delinquent business establishment to renew the license within the 6 months after the expiration date of the license renders 22 the license null without any further action by the board or 23 24 the department. Any subsequent licensure shall be as a result of applying for and meeting all requirements imposed on a 25 26 business establishment for new licensure. 27 (4) The status or a change in status of a business establishment license does not alter in any way the right of 28 29 the board, or of the department if there is no board, to 30 impose discipline or to enforce discipline previously imposed on a business establishment for acts or omissions committed by 31 121 2:06 PM 04/28/99 h2125c-07x01

the business establishment while holding a license, whether 1 2 active or null. 3 This section applies to any a business (5) 4 establishment registered, permitted, or licensed by the department to do business. Business establishments include, 5 6 but are not limited to, dental laboratories, electrology 7 facilities, massage establishments, pharmacies, and health care services pools. 8 Section 91. Subsection (7) is added to section 9 10 457.102, Florida Statutes, 1998 Supplement, to read: 457.102 Definitions.--As used in this chapter: 11 12 (7) "Prescriptive rights" means the prescription, 13 administration, and use of needles and devices, restricted 14 devices, and prescription devices that are used in the 15 practice of acupuncture and oriental medicine. 16 Section 92. Subsections (2) and (4) of section 17 458.307, Florida Statutes, 1998 Supplement, are amended to 18 read: 19 458.307 Board of Medicine.--(2) Twelve members of the board must be licensed 20 21 physicians in good standing in this state who are residents of the state and who have been engaged in the active practice or 22 teaching of medicine for at least 4 years immediately 23 24 preceding their appointment. One of the physicians must be on 25 the full-time faculty of a medical school in this state, and one of the physicians must be in private practice and on the 26 27 full-time staff of a statutory teaching hospital in this state 28 as defined in s. 408.07. At least one of the physicians must be a graduate of a foreign medical school. The remaining 29 30 three members must be residents of the state who are not, and 31 never have been, licensed health care practitioners. One 122

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member must be a health care hospital risk manager licensed 1 certified under s. 395.10974 part IX of chapter 626. At least 2 3 one member of the board must be 60 years of age or older. 4 (4) The board, in conjunction with the department, 5 shall establish a disciplinary training program for board 6 members. The program shall provide for initial and periodic 7 training in the grounds for disciplinary action, the actions which may be taken by the board and the department, changes in 8 relevant statutes and rules, and any relevant judicial and 9 10 administrative decisions. After January 1, 1989, No member of 11 the board shall participate on probable cause panels or in 12 disciplinary decisions of the board unless he or she has 13 completed the disciplinary training program. Section 93. Subsection (3) is added to section 14 15 458.309, Florida Statutes, 1998 Supplement, to read: 16 458.309 Authority to make rules .--17 (3) All physicians who perform level 2 procedures 18 lasting more than 5 minutes and all level 3 surgical procedures in an office setting must register the office with 19 20 the department unless that office is licensed as a facility 21 pursuant to chapter 395. The department shall inspect the physician's office annually unless the office is accredited by 22 a nationally recognized accrediting agency or an accrediting 23 24 organization subsequently approved by the Board of Medicine. 25 The actual costs for registration and inspection or accreditation shall be paid by the person seeking to register 26 27 and operate the office setting in which office surgery is 28 performed. 29 Section 94. Section 458.311, Florida Statutes, 1998 30 Supplement, is amended to read: 31 458.311 Licensure by examination; requirements;

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fees.--1 (1) Any person desiring to be licensed as a physician, 2 3 who does not hold a valid license in any state, shall apply to 4 the department on forms furnished by the department to take 5 the licensure examination. The department shall license 6 examine each applicant who whom the board certifies: 7 (a) Has completed the application form and remitted a nonrefundable application fee not to exceed \$500 and an 8 9 examination fee not to exceed \$300 plus the actual per 10 applicant cost to the department for purchase of the examination from the Federation of State Medical Boards of the 11 12 United States or a similar national organization, which is 13 refundable if the applicant is found to be ineligible to take 14 the examination. 15 (b) Is at least 21 years of age. 16 (c) Is of good moral character. 17 (d) Has not committed any act or offense in this or any other jurisdiction which would constitute the basis for 18 19 disciplining a physician pursuant to s. 458.331. 20 (e) For any applicant who has graduated from medical 21 school after October 1, 1992, has completed the equivalent of 2 academic years of preprofessional, postsecondary education, 22 as determined by rule of the board, which shall include, at a 23 24 minimum, courses in such fields as anatomy, biology, and 25 chemistry prior to entering medical school. 26 (f) Meets one of the following medical education and 27 postgraduate training requirements: 28 1.a. Is a graduate of an allopathic medical school or 29 allopathic college recognized and approved by an accrediting 30 agency recognized by the United States Office of Education or 31 is a graduate of an allopathic medical school or allopathic 124

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college within a territorial jurisdiction of the United States
 recognized by the accrediting agency of the governmental body
 of that jurisdiction;

b. If the language of instruction of the medical
school is other than English, has demonstrated competency in
English through presentation of a satisfactory grade on the
Test of Spoken English of the Educational Testing Service or a
similar test approved by rule of the board; and

9 c. Has completed an approved residency of at least 1 10 year.

11 2.a. Is a graduate of <u>an allopathic</u> <del>a</del> foreign medical 12 school registered with the World Health Organization and 13 certified pursuant to s. 458.314 as having met the standards 14 required to accredit medical schools in the United States or 15 reasonably comparable standards;

b. If the language of instruction of the foreign
medical school is other than English, has demonstrated
competency in English through presentation of the Educational
Commission for Foreign Medical Graduates English proficiency
certificate or by a satisfactory grade on the Test of Spoken
English of the Educational Testing Service or a similar test
approved by rule of the board; and

23 c. Has completed an approved residency of at least 1 24 year.

3.a. Is a graduate of <u>an allopathic</u> <del>a</del> foreign medical
school which has not been certified pursuant to s. 458.314;
b. Has had his or her medical credentials evaluated by
the Educational Commission for Foreign Medical Graduates,
holds an active, valid certificate issued by that commission,

30 and has passed the examination utilized by that commission;
31 and

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c. Has completed an approved residency of at least 1 1 year; however, after October 1, 1992, the applicant shall have 2 3 completed an approved residency or fellowship of at least 2 4 years in one specialty area. However, to be acceptable, the 5 fellowship experience and training must be counted toward 6 regular or subspecialty certification by a board recognized 7 and certified by the American Board of Medical Specialties. (g) Has submitted to the department a set of 8 9 fingerprints on a form and under procedures specified by the 10 department, along with a payment in an amount equal to the 11 costs incurred by the Department of Health for the criminal 12 background check of the applicant. (h) Has obtained a passing score, as established by 13 rule of the board, on the licensure examination of the United 14 15 States Medical Licensing Examination (USMLE); or a combination 16 of the United States Medical Licensing Examination (USMLE), 17 the examination of the Federation of State Medical Boards of 18 the United States, Inc. (FLEX), or the examination of the National Board of Medical Examiners up to the year 2000; or 19 20 for the purpose of examination of any applicant who was 21 licensed on the basis of a state board examination and who is currently licensed in at least one other jurisdiction of the 22 United States or Canada, and who has practiced pursuant to 23 24 such licensure for a period of at least 10 years, use of the 25 Special Purpose Examination of the Federation of State Medical 26 Boards of the United States (SPEX) upon receipt of a passing 27 score as established by rule of the board. However, for the 28 purpose of examination of any applicant who was licensed on 29 the basis of a state board examination prior to 1974, who is 30 currently licensed in at least three other jurisdictions of the United States or Canada, and who has practiced pursuant to 31

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such licensure for a period of at least 20 years, this 1 2 paragraph does not apply. 3 (2) As prescribed by board rule, the board may require 4 an applicant who does not pass the national licensing 5 examination after five attempts to complete additional 6 remedial education or training. The board shall prescribe the 7 additional requirements in a manner that permits the applicant to complete the requirements and be reexamined within 2 years 8 9 after the date the applicant petitions the board to retake the 10 examination a sixth or subsequent time. 11 (3) Notwithstanding the provisions of subparagraph 12 (1)(f)3., a graduate of a foreign medical school need not 13 present the certificate issued by the Educational Commission for Foreign Medical Graduates or pass the examination utilized 14 15 by that commission if the graduate: 16 (a) Has received a bachelor's degree from an 17 accredited United States college or university. (b) Has studied at a medical school which is 18 19 recognized by the World Health Organization. 20 (c) Has completed all of the formal requirements of 21 the foreign medical school, except the internship or social service requirements, and has passed part I of the National 22 Board of Medical Examiners examination or the Educational 23 24 Commission for Foreign Medical Graduates examination 25 equivalent. 26 (d) Has completed an academic year of supervised 27 clinical training in a hospital affiliated with a medical 28 school approved by the Council on Medical Education of the American Medical Association and upon completion has passed 29 30 part II of the National Board of Medical Examiners examination 31 or the Educational Commission for Foreign Medical Graduates 127 2:06 PM 04/28/99

1 examination equivalent.

2 (4) The department and the board shall assure that 3 applicants for licensure meet the criteria in subsection (1) 4 through an investigative process. When the investigative 5 process is not completed within the time set out in s. 120.60(1) and the department or board has reason to believe б 7 that the applicant does not meet the criteria, the secretary or the secretary's designee may issue a 90-day licensure delay 8 which shall be in writing and sufficient to notify the 9 10 applicant of the reason for the delay. The provisions of this 11 subsection shall control over any conflicting provisions of s. 12 120.60(1).

13 (5) The board may not certify to the department for licensure any applicant who is under investigation in another 14 15 jurisdiction for an offense which would constitute a violation 16 of this chapter until such investigation is completed. Upon 17 completion of the investigation, the provisions of s. 458.331 shall apply. Furthermore, the department may not issue an 18 unrestricted license to any individual who has committed any 19 20 act or offense in any jurisdiction which would constitute the 21 basis for disciplining a physician pursuant to s. 458.331. When the board finds that an individual has committed an act 22 or offense in any jurisdiction which would constitute the 23 24 basis for disciplining a physician pursuant to s. 458.331, 25 then the board may enter an order imposing one or more of the terms set forth in subsection (9). 26

27 (6) Each applicant who passes the examination and
28 meets the requirements of this chapter shall be licensed as a
29 physician, with rights as defined by law.

30 (7) Upon certification by the board, the department31 shall impose conditions, limitations, or restrictions on a

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license by examination if the applicant is on probation in 1 2 another jurisdiction for an act which would constitute a 3 violation of this chapter.

4 (8) When the board determines that any applicant for 5 licensure by examination has failed to meet, to the board's satisfaction, each of the appropriate requirements set forth 6 7 in this section, it may enter an order requiring one or more of the following terms: 8

(a) Refusal to certify to the department an 9 10 application for licensure, certification, or registration;

(b) Certification to the department of an application 11 12 for licensure, certification, or registration with 13 restrictions on the scope of practice of the licensee; or

14 (c) Certification to the department of an application 15 for licensure, certification, or registration with placement 16 of the physician on probation for a period of time and subject 17 to such conditions as the board may specify, including, but not limited to, requiring the physician to submit to 18 treatment, attend continuing education courses, submit to 19 reexamination, or work under the supervision of another 20 21 physician.

22 (9)(a) Notwithstanding any of the provisions of this section, an applicant who, at the time of his or her medical 23 24 education, was a citizen of the country of Nicaragua and, at 25 the time of application for licensure under this subsection, is either a citizen of the country of Nicaragua or a citizen 26 27 of the United States may make initial application to the department on or before July 1, 1992, for licensure subject to 28 29 this subsection and may reapply pursuant to board rule. Upon 30 receipt of such application, the department shall issue a 31 2-year restricted license to any applicant therefor upon the 129

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applicant's successful completion of the licensure examination 1 2 as described in paragraph (1)(a) and who the board certifies has met the following requirements: 3 4 1. Is a graduate of a World Health Organization recognized foreign medical institution located in a country in 5 6 the Western Hemisphere. 7 2. Received a medical education which has been determined by the board to be substantially similar, at the 8 9 time of the applicant's graduation, to approved United States 10 medical programs. 3. Practiced medicine in the country of Nicaragua for 11 12 a period of 1 year prior to residing in the United States and has lawful employment authority in the United States. 13 14 4. Has had his or her medical education verified by the Florida Board of Medicine. 15 5. Successfully completed the Educational Commission 16 17 for Foreign Medical Graduates Examination or Foreign Medical Graduate Examination in the Medical Sciences or successfully 18 completed a course developed for the University of Miami for 19 20 physician training equivalent to the course developed for such purposes pursuant to chapter 74-105, Laws of Florida. No 21 person shall be permitted to enroll in the physician training 22 course until he or she has been certified by the board as 23 24 having met the requirements of this paragraph or conditionally certified by the board as having substantially complied with 25 the requirements of this paragraph. Any person conditionally 26 27 certified by the board shall be required to establish, to the 28 board's satisfaction, full compliance with all the requirements of this paragraph prior to completion of the 29 30 physician training course and shall not be permitted to sit 31 for the licensure examination unless the board certifies that 130 2:06 PM 04/28/99 h2125c-07x01

all of the requirements of this paragraph have been met. 1 2 3 However, applicants eligible for licensure under s. 455.581 or 4 subsection (9), 1988 Supplement to the Florida Statutes 1987, as amended by s. 18, chapter 89-162, Laws of Florida, and ss. 5 5 and 42, chapter 89-374, Laws of Florida, and renumbered as 6 7 subsection (8) by s. 5, chapter 89-374, Laws of Florida, shall not be eligible to apply under this subsection. 8 9 (b) The holder of a restricted license issued pursuant 10 to this subsection may practice medicine for the first year only under the direct supervision, as defined by board rule, 11 12 of a board-approved physician. (c) Upon recommendation of the supervising physician 13 14 and demonstration of clinical competency to the satisfaction of the board that the holder of a restricted license issued 15 pursuant to this subsection has practiced for 1 year under 16 17 direct supervision, such licenseholder shall work for 1 year under general supervision, as defined by board rule, of a 18 Florida-licensed physician in an area of critical need as 19 determined by the board. Prior to commencing such 20 21 supervision, the supervising physician shall notify the board. (d) Upon completion of the 1 year of work under 22 general supervision and demonstration to the board that the 23 24 holder of the restricted license has satisfactorily completed 25 the requirements of this subsection, and has not committed any act or is not under investigation for any act which would 26 27 constitute a violation of this chapter, the department shall 28 issue an unrestricted license to such licenseholder. 29 (e) Rules necessary to implement and carry out the 30 provisions of this subsection shall be promulgated by the 31 board.

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1 (10) Notwithstanding any other provision of this 2 section, the department shall examine any person who meets the 3 criteria set forth in sub-subparagraph (1)(f)1.a., 4 sub-subparagraphs (1)(f)3.a. and b., or subsection (3), if the 5 <del>person:</del> 6 (a) Submits proof of successful completion of Steps I 7 and II of the United States Medical Licensing Examination or the equivalent, as defined by rule of the board; 8 (b) Is participating in an allocated slot in an 9 10 allopathic training program in this state on a full-time basis at the time of examination; 11 12 (c) Makes a written request to the department that he 13 or she be administered the examination without applying for a 14 license as a physician in this state; and (d) Remits a nonrefundable administration fee, not to 15 exceed \$50, and an examination fee, not to exceed \$300, plus 16 17 the actual cost per person to the department for the purchase of the examination from the Federation of State Medical Boards 18 of the United States or a similar national organization. 19 - The 20 examination fee is refundable if the person is found to be 21 ineligible to take the examination. Section 95. Section 458.3115, Florida Statutes, 1998 22 Supplement, is amended to read: 23 24 458.3115 Restricted license; certain foreign-licensed physicians; United States Medical Licensing Examination 25 (USMLE) or agency-developed examination; restrictions on 26 27 practice; full licensure.--28 (1)(a) Notwithstanding any other provision of law, the department agency shall provide procedures under which certain 29 30 physicians who are or were foreign-licensed and have practiced 31 medicine no less than 2 years may take the USMLE or an 132 2:06 PM 04/28/99

agency-developed examination developed by the department, in 1 consultation with the board, to qualify for a restricted 2 license to practice medicine in this state. The 3 4 department-developed agency and board-developed examination shall test the same areas of medical knowledge as the 5 6 Federation of State Medical Boards of the United States, Inc. 7 (FLEX) previously administered by the Florida Board of Medicine to grant medical licensure in Florida. The 8 9 department-developed agency-developed examination must be made 10 available no later than December 31, 1998, to a physician who qualifies for licensure. A person who is eligible to take and 11 12 elects to take the department-developed agency and board-developed examination, who has previously passed part 1 13 or part 2 of the previously administered FLEX shall not be 14 15 required to retake or pass the equivalent parts of the 16 department-developed agency-developed examination, and may sit 17 for the department-developed agency and board-developed examination five times within 5 years. 18 19 (b) A person who is eligible to take and elects to take the USMLE who has previously passed part 1 or part 2 of 20 21 the previously administered FLEX shall not be required to 22 retake or pass the equivalent parts of the USMLE up to the 23 year 2000. 24 (c) A person shall be eligible to take such 25 examination for restricted licensure if the person: 26 Has taken, upon approval by the board, and 1. 27 completed, in November 1990 or November 1992, one of the 28 special preparatory medical update courses authorized by the board and the University of Miami Medical School and 29 30 subsequently passed the final course examination; upon 31 approval by the board to take the course completed in 1990 or 133 2:06 PM 04/28/99 h2125c-07x01

in 1992, has a certificate of successful completion of that 1 2 course from the University of Miami or the Stanley H. Kaplan 3 course; or can document to the department that he or she was 4 one of the persons who took and successfully completed the 5 Stanley H. Kaplan course that was approved by the board of 6 Medicine and supervised by the University of Miami. At a 7 minimum, the documentation must include class attendance records and the test score on the final course examination; 8 9 2. Applies to the department agency and submits an 10 application fee that is nonrefundable and equivalent to the fee required for full licensure; 11 12 3. Documents no less than 2 years of the active practice of medicine in any another jurisdiction; 13 14 Submits an examination fee that is nonrefundable 4. 15 and equivalent to the fee required for full licensure plus the 16 actual per-applicant cost to the department agency to provide 17 either examination described in this section; 5. Has not committed any act or offense in this or any 18 other jurisdiction that would constitute a substantial basis 19 20 for disciplining a physician under this chapter or part II of 21 chapter 455; and 6. Is not under discipline, investigation, or 22 prosecution in this or any other jurisdiction for an act that 23 24 would constitute a violation of this chapter or part II of 25 chapter 455 and that substantially threatened or threatens the 26 public health, safety, or welfare. 27 (d) Every person eligible for restricted licensure 28 under this section may sit for the USMLE or the department-developed agency and board-developed examination 29 30 five times within 5 calendar years. Applicants desiring to 31 use portions of the FLEX and the USMLE may do so up to the 134 2:06 PM 04/28/99

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year 2000. However, notwithstanding subparagraph (c)3., 1 applicants applying under this section who fail the 2 3 examination up to a total of five times will only be required 4 to pay the examination fee required for full licensure for the 5 second and subsequent times they take the examination. 6 The department Agency for Health Care (e) 7 Administration and the board shall be responsible for working with one or more organizations to offer a medical refresher 8 9 course designed to prepare applicants to take either licensure 10 examination described in this section. The organizations may develop the medical refresher course, purchase such a course, 11 12 or contract for such a course from a private organization that 13 specializes in developing such courses. (f) The course shall require no less than two 16-week 14 15 semesters of 16 contact hours per week for a total of 256 16 contact hours per student for each semester. The cost is to be 17 paid by the students taking the course. 18 (2)(a) Before the department agency may issue a restricted license to an applicant under this section, the 19 20 applicant must have passed either of the two examinations 21 described in this section. However, the board may impose 22 reasonable restrictions on the applicant's license to practice. These restrictions may include, but are not limited 23 24 to: 25 1. Periodic and random department agency audits of the 26 licensee's patient records and review of those records by the 27 board or the department agency. 28 2. Periodic appearances of the licensee before the 29 board or the department agency. 30 3. Submission of written reports to the board or the 31 department agency. 135

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(b) A restricted licensee under this section shall practice under the supervision of a full licensee approved by the board with the first year of the licensure period being under direct supervision as defined by board rule and the second year being under indirect supervision as defined by board rule.

7 (c) The board may adopt rules necessary to implement8 this subsection.

9 (3)(a) A restricted license issued by the department 10 agency under this section is valid for 2 years unless sooner revoked or suspended, and a restricted licensee is subject to 11 12 the requirements of this chapter, part II of chapter 455, and any other provision of law not in conflict with this section. 13 Upon expiration of such restricted license, a restricted 14 licensee shall become a full licensee if the restricted 15 16 licensee:

Is not under discipline, investigation, or
 prosecution for a violation which poses a substantial threat
 to the public health, safety, or welfare; and

20

2. Pays all renewal fees required of a full licensee.

21 The department agency shall renew a restricted (b) license under this section upon payment of the same fees 22 required for renewal for a full license if the restricted 23 24 licensee is under discipline, investigation, or prosecution 25 for a violation which posed or poses a substantial threat to 26 the public health, safety, or welfare and the board has not 27 permanently revoked the restricted license. A restricted 28 licensee who has renewed such restricted license shall become eligible for full licensure when the licensee is no longer 29 30 under discipline, investigation, or prosecution.

31 (4) The board shall adopt rules necessary to carry out

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the provisions of this section. 1 Section 96. Subsections (1), (2), and (8) of section 2 3 458.313, Florida Statutes, are amended to read: 4 458.313 Licensure by endorsement; requirements; 5 fees.--6 (1) The department shall issue a license by 7 endorsement to any applicant who, upon applying to the department on forms furnished by the department and remitting 8 9 a fee set by the board not to exceed \$500 set by the board, 10 the board certifies: (a) Has met the qualifications for licensure in s. 11 12 458.311(1)(b)-(g) or in s. 458.311(1)(b)-(e) and (g) and (3); Prior to January 1, 2000, has obtained a passing 13 (b) 14 score, as established by rule of the board, on the licensure examination of the Federation of State Medical Boards of the 15 United States, Inc. (FLEX), on or of the United States Medical 16 17 Licensing Examination (USMLE), or on the examination of the National Board of Medical Examiners, or on a combination 18 thereof, and on or after January 1, 2000, has obtained a 19 20 passing score on the United States Medical Licensing 21 Examination (USMLE)provided the board certifies as eligible for licensure by endorsement any applicant who took the 22 required examinations more than 10 years prior to application; 23 24 and 25 (c) Has submitted evidence of the active licensed practice of medicine in another jurisdiction, for at least 2 26 27 of the immediately preceding 4 years, or evidence of 28 successful completion of either a board-approved postgraduate training program within 2 years preceding filing of an 29 30 application, or a board-approved clinical competency 31 examination, within the year preceding the filing of an 137 2:06 PM 04/28/99 h2125c-07x01

1 application for licensure. For purposes of this paragraph, 2 "active licensed practice of medicine" means that practice of 3 medicine by physicians, including those employed by any 4 governmental entity in community or public health, as defined 5 by this chapter, medical directors under s. 641.495(11) who 6 are practicing medicine, and those on the active teaching 7 faculty of an accredited medical school.

8 (2)(a) As prescribed by board rule, the board may 9 require an applicant who does not pass the licensing 10 examination after five attempts to complete additional remedial education or training. The board shall prescribe the 11 12 additional requirements in a manner that permits the applicant to complete the requirements and be reexamined within 2 years 13 after the date the applicant petitions the board to retake the 14 15 examination a sixth or subsequent time.

16 (b) The board may require an applicant for licensure 17 by endorsement to take and pass the appropriate licensure 18 examination prior to certifying the applicant as eligible for 19 licensure.

20 (8) The department shall reactivate the license of any 21 physician whose license has become void by failure to practice in Florida for a period of 1 year within 3 years after 22 issuance of the license by endorsement, if the physician was 23 24 issued a license by endorsement prior to 1989, has actively 25 practiced medicine in another state for the last 4 years, applies for licensure before October 1, 1998, pays the 26 27 applicable fees, and otherwise meets any continuing education 28 requirements for reactivation of the license as determined by 29 the board. 30 Section 97. Subsection (1) of section 458.315, Florida 31 Statutes, is amended to read:

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458.315 Temporary certificate for practice in areas of 1 2 critical need.--Any physician who is licensed to practice in 3 any other state, whose license is currently valid, and who 4 pays an application fee of \$300 may be issued a temporary 5 certificate to practice in communities of Florida where there б is a critical need for physicians. A certificate may be 7 issued to a physician who will be employed by a county health department, correctional facility, community health center 8 funded by s. 329, s. 330, or s. 340 of the United States 9 10 Public Health Services Act, or other entity that provides health care to indigents and that is approved by the State 11 12 Health Officer. The Board of Medicine may issue this temporary certificate with the following restrictions: 13 14 (1) The board shall determine the areas of critical 15 need, and the physician so certified may practice in any of 16 those areas only in that specific area for a time to be 17 determined by the board. Such areas shall include, but not be limited to, health professional shortage areas designated by 18 19 the United States Department of Health and Human Services. 20 (a) A recipient of a temporary certificate for 21 practice in areas of critical need may use the license to work for any approved employer in any area of critical need 22 23 approved by the board. 24 (b) The recipient of a temporary certificate for 25 practice in areas of critical need shall, within 30 days after 26 accepting employment, notify the board of all approved 27 institutions in which the licensee practices and of all 28 approved institutions where practice privileges have been 29 denied. 30 Section 98. Section 458.3165, Florida Statutes, is 31 amended to read:

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1 458.3165 Public psychiatry certificate.--The board 2 shall issue a public psychiatry certificate to an individual 3 who remits an application fee not to exceed \$300, as set by 4 the board, who is a board-certified psychiatrist, who is 5 licensed to practice medicine without restriction in another 6 state, and who meets the requirements in s. 458.311(1)(a)-(g)7 and (5). A recipient of a public psychiatry certificate may use the certificate to work at any public mental health 8 facility or program funded in part or entirely by state funds. 9 10 (1) Such certificate shall: (a) Authorize the holder to practice only in a public 11 12 mental health facility or program funded in part or entirely 13 by state funds. (b) Be issued and renewable biennially if the 14 15 secretary of the Department of Health and Rehabilitative 16 Services and the chair of the department of psychiatry at one 17 of the public medical schools or the chair of the department of psychiatry at the accredited medical school at the 18 University of Miami recommend in writing that the certificate 19 20 be issued or renewed. 21 (c) Automatically expire if the holder's relationship with a public mental health facility or program expires. 22 (d) Not be issued to a person who has been adjudged 23 24 unqualified or guilty of any of the prohibited acts in this 25 chapter. 26 The board may take disciplinary action against a (2) 27 certificateholder for noncompliance with any part of this 28 section or for any reason for which a regular licensee may be subject to discipline. 29 30 Section 99. Subsection (4) is added to section 31 458.317, Florida Statutes, 1998 Supplement, to read: 140 2:06 PM 04/28/99

1 458.317 Limited licenses.--2 (4) Any person holding an active license to practice medicine in the state may convert that license to a limited 3 4 license for the purpose of providing volunteer, uncompensated care for low-income Floridians. The applicant must submit a 5 6 statement from the employing agency or institution stating 7 that he or she will not receive compensation for any service involving the practice of medicine. The application and all 8 licensure fees, including neurological injury compensation 9 10 assessments, shall be waived. Section 100. Paragraph (mm) is added to subsection (1) 11 12 of section 458.331, Florida Statutes, 1998 Supplement, and subsection (2) of that section is amended to read: 13 14 458.331 Grounds for disciplinary action; action by the 15 board and department. --16 (1) The following acts shall constitute grounds for 17 which the disciplinary actions specified in subsection (2) may 18 be taken: 19 (mm) Failing to comply with the requirements of ss. 381.026 and 381.0261 to provide patients with information 20 21 about their patient rights and how to file a patient 22 complaint. (2) When the board finds any person guilty of any of 23 24 the grounds set forth in subsection (1), including conduct that would constitute a substantial violation of subsection 25 26 (1) which occurred prior to licensure, it may enter an order 27 imposing one or more of the following penalties: 28 (a) Refusal to certify, or certification with 29 restrictions, to the department an application for licensure, 30 certification, or registration. (b) Revocation or suspension of a license. 31 141

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1 (c) Restriction of practice. 2 (d) Imposition of an administrative fine not to exceed 3 \$10,000<del>\$5,000</del> for each count or separate offense. 4 (e) Issuance of a reprimand. 5 (f) Placement of the physician on probation for a 6 period of time and subject to such conditions as the board may 7 specify, including, but not limited to, requiring the physician to submit to treatment, to attend continuing 8 9 education courses, to submit to reexamination, or to work 10 under the supervision of another physician. (q) Issuance of a letter of concern. 11 12 (h) Corrective action. (i) Refund of fees billed to and collected from the 13 14 patient. 15 (j) Imposition of an administrative fine in accordance 16 with s. 381.0261 for violations regarding patient rights. 17 In determining what action is appropriate, the board must 18 first consider what sanctions are necessary to protect the 19 20 public or to compensate the patient. Only after those 21 sanctions have been imposed may the disciplining authority consider and include in the order requirements designed to 22 rehabilitate the physician. All costs associated with 23 24 compliance with orders issued under this subsection are the 25 obligation of the physician. 26 Section 101. Subsection (7) of section 458.347, 27 Florida Statutes, 1998 Supplement, is amended to read: 28 458.347 Physician assistants.--29 (7) PHYSICIAN ASSISTANT LICENSURE.--30 (a) Any person desiring to be licensed as a physician 31 assistant must apply to the department. The department shall 142

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1 issue a license to any person certified by the council as 2 having met the following requirements:

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1. Is at least 18 years of age.

4 2. Has satisfactorily passed a proficiency examination 5 by an acceptable score established by the National Commission 6 on Certification of Physician Assistants. If an applicant 7 does not hold a current certificate issued by the National Commission on Certification of Physician Assistants and has 8 not actively practiced as a physician assistant within the 9 10 immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the 11 12 National Commission on Certification of Physician Assistants to be eligible for licensure. 13

14 3. Has completed the application form and remitted an 15 application fee not to exceed \$300 as set by the boards. An 16 application for licensure made by a physician assistant must 17 include:

18 a. A certificate of completion of a physician19 assistant training program specified in subsection (6).

20 b. A sworn statement of any prior felony convictions.
21 c. A sworn statement of any previous revocation or
22 denial of licensure or certification in any state.

d. Two letters of recommendation.

(b)1. Notwithstanding subparagraph (a)2. and
sub-subparagraph (a)3.a., the department shall examine each
applicant who the Board of Medicine certifies:

a. Has completed the application form and remitted a
nonrefundable application fee not to exceed \$500 and an
examination fee not to exceed \$300, plus the actual cost to
the department to provide the examination. The examination
fee is refundable if the applicant is found to be ineligible

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to take the examination. The department shall not require the 1 2 applicant to pass a separate practical component of the examination. For examinations given after July 1, 1998, 3 4 competencies measured through practical examinations shall be 5 incorporated into the written examination through a multiple-choice format. The department shall translate the 6 7 examination into the native language of any applicant who requests and agrees to pay all costs of such translation, 8 9 provided that the translation request is filed with the board office no later than 9 months before the scheduled examination 10 and the applicant remits translation fees as specified by the 11 12 department no later than 6 months before the scheduled examination, and provided that the applicant demonstrates to 13 14 the department the ability to communicate orally in basic 15 English. If the applicant is unable to pay translation costs, 16 the applicant may take the next available examination in 17 English if the applicant submits a request in writing by the application deadline and if the applicant is otherwise 18 eligible under this section. To demonstrate the ability to 19 communicate orally in basic English, a passing score or grade 20 21 is required, as determined by the department or organization that developed it, on one of the following English 22 23 examinations: 24 (I) The test for spoken English (TSE) by the Educational Testing Service (ETS); 25 26 (II) The test of English as a foreign language 27 (TOEFL), by ETS; 28 (III) A high school or college level English course; 29 (IV) The English examination for citizenship, 30 Immigration and Naturalization Service. 31

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A notarized copy of an Educational Commission for Foreign 1 2 Medical Graduates (ECFMG) certificate may also be used to 3 demonstrate the ability to communicate in basic English. 4 Is an unlicensed physician who graduated from a b. 5 foreign medical school listed with the World Health 6 Organization who has not previously taken and failed the 7 examination of the National Commission on Certification of Physician Assistants and who has been certified by the Board 8 9 of Medicine as having met the requirements for licensure as a 10 medical doctor by examination as set forth in s. 458.311(1), 11 (3), (4), and (5), with the exception that the applicant is 12 not required to have completed an approved residency of at 13 least 1 year and the applicant is not required to have passed the licensing examination specified under s. 458.311 or hold a 14 15 valid, active certificate issued by the Educational Commission 16 for Foreign Medical Graduates. 17 c. Was eligible and made initial application for 18 certification as a physician assistant in this state between July 1, 1990, and June 30, 1991. 19 Was a resident of this state on July 1, 1990, or 20 d. 21 was licensed or certified in any state in the United States as a physician assistant on July 1, 1990. 22 The department may grant temporary licensure to an 23 2. 24 applicant who meets the requirements of subparagraph 1. 25 Between meetings of the council, the department may grant temporary licensure to practice based on the completion of all 26 27 temporary licensure requirements. All such administratively

28 issued licenses shall be reviewed and acted on at the next 29 regular meeting of the council. A temporary license expires

30 <u>30 days after</u> upon receipt and notice of scores to the 31 licenseholder from the first available examination specified

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in subparagraph 1. following licensure by the department. 1 An 2 applicant who fails the proficiency examination is no longer 3 temporarily licensed, but may apply for a one-time extension 4 of temporary licensure after reapplying for the next available 5 examination. Extended licensure shall expire upon failure of 6 the licenseholder to sit for the next available examination or 7 upon receipt and notice of scores to the licenseholder from such examination. 8

Notwithstanding any other provision of law, the 9 3. 10 examination specified pursuant to subparagraph 1. shall be 11 administered by the department only five times. Applicants 12 certified by the board for examination shall receive at least 6 months' notice of eligibility prior to the administration of 13 the initial examination. Subsequent examinations shall be 14 15 administered at 1-year intervals following the reporting of 16 the scores of the first and subsequent examinations. For the 17 purposes of this paragraph, the department may develop, contract for the development of, purchase, or approve an 18 19 examination, including a practical component, that adequately 20 measures an applicant's ability to practice with reasonable 21 skill and safety. The minimum passing score on the examination shall be established by the department, with the 22 advice of the board. Those applicants failing to pass that 23 24 examination or any subsequent examination shall receive notice of the administration of the next examination with the notice 25 of scores following such examination. Any applicant who 26 27 passes the examination and meets the requirements of this section shall be licensed as a physician assistant with all 28 29 rights defined thereby.

