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1	A bill to be entitled
2	An act relating to health care; providing
3	legislative intent and findings with respect to
4	the Medical Quality Assurance Trust Fund and
5	function administered by the Department of
6	Health; requiring the Auditor General to do a
7	followup Medical Quality Assurance audit and
8	issue a report to the Legislature; requiring
9	the Department of Health to reimburse the
10	Agency for Health Care Administration for
11	certain costs; requiring the Office of Program
12	Policy Analysis and Government Accountability
13	to study the feasibility of maintaining the
14	Medical Quality Assurance function within a
15	single department and issue a report to the
16	Legislature; amending s. 456.004, F.S.;
17	providing requirements for rules relating to
18	biennial renewal of licenses; amending s.
19	456.025, F.S.; revising requirements relating
20	to the setting and use of fees for the
21	regulation of health care professions and
22	practitioners, including continuing education
23	fees; providing for an electronic continuing
24	education tracking system; repealing s.
25	458.31151, F.S.; repealing obsolete provisions;
26	amending s. 457.107, F.S.; for clarification of
27	acupuncture fees; amending s. 483.807, F.S.;
28	relating to clinical laboratory personnel fees;
29	amending s. 456.011, F.S.; requiring board
30	meetings to be conducted through
31	teleconferencing or other technological means
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1	except under certain circumstances; amending s.
2	456.013, F.S.; requiring the department to
3	charge initial license fees; amending s.
4	456.017, F.S.; providing for administration of
5	national examinations and termination of
6	state-administered written examinations;
7	providing for administration of
8	state-administered practical or clinical
9	examinations if paid for in advance by the
10	examination candidates; providing legislative
11	intent with respect to the use of national
12	examinations; providing for electronic access
13	to and posting of examination scores under
14	certain conditions; providing for the sharing
15	of examinations or examination item banks with
16	certain entities; clarifying circumstances
17	under which candidates may bring a challenge;
18	providing for electronic administration of
19	certain laws and rules examinations; amending
20	s. 456.035, F.S.; providing for electronic
21	notification of a licensee's current mailing
22	address and place of practice; amending s.
23	456.073, F.S.; authorizing a letter of guidance
24	in lieu of a finding of probable cause under
25	certain conditions; amending s. 456.081, F.S.;
26	providing for the posting of newsletters on the
27	department's website; amending s. 766.301,
28	F.S.; providing additional and clarifying
29	legislative intent with respect to expenses and
30	awards for birth-related neurologically injured
31	infants; providing applicability and purpose;

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1	amending s. 766.31, F.S.; revising requirements
2	as to what constitutes actual expenses for
3	which compensation for birth-related
4	neurological injury may be awarded; increasing
5	the cap on periodic payments; authorizing
6	certain compensation for funeral expenses;
7	providing applicability and purpose; amending
8	s. 766.302, F.S.; revising the definition of
9	"birth-related neurological injury"; providing
10	applicability; revising and providing grounds
11	for discipline of licensees; revising and
12	providing disciplinary actions; amending s.
13	456.079, F.S.; requiring mitigating or
14	aggravating circumstances to be in the final
15	order to be considered in the imposition of
16	penalties; amending ss. 457.109, 458.320,
17	458.331, 458.345, 458.347, 459.0085, 459.015,
18	459.022, 460.413, 461.013, 462.14, 463.016,
19	464.018, 465.008, 465.016, 466.028, 466.037,
20	467.203, 468.1295, 468.1755, 468.217, 468.365,
21	468.518, 468.719, 468.811, 478.52, 480.046,
22	483.825, 483.901, 484.014, 484.056, 486.125,
23	490.009, and 491.009, F.S.; revising and
24	conforming provisions relating to disciplinary
25	grounds and penalties; repealing s. 483.827,
26	F.S., relating to penalties applicable to
27	clinical laboratories; amending s. 456.065,
28	F.S.; requiring the unlicensed activity fee to
29	be in addition to all other fees collected from
30	each licensee; amending ss. 458.347 and
31	459.022, F.S.; allowing authorized physician
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1	assistants to prescribe any medication not
2	listed on a formulary established by the
3	Council on Physician Assistants; allowing
4	authorized physician assistants to dispense
5	drug samples pursuant to proper prescription;
6	eliminating the formulary committee and
7	revising provisions relating to creation and
8	amendment of the formulary, to conform;
9	amending s. 456.003, F.S.; providing a
10	limitation on the duties of certain boards;
11	providing for the Agency for Health Care
12	Administration to create the Organ Transplant
13	Task Force to study organ transplantation
14	programs; requiring the task force to study and
15	make recommendations on the necessity of the
16	issuance of certificates of need for such
17	programs and funding for organ transplantation;
18	providing a date for the task force to report
19	to the Governor and the Legislature; amending
20	409.9205, F.S.; transferring positions in the
21	Medicaid Fraud Control Unit of the Department
22	of Legal Affairs to Career Services; amending
23	s. 483.245, F.S.; prohibiting rebate or
24	split-fee arrangements with dialysis facilities
25	for patient referrals to clinical laboratories;
26	providing penalties; amending s. 232.435, F.S.;
27	providing training requirements for a first
28	responder and teacher athletic trainer;
29	amending s. 383.14, F.S.; amending screening
30	requirements for postnatal screening; amending
31	s. 395.0197, F.S.; revising provisions relating

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1	to hospital and ambulatory surgical center
2	internal risk management programs; modifying
3	requirements for risk management and prevention
4	education and training; restricting
5	participation of unlicensed persons in surgical
6	procedures; requiring ongoing evaluation of
7	surgical procedures and protocols; eliminating
8	an annual report summarizing facility incident
9	reports and disciplinary actions; requiring the
10	Agency for Health Care Administration to
11	publish website summaries of adverse incident
12	reports; requiring facility reporting of
13	allegations of sexual misconduct by health care
14	practitioners; providing certain civil
15	liability for licensed risk managers;
16	prohibiting intimidation of a risk manager;
17	providing a penalty; amending s. 395.10972,
18	F.S.; increasing membership on the Health Care
19	Risk Management Advisory Council; amending s.
20	395.701, F.S.; limiting the financial
21	information the agency may require to determine
22	the amount of hospital annual assessments;
23	amending s. 409.905, F.S.; providing that the
24	Agency for Health Care Administration may
25	restrict the provision of mandatory services by
26	mobile providers; amending s. 409.906, F.S.;
27	providing that the agency may restrict or
28	prohibit the provision of services by mobile
29	providers; providing that Medicaid will not
30	provide reimbursement for dental services
31	provided in mobile dental units, except for
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1	certain units; amending s. 456.013, F.S.;
2	providing a professional continuing education
3	requirement relating to prevention of medical
4	errors; amending s. 456.057, F.S.; providing
5	for appointment of a records custodian under
б	certain circumstances; amending s. 456.063,
7	F.S.; requiring licensed health care
8	practitioners to report to the Department of
9	Health any allegations of sexual misconduct;
10	amending s. 456.072, F.S.; providing additional
11	grounds for disciplinary actions; clarifying a
12	penalty involving restriction of professional
13	practice or license; providing additional
14	penalties; requiring assessment of costs
15	related to investigation and prosecution;
16	amending s. 456.073, F.S.; requiring the
17	Department of Health to notify the patient or
18	legal representative of the status of a
19	disciplinary case; requiring the department to
20	provide certain information to the complainant;
21	providing time limitations on the filing of
22	administrative complaints against licensees of
23	the department; amending s. 456.074, F.S.;
24	providing for an emergency order suspending the
25	license of a practitioner for fraud; amending
26	s. 456.077, F.S.; specifying violations for
27	which the Department of Health or a regulatory
28	board may issue citations; amending s. 456.081,
29	F.S.; requiring the Department of Health and
30	regulatory boards to maintain a website
31	containing specified information; creating s.

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1	458.3147, F.S.; providing automatic admission
2	to any medical school in the State University
3	System for military academy students or
4	graduates who qualify for the Medical Corps of
5	the United States military; amending s.
6	458.315, F.S.; providing requirements for the
7	Board of Medicine in issuing temporary
8	certificates; amending ss. 458.331 and 459.015,
9	F.S.; conforming language and cross references
10	to changes made by the act; amending s. 641.51,
11	F.S.; revising adverse determination
12	provisions; amending ss. 465.019 and 465.0196,
13	F.S.; requiring institutional pharmacies and
14	special pharmacy permittees that use pharmacy
15	technicians to have a written policy and
16	procedures manual; directing the Department of
17	Health and the Agency for Health Care
18	Administration to review health care
19	practitioner and facility reporting
20	requirements; requiring a report to the
21	Legislature; amending s. 468.1755, F.S.;
22	providing an additional ground for disciplinary
23	action against a nursing home administrator;
24	reenacting ss. 468.1695(3) and 468.1735, F.S.,
25	to incorporate said amendment in references;
26	reenacting s. 484.056(1)(a), F.S., relating to
27	disciplinary action against hearing aid
28	specialists, to incorporate the amendment to s.
29	456.072(1), in a reference; amending s.
30	766.101, F.S.; providing that a continuous
31	quality improvement committee of a licensed
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1	pharmacy is a medical review committee for
2	purposes of immunity from liability, and
3	reenacting ss. $440.105(1)(a)$ and $626.989(6)$,
4	F.S., to incorporate said amendment in
5	references; amending s. 766.1115, F.S.;
6	conforming language and cross references to
7	changes made by the act; amending s. 456.047,
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8	F.S.; providing intent; revising and providing
9	definitions; revising duties of the Department
10	of Health relating to file maintenance;
11	providing that primary source data verified by
12	the department or its designee may be relied
13	upon to meet accreditation purposes; amending
14	s. 232.61, F.S.; requiring the Florida High
15	School Activities Association to adopt bylaws
16	which require students participating in
17	interscholastic athletic competition or who are
18	candidates for an interscholastic athletic team
19	to satisfactorily pass a medical evaluation
20	prior to participating in interscholastic
21	athletic competition or engaging in practice
22	with an interscholastic athletic team;
23	providing requirements with respect to such
24	evaluation; amending s. 240.4075, F.S.;
25	transferring the Nursing Student Loan
26	Forgiveness Program from the Department of
27	Education to the Department of Health;
28	including public schools, family practice
29	teaching hospitals, and specialty hospitals for
30	children as eligible facilities under the
31	program; exempting such facilities from the
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1	fund-matching requirements of the program;
2	amending s. 240.4076, F.S.; transferring the
3	nursing scholarship program from the Department
4	of Education to the Department of Health;
5	providing requirements under the program for
6	students seeking to qualify for a nursing
7	faculty position and receive credit for work in
8	such a position; including nursing homes,
9	hospitals, public schools, colleges of nursing,
10	and community college nursing programs as
11	eligible facilities under the program;
12	transferring powers, duties, functions, rules,
13	records, personnel, property, and
14	appropriations and other funds relating to the
15	Nursing Student Loan Forgiveness Program and
16	the nursing scholarship program from the
17	Department of Education to the Department of
18	Health; amending s. 464.005, F.S.; providing
19	for future relocation of the headquarters of
20	the Board of Nursing; amending s. 464.008,
21	F.S.; revising education requirements for
22	licensure by examination; amending s. 464.009,
23	F.S.; revising requirements for licensure by
24	endorsement; requiring submission of
25	fingerprints for a criminal history check and a
26	fee to cover the costs of such check; providing
27	for an electronic applicant notification
28	process; creating s. 464.0195, F.S.; creating
29	the Florida Center for Nursing and providing
30	its goals; creating s. 464.0196, F.S.;
31	providing for a board of directors; providing
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1	for appointment of board members; providing for
2	staggered terms; providing powers and duties;
3	authorizing per diem and travel expenses;
4	creating s. 464.0197, F.S.; declaring state
5	budget support for the center; prohibiting the
6	Board of Nursing from developing any rule
7	relating to faculty/student clinical ratios
8	until a specified time; requiring the Board of
9	Nursing and the Department of Education to
10	submit to the Legislature an implementation
11	plan detailing the impact and cost of any such
12	proposed rule change; amending s. 464.0205,
13	F.S.; deleting the application and processing
14	fee for applicants for a retired volunteer
15	nurse certificate; requiring study by Office of
16	Program Policy Analysis and Government
17	Accountability of the feasibility of
18	maintaining all of Medical Quality Assurance in
19	one state agency; creating s. 456.0375, F.S.;
20	requiring registration of certain clinics;
21	providing requirements, including fees;
22	providing rulemaking authority; requiring
23	medical directors or clinic directors for such
24	clinics and providing their duties and
25	responsibilities; providing an appropriation;
26	amending s. 456.031, F.S.; providing an
27	alternative by which licensees under ch. 466,
28	F.S., relating to dentistry, may comply with a
29	general requirement that they take
30	domestic-violence education courses; amending
31	s. 456.033, F.S.; providing an alternative by
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1	which such licensees may comply with a general
2	requirement that they take AIDS/HIV education
3	courses; amending s. 627.419, F.S.; providing
4	for appeals from certain adverse determinations
5	relating to dental service claims; providing
6	applicability; amending s. 468.302, F.S.;
7	revising a provision relating to exemption from
8	certification to use radiation on human beings;
9	amending ss. 468.352, 468.355, 468.357,
10	468.358, and 468.359, F.S.; revising
11	definitions and provisions relating to
12	licensure and use of titles and abbreviations
13	to correct and conform terminology with respect
14	to respiratory therapists and respiratory care
15	practitioners; amending ss. 468.1155 and
16	468.1215, F.S.; revising requirements for
17	licensure to practice speech-language pathology
18	or audiology and for certification of
19	speech-language pathology or audiology
20	assistants; amending s. 480.033, F.S.;
21	correcting terminology in the definition of
22	"massage"; amending s. 484.002, F.S.; amending
23	and creating definitions; amending ss. 484.002,
24	484.006, 484.012, F.S.; replacing references to
25	the term "medical doctor" with the term
26	"allopathic or osteopathic physician"; amending
27	s. 484.015, F.S.; revising inspection
28	authority; amending s. 484.0445, F.S.; removing
29	certain provisions relating to the training
30	program for hearing aid specialists; amending
31	s. 484.045, F.S.; revising requirements for
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1	licensure as a hearing aid specialist by
2	examination; amending s. 490.012, F.S.;
3	prohibiting the use of certain titles or
4	descriptions relating to the practice of
5	psychology or school psychology unless properly
6	licensed; providing penalties; amending s.
7	490.014, F.S.; revising exemptions from
8	regulation under ch. 490, F.S., relating to
9	<pre>psychology; correcting a cross reference;</pre>
10	amending s. 491.012, F.S.; revising
11	prohibitions against unlicensed practice of
12	clinical social work, marriage and family
13	therapy, and mental health counseling to
14	provide that practice by registered interns is
15	lawful; amending s. 491.014, F.S.; revising
16	exemptions from licensure under ch. 491, F.S.,
17	relating to clinical, counseling, and
18	psychotherapy services, to prohibit the use by
19	certain employees of titles, names, or
20	descriptions protected by the chapter; amending
21	ss. 458.319, 459.008, and 765.102, F.S.;
22	conforming terminology relating to palliative
23	care; amending s. 765.101, F.S.; redefining the
24	term "end-stage condition" with respect to
25	health care advance directives; creating s.
26	765.1025, F.S.; prescribing the content and
27	suitability of palliative care; amending s.
28	765.1103, F.S.; revising provisions relating to
29	compliance with requests for pain management
30	and palliative care; amending s. 765.205, F.S.;
31	prescribing the standards of decisionmaking to
	12

1	be used in certain circumstances by health care
2	surrogates, persons who have durable powers of
3	attorney for health care, and proxy
4	decisionmakers; amending s. 765.401, F.S.;
5	prescribing the standards of decisionmaking to
б	be used in certain circumstances by proxy
7	decisionmakers; requiring the Department of
8	Health to conduct an interim study on specialty
9	certification and provide a report to the
10	Legislature; amending s. 499.012, F.S.;
11	authorizing transfer of prescription drugs
12	between a retail pharmacy and a Modified Class
13	II institutional pharmacy under a retail
14	pharmacy wholesaler's permit; providing
15	legislative intent; amending ss. 395.3025,
16	400.1415, and 456.057, F.S.; prohibiting the
17	use of a patient's medical records for purposes
18	of solicitation and marketing absent a specific
19	written release or authorization; providing
20	penalties; creating s. 626.9651, F.S.;
21	requiring the Department of Insurance to adopt
22	rules governing the use of a consumer's
23	nonpublic personal financial and health
24	information; providing standards for the rules;
25	amending s. 400.141, F.S.; prescribing duties
26	of nursing homes with respect to influenza and
27	pneumococcal polysaccharide vaccinations;
28	providing rulemaking authority; establishing
29	the Office of Community Partners within the
30	Department of Health to provide for delivery of
31	social services through eligible private

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1	organizations and programs; providing procedure
1 2	for transfer of general revenue funds to match
3	federal funds received by the office; creating
4	s. 627.6474, F.S.; prohibiting health insurers
+ 5	from requiring certain contracted health care
6 7	practitioners to accept the terms of other
7	health care contracts as a condition of
8	continuation or renewal; providing exceptions;
9	amending s. 627.662, F.S.; applying this
10	prohibition to group health insurance, blanket
11	health insurance, and franchise health
12	insurance; amending s. 641.315, F.S.; applying
13	this prohibition to health maintenance
14	organizations; providing effective dates.
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16	Be It Enacted by the Legislature of the State of Florida:
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18	Section 1. (1) Subsection (3) is added to section
19	766.301, Florida Statutes, to read:
20	766.301 Legislative findings and intent
21	(3) In order to maintain the actuarial soundness of
22	the compensation scheme for birth-related neurological
23	injuries as established in ss. 766.301-766.316, the
24	Legislature hereby clarifies its original intent with respect
25	to the distinction between the payment of actual expenses for
26	medical necessities, which is authorized in s. 766.31(1)(a),
27	and the award of up to \$125,000 for the parents or legal
28	guardians of neurologically injured infants, which is
29	authorized in s. 766.31(1)(b). It has always been the intent
30	of the Legislature that the term "actual expenses," as used in
31	s. 766.31(1)(a), means only out-of-pocket, monetary

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expenditures for the professionally rendered care of a 1 2 neurologically injured infant, as opposed to payments for the 3 time spent by a parent or other family member in providing care to an eligible infant, and that s. 766.31(1)(b) has been 4 5 and remains the exclusive source of funds for parents or legal 6 guardians irrespective of the time, activities, and services 7 they devote to the care and welfare of an eligible 8 neurologically injured infant. (2)(a) The addition of subsection (3) to section 9 766.301, Florida Statutes, by this section shall take effect 10 upon this act becoming a law and shall apply to all claims 11 under the Florida Birth-Related Neurological Injury 12 Compensation Plan which date from the effective date of 13 14 chapter 88-1, Laws of Florida. (b) The purpose of the addition of subsection (3) to 15 section 766.301, Florida Statutes, by this section is to 16 17 clarify legislative intent with respect to the term "actual 18 expenses" as used in paragraph (a) of subsection (1) of 19 section 766.31, Florida Statutes, and the term "award" as used in paragraph (b) of subsection (1) of section 766.31, Florida 20 21 Statutes. 22 Section 2. (1) Paragraphs (a) and (b) of subsection 23 (1) of section 766.31, Florida Statutes, are amended to read: 766.31 Administrative law judge awards for 24 25 birth-related neurological injuries; notice of award .--26 (1) Upon determining that an infant has sustained a birth-related neurological injury and that obstetrical 27 services were delivered by a participating physician at the 28 29 birth, the administrative law judge shall make an award providing compensation for the following items relative to 30 such injury: 31 15