30 (c) The license must be renewed biennially. Each
31 renewal must include:

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Amendment No. \_\_\_\_

1 A renewal fee not to exceed \$500 as set by the 1. 2 boards. 3 2. A sworn statement of no felony convictions in the 4 previous 2 years. 5 (d) Each licensed physician assistant shall biennially 6 complete 100 hours of continuing medical education or shall 7 hold a current certificate issued by the National Commission on Certification of Physician Assistants. 8 9 (e) Upon employment as a physician assistant, a 10 licensed physician assistant must notify the department in 11 writing within 30 days after such employment or after any 12 subsequent changes in the supervising physician. The 13 notification must include the full name, Florida medical 14 license number, specialty, and address of the supervising 15 physician. 16 (f) Notwithstanding subparagraph (a)2., the department 17 may grant to a recent graduate of an approved program, as specified in subsection (6), who expects to take the first 18 19 examination administered by the National Commission on 20 Certification of Physician Assistants available for 21 registration after the applicant's graduation, a temporary license. The temporary license shall to expire 30 days after 22 upon receipt of scores of the proficiency examination 23 24 administered by the National Commission on Certification of Physician Assistants. Between meetings of the council, the 25 26 department may grant a temporary license to practice based on 27 the completion of all temporary licensure requirements. All 28 such administratively issued licenses shall be reviewed and acted on at the next regular meeting of the council. The 29 30 recent graduate may be licensed prior to employment, but must 31 comply with paragraph (e). An applicant who has passed the

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proficiency examination may be granted permanent licensure. An 1 2 applicant failing the proficiency examination is no longer 3 temporarily licensed, but may reapply for a 1-year extension 4 of temporary licensure. An applicant may not be granted more 5 than two temporary licenses and may not be licensed as a 6 physician assistant until he or she passes the examination 7 administered by the National Commission on Certification of Physician Assistants. As prescribed by board rule, the council 8 9 may require an applicant who does not pass the licensing 10 examination after five or more attempts to complete additional remedial education or training. The council shall prescribe 11 12 the additional requirements in a manner that permits the 13 applicant to complete the requirements and be reexamined 14 within 2 years after the date the applicant petitions the 15 council to retake the examination a sixth or subsequent time. (g) The Board of Medicine may impose any of the 16 17 penalties specified in ss. 455.624 and 458.331(2) upon a physician assistant if the physician assistant or the 18 supervising physician has been found guilty of or is being 19 investigated for any act that constitutes a violation of this 20 21 chapter or part II of chapter 455. Section 102. Section 459.005, Florida Statutes, 1998 22 23 Supplement, is amended to read: 24 459.005 Rulemaking authority.--(1) The board has authority to adopt rules pursuant to 25 26 ss. 120.536(1) and 120.54 to implement the provisions of this 27 chapter conferring duties upon it. 28 (2) All physicians who perform level 2 procedures 29 lasting more than 5 minutes and all level 3 surgical 30 procedures in an office setting must register the office with the department unless that office is licensed as a facility 31 148 2:06 PM 04/28/99 h2125c-07x01

pursuant to chapter 395. The department shall inspect the 1 2 physician's office annually unless the office is accredited by 3 a nationally recognized accrediting agency or an accrediting 4 organization subsequently approved by the Board of Osteopathic Medicine. The actual costs for registration and inspection or 5 6 accreditation shall be paid by the person seeking to register 7 and operate the office setting in which office surgery is performed. 8 Section 103. Subsection (7) is added to section 9 10 459.0075, Florida Statutes, to read: 459.0075 Limited licenses.--11 12 (7) Any person holding an active license to practice 13 osteopathic medicine in the state may convert that license to 14 a limited license for the purpose of providing volunteer, 15 uncompensated care for low-income Floridians. The applicant must submit a statement from the employing agency or 16 17 institution stating that he or she will not receive 18 compensation for any service involving the practice of osteopathic medicine. The application and all licensure fees, 19 20 including neurological injury compensation assessments, shall 21 be waived. Section 104. Paragraph (oo) is added to subsection (1) 22 of section 459.015, Florida Statutes, 1998 Supplement, and 23 24 subsection (2) of that section is amended to read: 25 459.015 Grounds for disciplinary action by the 26 board.--27 (1) The following acts shall constitute grounds for 28 which the disciplinary actions specified in subsection (2) may 29 be taken: 30 (oo) Failing to comply with the requirements of ss. 31 381.026 and 381.0261 to provide patients with information 149 2:06 PM 04/28/99 h2125c-07x01

about their patient rights and how to file a patient 1 2 complaint. 3 (2) When the board finds any person guilty of any of 4 the grounds set forth in subsection (1), it may enter an order imposing one or more of the following penalties: 5 (a) Refusal to certify, or certify with restrictions, б 7 to the department an application for certification, licensure, 8 renewal, or reactivation. (b) Revocation or suspension of a license or 9 10 certificate. (c) Restriction of practice. 11 12 (d) Imposition of an administrative fine not to exceed 13  $$10,000 \div 5,000$  for each count or separate offense. (e) Issuance of a reprimand. 14 15 (f) Issuance of a letter of concern. 16 (g) Placement of the osteopathic physician on 17 probation for a period of time and subject to such conditions as the board may specify, including, but not limited to, 18 requiring the osteopathic physician to submit to treatment, 19 attend continuing education courses, submit to reexamination, 20 or work under the supervision of another osteopathic 21 22 physician. (h) Corrective action. 23 24 (i) Refund of fees billed to and collected from the 25 patient. (j) Imposition of an administrative fine in accordance 26 27 with s. 381.0261 for violations regarding patient rights. 28 In determining what action is appropriate, the board must 29 30 first consider what sanctions are necessary to protect the 31 public or to compensate the patient. Only after those 150 2:06 PM 04/28/99 h2125c-07x01

sanctions have been imposed may the disciplining authority 1 2 consider and include in the order requirements designed to 3 rehabilitate the physician. All costs associated with 4 compliance with orders issued under this subsection are the 5 obligation of the physician. Section 105. Subsection (6) is added to section б 7 460.402, Florida Statutes, to read: 8 460.402 Exceptions.--The provisions of this chapter shall not apply to: 9 10 (6) A chiropractic student enrolled in a chiropractic college accredited by the Council on Chiropractic Education 11 12 and participating in a community-based internship under the direct supervision of a doctor of chiropractic medicine who is 13 credentialed as an adjunct faculty member of a chiropractic 14 15 college in which the student is enrolled. 16 Section 106. Present subsections (4) through (10) of 17 section 460.403, Florida Statutes, 1998 Supplement, are renumbered as subsections (5) through (11), respectively, a 18 new subsection (4) is added to that section, and present 19 20 subsections (6) and (9) are amended, to read: 21 460.403 Definitions.--As used in this chapter, the 22 term: (4) "Community-based internship" means a program in 23 24 which a student enrolled in the last year of a chiropractic 25 college accredited by the Council on Chiropractic Education is approved to obtain required pregraduation clinical experience 26 27 in a chiropractic clinic or practice under the direct supervision of a doctor of chiropractic medicine approved as 28 an adjunct faculty member of the chiropractic college in which 29 30 the student is enrolled, according to the teaching protocols 31 for the clinical practice requirements of the college.

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1 (7)(6) "Direct supervision" means responsible 2 supervision and control, with the licensed chiropractic 3 physician assuming legal liability for the services rendered 4 by a registered chiropractic assistant or a chiropractic student enrolled in a community-based intern program. Except 5 6 in cases of emergency, direct supervision shall require the 7 physical presence of the licensed chiropractic physician for consultation and direction of the actions of the registered 8 chiropractic assistant or a chiropractic student enrolled in a 9 10 community-based intern program. The board shall further establish rules as to what constitutes responsible direct 11 12 supervision of a registered chiropractic assistant. 13 (10)(9) "Registered chiropractic assistant" means a person who is registered by the board to perform chiropractic 14 services under the direct supervision of a chiropractic 15 16 physician or certified chiropractic physician's assistant. 17 Section 107. Subsection (1) of section 460.406, Florida Statutes, 1998 Supplement, is amended to read: 18 19 460.406 Licensure by examination. --(1) Any person desiring to be licensed as a 20 21 chiropractic physician shall apply to the department to take the licensure examination. There shall be an application fee 22 set by the board not to exceed \$100 which shall be 23 24 nonrefundable. There shall also be an examination fee not to 25 exceed \$500 plus the actual per applicant cost to the department for purchase of portions of the examination from 26 27 the National Board of Chiropractic Examiners or a similar 28 national organization, which may be refundable if the applicant is found ineligible to take the examination. 29 The 30 department shall examine each applicant who the board 31 certifies has:

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Completed the application form and remitted the 1 (a) 2 appropriate fee. 3 (b) Submitted proof satisfactory to the department 4 that he or she is not less than 18 years of age. 5 (c) Submitted proof satisfactory to the department 6 that he or she is a graduate of a chiropractic college which 7 is accredited by or has status with the Council on Chiropractic Education or its predecessor agency. However, any 8 9 applicant who is a graduate of a chiropractic college that was 10 initially accredited by the Council on Chiropractic Education in 1995, who graduated from such college within the 4 years 11 12 immediately preceding such accreditation, and who is otherwise 13 qualified shall be eligible to take the examination. No application for a license to practice chiropractic medicine 14 15 shall be denied solely because the applicant is a graduate of 16 a chiropractic college that subscribes to one philosophy of 17 chiropractic medicine as distinguished from another. (d)1. For an applicant who has matriculated in a 18 chiropractic college prior to July 2, 1990, completed at least 19 20 2 years of residence college work, consisting of a minimum of 21 one-half the work acceptable for a bachelor's degree granted on the basis of a 4-year period of study, in a college or 22 university accredited by an accrediting agency recognized and 23 24 approved by the United States Department of Education. 25 However, prior to being certified by the board to sit for the 26 examination, each applicant who has matriculated in a 27 chiropractic college after July 1, 1990, shall have been 28 granted a bachelor's degree, based upon 4 academic years of study, by a college or university accredited by a regional 29 30 accrediting agency which is a member of the Commission on 31 Recognition of Postsecondary Accreditation.

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Effective July 1, 2000, completed, prior to 1 2. 2 matriculation in a chiropractic college, at least 3 years of 3 residence college work, consisting of a minimum of 90 semester 4 hours leading to a bachelor's degree in a liberal arts college 5 or university accredited by an accrediting agency recognized and approved by the United States Department of Education. б 7 However, prior to being certified by the board to sit for the examination, each applicant who has matriculated in a 8 chiropractic college after July 1, 2000, shall have been 9 granted a bachelor's degree from an institution holding 10 accreditation for that degree from a regional accrediting 11 12 agency which is recognized by the United States Department of 13 Education. The applicant's chiropractic degree must consist of credits earned in the chiropractic program and may not 14 include academic credit for courses from the bachelor's 15 16 degree. 17 (e) Completed not less than a 3-month training program in this state of not less than 300 hours with a chiropractic 18 physician licensed in this state. The chiropractic physician 19 candidate may perform all services offered by the licensed 20 21 chiropractic physician, but must be under the supervision of the licensed chiropractic physician until the results of the 22 first licensure examination for which the candidate has 23 24 qualified have been received, at which time the candidate's 25 training program shall be terminated. However, an applicant who has practiced chiropractic medicine in any other state, 26 27 territory, or jurisdiction of the United States or any foreign 28 national jurisdiction for at least 5 years as a licensed chiropractic physician need not be required to complete the 29 30 3-month training program as a requirement for licensure.

31 (e)(f) Successfully completed the National Board of

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Chiropractic Examiners certification examination in parts I 1 2 and II and clinical competency, with a score approved by the 3 board, within 10 years immediately preceding application to 4 the department for licensure. 5 (f)(g) Submitted to the department a set of 6 fingerprints on a form and under procedures specified by the 7 department, along with payment in an amount equal to the costs incurred by the Department of Health for the criminal 8 9 background check of the applicant. 10 Section 108. Paragraphs (p) and (dd) of subsection (1) and paragraph (b) of subsection (2) of section 460.413, 11 12 Florida Statutes, 1998 Supplement, are amended to read: 13 460.413 Grounds for disciplinary action; action by the board.--14 15 (1)The following acts shall constitute grounds for 16 which the disciplinary actions specified in subsection (2) may 17 be taken: 18 (p) Prescribing, dispensing, or administering any medicinal drug except as authorized by s. 460.403(9)(c)2.<del>s.</del> 19 20 460.403(8)(c)2., performing any surgery, or practicing 21 obstetrics. 22 (dd) Using acupuncture without being certified pursuant to s. 460.403(9)(f)s. 460.403(8)(f). 23 24 When the board finds any person guilty of any of (2) 25 the grounds set forth in subsection (1), it may enter an order imposing one or more of the following penalties: 26 27 (d) Imposition of an administrative fine not to exceed \$10,000<del>\$2,000</del> for each count or separate offense. 28 29 30 In determining what action is appropriate, the board must 31 first consider what sanctions are necessary to protect the 155 2:06 PM 04/28/99 h2125c-07x01

public or to compensate the patient. Only after those sanctions have been imposed may the disciplining authority consider and include in the order requirements designed to rehabilitate the chiropractic physician. All costs associated with compliance with orders issued under this subsection are the obligation of the chiropractic physician.

7 Section 109. Section 460.4165, Florida Statutes, is 8 amended to read:

9 460.4165 <u>Certified</u> chiropractic physician's 10 assistants.--

(1) LEGISLATIVE INTENT.--The purpose of this section is to encourage the more effective utilization of the skills of chiropractic physicians by enabling them to delegate health care tasks to qualified assistants when such delegation is consistent with the patient's health and welfare and to allow for innovative development of programs for the education of physician's assistants.

(2) PERFORMANCE BY CERTIFIED CHIROPRACTIC PHYSICIAN'S 18 ASSISTANT. -- Notwithstanding any other provision of law, a 19 certified chiropractic physician's assistant may perform 20 21 chiropractic services in the specialty area or areas for which the certified chiropractic physician's assistant is trained or 22 experienced when such services are rendered under the 23 24 supervision of a licensed chiropractic physician or group of 25 chiropractic physicians certified by the board. Any certified chiropractic physician's assistant certified under this 26 27 section to perform services may perform those services only: (a) In the office of the chiropractic physician to 28 whom the certified chiropractic physician's assistant has been 29 30 assigned, in which office such physician maintains her or his 31 primary practice;

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(b) Under indirect supervision of When the 1 2 chiropractic physician to whom she or he is assigned as 3 defined by rule of the board is present; 4 (c) In a hospital in which the chiropractic physician to whom she or he is assigned is a member of the staff; or 5 (d) On calls outside of the said office of the 6 7 chiropractic physician to whom she or he is assigned, on the direct order of the chiropractic physician to whom she or he 8 9 is assigned. 10 (3) THIRD-PARTY PAYOR. This chapter does not prevent third-party payors from reimbursing employers of chiropractic 11 12 physicians' assistants for covered services rendered by 13 certified chiropractic physicians' assistants. (4)(3) PERFORMANCE BY TRAINEES. -- Notwithstanding any 14 15 other provision of law, a trainee may perform chiropractic 16 services when such services are rendered within the scope of 17 an approved program. (5)(4) PROGRAM APPROVAL. -- The department shall issue 18 certificates of approval for programs for the education and 19 20 training of certified chiropractic physician's assistants 21 which meet board standards. Any basic program curriculum certified by the board shall cover a period of 24 months. The 22 curriculum must consist of at least 200 didactic classroom 23 24 hours during those 24 months. (a) In developing criteria for program approval, the 25 board shall give consideration to, and encourage, the 26 27 utilization of equivalency and proficiency testing and other 28 mechanisms whereby full credit is given to trainees for past education and experience in health fields. 29 30 (b) The board shall create groups of specialty 31 classifications of training for certified chiropractic 157 2:06 PM 04/28/99

physician's assistants. These classifications shall reflect
 the training and experience of the certified chiropractic
 physician's assistant. The certified chiropractic physician's
 assistant may receive training in one or more such
 classifications, which shall be shown on the certificate
 issued.

(c) The board shall adopt and publish standards to 7 ensure that such programs operate in a manner which does not 8 9 endanger the health and welfare of the patients who receive 10 services within the scope of the program. The board shall review the quality of the curricula, faculties, and facilities 11 12 of such programs; issue certificates of approval; and take 13 whatever other action is necessary to determine that the purposes of this section are being met. 14

15 <u>(6)(5)</u> APPLICATION APPROVAL.--Any person desiring to 16 <u>be licensed as a certified chiropractic physician's assistant</u> 17 <u>must apply to the department. The department shall issue a</u> 18 <u>certificate to any person certified by the board as having met</u> 19 the following requirements:

(a) Is at least 18 years of age.

21 (b) Is a graduate of an approved program or its equivalent and is fully certified by reason of experience and 22 education, as defined by board rule, to perform chiropractic 23 services under the responsible supervision of a licensed 24 25 chiropractic physician and when the board is satisfied that 26 the public will be adequately protected by the arrangement 27 proposed in the application. 28 (c) Has completed the application form and remitted an application fee set by the board pursuant to this section. An 29 30 application for certification made by a chiropractic

31 physician's assistant must include:

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1 1. A certificate of completion of a physician's 2 assistant training program specified in subsection (5). 3 2. A sworn statement of any prior felony conviction in 4 any jurisdiction. 5 3. A sworn statement of any previous revocation or 6 denial of licensure or certification in any state or 7 jurisdiction. 8 (a) The board shall adopt rules for the consideration 9 of applications by a licensed chiropractic physician or a 10 group of licensed chiropractic physicians to supervise certified chiropractic physician's assistants. Each 11 12 application made by a chiropractic physician or group of chiropractic physicians shall include all of the following: 13 1. The qualifications, including related experience, 14 of the certified chiropractic physician's assistant intended 15 to be employed. 16 17 2. The professional background and specialty of the 18 chiropractic physician or the group of chiropractic physicians. 19 20 3. A description by the chiropractic physician of her 21 or his practice, or by the chiropractic physicians of their practice, and of the way in which the assistant or assistants 22 23 are to be utilized. 24 25 The board shall certify an application by a licensed chiropractic physician to supervise a certified chiropractic 26 27 physician's assistant when the proposed assistant is a 28 graduate of an approved program or its equivalent and is fully qualified by reason of experience and education to perform 29 30 chiropractic services under the responsible supervision of a 31 | licensed chiropractic physician and when the board is 159 2:06 PM 04/28/99

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satisfied that the public will be adequately protected by the 1 2 arrangement proposed in the application. 3 (b) The board shall certify no more than two certified 4 chiropractic physician's assistants for any chiropractic 5 physician practicing alone; no more than four chiropractic physician's assistants for two chiropractic physicians б 7 practicing together formally or informally; or no more than a 8 ratio of two certified chiropractic physician's assistants to 9 three chiropractic physicians in any group of chiropractic 10 physicians practicing together formally or informally. (7)(6) PENALTY.--Any person who has not been certified 11 12 by the board and approved by the department and who represents herself or himself as a certified chiropractic physician's 13 assistant or who uses any other term in indicating or implying 14 that she or he is a certified chiropractic physician's 15 16 assistant is guilty of a felony of the third degree, 17 punishable as provided in s. 775.082 or s. 775.084 or by a fine not exceeding \$5,000. 18 (8)(7) REVOCATION OF APPROVAL. -- The certificate of 19 20 approval to supervise a certified chiropractic physician's 21 assistant held by any chiropractic physician or group of chiropractic physicians may be revoked when the board 22 determines that the intent of this section is not being 23 24 carried out. 25 (9)<del>(8)</del> FEES.--26 (a) A fee not to exceed \$100 set by the board shall 27 accompany the application by a chiropractic physician for 28 authorization to supervise a certified chiropractic 29 physician's assistant. 30 (b) Upon approval of an application for certification 31 of a certified chiropractic physician's assistant in a 160

specialty area, the applicant shall be charged an initial 1 2 certification fee for the first biennium not to exceed \$250; 3 and a biennial renewal fee not to exceed \$250 shall accompany 4 each application for renewal of the certified chiropractic 5 physician's assistant certificate. 6 (10) (9) EXISTING PROGRAMS. -- Nothing in this section 7 shall be construed to eliminate or supersede existing laws relating to other paramedical professions or services. It is 8 9 the intent of this section to supplement all such existing 10 programs relating to the certification and the practice of paramedical professions as may be authorized by law. 11 12 (11)(10) LIABILITY.--Each chiropractic physician or 13 group of chiropractic physicians utilizing certified chiropractic physician's assistants shall be liable for any 14 15 act or omission of any physician's assistant acting under her 16 or his or its supervision and control. 17 (12) SUPERVISION OF REGISTERED CHIROPRACTIC 18 ASSISTANT.--A certified chiropractic physician's assistant may directly supervise a registered chiropractic assistant and 19 20 other persons who are not licensed as chiropractic physicians 21 who are employed or supervised by the chiropractic physician to whom the certified chiropractic physician's assistant is 22 assigned. 23 (13) CERTIFIED CHIROPRACTIC ASSISTANT CERTIFICATION 24 25 RENEWAL. -- The certification must be renewed biennially. 26 (a) Each renewal must include: 27 1. A renewal fee as set by board pursuant to this 28 section. 29 2. A sworn statement of no felony convictions in the 30 previous 2 years in any jurisdiction. (b) Each certified chiropractic physician's assistant 31 161 2:06 PM 04/28/99 h2125c-07x01

shall biennially complete 24 hours of continuing education 1 2 courses sponsored by chiropractic colleges accredited by the 3 Council on Chiropractic Education and approved by the board. 4 The board shall approve those courses that build upon the basic courses required for the practice of chiropractic 5 medicine, and the board may also approve courses in adjunctive б 7 modalities. The board may make exception from the requirements of this section in emergency or hardship cases. The board may 8 9 adopt rules within the requirements of this section which are 10 necessary for its implementation. 11 (c) Upon employment as a certified chiropractic 12 physician's assistant, a certified chiropractic physician's assistant must notify the department in writing within 30 days 13 after such employment or any change of the supervising 14 15 chiropractic physician. The notification must include the full name, Florida chiropractic medical license number, specialty, 16 17 and address of the supervising chiropractic physician. 18 Section 110. Persons holding certificates as certified chiropractic physicians' assistants on the effective date of 19 20 this act need not reapply for certification, but must comply 21 with biennial renewal requirements as provided in section 460.4165(6), Florida Statutes. The requirement for completion 22 of the continuing education requirements for biennial renewal 23 24 of the certificate shall not take effect until the beginning of the next biennial renewal period following the effective 25 date of this act. 26 27 Section 111. Section 460.4166, Florida Statutes, 1998 28 Supplement, is amended to read: 460.4166 Registered chiropractic assistants .--29 30 (1) DEFINITION.--As used in this section, "registered 31 chiropractic assistant" means a professional, multiskilled 162 2:06 PM 04/28/99 h2125c-07x01

person dedicated to assisting in all aspects of chiropractic 1 2 medical practice under the direct supervision and 3 responsibility of a chiropractic physician or certified 4 chiropractic physician's assistant. A registered chiropractic 5 assistant assists with patient care management, executes administrative and clinical procedures, and often performs 6 7 managerial and supervisory functions. Competence in the field also requires that a registered chiropractic assistant adhere 8 9 to ethical and legal standards of professional practice, 10 recognize and respond to emergencies, and demonstrate professional characteristics. 11 12 (2) DUTIES.--Under the direct supervision and 13 responsibility of a licensed chiropractic physician or 14 certified chiropractic physician's assistant, a registered 15 chiropractic assistant may: (a) Perform clinical procedures, which include: 16 17 1. Preparing patients for the chiropractic physician's 18 care. 19 Taking vital signs. 2. 20 3. Observing and reporting patients' signs or 21 symptoms. (b) Administer basic first aid. 22 (c) Assist with patient examinations or treatments 23 24 other than manipulations or adjustments. 25 (d) Operate office equipment. 26 (e) Collect routine laboratory specimens as directed 27 by the chiropractic physician or certified chiropractic 28 physician's assistant. 29 (f) Administer nutritional supplements as directed by 30 the chiropractic physician or certified chiropractic physician's assistant. 31 163 h2125c-07x01

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1 (g) Perform office procedures required by the 2 chiropractic physician or certified chiropractic physician's 3 assistant under direct supervision of the chiropractic 4 physician or certified chiropractic physician's assistant. 5 (3) REGISTRATION.--Registered chiropractic assistants 6 may be registered by the board for a biennial fee not to 7 exceed \$25. Section 112. Section 461.003, Florida Statutes, 1998 8 9 Supplement, is amended to read: 461.003 Definitions.--As used in this chapter: 10 (1) "Department" means the Department of Health. 11 12 (1)(2) "Board" means the Board of Podiatric Medicine 13 as created in this chapter. 14 (2) "Certified podiatric X-ray assistant" means a 15 person who is employed by and under the direct supervision of a licensed podiatric physician to perform only those 16 17 radiographic functions that are within the scope of practice 18 of a podiatric physician licensed under this chapter. For purposes of this subsection, the term "direct supervision" 19 20 means supervision whereby a podiatric physician orders the X 21 ray, remains on the premises while the X ray is being performed and exposed, and approves the work performed before 22 23 dismissal of the patient. (3) 24 "Department" means the Department of Health. (3) "Practice of podiatric medicine" means the 25 26 diagnosis or medical, surgical, palliative, and mechanical 27 treatment of ailments of the human foot and leg. The surgical 28 treatment of ailments of the human foot and leg shall be limited anatomically to that part below the anterior tibial 29 30 tubercle. The practice of podiatric medicine shall include 31 the amputation of the toes or other parts of the foot but 164 2:06 PM 04/28/99 h2125c-07x01

shall not include the amputation of the foot or leg in its 1 2 entirety. A podiatric physician may prescribe drugs that 3 relate specifically to the scope of practice authorized 4 herein. 5 "Podiatric physician" means any person licensed to (4) 6 practice podiatric medicine pursuant to this chapter. 7 (5) "Practice of podiatric medicine" means the diagnosis or medical, surgical, palliative, and mechanical 8 treatment of ailments of the human foot and leg. The surgical 9 10 treatment of ailments of the human foot and leg shall be limited anatomically to that part below the anterior tibial 11 12 tubercle. The practice of podiatric medicine shall include the amputation of the toes or other parts of the foot but 13 shall not include the amputation of the foot or leg in its 14 15 entirety. A podiatric physician may prescribe drugs that 16 relate specifically to the scope of practice authorized 17 herein. Section 113. Paragraph (d) of subsection (1) of 18 section 461.006, Florida Statutes, 1998 Supplement, is amended 19 20 to read: 21 461.006 Licensure by examination.--22 (1) Any person desiring to be licensed as a podiatric physician shall apply to the department to take the licensure 23 24 examination. The department shall examine each applicant who the board certifies: 25 (d) Beginning October 1, 1995, Has satisfactorily 26 27 completed one of the following clinical experience 28 requirements: 1. One year of residency in a residency program 29 30 approved by the board, and if it has been 4 or more years since the completion of that residency, active licensed 31 165

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practice of podiatric medicine in another jurisdiction for at 1 2 least 2 of the immediately preceding 4 years, or successful 3 completion of a board-approved postgraduate program or 4 board-approved course within the year preceding the filing of the application. For the purpose of this subparagraph, "active 5 licensed practice" means the licensed practice of podiatric б 7 medicine as defined in s. 461.003(5) by podiatric physicians, including podiatric physicians employed by any governmental 8 entity, on the active teaching faculty of an accredited school 9 10 of podiatric medicine, or practicing administrative podiatric 11 medicine. 12 2. Ten years of continuous, active licensed practice 13 of podiatric medicine in another state immediately preceding the submission of the application and completion of at least 14 15 the same continuing educational requirements during those 10 16 years as are required of podiatric physicians licensed in this 17 state. Section 114. Subsection (1) of section 461.007, 18 Florida Statutes, 1998 Supplement, is amended to read: 19 20 461.007 Renewal of license.--21 (1) The department shall renew a license upon receipt 22 of the renewal application and a fee not to exceed \$350 set by the board, and evidence that the applicant has actively 23 24 practiced podiatric medicine or has been on the active teaching faculty of an accredited school of podiatric medicine 25 for at least 2 years of the immediately preceding 4 years. If 26 27 the licensee has not actively practiced podiatric medicine for at least 2 years of the immediately preceding 4 years, the 28 board shall require that the licensee successfully complete a 29 30 board-approved course prior to renewal of the license. For purposes of this subsection, "actively practiced podiatric 31

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medicine" means the licensed practice of podiatric medicine as 1 2 defined in s. 461.003(5) by podiatric physicians, including 3 podiatric physicians employed by any governmental entity, on 4 the active teaching faculty of an accredited school of podiatric medicine, or practicing administrative podiatric 5 6 medicine. An applicant for a renewed license must also submit 7 the information required under s. 455.565 to the department on a form and under procedures specified by the department, along 8 9 with payment in an amount equal to the costs incurred by the 10 Department of Health for the statewide criminal background check of the applicant. The applicant must submit a set of 11 12 fingerprints to the Department of Health on a form and under 13 procedures specified by the department, along with payment in an amount equal to the costs incurred by the department for a 14 15 national criminal background check of the applicant for the 16 initial renewal of his or her license after January 1, 2000. 17 If the applicant fails to submit either the information required under s. 455.565 or a set of fingerprints to the 18 department as required by this section, the department shall 19 issue a notice of noncompliance, and the applicant will be 20 21 given 30 additional days to comply. If the applicant fails to comply within 30 days after the notice of noncompliance is 22 issued, the department or board, as appropriate, may issue a 23 24 citation to the applicant and may fine the applicant up to \$50 25 for each day that the applicant is not in compliance with the requirements of s. 455.565. The citation must clearly state 26 27 that the applicant may choose, in lieu of accepting the 28 citation, to follow the procedure under s. 455.621. If the applicant disputes the matter in the citation, the procedures 29 30 set forth in s. 455.621 must be followed. However, if the 31 applicant does not dispute the matter in the citation with the

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department within 30 days after the citation is served, the 1 2 citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or 3 4 certified mail, restricted delivery, to the subject at the applicant's last known address. If an applicant has submitted 5 6 fingerprints to the department for a national criminal history 7 check upon initial licensure and is renewing his or her license for the first time, then the applicant need only 8 9 submit the information and fee required for a statewide 10 criminal history check. Section 115. Paragraph (bb) is added to subsection (1) 11 12 of section 461.013, Florida Statutes, 1998 Supplement, and subsection (2) of that section is amended, to read: 13 14 461.013 Grounds for disciplinary action; action by the 15 board; investigations by department. --16 (1) The following acts shall constitute grounds for 17 which the disciplinary actions specified in subsection (2) may 18 be taken: 19 (bb) Failing to comply with the requirements of ss. 20 381.026 and 381.0261 to provide patients with information 21 about their patient rights and how to file a patient 22 complaint. (2) When the board finds any person guilty of any of 23 24 the grounds set forth in subsection (1), it may enter an order imposing one or more of the following penalties: 25 26 (a) Refusal to certify to the department an 27 application for licensure. 28 (b) Revocation or suspension of a license. 29 (c) Restriction of practice. 30 (d) Imposition of an administrative fine not to exceed 31 \$10,000<del>\$1,000</del> for each count or separate offense. 168

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(e) Issuance of a reprimand. 1 2 (f) Placing the podiatric physician on probation for a period of time and subject to such conditions as the board may 3 4 specify, including requiring the podiatric physician to submit 5 to treatment, to attend continuing education courses, to submit to reexamination, and to work under the supervision of 6 7 another podiatric physician. 8 (g) Imposition of an administrative fine in accordance with s. 381.0261 for violations regarding patient rights. 9 10 Section 116. Section 461.0135, Florida Statutes, is 11 created to read: 12 461.0135 Operation of X-ray machines by podiatric 13 X-ray assistants.--A licensed podiatric physician may utilize an X-ray machine, expose X-ray films, and interpret or read 14 15 such films. The provision of part IV of chapter 468 to the contrary notwithstanding, a licensed podiatric physician may 16 17 authorize or direct a certified podiatric X-ray assistant to 18 operate such equipment and expose such films under the licensed podiatric physician's direction and supervision, 19 pursuant to rules adopted by the board in accordance with s. 20 21 461.004, which ensures that such certified podiatric X-ray assistant is competent to operate such equipment in a safe and 22 efficient manner by reason of training, experience, and 23 24 passage of a board-approved course which includes an examination. The board shall issue a certificate to an 25 individual who successfully completes the board-approved 26 27 course and passes the examination to be administered by the 28 training authority upon completion of such course. Section 117. Subsection (3) is added to section 29 30 464.008, Florida Statutes, to read: 464.008 Licensure by examination. --31 169

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1	(3) Any applicant who fails the examination three
2	consecutive times, regardless of the jurisdiction in which the
3	examination is taken, shall be required to complete a
4	board-approved remedial course before the applicant will be
5	approved for reexamination. After taking the remedial course,
6	the applicant may be approved to retake the examination up to
7	three additional times before the applicant is required to
8	retake remediation. The applicant shall apply for
9	reexamination within 6 months after completion of remediation.
10	The board shall by rule establish guidelines for remedial
11	courses.
12	Section 118. Subsection (13) is added to section
13	464.022, Florida Statutes, to read:
14	464.022 ExceptionsNo provision of this chapter
15	shall be construed to prohibit:
16	(13) The practice of nursing by individuals enrolled
17	in board-approved remedial courses.
17 18	in board-approved remedial courses. Section 119. Subsection (12) of section 465.003,
18	Section 119. Subsection (12) of section 465.003,
18 19	Section 119. Subsection (12) of section 465.003, Florida Statutes, is amended, subsections (4) through (14) of
18 19 20	Section 119. Subsection (12) of section 465.003, Florida Statutes, is amended, subsections (4) through (14) of said section are renumbered as subsections (5) through (15),
18 19 20 21	Section 119. Subsection (12) of section 465.003, Florida Statutes, is amended, subsections (4) through (14) of said section are renumbered as subsections (5) through (15), respectively, and a new subsection (4) is added to said
18 19 20 21 22	Section 119. Subsection (12) of section 465.003, Florida Statutes, is amended, subsections (4) through (14) of said section are renumbered as subsections (5) through (15), respectively, and a new subsection (4) is added to said section, to read:
18 19 20 21 22 23	Section 119. Subsection (12) of section 465.003, Florida Statutes, is amended, subsections (4) through (14) of said section are renumbered as subsections (5) through (15), respectively, and a new subsection (4) is added to said section, to read: 465.003 DefinitionsAs used in this chapter, the
18 19 20 21 22 23 24	Section 119. Subsection (12) of section 465.003, Florida Statutes, is amended, subsections (4) through (14) of said section are renumbered as subsections (5) through (15), respectively, and a new subsection (4) is added to said section, to read: 465.003 DefinitionsAs used in this chapter, the term:
18 19 20 21 22 23 24 25	Section 119. Subsection (12) of section 465.003, Florida Statutes, is amended, subsections (4) through (14) of said section are renumbered as subsections (5) through (15), respectively, and a new subsection (4) is added to said section, to read: 465.003 DefinitionsAs used in this chapter, the term: (4) "Data communication device" means an electronic
18 19 20 21 22 23 24 25 26	Section 119. Subsection (12) of section 465.003, Florida Statutes, is amended, subsections (4) through (14) of said section are renumbered as subsections (5) through (15), respectively, and a new subsection (4) is added to said section, to read: 465.003 DefinitionsAs used in this chapter, the term: (4) "Data communication device" means an electronic device that receives electronic information from one source
<ol> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> </ol>	Section 119. Subsection (12) of section 465.003, Florida Statutes, is amended, subsections (4) through (14) of said section are renumbered as subsections (5) through (15), respectively, and a new subsection (4) is added to said section, to read: 465.003 DefinitionsAs used in this chapter, the term: (4) "Data communication device" means an electronic device that receives electronic information from one source and transmits or routes it to another, including, but not
<ol> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> <li>28</li> </ol>	Section 119. Subsection (12) of section 465.003, Florida Statutes, is amended, subsections (4) through (14) of said section are renumbered as subsections (5) through (15), respectively, and a new subsection (4) is added to said section, to read: 465.003 DefinitionsAs used in this chapter, the term: (4) "Data communication device" means an electronic device that receives electronic information from one source and transmits or routes it to another, including, but not limited to, any such bridge, router, switch, or gateway.
<ol> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> <li>28</li> <li>29</li> </ol>	Section 119. Subsection (12) of section 465.003, Florida Statutes, is amended, subsections (4) through (14) of said section are renumbered as subsections (5) through (15), respectively, and a new subsection (4) is added to said section, to read: 465.003 DefinitionsAs used in this chapter, the term: (4) "Data communication device" means an electronic device that receives electronic information from one source and transmits or routes it to another, including, but not limited to, any such bridge, router, switch, or gateway. (13)(12) "Practice of the profession of pharmacy"

and consulting concerning therapeutic values and interactions 1 2 of patent or proprietary preparations, whether pursuant to 3 prescriptions or in the absence and entirely independent of 4 such prescriptions or orders; and other pharmaceutical services. For purposes of this subsection, "other 5 6 pharmaceutical services" means the monitoring of the patient's 7 drug therapy and assisting the patient in the management of his or her drug therapy, and includes review of the patient's 8 drug therapy and communication with the patient's prescribing 9 10 health care provider as licensed under chapter 458, chapter 459, chapter 461, or chapter 466, or similar statutory 11 12 provision in another jurisdiction, or such provider's agent or 13 such other persons as specifically authorized by the patient, regarding the drug therapy. However, nothing in this 14 15 subsection may be interpreted to permit an alteration of a prescriber's directions, the diagnosis or treatment of any 16 17 disease, the initiation of any drug therapy, the practice of 18 medicine, or the practice of osteopathic medicine, unless otherwise permitted by law. "Practice of the profession of 19 20 pharmacy"The phrase also includes any other act, service, 21 operation, research, or transaction incidental to, or forming a part of, any of the foregoing acts, requiring, involving, or 22 employing the science or art of any branch of the 23 pharmaceutical profession, study, or training, and shall 24 25 expressly permit a pharmacist to transmit information from 26 persons authorized to prescribe medicinal drugs to their 27 patients. 28 Section 120. Paragraph (1) of subsection (1) and paragraph (c) of subsection (2) of section 465.016, Florida 29 30 Statutes, are amended, and paragraph (q) is added to 31 subsection (1) of that section, to read:

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465.016 Disciplinary actions.--1 2 (1) The following acts shall be grounds for 3 disciplinary action set forth in this section: 4 (1) Placing in the stock of any pharmacy any part of 5 any prescription compounded or dispensed which is returned by 6 a patient; however, in a hospital, nursing home, correctional 7 facility, or extended care facility in which unit-dose medication is dispensed to inpatients, each dose being 8 9 individually sealed and the individual unit dose or unit-dose 10 system labeled with the name of the drug, dosage strength, manufacturer's control number, and expiration date, if any, 11 12 the unused unit dose of medication may be returned to the 13 pharmacy for redispensing. Each pharmacist shall maintain 14 appropriate records for any unused or returned medicinal 15 drugs. 16 (q) Using or releasing a patient's records except as 17 authorized by this chapter and chapter 455. 18 (2) When the board finds any person guilty of any of the grounds set forth in subsection (1), it may enter an order 19 20 imposing one or more of the following penalties: 21 (c) Imposition of an administrative fine not to exceed 22 \$5,000<del>\$1,000</del> for each count or separate offense. Section 121. Section 465.014, Florida Statutes, is 23 24 amended to read: 465.014 Pharmacy technician. -- No person other than a 25 26 licensed pharmacist or pharmacy intern may engage in the 27 practice of the profession of pharmacy, except that a licensed 28 pharmacist may delegate to nonlicensed pharmacy technicians those duties, tasks, and functions which do not fall within 29 30 the purview of s. 465.003(13)(12). All such delegated acts 31 | shall be performed under the direct supervision of a licensed 172

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pharmacist who shall be responsible for all such acts 1 2 performed by persons under his or her supervision. A pharmacy 3 technician, under the supervision of a pharmacist, may 4 initiate or receive communications with a practitioner or his or her agent, on behalf of a patient, regarding refill 5 6 authorization requests. No licensed pharmacist shall 7 supervise more than one pharmacy technician unless otherwise permitted by the guidelines adopted by the board. The board 8 9 shall establish guidelines to be followed by licensees or 10 permittees in determining the circumstances under which a 11 licensed pharmacist may supervise more than one but not more 12 than three pharmacy technicians. Section 122. Paragraph (c) of subsection (2) of 13 14 section 465.015, Florida Statutes, is amended to read: 15 465.015 Violations and penalties.--16 (2) It is unlawful for any person: 17 (c) To sell or dispense drugs as defined in s. 465.003(8)(7)without first being furnished with a 18 19 prescription. 20 Section 123. Section 465.0196, Florida Statutes, is 21 amended to read: 465.0196 Special pharmacy permits. -- Any person 22 desiring a permit to operate a pharmacy which does not fall 23 within the definitions set forth in s. 465.003(11)(10)(a)1., 24 25 2., and 3. shall apply to the department for a special pharmacy permit. If the board certifies that the application 26 27 complies with the applicable laws and rules of the board governing the practice of the profession of pharmacy, the 28 department shall issue the permit. No permit shall be issued 29 30 unless a licensed pharmacist is designated to undertake the 31 professional supervision of the compounding and dispensing of 173

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1 all drugs dispensed by the pharmacy. The licensed pharmacist 2 shall be responsible for maintaining all drug records and for 3 providing for the security of the area in the facility in 4 which the compounding, storing, and dispensing of medicinal 5 drugs occurs. The permittee shall notify the department 6 within 10 days of any change of the licensed pharmacist 7 responsible for such duties.

8 Section 124. Subsection (3) of section 468.812,9 Florida Statutes, is amended to read:

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468.812 Exemptions from licensure.--

(3) The provisions of this act relating to orthotics 11 or pedorthics do not apply to any licensed pharmacist or to 12 13 any person acting under the supervision of a licensed 14 pharmacist. The practice of orthotics or pedorthics by a 15 pharmacist or any of the pharmacist's employees acting under 16 the supervision of a pharmacist shall be construed to be 17 within the meaning of the term "practice of the profession of pharmacy" as set forth in s.  $465.003(13)\frac{12}{12}$ , and shall be 18 subject to regulation in the same manner as any other pharmacy 19 20 practice. The Board of Pharmacy shall develop rules regarding 21 the practice of orthotics and pedorthics by a pharmacist. Any pharmacist or person under the supervision of a pharmacist 22 engaged in the practice of orthotics or pedorthics shall not 23 24 be precluded from continuing that practice pending adoption of these rules. 25 Section 125. Subsection (19) of section 499.003, 26 27 Florida Statutes, is amended to read: 499.003 Definitions of terms used in ss. 28 499.001-499.081.--As used in ss. 499.001-499.081, the term: 29 30 (19) "Legend drug," "prescription drug," or "medicinal 31 drug" means any drug, including, but not limited to, finished

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dosage forms, or active ingredients subject to, defined by, or 1 2 described by s. 503(b) of the Federal Food, Drug, and Cosmetic 3 Act or s. 465.003(8)(7), s. 499.007(12), or s. 499.0122(1)(b) 4 or (c). Section 126. (1) There is created within the 5 6 Department of Health a Task Force for the Study of 7 Collaborative Drug Therapy Management. The department shall provide staff support for the task force. The task force shall 8 consist of not more than 13 members nominated by the 9 10 associations and entities named in this section and appointed by the Secretary of Health. Members of the task force shall 11 12 not receive compensation, per diem, or reimbursement for 13 travel expenses for service on the task force. Participation in the task force is optional and at the discretion of each 14 15 identified group or entity. The task force shall include: 16 (a) One representative from each of the following 17 associations: 18 1. Florida Society of Health-System Pharmacists. 19 2. Florida Pharmacy Association. 3. Florida Medical Association. 20 21 4. Florida Osteopathic Medical Association. 5. Florida Retail Federation. 22 6. Florida Nurses Association. 23 24 7. Florida Academy of Family Physicians. 25 8. Pharmaceutical Research Manufacturing Association. 9. American Society of Consultant Pharmacists. 26 27 10. American Society of Health-System Pharmacists. (b) One representative from each of the following 28 29 entities: 30 1. Department of Health. 2. Board of Medicine, which representative must be a 31 175 2:06 PM 04/28/99 h2125c-07x01

member of the board who is licensed under chapter 458, Florida 1 2 Statutes. 3 3. Board of Osteopathic Medicine, which representative 4 must be a member of the board who is licensed under chapter 5 459, Florida Statutes. 4. Board of Pharmacy, which representative must be a б 7 member of the board who is licensed under chapter 465, Florida 8 Statutes. 9 5. Agency for Health Care Administration. 10 (2) The task force shall hold its first meeting no later than August 1, 1999, and shall report its findings to 11 12 the President of the Senate, the Speaker of the House of 13 Representatives, and the chairs of the applicable legislative committees of substance not later than December 31, 1999. All 14 15 task force meetings must be held in Tallahassee at the 16 department in order to minimize costs to the state. 17 (3) The task force shall be charged with the 18 responsibility to: 19 (a) Determine the states in which collaborative drug therapy management has been enacted by law or administrative 20 21 rule and summarize the content of all such laws and rules. 22 (b) Receive testimony from interested parties and identify the extent to which collaborative drug therapy 23 24 management is currently being practiced in this state and other states. 25 (c) Determine the efficacy of collaborative drug 26 27 therapy management in improving health care outcomes of 28 patients. 29 Section 127. Section 466.021, Florida Statutes, is 30 amended to read: 31 466.021 Employment of unlicensed persons by dentist; 176 2:06 PM 04/28/99 h2125c-07x01

penalty .-- Every duly licensed dentist who uses the services of 1 2 any unlicensed person for the purpose of constructing, 3 altering, repairing, or duplicating any denture, partial 4 denture, bridge splint, or orthodontic or prosthetic appliance 5 shall be required to furnish such unlicensed person with a written work order in such form as prescribed shall be б approved by rule of the board department. This form shall be 7 8 supplied to the dentist by the department at a cost not to 9 exceed that of printing and handling. The work order blanks 10 shall be assigned to individual dentists and are not transferable. This form shall be dated and signed by such 11 12 dentist and shall include the patient's name or number with 13 sufficient descriptive information to clearly identify the 14 case for each separate and individual piece of work. A; said 15 work order shall be made in duplicate form, the duplicate copy 16 of such work order shall to be retained in a permanent file in 17 the dentist's office for a period of 2 years, and the original work order shall to be retained in a permanent file for a 18 period of 2 years by such said unlicensed person in her or his 19 place of business. Such permanent file of work orders to be 20 21 kept by such dentist or by such unlicensed person shall be open to inspection at any reasonable time by the department or 22 its duly constituted agent. Failure of the dentist to keep 23 24 such permanent records of such said work orders shall subject 25 the dentist to suspension or revocation of her or his license to practice dentistry. Failure of such unlicensed person to 26 27 have in her or his possession a work order as required by this section above defined shall be admissible evidence of a 28 violation of this chapter and shall constitute a misdemeanor 29 30 of the second degree, punishable as provided in s. 775.082 or 31 s. 775.083. Nothing in this section shall preclude a

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registered dental laboratory from working for another 1 2 registered dental laboratory, provided that such work is 3 performed pursuant to written authorization, in a form to be 4 prescribed by rule of the board department, which evidences 5 that the originating laboratory has obtained a valid work б order and which sets forth the work to be performed. 7 Furthermore, nothing in this section shall preclude a registered laboratory from providing its services to dentists 8 9 licensed and practicing in another state, provided that such 10 work is requested or otherwise authorized in written form which clearly identifies the name and address of the 11 12 requesting dentist and which sets forth the work to be 13 performed. 14 Section 128. Paragraph (b) of subsection (2), 15 paragraph (b) of subsection (3), and subsection (4) of section 16 468.1155, Florida Statutes, are amended to read: 17 468.1155 Provisional license; requirements.--(2) The department shall issue a provisional license 18 to practice speech-language pathology to each applicant who 19 20 the board certifies has: 21 (b) Received a master's degree or doctoral degree with a major emphasis in speech-language pathology from an 22 institution of higher learning which, at the time the 23 24 applicant was enrolled and graduated, was accredited by an 25 accrediting agency recognized by the Commission on Recognition of Postsecondary Accreditation or from an institution which is 26 27 publicly recognized as a member in good standing with the 28 Association of Universities and Colleges of Canada. An 29 applicant who graduated from a program at a university or 30 college outside the United States or Canada must present 31 documentation of the determination of equivalency to standards 178

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established by the Commission on Recognition of Postsecondary
 Accreditation in order to qualify. The applicant must have
 completed 60 semester hours that include:

Fundamental information applicable to the normal
development and use of speech, hearing, and language;
information about training in management of speech, hearing,
and language disorders; and information supplementary to these
fields.

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2. Six semester hours in audiology.

3. Thirty of the required 60 semester hours in courses
 acceptable toward a graduate degree by the college or
 university in which these courses were taken, of which 24
 semester hours must be in speech-language pathology.

14 (3) The department shall issue a provisional license 15 to practice audiology to each applicant who the board 16 certifies has:

17 (b) Received a master's degree or doctoral degree with a major emphasis in audiology from an institution of higher 18 learning which at the time the applicant was enrolled and 19 20 graduated was accredited by an accrediting agency recognized 21 by the Commission on Recognition of Postsecondary Accreditation or from an institution which is publicly 22 recognized as a member in good standing with the Association 23 24 of Universities and Colleges of Canada. An applicant who 25 graduated from a program at a university or college outside the United States or Canada must present documentation of the 26 27 determination of equivalency to standards established by the 28 Commission on Recognition of Postsecondary Accreditation in order to qualify. The applicant must have completed 60 29 30 semester hours that include:

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development and use of speech, hearing, and language; 1 2 information about training in management of speech, hearing, 3 and language disorders; and information supplementary to these 4 fields. 5 2. Six semester hours in speech-language pathology. 6 3. Thirty of the required 60 semester hours in courses 7 acceptable toward a graduate degree by the college or university in which these courses were taken, of which 24 8 9 semester hours must be in audiology. 10 (4) An applicant for a provisional license who has 11 received a master's degree or doctoral degree with a major 12 emphasis in speech-language pathology as provided in 13 subsection (2), or audiology as provided in subsection (3), 14 and who seeks licensure in the area in which the applicant is 15 not currently licensed, must have completed 30 semester hours 16 in courses acceptable toward a graduate degree and 200 17 supervised clinical clock hours in the second discipline from an accredited institution. 18 19 Section 129. Section 468.1215, Florida Statutes, is 20 amended to read: 21 468.1215 Speech-language pathology assistant and audiology assistant; certification .--22 (1) A person desiring to be certified as a 23 24 speech-language pathology assistant or audiology assistant 25 shall apply to the department. 26 (1) (1) (2) The department shall issue a certificate as a 27 speech-language pathology assistant or as an audiology 28 assistant to each applicant who the board certifies has: 29 (a) Completed the application form and remitted the 30 required fees, including a nonrefundable application fee. (b) Earned a bachelor's degree from a college or 31

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university accredited by a regional association of colleges 1 2 and schools recognized by the Department of Education which 3 includes at least 24 semester hours of coursework as approved 4 by the board at an institution accredited by an accrediting 5 agency recognized by the Commission on Recognition of 6 Postsecondary Accreditation. 7 (2) The department shall issue a certificate as an audiology assistant to each applicant who the board certifies 8 9 has: 10 (a) Completed the application form and remitted the required fees, including a nonrefundable application fee. 11 12 (b) Completed at least 24 semester hours of coursework 13 as approved by the board at an institution accredited by an 14 accrediting agency recognized by the Commission on Recognition of Postsecondary Accreditation. 15 (3) The board, by rule, shall establish minimum 16 17 education and on-the-job training and supervision requirements for certification as a speech-language pathology assistant or 18 audiology assistant. 19 20 (4) The provisions of this section shall not apply to 21 any student, intern, or trainee performing speech-language pathology or audiology services while completing the 22 supervised clinical clock hours as required in s. 468.1155. 23 24 Section 130. Subsection (1) of section 468.307, 25 Florida Statutes, 1998 Supplement, is amended to read: 26 468.307 Certificate; issuance; possession; display.--27 (1) The department shall issue a certificate to each 28 candidate who has met the requirements of ss. 468.304 and 29 468.306 or has qualified under s. 468.3065. The department may 30 by rule establish a subcategory of a certificate issued under this part limiting the certificateholder to a specific 31 181

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procedure or specific type of equipment. 1 2 Section 131. Section 468.506, Florida Statutes, 1998 3 Supplement, is amended to read: 4 468.506 Dietetics and Nutrition Practice 5 Council.--There is created the Dietetics and Nutrition 6 Practice Council under the supervision of the board. The 7 council shall consist of four persons licensed under this part and one consumer who is 60 years of age or older. Council 8 9 members shall be appointed by the board. Licensed members 10 shall be appointed based on the proportion of licensees within 11 each of the respective disciplines. Members shall be 12 appointed for 4-year staggered terms. In order to be eligible 13 for appointment, each licensed member must have been a 14 licensee under this part for at least 3 years prior to his or 15 her appointment. No council member shall serve more than two 16 successive terms. The board may delegate such powers and 17 duties to the council as it may deem proper to carry out the operations and procedures necessary to effectuate the 18 provisions of this part. However, the powers and duties 19 delegated to the council by the board must encompass both 20 21 dietetics and nutrition practice and nutrition counseling. Any time there is a vacancy on the council, any professional 22 association composed of persons licensed under this part may 23 24 recommend licensees to fill the vacancy to the board in a number at least twice the number of vacancies to be filled, 25 26 and the board may appoint from the submitted list, in its 27 discretion, any of those persons so recommended. Any 28 professional association composed of persons licensed under this part may file an appeal regarding a council appointment 29 30 with the secretary director of the department agency, whose 31 decision shall be final. The board shall fix council members'

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compensation and pay their expenses in the same manner as 1 2 provided in s. 455.534. 3 Section 132. Section 468.701, Florida Statutes, 1998 4 Supplement, is amended to read: 5 468.701 Definitions.--As used in this part, the term: 6 (1) "Athlete" means a person who participates in an 7 athletic activity. (2) "Athletic activity" means the participation in an 8 9 activity, conducted by an educational institution, a 10 professional athletic organization, or an amateur athletic organization, involving exercises, sports, games, or 11 12 recreation requiring any of the physical attributes of 13 strength, agility, flexibility, range of motion, speed, and 14 stamina. 15 (3) "Athletic injury" means an injury sustained which 16 affects the athlete's ability to participate or perform in 17 athletic activity. "Athletic trainer" means a person licensed under 18 (4) this part. 19 20 "Athletic training" means the recognition, (5) 21 prevention, and treatment of athletic injuries. 22 (6) "Board Council" means the Board Council of 23 Athletic Training. 24 (7) "Department" means the Department of Health. 25 (8) "Direct supervision" means the physical presence 26 of the supervisor on the premises so that the supervisor is 27 immediately available to the trainee when needed. 28 (9) "Secretary" means the Secretary of Health. 29 (9)(10) "Supervision" means the easy availability of 30 the supervisor to the athletic trainer, which includes the 31 ability to communicate by telecommunications.

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1 Section 133. Section 468.703, Florida Statutes, 1998 Supplement, is amended to read: 2 3 468.703 Board Council of Athletic Training .--4 The Board Council of Athletic Training is created (1)5 within the department and shall consist of nine seven members 6 to be appointed by the Governor and confirmed by the Senate 7 secretary. (2) Five Four members of the board must council shall 8 9 be licensed athletic trainers. One member of the board must 10 council shall be a physician licensed under chapter 458 or chapter 459. One member of the board must <del>council shall</del> be a 11 12 physician licensed under chapter 460. Two members One member of the board shall be consumer members, each of whom must 13 council shall be a resident of this state who has never worked 14 15 as an athletic trainer, who has no financial interest in the practice of athletic training, and who has never been a 16 17 licensed health care practitioner as defined in s. 455.501(4). 18 Members of the council shall serve staggered 4-year terms as determined by rule of the department; however, no member may 19 20 serve more than two consecutive terms. 21 (3) For the purpose of staggering terms, the Governor shall appoint the initial members of the board as follows: 22 Three members for terms of 2 years each. 23 (a) (b) 24 Three members for terms of 3 years each. 25 (c) Three members for terms of 4 years each. 26 (4) As the terms of the members expire, the Governor shall appoint successors for terms of 4 years and such members 27 28 shall serve until their successors are appointed. 29 (5) All provisions of part II of chapter 455 relating 30 to activities of the board shall apply. The board shall maintain its official headquarters 31 (6) 184

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in Tallahassee. 1 2 (3) The council shall advise and assist the department 3 <del>in:</del> 4 (a) Developing rules relating to licensure 5 requirements, the licensure examination, continuing education requirements, fees, records and reports to be filed by б 7 licensees, and any other requirements necessary to regulate 8 the practice of athletic training. 9 (b) Monitoring the practice of athletic training in 10 other jurisdictions. 11 (c) Educating the public about the role of athletic 12 trainers. 13 (d) Collecting and reviewing data regarding the 14 licensed practice of athletic training. 15 (e) Addressing concerns and problems of athletic 16 trainers in order to promote improved safety in the practice 17 of athletic training. 18 (4) Members of the council shall be entitled to 19 compensation and reimbursement for expenses in the same manner 20 as board members are compensated and reimbursed under s. 21 455.534. Section 134. Section 468.705, Florida Statutes, 1998 22 23 Supplement, is amended to read: 24 468.705 Rulemaking authority.--The board department is 25 authorized to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement provisions of this part conferring duties 26 27 upon it. Such rules shall include, but not be limited to, the allowable scope of practice regarding the use of equipment, 28 procedures, and medication, and requirements for a written 29 30 protocol between the athletic trainer and a supervising 31 physician, licensure requirements, licensure examination,

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continuing education requirements, fees, records, and reports 1 2 to be filed by licensees, protocols, and any other 3 requirements necessary to regulate the practice of athletic 4 training. 5 Section 135. Section 468.707, Florida Statutes, 1998 6 Supplement, is amended to read: 7 468.707 Licensure by examination; requirements.--8 (1) Any person desiring to be licensed as an athletic 9 trainer shall apply to the department on a form approved by the department. 10 11 (a) The department shall license each applicant who: 12 1. Has completed the application form and remitted the 13 required fees. 14 Is at least 21 years of age. 2. 15 3. Has obtained a baccalaureate degree from a college 16 or university accredited by an accrediting agency recognized 17 and approved by the United States Department of Education or the Commission on Recognition of Postsecondary Accreditation, 18 or approved by the board department. 19 20 4. Has completed coursework from a college or 21 university accredited by an accrediting agency recognized and approved by the United States Department of Education or the 22 Commission on Recognition of Postsecondary Accreditation, or 23 24 approved by the board department, in each of the following 25 areas, as provided by rule: health, human anatomy, kinesiology/biomechanics, human physiology, physiology of 26 27 exercise, basic athletic training, and advanced athletic 28 training. Has current certification in standard first aid and 29 5. 30 cardiovascular pulmonary resuscitation from the American Red 31 Cross or an equivalent certification as determined by the 186

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board department. 1 2 6. Has, within 2 of the preceding 5 years, attained a minimum of 800 hours of athletic training experience under the 3 4 direct supervision of a licensed athletic trainer or an 5 athletic trainer certified by the National Athletic Trainers' 6 Association or a comparable national athletic standards 7 organization. 8 7. Has passed an examination administered or approved 9 by the board <del>department</del>. 10 (b) The department shall also license each applicant 11 who: 12 1. Has completed the application form and remitted the 13 required fees no later than October 1, 1996. 14 Is at least 21 years of age. 2. Has current certification in standard first aid and 15 3. 16 cardiovascular pulmonary resuscitation from the American Red 17 Cross or an equivalent certification as determined by the 18 board department. 19 4.a. Has practiced athletic training for at least 3 of 20 the 5 years preceding application; or 21 Is currently certified by the National Athletic b. Trainers' Association or a comparable national athletic 22 23 standards organization. 24 (2) Pursuant to the requirements of s. 455.607 25 455.604, each applicant shall complete a continuing education course on human immunodeficiency virus and acquired immune 26 27 deficiency syndrome as part of initial licensure. 28 Section 136. Section 468.709, Florida Statutes, is 29 amended to read: 30 468.709 Fees.--31 (1) The board department shall, by rule, establish

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fees for the following purposes: 1 2 (a) An application fee, not to exceed \$100. 3 (b) An examination fee, not to exceed \$200. 4 (c) An initial licensure fee, not to exceed \$200. A biennial renewal fee, not to exceed \$200. 5 (d) (e) An inactive fee, not to exceed \$100. б 7 (f) A delinquent fee, not to exceed \$100. (g) A reactivation fee, not to exceed \$100. 8 A voluntary inactive fee, not to exceed \$100. 9 (h) 10 (2) The board department shall establish fees at a level, not to exceed the statutory fee cap, that is adequate 11 12 to ensure the continued operation of the regulatory program 13 under this part. The board department shall neither set nor 14 maintain the fees at a level that will substantially exceed 15 this need. 16 Section 137. Subsections (2) and (3) of section 17 468.711, Florida Statutes, 1998 Supplement, are amended to 18 read: 19 468.711 Renewal of license; continuing education .--20 (2) The board department may, by rule, prescribe 21 continuing education requirements, not to exceed 24 hours biennially. The criteria for continuing education shall be 22 approved by the board department and shall include 4 hours in 23 24 standard first aid and cardiovascular pulmonary resuscitation 25 from the American Red Cross or equivalent training as 26 determined by board department. 27 (3) Pursuant to the requirements of s. 455.607 28 455.604, each licensee shall complete a continuing education course on human immunodeficiency virus and acquired immune 29 30 deficiency syndrome as part of biennial relicensure. Section 138. Subsection (2) of section 468.719, 31 188

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Florida Statutes, 1998 Supplement, is amended to read: 1 2 468.719 Disciplinary actions.--3 (2) When the board department finds any person guilty 4 of any of the acts set forth in subsection (1), the board 5 department may enter an order imposing one or more of the penalties provided in s. 455.624. 6 7 Section 139. Section 468.721, Florida Statutes, is amended to read: 8 9 468.721 Saving clause.--10 (1) An athletic trainer registration which is valid on October 1, 1995, shall become for all purposes an athletic 11 12 trainer license as required by this part, subject to any 13 disciplinary or administrative action pending on October 1, 1995, and shall be subject to all the same terms and 14 conditions as athletic trainer licenses issued after October 15 16 1, 1995. The department shall retain jurisdiction to impose 17 discipline for any violation of this part which occurred prior to October 1, 1995, but is discovered after October 1, 1995, 18 under the terms of this part prior to October 1, 1995. 19 (2) No judicial or administrative proceeding pending 20 21 on July 1, 1995, shall be abated as a result of enactment of 22 any provision of this act. (3) Rules adopted by the department relating to the 23 24 regulation registration of athletic trainers under this part prior to July 1, 1999, shall remain in effect until the board 25 department adopts rules relating to the regulation licensure 26 27 of athletic trainers under this part which supersede such 28 earlier rules. 29 Section 140. Paragraph (g) of subsection (3) of 30 section 20.43, Florida Statutes, 1998 Supplement, is amended 31 to read:

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1 20.43 Department of Health.--There is created a 2 Department of Health. (3) The following divisions of the Department of 3 4 Health are established: 5 (g) Division of Medical Quality Assurance, which is 6 responsible for the following boards and professions 7 established within the division: 1. Nursing assistants, as provided under s. 400.211. 8 2. Health care services pools, as provided under s. 9 10 402.48. 11 3. The Board of Acupuncture, created under chapter 12 457. The Board of Medicine, created under chapter 458. 13 4. 14 5. The Board of Osteopathic Medicine, created under 15 chapter 459. 16 б. The Board of Chiropractic Medicine, created under 17 chapter 460. 7. The Board of Podiatric Medicine, created under 18 19 chapter 461. 20 Naturopathy, as provided under chapter 462. 8. 21 9. The Board of Optometry, created under chapter 463. 10. The Board of Nursing, created under chapter 464. 22 The Board of Pharmacy, created under chapter 465. 23 11. 24 12. The Board of Dentistry, created under chapter 466. 25 13. Midwifery, as provided under chapter 467. 26 14. The Board of Speech-Language Pathology and 27 Audiology, created under part I of chapter 468. 28 15. The Board of Nursing Home Administrators, created 29 under part II of chapter 468. 30 16. The Board of Occupational Therapy, created under 31 part III of chapter 468.