(a) Actual expenses for medically necessary and 1 2 reasonable medical and hospital costs for, habilitative and 3 training, nonfamilial residential, and custodial care and 4 service, for medically necessary drugs, special equipment, and 5 facilities, and for related travel. However, such expenses 6 shall not include: Expenses for items or services that the infant has 7 1. 8 received, or is entitled to receive, under the laws of any 9 state or the Federal Government, except to the extent such exclusion may be prohibited by federal law. 10 Expenses for items or services that the infant has 11 2. 12 received, or is contractually entitled to receive, from any 13 prepaid health plan, health maintenance organization, or other 14 private insuring entity. Expenses for which the infant has received 15 3. reimbursement, or for which the infant is entitled to receive 16 17 reimbursement, under the laws of any state or the Federal 18 Government, except to the extent such exclusion may be 19 prohibited by federal law. 20 Expenses for which the infant has received 4. reimbursement, or for which the infant is contractually 21 entitled to receive reimbursement, pursuant to the provisions 22 23 of any health or sickness insurance policy or other private 24 insurance program. 25 5. Compensation for the time, services, or activities 26 performed by the parents or legal guardians of the infant. 27 28 Expenses included under this paragraph shall be limited to 29 reasonable charges prevailing in the same community for similar treatment of injured persons when such treatment is 30 paid for by the injured person. 31 16

(b) Periodic payments of an award to the parents or 1 2 legal guardians of the infant found to have sustained a 3 birth-related neurological injury, which award shall not 4 exceed\$125,000\$100,000. However, at the discretion of the 5 administrative law judge, such award may be made in a lump 6 sum. An award made under this paragraph shall be the exclusive 7 source of funds from the plan to the parents or legal 8 guardians of an eligible neurologically injured infant, and 9 compensation shall not be provided under any other provision of the plan for the time, services, or activities performed by 10 the parents or legal guardians of the infant. 11 12 (2)(a) The amendment of paragraphs (a) and (b) of subsection (1) of section 766.31, Florida Statutes, by this 13 14 section shall take effect upon this act becoming a law and 15 shall apply to all claims under the Florida Birth-Related Neurological Injury Compensation Plan which date from the 16 17 effective date of chapter 88-1, Laws of Florida. (b) The purpose of the amendment of paragraphs (a) and 18 19 (b) of subsection (1) of section 766.31, Florida Statutes, by this section is to clarify legislative intent with respect to 20 the term "actual expenses" as used in paragraph (a) of 21 subsection (1) of section 766.31, Florida Statutes, and the 22 23 term "award" as used in paragraph (a) of subsection (1) of section 766.31, Florida Statutes. 24 Section 3. (1) Subsection (2) of section 766.302, 25 26 Florida Statutes, is amended to read: 766.302 Definitions; ss. 766.301-766.316.--As used in 27 ss. 766.301-766.316, the term: 28 29 "Birth-related neurological injury" means injury (2) to the brain or spinal cord of a live infant weighing at least 30 2,500 grams at birth, in the case of a single gestation, or a 31 17

live infant weighing at least 2,000 grams at birth, in the 1 2 case of a multiple gestation, caused by oxygen deprivation or 3 mechanical injury occurring in the course of labor, delivery, 4 or resuscitation in the immediate postdelivery period in a 5 hospital, which renders the infant permanently and substantially mentally and physically impaired. This 6 7 definition shall apply to live births only and shall not 8 include disability or death caused by genetic or congenital 9 abnormality. (2) The amendment of subsection (2) of section 10 766.302, Florida Statutes, by this section shall take effect 11 12 July 1, 2001, and shall apply to all births occurring on or after that date. 13 14 Section 4. (1) Paragraph (b) of subsection (1) of 15 section 766.31, Florida Statutes, as amended by this act, is 16 amended to read: 17 766.31 Administrative law judge awards for birth-related neurological injuries; notice of award .--18 19 (1) Upon determining that an infant has sustained a birth-related neurological injury and that obstetrical 20 services were delivered by a participating physician at the 21 birth, the administrative law judge shall make an award 22 23 providing compensation for the following items relative to 24 such injury: 25 (b)1. Periodic payments of an award to the parents or 26 legal guardians of the infant found to have sustained a 27 birth-related neurological injury, which award shall not exceed \$125,000. However, at the discretion of the 28 29 administrative law judge, such award may be made in a lump sum. An award made under this paragraph shall be the exclusive 30 source of funds from the plan to the parents or legal 31 18

guardians of an eligible neurologically injured infant, and 1 compensation shall not be provided under any other provision 2 3 of the plan for the time, services, or activities performed by 4 the parents or legal guardians of the infant. 5 2. Payment for funeral expenses not to exceed \$1,500. 6 (2) The amendment of paragraph (b) of subsection (1) 7 of section 766.31, Florida Statutes, by this section shall take effect July 1, 2001, and shall apply to all births 8 9 occurring on or after that date. Section 5. It is the intent of the Legislature that 10 the Medical Quality Assurance Trust Fund should be 11 12 administered in a fiscally responsible manner. It is also the 13 intent of the Legislature that the Department of Health reduce 14 expenses wherever possible to ensure that the cost of 15 regulation is reasonable and fair and does not serve as a barrier to licensure in this state. The Legislature adopts 16 17 findings 1, 2, 4, 5, and 8 and the recommendations of the Auditor General's Medical Quality Assurance Operational Audit 18 19 Report Number 01-063. In addition, the Legislature adopts 20 recommendations 1, 2, 4, 5, and 7 of the Florida Senate 21 Committee on Fiscal Policy Interim Project Report 2001-016. 22 Section 6. The Auditor General shall conduct a 23 followup audit to the Medical Quality Assurance Operational Audit Report Number 01-063 to determine if the Department of 24 Health has implemented the recommendations of that report. The 25 26 Auditor General shall complete the followup audit and issue a report to the President of the Senate and the Speaker of the 27 House of Representatives no later than January 31, 2002. 28 29 The contract between the Department of Section 7. Health and the Agency for Health Care Administration pursuant 30 to section 20.43(3), Florida Statutes, is not subject to the 31 19

provisions of section 216.346, Florida Statutes. The 1 2 Department of Health shall reimburse the Agency for Health 3 Care Administration for the agency's actual direct costs and 4 the agency's indirect costs incurred as a result of the 5 contract, subject to appropriated funds. The agency shall 6 provide to the department documentation, explanation, and 7 justification of all direct and indirect costs incurred, by 8 budget entity. 9 Section 8. The Office of Program Policy Analysis and Government Accountability shall study the feasibility of 10 maintaining the entire Medical Quality Assurance function, 11 12 including enforcement, within a single department. The study 13 shall be completed and a report issued to the President of the 14 Senate and the Speaker of the House of Representatives no later than November 30, 2001. 15 Section 9. Subsection (1) of section 456.004, Florida 16 17 Statutes, is amended, and subsection (10) is added to that section, to read: 18 19 456.004 Department; powers and duties.--The department, for the professions under its jurisdiction, shall: 20 21 (1) Adopt rules establishing a procedure for the 22 biennial renewal of licenses; however, the department may 23 issue up to a 4-year license to selected licensees notwithstanding any other provisions of law to the contrary. 24 The rules shall specify the expiration dates of licenses and 25 26 the process for tracking compliance with continuing education requirements, financial responsibility requirements, and any 27 other conditions of renewal set forth in statute or rule. Fees 28 29 for such renewal shall not exceed the fee caps for individual professions on an annualized basis as authorized by law. 30 31 20

(10) Set an examination fee that includes all costs to 1 develop, purchase, validate, administer, and defend the 2 3 examination and is an amount certain to cover all 4 administrative costs plus the actual per-applicant cost of the 5 examination. 6 Section 10. Section 456.025, Florida Statutes, is 7 amended to read: 8 456.025 Fees; receipts; disposition .--9 (1) It is the intent of the Legislature that all costs of regulating health care professions and practitioners shall 10 be borne solely by licensees and licensure applicants. It is 11 12 also the intent of the Legislature that fees should be reasonable and not serve as a barrier to licensure. Moreover, 13 14 it is the intent of the Legislature that the department 15 operate as efficiently as possible and regularly report to the Legislature additional methods to streamline operational 16 17 costs. Therefore, the boards in consultation with the department, or the department if there is no board, shall, by 18 19 rule, set renewal fees which: 20 (a) Shall be based on revenue projections prepared 21 using generally accepted accounting procedures; 22 (b) Shall be adequate to cover all expenses relating 23 to that board identified in the department's long-range policy plan, as required by s. 456.005; 24 25 (c) Shall be reasonable, fair, and not serve as a 26 barrier to licensure; (d) Shall be based on potential earnings from working 27 28 under the scope of the license; 29 (e) Shall be similar to fees imposed on similar 30 licensure types; 31 21

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1	(f) Shall not be more than 10 percent greater than the
2	fee imposed for the previous biennium;
3	(g) Shall not be more than 10 percent greater than the
4	actual cost to regulate that profession for the previous
5	biennium; and
6	(h) Shall be subject to challenge pursuant to chapter
7	<u>120.</u>
8	(2) The chairpersons of the boards and councils listed
9	in s. 20.43(3)(g) shall meet annually at division headquarters
10	to review the long-range policy plan required by s. 456.005
11	and current and proposed fee schedules. The chairpersons
12	shall make recommendations for any necessary statutory changes
13	relating to fees and fee caps. Such recommendations shall be
14	compiled by the Department of Health and be included in the
15	annual report to the Legislature required by s. 456.026 as
16	well as be included in the long-range policy plan required by
17	<u>s. 456.005.</u>
18	(2) (1) Each board within the jurisdiction of the
19	department, or the department when there is no board, shall
20	determine by rule the amount of license fees for the
21	profession it regulates, based upon long-range estimates
22	prepared by the department of the revenue required to
23	implement laws relating to the regulation of professions by
24	the department and the board. Each board, or the department
25	if there is no board, shall ensure that license fees are
26	adequate to cover all anticipated costs and to maintain a
27	reasonable cash balance, as determined by rule of the agency,
28	with advice of the applicable board. If sufficient action is
29	not taken by a board within 1 year after notification by the
30	department that license fees are projected to be inadequate,
31	the department shall set license fees on behalf of the
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applicable board to cover anticipated costs and to maintain 1 2 the required cash balance. The department shall include 3 recommended fee cap increases in its annual report to the 4 Legislature. Further, it is the legislative intent that no 5 regulated profession operate with a negative cash balance. The 6 department may provide by rule for advancing sufficient funds 7 to any profession operating with a negative cash balance. The 8 advancement may be for a period not to exceed 2 consecutive 9 years, and the regulated profession must pay interest. Interest shall be calculated at the current rate earned on 10 investments of a trust fund used by the department to 11 12 implement this chapter. Interest earned shall be allocated to the various funds in accordance with the allocation of 13 14 investment earnings during the period of the advance.

15 (3)(2) Each board, or the department if there is no 16 board, may charge a fee not to exceed \$25, as determined by 17 rule, for the issuance of a wall certificate pursuant to s. 18 456.013(2) requested by a licensee who was licensed prior to 19 July 1, 1998, or for the issuance of a duplicate wall 20 certificate requested by any licensee.

21 (4) (4) (3) Each board, or the department if there is no 22 board, may, by rule, assess and collect a one-time fee from 23 each active status licensee and each inactive status licensee in an amount necessary to eliminate a cash deficit or, if 24 there is not a cash deficit, in an amount sufficient to 25 26 maintain the financial integrity of the professions as required in this section. Not more than one such assessment 27 may be made in any 4-year period without specific legislative 28 29 authorization.

30 (5) If the cash balance of the trust fund at the end 31 of any fiscal year exceeds the total appropriation provided

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for the regulation of the health care professions in the prior 1 2 fiscal year, the boards, in consultation with the department, 3 may lower the license renewal fees. 4 (6)(4) Each board authorized to approve continuing 5 education providers, or the department if there is no board, 6 shall may establish, by rule, a fee not to exceed \$250 for 7 anyone seeking approval to provide continuing education 8 courses or programs and shall may establish by rule a biennial 9 renewal fee not to exceed \$250 for the renewal of providership of such courses. The fees collected from continuing education 10 providers shall be used for the purposes of reviewing course 11 12 provider applications, monitoring the integrity of the courses 13 provided, covering legal expenses incurred as a result of not 14 granting or renewing a providership, and developing and maintaining an electronic continuing education tracking 15 system. The department shall implement an electronic 16 17 continuing education tracking system for each new biennial renewal cycle for which electronic renewals are implemented 18 19 after the effective date of this act and shall integrate such 20 system into the licensure and renewal system. All approved 21 continuing education providers shall provide information on course attendance to the department necessary to implement the 22 23 electronic tracking system. The department shall, by rule, specify the form and procedures by which the information is to 24 be submitted. This subsection does not apply to continuing 25 26 education courses or providers approved by the board under 27 chapter 465. (7) (7) (5) All moneys collected by the department from 28 29 fees or fines or from costs awarded to the agency by a court shall be paid into a trust fund used by the department to 30 implement this chapter. The Legislature shall appropriate 31 24

funds from this trust fund sufficient to carry out this 1 chapter and the provisions of law with respect to professions 2 3 regulated by the Division of Medical Quality Assurance within 4 the department and the boards. The department may contract 5 with public and private entities to receive and deposit 6 revenue pursuant to this section. The department shall 7 maintain separate accounts in the trust fund used by the 8 department to implement this chapter for every profession 9 within the department. To the maximum extent possible, the department shall directly charge all expenses to the account 10 of each regulated profession. For the purpose of this 11 12 subsection, direct charge expenses include, but are not limited to, costs for investigations, examinations, and legal 13 14 services. For expenses that cannot be charged directly, the 15 department shall provide for the proportionate allocation among the accounts of expenses incurred by the department in 16 17 the performance of its duties with respect to each regulated 18 profession. The regulation by the department of professions, 19 as defined in this chapter, shall be financed solely from 20 revenue collected by it from fees and other charges and deposited in the Medical Quality Assurance Trust Fund, and all 21 22 such revenue is hereby appropriated to the department. 23 However, it is legislative intent that each profession shall operate within its anticipated fees. The department may not 24 expend funds from the account of a profession to pay for the 25 26 expenses incurred on behalf of another profession, except that 27 the Board of Nursing must pay for any costs incurred in the regulation of certified nursing assistants. The department 28 29 shall maintain adequate records to support its allocation of agency expenses. The department shall provide any board with 30 reasonable access to these records upon request. On or before 31

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October 1 of each year, the department shall provide each 1 board an annual report of revenue and direct and allocated 2 3 expenses related to the operation of that profession. The 4 board shall use these reports and the department's adopted 5 long-range plan to determine the amount of license fees. A 6 condensed version of this information, with the department's 7 recommendations, shall be included in the annual report to the 8 Legislature prepared under s. 456.026. 9 (8) (6) The department shall provide a condensed management report of budgets, finances, performance 10 statistics, and recommendations to each board at least once a 11 12 quarter. The department shall identify and include in such presentations any changes, or projected changes, made to the 13 14 board's budget since the last presentation. (9) (7) If a duplicate license is required or requested 15 by the licensee, the board or, if there is no board, the 16 17 department may charge a fee as determined by rule not to exceed \$25 before issuance of the duplicate license. 18 19 (10) (10) (8) The department or the appropriate board shall 20 charge a fee not to exceed \$25 for the certification of a 21 public record. The fee shall be determined by rule of the 22 department. The department or the appropriate board shall 23 assess a fee for duplicating a public record as provided in s. 119.07(1)(a) and (b). 24 25 Section 11. Subsection (1) of section 457.107, Florida 26 Statutes, is amended to read: 457.107 Renewal of licenses; continuing education .--27 28 (1) The department shall renew a license upon receipt 29 of the renewal application and the required fee set by the 30 board by rule, not to exceed \$500. 31 26

1 Section 12. Section 458.31151, Florida Statutes, is 2 repealed. 3 Section 13. Subsection (1) of section 483.807, Florida 4 Statutes, is amended to read: 5 483.807 Fees; establishment; disposition .--6 The board, by rule, shall establish fees to be (1) 7 paid for application, examination, reexamination, licensing and renewal, registration, laboratory training program 8 9 application, reinstatement, and recordmaking and recordkeeping. The board may also establish, by rule, a 10 delinquency fee. The board shall establish fees that are 11 12 adequate to ensure the continued operation of the board and to fund the proportionate expenses incurred by the department in 13 14 carrying out its licensure and other related responsibilities 15 under this part. Fees shall be based on departmental estimates of the revenue required to implement this part and the 16 17 provisions of law with respect to the regulation of clinical 18 laboratory personnel. 19 Section 14. Subsections (1), (3), and (4) of section 20 456.011, Florida Statutes, are amended to read: 21 456.011 Boards; organization; meetings; compensation 22 and travel expenses. --23 (1) Each board within the department shall comply with 24 the provisions of this chapter section. 25 (3) The board shall meet at least once annually and 26 may meet as often as is necessary. Meetings shall be conducted through teleconferencing or other technological means, unless 27 28 disciplinary hearings involving standard of care, sexual misconduct, fraud, impairment, or <u>felony convictions;</u> 29 30 licensure denial hearings; or controversial rule hearings are being conducted; or unless otherwise approved in advance of 31 27 CODING: Words stricken are deletions; words underlined are additions.

the meeting by the director of the Division of Medical Quality 1 Assurance. The chairperson or a quorum of the board shall have 2 3 the authority to call other meetings, except as provided above 4 relating to in-person meetings. A quorum shall be necessary 5 for the conduct of official business by the board or any 6 committee thereof. Unless otherwise provided by law, 51 7 percent or more of the appointed members of the board or any 8 committee, when applicable, shall constitute a quorum. The 9 membership of committees of the board, except as otherwise authorized pursuant to this chapter or the applicable practice 10 act, shall be composed of currently appointed members of the 11 12 board. The vote of a majority of the members of the quorum shall be necessary for any official action by the board or 13 14 committee. Three consecutive unexcused absences or absences constituting 50 percent or more of the board's meetings within 15 any 12-month period shall cause the board membership of the 16 17 member in question to become void, and the position shall be considered vacant. The board, or the department when there is 18 19 no board, shall, by rule, define unexcused absences. 20 (4) Unless otherwise provided by law, a board member 21 or former board member serving on a probable cause panel shall be compensated \$50 for each day in attendance at an official 22 23 meeting of the board and for each day of participation in any

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CODING:Words stricken are deletions; words underlined are additions.

other business involving the board. Each board shall adopt

board," but the phrase may not routinely be defined to include

rules defining the phrase "other business involving the

telephone conference calls <u>that last less than 4 hours</u>. A board member also shall be entitled to reimbursement for

expenses pursuant to s. 112.061. Travel out of state shall

require the prior approval of the secretary.

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Section 15. Subsection (2) of section 456.013, Florida
 Statutes, is amended to read:
 456.013 Department; general licensing provisions.- (2) Before the issuance of any license, the department

5 shall may charge an initial license fee as determined by rule 6 of the applicable board or, if no such board exists, by rule 7 of the department. Upon receipt of the appropriate license 8 fee, the department shall issue a license to any person 9 certified by the appropriate board, or its designee, as having met the licensure requirements imposed by law or rule. The 10 license shall consist of a wallet-size identification card and 11 12 a wall card measuring $6 \ 1/2$ inches by 5 inches. In addition 13 to the two-part license, the department, at the time of 14 initial licensure, shall issue a wall certificate suitable for 15 conspicuous display, which shall be no smaller than 8 1/2inches by 14 inches. The licensee shall surrender to the 16 17 department the wallet-size identification card, the wall card, and the wall certificate, if one has been issued by the 18 19 department, if the licensee's license is revoked.

20 Section 16. Section 456.017, Florida Statutes, is 21 amended to read:

22 456.017 Department of Health; examinations.--23 (1)(a) The department shall provide, contract, or approve services for the development, preparation, 24 administration, scoring, score reporting, and evaluation of 25 26 all examinations, in consultation with the appropriate board. 27 The department shall certify that examinations developed and 28 approved by the department adequately and reliably measure an 29 applicant's ability to practice the profession regulated by the department. After an examination developed or approved by 30 the department has been administered, the board, or the 31

department when there is no board, may reject any question which does not reliably measure the general areas of competency specified in the rules of the board. The department may contract for the preparation, administration, scoring, score reporting, and evaluation of examinations, when such ervices are available and approved by the board.

7 (b) For each examination developed by the department 8 or contracted vendor, to the extent not otherwise specified by 9 statute, the board, or the department when there is no board, shall by rule specify the general areas of competency to be 10 covered by each examination, the relative weight to be 11 12 assigned in grading each area tested, and the score necessary 13 to achieve a passing grade. The department shall assess, and 14 fees, where applicable, to cover the actual cost for any 15 purchase, development, validation, and administration, and defense of required examinations. This subsection does not 16 17 apply to national examinations approved and administered 18 pursuant to paragraph (c). If a practical examination is 19 deemed to be necessary, the rules shall specify the criteria by which examiners are to be selected, the grading criteria to 20 be used by the examiner, the relative weight to be assigned in 21 grading each criterion, and the score necessary to achieve a 22 23 passing grade. When a mandatory standardization exercise for a practical examination is required by law, the board, or the 24 department when there is no board, may conduct such exercise. 25 26 Therefore, board members, or employees of the department when 27 there is no board, may serve as examiners at a practical 28 examination with the consent of the board or department, as 29 appropriate.

30 (c)<u>1.</u> The board, or the department when there is no
31 board, <u>shall</u> may approve by rule the use of <u>one or more</u> any

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national examinations examination which the department has 1 2 certified as meeting requirements of national examinations and 3 generally accepted testing standards pursuant to department 4 rules. Providers of examinations seeking certification by the 5 department shall pay the actual costs incurred by the 6 department in making a determination regarding the 7 certification. The name and number of a candidate may be 8 provided to a national contractor for the limited purpose of 9 preparing the grade tape and information to be returned to the board or department; or, to the extent otherwise specified by 10 rule, the candidate may apply directly to the vendor of the 11 12 national examination and supply test score information to the department. The department may delegate to the board the duty 13 14 to provide and administer the examination. Any national examination approved by a board, or the department when there 15 is no board, prior to October 1, 1997, is deemed certified 16 17 under this paragraph. 18 2. The board, or the department when there is no 19 board, shall approve and begin administering a national 20 examination no later than December 31, 2001. Neither the board 21 nor the department may administer a state-developed written examination after December 31, 2001, notwithstanding any other 22 23 provision of law. The examination may be administered electronically if adequate security measures are used, as 24 25 determined by rule of the department. 26 3. The board, or the department when there is no board, may administer a state-developed practical or clinical 27 28 examination, as required by the applicable practice act, if 29 all costs of development, purchase, validation, 30 administration, review, and defense are paid by the examination candidate prior to the administration of the 31 31

examination. If a national practical or clinical examination 1 2 is available and certified by the department pursuant to this 3 section, the board, or the department when there is no board, 4 may administer the national examination. 5 It is the intent of the Legislature to reduce the 4. 6 costs associated with state examinations and to encourage the 7 use of national examinations whenever possible. 8 (d) Each board, or the department when there is no 9 board, shall adopt rules regarding the security and monitoring of examinations. The department shall implement those rules 10 adopted by the respective boards. In order to maintain the 11 12 security of examinations, the department may employ the procedures set forth in s. 456.065 to seek fines and 13 14 injunctive relief against an examinee who violates the 15 provisions of s. 456.018 or the rules adopted pursuant to this 16 paragraph. The department, or any agent thereof, may, for the 17 purposes of investigation, confiscate any written, 18 photographic, or recording material or device in the 19 possession of the examinee at the examination site which the 20 department deems necessary to enforce such provisions or rules. The scores of candidates who have taken state-developed 21 examinations shall be provided to the candidates 22 23 electronically using a candidate identification number, and the department shall post the aggregate scores on the 24 25 department's website without identifying the names of the 26 candidates. (e) If the professional board with jurisdiction over 27 an examination concurs, the department may, for a fee, share 28 29 with any other state's licensing authority or a national testing entity an examination or examination item bank 30 developed by or for the department unless prohibited by a 31 32

contract entered into by the department for development or 1 purchase of the examination. The department, with the 2 3 concurrence of the appropriate board, shall establish 4 guidelines that ensure security of a shared exam and shall 5 require that any other state's licensing authority comply with those guidelines. Those guidelines shall be approved by the 6 7 appropriate professional board. All fees paid by the user 8 shall be applied to the department's examination and 9 development program for professions regulated by this chapter.

10 (f) The department may adopt rules necessary to11 administer this subsection.

12 (2) For each examination developed by the department or a contracted vendor, the board, or the department when 13 14 there is no board, shall adopt rules providing for 15 reexamination of any applicants who failed an examination developed by the department or a contracted vendor. If both a 16 17 written and a practical examination are given, an applicant shall be required to retake only the portion of the 18 19 examination on which the applicant failed to achieve a passing grade, if the applicant successfully passes that portion 20 within a reasonable time, as determined by rule of the board, 21 22 or the department when there is no board, of passing the other 23 portion. Except for national examinations approved and administered pursuant to this section, the department shall 24 provide procedures for applicants who fail an examination 25 26 developed by the department or a contracted vendor to review 27 their examination questions, answers, papers, grades, and grading key for the questions the candidate answered 28 29 incorrectly or, if not feasible, the parts of the examination failed. Applicants shall bear the actual cost for the 30 department to provide examination review pursuant to this 31

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subsection. An applicant may waive in writing the
 confidentiality of the applicant's examination grades.
 Notwithstanding any other provision of law, only candidates
 who fail an examination by less than 10 percent shall be
 entitled to challenge the validity of the examination at
 hearing.

7 (3) For each examination developed or administered by 8 the department or a contracted vendor, an accurate record of 9 each applicant's examination questions, answers, papers, grades, and grading key shall be kept for a period of not less 10 than 2 years immediately following the examination, and such 11 12 record shall thereafter be maintained or destroyed as provided in chapters 119 and 257. This subsection does not apply to 13 14 national examinations approved and administered pursuant to 15 this section.

(4) Meetings of any member of the department or of any 16 17 board within the department held for the exclusive purpose of creating or reviewing licensure examination questions or 18 19 proposed examination questions are exempt from the provisions 20 of s. 286.011 and s. 24(b), Art. I of the State Constitution. Any public records, such as tape recordings, minutes, or 21 22 notes, generated during or as a result of such meetings are 23 confidential and exempt from the provisions of s. 119.07(1)and s. 24(a), Art. I of the State Constitution. However, these 24 exemptions shall not affect the right of any person to review 25 26 an examination as provided in subsection (2).

(5) For examinations developed by the department or a contracted vendor, each board, or the department when there is no board, may provide licensure examinations in an applicant's native language. <u>Notwithstanding any other provision of law</u>, applicants for examination or reexamination pursuant to this

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subsection shall bear the full cost for the department's 1 2 development, preparation, validation, administration, grading, 3 and evaluation of any examination in a language other than 4 English prior to the examination being administered. Requests 5 for translated examinations must be on file in the board 6 office at least 6 months prior to the scheduled examination. 7 When determining whether it is in the public interest to allow 8 the examination to be translated into a language other than 9 English, the board shall consider the percentage of the population who speak the applicant's native language. 10 Applicants must apply for translation to the applicable board 11 12 at least 6 months prior to the scheduled examination. (6) In addition to meeting any other requirements for 13 14 licensure by examination or by endorsement, and notwithstanding the provisions in paragraph (1)(c), an 15 16 applicant may be required by a board, or the department when 17 there is no board, to certify competency in state laws and 18 rules relating to the applicable practice act. Beginning 19 October 1, 2001, all laws and rules examinations shall be 20 administered electronically unless the laws and rules 21 examination is administered concurrently with another written 22 examination for that profession or unless the electronic 23 administration would be substantially more expensive. Section 17. Subsection (1) of section 456.035, Florida 24 25 Statutes, is amended to read: 26 456.035 Address of record.--27 (1) Each licensee of the department is solely 28 responsible for notifying the department in writing of the 29 licensee's current mailing address and place of practice, as 30 defined by rule of the board or the department if there is no board. Electronic notification shall be allowed by the 31 35

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department; however, it shall be the responsibility of the 1 2 licensee to ensure that the electronic notification was 3 received by the department.A licensee's failure to notify the 4 department of a change of address constitutes a violation of 5 this section, and the licensee may be disciplined by the board 6 or the department if there is no board. 7 Section 18. Subsections (2), (4), and (10) of section 8 456.073, Florida Statutes, are amended to read: 9 456.073 Disciplinary proceedings.--Disciplinary 10 proceedings for each board shall be within the jurisdiction of the department. 11 12 (2) The department shall allocate sufficient and adequately trained staff to expeditiously and thoroughly 13 14 determine legal sufficiency and investigate all legally 15 sufficient complaints. For purposes of this section, it is the intent of the Legislature that the term "expeditiously" means 16 17 that the department complete the report of its initial investigative findings and recommendations concerning the 18 19 existence of probable cause within 6 months after its receipt of the complaint. The failure of the department, for 20 disciplinary cases under its jurisdiction, to comply with the 21 time limits of this section while investigating a complaint 22 23 against a licensee constitutes harmless error in any subsequent disciplinary action unless a court finds that 24 either the fairness of the proceeding or the correctness of 25 26 the action may have been impaired by a material error in procedure or a failure to follow prescribed procedure. When 27 its investigation is complete and legally sufficient, the 28 29 department shall prepare and submit to the probable cause panel of the appropriate regulatory board the investigative 30 report of the department. The report shall contain the 31

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investigative findings and the recommendations of the 1 department concerning the existence of probable cause. The 2 3 department shall not recommend a letter of guidance in lieu of 4 finding probable cause if the subject has already been issued 5 a letter of guidance for a related offense.At any time after 6 legal sufficiency is found, the department may dismiss any 7 case, or any part thereof, if the department determines that 8 there is insufficient evidence to support the prosecution of 9 allegations contained therein. The department shall provide a detailed report to the appropriate probable cause panel prior 10 to dismissal of any case or part thereof, and to the subject 11 12 of the complaint after dismissal of any case or part thereof, under this section. For cases dismissed prior to a finding of 13 14 probable cause, such report is confidential and exempt from s. 15 119.07(1). The probable cause panel shall have access, upon 16 request, to the investigative files pertaining to a case prior 17 to dismissal of such case. If the department dismisses a case, 18 the probable cause panel may retain independent legal counsel, 19 employ investigators, and continue the investigation and prosecution of the case as it deems necessary. 20

21 (4) The determination as to whether probable cause exists shall be made by majority vote of a probable cause 22 23 panel of the board, or by the department, as appropriate. Each regulatory board shall provide by rule that the determination 24 of probable cause shall be made by a panel of its members or 25 26 by the department. Each board may provide by rule for multiple 27 probable cause panels composed of at least two members. Each board may provide by rule that one or more members of the 28 29 panel or panels may be a former board member. The length of term or repetition of service of any such former board member 30 on a probable cause panel may vary according to the direction 31

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of the board when authorized by board rule. Any probable cause 1 panel must include one of the board's former or present 2 3 consumer members, if one is available, is willing to serve, and is authorized to do so by the board chair. Any probable 4 5 cause panel must include a present board member. Any probable cause panel must include a former or present professional б 7 board member. However, any former professional board member serving on the probable cause panel must hold an active valid 8 9 license for that profession. All proceedings of the panel are exempt from s. 286.011 until 10 days after probable cause has 10 been found to exist by the panel or until the subject of the 11 12 investigation waives his or her privilege of confidentiality. 13 The probable cause panel may make a reasonable request, and 14 upon such request the department shall provide such additional 15 investigative information as is necessary to the determination of probable cause. A request for additional investigative 16 17 information shall be made within 15 days from the date of receipt by the probable cause panel of the investigative 18 19 report of the department or the agency. The probable cause 20 panel or the department, as may be appropriate, shall make its determination of probable cause within 30 days after receipt 21 22 by it of the final investigative report of the department. The 23 secretary may grant extensions of the 15-day and the 30-day time limits. In lieu of a finding of probable cause, the 24 probable cause panel, or the department if there is no board, 25 26 may issue a letter of guidance to the subject. If, within the 27 30-day time limit, as may be extended, the probable cause panel does not make a determination regarding the existence of 28 29 probable cause or does not issue a letter of guidance in lieu of a finding of probable cause, the department must make a 30 determination regarding the existence of probable cause within 31

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10 days after the expiration of the time limit. If the 1 2 probable cause panel finds that probable cause exists, it 3 shall direct the department to file a formal complaint against 4 the licensee. The department shall follow the directions of 5 the probable cause panel regarding the filing of a formal 6 complaint. If directed to do so, the department shall file a 7 formal complaint against the subject of the investigation and 8 prosecute that complaint pursuant to chapter 120. However, the 9 department may decide not to prosecute the complaint if it finds that probable cause has been improvidently found by the 10 panel. In such cases, the department shall refer the matter to 11 12 the board. The board may then file a formal complaint and prosecute the complaint pursuant to chapter 120. The 13 14 department shall also refer to the board any investigation or 15 disciplinary proceeding not before the Division of Administrative Hearings pursuant to chapter 120 or otherwise 16 17 completed by the department within 1 year after the filing of 18 a complaint. The department, for disciplinary cases under its 19 jurisdiction, must establish a uniform reporting system to quarterly refer to each board the status of any investigation 20 or disciplinary proceeding that is not before the Division of 21 Administrative Hearings or otherwise completed by the 22 23 department within 1 year after the filing of the complaint. Annually, the department, in consultation with the applicable 24 25 probable cause panel, if there is no board, or each board must 26 establish a plan to expedite reduce or otherwise close any 27 investigation or disciplinary proceeding that is not before 28 the Division of Administrative Hearings or otherwise completed 29 by the department within 1 year after the filing of the complaint. A probable cause panel or a board may retain 30 independent legal counsel, employ investigators, and continue 31

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the investigation as it deems necessary; all costs thereof 1 shall be paid from a trust fund used by the department to 2 3 implement this chapter. All proceedings of the probable cause 4 panel are exempt from s. 120.525. 5 (10) The complaint and all information obtained 6 pursuant to the investigation by the department are 7 confidential and exempt from s. 119.07(1) until 10 days after 8 probable cause has been found to exist by the probable cause 9 panel or by the department, or until the regulated professional or subject of the investigation waives his or her 10 privilege of confidentiality, whichever occurs first. Upon 11 12 completion of the investigation and a recommendation by the department to find probable cause, and pursuant to a written 13 14 request by the subject or the subject's attorney, the 15 department shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward 16 17 to the subject a copy of the investigative file. Notwithstanding s. 456.057, the subject may inspect or receive 18 19 a copy of any expert witness report or patient record connected with the investigation if the subject agrees in 20 writing to maintain the confidentiality of any information 21 received under this subsection until 10 days after probable 22 23 cause is found and to maintain the confidentiality of patient records pursuant to s. 456.057. The subject may file a written 24 response to the information contained in the investigative 25 26 file. Such response must be filed within 20 days of mailing by 27 the department, unless an extension of time has been granted by the department. This subsection does not prohibit the 28 29 department from providing such information to any law enforcement agency or to any other regulatory agency. 30 31

Section 19. Section 456.081, Florida Statutes, is 1 2 amended to read: 456.081 Publication of information. -- The department 3 4 and the boards shall have the authority to advise licensees 5 periodically, through the publication of a newsletter on the 6 department's website, about information that the department or 7 the board determines is of interest to the industry. Unless otherwise prohibited by law, the department and the boards 8 9 shall publish a summary of final orders resulting in 10 disciplinary action fines, suspensions, or revocations, and any other information the department or the board determines 11 12 is of interest to the public. 13 Section 20. Subsection (3) of section 456.079, Florida 14 Statutes, is amended to read: 15 456.079 Disciplinary guidelines.--(3) A specific finding in the final order of 16 17 mitigating or aggravating circumstances shall allow the board 18 to impose a penalty other than that provided for in such 19 guidelines. If applicable, the board, or the department if there is no board, shall adopt by rule disciplinary guidelines 20 to designate possible mitigating and aggravating circumstances 21 22 and the variation and range of penalties permitted for such 23 circumstances. Section 21. Subsections (1) and (2) of section 24 457.109, Florida Statutes, are amended to read: 25 26 457.109 Disciplinary actions; grounds; action by the board.--27 28 The following acts shall constitute grounds for (1) 29 denial of a license or disciplinary action, as specified in s. 456.072(2) which the disciplinary actions specified in 30 subsection (2) may be taken: 31 41

(a) Attempting to obtain, obtaining, or renewing a 1 2 license to practice acupuncture by bribery, by fraudulent 3 misrepresentations, or through an error of the department. 4 (b) Having a license to practice acupuncture revoked, 5 suspended, or otherwise acted against, including the denial of 6 licensure, by the licensing authority of another state, 7 territory, or country. 8 (c) Being convicted or found guilty, regardless of 9 adjudication, in any jurisdiction of a crime which directly relates to the practice of acupuncture or to the ability to 10 practice acupuncture. Any plea of nolo contendere shall be 11 12 considered a conviction for purposes of this chapter. (d) False, deceptive, or misleading advertising or 13 14 advertising which claims that acupuncture is useful in curing 15 any disease. 16 (e) Advertising, practicing, or attempting to practice 17 under a name other than one's own. 18 (f) Failing to report to the department any person who 19 the licensee knows is in violation of this chapter or of the rules of the department. 20 21 (g) Aiding, assisting, procuring, employing, or 22 advising any unlicensed person to practice acupuncture 23 contrary to this chapter or to a rule of the department. (h) Failing to perform any statutory or legal 24 25 obligation placed upon a licensed acupuncturist. 26 (i) Making or filing a report which the licensee knows 27 to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully 28 29 impeding or obstructing such filing or inducing another person to do so. Such reports or records shall include only those 30 which are signed in the capacity as a licensed acupuncturist. 31 42 CODING: Words stricken are deletions; words underlined are additions.