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Respiratory therapy, as provided under part V of 1 17. 2 chapter 468. 18. Dietetics and nutrition practice, as provided 3 4 under part X of chapter 468. 5 19. The Board of Athletic Training trainers, created 6 as provided under part XIII of chapter 468. 7 20. The Board of Orthotists and Prosthetists, created under part XIV of chapter 468. 8 9 Electrolysis, as provided under chapter 478. 21. 10 22. The Board of Massage Therapy, created under chapter 480. 11 12 23. The Board of Clinical Laboratory Personnel, created under part III of chapter 483. 13 14 24. Medical physicists, as provided under part IV of 15 chapter 483. The Board of Opticianry, created under part I of 16 25. 17 chapter 484. 26. The Board of Hearing Aid Specialists, created 18 19 under part II of chapter 484. 20 27. The Board of Physical Therapy Practice, created 21 under chapter 486. 22 28. The Board of Psychology, created under chapter 23 490. 24 29. School psychologists, as provided under chapter 25 490. 26 30. The Board of Clinical Social Work, Marriage and 27 Family Therapy, and Mental Health Counseling, created under 28 chapter 491. 29 30 The department may contract with the Agency for Health Care 31 Administration who shall provide consumer complaint, 191

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investigative, and prosecutorial services required by the 1 Division of Medical Quality Assurance, councils, or boards, as 2 3 appropriate. 4 Section 141. The Council of Athletic Training and the 5 terms of all council members are terminated on July 1, 1999. However, such termination in no way precludes the Governor б 7 from considering any former council member for appointment to the Board of Athletic Training created by this act. 8 Section 142. Section 468.805, Florida Statutes, is 9 10 amended to read: 11 468.805 Grandfathering Licensure without examination; 12 provisional licensure. --13 (1) A person who has practiced orthotics, prosthetics, or pedorthics in this state for the required period since July 14 15 1, 1990, who, before March 1, 1998, applies to the department 16 for a license to practice orthotics, prosthetics, or 17 pedorthics, may be licensed as a prosthetist, orthotist, prosthetist-orthotist, orthotic fitter, orthotic fitter 18 assistant, or pedorthist, as determined from the person's 19 experience, certification, and educational preparation, 20 21 without meeting the educational requirements set forth in s. 468.803, upon receipt of the application fee and licensing fee 22 and after the board has completed an investigation into the 23 24 applicant's background and experience. The board shall require an application fee not to exceed \$500, which shall be 25 nonrefundable. The board shall complete its investigation 26 27 within 6 months after receipt of the completed application. The period of experience required for licensure under this 28 section subsection is 5 years for a prosthetist; 2 years for 29 30 an orthotic fitter, an orthotic fitter assistant, or a 31 pedorthist; and 5 years for an orthotist whose scope of

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practice is defined under s. 468.80(7). 1 2 (2)(a) A person who has received certification as an 3 orthotist, a prosthetist, or a prosthetist-orthotist from a 4 national certifying body and who has practiced orthotics or 5 prosthetics in this state for at least 2 years but less than 5 6 years is eligible for a provisional license. 7 (b) An applicant for provisional licensure shall 8 submit proof that he or she has been actively practicing as a 9 nationally certified orthotist, prosthetist, or 10 prosthetist-orthotist, an application fee, and a provisional 11 license fee. 12 (c) A provisional licensee is required to practice 13 under supervision of a fully licensed orthotist, prosthetist, 14 or prosthetist-orthotist for up to 3 years in order to meet 15 the 5-year experience requirement of subsection (1) to be licensed as an orthotist, prosthetist, or 16 17 prosthetist-orthotist. (d) After appropriate investigation, the board shall 18 license as an orthotist, prosthetist, or prosthetist-orthotist 19 20 the provisional licensee who has successfully completed the period of experience required and otherwise meets the 21 requirements of subsection (1). 22 (e) The board shall require an application fee, not to 23 24 exceed \$500, which is nonrefundable, and a provisional 25 licensure fee, not to exceed \$500. (3) An applicant who has received certification as an 26 27 orthotist, a prosthetist, a prosthetist-orthotist, or a pedorthist from a national certifying body which requires the 28 successful completion of an examination, may be licensed under 29 30 this section without taking an additional examination. An 31 applicant who has not received certification from a national 193 2:06 PM 04/28/99 h2125c-07x01 Bill No. HB 2125, 2nd Eng. Amendment No.

certifying body which requires the successful completion of an 1 2 examination shall be required to take an examination as 3 determined by the board. This examination shall be designed to 4 determine if the applicant has the minimum qualifications 5 needed to be licensed under this section. The board may charge 6 an examination fee and the actual per applicant cost to the 7 department for purchase or development of the examination. 8 (4) An applicant who successfully completed prior to March 1, 1998, at least one-half of the examination required 9 10 for national certification and successfully completed the 11 remaining portion of the examination and became certified 12 prior to July 1, 1998, shall be considered as nationally certified by March 1, 1998, for purposes of this section. 13 (5)(4) This section is repealed July 1, 2002. 14 15 Section 143. Subsection (3) of section 468.806, Florida Statutes, is amended to read: 16 17 468.806 Biennial renewal of license.--(3) The board may by rule prescribe continuing 18 education requirements and approve course criteria, not to 19 exceed 30 hours biennially, as a condition for license 20 21 renewal. The board shall establish a procedure for approving continuing education courses and providers and may set a fee 22 for continuing education course and provider approval. 23 24 Section 144. Subsection (5) of section 478.42, Florida Statutes, is amended to read: 25 26 478.42 Definitions.--As used in this chapter, the 27 term: 28 "Electrolysis or electrology" means the permanent (5) 29 removal of hair by destroying introducing, into and beneath 30 the skin, ionizing (galvanic current) or nonionizing radiation 31 (thermolysis or high-frequency current) to destroy the 194 2:06 PM 04/28/99

hair-producing cells of the skin and vascular system, using 1 2 equipment and needle-type epilation devices approved by the 3 board which have been cleared by and that are registered with 4 the United States Food and Drug Administration and that are 5 used pursuant to protocols approved by the council and the 6 board. 7 Section 145. Section 483.041, Florida Statutes, is amended to read: 8 9 483.041 Definitions.--As used in this part, the term: 10 (1) "Agency" means the Agency for Health Care 11 Administration. 12 (2) "Clinical laboratory" means the physical location 13 in which one or more of the following services a laboratory 14 where examinations are performed on materials or specimens 15 taken from the human body to provide information or materials for use in the diagnosis, prevention, or treatment of a 16 17 disease or the identification or assessment of a medical or physical condition. 18 19 (a) Clinical laboratory services are the examinations 20 of fluids or other materials taken from the human body. (b) Anatomic laboratory services are the examinations 21 22 of tissue taken from the human body. (c) Cytology laboratory services are the examinations 23 24 of cells from individual tissues or fluid taken from the human 25 body. "Clinical laboratory examination" means a 26 (3) 27 procedure performed to deliver the services defined in 28 subsection (2), including the oversight or interpretation thereof. 29 30 (4)(3) "Clinical laboratory proficiency testing 31 program" means a program approved by the agency for evaluating 195 2:06 PM 04/28/99 h2125c-07x01

1 the performance of clinical laboratories.

2 (5)(4) "Collection station" or "branch office" means a 3 facility operated by a clinical laboratory where materials or 4 specimens are withdrawn or collected from patients or 5 assembled after being withdrawn or collected from patients 6 elsewhere, for subsequent delivery to another location for 7 examination.

8 (6)(5) "Hospital laboratory" means a laboratory
9 located in a hospital licensed under chapter 395 that provides
10 services solely to that hospital and that is owned by the
11 hospital and governed by the hospital medical staff or
12 governing board.

13 (7)(6) "Licensed practitioner" means a physician licensed under chapter 458, chapter 459, chapter 460, or 14 15 chapter 461; a dentist licensed under chapter 466; a person 16 licensed under chapter 462; or an advanced registered nurse 17 practitioner licensed under chapter 464 or a duly licensed 18 practitioner from another state licensed under similar statutes who orders examinations on materials or specimens for 19 non residents of the State of Florida, but who reside in the 20 21 same state as the requesting licensed practitioner. (8) (7) "Person" means the State of Florida or any 22 individual, firm, partnership, association, corporation, 23 24 county, municipality, political subdivision, or other entity, 25 whether organized for profit or not.

26 <u>(9)(8)</u> "Validation inspection" means an inspection of 27 a clinical laboratory by the agency to assess whether a review 28 by an accrediting organization has adequately evaluated the 29 clinical laboratory according to state standards.

30 <u>(10)(9)</u> "Waived test" means a test that the federal 31 Health Care Financing Administration has determined qualifies

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for a certificate of waiver under the federal Clinical 1 2 Laboratory Improvement Amendments of 1988, and the federal 3 rules adopted thereunder. 4 Section 146. Subsections (2), (3), and (7) of section 5 483.803, Florida Statutes, are amended to read: 6 483.803 Definitions.--As used in this part, the term: 7 (2) "Clinical laboratory" means a clinical laboratory as defined in s. 483.041(2). 8 9 "Clinical laboratory examination" means a clinical (3) 10 laboratory examination as defined in s. 483.041 an examination performed on materials or specimens of the human body to 11 12 provide information or materials for use in the diagnosis, prevention, or treatment of a disease or the identification or 13 14 assessment of a medical or physical condition. 15 (7) "Licensed practitioner of the healing arts" means 16 a physician licensed under <del>pursuant to</del> chapter 458, chapter 17 459, or chapter 460, or chapter 461; a dentist licensed under 18 pursuant to chapter 466; or a person licensed under pursuant to chapter 461 or chapter 462. 19 20 Section 147. Subsection (9) of section 483.807, 21 Florida Statutes, 1998 Supplement, is amended to read: 483.807 Fees; establishment; disposition .--22 (9) The initial application and renewal fee for 23 24 approval as a laboratory training program may not exceed \$300. 25 The fee for late filing of a renewal application shall be \$50. 26 Section 148. Subsections (2) and (3) of section 27 483.809, Florida Statutes, are amended to read: 28 483.809 Licensure; examinations; registration of 29 trainees; approval of curricula.--30 (2) EXAMINATIONS.--The department shall conduct 31 examinations required by board rules to determine in part the 197 2:06 PM 04/28/99 h2125c-07x01

qualification of clinical laboratory personnel for licensure. 1 2 The board by rule may designate a An approved national 3 certification examination that may be accepted in lieu of 4 state examination for <u>clinical laboratory personnel or</u> public 5 health scientists. 6 (3) REGISTRATION OF TRAINEES.--The department shall 7 provide for annual registration of clinical laboratory trainees who are enrolled in a training program employed by 8 9 laboratories approved pursuant to s. 483.811, which 10 registration may not be renewed except upon special authorization of the board. 11 12 Section 149. Section 483.812, Florida Statutes, is amended to read: 13 14 483.812 Public health laboratory scientists; 15 licensure.--16 (1) Applicants at the director level in the category 17 of public health shall qualify under s. 483.824. 18 (2) (1) Applicants at the director and supervisor level in the category of public health who are certified registered 19 by the National Registry in of Clinical Chemistry 20 21 Certification or the American Society for of Microbiology, licensed as a technologist, and have 5 years of pertinent 22 clinical laboratory experience may qualify under board rules 23 24 by passing the state-administered appropriate supervision and administration examination. 25 26 (3)(2)(a) A technologist applicant for licensure in 27 the category of public health microbiology, with a 28 baccalaureate degree in one of the biological sciences from an accredited institution, may use the American Society for of 29 30 Microbiology or the National Registry in of Microbiology 31 Certification in Public Health Microbiology to qualify for a 198 2:06 PM 04/28/99 h2125c-07x01

technologist license in public health microbiology. Such a
 technologist may work in a public health microbiology
 laboratory.

4 (b) A technologist applicant for licensure in the
5 category of public health chemistry, with a baccalaureate
6 degree in one of the chemical, biological, or physical
7 sciences from an accredited institution, may use the National
8 Registry of Clinical Chemistry Certification to qualify for a
9 technologist license in public health chemistry. Such a
10 technologist may work in a public health chemistry laboratory.

(c) A technician applicant for licensure in the 11 12 category of public health, with a baccalaureate degree in one 13 of the chemical or biological sciences from an accredited institution, may obtain a 2-year one-time, 3-year, conditional 14 15 public health technician license, which may be renewed once 16 pending national certification by the American Society of 17 Microbiology or the National Registry of Clinical Chemistry 18 Certification. Such a technician may perform testing only under the direct supervision of a licensed pathologist, 19 director, supervisor, or technologist. 20

21 (4)(3) A person licensed by the Board of Clinical
 22 Laboratory Personnel may work in a public health laboratory at
 23 the appropriate level and specialty.

24 Section 150. Section 483.813, Florida Statutes, is 25 amended to read:

483.813 Clinical laboratory personnel license.--A
person may not conduct a clinical laboratory examination or
report the results of such examination unless such person is
licensed under this part to perform such procedures. However,
this provision does not apply to any practitioner of the
healing arts authorized to practice in this state or to

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persons engaged in testing performed by laboratories regulated 1 2 under s. 483.035(1) or exempt from regulation under s. 3 483.031(2). The department may grant a temporary license to 4 any candidate it deems properly qualified, for a period not to 5 exceed 1 year, or a conditional license for a period not to 6 exceed 3 years. Section 151. Subsection (3) is added to section 7 483.821, Florida Statutes, to read: 8 483.821 Periodic demonstration of competency; 9 10 continuing education or reexamination .--11 (3) The board may, by rule, provide for continuing 12 education or retraining requirements for candidates failing an examination two or more times. 13 Section 152. Section 483.824, Florida Statutes, is 14 15 amended to read: 483.824 Qualifications of clinical laboratory 16 17 director.--A clinical laboratory director must have 4 years of clinical laboratory experience with 2 years of experience in 18 the speciality to be directed or be nationally board certified 19 20 in the specialty to be directed, and must meet one of the 21 following requirements: (1) Be a physician licensed under chapter 458 or 22 chapter 459; 23 24 (2) Hold an earned doctoral degree in a chemical, 25 physical, or biological science from a regionally accredited institution and be nationally certified; or 26 27 (3) For the subspecialty of oral pathology, be a 28 physician licensed under chapter 458 or chapter 459 or a dentist licensed under chapter 466. 29 30 Section 153. Section 483.825, Florida Statutes, is 31 amended to read:

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1 483.825 Grounds for disciplinary action.--The 2 following acts constitute grounds for which disciplinary 3 actions specified in s. 483.827 may be taken against 4 applicants, registrants, and licensees under this part: 5 (1) Attempting to obtain, obtaining, or renewing a 6 license or registration under this part by bribery, by 7 fraudulent misrepresentation, or through an error of the department or the board. 8 9 (2) Engaging in or attempting to engage in, or 10 representing herself or himself as entitled to perform, any 11 clinical laboratory procedure or category of procedures not 12 authorized pursuant to her or his license. 13 (3) Demonstrating incompetence or making consistent 14 errors in the performance of clinical laboratory examinations 15 or procedures or erroneous reporting. 16 (4) Performing a test and rendering a report thereon 17 to a person not authorized by law to receive such services. Has been convicted or found guilty of, or entered 18 (5) 19 a plea of nolo contendere to, regardless of adjudication, a 20 crime in any jurisdiction which directly relates to the 21 activities of clinical laboratory personnel or involves moral turpitude or fraudulent or dishonest dealing. The record of a 22 23 conviction certified or authenticated in such form as to be 24 admissible in evidence under the laws of the state shall be admissible as prima facie evidence of such guilt. Having been 25 26 convicted of a felony or of any crime involving moral 27 turpitude under the laws of any state or of the United States. 28 The record of conviction or a certified copy thereof shall be 29 conclusive evidence of such conviction. 30 (6) Having been adjudged mentally or physically 31 incompetent.

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(7) Violating or aiding and abetting in the violation
 of any provision of this part or the rules adopted hereunder.
 (8) Reporting a test result when no laboratory test
 was performed on a clinical specimen.

5 (9) Knowingly advertising false services or6 credentials.

7 (10) Having a license revoked, suspended, or otherwise acted against, including the denial of licensure, by the 8 9 licensing authority of another jurisdiction. The licensing 10 authority's acceptance of a relinquishment of a license, stipulation, consent order, or other settlement, offered in 11 12 response to or in anticipation of the filing of administrative charges against the licensee, shall be construed as action 13 14 against the licensee.

(11) Failing to report to the board, in writing, within 30 days <u>that an if</u> action under <u>subsection (5)</u>, <u>subsection (6)</u>, <u>or</u> subsection (10) has been taken against <u>the</u> <u>licensee or</u> one's license to practice as clinical laboratory personnel in another state, territory, <del>or</del> country, <u>or other</u> jurisdiction.

21 (12) Being unable to perform or report clinical laboratory examinations with reasonable skill and safety to 22 patients by reason of illness or use of alcohol, drugs, 23 narcotics, chemicals, or any other type of material or as a 24 25 result of any mental or physical condition. In enforcing this subsection, the department shall have, upon a finding of the 26 27 secretary or his or her designee that probable cause exists to 28 believe that the licensee is unable to practice because of the reasons stated in this subsection, the authority to issue an 29 30 order to compel a licensee to submit to a mental or physical 31 examination by physicians designated by the department. If

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the licensee refuses to comply with such order, the 1 2 department's order directing such examination may be enforced 3 by filing a petition for enforcement in the circuit court 4 where the licensee resides or does business. The department shall be entitled to the summary procedure provided in s. 5 6 51.011. A licensee affected under this subsection shall at 7 reasonable intervals be afforded an opportunity to demonstrate that he or she can resume competent practice with reasonable 8 9 skill and safety to patients. 10 (13) Delegating professional responsibilities to a person when the licensee delegating such responsibilities 11 12 knows, or has reason to know, that such person is not qualified by training, experience, or licensure to perform 13 14 them. 15 (14) Violating a previous order of the board entered 16 in a disciplinary proceeding. 17 (15) Failing to report to the department a person or 18 other licensee who the licensee knows is in violation of this 19 chapter or the rules of the department or board adopted 20 hereunder. 21 (16) Making or filing a report which the licensee knows to be false, intentionally or negligently failing to 22 file a report or record required by state or federal law, 23 24 willfully impeding or obstructing such filing or inducing another person to do so, including, but not limited to, 25 26 impeding an agent of the state from obtaining a report or record for investigative purposes. Such reports or records 27 28 shall include only those generated in the capacity as a 29 licensed clinical laboratory personnel. 30 (17) Paying or receiving any commission, bonus, kickback, or rebate, or engaging in any split-fee arrangement 31 203

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in any form whatsoever with a physician, organization, agency, 1 2 or person, either directly or indirectly for patients referred 3 to providers of health care goods and services including, but 4 not limited to, hospitals, nursing homes, clinical laboratories, ambulatory surgical centers, or pharmacies. The 5 6 provisions of this subsection shall not be construed to 7 prevent a clinical laboratory professional from receiving a fee for professional consultation services. 8 (18) Exercising influence on a patient or client in 9 10 such a manner as to exploit the patient or client for the 11 financial gain of the licensee or other third party, which 12 shall include, but not be limited to, the promoting, selling, or withholding of services, goods, appliances, referrals, or 13 14 drugs. 15 (19) Practicing or offering to practice beyond the scope permitted by law or rule, or accepting or performing 16 17 professional services or responsibilities which the licensee 18 knows or has reason to know that he or she is not competent to 19 perform. (20) Misrepresenting or concealing a material fact at 20 any time during any phase of the licensing, investigative, or 21 disciplinary process, procedure, or proceeding. 22 (21) Improperly interfering with an investigation or 23 24 any disciplinary proceeding. 25 (22) Engaging in or attempting to engage in sexual misconduct, causing undue embarrassment or using disparaging 26 27 language or language of a sexual nature towards a patient, 28 exploiting superior/subordinate, professional/patient, 29 instructor/student relationships for personal gain, sexual 30 gratification, or advantage. Section 154. Paragraph (g) of subsection (4) and 31 204

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subsections (6) and (8) of section 483.901, Florida Statutes,
 1998 Supplement, are amended to read:

3 483.901 Medical physicists; definitions; licensure.--(4) COUNCIL.--The Advisory Council of Medical 5 Physicists is created in the Department of Health to advise 6 the department in regulating the practice of medical physics 7 in this state.

8 (g) If a vacancy on the council occurs, the secretary
9 director shall appoint a member to serve for a 4-year term.

10 (6) LICENSE REQUIRED.--An individual may not engage in 11 the practice of medical physics, including the specialties of 12 diagnostic radiological physics, therapeutic radiological 13 physics, medical nuclear radiological physics, or medical 14 health physics, without a license issued by the department for 15 the appropriate specialty.

(a) The department shall adopt rules to administer 16 17 this section which specify license application and renewal fees, continuing education requirements, and standards for 18 practicing medical physics. The council shall recommend to 19 20 the department continuing education requirements that shall be 21 a condition of license renewal. The department shall require a minimum of 24 hours per biennium of continuing education 22 offered by an organization recommended by the council and 23 24 approved by the department. The department, upon 25 recommendation of the council, may adopt rules to specify continuing education requirements for persons who hold a 26 27 license in more than one specialty.

(b) In order to apply for a medical physicist license
in one or more specialties, a person must file an individual
application for each specialty with the department. The
application must be on a form prescribed by the department and

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must be accompanied by a nonrefundable application fee for 1 2 each specialty. (c) The department may issue a license to an eligible 3 4 applicant if the applicant meets all license requirements. At 5 any time before the department issues a license, the applicant 6 may request in writing that the application be withdrawn. То 7 reapply, the applicant must submit a new application and an additional nonrefundable application fee and must meet all 8 9 current licensure requirements. 10 (d) The department shall review each completed application for a license which the department receives. 11 12 (e) On receipt of an application and fee as specified 13 in this section, the department may issue a license to 14 practice medical physics in this state: 15 1. Until October 1, 1998, to a person who meets any of 16 the following requirements: 17 a. Earned from an accredited college or university a doctoral degree in physics, medical physics, biophysics, 18 radiological physics, medical health physics, or nuclear 19 engineering and has at least 2 years' experience in the 20 21 practice of the medical physics specialty for which application is made. 22 b. Earned from an accredited college or university a 23 24 master's degree in physics, medical physics, biophysics, 25 radiological physics, medical health physics, or nuclear engineering and has at least 3 years' experience in the 26 27 practice of the medical physics specialty for which 28 application is made. c. Earned from an accredited college or university a 29 30 bachelor's degree in physics and has at least 5 years' 31 | experience in the practice of the medical physics specialty 206 2:06 PM 04/28/99 h2125c-07x01

1 for which application is made.

d. Has at least 8 years' experience in the practice of
the medical physics specialty for which application is made, 2
years of which must have been earned within the 4 years
immediately preceding application for licensure.

Is board certified in the medical physics specialty б e. 7 in which the applicant applies to practice by the American Board of Radiology for diagnostic radiological physics, 8 9 therapeutic radiological physics, or medical nuclear 10 radiological physics; by the American Board of Medical Physics or the Canadian Board of Medical Physics for diagnostic 11 12 radiological physics, therapeutic radiological physics, or 13 medical nuclear radiological physics; or by the American Board 14 of Health Physics or an equivalent certifying body approved by 15 the agency.

2. On or after October 1, 1997, to a person who is 16 17 board certified in the medical physics specialty in which the applicant applies to practice by the American Board of 18 Radiology for diagnostic radiological physics, therapeutic 19 20 radiological physics, or medical nuclear radiological physics; 21 by the American Board of Medical Physics for diagnostic radiological physics, therapeutic radiological physics, or 22 medical nuclear radiological physics; or by the American Board 23 24 of Health Physics or an equivalent certifying body approved by the department. 25

26

(f) A licensee shall:

27 1. Display the license in a place accessible to the28 public; and

29 2. Report immediately any change in the licensee's30 address or name to the department.

31 (g) The following acts are grounds for which the

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disciplinary actions in paragraph (h) may be taken: 1 2 1. Obtaining or attempting to obtain a license by 3 bribery, fraud, knowing misrepresentation, or concealment of 4 material fact or through an error of the department. 5 2. Having a license denied, revoked, suspended, or 6 otherwise acted against in another jurisdiction. 7 3. Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a 8 9 crime in any jurisdiction which relates to the practice of, or 10 the ability to practice, the profession of medical physics. 4. Willfully failing to file a report or record 11 12 required for medical physics or willfully impeding or 13 obstructing the filing of a report or record required by this 14 section or inducing another person to do so. 15 5. Making misleading, deceptive, or fraudulent 16 representations in or related to the practice of medical 17 physics. Willfully failing to report any known violation of 18 6. this section or any rule adopted thereunder. 19 20 7. Willfully or repeatedly violating a rule adopted 21 under this section or an order of the department. 8. Failing to perform any statutory or legal 22 23 obligation placed upon a licensee. 24 9. Aiding, assisting, procuring, employing, or 25 advising any unlicensed person to practice medical physics 26 contrary to this section or any rule adopted thereunder. 27 10. Delegating or contracting for the performance of 28 professional responsibilities by a person when the licensee delegating or contracting such responsibilities knows, or has 29 30 reason to know, such person is not qualified by training, 31 experience, and authorization to perform them.

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1 Practicing or offering to practice beyond the 11. 2 scope permitted by law or accepting and performing 3 professional responsibilities the licensee knows, or has 4 reason to know, the licensee is not competent to perform. 5 12. Gross or repeated malpractice or the inability to 6 practice medical physics with reasonable skill and safety. 7 13. Judicially determined mental incompetency. 8 14. Being unable to practice medical physics with 9 reasonable skill and safety because of a mental or physical 10 condition or illness or the use of alcohol, controlled substances, or any other substance which impairs one's ability 11 12 to practice. The department may, upon probable cause, compel a 13 a. 14 licensee to submit to a mental or physical examination by 15 physicians designated by the department. The cost of an 16 examination shall be borne by the licensee, and the licensee's 17 failure to submit to such an examination constitutes an admission of the allegations against the licensee, consequent 18 upon which a default and a final order may be entered without 19 the taking of testimony or presentation of evidence, unless 20 21 the failure was due to circumstances beyond the licensee's control. 22 A licensee who is disciplined under this 23 b. 24 subparagraph shall, at reasonable intervals, be afforded an 25 opportunity to demonstrate that the licensee can resume the 26 practice of medical physics with reasonable skill and safety. 27 With respect to any proceeding under this c. 28 subparagraph, the record of proceedings or the orders entered by the department may not be used against a licensee in any 29 30 other proceeding. 31 (h) When the department finds any person guilty of any

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of the grounds set forth in paragraph (g), including conduct 1 2 that would constitute a substantial violation of paragraph (g) 3 which occurred prior to licensure, it may enter an order 4 imposing one or more of the following penalties: 5 1. Deny the application for licensure. 2. Revoke or suspend the license. б 7 3. Impose an administrative fine for each count or 8 separate offense. 9 Place the licensee on probation for a specified 4. 10 time and subject the licensee to such conditions as the department determines necessary, including requiring 11 12 treatment, continuing education courses, or working under the 13 monitoring or supervision of another licensee. 5. Restrict a licensee's practice. 14 15 6. Issue a reprimand to the licensee. 16 (i) The department may not issue or reinstate a 17 license to a person it has deemed unqualified until it is satisfied that such person has complied with the terms and 18 conditions of the final order and that the licensee can safely 19 20 practice medical physics. (j) The department may issue a temporary license to an 21 22 applicant pending completion of the application process for 23 board certification. 24 (j) (k) Upon receipt of a complete application and the 25 fee set forth by rule, the department may issue a 26 physicist-in-training certificate to a person qualified to 27 practice medical physics under direct supervision. The 28 department may establish by rule requirements for initial certification and renewal of a physicist-in-training 29 30 certificate. 31 (8) DISPOSITION OF FEES.--The department shall deposit

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all funds received into the Medical Quality Assurance Health 1 2 Care Trust Fund. Section 155. Paragraph (d) of subsection (1) of 3 4 section 484.007, Florida Statutes, is amended to read: 5 484.007 Licensure of opticians; permitting of optical 6 establishments.--7 (1) Any person desiring to practice opticianry shall apply to the department, upon forms prescribed by it, to take 8 9 a licensure examination. The department shall examine each 10 applicant who the board certifies: (d)1. Has received an associate degree, or its 11 12 equivalent, in opticianry from an educational institution the 13 curriculum of which is accredited by an accrediting agency recognized and approved by the United States Department of 14 15 Education or the Council on Postsecondary Education or 16 approved by the board; 17 2. Is an individual licensed to practice the profession of opticianry pursuant to a regulatory licensing 18 law of another state, territory, or jurisdiction of the United 19 20 States, who has actively practiced in such other state, 21 territory, or jurisdiction for more than 3 years immediately preceding application, and who meets the examination 22 qualifications as provided in this subsection; 23 24 3. Is an individual who has actively practiced in another state, territory, or jurisdiction of the United States 25 for more than 5 years immediately preceding application and 26 27 who provides tax or business records, affidavits, or other satisfactory documentation of such practice and who meets the 28 examination qualifications as provided in this subsection; or 29 30 4. Has registered as an apprentice with the department 31 and paid a registration fee not to exceed \$60, as set by rule

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of the board. The apprentice shall complete 6,240 hours of 1 2 training under the supervision of an optician licensed in this 3 state for at least 1 year or of-a physician-or an 4 optometrist licensed under the laws of this state. These 5 requirements must be met within 5 years after the date of б registration. However, any time spent in a recognized school 7 may be considered as part of the apprenticeship program provided herein. The board may establish administrative 8 9 processing fees sufficient to cover the cost of administering 10 apprentice rules as promulgated by the board. Section 156. Subsection (3) is added to section 11 12 484.0512, Florida Statutes, to read: 484.0512 Thirty-day trial period; purchaser's right to 13 14 cancel; notice; refund; cancellation fee.--15 (3) Within 30 days after the return or attempted return of the hearing aid, the seller shall refund all moneys 16 17 that must be refunded to a purchaser pursuant to this section. Section 157. Section 484.053, Florida Statutes, is 18 19 amended to read: 20 484.053 Prohibitions; penalties.--21 (1) A person may not: Practice dispensing hearing aids unless the person 22 (a) is a licensed hearing aid specialist; 23 (b) Use the name or title "hearing aid specialist" 24 when the person has not been licensed under this part; 25 (c) Present as her or his own the license of another; 26 27 (d) Give false, incomplete, or forged evidence to the 28 board or a member thereof for the purposes of obtaining a 29 license; 30 (e) Use or attempt to use a hearing aid specialist 31 license that is delinquent or has been suspended, revoked, or 212 2:06 PM 04/28/99 h2125c-07x01

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placed on inactive or delinquent status; 1 2 (f) Knowingly employ unlicensed persons in the 3 practice of dispensing hearing aids; or 4 (g) Knowingly conceal information relative to 5 violations of this part. 6 (2) Any person who violates any of the provisions of 7 this section is guilty of a felony misdemeanor of the third 8 second degree, punishable as provided in s. 775.082 or s. 775.083. 9 10 (3) If a person licensed under this part allows the 11 sale of a hearing aid by an unlicensed person not registered 12 as a trainee or fails to comply with the requirements of s. 13 484.0445(2) relating to supervision of trainees, the board shall, upon determination of that violation, order the full 14 15 refund of moneys paid by the purchaser upon return of the 16 hearing aid to the seller's place of business. 17 Section 158. Paragraph (a) of subsection (1) of section 484.056, Florida Statutes, 1998 Supplement, is amended 18 19 to read: 20 484.056 Disciplinary proceedings.--21 (1) The following acts relating to the practice of dispensing hearing aids shall be grounds for both disciplinary 22 action against a hearing aid specialist as set forth in this 23 24 section and cease and desist or other related action by the department as set forth in s. 455.637 against any person 25 owning or operating a hearing aid establishment who engages 26 27 in, aids, or abets any such violation: 28 (a) Violation of any provision of s. 455.624(1), s. 29 484.0512, or s. 484.053. 30 Section 159. Section 486.041, Florida Statutes, is 31 amended to read: 213 2:06 PM 04/28/99

1 486.041 Physical therapist; application for license; 2 fee; temporary permit. --3 (1) A person who desires to be licensed as a physical 4 therapist shall apply to the department in writing on a form 5 furnished by the department. She or he shall embody in that application evidence under oath, satisfactory to the board, of 6 7 possession of the qualifications preliminary to examination required by s. 486.031. The applicant shall pay to the 8 9 department at the time of filing the application a fee not to 10 exceed \$100, as fixed by the board. 11 (2) If a person desires to practice physical therapy 12 before becoming licensed through examination, she or he shall 13 apply for a temporary permit in accordance with rules adopted 14 pursuant to this chapter. 15 (a) A temporary permit shall only be issued for a 16 limited period of time, not to exceed 1 year, and shall not be 17 renewable. A temporary permit shall automatically expire if an 18 applicant fails the examination. 19 (b) An applicant for licensure by examination and 20 practicing under a temporary permit shall do so only under the 21 direct supervision of a licensed physical therapist. 22 Section 160. Section 486.081, Florida Statutes, is 23 amended to read: 24 486.081 Physical therapist; issuance of license 25 without examination to person passing examination of another 26 authorized examining board; temporary permit; fee .--27 The board may cause a license to be issued through (1) 28 the department without examination to any applicant who presents evidence satisfactory to the board of having passed 29 30 the American Registry Examination prior to 1971 or an 31 examination in physical therapy before a similar lawfully 214 2:06 PM 04/28/99 h2125c-07x01

authorized examining board of another state, the District of 1 2 Columbia, a territory, or a foreign country, if the standards 3 for licensure in physical therapy in such other state, 4 district, territory, or foreign country are determined by the 5 board to be as high as those of this state, as established by rules adopted pursuant to this chapter. Any person who holds a б 7 license pursuant to this section may use the words "physical therapist" or "physiotherapist," or the letters "P.T.," in 8 connection with her or his name or place of business to denote 9 10 her or his licensure hereunder.