(j) Exercising influence within a 1 2 patient-acupuncturist relationship for purposes of engaging a 3 patient in sexual activity. A patient shall be presumed to be incapable of giving free, full, and informed consent to sexual 4 5 activity with his or her acupuncturist. 6 (k) Making deceptive, untrue, or fraudulent 7 representations in the practice of acupuncture or employing a 8 trick or scheme in the practice of acupuncture when such 9 scheme or trick fails to conform to the generally prevailing standards of treatment in the community. 10 (1) Soliciting patients, either personally or through 11 12 an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct. A 13 14 solicitation is any communication which directly or implicitly 15 requests an immediate oral response from the recipient. (m) Failing to keep written medical records justifying 16 17 the course of treatment of the patient. 18 (n) Exercising influence on the patient to exploit the 19 patient for the financial gain of the licensee or of a third 20 party. 21 Being unable to practice acupuncture with (0) 22 reasonable skill and safety to patients by reason of illness 23 or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical 24 condition. In enforcing this paragraph, upon a finding of the 25 26 secretary or the secretary's designee that probable cause exists to believe that the licensee is unable to serve as an 27 acupuncturist due to the reasons stated in this paragraph, the 28 29 department shall have the authority to issue an order to compel the licensee to submit to a mental or physical 30 examination by a physician designated by the department. If 31 43

the licensee refuses to comply with such order, the 1 department's order directing such examination may be enforced 2 3 by filing a petition for enforcement in the circuit court where the licensee resides or serves as an acupuncturist. The 4 5 licensee against whom the petition is filed shall not be named 6 or identified by initials in any public court record or 7 document, and the proceedings shall be closed to the public. 8 The department shall be entitled to the summary procedure 9 provided in s. 51.011. An acupuncturist affected under this paragraph shall at reasonable intervals be afforded an 10 opportunity to demonstrate that he or she can resume the 11 12 competent practice of acupuncture with reasonable skill and safety to patients. In any proceeding under this paragraph, 13 14 neither the record of proceedings nor the orders entered by 15 the department shall be used against an acupuncturist in any 16 other proceeding.

(p) Gross or repeated malpractice or the failure to practice acupuncture with that level of care, skill, and treatment which is recognized by a reasonably prudent similar acupuncturist as being acceptable under similar conditions and circumstances.

(q) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform.

(r) Delegating professional responsibilities to a
person when the licensee delegating such responsibilities
knows or has reason to know that such person is not qualified
by training, experience, or licensure to perform them.
(s) Violating any provision of this chapter, a rule of

31 the department, or a lawful order of the board department

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previously entered in a disciplinary hearing or failing to 1 comply with a lawfully issued subpoena of the department. 2 3 (t) Conspiring with another to commit an act, or 4 committing an act, which would tend to coerce, intimidate, or 5 preclude another licensee from lawfully advertising his or her 6 services. 7 (u) Fraud or deceit or gross negligence, incompetence, 8 or misconduct in the operation of a course of study. 9 (v) Failing to comply with state, county, or municipal regulations or reporting requirements relating to public 10 health and the control of contagious and infectious diseases. 11 12 (w) Failing to comply with any rule of the board relating to health and safety, including, but not limited to, 13 14 the sterilization of needles and equipment and the disposal of potentially infectious materials. 15 16 (x) Violating any provision of this chapter or chapter 17 456, or any rules adopted pursuant thereto. 18 The board may enter an order denying licensure or (2) 19 imposing any of the penalties in s. 456.072(2) against any 20 applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or 21 who is found guilty of violating any provision of s. 22 23 456.072(1). When the board finds any person guilty of any of the acts set forth in subsection (1), it may enter an order 24 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. (d) Imposition of an administrative fine not to exceed 30 31 \$1,000 for each count or separate offense. 45

1 Issuance of a reprimand. (e)2 (f) Placement of the acupuncturist on probation for 3 period of time and subject to such conditions as the board may 4 specify. 5 Section 22. Subsection (6) of section 458.320, Florida 6 Statutes, is amended to read: 7 458.320 Financial responsibility.--8 (6) Any deceptive, untrue, or fraudulent 9 representation by the licensee with respect to any provision of this section shall result in permanent disqualification 10 from any exemption to mandated financial responsibility as 11 provided in this section and shall constitute grounds for 12 disciplinary action under as specified in s. 458.331. 13 14 Section 23. Subsections (1) and (2) of section 458.331, Florida Statutes, are amended to read: 15 458.331 Grounds for disciplinary action; action by the 16 17 board and department. --18 (1) The following acts shall constitute grounds for 19 denial of a license or disciplinary action, as specified in s. 20 456.072(2) which the disciplinary actions specified in 21 subsection (2) may be taken: (a) Attempting to obtain, obtaining, or renewing a 22 23 license to practice medicine by bribery, by fraudulent misrepresentations, or through an error of the department or 24 25 the board. 26 (b) Having a license or the authority to practice medicine revoked, suspended, or otherwise acted against, 27 28 including the denial of licensure, by the licensing authority 29 of any jurisdiction, including its agencies or subdivisions. The licensing authority's acceptance of a physician's 30 relinquishment of a license, stipulation, consent order, or 31 46

other settlement, offered in response to or in anticipation of
 the filing of administrative charges against the physician's
 license, shall be construed as action against the physician's
 license.

5 (c) Being convicted or found guilty of, or entering a 6 plea of nolo contendere to, regardless of adjudication, a 7 crime in any jurisdiction which directly relates to the 8 practice of medicine or to the ability to practice medicine.

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(d) False, deceptive, or misleading advertising.

(e) Failing to report to the department any person who the licensee knows is in violation of this chapter or of the rules of the department or the board. A treatment provider approved pursuant to s. 456.076 shall provide the department or consultant with information in accordance with the requirements of s. 456.076(3), (4), (5), and (6).

(f) Aiding, assisting, procuring, or advising any
unlicensed person to practice medicine contrary to this
chapter or to a rule of the department or the board.

(g) Failing to perform any statutory or legalobligation placed upon a licensed physician.

(h) Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so. Such reports or records shall include only those which are signed in the capacity as a licensed physician. (i) Paying or receiving any commission, bonus,

28 kickback, or rebate, or engaging in any split-fee arrangement 29 in any form whatsoever with a physician, organization, agency, 30 or person, either directly or indirectly, for patients 31 referred to providers of health care goods and services,

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1 including, but not limited to, hospitals, nursing homes, 2 clinical laboratories, ambulatory surgical centers, or 3 pharmacies. The provisions of this paragraph shall not be 4 construed to prevent a physician from receiving a fee for 5 professional consultation services.

6 (j) Exercising influence within a patient-physician 7 relationship for purposes of engaging a patient in sexual 8 activity. A patient shall be presumed to be incapable of 9 giving free, full, and informed consent to sexual activity 10 with his or her physician.

11 (k) Making deceptive, untrue, or fraudulent
12 representations in or related to the practice of medicine or
13 employing a trick or scheme in the practice of medicine.

(1) Soliciting patients, either personally or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct. A solicitation is any communication which directly or implicitly requests an immediate oral response from the recipient.

19 (m) Failing to keep legible, as defined by department rule in consultation with the board, medical records that 20 identify the licensed physician or the physician extender and 21 supervising physician by name and professional title who is or 22 23 are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that 24 justify the course of treatment of the patient, including, but 25 26 not limited to, patient histories; examination results; test 27 results; records of drugs prescribed, dispensed, or administered; and reports of consultations and 28 29 hospitalizations.

30 (n) Exercising influence on the patient or client in31 such a manner as to exploit the patient or client for

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financial gain of the licensee or of a third party, which
 shall include, but not be limited to, the promoting or selling
 of services, goods, appliances, or drugs.

4 (o) Promoting or advertising on any prescription form
5 of a community pharmacy unless the form shall also state "This
6 prescription may be filled at any pharmacy of your choice."

7 (p) Performing professional services which have not
8 been duly authorized by the patient or client, or his or her
9 legal representative, except as provided in s. 743.064, s.
10 766.103, or s. 768.13.

(q) Prescribing, dispensing, administering, mixing, or 11 12 otherwise preparing a legend drug, including any controlled substance, other than in the course of the physician's 13 14 professional practice. For the purposes of this paragraph, it 15 shall be legally presumed that prescribing, dispensing, 16 administering, mixing, or otherwise preparing legend drugs, 17 including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best 18 19 interest of the patient and is not in the course of the physician's professional practice, without regard to his or 20 her intent. 21

(r) Prescribing, dispensing, or administering any medicinal drug appearing on any schedule set forth in chapter 893 by the physician to himself or herself, except one prescribed, dispensed, or administered to the physician by another practitioner authorized to prescribe, dispense, or administer medicinal drugs.

(s) Being unable to practice medicine with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition.

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In enforcing this paragraph, the department shall have, upon a 1 finding of the secretary or the secretary's designee that 2 3 probable cause exists to believe that the licensee is unable 4 to practice medicine because of the reasons stated in this 5 paragraph, the authority to issue an order to compel a 6 licensee to submit to a mental or physical examination by 7 physicians designated by the department. If the licensee 8 refuses to comply with such order, the department's order 9 directing such examination may be enforced by filing a petition for enforcement in the circuit court where the 10 licensee resides or does business. The licensee against whom 11 12 the petition is filed may not be named or identified by 13 initials in any public court records or documents, and the 14 proceedings shall be closed to the public. The department 15 shall be entitled to the summary procedure provided in s. 51.011. A licensee or certificateholder affected under this 16 17 paragraph shall at reasonable intervals be afforded an 18 opportunity to demonstrate that he or she can resume the 19 competent practice of medicine with reasonable skill and 20 safety to patients. 21 (t) Gross or repeated malpractice or the failure to

practice medicine with that level of care, skill, and 22 23 treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and 24 circumstances. The board shall give great weight to the 25 26 provisions of s. 766.102 when enforcing this paragraph. As 27 used in this paragraph, "repeated malpractice" includes, but is not limited to, three or more claims for medical 28 29 malpractice within the previous 5-year period resulting in indemnities being paid in excess of \$25,000 each to the 30 claimant in a judgment or settlement and which incidents 31

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involved negligent conduct by the physician. As used in this 1 paragraph, "gross malpractice" or "the failure to practice 2 3 medicine with that level of care, skill, and treatment which 4 is recognized by a reasonably prudent similar physician as 5 being acceptable under similar conditions and circumstances," б shall not be construed so as to require more than one 7 instance, event, or act. Nothing in this paragraph shall be 8 construed to require that a physician be incompetent to 9 practice medicine in order to be disciplined pursuant to this 10 paragraph.

(u) Performing any procedure or prescribing any therapy which, by the prevailing standards of medical practice in the community, would constitute experimentation on a human subject, without first obtaining full, informed, and written consent.

16 (v) Practicing or offering to practice beyond the 17 scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has 18 19 reason to know that he or she is not competent to perform. The board may establish by rule standards of practice and 20 standards of care for particular practice settings, including, 21 but not limited to, education and training, equipment and 22 23 supplies, medications including anesthetics, assistance of and delegation to other personnel, transfer agreements, 24 sterilization, records, performance of complex or multiple 25 26 procedures, informed consent, and policy and procedure manuals. 27 Delegating professional responsibilities to a 28 (w)

29 person when the licensee delegating such responsibilities 30 knows or has reason to know that such person is not qualified 31 by training, experience, or licensure to perform them.

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1 (x) Violating any provision of this chapter, a rule of 2 the board or department, or a lawful order of the board or 3 department previously entered in a disciplinary hearing or 4 failing to comply with a lawfully issued subpoena of the 5 department. 6 (y) Conspiring with another licensee or with any other 7 person to commit an act, or committing an act, which would tend to coerce, intimidate, or preclude another licensee from 8 9 lawfully advertising his or her services. (z) Procuring, or aiding or abetting in the procuring 10 of, an unlawful termination of pregnancy. 11 12 (aa) Presigning blank prescription forms. (bb) Prescribing any medicinal drug appearing on 13 14 Schedule II in chapter 893 by the physician for office use. 15 (cc) Prescribing, ordering, dispensing, administering, 16 supplying, selling, or giving any drug which is a Schedule II 17 amphetamine or a Schedule II sympathomimetic amine drug or any 18 compound thereof, pursuant to chapter 893, to or for any 19 person except for: 20 The treatment of narcolepsy; hyperkinesis; 1. behavioral syndrome characterized by the developmentally 21 22 inappropriate symptoms of moderate to severe distractability, 23 short attention span, hyperactivity, emotional lability, and impulsivity; or drug-induced brain dysfunction; 24 25 2. The differential diagnostic psychiatric evaluation 26 of depression or the treatment of depression shown to be 27 refractory to other therapeutic modalities; or 28 The clinical investigation of the effects of such 3. 29 drugs or compounds when an investigative protocol therefor is submitted to, reviewed, and approved by the board before such 30 investigation is begun. 31 52

1 (dd) Failing to supervise adequately the activities of 2 those physician assistants, paramedics, emergency medical 3 technicians, or advanced registered nurse practitioners acting 4 under the supervision of the physician. 5 (ee) Prescribing, ordering, dispensing, administering, б supplying, selling, or giving growth hormones, testosterone or 7 its analogs, human chorionic gonadotropin (HCG), or other 8 hormones for the purpose of muscle building or to enhance 9 athletic performance. For the purposes of this subsection, the term "muscle building" does not include the treatment of 10 injured muscle. A prescription written for the drug products 11 12 listed above may be dispensed by the pharmacist with the presumption that the prescription is for legitimate medical 13 14 use. 15 (ff) Prescribing, ordering, dispensing, administering, 16 supplying, selling, or giving amygdalin (laetrile) to any 17 person. 18 (gg) Misrepresenting or concealing a material fact at 19 any time during any phase of a licensing or disciplinary 20 process or procedure. 21 (hh) Improperly interfering with an investigation or 22 with any disciplinary proceeding. 23 (ii) Failing to report to the department any licensee under this chapter or under chapter 459 who the physician or 24 physician assistant knows has violated the grounds for 25 26 disciplinary action set out in the law under which that person 27 is licensed and who provides health care services in a facility licensed under chapter 395, or a health maintenance 28 29 organization certificated under part I of chapter 641, in which the physician or physician assistant also provides 30 services. 31 53

1 (jj) Being found by any court in this state to have 2 provided corroborating written medical expert opinion attached 3 to any statutorily required notice of claim or intent or to 4 any statutorily required response rejecting a claim, without 5 reasonable investigation. (kk) Failing to report to the board, in writing, 6 7 within 30 days if action as defined in paragraph (b) has been 8 taken against one's license to practice medicine in another 9 state, territory, or country. (11) Advertising or holding oneself out as a 10 board-certified specialist, if not qualified under s. 11 12 458.3312, in violation of this chapter. (mm) Failing to comply with the requirements of ss. 13 14 381.026 and 381.0261 to provide patients with information about their patient rights and how to file a patient 15 complaint. 16 17 (nn) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto. 18 19 (2) The board may enter an order denying licensure or 20 imposing any of the penalties in s. 456.072(2) against any 21 applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or 22 23 who is found guilty of violating any provision of s. 456.072(1). When the board finds any person guilty of any of 24 25 the grounds set forth in subsection (1), including conduct 26 that would constitute a substantial violation of subsection 27 (1) which occurred prior to licensure, it may enter an order imposing one or more of the following penalties: 28 29 (a) Refusal to certify, or certification with restrictions, to the department an application for licensure, 30 certification, or registration. 31 54

1 (b) Revocation or suspension of a license. 2 (c) Restriction of practice. 3 (d) Imposition of an administrative fine not to exceed 4 \$10,000 for each count or separate offense. 5 (e) Issuance of a reprimand. 6 (f) Placement of the physician on probation for a 7 period of time and subject to such conditions as the board may 8 specify, including, but not limited to, requiring the 9 physician to submit to treatment, to attend continuing 10 education courses, to submit to reexamination, or to work under the supervision of another physician. 11 12 (q) Issuance of a letter of concern. (h) Corrective action. 13 14 (i) Refund of fees billed to and collected from the 15 patient. 16 (j) Imposition of an administrative fine in accordance 17 with s. 381.0261 for violations regarding patient rights. 18 19 In determining what action is appropriate, the board must first consider what sanctions are necessary to protect the 20 public or to compensate the patient. Only after those 21 22 sanctions have been imposed may the disciplining authority 23 consider and include in the order requirements designed to rehabilitate the physician. All costs associated with 24 25 compliance with orders issued under this subsection are the 26 obligation of the physician. Section 24. Subsection (2) of section 458.345, Florida 27 Statutes, is amended to read: 28 29 458.345 Registration of resident physicians, interns, 30 and fellows; list of hospital employees; prescribing of medicinal drugs; penalty .--31 55

1 (2) The board shall not certify to the department for 2 registration any applicant who is under investigation in any 3 state or jurisdiction for an act which would constitute grounds the basis for imposing a disciplinary action under 4 5 penalty specified in s. 458.331(2)(b)until such time as the 6 investigation is completed, at which time the provisions of s. 7 458.331 shall apply. 8 Section 25. Paragraph (g) of subsection (7) of section 9 458.347, Florida Statutes, is amended to read: 458.347 Physician assistants.--10 (7) PHYSICIAN ASSISTANT LICENSURE.--11 12 (g) The Board of Medicine may impose any of the penalties authorized under specified in ss. 456.072 and 13 14 458.331(2) upon a physician assistant if the physician 15 assistant or the supervising physician has been found quilty of or is being investigated for any act that constitutes a 16 17 violation of this chapter or chapter 456. 18 Section 26. Subsection (6) of section 459.0085, 19 Florida Statutes, is amended to read: 20 459.0085 Financial responsibility.--21 (6) Any deceptive, untrue, or fraudulent 22 representation by the licensee with respect to any provision 23 of this section shall result in permanent disqualification from any exemption to mandated financial responsibility as 24 25 provided in this section and shall constitute grounds for 26 disciplinary action under as specified in s. 459.015. Section 27. Subsections (1) and (2) of section 27 28 459.015, Florida Statutes, are amended to read: 29 459.015 Grounds for disciplinary action; action by the 30 board and department. --31 56

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(1) The following acts shall constitute grounds for
 denial of a license or disciplinary action, as specified in s.
 456.072(2) which the disciplinary actions specified in
 subsection (2) may be taken:

(a) Attempting to obtain, obtaining, or renewing a
license to practice osteopathic medicine or a certificate
issued under this chapter by bribery, by fraudulent
misrepresentations, or through an error of the department or
the board.

(b) Having a license or the authority to practice 10 osteopathic medicine revoked, suspended, or otherwise acted 11 12 against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or 13 14 subdivisions. The licensing authority's acceptance of a physician's relinquishment of license, stipulation, consent 15 order, or other settlement offered in response to or in 16 17 anticipation of the filing of administrative charges against the physician shall be construed as action against the 18 19 physician's license.

(c) Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of osteopathic medicine or to the ability to practice osteopathic medicine. A plea of nolo contendere shall create a rebuttable presumption of guilt to the underlying criminal charges.

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(d) False, deceptive, or misleading advertising.

(e) Failing to report to the department or the
department's impaired professional consultant any person who
the licensee or certificateholder knows is in violation of
this chapter or of the rules of the department or the board.
A treatment provider, approved pursuant to s. 456.076, shall

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1 provide the department or consultant with information in 2 accordance with the requirements of s. 456.076(3), (4), (5), 3 and (6).

4 (f) Aiding, assisting, procuring, or advising any
5 unlicensed person to practice osteopathic medicine contrary to
6 this chapter or to a rule of the department or the board.

7 (g) Failing to perform any statutory or legal8 obligation placed upon a licensed osteopathic physician.

9 (h) Giving false testimony in the course of any legal
10 or administrative proceedings relating to the practice of
11 medicine or the delivery of health care services.

(i) Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing, or inducing another person to do so. Such reports or records shall include only those which are signed in the capacity as a licensed osteopathic physician.

19 (j) Paying or receiving any commission, bonus, 20 kickback, or rebate, or engaging in any split-fee arrangement in any form whatsoever with a physician, organization, agency, 21 person, partnership, firm, corporation, or other business 22 23 entity, for patients referred to providers of health care goods and services, including, but not limited to, hospitals, 24 nursing homes, clinical laboratories, ambulatory surgical 25 26 centers, or pharmacies. The provisions of this paragraph shall not be construed to prevent an osteopathic physician 27 from receiving a fee for professional consultation services. 28 29 (k) Refusing to provide health care based on a patient's participation in pending or past litigation or 30

31 participation in any disciplinary action conducted pursuant to

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this chapter, unless such litigation or disciplinary action
 directly involves the osteopathic physician requested to
 provide services.

4 (1) Exercising influence within a patient-physician 5 relationship for purposes of engaging a patient in sexual 6 activity. A patient shall be presumed to be incapable of 7 giving free, full, and informed consent to sexual activity 8 with his or her physician.

9 (m) Making deceptive, untrue, or fraudulent 10 representations in or related to the practice of osteopathic 11 medicine or employing a trick or scheme in the practice of 12 osteopathic medicine.

(n) Soliciting patients, either personally or through an agent, through the use of fraud, intimidation, undue influence, or forms of overreaching or vexatious conduct. A solicitation is any communication which directly or implicitly requests an immediate oral response from the recipient.

18 (o) Failing to keep legible, as defined by department 19 rule in consultation with the board, medical records that identify the licensed osteopathic physician or the osteopathic 20 physician extender and supervising osteopathic physician by 21 name and professional title who is or are responsible for 22 23 rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course 24 of treatment of the patient, including, but not limited to, 25 26 patient histories; examination results; test results; records 27 of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations. 28

(p) Fraudulently altering or destroying records relating to patient care or treatment, including, but not 1

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limited to, patient histories, examination results, and test
 results.

3 (q) Exercising influence on the patient or client in 4 such a manner as to exploit the patient or client for 5 financial gain of the licensee or of a third party which shall 6 include, but not be limited to, the promotion or sale of 7 services, goods, appliances, or drugs.

8 (r) Promoting or advertising on any prescription form 9 of a community pharmacy, unless the form shall also state 10 "This prescription may be filled at any pharmacy of your 11 choice."

(s) Performing professional services which have not been duly authorized by the patient or client or his or her legal representative except as provided in s. 743.064, s. 766.103, or s. 768.13.

(t) Prescribing, dispensing, administering, supplying, 16 17 selling, giving, mixing, or otherwise preparing a legend drug, including all controlled substances, other than in the course 18 19 of the osteopathic physician's professional practice. For the 20 purposes of this paragraph, it shall be legally presumed that prescribing, dispensing, administering, supplying, selling, 21 22 giving, mixing, or otherwise preparing legend drugs, including 23 all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the 24 patient and is not in the course of the osteopathic 25 26 physician's professional practice, without regard to his or her intent. 27

(u) Prescribing or dispensing any medicinal drug
appearing on any schedule set forth in chapter 893 by the
osteopathic physician for himself or herself or administering
any such drug by the osteopathic physician to himself or

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herself unless such drug is prescribed for the osteopathic
 physician by another practitioner authorized to prescribe
 medicinal drugs.

4 (v) Prescribing, ordering, dispensing, administering,
5 supplying, selling, or giving amygdalin (laetrile) to any
6 person.

7 (w) Being unable to practice osteopathic medicine with 8 reasonable skill and safety to patients by reason of illness 9 or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical 10 condition. In enforcing this paragraph, the department shall, 11 12 upon a finding of the secretary or the secretary's designee that probable cause exists to believe that the licensee is 13 14 unable to practice medicine because of the reasons stated in this paragraph, have the authority to issue an order to compel 15 16 a licensee to submit to a mental or physical examination by 17 physicians designated by the department. If the licensee refuses to comply with such order, the department's order 18 19 directing such examination may be enforced by filing a petition for enforcement in the circuit court where the 20 21 licensee resides or does business. The licensee against whom the petition is filed shall not be named or identified by 22 23 initials in any public court records or documents, and the proceedings shall be closed to the public. The department 24 shall be entitled to the summary procedure provided in s. 25 26 51.011. A licensee or certificateholder affected under this paragraph shall at reasonable intervals be afforded an 27 28 opportunity to demonstrate that he or she can resume the 29 competent practice of medicine with reasonable skill and 30 safety to patients.

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(x) Gross or repeated malpractice or the failure to 1 2 practice osteopathic medicine with that level of care, skill, 3 and treatment which is recognized by a reasonably prudent 4 similar osteopathic physician as being acceptable under 5 similar conditions and circumstances. The board shall give 6 great weight to the provisions of s. 766.102 when enforcing 7 this paragraph. As used in this paragraph, "repeated 8 malpractice" includes, but is not limited to, three or more 9 claims for medical malpractice within the previous 5-year period resulting in indemnities being paid in excess of 10 \$25,000 each to the claimant in a judgment or settlement and 11 12 which incidents involved negligent conduct by the osteopathic physician. As used in this paragraph, "gross malpractice" or 13 14 "the failure to practice osteopathic medicine with that level 15 of care, skill, and treatment which is recognized by a reasonably prudent similar osteopathic physician as being 16 17 acceptable under similar conditions and circumstances" shall 18 not be construed so as to require more than one instance, 19 event, or act. Nothing in this paragraph shall be construed to require that an osteopathic physician be incompetent to 20 practice osteopathic medicine in order to be disciplined 21 22 pursuant to this paragraph. A recommended order by an 23 administrative law judge or a final order of the board finding a violation under this paragraph shall specify whether the 24 licensee was found to have committed "gross malpractice," 25 "repeated malpractice," or "failure to practice osteopathic 26 medicine with that level of care, skill, and treatment which 27 is recognized as being acceptable under similar conditions and 28 29 circumstances," or any combination thereof, and any 30 publication by the board shall so specify. 31

1 (y) Performing any procedure or prescribing any 2 therapy which, by the prevailing standards of medical practice 3 in the community, would constitute experimentation on human 4 subjects, without first obtaining full, informed, and written 5 consent.

б (z) Practicing or offering to practice beyond the 7 scope permitted by law or accepting and performing 8 professional responsibilities which the licensee knows or has 9 reason to know that he or she is not competent to perform. The board may establish by rule standards of practice and 10 standards of care for particular practice settings, including, 11 12 but not limited to, education and training, equipment and supplies, medications including anesthetics, assistance of and 13 14 delegation to other personnel, transfer agreements, 15 sterilization, records, performance of complex or multiple 16 procedures, informed consent, and policy and procedure 17 manuals.

(aa) Delegating professional responsibilities to a
person when the licensee delegating such responsibilities
knows or has reason to know that such person is not qualified
by training, experience, or licensure to perform them.

(bb) Violating any provision of this chapter, a rule
of the board or department, or a lawful order of the board or
department previously entered in a disciplinary hearing or
failing to comply with a lawfully issued subpoena of the board
or department.

(cc) Conspiring with another licensee or with any other person to commit an act, or committing an act, which would tend to coerce, intimidate, or preclude another licensee from lawfully advertising his or her services.

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(dd) Procuring, or aiding or abetting in the procuring 1 2 of, an unlawful termination of pregnancy. 3 (ee) Presigning blank prescription forms. 4 (ff) Prescribing any medicinal drug appearing on 5 Schedule II in chapter 893 by the osteopathic physician for 6 office use. 7 (gg) Prescribing, ordering, dispensing, administering, 8 supplying, selling, or giving any drug which is a Schedule II 9 amphetamine or Schedule II sympathomimetic amine drug or any compound thereof, pursuant to chapter 893, to or for any 10 person except for: 11 12 1. The treatment of narcolepsy; hyperkinesis; behavioral syndrome characterized by the developmentally 13 14 inappropriate symptoms of moderate to severe distractability, 15 short attention span, hyperactivity, emotional lability, and impulsivity; or drug-induced brain dysfunction; 16 17 2. The differential diagnostic psychiatric evaluation of depression or the treatment of depression shown to be 18 19 refractory to other therapeutic modalities; or 20 The clinical investigation of the effects of such 3. drugs or compounds when an investigative protocol therefor is 21 submitted to, reviewed, and approved by the board before such 22 23 investigation is begun. (hh) Failing to supervise adequately the activities of 24 25 those physician assistants, paramedics, emergency medical 26 technicians, advanced registered nurse practitioners, or other 27 persons acting under the supervision of the osteopathic 28 physician. 29 (ii) Prescribing, ordering, dispensing, administering, supplying, selling, or giving growth hormones, testosterone or 30 its analogs, human chorionic gonadotropin (HCG), or other 31 64 CODING: Words stricken are deletions; words underlined are additions. 1 hormones for the purpose of muscle building or to enhance 2 athletic performance. For the purposes of this subsection, the 3 term "muscle building" does not include the treatment of 4 injured muscle. A prescription written for the drug products 5 listed above may be dispensed by the pharmacist with the 6 presumption that the prescription is for legitimate medical 7 use.

8 (jj) Misrepresenting or concealing a material fact at
9 any time during any phase of a licensing or disciplinary
10 process or procedure.

11 (kk) Improperly interfering with an investigation or12 with any disciplinary proceeding.

(11) Failing to report to the department any licensee 13 14 under chapter 458 or under this chapter who the osteopathic 15 physician or physician assistant knows has violated the 16 grounds for disciplinary action set out in the law under which 17 that person is licensed and who provides health care services in a facility licensed under chapter 395, or a health 18 19 maintenance organization certificated under part I of chapter 20 641, in which the osteopathic physician or physician assistant also provides services. 21

(mm) Being found by any court in this state to have provided corroborating written medical expert opinion attached to any statutorily required notice of claim or intent or to any statutorily required response rejecting a claim, without reasonable investigation.

27 (nn) Advertising or holding oneself out as a 28 board-certified specialist in violation of this chapter. 29 (oo) Failing to comply with the requirements of ss. 30 381.026 and 381.0261 to provide patients with information 31

about their patient rights and how to file a patient 1 2 complaint. 3 (pp) Violating any provision of this chapter or 4 chapter 456, or any rules adopted pursuant thereto. 5 (2) The board may enter an order denying licensure or 6 imposing any of the penalties in s. 456.072(2) against any 7 applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or 8 9 who is found guilty of violating any provision of s. 456.072(1). When the board finds any person guilty of any of 10 the grounds set forth in subsection (1), it may enter an order 11 imposing one or more of the following penalties: 12 (a) Refusal to certify, or certify with restrictions, 13 14 to the department an application for certification, licensure, renewal, or reactivation. 15 (b) Revocation or suspension of a license or 16 17 certificate. 18 (c) Restriction of practice. 19 (d) Imposition of an administrative fine not to exceed 20 \$10,000 for each count or separate offense. 21 (e) Issuance of a reprimand. 22 (f) Issuance of a letter of concern. (g) Placement of the osteopathic physician on 23 probation for a period of time and subject to such conditions 24 25 as the board may specify, including, but not limited to, 26 requiring the osteopathic physician to submit to treatment, 27 attend continuing education courses, submit to reexamination, 28 or work under the supervision of another osteopathic 29 physician. 30 (h) Corrective action. 31 66

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1 Refund of fees billed to and collected from the (i) 2 patient. 3 (j) Imposition of an administrative fine in accordance 4 with s. 381.0261 for violations regarding patient rights. 5 б In determining what action is appropriate, the board must 7 first consider what sanctions are necessary to protect the 8 public or to compensate the patient. Only after those 9 sanctions have been imposed may the disciplining authority consider and include in the order requirements designed to 10 rehabilitate the physician. All costs associated with 11 12 compliance with orders issued under this subsection are the obligation of the physician. 13 14 Section 28. Paragraph (f) of subsection (7) of section 459.022, Florida Statutes, is amended to read: 15 459.022 Physician assistants.--16 17 (7) PHYSICIAN ASSISTANT LICENSURE.--The Board of Osteopathic Medicine may impose any 18 (f) 19 of the penalties authorized under specified in ss. 456.072 and 459.015(2) upon a physician assistant if the physician 20 assistant or the supervising physician has been found guilty 21 22 of or is being investigated for any act that constitutes a 23 violation of this chapter or chapter 456. Section 29. Subsections (1) and (2) of section 24 25 460.413, Florida Statutes, are amended to read: 26 460.413 Grounds for disciplinary action; action by board or department. --27 28 (1) The following acts shall constitute grounds for 29 denial of a license or disciplinary action, as specified in s. 456.072(2) which the disciplinary actions specified in 30 subsection (2) may be taken: 31 67 CODING: Words stricken are deletions; words underlined are additions.

(a) Attempting to obtain, obtaining, or renewing a 1 2 license to practice chiropractic medicine by bribery, by 3 fraudulent misrepresentations, or through an error of the 4 department or the board. 5 (b) Having a license to practice chiropractic medicine б revoked, suspended, or otherwise acted against, including the 7 denial of licensure, by the licensing authority of another 8 state, territory, or country. 9 (c) Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly 10 relates to the practice of chiropractic medicine or to the 11 12 ability to practice chiropractic medicine. Any plea of nolo contendere shall be considered a conviction for purposes of 13 14 this chapter. (d) False, deceptive, or misleading advertising. 15 16 (e) Causing to be advertised, by any means whatsoever, 17 any advertisement which does not contain an assertion or 18 statement which would identify herself or himself as a 19 chiropractic physician or identify such chiropractic clinic or 20 related institution in which she or he practices or in which she or he is owner, in whole or in part, as a chiropractic 21 22 institution. 23 (f) Advertising, practicing, or attempting to practice 24 under a name other than one's own. (g) Failing to report to the department any person who 25 26 the licensee knows is in violation of this chapter or of the 27 rules of the department or the board. (h) Aiding, assisting, procuring, or advising any 28 29 unlicensed person to practice chiropractic medicine contrary to this chapter or to a rule of the department or the board. 30 31 68 CODING: Words stricken are deletions; words underlined are additions.

(i) Failing to perform any statutory or legal 1 2 obligation placed upon a licensed chiropractic physician. 3 (j) Making or filing a report which the licensee knows 4 to be false, intentionally or negligently failing to file a 5 report or record required by state or federal law, willfully 6 impeding or obstructing such filing or inducing another person 7 to do so. Such reports or records shall include only those 8 which are signed in the capacity of a licensed chiropractic 9 physician. 10 (k) Making misleading, deceptive, untrue, or fraudulent representations in the practice of chiropractic 11 12 medicine or employing a trick or scheme in the practice of chiropractic medicine when such trick or scheme fails to 13 14 conform to the generally prevailing standards of treatment in 15 the chiropractic medical community. (1) Soliciting patients either personally or through 16 17 an agent, unless such solicitation falls into a category of 18 solicitations approved by rule of the board. 19 (m) Failing to keep legibly written chiropractic 20 medical records that identify clearly by name and credentials the licensed chiropractic physician rendering, ordering, 21 supervising, or billing for each examination or treatment 22 23 procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories, 24 examination results, test results, X rays, and diagnosis of a 25 26 disease, condition, or injury. X rays need not be retained for more than 4 years. 27 (n) Exercising influence on the patient or client in 28 29 such a manner as to exploit the patient or client for 30 financial gain of the licensee or of a third party which shall 31 69

include, but not be limited to, the promotion or sale of
 services, goods or appliances, or drugs.

3 (o) Performing professional services which have not
4 been duly authorized by the patient or client or her or his
5 legal representative except as provided in ss. 743.064,
6 766.103, and 768.13.

7 (p) Prescribing, dispensing, or administering any
8 medicinal drug except as authorized by s. 460.403(9)(c)2.,
9 performing any surgery, or practicing obstetrics.

(q) Being unable to practice chiropractic medicine 10 with reasonable skill and safety to patients by reason of 11 12 illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or 13 14 physical condition. In enforcing this paragraph, upon a 15 finding by the secretary of the department, or his or her designee, or the probable cause panel of the board that 16 17 probable cause exists to believe that the licensee is unable 18 to practice the profession because of reasons stated in this 19 paragraph, the department shall have the authority to compel a licensee to submit to a mental or physical examination by a 20 physician designated by the department. If the licensee 21 refuses to comply with the department's order, the department 22 23 may file a petition for enforcement in the circuit court of the circuit in which the licensee resides or does business. 24 25 The department shall be entitled to the summary procedure 26 provided in s. 51.011. The record of proceedings to obtain a compelled mental or physical examination shall not be used 27 28 against a licensee in any other proceedings. A chiropractic 29 physician affected under this paragraph shall at reasonable 30 intervals be afforded an opportunity to demonstrate that she 31

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or he can resume the competent practice of chiropractic 1 medicine with reasonable skill and safety to patients. 2 3 (r) Gross or repeated malpractice or the failure to 4 practice chiropractic medicine at a level of care, skill, and 5 treatment which is recognized by a reasonably prudent 6 chiropractic physician as being acceptable under similar 7 conditions and circumstances. The board shall give great 8 weight to the standards for malpractice in s. 766.102 in 9 interpreting this provision. A recommended order by an administrative law judge, or a final order of the board 10 finding a violation under this section shall specify whether 11 12 the licensee was found to have committed "gross malpractice," "repeated malpractice," or "failure to practice chiropractic 13 14 medicine with that level of care, skill, and treatment which 15 is recognized as being acceptable under similar conditions and circumstances" or any combination thereof, and any publication 16 17 by the board shall so specify. 18 (s) Performing any procedure or prescribing any 19 therapy which, by the prevailing standards of chiropractic medical practice in the community, would constitute 20 21 experimentation on human subjects, without first obtaining full, informed, and written consent. 22 23 (t) Practicing or offering to practice beyond the scope permitted by law or accepting and performing 24 professional responsibilities which the licensee knows or has 25 26 reason to know that she or he is not competent to perform. 27 (u) Delegating professional responsibilities to a person when the licensee delegating such responsibilities 28 29 knows or has reason to know that such person is not qualified 30 by training, experience, or licensure to perform them. 31 71

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(v) Violating any provision of this chapter, any rule of the board or department, or a lawful order of the board or department previously entered in a disciplinary hearing or failing to comply with a lawfully issued subpoena of the department.

6 (w) Conspiring with another licensee or with any other 7 person to commit an act, or committing an act, which would 8 tend to coerce, intimidate, or preclude another licensee from 9 lawfully advertising her or his services.

10 (x) Submitting to any third-party payor a claim for a
11 service or treatment which was not actually provided to a
12 patient.

(y) Failing to preserve identity of funds and property 13 14 of a patient. As provided by rule of the board, money or other 15 property entrusted to a chiropractic physician for a specific purpose, including advances for costs and expenses of 16 17 examination or treatment, is to be held in trust and must be applied only to that purpose. Money and other property of 18 19 patients coming into the hands of a chiropractic physician are 20 not subject to counterclaim or setoff for chiropractic physician's fees, and a refusal to account for and deliver 21 22 over such money and property upon demand shall be deemed a 23 conversion. This is not to preclude the retention of money or other property upon which the chiropractic physician has a 24 valid lien for services or to preclude the payment of agreed 25 26 fees from the proceeds of transactions for examinations or treatments. Controversies as to the amount of the fees are 27 not grounds for disciplinary proceedings unless the amount 28 29 demanded is clearly excessive or extortionate, or the demand is fraudulent. All funds of patients paid to a chiropractic 30 physician, other than advances for costs and expenses, shall 31

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be deposited in one or more identifiable bank accounts maintained in the state in which the chiropractic physician's office is situated, and no funds belonging to the chiropractic physician shall be deposited therein except as follows: 1. Funds reasonably sufficient to pay bank charges may

6 be deposited therein.