(2) At the time of making application for licensure without examination pursuant to the terms of this section, the applicant shall pay to the department a fee not to exceed \$175 as fixed by the board, no part of which will be returned.

15 (3) If a person desires to practice physical therapy 16 before becoming licensed through endorsement, she or he shall 17 apply to the board for a temporary permit in accordance with 18 rules adopted pursuant to this chapter. A temporary permit 19 shall only be issued for a limited period of time, not to 20 exceed 1 year, and shall not be renewable.

21 Section 161. Section 486.103, Florida Statutes, is 22 amended to read:

23 486.103 Physical therapist assistant; application for
24 license; fee; temporary permit.--

25 (1) A person who desires to be licensed as a physical 26 therapist assistant shall apply to the department in writing 27 on a form furnished by the department. She or he shall embody 28 in that application evidence under oath, satisfactory to the 29 board, of possession of the qualifications preliminary to 30 examination required by s. 486.104. The applicant shall pay to 31 the department at the time of filing the application a fee not

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to exceed \$100, as fixed by the board. 1 2 (2) If a person desires to work as a physical 3 therapist assistant before being licensed through examination, 4 she or he shall apply for a temporary permit in accordance 5 with rules adopted pursuant to this chapter. (a) A temporary permit shall only be issued for a б 7 limited period of time, not to exceed 1 year, and shall not be 8 renewable. A temporary permit shall automatically expire if an 9 applicant fails the examination. 10 (b) An applicant for licensure by examination who is 11 practicing under a temporary permit shall do so only under the 12 direct supervision of a licensed physical therapist. 13 Section 162. Section 486.107, Florida Statutes, is 14 amended to read: 15 486.107 Physical therapist assistant; issuance of license without examination to person licensed in another 16 17 jurisdiction; temporary permit; fee.--(1) The board may cause a license to be issued through 18 the department without examination to any applicant who 19 20 presents evidence to the board, under oath, of licensure in 21 another state, the District of Columbia, or a territory, if 22 the standards for registering as a physical therapist assistant or licensing of a physical therapist assistant, as 23 24 the case may be, in such other state are determined by the 25 board to be as high as those of this state, as established by rules adopted pursuant to this chapter. Any person who holds a 26 27 license pursuant to this section may use the words "physical therapist assistant," or the letters "P.T.A.," in connection 28 with her or his name to denote licensure hereunder. 29 30 (2) At the time of making application for licensing 31 without examination pursuant to the terms of this section, the 216

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applicant shall pay to the department a fee not to exceed \$175 1 2 as fixed by the board, no part of which will be returned. 3 (3) If a person desires to work as a physical 4 therapist assistant before being licensed through endorsement, 5 she or he shall apply for a temporary permit in accordance 6 with rules adopted pursuant to this chapter. A temporary 7 permit shall only be issued for a limited period of time, not 8 to exceed 1 year, and shall not be renewable. 9 Section 163. Paragraph (b) of subsection (1) of 10 section 490.005, Florida Statutes, 1998 Supplement, is amended 11 to read: 12 490.005 Licensure by examination. --13 (1) Any person desiring to be licensed as a 14 psychologist shall apply to the department to take the 15 licensure examination. The department shall license each 16 applicant who the board certifies has: 17 (b) Submitted proof satisfactory to the board that the 18 applicant has: 19 1. Received doctoral-level psychological education, as 20 defined in s. 490.003(3); 21 2. Received the equivalent of a doctoral-level psychological education, as defined in s. 490.003(3), from a 22 program at a school or university located outside the United 23 States of America and Canada, which was officially recognized 24 25 by the government of the country in which it is located as an institution or program to train students to practice 26 27 professional psychology. The burden of establishing that the 28 requirements of this provision have been met shall be upon the 29 applicant; 30 3. Received and submitted to the board, prior to July 31 1, 1999, certification of an augmented doctoral-level

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psychological education from the program director of a 1 2 doctoral-level psychology program accredited by a programmatic 3 agency recognized and approved by the United States Department 4 of Education; or 5 Received and submitted to the board, prior to 4. 6 August 31, 2001 July 1, 2001, certification of a 7 doctoral-level program that at the time the applicant was enrolled and graduated maintained a standard of education and 8 9 training comparable to the standard of training of programs 10 accredited by a programmatic agency recognized and approved by the United States Department of Education, as such 11 12 comparability was determined by the Board of Psychological 13 Examiners immediately prior to the amendment of s. 490.005, 14 Florida Statutes, 1994 Supplement, by s. 5, chapter 95-279, 15 Laws of Florida. Such certification of comparability shall be 16 provided by the program director of a doctoral-level 17 psychology program accredited by a programmatic agency 18 recognized and approved by the United States Department of Education. 19 20 Section 164. Subsection (1) of section 490.006, 21 Florida Statutes, is amended to read: 490.006 Licensure by endorsement.--22 (1) The department shall license a person as a 23 24 psychologist or school psychologist who, upon applying to the 25 department and remitting the appropriate fee, demonstrates to the department or, in the case of psychologists, to the board 26 27 that the applicant: (a) Holds a valid license or certificate in another 28 state to practice psychology or school psychology, as 29 30 applicable, provided that, when the applicant secured such 31 license or certificate, the requirements were substantially 218

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equivalent to or more stringent than those set forth in this 1 2 chapter at that time; and, if no Florida law existed at that 3 time, then the requirements in the other state must have been 4 substantially equivalent to or more stringent than those set 5 forth in this chapter at the present time; or (b) Is a diplomate in good standing with the American б 7 Board of Professional Psychology, Inc.; or 8 (c) Possesses a doctoral degree in psychology as described in s. 490.003 and has at least 20 years of 9 10 experience as a licensed psychologist in any jurisdiction or territory of the United States within 25 years preceding the 11 12 date of application. Section 165. Subsection (2) of section 490.0085, 13 14 Florida Statutes, is amended to read: 15 490.0085 Continuing education; approval of providers, 16 programs, and courses; proof of completion .--17 (2) The department or, in the case of psychologists, the board has the authority to set a fee not to exceed \$500 18 for each applicant who applies for or renews provider status. 19 20 Such fees shall be deposited into the Medical Quality 21 Assurance Health Care Trust Fund. 22 Section 166. Section 491.0045, Florida Statutes, is 23 amended to read: 24 491.0045 Intern registration; requirements.--25 (1) Effective January 1, 1998, an individual who 26 intends to practice in Florida to satisfy the postgraduate or 27 post-master's level experience requirements, as specified in 28 s. 491.005(1)(c), (3)(c), or (4)(c), must register as an intern in the profession for which he or she is seeking 29 30 licensure prior to commencing the post-master's experience 31 requirement or an individual who intends to satisfy part of 219

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the required graduate-level practicum, internship, or field 1 2 experience, outside the academic arena for any profession, 3 must register as an intern in the profession for which he or 4 she is seeking licensure prior to commencing the practicum, 5 internship, or field experience. (2) The department shall register as a clinical social б 7 worker intern, marriage and family therapist intern, or mental health counselor intern each applicant who the board certifies 8 9 has: 10 (a) Completed the application form and remitted a 11 nonrefundable application fee not to exceed \$200, as set by 12 board rule; 13 (b)1. Completed the education requirements as specified in s. 491.005(1)(c), (3)(c), or (4)(c)for the 14 15 profession for which he or she is applying for licensure, if 16 needed; and 17 2. Submitted an acceptable supervision plan, as determined by the board, for meeting the practicum, 18 19 internship, or field work required for licensure that was not 20 satisfied in his or her graduate program. 21 (c) Identified a qualified supervisor. (3) An individual registered under this section must 22 remain under supervision until he or she is in receipt of a 23 24 license or a letter from the department stating that he or she 25 is licensed to practice the profession for which he or she 26 applied. 27 (4) An individual who has applied for intern 28 registration on or before December 31, 2001, and has satisfied the education requirements of s. 491.005 that are in effect 29 30 through December 31, 2000, will have met the educational requirements for licensure for the profession for which he or 31 220 2:06 PM 04/28/99 h2125c-07x01

she has applied. 1 2 (5) Individuals who have commenced the experience 3 requirement as specified in s. 491.005(1)(c), (3)(c), or 4 (4)(c) but failed to register as required by subsection (1) shall register with the department before January 1, 2000. 5 6 Individuals who fail to comply with this subsection shall not 7 be granted a license, and any time spent by the individual completing the experience requirement prior to registering as 8 an intern shall not count toward completion of such 9 10 requirement. Section 167. Subsections (1) and (2) of section 11 12 491.0046, Florida Statutes, are amended to read: 491.0046 Provisional license; requirements.--13 (1) An individual applying for licensure by 14 15 examination who has satisfied the clinical experience requirements of s. 491.005 or an individual applying for 16 17 licensure by endorsement pursuant to s. 491.006 intending to provide clinical social work, marriage and family therapy, or 18 mental health counseling services in Florida while satisfying 19 coursework or examination requirements for licensure must be 20 21 provisionally licensed in the profession for which he or she is seeking licensure prior to beginning practice. 22 (2) The department shall issue a provisional clinical 23 24 social worker license, provisional marriage and family 25 therapist license, or provisional mental health counselor 26 license to each applicant who the board certifies has: 27 (a) Completed the application form and remitted a 28 nonrefundable application fee not to exceed \$100, as set by 29 board rule; and 30 (b) 1. Earned a graduate degree in social work, a 31 graduate degree with a major emphasis in marriage and family 221 2:06 PM 04/28/99 h2125c-07x01

therapy or a closely related field, or a graduate degree in a 1 2 major related to the practice of mental health counseling; 3 and, and satisfied the clinical experience requirements for 4 licensure pursuant to s. 491.005; or 5 2. Been approved for examination under the provisions 6 for licensure by endorsement pursuant to s. 491.006. 7 (c) Has met the following minimum coursework 8 requirements: 1. For clinical social work, a minimum of 15 semester 9 10 hours or 22 quarter hours of the coursework required by s. 11 491.005(1)(b)2.b. 12 2. For marriage and family therapy, ten of the courses required by s. 491.005(3)(b)1.a.-c., as determined by the 13 board, and at least 6 semester hours or 9 quarter hours of the 14 15 course credits must have been completed in the area of marriage and family systems, theories, or techniques. 16 17 3. For mental health counseling, a minimum of seven of 18 the courses required under s. 491.005(b)1.a.-c. 19 Section 168. Section 491.005, Florida Statutes, is 20 amended to read: 21 491.005 Licensure by examination.--(1) CLINICAL SOCIAL WORK.--Upon verification of 22 documentation and payment of a fee not to exceed \$200, as set 23 24 by board rule, plus the actual per applicant cost to the 25 department for purchase of the examination from the American Association of State Social Worker's Boards or a similar 26 27 national organization, the department shall issue a license as 28 a clinical social worker to an applicant who the board certifies: 29 30 (a) Has made application therefor and paid the 31 appropriate fee.

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1 (b)1. Has received a doctoral degree in social work 2 from a graduate school of social work which at the time the 3 applicant graduated was accredited by an accrediting agency 4 recognized by the United States Department of Education or has 5 received a master's degree in social work from a graduate 6 school of social work which at the time the applicant 7 graduated: 8 Was accredited by the Council on Social Work a. 9 Education; 10 b. Was accredited by the Canadian Association of Schools of Social Work; or 11 12 c. Has been determined to have been a program 13 equivalent to programs approved by the Council on Social Work 14 Education by the Foreign Equivalency Determination Service of 15 the Council on Social Work Education. An applicant who 16 graduated from a program at a university or college outside of 17 the United States or Canada must present documentation of the equivalency determination from the council in order to 18 qualify. 19 20 2. The applicant's graduate program must have 21 emphasized direct clinical patient or client health care 22 services, including, but not limited to, coursework in clinical social work, psychiatric social work, medical social 23 24 work, social casework, psychotherapy, or group therapy. The 25 applicant's graduate program must have included all of the 26 following coursework: 27 A supervised field placement which was part of the a. 28 applicant's advanced concentration in direct practice, during which the applicant provided clinical services directly to 29 30 clients. 31 b. Completion of 24 semester hours or 32 37 quarter 223 2:06 PM 04/28/99 h2125c-07x01

1 hours in theory of human behavior and practice methods as 2 courses in clinically oriented services, including a minimum 3 of one course in psychopathology, and no more than one course 4 <u>in research</u>, taken in a school of social work accredited or 5 approved pursuant to subparagraph 1.

3. If the course title which appears on the
applicant's transcript does not clearly identify the content
of the coursework, the applicant shall be required to provide
additional documentation, including, but not limited to, a
syllabus or catalog description published for the course.

(c) Has had not less than 2 years of clinical social 11 12 work experience, which took place subsequent to completion of a graduate degree in social work at an institution meeting the 13 14 accreditation requirements of this section, under the supervision of a licensed clinical social worker or the 15 equivalent who is a qualified supervisor as determined by the 16 17 board. An individual who intends to practice in Florida to satisfy clinical experience requirements must register 18 pursuant to s. 491.0045 prior to commencing practice. If the 19 applicant's graduate program was not a program which 20 21 emphasized direct clinical patient or client health care services as described in subparagraph (b)2.s. 491.003, the 22 supervised experience requirement must take place after the 23 24 applicant has completed a minimum of 15 semester hours or 22 quarter hours of the coursework required. A doctoral 25 internship may be applied toward the clinical social work 26 27 experience requirement. The experience requirement may be met by work performed on or off the premises of the supervising 28 clinical social worker or the equivalent, provided the 29 30 off-premises work is not the independent private practice 31 rendering of clinical social work that does not have a

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licensed mental health professional, as determined by the
 board, on the premises at the same time the intern is
 providing services.

4 (d) Has passed a theory and practice examination5 provided by the department for this purpose.

6 (e) Has demonstrated, in a manner designated by rule
7 of the board, knowledge of the laws and rules governing the
8 practice of clinical social work, marriage and family therapy,
9 and mental health counseling.

10

(2) CLINICAL SOCIAL WORK.--

(a) Notwithstanding the provisions of paragraph 11 12 (1)(b), coursework which was taken at a baccalaureate level shall not be considered toward completion of education 13 14 requirements for licensure unless an official of the graduate 15 program certifies in writing on the graduate school's 16 stationery that a specific course, which students enrolled in 17 the same graduate program were ordinarily required to complete at the graduate level, was waived or exempted based on 18 completion of a similar course at the baccalaureate level. 19 If 20 this condition is met, the board shall apply the baccalaureate 21 course named toward the education requirements.

(b) An applicant from a master's or doctoral program 22 in social work which did not emphasize direct patient or 23 24 client services may complete the clinical curriculum content 25 requirement by returning to a graduate program accredited by the Council on Social Work Education or the Canadian 26 27 Association of Schools of Social Work, or to a clinical social work graduate program with comparable standards, in order to 28 complete the education requirements for examination. However, 29 30 a maximum of 6 semester or 9 quarter hours of the clinical 31 curriculum content requirement may be completed by credit

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1 awarded for independent study coursework as defined by board 2 rule.

3 (3) MARRIAGE AND FAMILY THERAPY.--Upon verification 4 of documentation and payment of a fee not to exceed \$200, as 5 set by board rule, plus the actual cost to the department for 6 the purchase of the examination from the Association of 7 Marital and Family Therapy Regulatory Board, or similar 8 national organization, the department shall issue a license as 9 a marriage and family therapist to an applicant who the board 10 certifies:

11 (a) Has made application therefor and paid the 12 appropriate fee.

(b)1. Has a minimum of a master's degree with major 13 14 emphasis in marriage and family therapy, or a closely related 15 field, and has completed all of the following requirements: 16 Twenty-seven semester hours or 41 quarter hours of а. 17 graduate coursework, which must include a minimum of 2 semester hours or 3 quarter hours of graduate-level course 18 credits in each of the following nine areas: dynamics of 19 20 marriage and family systems; marriage therapy and counseling 21 theory and techniques; family therapy and counseling theory and techniques; individual human development theories 22 throughout the life cycle; personality theory; 23 24 psychopathology; human sexuality theory and counseling 25 techniques; general counseling theory and techniques; and psychosocial theory. Content may be combined, provided no more 26 27 than two of the nine content areas are included in any one 28 graduate-level course and the applicant can document that the equivalent of 2 semester hours of coursework was devoted to 29 30 each content area. Courses in research, evaluation, appraisal, 31 assessment, or testing theories and procedures; thesis or

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dissertation work; or practicums, internships, or fieldwork
 may not be applied toward this requirement.

b. A minimum of one graduate-level course of 2 semester hours or 3 quarter hours in legal, ethical, and professional standards issues in the practice of marriage and family therapy or a course determined by the board to be quivalent.

c. A minimum of one graduate-level course of 2 8 9 semester hours or 3 quarter hours in diagnosis, appraisal, 10 assessment, and testing for individual or interpersonal disorder or dysfunction; and a minimum of one 2-semester-hour 11 12 or 3-quarter-hour graduate-level course in behavioral research 13 which focuses on the interpretation and application of research data as it applies to clinical practice. Credit for 14 15 thesis or dissertation work, practicums, internships, or 16 fieldwork may not be applied toward this requirement.

17 d. A minimum of one supervised clinical practicum, internship, or field experience in a marriage and family 18 counseling setting, during which the student provided 180 19 direct client contact hours of marriage and family therapy 20 21 services under the supervision of an individual who met the requirements for supervision under paragraph (c). This 22 requirement may be met by a supervised practice experience 23 24 which took place outside the academic arena, but which is 25 certified as equivalent to a graduate-level practicum or internship program which required a minimum of 180 direct 26 27 client contact hours of marriage and family therapy services currently offered within an academic program of a college or 28 university accredited by an accrediting agency approved by the 29 30 United States Department of Education, or an institution which 31 is publicly recognized as a member in good standing with the

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Association of Universities and Colleges of Canada or a
 training institution accredited by the Commission on
 Accreditation for Marriage and Family Therapy Education
 recognized by the United States Department of Education.
 Certification shall be required from an official of such
 college, university, or training institution.

7 2. If the course title which appears on the
8 applicant's transcript does not clearly identify the content
9 of the coursework, the applicant shall be required to provide
10 additional documentation, including, but not limited to, a
11 syllabus or catalog description published for the course.

12

13 The required master's degree must have been received in an 14 institution of higher education which at the time the 15 applicant graduated was: fully accredited by a regional 16 accrediting body recognized by the Commission on Recognition 17 of Postsecondary Accreditation; publicly recognized as a member in good standing with the Association of Universities 18 and Colleges of Canada; or an institution of higher education 19 located outside the United States and Canada, which at the 20 21 time the applicant was enrolled and at the time the applicant graduated maintained a standard of training substantially 22 equivalent to the standards of training of those institutions 23 24 in the United States which are accredited by a regional accrediting body recognized by the Commission on Recognition 25 of Postsecondary Accreditation. Such foreign education and 26 27 training must have been received in an institution or program of higher education officially recognized by the government of 28 the country in which it is located as an institution or 29 30 program to train students to practice as professional marriage 31 and family therapists or psychotherapists. The burden of

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establishing that the requirements of this provision have been 1 2 met shall be upon the applicant, and the board shall require 3 documentation, such as, but not limited to, an evaluation by a 4 foreign equivalency determination service, as evidence that 5 the applicant's graduate degree program and education were 6 equivalent to an accredited program in this country. An 7 applicant with a master's degree from a program which did not 8 emphasize marriage and family therapy may complete the 9 coursework requirement in a training institution fully 10 accredited by the Commission on Accreditation for Marriage and Family Therapy Education recognized by the United States 11 12 Department of Education.

(c) Has had not less than 2 years of clinical 13 14 experience during which 50 percent of the applicant's clients 15 were receiving marriage and family therapy services, which 16 must be at the post-master's level under the supervision of a 17 licensed marriage and family therapist with at least 5 years of experience, or the equivalent, who is a qualified 18 supervisor as determined by the board. An individual who 19 intends to practice in Florida to satisfy the clinical 20 21 experience requirements must register pursuant to s. 491.0045 prior to commencing practice. If a graduate has a master's 22 degree with a major emphasis in marriage and family therapy or 23 24 a closely related field that did not include all the 25 coursework required under sub-subparagraphs (b)1.a.-c., credit 26 for the post-master's level clinical experience shall not 27 commence until the applicant has completed a minimum of 10 of 28 the courses required under sub-subparagraphs (b)1.a.-c., as determined by the board, and at least 6 semester hours or 9 29 30 quarter hours of the course credits must have been completed 31 in the area of marriage and family systems, theories, or

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techniques. Within the 3 years of required experience, the 1 2 applicant shall provide direct individual, group, or family 3 therapy and counseling, to include the following categories of 4 cases: unmarried dyads, married couples, separating and 5 divorcing couples, and family groups including children. A 6 doctoral internship may be applied toward the clinical 7 experience requirement. The clinical experience requirement may be met by work performed on or off the premises of the 8 9 supervising marriage and family therapist or the equivalent, 10 provided the off-premises work is not the independent private 11 practice rendering of marriage and family therapy services 12 that does not have a licensed mental health professional, as determined by the board, on the premises at the same time the 13 intern is providing services. 14

15 (d) Has passed a theory and practice examination16 provided by the department for this purpose.

(e) Has demonstrated, in a manner designated by rule
of the board, knowledge of the laws and rules governing the
practice of clinical social work, marriage and family therapy,
and mental health counseling.

21 (f) For the purposes of dual licensure, the department shall license as a marriage and family therapist any person 22 who meets the requirements of s. 491.0057. Fees for dual 23 24 licensure shall not exceed those stated in this subsection. (4) MENTAL HEALTH COUNSELING.--Upon verification of 25 documentation and payment of a fee not to exceed \$200, as set 26 27 by board rule, plus the actual per applicant cost to the 28 department for purchase of the examination from the Professional Examination Service for the National Academy of 29 30 Certified Clinical Mental Health Counselors or a similar 31 national organization, the department shall issue a license as

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a mental health counselor to an applicant who the board 1 2 certifies: 3 (a) Has made application therefor and paid the 4 appropriate fee. 5 (b)1. Has received a minimum of an earned master's 6 degree with a major related to the practice of mental health 7 counseling, and has completed all of the following requirements: 8 9 Twenty-one semester hours or 32 quarter hours of a. 10 graduate coursework, which must include a minimum of 2 semester hours or 3 quarter hours of graduate-level coursework 11 12 in each of the following seven content areas: counseling 13 theories and practice; human development theories; personality theory; psychopathology or abnormal psychology; human 14 15 sexuality theories; group theories and practice; and 16 individual evaluation and assessment. Content may be 17 combined, provided no more than two of the seven content areas 18 are included in any one graduate-level course and the applicant can document that the equivalent of 2 semester hours 19 of content was devoted to each content area. Courses in 20 21 research, thesis or dissertation work, practicums, 22 internships, or fieldwork may not be applied toward this requirement. 23 24 b. A minimum of one 2-semester-hour or 3-quarter-hour graduate-level course in research or in career or vocational 25 26 counseling. Credit for thesis or dissertation work, 27 practicums, internships, or fieldwork may not be applied 28 toward this requirement. c. A minimum of 2 semester hours or 3 quarter hours of 29 30 graduate-level coursework in legal, ethical, and professional 31 standards issues in the practice of mental health counseling, 231 2:06 PM 04/28/99 h2125c-07x01

which includes goals and objectives of professional counseling
 organizations, codes of ethics, legal considerations,
 standards of preparation, certifications and licensing, and
 the role identity of counselors. Courses in research, thesis
 or dissertation work, practicums, internships, or fieldwork
 may not be applied toward this requirement.

7 d. A minimum of one supervised practicum, internship, or field experience in a counseling setting. This requirement 8 9 may be met by a supervised practice experience which takes 10 place outside the academic arena, but which is certified as equivalent to a graduate-level practicum in a clinical mental 11 12 health counseling setting currently offered within an academic 13 program of a college or university accredited by an accrediting agency approved by the United States Department of 14 Education. Such certification shall be required from an 15 16 official of such college or university.

17 2. If the course title which appears on the 18 applicant's transcript does not clearly identify the content 19 of the coursework, the applicant shall be required to provide 20 additional documentation, including, but not limited to, a 21 syllabus or catalog description published for the course. 22

Except as provided in sub-subparagraph 1.d., education and 23 24 training in mental health counseling must have been received in an institution of higher education which at the time the 25 applicant graduated was: fully accredited by a regional 26 27 accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation; publicly recognized as a 28 member in good standing with the Association of Universities 29 30 and Colleges of Canada; or an institution of higher education 31 located outside the United States and Canada, which at the

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time the applicant was enrolled and at the time the applicant 1 2 graduated maintained a standard of training substantially 3 equivalent to the standards of training of those institutions 4 in the United States which are accredited by a regional accrediting body recognized by the Commission on Recognition 5 6 of Postsecondary Accreditation. Such foreign education and 7 training must have been received in an institution or program of higher education officially recognized by the government of 8 9 the country in which it is located as an institution or 10 program to train students to practice as mental health counselors. The burden of establishing that the requirements 11 12 of this provision have been met shall be upon the applicant, 13 and the board shall require documentation, such as, but not limited to, an evaluation by a foreign equivalency 14 15 determination service, as evidence that the applicant's 16 graduate degree program and education were equivalent to an 17 accredited program in this country. (c) Has had not less than 2 years of clinical 18 experience in mental health counseling, which must be at the 19 20 post-master's level under the supervision of a licensed mental 21 health counselor or the equivalent who is a qualified supervisor as determined by the board. An individual who 22 intends to practice in Florida to satisfy the clinical 23 24 experience requirements must register pursuant to s. 491.0045 25 prior to commencing practice. If a graduate has a master's degree with a major related to the practice of mental health 26 27 counseling which did not include all the coursework required 28 under sub-subparagraphs (b)1.a.-c., credit for the post-master's level clinical experience shall not commence 29 30 until the applicant has completed a minimum of seven of the 31 courses required under sub-subparagraphs (b)1.a.-c., as

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determined by the board, one of which must be a course in 1 2 psychopathology or abnormal psychology. A doctoral internship 3 may be applied toward the clinical experience requirement. The 4 clinical experience requirement may be met by work performed 5 on or off the premises of the supervising mental health counselor or the equivalent, provided the off-premises work is 6 7 not the independent private practice rendering of services that does not have a licensed mental health professional, as 8 determined by the board, on the premises at the same time the 9 10 intern is providing services.

11 (d) Has passed a theory and practice examination12 provided by the department for this purpose.

(e) Has demonstrated, in a manner designated by rule
of the board, knowledge of the laws and rules governing the
practice of clinical social work, marriage and family therapy,
and mental health counseling.

17 (5) INTERNSHIP.--An individual who is registered as an 18 intern and has satisfied all of the educational requirements 19 for the profession for which the applicant seeks licensure 20 shall be certified as having met the educational requirements 21 for licensure under this section.

22 (6) RULES.--The board may adopt rules necessary to 23 implement any education or experience requirement of this 24 section for licensure as a clinical social worker, marriage 25 and family therapist, or mental health counselor.

Section 169. Effective January 1, 2001, paragraph (b) of subsection (4) of section 491.005, Florida Statutes, as amended by section 13 of chapter 97-198 and section 205 of chapter 97-264, Laws of Florida, and as amended by this act, is amended, and subsection (6) of that section, as created by this act, is reenacted, to read:

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491.005 Licensure by examination.--1 2 (4) MENTAL HEALTH COUNSELING. -- Upon verification of 3 documentation and payment of a fee not to exceed \$200, as set 4 by board rule, plus the actual per applicant cost to the 5 department for purchase of the examination from the 6 Professional Examination Service for the National Academy of 7 Certified Clinical Mental Health Counselors or a similar national organization, the department shall issue a license as 8 9 a mental health counselor to an applicant who the board 10 certifies: (b)1. Has a minimum of an earned master's degree from 11 12 a mental health counseling program accredited by the Council for the Accreditation of Counseling and Related Educational 13 14 Programs that consists of at least 60 semester hours or 80 quarter hours of clinical and didactic instruction, including 15 a course in human sexuality and a course in substance abuse. 16 17 If the master's degree is earned from a program related to the practice of mental health counseling that is not accredited by 18 the Council for the Accreditation of Counseling and Related 19 Educational Programs, then the coursework and practicum, 20 21 internship, or fieldwork must consist of at least 60 semester hours or 80 quarter hours and meet the following requirements: 22 Thirty-three Thirty-six semester hours or 44 48 23 a. 24 quarter hours of graduate coursework, which must include a minimum of 3 semester hours or 4 quarter hours of 25 26 graduate-level coursework in each of the following 11  $\frac{12}{12}$ 27 content areas: counseling theories and practice; human growth 28 and development; diagnosis and treatment of psychopathology; human sexuality; group theories and practice; individual 29 30 evaluation and assessment; career and lifestyle assessment; 31 research and program evaluation; social and cultural

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1 foundations; foundations of mental health counseling; 2 counseling in community settings; and substance abuse. Courses 3 in research, thesis or dissertation work, practicums, 4 internships, or fieldwork may not be applied toward this 5 requirement.

b. A minimum of 3 semester hours or 4 quarter hours of б 7 graduate-level coursework in legal, ethical, and professional standards issues in the practice of mental health counseling, 8 which includes goals, objectives, and practices of 9 10 professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certifications and 11 12 licensing, and the role identity and professional obligations of mental health counselors. Courses in research, thesis or 13 dissertation work, practicums, internships, or fieldwork may 14 15 not be applied toward this requirement.

The equivalent, as determined by the board, of at 16 с. 17 least 1,000 hours of university-sponsored supervised clinical practicum, internship, or field experience as required in the 18 accrediting standards of the Council for Accreditation of 19 20 Counseling and Related Educational Programs for mental health 21 counseling programs. If the academic practicum, internship, or field experience was less than 1,000 hours, experience gained 22 outside the academic arena in clinical mental health settings 23 24 under the supervision of a qualified supervisor as determined 25 by the board may be applied. This experience may not be used to satisfy the post-master's clinical experience requirement. 26

If the course title which appears on the
 applicant's transcript does not clearly identify the content
 of the coursework, the applicant shall be required to provide
 additional documentation, including, but not limited to, a
 syllabus or catalog description published for the course.

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1 2 Education and training in mental health counseling must have 3 been received in an institution of higher education which at 4 the time the applicant graduated was: fully accredited by a 5 regional accrediting body recognized by the Commission on 6 Recognition of Postsecondary Accreditation; publicly 7 recognized as a member in good standing with the Association of Universities and Colleges of Canada; or an institution of 8 9 higher education located outside the United States and Canada, 10 which at the time the applicant was enrolled and at the time the applicant graduated maintained a standard of training 11 12 substantially equivalent to the standards of training of those institutions in the United States which are accredited by a 13 regional accrediting body recognized by the Commission on 14 Recognition of Postsecondary Accreditation. Such foreign 15 16 education and training must have been received in an 17 institution or program of higher education officially recognized by the government of the country in which it is 18 located as an institution or program to train students to 19 20 practice as mental health counselors. The burden of 21 establishing that the requirements of this provision have been met shall be upon the applicant, and the board shall require 22 documentation, such as, but not limited to, an evaluation by a 23 24 foreign equivalency determination service, as evidence that 25 the applicant's graduate degree program and education were 26 equivalent to an accredited program in this country. 27 (6) RULES.--The board may adopt rules necessary to 28 implement any education or experience requirement of this 29 section for licensure as a clinical social worker, marriage 30 and family therapist, or mental health counselor. 31 Section 170. Paragraph (b) of subsection (1) of

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section 491.006, Florida Statutes, is amended to read: 1 2 491.006 Licensure or certification by endorsement.--3 (1) The department shall license or grant a 4 certificate to a person in a profession regulated by this 5 chapter who, upon applying to the department and remitting the 6 appropriate fee, demonstrates to the board that he or she: 7 (b)1. Holds an active valid license to practice and has actively practiced the profession for which licensure is 8 9 applied in another state for 3 of the last 5 years immediately 10 preceding licensure. Meets the education requirements of this chapter 11 2. 12 for the profession for which licensure is applied. 13 3. Has passed a substantially equivalent licensing 14 examination in another state or has passed the licensure 15 examination in this state in the profession for which the 16 applicant seeks licensure. 17 4. Holds a license in good standing, is not under investigation for an act which would constitute a violation of 18 this chapter, and has not been found to have committed any act 19 20 which would constitute a violation of this chapter. 21 Section 171. Section 491.0085, Florida Statutes, is amended to read: 22 491.0085 Continuing education and laws and rules 23 24 courses; approval of providers, programs, and courses; proof of completion .--25 26 (1) Continuing education providers, programs, and 27 courses and laws and rules courses and their providers and 28 programs shall be approved by the department or the board. (2) The department or the board has the authority to 29 30 set a fee not to exceed \$200 for each applicant who applies 31 for or renews provider status. Such fees shall be deposited 238

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into the Medical Quality Assurance Health Care Trust Fund. 1 2 (3) Proof of completion of the required number of 3 hours of continuing education and completion of the laws and 4 rules course shall be submitted to the department or the board 5 in the manner and time specified by rule and on forms provided 6 by the department or the board. 7 (4) The department or the board shall adopt rules and quidelines to administer and enforce the provisions of this 8 9 section. 10 Section 172. Paragraph (d) of subsection (4) of section 491.014, Florida Statutes, 1998 Supplement, is amended 11 12 to read: 491.014 Exemptions.--13 14 (4) No person shall be required to be licensed, 15 provisionally licensed, registered, or certified under this 16 chapter who: 17 (d) Is not a resident of this state but offers services in this state, provided: 18 1. Such services are performed for no more than 5 days 19 20 in any month and no more than 15 days in any calendar year; 21 and Such nonresident is licensed or certified to 22 2. practice the services provided by a state or territory of the 23 24 United States or by a foreign country or province. Section 173. Paragraph (a) of subsection (1) and 25 subsection (5) of section 499.012, Florida Statutes, 1998 26 27 Supplement, are amended to read: 28 499.012 Wholesale distribution; definitions; permits; 29 general requirements. --30 (1) As used in this section, the term: "Wholesale distribution" means distribution of 31 (a) 239 2:06 PM 04/28/99 h2125c-07x01

prescription drugs to persons other than a consumer or 1 2 patient, but does not include: 3 1. Any of the following activities, which is not a 4 violation of s. 499.005(21) if such activity is conducted in accordance with s. 499.014: 5 6 The purchase or other acquisition by a hospital or a. 7 other health care entity that is a member of a group purchasing organization of a prescription drug for its own use 8 9 from the group purchasing organization or from other hospitals 10 or health care entities that are members of that organization. The sale, purchase, or trade of a prescription drug 11 b. 12 or an offer to sell, purchase, or trade a prescription drug by 13 a charitable organization described in s. 501(c)(3) of the 14 Internal Revenue Code of 1986, as amended and revised, to a 15 nonprofit affiliate of the organization to the extent 16 otherwise permitted by law. 17 c. The sale, purchase, or trade of a prescription drug 18 or an offer to sell, purchase, or trade a prescription drug among hospitals or other health care entities that are under 19 20 common control. For purposes of this section, "common control" 21 means the power to direct or cause the direction of the management and policies of a person or an organization, 22 whether by ownership of stock, by voting rights, by contract, 23 24 or otherwise. d. The sale, purchase, trade, or other transfer of a 25 prescription drug from or for any federal, state, or local 26 27 government agency or any entity eligible to purchase 28 prescription drugs at public health services prices pursuant 29 to s. 602 of Pub. L. No. 102-585 to a contract provider or its 30 subcontractor for eligible patients of the agency or entity 31 under the following conditions:

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1	(I) The agency or entity must obtain written
2	authorization for the sale, purchase, trade, or other transfer
3	of a prescription drug under this sub-subparagraph from the
4	Secretary of Health or his or her designee.
5	(II) The contract provider or subcontractor must be
6	authorized by law to administer or dispense prescription
7	drugs.
8	(III) In the case of a subcontractor, the agency or
9	entity must be a party to and execute the subcontract.
10	(IV) A contract provider or subcontractor must
11	maintain separate and apart from other prescription drug
12	inventory any prescription drugs of the agency or entity in
13	its possession.
14	(V) The contract provider and subcontractor must
15	maintain and produce immediately for inspection all records of
16	movement or transfer of all the prescription drugs belonging
17	to the agency or entity, including, but not limited to, the
18	records of receipt and disposition of prescription drugs.
19	Each contractor and subcontractor dispensing or administering
20	these drugs must maintain and produce records documenting the
21	dispensing or administration. Records that are required to be
22	maintained include, but are not limited to, a perpetual
23	inventory itemizing drugs received and drugs dispensed by
24	prescription number or administered by patient identifier,
25	which must be submitted to the agency or entity quarterly.
26	(VI) The contract provider or subcontractor may
27	administer or dispense the prescription drugs only to the
28	eligible patients of the agency or entity or must return the
29	prescription drugs for or to the agency or entity. The
30	contract provider or subcontractor must require proof from
31	each person seeking to fill a prescription or obtain treatment
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that the person is an eligible patient of the agency or entity 1 and must, at a minimum, maintain a copy of this proof as part 2 3 of the records of the contractor or subcontractor required 4 under sub-sub-subparagraph (V). 5 (VII) The prescription drugs transferred pursuant to 6 this sub-subparagraph may not be billed to Medicaid. 7 (VIII) In addition to the departmental inspection authority set forth in s. 499.051, the establishment of the 8 9 contract provider and subcontractor and all records pertaining 10 to prescription drugs subject to this sub-subparagraph shall be subject to inspection by the agency or entity. All records 11 12 relating to prescription drugs of a manufacturer under this 13 sub-subparagraph shall be subject to audit by the manufacturer of those drugs, without identifying individual patient 14 15 information. Any of the following activities, which is not a 16 2. 17 violation of s. 499.005(21) if such activity is conducted in accordance with rules established by the department: 18 19 The sale, purchase, or trade of a prescription drug a. among federal, state, or local government health care entities 20 21 that are under common control and are authorized to purchase 22 such prescription drug. b. The sale, purchase, or trade of a prescription drug 23 24 or an offer to sell, purchase, or trade a prescription drug 25 for emergency medical reasons. + For purposes of this sub-subparagraph subparagraph, the term "emergency medical 26 27 reasons" includes transfers of prescription drugs by a retail pharmacy to another retail pharmacy to alleviate a temporary 28 29 shortage. 30 с. The transfer purchase or acquisition of a 31 | prescription drug  $\underline{acquired}$  by  $\underline{a medical}$  director on behalf of 242

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a licensed an emergency medical services provider to that 1 medical director for use by emergency medical services 2 3 provider and its transport vehicles for use in accordance with 4 the provider's license under providers acting within the scope 5 of their professional practice pursuant to chapter 401. The revocation of a sale or the return of a б d. 7 prescription drug to the person's prescription drug wholesale 8 supplier. The donation of a prescription drug by a health 9 e. 10 care entity to a charitable organization that has been granted an exemption under s. 501(c)(3) of the Internal Revenue Code 11 12 of 1986, as amended, and that is authorized to possess 13 prescription drugs. The transfer of a prescription drug by a person 14 f. 15 authorized to purchase or receive prescription drugs to a 16 person licensed or permitted to handle reverse distributions 17 or destruction under the laws of the jurisdiction in which the person handling the reverse distribution or destruction 18 receives the drug. 19 20 3. The dispensing of a prescription drug pursuant to a 21 prescription; 3.4. The distribution of prescription drug samples by 22 manufacturers' representatives or distributors' 23 24 representatives conducted in accordance with s. 499.028.7 or 25 4.5. The sale, purchase, or trade of blood and blood components intended for transfusion. As used in this 26 27 subparagraph section, the term "blood" means whole blood 28 collected from a single donor and processed either for transfusion or further manufacturing, and the term "blood 29 30 components" means that part of the blood separated by physical 31 or mechanical means.

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1 5. The lawful dispensing of a prescription drug in 2 accordance with chapter 465. 3 (5) The department may adopt rules governing the 4 recordkeeping, storage, and handling with respect to each of the distributions of prescription drugs specified in 5 6 subparagraphs(1)(a)1.-4.(1)(a)1., 2., 4., and 5. 7 Section 174. Subsection (6) is added to section 626.883, Florida Statutes, to read: 8 626.883 Administrator as intermediary; collections 9 10 held in fiduciary capacity; establishment of account; disbursement; payments on behalf of insurer .--11 12 (6) All payments to a health care provider by a fiscal 13 intermediary for noncapitated providers must include an explanation of services being reimbursed which includes, at a 14 15 minimum, the patient's name, the date of service, the procedure code, the amount of reimbursement, and the 16 17 identification of the plan on whose behalf the payment is being made. For capitated providers, the statement of services 18 must include the number of patients covered by the contract, 19 the rate per patient, the total amount of the payment, and the 20 21 identification of the plan on whose behalf the payment is 22 being made. Section 175. Paragraph (a) of subsection (2) of 23 section 641.316, Florida Statutes, 1998 Supplement, is amended 24 25 to read: 26 641.316 Fiscal intermediary services.--27 (2)(a) The term "fiduciary" or "fiscal intermediary 28 services" means reimbursements received or collected on behalf of health care professionals for services rendered, patient 29 30 and provider accounting, financial reporting and auditing, 31 receipts and collections management, compensation and 244

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reimbursement disbursement services, or other related 1 2 fiduciary services pursuant to health care professional 3 contracts with health maintenance organizations. All payments 4 to a health care provider by a fiscal intermediary for noncapitated providers must include an explanation of services 5 being reimbursed which includes, at a minimum, the patient's б 7 name, the date of service, the procedure code, the amount of reimbursement, and the identification of the plan on whose 8 behalf the payment is being made. For capitated providers, the 9 10 statement of services must include the number of patients covered by the contract, the rate per patient, the total 11 12 amount of the payment, and the identification of the plan on whose behalf the payment is being made. 13 14 Section 176. Task Force on Telehealth. --15 (1) Because telecommunications technology has made it 16 possible to provide a wide range of health care services 17 across state lines between healthcare practitioners and 18 patients, it is the intent of the Legislature to protect the health and safety of all patients in this state receiving 19 services by means of such technology and to ensure the 20 21 accountability of the healthcare profession with respect to unsafe and incompetent practitioners using such technology to 22 provide health care services to patients in this state. 23 24 (2) The Secretary of Health shall appoint a task force 25 consisting of representatives from the affected medical and 26 allied health professions and other affected health care 27 industries. (3) The task force shall address the following: 28 29 (a) Identification of various electronic communications or telecommunications technologies currently 30 used within the state and by other states to provide 31 245

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healthcare information. 1 (b) Identification of laws, regulations, and 2 3 reimbursement practices that serve as barriers to 4 implementation of electronic communications related to health 5 care. 6 (c) Recommendation of the appropriate level of 7 regulation of health care professionals necessary to protect the health and safety of patients in this state, including 8 analysis of existing provisions governing in-state 9 10 professionals such as licensing, financial responsibility, and 11 medical malpractice insurance requirements. 12 (d) Potential preemption of state regulation by the 13 Commerce Clause of the United States Constitution. (e) The effect of telehealth on access to health care 14 15 in rural and underserved areas. 16 (f) Potential antitrust concerns. 17 (g) The effect of regulations by other states or 18 jurisdictions on health care professionals in this state who provide consultative services through telehealth to entities 19 20 and patients outside the state. 21 (h) Research on other public and private data and 22 initiatives related to telehealth. (i) Any other issue affecting the health, safety, and 23 24 welfare of patients through telehealth identified by the task 25 force. (4) The task force shall submit a report of its 26 27 findings and recommendations by January 1, 2000, to the 28 Governor, the President of the Senate, and the Speaker of the 29 House of Representatives. 30 Section 177. Subsection (1) of section 468.352, 31 Florida Statutes, is amended to read: 246

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468.352 Definitions.--As used in this part, unless the 1 context otherwise requires, the term: 2 3 "Board" means the Board of Respiratory Care (1)4 Medicine. 5 Section 178. Section 468.353, Florida Statutes, is 6 amended to read: 7 468.353 Board of Respiratory Care Medicine; powers and 8 duties.--(1) The board, with the assistance of the Advisory 9 10 Council on Respiratory Care, is authorized to establish minimum standards for the delivery of respiratory care 11 12 services and to adopt those rules necessary to administer this 13 part. 14 (2) The board may administer oaths, summon witnesses, 15 and take testimony in all matters relating to its duties under 16 this part. 17 (3) The board may adopt rules to administer this part, including rules governing the investigation, inspection, and 18 review of schools and colleges that offer courses in 19 20 respiratory care in order to ascertain their compliance with 21 standards established by the board or appropriate accrediting 22 agencies delegate such powers and duties to the council as it 23 may deem proper. 24 Section 179. Section 468.354, Florida Statutes, is amended to read: 25 26 468.354 Board of Advisory Council on Respiratory Care; 27 organization; function. --28 (1) There is created within the department, the Board 29 of Advisory Council on Respiratory Care, composed of seven 30 members appointed by the Governor and confirmed by the Senate 31 under the supervision of the board.

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1 The board council shall consist of five members (2) 2 appointed by the board and shall include: 3 (a) A registered respiratory therapist. 4 (b) A certified respiratory therapist care 5 practitioner. 6 (c) A respiratory care professional from each of the 7 following areas: 1. Respiratory care education. 8 9 2. Respiratory care management and supervision. 10 3. Homecare/subacute Cardiopulmonary diagnostics. (d) Two consumer members, who are residents of this 11 12 state and have never been licensed as health care 13 practitioners. 14 Each member of the council shall be a respiratory care 15 professional on the board must have who has been actively 16 17 engaged in the delivery of respiratory care services in this state for at least 4 consecutive years prior to appointment. 18 19 (3)(a) Except as provided in paragraph (b), the term 20 of office for each board council member shall be 4 years. No member shall serve for more than two consecutive terms. 21 Any time there is a vacancy to be filled on the council, all 22 professional organizations dealing with respiratory therapy 23 24 incorporated within the state as not for profit which register their interest with the board shall recommend at least twice 25 26 as many persons to fill the vacancy to the council as the 27 number of vacancies to be filled, and the Governor board may 28 appoint from the submitted list, in his its discretion, any of those persons so recommended. The Governor board shall, 29 30 insofar as possible, appoint persons from different 31 geographical areas.

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1 (b) In order To achieve staggering of terms, within 2 120 days after July 1, 1999, October 1, 1984, the Governor 3 board shall appoint the board members of the council as 4 follows: 5 Two members One member shall be appointed for terms 1. 6 a term of 2 years. 7 2. Two members shall be appointed for terms of 3 8 years. 9 3. Three Two members shall be appointed for terms of 4 10 years. 11 (c) All provisions of part II of chapter 455, relating 12 to boards apply to this part. (4)(a) The board council shall annually elect from 13 14 among its members a chair and vice chair. 15 (b) The board council shall meet at least twice a year and shall hold such additional meetings as are deemed 16 17 necessary by the board. Four Three members of the council constitute a quorum. 18 19 (c) Unless otherwise provided by law, a board council member shall be compensated \$50 for each day he or she attends 20 an official board meeting of the council and for each day he 21 or she participates in any other board business involving the 22 council. A board council member shall also be entitled to 23 24 reimbursement for expenses pursuant to s. 112.061. Travel out 25 of the state shall require the prior approval of the secretary 26 of the department. 27 (5)(a) The board may council shall recommend to the 28 department a code of ethics for those persons licensed 29 pursuant to this part. 30 (b) The council shall make recommendations to the 31 department for the approval of continuing education courses. 249 2:06 PM 04/28/99 h2125c-07x01

1 Section 180. Section 468.355, Florida Statutes, is 2 amended to read: 3 468.355 Eligibility for licensure; temporary 4 licensure.--5 (1) To be eligible for licensure by the board as a 6 respiratory care practitioner, an applicant must: 7 (a) Be at least 18 years old. (b) Possess a high school diploma or a graduate 8 9 equivalency diploma. 10 (c) Meet at least one of the following criteria: 1. The applicant has successfully completed a training 11 12 program for respiratory therapy technicians or respiratory 13 therapists approved by the Commission on Accreditation of 14 Allied Health Education Programs, or the equivalent thereof, 15 as accepted by the board. 16 2. The applicant is currently a "Certified Respiratory 17 Therapy Technician" certified by the National Board for Respiratory Care, or the equivalent thereof, as accepted by 18 19 the board. 20 3. The applicant is currently a "Registered 21 Respiratory Therapist" registered by the National Board for Respiratory Care, or the equivalent thereof, as accepted by 22 23 the board. 24 4. The applicant is currently employed in this state 25 as a respiratory care practitioner or respiratory therapist on 26 October 1, 1984. 27 28 The criteria set forth in subparagraphs 2. and 3. notwithstanding, the board shall periodically annually review 29 30 the examinations and standards of the National Board for 31 Respiratory Care and may reject those examinations and 250 2:06 PM 04/28/99 h2125c-07x01

standards if they are deemed inappropriate. 1 2 (2) To be eligible for licensure by the board as a 3 respiratory therapist, an applicant must: 4 (a) Be at least 18 years old. 5 (b) Possess a high school diploma or a graduate 6 equivalency diploma. 7 (c) Meet at least one of the following criteria: The applicant has successfully completed a training 8 1. 9 program for respiratory therapists approved by the Commission 10 on Accreditation of Allied Health Education Programs, or the equivalent thereof, as accepted by the board. 11 12 2. The applicant is currently a "Registered 13 Respiratory Therapist" registered by the National Board for 14 Respiratory Care, or the equivalent thereof, as accepted by 15 the board. 16 17 The criteria set forth in subparagraphs 1. and 2. notwithstanding, the board shall periodically annually review 18 the examinations and standards of the National Board for 19 20 Respiratory Care and may reject those examinations and 21 standards if they are deemed inappropriate. (3) With respect to the delivery of respiratory care 22 services, the board shall establish procedures for temporary 23 24 licensure of eligible individuals entering the state and temporary licensure of those persons who have graduated from a 25 program approved by the board. Such temporary licensure shall 26 27 be for a period not to exceed 1 year. 28 Section 181. Section 468.357, Florida Statutes, is 29 amended to read: 30 468.357 Licensure by examination. --31 (1) A person who desires to be licensed as a 251 2:06 PM 04/28/99 h2125c-07x01

respiratory care practitioner may submit an application to the 1 2 department to take the examination, in accordance with board 3 rule to be administered by the department. 4 (a) The department shall examine Each applicant may 5 take the examination who is determined by the board to have: 6 1. Completed the application form and remitted the 7 applicable fee set by the board; 2. Submitted required documentation as required in s. 8 468.355; and 9 10 3. Remitted an examination fee set by the examination 11 provider board. 12 (b) The department shall conduct Examinations for 13 licensure of respiratory care practitioners must be conducted 14 no less than two times a year in such geographical locations 15 or by such methods as are deemed advantageous to the majority 16 of the applicants. 17 (c) The examination given for respiratory care practitioners shall be the same as that given by the National 18 Board for Respiratory Care for entry-level certification of 19 20 respiratory therapy technicians. However, an equivalent 21 examination may be accepted by the board in lieu of that 22 examination. (2) Each applicant who passes the examination shall be 23 24 entitled to licensure as a respiratory care practitioner, and 25 the department shall issue a license pursuant to this part to any applicant who successfully completes the examination in 26 27 accordance with this section. However, the department shall not issue a license to any applicant who is under 28 investigation in another jurisdiction for an offense which 29 30 would constitute a violation of this part. Upon completion of 31 such an investigation, if the applicant is found guilty of

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such an offense, the applicable provisions of s. 468.365 will
 apply.

3 (3) Any person who was employed in this state on or 4 before September 30, 1983, as a respiratory therapy technician 5 or respiratory therapist, and who has performed services in such professional capacity for 4 years or more by October 1, 6 7 1987, under the supervision of a licensed physician or in a hospital or licensed health care facility, shall be issued a 8 9 license without examination, if such person provides 10 acceptable documentation of performance of such services to the board. Such documentation shall include certification by 11 12 a physician licensed pursuant to chapter 458 or chapter 459 who has direct knowledge of the practice of, or who has 13 14 supervised, the person. If such person is not determined to 15 have performed critical care respiratory services for at least 16 4 years, the board may limit the license of such person to the 17 performance of noncritical care respiratory services. Section 182. Section 468.364, Florida Statutes, 1998 18 Supplement, is amended to read: 19 20 468.364 Fees; establishment; disposition.--21 (1) The board shall establish by rule fees for the 22 following purposes: 23 (a) Application, a fee not to exceed \$50. 24 (b) Examination, a fee not to exceed \$125 plus the 25 actual per applicant cost to the department for purchase of 26 the examination from the National Board for Respiratory Care 27 or a similar national organization. 28 (b)(c) Initial licensure, a fee not to exceed \$200. 29 (c)(d) Renewal of licensure, a fee not to exceed \$200 30 biennially. (d)<del>(e)</del> Renewal of inactive licensure, a fee not to 31 253 2:06 PM 04/28/99 h2125c-07x01

exceed \$50. 1 2 (e)(f) Reactivation, a fee not to exceed \$50. 3 (2) The fees established pursuant to subsection (1) 4 shall be based upon the actual costs incurred by the 5 department in carrying out its responsibilities under this 6 part. 7 (3) All moneys collected by the department under this 8 part shall be deposited as required by s. 455.587. 9 Section 183. Paragraph (f) of subsection (1) of 10 section 468.365, Florida Statutes, 1998 Supplement, is amended 11 to read: 12 468.365 Disciplinary grounds and actions .--13 (1) The following acts constitute grounds for which 14 the disciplinary actions in subsection (2) may be taken: 15 (f) Unprofessional conduct, which includes, but is not limited to, any departure from, or failure to conform to, 16 17 acceptable standards related to the delivery of respiratory 18 care services, as set forth by the board and the Advisory Council on Respiratory Care in rules adopted pursuant to this 19 20 part. 21 Section 184. Paragraph (a) of subsection (2) of section 464.016, Florida Statutes, is amended to read: 22 464.016 Violations and penalties.--23 24 (2) Each of the following acts constitutes a 25 misdemeanor of the first degree, punishable as provided in s. 26 775.082 or s. 775.083: 27 (a) Using the name or title"Nurse, ""Registered 28 Nurse," "Licensed Practical Nurse," "Advanced Registered Nurse 29 Practitioner," or any other name or title which implies that a 30 person was licensed or certified as same, unless such person 31 is duly licensed or certified.

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Section 185. Paragraphs (b) and (c) of subsection (1) 1 2 of section 458.3115, Florida Statutes, 1998 Supplement, are 3 amended to read: 4 458.3115 Restricted license; certain foreign-licensed 5 physicians; United States Medical Licensing Examination 6 (USMLE) or agency-developed examination; restrictions on 7 practice; full licensure.--8 (1)A person who is eligible to take and elects to 9 (b) 10 take the USMLE who has previously passed part 1 or part 2 of the previously administered FLEX shall not be required to 11 12 retake or pass the equivalent parts of the USMLE up to the 13 year 2002 <del>2000</del>. (c) A person shall be eligible to take such 14 15 examination for restricted licensure if the person: 16 1. Has taken, upon approval by the board, and 17 completed, in November 1990 or November 1992, one of the 18 special preparatory medical update courses authorized by the board and the University of Miami Medical School and 19 20 subsequently passed the final course examination; upon 21 approval by the board to take the course completed in 1990 or in 1992, has a certificate of successful completion of that 22 course from the University of Miami or the Stanley H. Kaplan 23 24 course; or can document to the department that he or she was 25 one of the persons who took and successfully completed the Stanley H. Kaplan course that was approved by the Board of 26 27 Medicine and supervised by the University of Miami. At a 28 minimum, the documentation must include class attendance records and the test score on the final course examination; 29 30 2. Applies to the agency and submits an application 31 fee that is nonrefundable and equivalent to the fee required

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for full licensure; 1 2 3. Documents no less than 2 years of the active 3 practice of medicine in any another jurisdiction; 4 4. Submits an examination fee that is nonrefundable 5 and equivalent to the fee required for full licensure plus the 6 actual per-applicant cost to the agency to provide either 7 examination described in this section; 5. Has not committed any act or offense in this or any 8 9 other jurisdiction that would constitute a substantial basis 10 for disciplining a physician under this chapter or part II of chapter 455; and 11 12 6. Is not under discipline, investigation, or 13 prosecution in this or any other jurisdiction for an act that would constitute a violation of this chapter or part II of 14 15 chapter 455 and that substantially threatened or threatens the 16 public health, safety, or welfare. 17 Section 186. Subsection (2) of section 458.3124, Florida Statutes, 1998 Supplement, is amended to read: 18 19 458.3124 Restricted license; certain experienced 20 foreign-trained physicians .--21 (2) A person applying for licensure under this section must submit to the Department of Health on or before December 22 23 31, 2000 <del>1998</del>: 24 (a) A completed application and documentation required 25 by the Board of Medicine to prove compliance with subsection 26 (1); and 27 (b) A nonrefundable application fee not to exceed \$500 28 and a nonrefundable examination fee not to exceed \$300 plus the actual cost to purchase and administer the examination. 29 30 Section 187. Effective upon this act becoming a law, 31 section 301 of chapter 98-166, Laws of Florida, is amended to 256 2:06 PM 04/28/99 h2125c-07x01

read: 1 Section 301. The sum of \$1.2 million from the 2 3 unallocated balance in the Medical Quality Assurance Trust 4 Fund is appropriated to the Department of Health to allow the 5 department to develop the examination required for foreign 6 licensed physicians in section 458.3115(1)(a), Florida 7 Statutes, through a contract with the University of South 8 Florida. The department shall charge examinees a fee not to 9 exceed 25 percent of the cost of the actual costs of the first 10 examination administered pursuant to section 458.3115, Florida Statutes, 1998 Supplement, and a fee not to exceed 75 percent 11 12 of the actual costs for any subsequent examination 13 administered pursuant to that section. The Agency for Health Care Administration 14 Section 188. 15 shall conduct a detailed study and analysis of clinical 16 laboratory services for kidney dialysis patients in the State 17 of Florida. The study shall include, but not be limited to, an 18 analysis of the past and present utilization rates of clinical laboratory services for dialysis patients, financial 19 arrangements among kidney dialysis centers, their medical 20 21 directors, and any business relationships and affiliations with clinical laboratories, any self referral to clinical 22 laboratories, the quality and responsiveness of clinical 23 24 laboratory services for dialysis patients in Florida, and the 25 average annual revenue for dialysis patients for clinical laboratory services for the past ten years. The agency shall 26 27 report back to the President of the Senate, Speaker of the 28 House of Representatives, and chairs of the appropriate substantive committees of the Legislature on its findings no 29 30 later than February 1, 2000. Section 189. Subsection (3) is added to section 31

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455.651, Florida Statutes, 1998 Supplement, to read: 1 2 455.651 Disclosure of confidential information.--3 (1) No officer, employee, or person under contract 4 with the department, or any board therein, or any subject of 5 an investigation shall convey knowledge or information to any 6 person who is not lawfully entitled to such knowledge or 7 information about any public meeting or public record, which at the time such knowledge or information is conveyed is 8 9 exempt from the provisions of s. 119.01, s. 119.07(1), or s. 10 286.011. Any person who willfully violates any provision of 11 (2) 12 this section is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, and may be 13 subject to discipline pursuant to s. 455.624, and, if 14 15 applicable, shall be removed from office, employment, or the 16 contractual relationship. 17 (3) Any person injured as a result of a violation of 18 this section shall have a civil cause of action for treble damages, reasonable attorney fees, and costs. 19 20 Section 190. Section 641.261, Florida Statutes, is 21 amended to read: 641.261 Other reporting requirements.--22 (1) Each authorized health maintenance organization 23 24 shall provide records and information to the Agency for Health Care Administration Department of Health and Rehabilitative 25 Services pursuant to s. 409.910(20) and  $(21)\frac{(22)}{(22)}$  for the sole 26 27 purpose of identifying potential coverage for claims filed with the agency Department of Health and Rehabilitative 28 Services and its fiscal agents for payment of medical services 29 30 under the Medicaid program. (2) Any information provided by a health maintenance 31

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organization under this section to the agency Department of 1 Health and Rehabilitative Services shall not be considered a 2 violation of any right of confidentiality or contract that the 3 4 health maintenance organization may have with covered persons. 5 The health maintenance organization is immune from any 6 liability that it may otherwise incur through its release of 7 information to the agency Department of Health and Rehabilitative Services under this section. 8

9 Section 191. Section 641.411, Florida Statutes, is 10 amended to read:

11

641.411 Other reporting requirements.--

12 (1) Each prepaid health clinic shall provide records 13 and information to the Agency for Health Care Administration 14 Department of Health and Rehabilitative Services pursuant to 15 s. 409.910(20) and  $(21)\frac{(22)}{(22)}$  for the sole purpose of 16 identifying potential coverage for claims filed with the 17 agency Department of Health and Rehabilitative Services and its fiscal agents for payment of medical services under the 18 Medicaid program. 19

20 (2) Any information provided by a prepaid health 21 clinic under this section to the agency Department of Health and Rehabilitative Services shall not be considered a 22 violation of any right of confidentiality or contract that the 23 24 prepaid health clinic may have with covered persons. The prepaid health clinic is immune from any liability that it may 25 26 otherwise incur through its release of information to the 27 agency Department of Health and Rehabilitative Services under 28 this section.