7 2. Funds belonging in part to a patient and in part
8 presently or potentially to the physician must be deposited
9 therein, but the portion belonging to the physician may be
10 withdrawn when due unless the right of the physician to
11 receive it is disputed by the patient, in which event the
12 disputed portion shall not be withdrawn until the dispute is
13 finally resolved.

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15 Every chiropractic physician shall maintain complete records of all funds, securities, and other properties of a patient 16 17 coming into the possession of the physician and render 18 appropriate accounts to the patient regarding them. In 19 addition, every chiropractic physician shall promptly pay or deliver to the patient, as requested by the patient, the 20 funds, securities, or other properties in the possession of 21 22 the physician which the patient is entitled to receive.

(z) Offering to accept or accepting payment for services rendered by assignment from any third-party payor after offering to accept or accepting whatever the third-party payor covers as payment in full, if the effect of the offering or acceptance is to eliminate or give the impression of eliminating the need for payment by an insured of any required deductions applicable in the policy of the insured.

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(aa) Failing to provide, upon request of the insured, 1 2 a copy of a claim submitted to any third-party payor for 3 service or treatment of the insured. 4 (bb) Advertising a fee or charge for a service or 5 treatment which is different from the fee or charge the 6 licensee submits to third-party payors for that service or 7 treatment. 8 (cc) Advertising any reduced or discounted fees for 9 services or treatments, or advertising any free services or treatments, without prominently stating in the advertisement 10 the usual fee of the licensee for the service or treatment 11 12 which is the subject of the discount, rebate, or free 13 offering. 14 (dd) Using acupuncture without being certified pursuant to s. 460.403(9)(f). 15 (ee) Failing to report to the department any licensee 16 17 under chapter 458 or under chapter 459 who the chiropractic physician or chiropractic physician's assistant knows has 18 19 violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides 20 health care services in a facility licensed under chapter 395, 21 22 or a health maintenance organization certificated under part I 23 of chapter 641, in which the chiropractic physician or 24 chiropractic physician's assistant also provides services. (ff) Violating any provision of this chapter or 25 26 chapter 456, or any rules adopted pursuant thereto. 27 (2) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any 28 29 applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or 30 who is found guilty of violating any provision of s. 31 74

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456.072(1). When the board finds any person guilty of any of 1 the grounds set forth in subsection (1), it may enter an order 2 imposing one or more of the following penalties: 3 4 (a) Refusal to certify to the department an 5 application for licensure. 6 (b) Revocation or suspension of a license. 7 (c) Restriction of practice. 8 (d) Imposition of an administrative fine not to exceed 9 \$10,000 for each count or separate offense. 10 (e) Issuance of a reprimand. (f) Placement of the chiropractic physician on 11 12 probation for a period of time and subject to such conditions as the board may specify, including requiring the chiropractic 13 14 physician to submit to treatment, to attend continuing education courses, to submit to reexamination, or to work 15 16 under the supervision of another chiropractic physician. 17 (g) Imposition of costs of the investigation and 18 prosecution. 19 (h) Requirement that the chiropractic physician 20 undergo remedial education. 21 (i) Issuance of a letter of concern. 22 (j) Corrective action. 23 (k) Refund of fees billed to and collected from the 24 patient or a third party. 25 26 In determining what action is appropriate, the board must first consider what sanctions are necessary to protect the 27 public or to compensate the patient. Only after those 28 29 sanctions have been imposed may the disciplining authority consider and include in the order requirements designed to 30 rehabilitate the chiropractic physician. All costs associated 31 75

with compliance with orders issued under this subsection are 1 2 the obligation of the chiropractic physician. 3 Section 30. Subsections (1) and (2) of section 4 461.013, Florida Statutes, are amended to read: 5 461.013 Grounds for disciplinary action; action by the 6 board; investigations by department. --7 (1) The following acts shall constitute grounds for 8 denial of a license or disciplinary action, as specified in s. 9 456.072(2) which the disciplinary actions specified in subsection (2) may be taken: 10 (a) Attempting to obtain, obtaining, or renewing a 11 12 license to practice podiatric medicine by bribery, by fraudulent misrepresentations, or through an error of the 13 14 department or the board. (b) Having a license to practice podiatric medicine 15 revoked, suspended, or otherwise acted against, including the 16 17 denial of licensure, by the licensing authority of another state, territory, or country. 18 19 (c) Being convicted or found guilty, regardless of 20 adjudication, of a crime in any jurisdiction which directly relates to the practice of podiatric medicine or to the 21 22 ability to practice podiatric medicine. Any plea of nolo 23 contendere shall be considered a conviction for purposes of 24 this chapter. (d) False, deceptive, or misleading advertising. 25 26 (e) Advertising, practicing, or attempting to practice under a name other than one's own. 27 28 (f) Failing to report to the department any person who 29 the licensee knows is in violation of this chapter or of the 30 rules of the department or the board. 31 76

(g) Aiding, assisting, procuring, permitting, or 1 2 advising any unlicensed person to practice podiatric medicine contrary to this chapter or to rule of the department or the 3 4 board. 5 (h) Failing to perform any statutory or legal 6 obligation placed upon a licensed podiatric physician. 7 (i) Making or filing a report which the licensee knows 8 to be false, intentionally or negligently failing to file a 9 report or record required by state or federal law, willfully 10 impeding or obstructing such filing or inducing another person to do so. Such report or records shall include only those 11 12 which are signed in the capacity of a licensed podiatric 13 physician. 14 (j) Making misleading, deceptive, untrue, or 15 fraudulent representations in the practice of podiatric medicine or employing a trick or scheme in the practice of 16 17 podiatric medicine when such scheme or trick fails to conform 18 to the generally prevailing standards of treatment in the 19 podiatric community. 20 Soliciting patients either personally or through (k) an agent, unless such solicitation falls into a category of 21 22 solicitations approved by rule of the board. 23 (1) Failing to keep written medical records justifying the course of treatment of the patient, including, but not 24 25 limited to, patient histories, examination results, and test 26 results. (m) Exercising influence on the patient or client in 27 such a manner as to exploit the patient or client for 28 29 financial gain of the licensee or of a third party which shall include, but not be limited to, the promotion or sale of 30 services, goods, appliances, or drugs and the promoting or 31 77 CODING: Words stricken are deletions; words underlined are additions. 1 advertising on any prescription form of a community pharmacy 2 unless the form shall also state "This prescription may be 3 filled at any pharmacy of your choice."

4 (n) Performing professional services which have not
5 been duly authorized by the patient or client or her or his
6 legal representative except as provided in ss. 743.064,
7 766.103, and 768.13.

8 (o) Prescribing, dispensing, administering, mixing, or 9 otherwise preparing a legend drug, including all controlled substances, other than in the course of the podiatric 10 physician's professional practice. For the purposes of this 11 12 paragraph, it shall be legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing 13 14 legend drugs, including all controlled substances, 15 inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the 16 17 course of the podiatric physician's professional practice, 18 without regard to her or his intent.

(p) Prescribing, dispensing, or administering any medicinal drug appearing on any schedule set forth in chapter 893 by the podiatric physician to herself or himself except those prescribed, dispensed, or administered to the podiatric physician by another practitioner authorized to prescribe, dispense, or administer them.

25 (q) Prescribing, ordering, dispensing, administering,
26 supplying, selling, or giving any amphetamine or
27 sympathomimetic amine drug or compound designated as a
28 Schedule II controlled substance pursuant to chapter 893.

(r) Being unable to practice podiatric medicine with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other

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type of material or as a result of any mental or physical 1 condition. In enforcing this paragraph the department shall, 2 upon probable cause, have authority to compel a podiatric 3 4 physician to submit to a mental or physical examination by 5 physicians designated by the department. Failure of a 6 podiatric physician to submit to such examination when 7 directed shall constitute an admission of the allegations against her or him, unless the failure was due to 8 9 circumstances beyond her or his control, consequent upon which a default and final order may be entered without the taking of 10 testimony or presentation of evidence. A podiatric physician 11 12 affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can 13 14 resume the competent practice of podiatric medicine with 15 reasonable skill and safety to patients.

(s) Gross or repeated malpractice or the failure to 16 17 practice podiatric medicine at a level of care, skill, and 18 treatment which is recognized by a reasonably prudent 19 podiatric physician as being acceptable under similar 20 conditions and circumstances. The board shall give great weight to the standards for malpractice in s. 766.102 in 21 interpreting this section. As used in this paragraph, 22 23 "repeated malpractice" includes, but is not limited to, three or more claims for medical malpractice within the previous 24 5-year period resulting in indemnities being paid in excess of 25 26 \$10,000 each to the claimant in a judgment or settlement and which incidents involved negligent conduct by the podiatric 27 physicians. As used in this paragraph, "gross malpractice" or 28 29 "the failure to practice podiatric medicine with the level of care, skill, and treatment which is recognized by a reasonably 30 prudent similar podiatric physician as being acceptable under 31

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similar conditions and circumstances" shall not be construed 1 so as to require more than one instance, event, or act. 2 3 (t) Performing any procedure or prescribing any 4 therapy which, by the prevailing standards of podiatric 5 medical practice in the community, would constitute 6 experimentation on human subjects without first obtaining 7 full, informed, and written consent. 8 (u) Practicing or offering to practice beyond the 9 scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has 10 reason to know that she or he is not competent to perform. 11 12 (v) Delegating professional responsibilities to a person when the licensee delegating such responsibilities 13 14 knows or has reason to know that such person is not qualified by training, experience, or licensure to perform them. 15 16 (w) Violating any provision of this chapter or chapter 17 456, any rule of the board or department, or a lawful order of the board or department previously entered in a disciplinary 18 19 hearing or failing to comply with a lawfully issued subpoena 20 of the board or department. 21 (x) Conspiring with another licensee or with any other person to commit an act, or committing an act, which would 22 23 tend to coerce, intimidate, or preclude another licensee from lawfully advertising her or his services. 24 (y) Prescribing, ordering, dispensing, administering, 25 26 supplying, selling, or giving growth hormones, testosterone or 27 its analogs, human chorionic gonadotropin (HCG), or other hormones for the purpose of muscle building or to enhance 28 29 athletic performance. For the purposes of this subsection, the term "muscle building" does not include the treatment of 30 injured muscle. A prescription written for any of the drug 31 80

products listed above may be dispensed by the pharmacist with 1 the presumption that the prescription is for legitimate 2 3 medical use. 4 (z) Fraud, deceit, or misconduct in the practice of 5 podiatric medicine. 6 (aa) Failing to report to the department any licensee 7 under chapter 458 or chapter 459 who the podiatric physician 8 knows has violated the grounds for disciplinary action set out 9 in the law under which that person is licensed and who provides health care services in a facility licensed under 10 chapter 395, or a health maintenance organization certificated 11 12 under part I of chapter 641, in which the podiatric physician also provides services. 13 14 (bb) Failing to comply with the requirements of ss. 15 381.026 and 381.0261 to provide patients with information about their patient rights and how to file a patient 16 17 complaint. 18 (cc) Violating any provision of this chapter or 19 chapter 456, or any rules adopted pursuant thereto. 20 (2) The board may enter an order denying licensure or 21 imposing any of the penalties in s. 456.072(2) against any 22 applicant for licensure or licensee who is found guilty of 23 violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 24 25 456.072(1). When the board finds any person guilty of any of 26 the grounds set forth in subsection (1), it may enter an order 27 imposing one or more of the following penalties: 28 (a) Refusal to certify to the department an 29 application for licensure. 30 (b) Revocation or suspension of a license. 31 (c) Restriction of practice. 81

1 (d) Imposition of an administrative fine not to exceed 2 \$10,000 for each count or separate offense. 3 (e) Issuance of a reprimand. 4 (f) Placing the podiatric physician on probation for a 5 period of time and subject to such conditions as the board may 6 specify, including requiring the podiatric physician to submit 7 to treatment, to attend continuing education courses, to 8 submit to reexamination, and to work under the supervision of 9 another podiatric physician. 10 (q) Imposition of an administrative fine in accordance with s. 381.0261 for violations regarding patient rights. 11 12 Section 31. Subsections (1) and (2) of section 462.14, Florida Statutes, are amended to read: 13 14 462.14 Grounds for disciplinary action; action by the 15 department. --(1) The following acts constitute grounds for denial 16 17 of a license or disciplinary action, as specified in s. 18 456.072(2) which the disciplinary actions specified in 19 subsection (2) may be taken: (a) Attempting to obtain, obtaining, or renewing a 20 license to practice naturopathic medicine by bribery, by 21 22 fraudulent misrepresentation, or through an error of the department. 23 (b) Having a license to practice naturopathic medicine 24 revoked, suspended, or otherwise acted against, including the 25 denial of licensure, by the licensing authority of another 26 state, territory, or country. 27 (c) Being convicted or found guilty, regardless of 28 29 adjudication, of a crime in any jurisdiction which directly relates to the practice of naturopathic medicine or to the 30 ability to practice naturopathic medicine. Any plea of nolo 31 82

contendere shall be considered a conviction for purposes of
 this chapter.

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(d) False, deceptive, or misleading advertising.

4 (e) Advertising, practicing, or attempting to practice5 under a name other than one's own.

6 (f) Failing to report to the department any person who 7 the licensee knows is in violation of this chapter or of the 8 rules of the department.

9 (g) Aiding, assisting, procuring, or advising any
10 unlicensed person to practice naturopathic medicine contrary
11 to this chapter or to a rule of the department.

12 (h) Failing to perform any statutory or legal13 obligation placed upon a licensed naturopathic physician.

(i) Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so. Such reports or records shall include only those which are signed in the capacity as a licensed naturopathic physician.

21 (j) Paying or receiving any commission, bonus, 22 kickback, or rebate, or engaging in any split-fee arrangement 23 in any form whatsoever with a physician, organization, agency, or person, either directly or indirectly, for patients 24 referred to providers of health care goods and services, 25 26 including, but not limited to, hospitals, nursing homes, 27 clinical laboratories, ambulatory surgical centers, or pharmacies. The provisions of this paragraph shall not be 28 29 construed to prevent a naturopathic physician from receiving a fee for professional consultation services. 30 31

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1 (k) Exercising influence within a patient-physician 2 relationship for purposes of engaging a patient in sexual 3 activity. A patient shall be presumed to be incapable of 4 giving free, full, and informed consent to sexual activity 5 with her or his physician.

6 (1) Making deceptive, untrue, or fraudulent
7 representations in the practice of naturopathic medicine or
8 employing a trick or scheme in the practice of naturopathic
9 medicine when such scheme or trick fails to conform to the
10 generally prevailing standards of treatment in the medical
11 community.

(m) Soliciting patients, either personally or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct. A "solicitation" is any communication which directly or implicitly requests an immediate oral response from the recipient.

(n) Failing to keep written medical records justifying the course of treatment of the patient, including, but not limited to, patient histories, examination results, test results, X rays, and records of the prescribing, dispensing and administering of drugs.

23 (o) Exercising influence on the patient or client in such a manner as to exploit the patient or client for the 24 financial gain of the licensee or of a third party, which 25 26 shall include, but not be limited to, the promoting or selling 27 of services, goods, appliances, or drugs and the promoting or advertising on any prescription form of a community pharmacy 28 29 unless the form also states "This prescription may be filled at any pharmacy of your choice." 30

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(p) Performing professional services which have not 1 2 been duly authorized by the patient or client, or her or his 3 legal representative, except as provided in s. 743.064, s. 4 766.103, or s. 768.13. (q) Prescribing, dispensing, administering, mixing, or 5 6 otherwise preparing a legend drug, including any controlled 7 substance, other than in the course of the naturopathic 8 physician's professional practice. For the purposes of this 9 paragraph, it shall be legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing 10 legend drugs, including all controlled substances, 11 12 inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the 13 14 course of the naturopathic physician's professional practice, without regard to her or his intent. 15 (r) Prescribing, dispensing, or administering any 16

17 medicinal drug appearing on any schedule set forth in chapter 18 893 by the naturopathic physician to herself or himself, 19 except one prescribed, dispensed, or administered to the 20 naturopathic physician by another practitioner authorized to 21 prescribe, dispense, or administer medicinal drugs.

22 (s) Being unable to practice naturopathic medicine 23 with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any 24 other type of material or as a result of any mental or 25 26 physical condition. In enforcing this paragraph, the 27 department shall have, upon probable cause, authority to compel a naturopathic physician to submit to a mental or 28 29 physical examination by physicians designated by the department. The failure of a naturopathic physician to submit 30 to such an examination when so directed shall constitute an 31

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admission of the allegations against her or him upon which a 1 default and final order may be entered without the taking of 2 3 testimony or presentation of evidence, unless the failure was 4 due to circumstances beyond the naturopathic physician's control. A naturopathic physician affected under this 5 6 paragraph shall at reasonable intervals be afforded an 7 opportunity to demonstrate that she or he can resume the 8 competent practice of naturopathic medicine with reasonable 9 skill and safety to patients. In any proceeding under this paragraph, neither the record of proceedings nor the orders 10 entered by the department may be used against a naturopathic 11 12 physician in any other proceeding.

(t) Gross or repeated malpractice or the failure to practice naturopathic medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances. The department shall give great weight to the provisions of s. 766.102 when enforcing this paragraph.

(u) Performing any procedure or prescribing any therapy which, by the prevailing standards of medical practice in the community, constitutes experimentation on a human subject, without first obtaining full, informed, and written consent.

(v) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has reason to know that she or he is not competent to perform.

(w) Delegating professional responsibilities to a
person when the licensee delegating such responsibilities
knows or has reason to know that such person is not qualified
by training, experience, or licensure to perform them.

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1 (x) Violating any provision of this chapter, any rule 2 of the department, or a lawful order of the department 3 previously entered in a disciplinary hearing or failing to comply with a lawfully issued subpoena of the department. 4 5 (y) Conspiring with another licensee or with any other 6 person to commit an act, or committing an act, which would 7 tend to coerce, intimidate, or preclude another licensee from 8 lawfully advertising her or his services. 9 (z) Procuring, or aiding or abetting in the procuring of, an unlawful termination of pregnancy. 10 (aa) Presigning blank prescription forms. 11 12 (bb) Prescribing by the naturopathic physician for office use any medicinal drug appearing on Schedule II in 13 14 chapter 893. (cc) Prescribing, ordering, dispensing, administering, 15 16 supplying, selling, or giving any drug which is an amphetamine 17 or sympathomimetic amine drug, or a compound designated 18 pursuant to chapter 893 as a Schedule II controlled substance 19 to or for any person except for: 20 The treatment of narcolepsy; hyperkinesis; 1. 21 behavioral syndrome in children characterized by the 22 developmentally inappropriate symptoms of moderate to severe 23 distractability, short attention span, hyperactivity, emotional lability, and impulsivity; or drug-induced brain 24 25 dysfunction. 26 2. The differential diagnostic psychiatric evaluation 27 of depression or the treatment of depression shown to be refractory to other therapeutic modalities. 28 29 The clinical investigation of the effects of such 3. 30 drugs or compounds when an investigative protocol therefor is 31 87 CODING: Words stricken are deletions; words underlined are additions.

submitted to, reviewed, and approved by the department before 1 such investigation is begun. 2 3 (dd) Prescribing, ordering, dispensing, administering, 4 supplying, selling, or giving growth hormones, testosterone or 5 its analogs, human chorionic gonadotropin (HCG), or other 6 hormones for the purpose of muscle building or to enhance 7 athletic performance. For the purposes of this subsection, the 8 term "muscle building" does not include the treatment of 9 injured muscle. A prescription written for the drug products listed above may be dispensed by the pharmacist with the 10 presumption that the prescription is for legitimate medical 11 12 use. 13 (ee) Violating any provision of this chapter or 14 chapter 456, or any rules adopted pursuant thereto. 15 The department may enter an order denying (2) licensure or imposing any of the penalties in s. 456.072(2) 16 17 against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this 18 19 section or who is found guilty of violating any provision of 20 s. 456.072(1). When the department finds any person guilty of 21 any of the grounds set forth in subsection (1), it may enter 22 an order imposing one or more of the following penalties: 23 (a) Refusal to certify to the department an 24 application for licensure. 25 (b) Revocation or suspension of a license. (c) Restriction of practice. 26 27 (d) Imposition of an administrative fine not to exceed 28 \$1,000 for each count or separate offense. 29 (e) Issuance of a reprimand. 30 (f) Placement of the naturopathic physician on probation for a period of time and subject to such conditions 31 88 CODING: Words stricken are deletions; words underlined are additions.

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as the department may specify, including, but not limited to, 1 requiring the naturopathic physician to submit to treatment, 2 3 to attend continuing education courses, to submit to 4 reexamination, or to work under the supervision of another 5 naturopathic physician. Section 32. Subsections (1) and (2) of section 6 7 463.016, Florida Statutes, are amended to read: 8 463.016 Grounds for disciplinary action; action by the 9 board.--The following acts shall constitute grounds for 10 (1)11 denial of a license or disciplinary action, as specified in s. 12 456.072(2) which the disciplinary actions specified in subsection (2) may be taken: 13 14 (a) Procuring or attempting to procure a license to 15 practice optometry by bribery, by fraudulent 16 misrepresentations, or through an error of the department or 17 board. 18 (b) Procuring or attempting to procure a license for 19 any other person by making or causing to be made any false 20 representation. 21 (c) Having a license to practice optometry revoked, suspended, or otherwise acted against, including the denial of 22 23 licensure, by the licensing authority of another jurisdiction. (d) Being convicted or found guilty, regardless of 24 25 adjudication, of a crime in any jurisdiction which directly 26 relates to the practice of optometry or to the ability to 27 practice optometry. Any plea of nolo contendere shall be 28 considered a conviction for the purposes of this chapter. 29 (e) Making or filing a report or record which the 30 licensee knows to be false, intentionally or negligently failing to file a report or record required by state or 31 89

federal law, willfully impeding or obstructing such filing, or 1 inducing another person to do so. Such reports or records 2 shall include only those which are signed by the licensee in 3 4 her or his capacity as a licensed practitioner. 5 (f) Advertising goods or services in a manner which is 6 fraudulent, false, deceptive, or misleading in form or 7 content. (g) Fraud or deceit, negligence or incompetency, or 8 9 misconduct in the practice of optometry. 10 (h) A violation or repeated violations of provisions of this chapter, or of chapter 456, and any rules promulgated 11 12 pursuant thereto. (i) Conspiring with another licensee or with any 13 14 person to commit an act, or committing an act, which would 15 coerce, intimidate, or preclude another licensee from lawfully advertising her or his services. 16 17 (j) Willfully submitting to any third-party payor a claim for services which were not provided to a patient. 18 19 (k) Failing to keep written optometric records about 20 the examinations, treatments, and prescriptions for patients. 21 Willfully failing to report any person who the (1) licensee knows is in violation of this chapter or of rules of 22 23 the department or the board. 24 (m) Gross or repeated malpractice. (n) Practicing with a revoked, suspended, inactive, or 25 26 delinquent license. 27 (o) Being unable to practice optometry with reasonable skill and safety to patients by reason of illness or use of 28 29 alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. 30 A licensed practitioner affected under this paragraph shall at 31 90 CODING: Words stricken are deletions; words underlined are additions.

reasonable intervals be afforded an opportunity to demonstrate 1 that she or he can resume the competent practice of optometry 2 with reasonable skill and safety to patients. 3 4 (p) Having been disciplined by a regulatory agency in 5 another state for any offense that would constitute a 6 violation of Florida laws or rules regulating optometry. 7 (q) Violating any provision of s. 463.014 or s. 463.015. 8 9 (r) Violating any lawful order of the board or department, previously entered in a disciplinary hearing, or 10 failing to comply with a lawfully issued subpoena of the board 11 12 or department. (s) Practicing or offering to practice beyond the 13 14 scope permitted by law or accepting and performing 15 professional responsibilities which the licensed practitioner 16 knows or has reason to know she or he is not competent to 17 perform. 18 (t) Violating any provision of this chapter or chapter 19 456, or any rules adopted pursuant thereto. 20 (2) The department may enter an order imposing any of the penalties in s. 456.072(2) against any licensee who is 21 found guilty of violating any provision of subsection (1) of 22 23 this section or who is found guilty of violating any provision of s. 456.072(1). When the board finds any person guilty of 24 25 any of the grounds set forth in subsection (1), it may enter 26 an order imposing one or more of the following penalties: 27 (a) Refusal to certify to the department an 28 application for licensure. 29 (b) Revocation or suspension of a license. (c) Imposition of an administrative fine not to exceed 30 31 \$5,000 for each count or separate offense. 91

1 (d) Issuance of a reprimand. 2 (e) Placement of the licensed practitioner on 3 probation for a period of time and subject to such conditions 4 as the board may specify, including requiring the licensed 5 practitioner to submit to treatment, to attend continuing 6 education courses, or to work under the supervision of another 7 licensed practitioner. 8 Section 33. Subsections (1) and (2) of section 9 464.018, Florida Statutes, are amended to read: 464.018 Disciplinary actions.--10 (1) The following acts constitute shall be grounds for 11 12 denial of a license or disciplinary action, as specified in s. 456.072(2) disciplinary action set forth in this section: 13 14 (a) Procuring, attempting to procure, or renewing a 15 license to practice nursing by bribery, by knowing 16 misrepresentations, or through an error of the department or 17 the board. (b) Having a license to practice nursing revoked, 18 19 suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, 20 21 territory, or country. (c) Being convicted or found guilty of, or entering a 22 23 plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the 24 25 practice of nursing or to the ability to practice nursing. 26 (d) Being found guilty, regardless of adjudication, of any of the following offenses: 27 1. A forcible felony as defined in chapter 776. 28 29 A violation of chapter 812, relating to theft, 2. 30 robbery, and related crimes. 31 92 CODING: Words stricken are deletions; words underlined are additions.

3. A violation of chapter 817, relating to fraudulent 1 2 practices. 3 4. A violation of chapter 800, relating to lewdness 4 and indecent exposure. 5 5. A violation of chapter 784, relating to assault, 6 battery, and culpable negligence. 7 A violation of chapter 827, relating to child 6. 8 abuse. 9 7. A violation of chapter 415, relating to protection from abuse, neglect, and exploitation. 10 8. A violation of chapter 39, relating to child abuse, 11 12 abandonment, and neglect. (e) Having been found guilty of, regardless of 13 14 adjudication, or entered a plea of nolo contendere or guilty 15 to, any offense prohibited under s. 435.03 or under any similar statute of another jurisdiction; or having committed 16 an act which constitutes domestic violence as defined in s. 17 741.28. 18 19 (f) Making or filing a false report or record, which the licensee knows to be false, intentionally or negligently 20 failing to file a report or record required by state or 21 22 federal law, willfully impeding or obstructing such filing or 23 inducing another person to do so. Such reports or records shall include only those which are signed in the nurse's 24 25 capacity as a licensed nurse. 26 (g) False, misleading, or deceptive advertising. (h) Unprofessional conduct, which shall include, but 27 not be limited to, any departure from, or the failure to 28 29 conform to, the minimal standards of acceptable and prevailing nursing practice, in which case actual injury need not be 30 established. 31 93

(i) Engaging or attempting to engage in the
 possession, sale, or distribution of controlled substances as
 set forth in chapter 893, for any other than legitimate
 purposes authorized by this part.

5 (j) Being unable to practice nursing with reasonable 6 skill and safety to patients by reason of illness or use of 7 alcohol, drugs, narcotics, or chemicals or any other type of 8 material or as a result of any mental or physical condition. 9 In enforcing this paragraph, the department shall have, upon a 10 finding of the secretary or the secretary's designee that probable cause exists to believe that the licensee is unable 11 12 to practice nursing because of the reasons stated in this paragraph, the authority to issue an order to compel a 13 14 licensee to submit to a mental or physical examination by 15 physicians designated by the department. If the licensee refuses to comply with such order, the department's order 16 17 directing such examination may be enforced by filing a petition for enforcement in the circuit court where the 18 19 licensee resides or does business. The licensee against whom the petition is filed shall not be named or identified by 20 initials in any public court records or documents, and the 21 proceedings shall be closed to the public. The department 22 23 shall be entitled to the summary procedure provided in s. 51.011. A nurse affected by the provisions of this paragraph 24 shall at reasonable intervals be afforded an opportunity to 25 26 demonstrate that she or he can resume the competent practice 27 of nursing with reasonable skill and safety to patients.

(k) Failing to report to the department any person who the licensee knows is in violation of this part or of the rules of the department or the board; however, if the licensee verifies that such person is actively participating in a

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board-approved program for the treatment of a physical or 1 mental condition, the licensee is required to report such 2 3 person only to an impaired professionals consultant. 4 (1) Knowingly violating any provision of this part, a rule of the board or the department, or a lawful order of the 5 6 board or department previously entered in a disciplinary 7 proceeding or failing to comply with a lawfully issued 8 subpoena of the department. 9 (m) Failing to report to the department any licensee under chapter 458 or under chapter 459 who the nurse knows has 10 violated the grounds for disciplinary action set out in the 11 12 law under which that person is licensed and who provides health care services in a facility licensed under chapter 395, 13 14 or a health maintenance organization certificated under part I 15 of chapter 641, in which the nurse also provides services. (n) Violating any provision of this chapter or chapter 16 17 456, or any rules adopted pursuant thereto. 18 The board may enter an order denying licensure or (2) 19 imposing any of the penalties in s. 456.072(2) against any 20 applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or 21 who is found guilty of violating any provision of s. 22 23 456.072(1). When the board finds any person guilty of any of the grounds set forth in subsection (1), it may enter an order 24 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 with 29 reinstatement subject to the provisions of subsection (3). (c) Permanent revocation of a license. 30 31 (d) Restriction of practice. 95

1 (e) Imposition of an administrative fine not to exceed 2 \$1,000 for each count or separate offense. 3 (f) Issuance of a reprimand. 4 (g) Placement of the nurse on probation for a period 5 of time and subject to such conditions as the board may 6 specify, including requiring the nurse to submit to treatment, 7 to attend continuing education courses, to take an 8 examination, or to work under the supervision of another 9 nurse. Section 34. Subsections (3) and (4) of section 10 11 465.008, Florida Statutes, are amended to read: 465.008 Renewal of license.--12 (3) Sixty days prior to the end of the biennium the 13 14 department shall mail a notice of renewal to the last known address of the licensee. 15 (3) (4) Any person licensed under this chapter for 50 16 17 years or more is exempt from the payment of the renewal or delinquent fee, and the department shall issue a lifetime 18 19 license to such a person. 20 Section 35. Subsections (1) and (2) of section 21 465.016, Florida Statutes, are amended to read: 22 465.016 Disciplinary actions.--23 The following acts constitute shall be grounds for (1)denial of a license or disciplinary action, as specified in s. 24 25 456.072(2) disciplinary action set forth in this section: 26 (a) Obtaining a license by misrepresentation or fraud 27 or through an error of the department or the board. 28 (b) Procuring or attempting to procure a license for 29 any other person by making or causing to be made any false 30 representation. 31 96

(c) Permitting any person not licensed as a pharmacist 1 2 in this state or not registered as an intern in this state, or permitting a registered intern who is not acting under the 3 4 direct and immediate personal supervision of a licensed 5 pharmacist, to fill, compound, or dispense any prescriptions in a pharmacy owned and operated by such pharmacist or in a б 7 pharmacy where such pharmacist is employed or on duty. 8 Being unfit or incompetent to practice pharmacy by (d) reason of: 9 1. Habitual intoxication. 10 2. The misuse or abuse of any medicinal drug appearing 11 12 in any schedule set forth in chapter 893. Any abnormal physical or mental condition which 13 3. 14 threatens the safety of persons to whom she or he might sell 15 or dispense prescriptions, drugs, or medical supplies or for 16 whom she or he might manufacture, prepare, or package, or 17 supervise the manufacturing, preparation, or packaging of, prescriptions, drugs, or medical supplies. 18 19 (e) Violating any of the requirements of this chapter; 20 or if licensed as a practitioner in this or any other state, 21 violating any of the requirements of their respective practice 22 act or violating chapter 499; 21 U.S.C. ss. 301-392, known as 23 the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., known as the Comprehensive Drug Abuse Prevention and 24 Control Act; or chapter 893. 25 26 (f) Having been convicted or found guilty, regardless of adjudication, in a court of this state or other 27 jurisdiction, of a crime which directly relates to the ability 28 29 to practice pharmacy or to the practice of pharmacy. A plea of nolo contendere constitutes a conviction for purposes of 30 this provision. 31

(g) Using in the compounding of a prescription, or
 furnishing upon prescription, an ingredient or article
 different in any manner from the ingredient or article
 prescribed, except as authorized in s. 465.019(6) or s.
 465.025.

6 (h) Having been disciplined by a regulatory agency in
7 another state for any offense that would constitute a
8 violation of this chapter.

9 (i) Compounding, dispensing, or distributing a legend drug, including any controlled substance, other than in the 10 course of the professional practice of pharmacy. For purposes 11 12 of this paragraph, it shall be legally presumed that the compounding, dispensing, or distributing of legend drugs in 13 14 excessive or inappropriate quantities is not in the best 15 interests of the patient and is not in the course of the professional practice of pharmacy. 16

(j) Making or filing a report or record which the licensee knows to be false, intentionally or negligently failing to file a report or record required by federal or state law, willfully impeding or obstructing such filing, or inducing another person to do so. Such reports or records include only those which the licensee is required to make or file in her or his capacity as a licensed pharmacist.

(k) Failing to make prescription fee or price information readily available by failing to provide such information upon request and upon the presentation of a prescription for pricing or dispensing. Nothing in this section shall be construed to prohibit the quotation of price information on a prescription drug to a potential consumer by telephone.

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(1) Placing in the stock of any pharmacy any part of 1 2 any prescription compounded or dispensed which is returned by 3 a patient; however, in a hospital, nursing home, correctional 4 facility, or extended care facility in which unit-dose 5 medication is dispensed to inpatients, each dose being б individually sealed and the individual unit dose or unit-dose 7 system labeled with the name of the drug, dosage strength, 8 manufacturer's control number, and expiration date, if any, 9 the unused unit dose of medication may be returned to the 10 pharmacy for redispensing. Each pharmacist shall maintain appropriate records for any unused or returned medicinal 11 12 drugs.

13 (m) Being unable to practice pharmacy with reasonable 14 skill and safety by reason of illness, use of drugs, narcotics, chemicals, or any other type of material or as a 15 result of any mental or physical condition. A pharmacist 16 17 affected under this paragraph shall at reasonable intervals be 18 afforded an opportunity to demonstrate that she or he can 19 resume the competent practice of pharmacy with reasonable skill and safety to her or his customers. 20

(n) Violating a rule of the board or department or
violating an order of the board or department previously
entered in a disciplinary hearing.

(o) Failing to report to the department any licensee 24 under chapter 458 or under chapter 459 who the pharmacist 25 26 knows has violated the grounds for disciplinary action set out 27 in the law under which that person is licensed and who provides health care services in a facility licensed under 28 29 chapter 395, or a health maintenance organization certificated under part I of chapter 641, in which the pharmacist also 30 provides services. 31

(p) Failing to notify the Board of Pharmacy in writing 1 2 within 20 days of the commencement or cessation of the 3 practice of the profession of pharmacy in Florida when such 4 commencement or cessation of the practice of the profession of 5 pharmacy in Florida was a result of a pending or completed 6 disciplinary action or investigation in another jurisdiction. 7 (q) Using or releasing a patient's records except as 8 authorized by this chapter and chapter 456. 9 (r) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto. 10 The board may enter an order denying licensure or 11 (2) 12 imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of 13 14 violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 15 456.072(1). When the board finds any person guilty of any of 16 17 the grounds set forth in subsection (1), it may enter an order 18 imposing one or more of the following penalties: 19 (a) Refusal to certify to the department an 20 application for licensure. 21 (b) Revocation or suspension of a license. 22 (c) Imposition of an administrative fine not to exceed 23 \$5,000 for each count or separate offense. 24 (d) Issuance of a reprimand. 25 (e) Placement of the pharmacist on probation for a 26 period of time and subject to such conditions as the board may 27 specify, including, but not limited to, requiring the pharmacist to submit to treatment, to attend continuing 28 29 education courses, to submit to reexamination, or to work 30 under the supervision of another pharmacist. 31 100

Section 36. Subsections (1) and (2) of section 1 2 466.028, Florida Statutes, are amended to read: 466.028 Grounds for disciplinary action; action by the 3 4 board.--5 (1) The following acts shall constitute grounds for 6 denial of a license or disciplinary action, as specified in s. 7 456.072(2) which the disciplinary actions specified in 8 subsection (2) may be taken: 9 (a) Attempting to obtain, obtaining, or renewing a license under this chapter by bribery, fraudulent 10 misrepresentations, or through an error of the department or 11 12 the board. (b) Having a license to practice dentistry or dental 13 14 hygiene revoked, suspended, or otherwise acted against, 15 including the denial of licensure, by the licensing authority 16 of another state, territory, or country. (c) Being convicted or found quilty of or entering a 17 plea of nolo contendere to, regardless of adjudication, a 18 19 crime in any jurisdiction which relates to the practice of dentistry or dental hygiene. A plea of nolo contendere shall 20 create a rebuttable presumption of guilt to the underlying 21 criminal charges. 22 23 (d) Advertising goods or services in a manner which is 24 fraudulent, false, deceptive, or misleading in form or content contrary to s. 466.019 or rules of the board adopted pursuant 25 26 thereto. 27 (e) Advertising, practicing, or attempting to practice under a name other than one's own. 28 29 (f) Failing to report to the department any person who 30 the licensee knows, or has reason to believe, is clearly in 31 101 CODING: Words stricken are deletions; words underlined are additions. violation of this chapter or of the rules of the department or
 the board.

3 (g) Aiding, assisting, procuring, or advising any
4 unlicensed person to practice dentistry or dental hygiene
5 contrary to this chapter or to a rule of the department or the
6 board.

7 (h) Being employed by any corporation, organization,
8 group, or person other than a dentist or a professional
9 corporation or limited liability company composed of dentists
10 to practice dentistry.