29 Section 192. Paragraph (a) of subsection (4) of 30 section 733.212, Florida Statutes, is amended to read: 31 733.212 Notice of administration; filing of objections

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and claims. --1 2 (4)(a) The personal representative shall promptly make 3 a diligent search to determine the names and addresses of 4 creditors of the decedent who are reasonably ascertainable and 5 shall serve on those creditors a copy of the notice within 3 months after the first publication of the notice. Under s. 6 7 409.9101, the Agency for Health Care Administration is considered a reasonably ascertainable creditor in instances 8 where the decedent had received Medicaid assistance for 9 10 medical care after reaching 55 years of age.Impracticable and extended searches are not required. Service is not required 11 12 on any creditor who has filed a claim as provided in this 13 part; a creditor whose claim has been paid in full; or a 14 creditor whose claim is listed in a personal representative's 15 timely proof of claim if the personal representative notified 16 the creditor of that listing. 17 Section 193. (1) There is established a seven-member 18 task force to review sources of funds deposited into the Public Medical Assistance Trust Fund as created by section 19 20 409.918, Florida Statutes. The task force shall consist of: 21 (a) Two members appointed by the President of the Senate, one of whom must be a member of the Senate and one of 22 whom must represent a hospital subject to the assessment 23 imposed under section 395.701, Florida Statutes, 1998 24 Supplement, or section 394.4786, Florida Statutes; 25 26 (b) Two members appointed by the Speaker of the House 27 of Representatives, one of whom must be a member of the House 28 and one of whom must represent a health care entity subject to 29 the assessment imposed under section 395.7015, Florida 30 Statutes, 1998 Supplement; (c) Three members appointed by the Governor, one of 31

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1	whom must be the Director of the Agency for Health Care
2	Administration, or his or her designee; one of whom must be a
3	medical doctor licensed to practice in the state; and one of
4	whom must be a consumer who has no employment or investment
5	interest in any health care entity subject to the assessment
6	imposed for deposit into the Public Medical Assistance Trust
7	Fund and who is a representative of Florida TaxWatch.
8	(2) The Governor shall designate the task force chair
9	from among the members.
10	(3) The task force shall consider and make specific
11	recommendations concerning, but not limited to:
12	(a) Whether any provisions of sections 395.701,
13	395.7015, and 409.918, Florida Statutes, need to be revised;
14	(b) Whether the annual assessments imposed by these
15	statutes on the various health care entities are imposed
16	equitably;
17	(c) Whether additional exemptions from, or inclusions
18	within, the assessments are justified; and
19	(d) The extent to which modifications to other
20	statutory provisions that require deposit of specified revenue
21	into the Public Medical Assistance Trust Fund, including, but
22	not limited to, sections 210.20, 395.1041, 408.040, and
23	408.08, Florida Statutes, could result in increased revenue
24	for the trust fund.
25	
26	The task force shall provide an analysis of the budgetary
27	impact of any recommended exemptions from, inclusions within,
28	or modifications to existing assessments.
29	(4) The Agency for Health Care Administration shall
30	provide necessary staff support and technical assistance to
31	the task force.
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(5) The task force shall convene by August 1, 1999, 1 for its first meeting, and shall submit its findings and 2 3 recommendations, including any proposed legislation, to the 4 President of the Senate, the Speaker of the House of Representatives, and the Governor by December 1, 1999. 5 6 Section 194. Section 395.40, Florida Statutes, is 7 created to read: 395.40 Legislative findings and intent.--8 (1) The Legislature finds that there has been a lack 9 of timely access to trauma care due to the state's fragmented 10 trauma system. This finding is based on the 1999 Trauma System 11 12 Report on Timely Access to Trauma Care submitted by the department in response to the request of the Legislature. 13 (2) The Legislature finds that it is necessary to plan 14 15 for and to establish an inclusive trauma system to meet the needs of trauma victims. An "inclusive trauma system" means a 16 17 system designed to meet the needs of all injured trauma 18 victims who require care in an acute-care setting and into which every health care provider or facility with resources to 19 20 care for the injured trauma victim is incorporated. The 21 Legislature deems the benefits of trauma care provided within an inclusive trauma system to be of vital significance to the 22 outcome of a trauma victim. 23 24 (3) It is the intent of the Legislature to place primary responsibility for the planning and establishment of a 25 26 statewide inclusive trauma system with the department. The 27 department shall undertake the implementation of a statewide 28 inclusive trauma system as funding is available. 29 (4) The Legislature finds that significant benefits 30 are to be obtained by directing the coordination of activities by several state agencies, relative to access to trauma care 31 262

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1	and the provision of trauma care to all trauma victims. It is
2	the intent of the Legislature that the department, the Agency
3	for Health Care Administration, the Board of Medicine, and the
4	Board of Nursing establish interagency teams and agreements
5	for the development of guidelines, standards, and rules for
6	those portions of the inclusive state trauma system within the
7	statutory authority of each agency. This coordinated approach
8	will provide the necessary continuum of care for the trauma
9	victim from injury to final hospital discharge. The department
10	has the leadership responsibility for this activity.
11	(5) In addition, the agencies listed in subsection $(4)$
12	should undertake to:
13	(a) Establish a coordinated methodology for
14	monitoring, evaluating, and enforcing the requirements of the
15	state's inclusive trauma system which recognizes the interests
16	of each agency.
17	(b) Develop appropriate roles for trauma agencies, to
18	assist in furthering the operation of trauma systems at the
19	regional level. This should include issues of system
20	evaluation as well as managed care.
21	(c) Develop and submit appropriate requests for
22	waivers of federal requirements which will facilitate the
23	delivery of trauma care.
24	(d) Develop criteria that will become the future basis
25	for mandatory consultation on the care of trauma victims and
26	mandatory transfer of appropriate trauma victims to trauma
27	centers.
28	(e) Develop a coordinated approach to the care of the
29	trauma victim. This shall include the movement of the trauma
30	victim through the system of care and the identification of
31	medical responsibility for each phase of care for
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out-of-hospital and in-hospital trauma care. 1 2 (f) Require the medical director of an emergency 3 medical services provider to have medical accountability for a 4 trauma victim during interfacility transfer. 5 (6) Furthermore, the Legislature encourages the 6 department to actively foster the provision of trauma care and 7 serve as a catalyst for improvements in the process and 8 outcome of the provision of trauma care in an inclusive trauma system. Among other considerations, the department is 9 10 encouraged to: 11 (a) Promote the development of at least one trauma 12 center in every trauma service area. 13 (b) Promote the development of a trauma agency for 14 each trauma region. 15 (c) Update the state trauma system plan by December 16 2000 and at least every 5th year thereafter. 17 Section 195. Subsection (1) and paragraphs (c) and (n) of subsection (2) of section 395.401, Florida Statutes, 1998 18 Supplement, are amended to read: 19 395.401 Trauma services system plans; verification of 20 21 trauma centers and pediatric trauma referral centers; 22 procedures; renewal.--23 (1) As used in this part, the term: 24 (a) "Agency" means the Agency for Health Care 25 Administration. 26 "Charity care" or "uncompensated charity care" (b) 27 means that portion of hospital charges reported to the agency for which there is no compensation for care provided to a 28 patient whose family income for the 12 months preceding the 29 30 determination is less than or equal to 150 percent of the 31 federal poverty level, unless the amount of hospital charges 264 2:06 PM 04/28/99 h2125c-07x01

due from the patient exceeds 25 percent of the annual family 1 2 income. However, in no case shall the hospital charges for a 3 patient whose family income exceeds four times the federal 4 poverty level for a family of four be considered charity. 5 "Department" means the Department of Health. (C) 6 (d) "Level I trauma center" means a hospital that is 7 determined by the department to be in substantial compliance with trauma center and pediatric trauma referral center 8 9 verification standards as established by rule of the 10 department, and which: 1. Has formal research and education programs for the 11 12 enhancement of trauma care. 2. Serves as a resource facility to Level II trauma 13 14 centers, pediatric trauma referral centers, and community 15 hospitals. 16 3. Ensures an organized system of trauma care. 17 (e) "Level II trauma center" means a hospital that is determined by the department to be in substantial compliance 18 with trauma center verification standards as established by 19 rule of the department, and which: 20 21 1. Serves as a resource facility to community 22 hospitals. Ensures an organized system of trauma care. 23 2. 24 (f) "Local trauma agency" means an agency established 25 and operated by a county or an entity with which the county 26 contracts for the purpose of administrative trauma services. 27 (f)(g) "Pediatric trauma referral center" means a 28 hospital that is determined to be in substantial compliance with pediatric trauma referral center standards as established 29 30 by rule of the department. (h) "Regional trauma agency" means an agency created 31

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1 and operated by two or more counties, or an entity with which 2 two or more counties contract, for the purpose of 3 administering trauma services. 4 (g)(i) "State-approved trauma center" means a hospital 5 that has successfully completed the state-approved selection 6 process pursuant to s. 395.4025 and has been approved by the 7 department to operate as a trauma center in the state. 8 (h)(j) "State-sponsored trauma center" means a 9 state-approved trauma center that receives state funding for 10 trauma care services. 11 (i) "Trauma agency" means an agency established and 12 operated by one or more counties, or an entity with which one or more counties contract, for the purpose of administering an 13 inclusive regional trauma system. 14 15 (i) "Trauma alert victim" means a person who has 16 incurred a single or multisystem injury due to blunt or 17 penetrating means or burns; who requires immediate medical intervention or treatment; and who meets one or more of the 18 adult or pediatric scorecard criteria established by the 19 20 department by rule. 21 "Trauma center" means any hospital that has been (k) determined by the department to be in substantial compliance 22 with trauma center verification standards. 23 24 (1) "Trauma scorecard" means a statewide methodology 25 adopted by the department by rule under which a person who has incurred a traumatic injury is graded as to the severity of 26 27 his or her injuries or illness and which methodology is used 28 as the basis for making destination decisions. (m) "Trauma victim" means any person who has incurred 29 a single or multisystem life-threatening injury due to blunt 30 31 or penetrating means or burns and who requires immediate 266 2:06 PM 04/28/99 h2125c-07x01

(2)

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1 medical intervention or treatment.

3 (c) The department shall receive plans for the 4 implementation of inclusive trauma care systems from local and 5 regional trauma agencies. The department may approve or not 6 approve the local or regional trauma agency plans based on the 7 conformance of the plan local or regional plans with this section and ss. 395.4015, 395.404, and 395.4045 and the rules 8 9 adopted by the department pursuant to those sections. The 10 department shall approve or disapprove the plans within 120 days after the date the plans are submitted to the department. 11

12 (n) After the submission of the initial local or regional trauma care system plan, each local or regional 13 14 trauma agency shall, every 5th year, annually submit to the 15 department for approval an updated plan that which identifies 16 the changes, if any, to be made in the regional trauma care 17 system. The department shall approve or disapprove the updated plan within 120 days after the date the plan is submitted to 18 the department. At least 60 days before the local or regional 19 20 trauma agency submits a plan for a trauma care system to the 21 department, the local or regional trauma agency shall hold a public hearing and give adequate notice of the public hearing 22 to all hospitals and other interested parties in the area. A 23 24 local or regional trauma agency shall submit to the department 25 written notice of its intent to cease operation of the local or regional trauma agency at least 90 days before the date on 26 27 which the local or regional trauma agency will cease operation. 28 29 Section 196. Subsections (1) and (3) of section 30 395.402, Florida Statutes, are amended to read:

31 395.402 Trauma service areas; number and location of

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trauma centers.--1 2 (1) The Legislature finds that it is appropriate to 3 recognize as a trauma patient someone with an injury severity 4 score (ISS) of 9 or greater. The Legislature also recognizes that Level I and Level II trauma centers should each be 5 6 capable of annually treating a minimum of 1,000 and 500 7 patients, respectively, with an injury severity score(ISS) of 9 or greater. Further, the Legislature finds that, based on 8 9 the numbers and locations of trauma victims with these injury severity scores, there should be 19 trauma service areas in 10 the state, and, at a minimum, there should be at least one 11 12 trauma center in each service area. (3) Trauma service areas are to be used. The 13 14 department shall periodically review the assignment of the 67 15 counties to trauma service areas. These assignments are made for the purpose of developing a system of trauma centers. 16 17 Revisions made by the department should take into 18 consideration the recommendations made as part of the regional 19 trauma system plans approved by the department, as well as the 20 recommendations made as part of the state trauma system plan. 21 These areas must, at a minimum, be reviewed in the year 2000 and every 5 years thereafter. Until the department completes 22 its initial review, the assignment of counties shall remain as 23 24 established pursuant to chapter 90-284, Laws of Florida. The following trauma service areas are to be utilized in 25 developing a system of state-sponsored trauma centers. These 26 27 areas are subject to periodic revision by the Legislature 28 based on recommendations made as part of local or regional 29 trauma plans approved by the department pursuant to s. 30 395.401(2). These areas shall, at a minimum, be reviewed by 31 the Legislature prior to the next 7-year verification cycle of 268

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1 state-sponsored trauma centers. 2 (a) The following trauma service areas are hereby 3 established: 4 1. Trauma service area 1 shall consist of Escambia, 5 Okaloosa, Santa Rosa, and Walton Counties. 6 2. Trauma service area 2 shall consist of Bay, Gulf, 7 Holmes, and Washington Counties. 3. Trauma service area 3 shall consist of Calhoun, 8 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison, 9 10 Taylor, and Wakulla Counties. Trauma service area 4 shall consist of Alachua, 11 4. 12 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, 13 Levy, Putnam, Suwannee, and Union Counties. 14 Trauma service area 5 shall consist of Baker, Clay, 5. 15 Duval, Nassau, and St. Johns Counties. 16 6. Trauma service area 6 shall consist of Citrus, 17 Hernando, and Marion Counties. 7. Trauma service area 7 shall consist of Flagler and 18 19 Volusia Counties. 20 8. Trauma service area 8 shall consist of Lake, 21 Orange, Osceola, Seminole, and Sumter Counties. 9. Trauma service area 9 shall consist of Pasco and 22 23 Pinellas Counties. 24 10. Trauma service area 10 shall consist of 25 Hillsborough County. 26 11. Trauma service area 11 shall consist of Hardee, 27 Highlands, and Polk Counties. 28 12. Trauma service area 12 shall consist of Brevard 29 and Indian River Counties. 30 13. Trauma service area 13 shall consist of DeSoto, 31 Manatee, and Sarasota Counties. 269

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1 14. Trauma service area 14 shall consist of Martin, 2 Okeechobee, and St. Lucie Counties. 3 15. Trauma service area 15 shall consist of Charlotte, 4 Glades, Hendry, and Lee Counties. 5 16. Trauma service area 16 shall consist of Palm Beach 6 County. 7 17. Trauma service area 17 shall consist of Collier 8 County. 18. Trauma service area 18 shall consist of Broward 9 10 County. Trauma service area 19 shall consist of Dade and 11 19. 12 Monroe Counties. 13 Each trauma service area should have at least one (b) 14 Level I or Level II trauma center. 15 (c) There shall be no more than a total of 44 16 state-sponsored trauma centers in the state. 17 Section 197. Subsection (1) of section 395.4045, Florida Statutes, is amended to read: 18 19 395.4045 Emergency medical service providers; 20 transport of trauma victims to trauma centers .--21 (1) Each emergency medical services provider licensed under chapter 401 shall transport trauma alert victims to 22 hospitals approved as trauma centers, except as may be 23 24 provided for either in department-approved local or regional 25 trauma transport protocol or, if no local or regional trauma 26 transport protocol is in effect, as provided for in a 27 department-approved provider's trauma transport protocol. 28 Development of regional trauma protocols shall be through consultation with interested parties, including, but not 29 30 limited to, each approved trauma center; physicians 31 specializing in trauma care, emergency care, and surgery in 270

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the region; each trauma system administrator in the region; 1 2 and each emergency medical service provider in the region 3 licensed under chapter 401. Trauma alert victims shall be 4 identified through the use of a trauma scoring system. The 5 department shall specify by rule the subjects to be included 6 in an emergency medical service provider's trauma transport 7 protocol and shall approve or disapprove each such protocol. Section 198. Section 458.351, Florida Statutes, is 8 9 created to read: 10 458.351 Reports of adverse incidents in office 11 practice settings. --12 (1) Any adverse incident that occurs on or after 13 January 1, 2000, in any office maintained by a physician for the practice of medicine which is not licensed under chapter 14 15 395 must be reported to the department in accordance with the provisions of this section. 16 17 (2) Any physician or other licensee under this chapter 18 practicing in this state must notify the department if the 19 physician or licensee was involved in an adverse incident that occurred on or after January 1, 2000, in any office maintained 20 21 by a physician for the practice of medicine which is not licensed under chapter 395. 22 The required notification to the department must 23 (3) 24 be submitted in writing by certified mail and postmarked 25 within 15 days after the occurrence of the adverse incident. 26 (4) For purposes of notification to the department pursuant to this section, the term "adverse incident" means an 27 28 event over which the physician or licensee could exercise 29 control and which is associated in whole or in part with a 30 medical intervention, rather than the condition for which such intervention occurred, and which results in the following 31

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patient injuries: 1 (a) The death of a patient. 2 3 (b) Brain or spinal damage to a patient. 4 (c) The performance of a surgical procedure on the 5 wrong patient. 6 (d)1. The performance of a wrong-site surgical 7 procedure; 2. The performance of a wrong surgical procedure; or 8 3. The surgical repair of damage to a patient 9 10 resulting from a planned surgical procedure where the damage is not a recognized specific risk as disclosed to the patient 11 12 and documented through the informed-consent process 13 if it results in: death; brain or spinal damage; permanent 14 15 disfigurement not to include the incision scar; fracture or dislocation of bones or joints; a limitation of neurological, 16 17 physical or sensory function; or any condition that required 18 the transfer of the patient. 19 (e) A procedure to remove unplanned foreign objects 20 remaining from a surgical procedure. 21 (f) Any condition that required the transfer of a patient to a hospital licensed under chapter 395 from an 22 ambulatory surgical center licensed under chapter 395 or any 23 24 facility or any office maintained by a physician for the practice of medicine which is not licensed under chapter 395. 25 26 (5) The department shall review each incident and 27 determine whether it potentially involved conduct by a health 28 care professional who is subject to disciplinary action, in 29 which case s. 455.621 applies. Disciplinary action, if any, 30 shall be taken by the board under which the health care 31 professional is licensed.

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1 The board may adopt rules to administer this (6) 2 section. 3 Section 199. Section 459.026, Florida Statutes, is 4 created to read: 5 459.026 Reports of adverse incidents in office 6 practice settings. --7 (1) Any adverse incident that occurs on or after January 1, 2000, in any office maintained by an osteopathic 8 physician for the practice of osteopathic medicine which is 9 10 not licensed under chapter 395 must be reported to the department in accordance with the provisions of this section. 11 12 (2) Any osteopathic physician or other licensee under 13 this chapter practicing in this state must notify the 14 department if the osteopathic physician or licensee was 15 involved in an adverse incident that occurred on or after January 1, 2000, in any office maintained by an osteopathic 16 17 physician for the practice of osteopathic medicine which is 18 not licensed under chapter 395. 19 (3) The required notification to the department must 20 be submitted in writing by certified mail and postmarked 21 within 15 days after the occurrence of the adverse incident. (4) For purposes of notification to the department 22 pursuant to this section, the term "adverse incident" means an 23 24 event over which the physician or licensee could exercise 25 control and which is associated in whole or in part with a medical intervention, rather than the condition for which such 26 27 intervention occurred, and which results in the following 28 patient injuries: 29 (a) The death of a patient. 30 (b) Brain or spinal damage to a patient. (c) The performance of a surgical procedure on the 31 273 h2125c-07x01 2:06 PM 04/28/99

wrong patient. 1 2 (d)1. The performance of a wrong-site surgical 3 procedure; 4 2. The performance of a wrong surgical procedure; or 5 3. The surgical repair of damage to a patient 6 resulting from a planned surgical procedure where the damage 7 is not a recognized specific risk as disclosed to the patient and documented through the informed-consent process 8 9 10 if it results in: death; brain or spinal damage; permanent disfigurement not to include the incision scar; fracture or 11 12 dislocation of bones or joints; a limitation of neurological, physical or sensory function; or any condition that required 13 the transfer of the patient. 14 15 (e) A procedure to remove unplanned foreign objects 16 remaining from a surgical procedure. 17 (f) Any condition that required the transfer of a 18 patient to a hospital licensed under chapter 395 from an ambulatory surgical center licensed under chapter 395 or any 19 20 facility or any office maintained by a physician for the 21 practice of medicine which is not licensed under chapter 395. (5) The department shall review each incident and 22 determine whether it potentially involved conduct by a health 23 24 care professional who is subject to disciplinary action, in which case s. 455.621 applies. Disciplinary action, if any, 25 shall be taken by the board under which the health care 26 27 professional is licensed. 28 (6) The board may adopt rules to administer this 29 section. 30 Section 200. (1) The Department of Health shall establish maximum allowable levels for contaminants in 31 274 2:06 PM 04/28/99 h2125c-07x01

compressed air used for recreational sport diving in this 1 state. In developing the standards, the department must take 2 3 into consideration the levels of contaminants allowed by the 4 Grade "E" Recreational Diving Standards of the Compressed Gas 5 Association. 6 (2) The standards prescribed under this section do not 7 apply to: 8 (a) Any person providing compressed air for his or her 9 own use. 10 (b) Any governmental entity using a governmentally 11 owned compressed air source for work related to the 12 governmental entity. 13 (c) Foreign registered vessels upon which a compressor 14 is used to provide compressed air for work related to the 15 operation of the vessel. 16 (3) A person or entity that, for compensation, 17 provides compressed air for recreational sport diving in this 18 state, including compressed air provided as part of a dive package of equipment rental, dive boat rental, or dive boat 19 charter, must ensure that the compressed air is tested 20 21 quarterly by a laboratory that is accredited by either the American Industrial Hygiene Association or the American 22 Association for Laboratory Accreditation and that the results 23 24 of such tests are provided quarterly to the Department of Health. In addition, the person or entity must post the 25 certificate issued by the laboratory accredited by the 26 27 American Industrial Hygiene Association or the American 28 Association for Laboratory Accreditation in a conspicuous location where it can readily be seen by any person purchasing 29 30 compressed air. 31 (4) The Department of Health shall maintain a record

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1	of all quarterly test results provided under this section.
2	(5) It is a misdemeanor of the second degree for any
3	person or entity to provide, for compensation, compressed air
4	for recreational sport diving in this state, including
5	compressed air provided as part of a dive package of equipment
6	rental, dive boat rental, or dive boat charter, without:
7	(a) Having received a valid certificate issued by a
8	laboratory accredited by the American Industrial Hygiene
9	Association or the American Association for Laboratory
10	Accreditation which certifies that the compressed air meets
11	the standards for contaminant levels established by the
12	Department of Health.
13	(b) Posting the certificate issued by a laboratory
14	accredited by the American Industrial Hygiene Association or
15	the American Association for Laboratory Accreditation in a
16	conspicuous location where it can readily be seen by persons
17	purchasing compressed air.
18	(6) The department shall adopt rules necessary to
19	carry out the provisions of this section, which must include:
20	(a) Maximum allowable levels of contaminants in
21	compressed air used for sport diving.
22	(b) Procedures for the submission of test results to
23	the department.
24	(7) This section shall take effect January 1, 2000.
25	Section 201. The Minority HIV and AIDS Task Force
26	(1) There is created within the Department of Health
27	the Minority HIV and AIDS Task Force to develop and provide
28	specific recommendations to the Governor, the Legislature, and
29	the Department of Health on ways to strengthen HIV and AIDS
30	prevention programs and early intervention and treatment
31	efforts in the state's black, Hispanic, and other minority
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communities, as well as ways to address the many needs of the 1 2 state's minorities infected with AIDS and their families. 3 (2) The Secretary of Health shall appoint at least 15 4 members to the task force. The members must include, but need not be limited to, representatives from: 5 6 (a) Persons infected with the human immunodeficiency 7 virus (HIV) or acquired immune deficiency syndrome (AIDS). (b) Minority community-based support organizations. 8 (c) Minority treatment providers. 9 10 (d) The religious community within groups of persons 11 infected with HIV or AIDS. 12 (e) The Department of Health. (3) The task force shall meet as often as necessary to 13 carry out its duties and responsibilities. Within existing 14 15 resources, the Department of Health shall provide support 16 services to the task force. 17 (4) The members of the task force shall serve without 18 compensation. 19 (5) The task force shall prepare and submit a report 20 of its findings and recommendations to the Governor, the 21 President of the Senate, and the Speaker of the House of Representatives by February 1, 2001. The report must include: 22 (a) Specific strategies for reducing the risk of HIV 23 24 and AIDS in the state's minority communities. 25 (b) A plan for establishing mentor programs and 26 exchanging information and ideas among minority 27 community-based organizations that provide HIV and AIDS 28 prevention services. 29 (c) The needs of prevention and treatment programs 30 within communities and the resources that are available within minority communities. 31

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1	(d) Specific strategies for ensuring that minority
2	persons who are at risk of HIV and AIDS infection seek
3	testing.
4	(e) Specific strategies for ensuring that persons who
5	test positive for HIV or AIDS are provided with access to
6	treatment and secondary prevention services.
7	(f) Specific strategies to help reduce or eliminate
8	high-risk behaviors in persons who test negative but continue
9	to practice high-risk behaviors.
10	(g) A plan to evaluate the implementation of the
11	recommendations of the task force.
12	(6) The task force is abolished on July 1, 2001.
13	Section 202. Statewide HIV and AIDS prevention
14	campaign
15	(1) The Department of Health shall develop and
16	implement a statewide HIV and AIDS prevention campaign that is
17	directed towards minorities who are at risk of HIV infection.
18	The campaign shall include television, radio, and outdoor
19	advertising; public service announcements; and peer-to-peer
20	outreach. Each campaign message and concept shall be evaluated
21	with members of the target group to ensure its effectiveness.
22	The campaign shall provide information on the risk of HIV and
23	AIDS infection and strategies to follow for prevention, early
24	detection, and treatment. The campaign shall use culturally
25	sensitive literature and educational materials and promote the
26	development of individual skills for behavior modification.
27	(2) The Department of Health shall establish four
28	positions within the department for HIV and AIDS regional
29	minority coordinators and one position for a statewide HIV and
30	AIDS minority coordinator. The coordinators shall facilitate
31	statewide efforts to implement and coordinate HIV and AIDS
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prevention and treatment programs. The statewide coordinator 1 2 shall report directly to the chief of the Bureau of HIV and 3 AIDS within the Department of Health. 4 (3) The Department of Health shall, with assistance 5 from the Minority HIV and AIDS Task Force and the statewide 6 coordinator, plan and conduct a statewide Black Leadership 7 Conference on HIV and AIDS by January 2000. The conference shall provide workshops for minority organizations in building 8 skills and improving an organization's capacity to conduct HIV 9 10 and AIDS prevention and treatment programs. 11 Section 203. The sum of \$250,000 is appropriated from 12 the General Revenue Fund to the Department of Health for the purpose of carrying out the provisions of sections 201 and 202 13 of this act during the 1999-2000 fiscal year. 14 15 Section 204. Subsection (9) is added to section 20.41, 16 Florida Statutes, to read: 17 20.41 Department of Elderly Affairs.--There is created a Department of Elderly Affairs. 18 19 (9) Area agencies on aging are subject to chapter 119, relating to public records, and, when considering any 20 21 contracts requiring the expenditure of funds, are subject to ss. 286.011-286.012, relating to public meetings. 22 Section 205. Effective October 1, 1999, part XV of 23 24 chapter 468, Florida Statutes, consisting of sections 468.821, 25 468.822, 468.823, 468.824, 468.825, 468.826, 468.827, and 468.828, Florida Statutes, is created to read: 26 27 468.821 Definitions.--As used in this part, the term: (1) "Approved training program" means: 28 (a) A course of training conducted by a public sector 29 30 or private sector educational center licensed by the Department of Education to implement the basic curriculum for 31 279 2:06 PM 04/28/99 h2125c-07x01

nursing assistants which is approved by the Department of 1 2 Education. 3 (b) A training program operated under s. 400.141. 4 (2) "Certified nursing assistant" means a person who 5 meets the qualifications specified in this part and who is 6 certified by the department as a certified nursing assistant. 7 "Department" means the Department of Health. (3) (4) "Registry" means the listing of certified nursing 8 assistants maintained by the department. 9 10 468.822 Duties and powers of the department.--The department shall maintain, or contract with or approve another 11 12 entity to maintain, a state registry of certified nursing assistants. The registry must consist of the name of each 13 certified nursing assistant in this state; other identifying 14 15 information defined by department rule; certification status; the effective date of certification; other information 16 17 required by state or federal law; information regarding any crime or any abuse, neglect, or exploitation as provided under 18 chapter 435; and any disciplinary action taken against the 19 certified nursing assistant. The registry shall be accessible 20 21 to the public, the certificateholder, employers, and other state agencies. The department shall adopt by rule testing 22 procedures for use in certifying nursing assistants and shall 23 24 adopt rules regulating the practice of certified nursing assistants to enforce this part. The department may contract 25 with or approve another entity or organization to provide the 26 27 examination services, including the development and 28 administration of examinations. The provider shall pay all 29 reasonable costs and expenses incurred by the department in 30 evaluating the provider's application and performance during the delivery of services, including examination services and 31

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procedures for maintaining the certified nursing assistant 1 2 registry. 3 468.823 Certified nursing assistants; certification 4 requirement. --5 (1) The department shall issue a certificate to 6 practice as a certified nursing assistant to any person who 7 demonstrates a minimum competency to read and write and meets one of the following requirements: 8 (a) Has successfully completed an approved training 9 10 program and achieved a minimum score, established by rule of the department, on the nursing assistant competency 11 12 examination, which consists of a written portion and 13 skills-demonstration portion approved by the department and administered at a site and by personnel approved by the 14 15 department. (b) Has achieved a minimum score, established by rule 16 17 of the department, on the nursing assistant competency examination, which consists of a written portion and 18 19 skills-demonstration portion, approved by the department and 20 administered at a site and by personnel approved by the 21 department and: 1. Has a high school diploma, or its equivalent; or 22 2. Is at least 18 years of age. 23 (c) Is currently certified in another state; is listed 24 on that state's certified nursing assistant registry; has not 25 26 been found to have committed abuse, neglect, or exploitation 27 in that state; and has successfully completed a national 28 nursing assistant evaluation in order to receive certification 29 in that state. 30 (2) If an applicant fails to pass the nursing 31 assistant competency examination in three attempts, the 281

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1	applicant is not eligible for reexamination unless the
2	applicant completes an approved training program.
3	(3) An oral examination shall be administered as a
4	substitute for the written portion of the examination upon
5	request. The oral examination shall be administered at a site
6	and by personnel approved by the department.
7	(4) The department shall adopt rules to provide for
8	the initial certification of certified nursing assistants.
9	(5) A certified nursing assistant shall maintain a
10	current address with the department in accordance with s.
11	455.717.
12	468.824 Denial, suspension, or revocation of
13	certification; disciplinary actions
14	(1) The following acts constitute grounds for which
15	the department may impose disciplinary sanctions as specified
16	in subsection (2):
17	(a) Obtaining or attempting to obtain an exemption, or
18	possessing or attempting to possess a letter of exemption, by
19	bribery, misrepresentation, deceit, or through an error of the
20	department.
21	(b) Intentionally violating any provision of this
22	chapter, chapter 455, or the rules adopted by the department.
23	(2) When the department finds any person guilty of any
24	of the grounds set forth in subsection (1), it may enter an
25	order imposing one or more of the following penalties:
26	(a) Denial, suspension, or revocation of
27	certification.
28	(b) Imposition of an administrative fine not to exceed
29	\$150 for each count or separate offense.
30	(c) Imposition of probation or restriction of
31	certification, including conditions such as corrective actions
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as retraining or compliance with an approved treatment program 1 2 for impaired practitioners. 3 (3) The department may, upon the request of a 4 certificateholder, exempt the certificateholder from disqualification of certification or disqualification of 5 6 employment in accordance with chapter 435 and issue a letter 7 of exemption. 8 9 After January 1, 2000, the department must notify an applicant 10 seeking an exemption from disqualification from certification 11 or employment of its decision to approve or deny the request 12 within 30 days after the date the department receives all 13 required documentation. 468.825 Availability of disciplinary records and 14 15 proceedings. -- Pursuant to s. 455.621, any complaint or record 16 maintained by the Department of Health pursuant to the 17 discipline of a certified nursing assistant and any proceeding 18 held by the department to discipline a certified nursing 19 assistant shall remain open and available to the public. 20 468.826 Exemption from liability.--If an employer 21 terminates or denies employment to a certified nursing assistant whose certification is inactive as shown on the 22 certified nursing assistant registry or whose name appears on 23 24 the central abuse registry and tracking system of the 25 Department of Children and Family Services or on a criminal 26 screening report of the Department of Law Enforcement, the 27 employer is not civilly liable for such termination and a 28 cause of action may not be brought against the employer for 29 damages, regardless of whether the employee has filed for an 30 exemption from the department under s. 468.824(1). There may not be any monetary liability on the part of, and a cause of 31

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action for damages may not arise against, any licensed 1 2 facility, its governing board or members thereof, medical 3 staff, disciplinary board, agents, investigators, witnesses, 4 employees, or any other person for any action taken in good faith without intentional fraud in carrying out this section. 5 6 468.827 Penalties.--It is a misdemeanor of the first 7 degree, punishable as provided under s. 775.082 or s. 775.083, for any person, knowingly or intentionally, to fail to 8 disclose, by false statement, misrepresentation, 9 10 impersonation, or other fraudulent means, in any application for voluntary or paid employment or licensure regulated under 11 12 this part, a material fact used in making a determination as to such person's qualifications to be an employee or licensee. 13 468.828 Background screening information; rulemaking 14 15 authority.--16 (1) The Agency for Health Care Administration shall 17 allow the department to electronically access its background 18 screening database and records and the Department of Children and Families shall allow the department to electronically 19 access its central abuse registry and tracking system under 20 21 chapter 415. (2) An employer, or an agent thereof, may not use 22 criminal records, juvenile records, or information obtained 23 24 from the central abuse hotline under chapter 415 for any purpose other than determining if the person meets the 25 requirements of this part. Such records and information 26 27 obtained by the department shall remain confidential and 28 exempt from s. 119.07(1). 29 (3) If the requirements of the Omnibus Budget 30 Reconciliation Act of 1987, as amended, for the certification of nursing assistants are in conflict with this part, the 31 284

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federal requirements shall prevail for those facilities 1 2 certified to provide care under Title XVIII (Medicare) or 3 Title XIX (Medicaid) of the Social Security Act. 4 (4) The department shall adopt rules to administer 5 this part. 6 Section 206. Certified nursing assistant registry .--7 (1) By October 1, 1999, and by October 1 of every year thereafter, each employer of certified nursing assistants 8 shall submit to the Department of Health a list of the names 9 10 and social security numbers of each person employed by the employer as a certified nursing assistant in a nursing-related 11 12 occupation for a minimum of 8 hours for monetary compensation during the preceding 24 months. Employers may submit such 13 14 information electronically through the department's Internet 15 site. (2) The department shall update the certified nursing 16 17 assistant registry upon receipt of the lists of certified 18 nursing assistants, and shall complete the first of such 19 updates by December 31, 1999. (3) Each certified nursing assistant whose name is not 20 21 reported to the department under subsection (1) on October 1, 1999, shall be assigned an inactive certification on January 22 1, 2000. A certified nursing assistant may remove such an 23 24 inactive certification by submitting documentation to the department that he or she was employed for a minimum of 8 25 hours for monetary compensation as a certified nursing 26 27 assistant in a nursing-related occupation during the preceding 24 months. 28 (4) This section is repealed October 2, 2001. 29 30 Section 207. Effective October 1, 1999, section 31 400.211, Florida Statutes, 1998 Supplement, is amended to 285 h2125c-07x01 2:06 PM 04/28/99

1 read: 2 400.211 Persons employed as nursing assistants; 3 certification requirement. --4 (1) A person must be certified under part XV of 5 chapter 468 pursuant to this section, except a registered 6 nurse or practical nurse licensed in accordance with the 7 provisions of chapter 464 or an applicant for such licensure who is permitted to practice nursing in accordance with rules 8 9 adopted promulgated by the Board of Nursing pursuant to chapter 464, to serve as a nursing assistant in any nursing 10 home. The Department of Health shall issue a certificate to 11 12 any person who: 13 (a) Has successfully completed a nursing assistant 14 program in a state-approved school and has achieved a minimum 15 score of 75 percent on the written portion of the Florida 16 Nursing Assistant Certification Test approved by the 17 Department of Health and administered by state-approved test 18 site personnel; 19 (b) Has achieved a minimum score of 75 percent on the 20 written and performance portions of the Florida Nursing 21 Assistant Certification Test approved by the Department of 22 Health and administered by state-approved test site personnel; 23 or 24 (c) Is currently certified in another state, is on 25 that state's registry, has no findings of abuse, and has 26 achieved a minimum score of 75 percent on the written portion 27 of the Florida Nursing Assistant Certification Test approved 28 by the Department of Health and administered by state-approved 29 test site personnel. 30 31 An oral examination shall be administered upon request.

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1 (2) The agency may deny, suspend, or revoke the 2 certification of any person to serve as a nursing assistant, 3 based upon written notification from a court of competent 4 jurisdiction, law enforcement agency, or administrative agency 5 of any finding of guilt of, regardless of adjudication, or a plea of nolo contendere or guilty to, any offense set forth in б 7 the level 1 screening standards of chapter 435 or any confirmed report of abuse of a vulnerable adult. 8 (2) (3) The following categories of persons who are not 9 10 certified as nursing assistants under this part may be employed by a nursing facility for a period of 4 months: 11 12 (a) Persons who are enrolled in a state-approved 13 nursing assistant program; or (b) Persons who have been positively verified by a 14 15 state-approved test site as certified and on the registry in another state with no findings of abuse, but who have not 16 17 completed the written examination required under this section. 18 The certification requirement must be met within 4 months of 19 20 initial employment as a nursing assistant in a licensed 21 nursing facility. 22 (4) A person certified under this section on or after September 30, 1990, who has not worked for pay as a nursing 23 24 assistant in a nursing-related occupation for a period of time 25 during a consecutive 24-month period must be recertified under 26 this section to be eligible to work in a nursing facility. 27 (3)(5) Nursing homes shall require persons seeking 28 employment as a certified nursing assistant to submit an employment history to the facility. The facility shall verify 29 30 the employment history unless, through diligent efforts, such 31 verification is not possible. There shall be no monetary

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liability on the part of, and no cause of action for damages 1 2 shall arise against, a former employer who reasonably and in good faith communicates his or her honest opinion about a 3 4 former employee's job performance. 5 (6) If the requirements pursuant to the Omnibus Budget 6 Reconciliation Act of 1987, as amended, for the certification 7 of nursing assistants are in conflict with this section, the 8 federal requirements shall prevail for those facilities certified to provide care under Title XVIII (Medicare) or 9 10 Title XIX (Medicaid) of the Social Security Act. 11 (7) The Department of Health may adopt such rules as 12 are necessary to carry out this section. Section 208. Subsection (36) is added to section 13 14 409.912, Florida Statutes, 1998 Supplement, to read: 15 409.912 Cost-effective purchasing of health care.--The 16 agency shall purchase goods and services for Medicaid 17 recipients in the most cost-effective manner consistent with the delivery of quality medical care. The agency shall 18 maximize the use of prepaid per capita and prepaid aggregate 19 20 fixed-sum basis services when appropriate and other 21 alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed 22 to facilitate the cost-effective purchase of a case-managed 23 24 continuum of care. The agency shall also require providers to 25 minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the 26 27 inappropriate or unnecessary use of high-cost services. 28 (36) The agency shall enter into agreements with 29 not-for-profit organizations based in this state for the 30 purpose of providing vision screening. 31 Section 209. Except as otherwise expressly provided in 288

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Bill No. <u>HB 2125, 2nd Eng.</u> Amendment No. \_\_\_\_

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this act, this act shall take effect July 1, 1999.
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   5
   And the title is amended as follows:
6
          Delete everything before the enacting clause,
7
   and insert:
8
9
                       A bill to be entitled
10
          An act relating to health care; providing for
          the issuance of Medicaid numbers to certain
11
12
          children; amending s. 20.43, F.S.; revising
13
          powers and the internal structure of the
          department; amending s. 110.205, F.S.;
14
15
          exempting certain positions from career
          service; amending s. 120.80, F.S.; exempting
16
17
          certain hearings within the department from the
          requirement of being conducted by an
18
          administrative law judge from the Division of
19
20
          Administrative Hearings; amending s. 154.504,
          F.S.; revising standards for eligibility to
21
          participate in a primary care for children and
22
          families challenge grant; amending s. 287.155,
23
24
          F.S.; authorizing the department to purchase
25
          vehicles and automotive equipment for county
26
          health departments; amending s. 372.6672, F.S.;
27
          deleting an obsolete reference to the
28
          Department of Health and Rehabilitative
          Services; amending s. 381.004, F.S.;
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30
          prescribing conditions under which an HIV test
31
          may be performed without obtaining consent;
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Amendment No. \_\_\_\_

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1	amending s. 381.0051, F.S.; authorizing the
2	Department of Health to adopt rules to
3	implement the Comprehensive Family Planning
4	Act; amending s. 381.006, F.S.; providing the
5	department with rule authority relating to
6	inspection of certain group care facilities;
7	amending s. 381.0061, F.S.; providing the
8	department with authority to impose certain
9	fines; amending s. 381.0062, F.S.; redefining
10	the term "private water system" and defining
11	the term "multi-family water system"; providing
12	that either type of system may include a rental
13	residence in its service; regulating
14	multi-family systems; amending s. 381.90, F.S.;
15	revising membership of the Health Information
16	Systems Council; prescribing its duties with
17	respect to developing a review process;
18	requiring a report; amending s. 382.003, F.S.;
19	revising powers and duties of the department
20	with respect to vital records; providing for
21	forms and documents to be submitted under oath;
22	amending s. 382.004, F.S.; restating the
23	admissibility of copies of records; amending s.
24	382.008, F.S.; deleting provisions relating to
25	restriction on disclosure of a decedent's
26	social security number; amending s. 382.013,
27	F.S.; revising provisions relating to who must
28	file a birth registration; amending s. 382.015,
29	F.S.; revising provisions relating to issuance
30	of new birth certificates upon determination of
31	paternity; amending s. 382.016, F.S.;

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Amendment No. \_\_\_\_

1	prescribing procedures for amending records;
2	amending s. 382.019, F.S.; providing for
3	dismissal of an application for delayed
4	registration which is not actively pursued;
5	amending s. 382.025, F.S.; exempting certain
6	birth records from confidentiality
7	requirements; amending s. 382.0255, F.S.;
8	revising provisions relating to disposition of
9	the additional fee imposed on certification of
10	birth records; amending s. 383.14, F.S.;
11	conforming a reference to the name of a
12	program; amending s. 385.202, F.S.; deleting
13	provisions relating to reimbursing hospitals
14	reporting information for the statewide cancer
15	registry; amending s. 385.203, F.S.;
16	establishing requirements and membership for
17	the Diabetes Advisory Council; amending s.
18	391.028, F.S.; revising provisions relating to
19	administration of the Children's Medical
20	Services program; amending s. 391.0315, F.S.;
21	revising standards for benefits provided under
22	the program for certain children; amending s.
23	392.69, F.S.; providing for an advisory board
24	for the A. G. Holley State Hospital; amending
25	s. 401.25, F.S.; providing qualifications for
26	licensure as basic or advanced life support
27	service; amending s. 401.27, F.S.; providing
28	standards for certification of emergency
29	medical technicians and paramedics; creating s.
30	401.2701, F.S.; establishing criteria for
31	emergency medical services training programs;
	0.01

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Amendment No. \_\_\_\_

1	creating s. 401.2715, F.S.; providing for
2	recertification training of emergency medical
3	technicians and paramedics; providing for fees;
4	amending s. 401.30, F.S.; providing for use and
5	maintenance of records; amending s. 401.35,
б	F.S.; providing rulemaking authority; amending
7	s. 409.9126, F.S.; revising requirements for
8	capitation payments to Children's Medical
9	Services programs; amending s. 465.019, F.S.;
10	revising definitions; amending s. 499.005,
11	F.S.; revising the elements of certain offenses
12	relating to purchase or receipt of legend
13	drugs, recordkeeping with respect to drugs,
14	cosmetics, and household products, and permit
15	and registration requirements; amending s.
16	499.007, F.S.; revising conditions under which
17	a drug is considered misbranded; amending s.
18	499.028, F.S.; providing an exemption from the
19	prohibition against possession of a drug
20	sample; amending s. 499.069, F.S.; providing
21	penalties for certain violations of s. 499.005,
22	F.S.; amending s. 742.10, F.S.; revising
23	procedures relating to establishing paternity
24	for children born out of wedlock; amending ss.
25	39.303, 385.203, 391.021, 391.221, 391.222,
26	391.223, F.S., to conform to the renaming of
27	the Division of Children's Medical Services;
28	repealing s. 381.731(3), F.S., relating to the
29	date for submission of a report; repealing s.
30	383.307(5), F.S., relating to licensure of
31	birth center staff and consultants; repealing

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Amendment No. \_\_\_\_

1	s. 404.20(7), F.S., relating to transportation
2	of radioactive materials; repealing s.
3	409.9125, F.S., relating to the study of
4	Medicaid alternative networks; naming a certain
5	building in Jacksonville the "Wilson T. Sowder,
6	M.D., Building"; naming a certain building in
7	Tampa the "William G. 'Doc' Myers, M.D.,
8	Building"; naming the department headquarters
9	building the "Charlton E. Prather, M.D.,
10	Building"; authorizing the Department of Health
11	to become an accrediting authority for
12	environmental laboratory standards; providing
13	intent and rulemaking authority for the
14	Department of Health to implement standards of
15	the National Environmental Laboratory
16	Accreditation Program Accreditation Program;
17	amending s. 381.0022, F.S.; authorizing the
18	Department of Health to share certain
19	information on Medicaid recipients regarding
20	payment for services; amending s. 383.011,
21	F.S.; amending requirements for rules relating
22	to the Child Care Food Program; amending s.
23	468.304, F.S.; revising the application fees to
24	be paid for radiologic technology certification
25	examination; amending s. 468.306, F.S.;
26	revising certain fees for radiologic technology
27	certification examination; amending s. 468.309,
28	F.S.; amending the timing of biennial
29	certification renewal for radiologic
30	technologists; amending ss. 455.57 and 455.565,
31	F.S.; ensuring that an intern in a hospital is
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Amendment No. \_\_\_\_

1	not subject to the credentialing or profiling
2	laws; providing for clinical trials to be
3	conducted on the use of the drug Secretin by a
4	nonprofit provider; requiring a report;
5	providing an appropriation; amending s.
б	232.435, F.S.; correcting a reference; amending
7	s. 381.026, F.S.; providing a definition;
8	amending s. 381.0261, F.S.; providing that the
9	Department of Health or a regulatory board,
10	rather than the Agency for Health Care
11	Administration, may impose an administrative
12	fine against any health care provider who fails
13	to make available to patients a summary of
14	their rights as required by law; amending s.
15	409.906, F.S.; authorizing the Agency for
16	Health Care Administration to develop a
17	certified-match program for Healthy Start
18	services under certain circumstances; amending
19	s. 409.910, F.S.; providing for use of Medicare
20	standard billing formats for certain
21	data-exchange purposes; creating s. 409.9101,
22	F.S.; providing a short title; providing
23	legislative intent relating to Medicaid estate
24	recovery; requiring certain notice of
25	administration of the estate of a deceased
26	Medicaid recipient; providing that receipt of
27	Medicaid benefits creates a claim and interest
28	by the agency against an estate; specifying the
29	right of the agency to amend the amount of its
30	claim based on medical claims submitted by
31	providers subsequent to the agency's initial
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Amendment No. \_\_\_\_

1	claim calculation; providing the basis of
2	calculation of the amount of the agency's
3	claim; specifying a claim's class standing;
4	providing circumstances for nonenforcement of
5	claims; providing criteria for use in
6	considering hardship requests; providing for
7	recovery when estate assets result from a claim
8	against a third party; providing for estate
9	recovery in instances involving real property;
10	providing agency rulemaking authority; amending
11	s. 409.912, F.S.; eliminating a requirement
12	that a Medicaid provider service network
13	demonstration project be located in Orange
14	County; amending s. 409.913, F.S.; revising
15	provisions relating to the agency's authority
16	to withhold Medicaid payments pending
17	completion of certain legal proceedings;
18	providing for disbursement of withheld Medicaid
19	provider payments; creating s. 409.9131, F.S.;
20	providing legislative findings and intent
21	relating to integrity of the Medicaid program;
22	providing definitions; authorizing onsite
23	reviews of physician records by the agency;
24	requiring notice for such reviews; requiring
25	notice of due process rights in certain
26	circumstances; specifying procedures for
27	determinations of overpayment; requiring a
28	study of certain statistical models used by the
29	agency; requiring a report; amending s.
30	455.501, F.S.; redefining the terms "health
31	care practitioner" and "licensee"; amending s.
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Amendment No. \_\_\_\_

1	455.507, F.S.; revising provisions relating to
2	good standing of members of the Armed Forces
3	with administrative boards to provide
4	applicability to the department when there is
5	no board; providing gender neutral language;
6	amending s. 455.521, F.S.; providing powers and
7	duties of the department for the professions,
8	rather than boards, under its jurisdiction;
9	amending s. 455.557, F.S.; revising the
10	credentials collection program for health care
11	practitioners; revising and providing
12	definitions; providing requirements for health
13	care practitioners and the Department of Health
14	under the program; renaming the advisory
15	council and abolishing it at a future date;
16	prohibiting duplication of data available from
17	the department; authorizing collection of
18	certain other information; revising
19	requirements for registration of credentials
20	verification organizations; providing for
21	biennial renewal of registration; providing
22	grounds for suspension or revocation of
23	registration; revising liability insurance
24	requirements; revising rulemaking authority;
25	specifying authority of the department after
26	the council is abolished; amending s. 455.564,
27	F.S.; prescribing the expiration date of an
28	incomplete license application; revising the
29	form and style of licenses; providing authority
30	to the department when there is no board to
31	adopt rules; revising and providing

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Amendment No. \_\_\_\_

1	requirements relating to obtaining continuing
2	education credit in risk management; correcting
3	a reference; amending s. 455.5651, F.S.;
4	prohibiting inclusion of certain information in
5	practitioner profiles; amending s. 455.567,
6	F.S.; defining sexual misconduct and
7	prohibiting it in the practice of a health care
8	profession; providing penalties; amending s.
9	455.574, F.S.; revising provisions relating to
10	review of an examination after failure to pass
11	it; amending s. 455.587, F.S.; providing
12	authority to the department when there is no
13	board to determine by rule the amount of
14	license fees for the profession regulated;
15	providing for a fee for issuance of a wall
16	certificate to certain licensees or for a
17	duplicate wall certificate; amending s.
18	455.601, F.S.; providing, for purposes of
19	workers' compensation, a rebuttable presumption
20	relating to blood-borne infections; amending s.
21	455.604, F.S.; requiring instruction on human
22	immunodeficiency virus and acquired immune
23	deficiency syndrome as a condition of licensure
24	and relicensure to practice dietetics and
25	nutrition or nutrition counseling; amending s.
26	455.607, F.S.; correcting a reference; amending
27	s. 455.624, F.S.; revising and providing
28	grounds for discipline; providing penalties;
29	providing for assessment of certain costs;
30	amending s. 455.664, F.S.; requiring additional
31	health care practitioners to include a certain
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Amendment No. \_\_\_\_

i	
1	statement in advertisements for free or
2	discounted services; correcting terminology;
3	amending s. 455.667, F.S.; authorizing the
4	department to obtain patient records, billing
5	records, insurance information, provider
6	contracts, and all attachments thereto under
7	certain circumstances for purposes of
8	disciplinary proceedings; providing for charges
9	for making reports or records available for
10	digital scanning; amending s. 455.687, F.S.;
11	providing for the suspension or restriction of
12	the license of any health care practitioner who
13	tests positive for drugs under certain
14	circumstances; amending s. 455.694, F.S.;
15	providing financial responsibility requirements
16	for midwives; creating s. 455.712, F.S.;
17	providing requirements for active status
18	licensure of certain business establishments;
19	amending s. 457.102, F.S.; defining the term
20	"prescriptive rights" with respect to
21	acupuncture; amending s. 458.307, F.S.;
22	correcting terminology and a reference;
23	removing an obsolete date; amending s. 458.309,
24	F.S.; providing for registration and inspection
25	of certain offices performing levels 2 and 3
26	surgery; amending s. 458.311, F.S.; revising
27	provisions relating to licensure as a physician
28	by examination; eliminating an obsolete
29	provision relating to licensure of medical
30	students from Nicaragua and another provision
31	relating to taking the examination without
	202

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Amendment No. \_\_\_\_

1	applying for a license; amending s. 458.3115,
2	F.S.; updating terminology; amending s.
3	458.313, F.S.; revising provisions relating to
4	licensure by endorsement; repealing provisions
5	relating to reactivation of certain licenses
6	issued by endorsement; amending s. 458.315,
7	F.S.; providing additional requirements for
8	recipients of a temporary certificate for
9	practice in areas of critical need; amending s.
10	458.3165, F.S.; prescribing authorized
11	employment for holders of public psychiatry
12	certificates; correcting a reference; amending
13	s. 458.317, F.S.; providing for conversion of
14	an active license to a limited license for a
15	specified purpose; amending s. 458.319, F.S.;
16	revising requirements for submitting
17	fingerprints to the department for renewal of
18	licensure as a physician; amending s. 458.331,
19	F.S.; providing grounds for discipline;
20	providing penalties; amending s. 458.347, F.S.;
21	revising provisions relating to temporary
22	licensure as a physician assistant; amending s.
23	459.005, F.S.; providing for registration and
24	inspection of certain offices performing levels
25	2 and 3 surgery; amending s. 459.0075, F.S.;
26	providing for conversion of an active license
27	to a limited license for a specified purpose;
28	amending s. 459.008, F.S.; revising
29	requirements for submitting fingerprints to the
30	department for renewal of licensure as an
31	osteopathic physician; amending s. 459.015,
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Bill No. <u>HB 2125, 2nd Eng.</u> Amendment No. \_\_\_\_

1	F.S.; revising and providing grounds for
2	discipline; providing penalties; amending s.
3	460.402, F.S.; providing an exemption from
4	regulation under ch. 460, F.S., relating to
5	chiropractic, for certain students; amending s.
6	460.403, F.S.; defining the term
7	"community-based internship" for purposes of
8	ch. 460, F.S.; redefining the terms "direct
9	supervision" and "registered chiropractic
10	assistant"; amending s. 460.406, F.S.; revising
11	requirements for licensure as a chiropractic
12	physician by examination to remove a provision
13	relating to a training program; amending s.
14	460.407, F.S.; revising requirements for
15	submitting fingerprints to the department for
16	renewal of licensure as a chiropractic
17	physician; amending s. 460.413, F.S.;
18	increasing the administrative fine; conforming
19	cross-references; amending s. 460.4165, F.S.;
20	revising requirements for certification of
21	chiropractic physician's assistants; providing
22	for supervision of registered chiropractic
23	physician's assistants; providing for biennial
24	renewal; providing fees; providing
25	applicability to current certificateholders;
26	amending s. 460.4166, F.S.; authorizing
27	registered chiropractic assistants to be under
28	the direct supervision of a certified
29	chiropractic physician's assistant; amending s.
30	461.003, F.S.; defining the term "certified
31	podiatric X-ray assistant" and the term "direct
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Amendment No. \_\_\_\_

1		supervision" with respect thereto; redefining
2		the term "practice of podiatric medicine";
3		amending s. 461.006, F.S.; revising the
4		residency requirement to practice podiatric
5		medicine; amending s. 461.007, F.S.; revising
6		requirements for renewal of license to practice
7		podiatric medicine; revising requirements for
8		submitting fingerprints to the department for
9		renewal of licensure; amending s. 461.013,
10		F.S.; revising and providing grounds for
11		discipline; providing penalties; creating s.
12		461.0135, F.S.; providing requirements for
13		operation of X-ray machines by certified
14		podiatric X-ray assistants; amending s.
15		464.008, F.S.; providing for remediation upon
16		failure to pass the examination to practice
17		nursing a specified number of times; amending
18		s. 464.022, F.S.; providing an exemption from
19		regulation relating to remedial courses;
20		amending s. 465.003, F.S.; defining the term
21		"data communication device"; revising the
22		definition of the term "practice of the
23		profession of pharmacy"; amending s. 465.016,
24		F.S.; authorizing the redispensing of unused or
25		returned unit-dose medication by correctional
26		facilities under certain conditions; providing
27		a ground for which a pharmacist may be subject
28		to discipline by the Board of Pharmacy;
29		increasing the administrative fine; amending
30		ss. 465.014, 465.015, 465.0196, 468.812,
31		499.003, F.S.; correcting cross-references, to
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Amendment No. \_\_\_\_

1	conform; creating the Task Force for the Study
2	of Collaborative Drug Therapy Management;
3	providing for staff support from the
4	department; providing for participation by
5	specified associations and entities; providing
6	responsibilities; requiring a report to the
7	Legislature; amending s. 466.021, F.S.;
8	revising requirements relating to dental work
9	orders required of unlicensed persons; amending
10	s. 468.1155, F.S.; revising requirements for
11	provisional licensure to practice
12	speech-language pathology or audiology;
13	amending s. 468.1215, F.S.; revising
14	requirements for certification as a
15	speech-language pathologist or audiologist
16	assistant; amending s. 468.307, F.S.;
17	authorizing the issuance of subcategory
18	certificates in the field of radiologic
19	technology; amending s. 468.506, F.S.;
20	correcting references; amending s. 468.701,
21	F.S.; revising and removing definitions;
22	amending s. 468.703, F.S.; replacing the
23	Council of Athletic Training with a Board of
24	Athletic Training; providing for appointment of
25	board members and their successors; providing
26	for staggering of terms; providing for
27	applicability of other provisions of law
28	relating to activities of regulatory boards;
29	providing for the board's headquarters;
30	amending ss. 468.705, 468.707, 468.709,
31	468.711, 468.719, 468.721, F.S., relating to
	302 302 h2125c-07

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Amendment No. \_\_\_\_

1	rulemaking authority, licensure by examination,
2	fees, continuing education, disciplinary
3	actions, and certain regulatory transition;
4	transferring to the board certain duties of the
5	department relating to regulation of athletic
6	trainers; amending s. 20.43, F.S.; placing the
7	board under the Division of Medical Quality
8	Assurance of the department; providing for
9	termination of the council and the terms of
10	council members; authorizing consideration of
11	former council members for appointment to the
12	board; amending s. 468.805, F.S.; revising
13	grandfathering provisions for the practice of
14	orthotics, prosthetics, or pedorthics; amending
15	s. 468.806, F.S.; providing for approval of
16	continuing education providers; amending s.
17	478.42, F.S.; redefining the term "electrolysis
18	or electrology"; amending s. 483.041, F.S.,
19	redefining the terms "clinical laboratory" and
20	"licensed practitioner" and defining the term
21	"clinical laboratory examination"; amending s.
22	483.803, F.S.; redefining the terms "clinical
23	laboratory examination" and "licensed
24	practitioner of the healing arts"; revising a
25	reference; amending s. 483.807, F.S.; revising
26	provisions relating to fees for approval as a
27	laboratory training program; amending s.
28	483.809, F.S.; revising requirements relating
29	to examination of clinical laboratory personnel
30	for licensure and to registration of clinical
31	laboratory trainees; amending s. 483.812, F.S.;
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Amendment No. \_\_\_\_

1	revising qualification requirements for
2	licensure of public health laboratory
3	scientists; amending s. 483.813, F.S.;
4	eliminating a provision authorizing conditional
5	licensure of clinical laboratory personnel for
6	a specified period; amending s. 483.821, F.S.;
7	authorizing continuing education or retraining
8	for candidates who fail an examination a
9	specified number of times; amending s. 483.824,
10	F.S.; revising qualifications of clinical
11	laboratory directors; amending s. 483.825,
12	F.S.; revising and providing grounds for
13	discipline; providing penalties; amending s.
14	483.901, F.S.; correcting a reference;
15	eliminating a provision authorizing temporary
16	licensure as a medical physicist; correcting
17	the name of a trust fund; amending s. 484.007,
18	F.S.; revising requirements for opticians who
19	supervise apprentices; amending s. 484.0512,
20	F.S.; requiring sellers of hearing aids to
21	refund within a specified period all moneys
22	required to be refunded under trial-period
23	provisions; amending s. 484.053, F.S.;
24	increasing the penalty applicable to prohibited
25	acts relating to the dispensing of hearing
26	aids; amending s. 484.056, F.S.; providing that
27	violation of trial-period requirements is a
28	ground for disciplinary action; providing
29	penalties; amending ss. 486.041, 486.081,
30	486.103, and 486.107, F.S.; eliminating
31	provisions authorizing issuance of a temporary
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Amendment No. \_\_\_\_

1	permit to work as a physical therapist or
2	physical therapist assistant; amending s.
3	490.005, F.S.; revising educational
4	requirements for licensure as a psychologist by
5	examination; changing a date, to defer certain
б	educational requirements; amending s. 490.006,
7	F.S.; providing additional requirements for
8	licensure as a psychologist by endorsement;
9	amending s. 490.0085, F.S.; correcting the name
10	of a trust fund; amending s. 491.0045, F.S.;
11	revising requirements for registration as a
12	clinical social worker intern, marriage and
13	family therapist intern, or mental health
14	counselor intern; amending s. 491.0046, F.S.;
15	revising requirements for provisional licensure
16	of clinical social workers, marriage and family
17	therapists, and mental health counselors;
18	amending s. 491.005, F.S.; revising
19	requirements for licensure of clinical social
20	workers, marriage and family therapists, and
21	mental health counselors; providing for
22	certification of education of interns;
23	providing rulemaking authority to implement
24	education and experience requirements for
25	licensure as a clinical social worker, marriage
26	and family therapist, or mental health
27	counselor; revising future licensure
28	requirements for mental health counselors and
29	providing rulemaking authority for
30	implementation thereof; amending s. 491.006,
31	F.S.; revising requirements for licensure or
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Amendment No. \_\_\_\_

1	certification by endorsement; amending s.
2	491.0085, F.S.; requiring laws and rules
3	courses and providing for approval thereof,
4	including providers and programs; correcting
5	the name of a trust fund; amending s. 491.014,
6	F.S.; revising an exemption from regulation
7	relating to certain temporally limited
8	services; amending s. 499.012, F.S.; redefining
9	the term "wholesale distribution," relating to
10	the distribution of prescription drugs, to
11	provide for the exclusion of certain
12	activities; amending ss. 626.883, 641.316,
13	F.S.; requiring payments to a health care
14	provider by a fiscal intermediary to include an
15	explanation of services provided; creating a
16	Task Force on Telehealth; providing its duties;
17	requiring a report; amending s. 468.352, F.S.;
18	redefining the term "board"; amending s.
19	468.353, F.S.; conforming provision; providing
20	for the adoption of rules; amending s. 468.354,
21	F.S.; creating the Board of Respiratory Care;
22	providing for membership, powers, and duties;
23	amending s. 468.355, F.S.; providing for
24	periodic rather than annual review of certain
25	examinations and standards; amending s.
26	458.357, F.S.; conforming provisions; deleting
27	obsolete provisions; amending s. 468.364, F.S.;
28	deleting an examination fee; amending s.
29	468.365, F.S.; conforming provisions; amending
30	s. 464.016, F.S., providing that the use of the
31	title "nurse" without being licensed or

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Amendment No. \_\_\_\_

1	certified is a crime; amending s. 458.3115,
2	F.S.; revising requirements with respect to
3	eligibility of certain foreign-licensed
4	physicians to take and pass standardized
5	examinations; amending s. 458.3124, F.S.;
6	changing the date by which application for a
7	restricted license must be submitted; amending
8	s. 301, ch. 98-166, Laws of Florida;
9	prescribing fees for foreign-licensed
10	physicians taking a certain examination;
11	providing for a detailed study and analysis of
12	clinical laboratory services for kidney
13	dialysis patients; amending s. 455.651, F.S.;
14	providing for treble damages, reasonable
15	attorney fees, and costs for improper
16	disclosure of confidential information;
17	amending ss. 641.261 and 641.411, F.S.;
18	conforming references and cross-references;
19	amending s. 733.212, F.S.; establishing the
20	agency as a reasonably ascertainable creditor
21	with respect to administration of certain
22	estates; requiring that a task force be
23	appointed to review sources of revenue for the
24	trust fund; providing for appointments of its
25	members and specifying topics to be studied;
26	providing for its staffing; providing for
27	meetings; requiring a report and
28	recommendations; creating s. 395.40, F.S.;
29	declaring legislative findings and intent with
30	respect to creation of a statewide inclusive
31	trauma system, as defined; amending s. 395.401,
	202

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Amendment No. \_\_\_\_

1	F.S.; deleting the definitions of the terms
2	"local trauma agency" and "regional trauma
3	agency"; defining the terms "trauma agency" and
4	"trauma alert victim"; prescribing duties of
5	the Department of Health with respect to
6	implementation of inclusive trauma systems and
7	trauma agency plans; amending s. 395.402, F.S.;
8	removing legislative findings; prescribing
9	duties of the department with respect to
10	assignment of counties to trauma service areas;
11	amending s. 395.4045, F.S.; prescribing
12	transport requirements for emergency medical
13	services providers; creating ss. 458.351 and
14	459.026, F.S.; requiring reports to the
15	Department of Health of adverse incidents in
16	specified settings; providing for review of
17	such incidents and initiation of disciplinary
18	proceedings, where appropriate; authorizing
19	department access to certain records and
20	preserving exemption from public access
21	thereto; providing rulemaking authority;
22	requiring the Department of Health to establish
23	standards for compressed air used in
24	recreational sport diving; providing that
25	certain persons and entities are exempt from
26	compliance with such standards; providing for
27	testing compressed air; requiring that test
28	results be provided to the department;
29	requiring that persons or entities selling
30	compressed air post a certificate of testing in
31	a conspicuous location; providing a penalty;
	200

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Bill No. <u>HB 2125, 2nd Eng.</u> Amendment No. \_\_\_\_

1	authorizing rules; creating the Minority HIV
2	and AIDS Task Force within the Department of
3	Health; requiring the task force to develop
4	recommendations on ways to strengthen HIV and
5	AIDS prevention and treatment programs in
6	minority communities; requiring the Secretary
7	of Health to appoint the members of the task
8	force; requiring that the task force include
9	representatives of certain groups and
10	organizations; providing for the members to
11	serve without compensation; requiring a report
12	to the Legislature; providing for the task
13	force to be abolished on a specified date;
14	requiring that the Department of Health develop
15	and implement a statewide HIV and AIDS
16	prevention campaign that is directed to
17	minorities; providing requirements for the
18	campaign; requiring the department to establish
19	positions within the department for regional
20	and statewide coordinators; requiring that the
21	department conduct a Black Leadership
22	Conference on HIV and AIDS by a specified date;
23	providing an appropriation; amending s. 20.41,
24	F.S.; providing that area agencies on aging are
25	subject to ch. 119 and ss. 286.011-286.012,
26	F.S., as specified; creating part XV of chapter
27	468, F.S.; providing definitions; requiring
28	that the Department of Health maintain a state
29	registry of certified nursing assistants;
30	authorizing the department to contract for
31	examination services; providing requirements
	300

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309

Amendment No. \_\_\_\_

1 for obtaining certification as a certified	
2 nursing assistant; requiring that the	
3 department adopt rules governing initial	
4 certification; specifying grounds for which the	
5 department may deny, suspend, or revoke a	
6 person's certification; authorizing the	
7 department to exempt an applicant or	
8 certificateholder from disqualification of	
9 certification; providing requirements for	
10 records and meetings held for disciplinary	
11 actions; exempting an employer from liability	
12 for terminating a certified nursing assistant	
13 under certain circumstances; providing	
14 penalties; providing for background screening;	
15 providing rulemaking authority; requiring	
16 persons who employ certified nursing assistants	
17 to make certain reports to the Department of	
18 Health; requiring that the department update	
19 the certified nursing assistant registry;	
20 providing for future repeal of such provisions;	
21 amending s. 400.211, F.S.; deleting obsolete	
22 provisions with respect to the regulation of	
23 certified nursing assistants; amending s.	
24 409.912, F.S.; requiring the Agency for Health	
25 Care Administration to enter into agreements	
26 with certain organizations for purposes of	
27 providing vision screening; providing effective	
28 dates.	
29	
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