(i) Failing to perform any statutory or legal
 obligation placed upon a licensee.

(j) Making or filing a report which the licensee knows to be false, failing to file a report or record required by state or federal law, knowingly impeding or obstructing such filing or inducing another person to do so. Such reports or records shall include only those which are signed in the capacity as a licensee.

19 (k) Committing any act which would constitute sexual
20 battery, as defined in chapter 794, upon a patient or
21 intentionally touching the sexual organ of a patient.

(1) Making deceptive, untrue, or fraudulent
representations in or related to the practice of dentistry.

(m) Failing to keep written dental records and medical
history records justifying the course of treatment of the
patient including, but not limited to, patient histories,
examination results, test results, and X rays, if taken.

(n) Failing to make available to a patient or client, or to her or his legal representative or to the department if authorized in writing by the patient, copies of documents in 31

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the possession or under control of the licensee which relate
 to the patient or client.

3 (o) Performing professional services which have not 4 been duly authorized by the patient or client, or her or his 5 legal representative, except as provided in ss. 766.103 and 6 768.13.

7 (p) Prescribing, procuring, dispensing, administering, 8 mixing, or otherwise preparing a legend drug, including any 9 controlled substance, other than in the course of the professional practice of the dentist. For the purposes of 10 this paragraph, it shall be legally presumed that prescribing, 11 12 procuring, dispensing, administering, mixing, or otherwise 13 preparing legend drugs, including all controlled substances, 14 in excessive or inappropriate quantities is not in the best 15 interest of the patient and is not in the course of the professional practice of the dentist, without regard to her or 16 17 his intent.

(q) Prescribing, procuring, dispensing, or administering any medicinal drug appearing on any schedule set forth in chapter 893, by a dentist to herself or himself, except those prescribed, dispensed, or administered to the dentist by another practitioner authorized to prescribe them.

23 (r) Prescribing, procuring, ordering, dispensing, administering, supplying, selling, or giving any drug which is 24 a Schedule II amphetamine or a Schedule II sympathomimetic 25 26 amine drug or a compound thereof, pursuant to chapter 893, to 27 or for any person except for the clinical investigation of the effects of such drugs or compounds when an investigative 28 protocol therefor is submitted to, and reviewed and approved 29 by, the board before such investigation is begun. 30

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(s) Being unable to practice her or his profession 1 2 with reasonable skill and safety to patients by reason of 3 illness or use of alcohol, drugs, narcotics, chemicals, or any 4 other type of material or as a result of any mental or 5 physical condition. In enforcing this paragraph, the 6 department shall have, upon a finding of the secretary or her 7 or his designee that probable cause exists to believe that the 8 licensee is unable to practice dentistry or dental hygiene 9 because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental 10 or physical examination by physicians designated by the 11 12 department. If the licensee refuses to comply with such order, the department's order directing such examination may 13 14 be enforced by filing a petition for enforcement in the circuit court where the licensee resides or does business. 15 The licensee against whom the petition is filed shall not be 16 17 named or identified by initials in any public court records or 18 documents, and the proceedings shall be closed to the public. 19 The department shall be entitled to the summary procedure 20 provided in s. 51.011. A licensee affected under this paragraph shall at reasonable intervals be afforded an 21 opportunity to demonstrate that she or he can resume the 22 23 competent practice of her or his profession with reasonable skill and safety to patients. 24 25 (t) Fraud, deceit, or misconduct in the practice of 26 dentistry or dental hygiene. (u) Failure to provide and maintain reasonable 27 28 sanitary facilities and conditions. 29 (v) Failure to provide adequate radiation safeguards. 30 (w) Performing any procedure or prescribing any therapy which, by the prevailing standards of dental practice 31 104

in the community, would constitute experimentation on human
 subjects, without first obtaining full, informed, and written
 consent.

4 (x) Being guilty of incompetence or negligence by 5 failing to meet the minimum standards of performance in 6 diagnosis and treatment when measured against generally 7 prevailing peer performance, including, but not limited to, 8 the undertaking of diagnosis and treatment for which the 9 dentist is not qualified by training or experience or being 10 guilty of dental malpractice. For purposes of this paragraph, it shall be legally presumed that a dentist is not guilty of 11 12 incompetence or negligence by declining to treat an individual if, in the dentist's professional judgment, the dentist or a 13 14 member of her or his clinical staff is not qualified by training and experience, or the dentist's treatment facility 15 is not clinically satisfactory or properly equipped to treat 16 the unique characteristics and health status of the dental 17 18 patient, provided the dentist refers the patient to a 19 qualified dentist or facility for appropriate treatment. As used in this paragraph, "dental malpractice" includes, but is 20 not limited to, three or more claims within the previous 21 22 5-year period which resulted in indemnity being paid, or any 23 single indemnity paid in excess of \$5,000 in a judgment or settlement, as a result of negligent conduct on the part of 24 25 the dentist.

(y) Practicing or offering to practice beyond the
scope permitted by law or accepting and performing
professional responsibilities which the licensee knows or has
reason to know that she or he is not competent to perform.

30 31

1 (z) Delegating professional responsibilities to a 2 person who is not qualified by training, experience, or 3 licensure to perform them. 4 (aa) The violation or the repeated violation of this 5 chapter, chapter 456, or any rule promulgated pursuant to 6 chapter 456 or this chapter; the violation of a lawful order 7 of the board or department previously entered in a 8 disciplinary hearing; or failure to comply with a lawfully 9 issued subpoena of the board or department. (bb) Conspiring with another licensee or with any 10 person to commit an act, or committing an act, which would 11 12 tend to coerce, intimidate, or preclude another licensee from lawfully advertising her or his services. 13 14 (cc) Being adjudged mentally incompetent in this or 15 any other state, the discipline for which shall last only so 16 long as the adjudication. 17 (dd) Presigning blank prescription or laboratory work order forms. 18 19 (ee) Prescribing, ordering, dispensing, administering, 20 supplying, selling, or giving growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other 21 hormones for the purpose of muscle building or to enhance 22 23 athletic performance. For the purposes of this subsection, the term "muscle building" does not include the treatment of 24 injured muscle. A prescription written for the drug products 25 26 listed above may be dispensed by the pharmacist with the 27 presumption that the prescription is for legitimate medical 28 use. 29 (ff) Operating or causing to be operated a dental office in such a manner as to result in dental treatment that 30 is below minimum acceptable standards of performance for the 31 106

1 community. This includes, but is not limited to, the use of 2 substandard materials or equipment, the imposition of time 3 limitations within which dental procedures are to be 4 performed, or the failure to maintain patient records as 5 required by this chapter.

6 (gg) Administering anesthesia in a manner which7 violates rules of the board adopted pursuant to s. 466.017.

8 (hh) Failing to report to the department any licensee 9 under chapter 458 or chapter 459 who the dentist knows has 10 violated the grounds for disciplinary action set out in the 11 law under which that person is licensed and who provides 12 health care services in a facility licensed under chapter 395, 13 or a health maintenance organization certificated under part I 14 of chapter 641, in which the dentist also provides services.

(ii) Failing to report to the board, in writing,
within 30 days if action has been taken against one's license
to practice dentistry in another state, territory, or country.

18 (jj) Advertising specialty services in violation of19 this chapter.

20 (kk) Allowing any person other than another dentist or a professional corporation or limited liability company 21 composed of dentists to direct, control, or interfere with a 22 23 dentist's clinical judgment; however, this paragraph may not be construed to limit a patient's right of informed consent. 24 To direct, control, or interfere with a dentist's clinical 25 26 judgment may not be interpreted to mean dental services 27 contractually excluded, the application of alternative benefits that may be appropriate given the dentist's 28 29 prescribed course of treatment, or the application of contractual provisions and scope of coverage determinations in 30 comparison with a dentist's prescribed treatment on behalf of 31

a covered person by an insurer, health maintenance 1 organization, or a prepaid limited health service 2 3 organization. 4 (11) Violating any provision of this chapter or 5 chapter 456, or any rules adopted pursuant thereto. 6 (2) The board may enter an order denying licensure or 7 imposing any of the penalties in s. 456.072(2) against any 8 applicant for licensure or licensee who is found guilty of 9 violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 10 456.072(1). When the board finds any applicant or licensee 11 12 guilty of any of the grounds set forth in subsection (1), it 13 may enter an order imposing one or more of the following 14 penalties: 15 (a) Denial of an application for licensure. (b) Revocation or suspension of a license. 16 17 (c) Imposition of an administrative fine not to exceed \$3,000 for each count or separate offense. 18 19 (d) Issuance of a reprimand. 20 (e) Placement of the licensee on probation for a period of time and subject to such conditions as the board may 21 specify, including requiring the licensee to attend continuing 22 23 education courses or demonstrate competency through a written 24 or practical examination or to work under the supervision of 25 another licensee. 26 (f) Restricting the authorized scope of practice. 27 Section 37. Section 466.037, Florida Statutes, is 28 amended to read: 29 466.037 Suspension and revocation; administrative 30 fine.--The department may suspend or revoke the certificate of any dental laboratory registered under s. 466.032, for failing 31 108 CODING: Words stricken are deletions; words underlined are additions.

to comply with the provisions of this chapter or rules adopted 1 2 by the department under this chapter. The department may 3 impose an administrative fine not to exceed \$500 for each 4 count or separate offense. 5 Section 38. Subsections (1) and (2) of section 6 467.203, Florida Statutes, are amended to read: 7 467.203 Disciplinary actions; penalties.--8 (1) The following acts constitute shall be grounds for denial of a license or disciplinary action, as specified in s. 9 456.072(2) disciplinary action as set forth in this section: 10 (a) Procuring, attempting to procure, or renewing a 11 12 license to practice midwifery by bribery, by fraudulent misrepresentation, or through an error of the department. 13 14 (b) Having a license to practice midwifery revoked, 15 suspended, or otherwise acted against, including being denied 16 licensure, by the licensing authority of another state, 17 territory, or country. (c) Being convicted or found guilty, regardless of 18 19 adjudication, in any jurisdiction of a crime which directly relates to the practice of midwifery or to the ability to 20 practice midwifery. A plea of nolo contendere shall be 21 considered a conviction for purposes of this provision. 22 23 (d) Making or filing a false report or record, which the licensee knows to be false; intentionally or negligently 24 failing to file a report or record required by state or 25 26 federal law; or willfully impeding or obstructing such filing or inducing another to do so. Such reports or records shall 27 include only those which are signed in the midwife's capacity 28 29 as a licensed midwife. 30 (e) Advertising falsely, misleadingly, or deceptively. 31 109

1	(f) Engaging in unprofessional conduct, which
2	includes, but is not limited to, any departure from, or the
3	failure to conform to, the standards of practice of midwifery
4	as established by the department, in which case actual injury
5	need not be established.
6	(g) Being unable to practice midwifery with reasonable
7	skill and safety to patients by reason of illness;
8	drunkenness; or use of drugs, narcotics, chemicals, or other
9	materials or as a result of any mental or physical condition.
10	A midwife affected under this paragraph shall, at reasonable
11	intervals, be afforded an opportunity to demonstrate that he
12	or she can resume the competent practice of midwifery with
13	reasonable skill and safety.
14	(h) Failing to report to the department any person who
15	the licensee knows is in violation of this chapter or of the
16	rules of the department.
17	(i) Willfully or repeatedly Violating any provision of
18	this chapter, any rule of the department, or any lawful order
19	of the department previously entered in a disciplinary
20	proceeding or failing to comply with a lawfully issued
21	subpoena of the department.
22	(j) Violating any provision of this chapter or chapter
23	456, or any rules adopted pursuant thereto.
24	(2) The department may enter an order denying
25	licensure or imposing any of the penalties in s. 456.072(2)
26	against any applicant for licensure or licensee who is found
27	guilty of violating any provision of subsection (1) of this
28	section or who is found guilty of violating any provision of
29	s. $456.072(1)$. When the department finds any person guilty of
30	any of the grounds set forth in subsection (1), it may enter
31	an order imposing one or more of the following penalties:
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1 (a) Refusal to approve an application for licensure. 2 (b) Revocation or suspension of a license. 3 (c) Imposition of an administrative fine not to exceed 4 \$1,000 for each count or separate offense. 5 (d) Issuance of a reprimand. 6 (e) Placement of the midwife on probation for such 7 period of time and subject to such conditions as the 8 department may specify, including requiring the midwife to 9 submit to treatment; undertake further relevant education or training; take an examination; or work under the supervision 10 of another licensed midwife, a physician, or a nurse midwife 11 12 licensed under part I of chapter 464. Section 39. Subsections (1) and (2) of section 13 14 468.1295, Florida Statutes, are amended to read: 15 468.1295 Disciplinary proceedings.--(1) The following acts constitute grounds for denial 16 17 of a license or disciplinary action, as specified in s. 18 456.072(2) both disciplinary actions as set forth in 19 subsection (2) and cease and desist or other related actions by the department as set forth in s. 456.065: 20 21 (a) Procuring or attempting to procure a license by bribery, by fraudulent misrepresentation, or through an error 22 23 of the department or the board. (b) Having a license revoked, suspended, or otherwise 24 25 acted against, including denial of licensure, by the licensing 26 authority of another state, territory, or country. (c) Being convicted or found guilty of, or entering a 27 plea of nolo contendere to, regardless of adjudication, a 28 29 crime in any jurisdiction which directly relates to the practice of speech-language pathology or audiology. 30 31 111

1 (d) Making or filing a report or record which the 2 licensee knows to be false, intentionally or negligently 3 failing to file a report or records required by state or 4 federal law, willfully impeding or obstructing such filing, or 5 inducing another person to impede or obstruct such filing. 6 Such report or record shall include only those reports or 7 records which are signed in one's capacity as a licensed 8 speech-language pathologist or audiologist. 9 (e) Advertising goods or services in a manner which is fraudulent, false, deceptive, or misleading in form or 10 11 content. 12 (f) Being proven guilty of fraud or deceit or of negligence, incompetency, or misconduct in the practice of 13 14 speech-language pathology or audiology. 15 (g) Violating a lawful order of the board or department previously entered in a disciplinary hearing, or 16 17 failing to comply with a lawfully issued subpoena of the board 18 or department. 19 (h) Practicing with a revoked, suspended, inactive, or 20 delinquent license. 21 (i) Using, or causing or promoting the use of, any advertising matter, promotional literature, testimonial, 22 23 guarantee, warranty, label, brand, insignia, or other representation, however disseminated or published, which is 24 misleading, deceiving, or untruthful. 25 26 Showing or demonstrating or, in the event of sale, (j) 27 delivery of a product unusable or impractical for the purpose represented or implied by such action. 28 29 (k) Failing to submit to the board on an annual basis, 30 or such other basis as may be provided by rule, certification 31 112 CODING: Words stricken are deletions; words underlined are additions. of testing and calibration of such equipment as designated by
 the board and on the form approved by the board.

3 (1) Aiding, assisting, procuring, employing, or
4 advising any licensee or business entity to practice
5 speech-language pathology or audiology contrary to this part,
6 chapter 456, or any rule adopted pursuant thereto.

7 (m) Violating any provision of this part or chapter
8 456 or any rule adopted pursuant thereto.

9 <u>(m)(n)</u> Misrepresenting the professional services available in the fitting, sale, adjustment, service, or repair of a hearing aid, or using any other term or title which might connote the availability of professional services when such use is not accurate.

14 <u>(n)(o)</u> Representing, advertising, or implying that a 15 hearing aid or its repair is guaranteed without providing full 16 disclosure of the identity of the guarantor; the nature, 17 extent, and duration of the guarantee; and the existence of 18 conditions or limitations imposed upon the guarantee.

19 (o)(p) Representing, directly or by implication, that 20 a hearing aid utilizing bone conduction has certain specified 21 features, such as the absence of anything in the ear or 22 leading to the ear, or the like, without disclosing clearly 23 and conspicuously that the instrument operates on the bone 24 conduction principle and that in many cases of hearing loss 25 this type of instrument may not be suitable.

26 (p)(q) Stating or implying that the use of any hearing 27 aid will improve or preserve hearing or prevent or retard the 28 progression of a hearing impairment or that it will have any 29 similar or opposite effect.

30 (q)(r) Making any statement regarding the cure of the 31 cause of a hearing impairment by the use of a hearing aid.

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(r) (r) (s) Representing or implying that a hearing aid is 1 2 or will be "custom-made," "made to order," or "prescription-made," or in any other sense specially 3 4 fabricated for an individual, when such is not the case. 5 (s)(t) Canvassing from house to house or by telephone, б either in person or by an agent, for the purpose of selling a 7 hearing aid, except that contacting persons who have evidenced 8 an interest in hearing aids, or have been referred as in need 9 of hearing aids, shall not be considered canvassing. 10 (t)(u) Failing to notify the department in writing of a change in current mailing and place-of-practice address 11 12 within 30 days after such change. 13 (u) (v) Failing to provide all information as described 14 in ss. 468.1225(5)(b), 468.1245(1), and 468.1246. (v) (w) Exercising influence on a client in such a 15 manner as to exploit the client for financial gain of the 16 17 licensee or of a third party. 18 (w) (w) (x) Practicing or offering to practice beyond the 19 scope permitted by law or accepting and performing professional responsibilities the licensee or 20 certificateholder knows, or has reason to know, the licensee 21 22 or certificateholder is not competent to perform. 23 (x)(y) Aiding, assisting, procuring, or employing any unlicensed person to practice speech-language pathology or 24 25 audiology. 26 (y) (z) Delegating or contracting for the performance 27 of professional responsibilities by a person when the licensee delegating or contracting for performance of such 28 29 responsibilities knows, or has reason to know, such person is not qualified by training, experience, and authorization to 30 perform them. 31 114

1 <u>(z)(aa)</u> Committing any act upon a patient or client
2 which would constitute sexual battery or which would
3 constitute sexual misconduct as defined pursuant to s.
4 468.1296.

5 (aa) (bb) Being unable to practice the profession for 6 which he or she is licensed or certified under this chapter 7 with reasonable skill or competence as a result of any mental 8 or physical condition or by reason of illness, drunkenness, or 9 use of drugs, narcotics, chemicals, or any other substance. In 10 enforcing this paragraph, upon a finding by the secretary, his or her designee, or the board that probable cause exists to 11 believe that the licensee or certificateholder is unable to 12 practice the profession because of the reasons stated in this 13 14 paragraph, the department shall have the authority to compel a 15 licensee or certificateholder to submit to a mental or 16 physical examination by a physician, psychologist, clinical social worker, marriage and family therapist, or mental health 17 18 counselor designated by the department or board. If the 19 licensee or certificateholder refuses to comply with the department's order directing the examination, such order may 20 be enforced by filing a petition for enforcement in the 21 circuit court in the circuit in which the licensee or 22 certificateholder resides or does business. The department 23 shall be entitled to the summary procedure provided in s. 24 25 51.011. A licensee or certificateholder affected under this 26 paragraph shall at reasonable intervals be afforded an 27 opportunity to demonstrate that he or she can resume the competent practice for which he or she is licensed or 28 29 certified with reasonable skill and safety to patients. (bb) Violating any provision of this chapter or 30 chapter 456, or any rules adopted pursuant thereto. 31

The board may enter an order denying licensure or 1 (2) 2 imposing any of the penalties in s. 456.072(2) against any 3 applicant for licensure or licensee who is found guilty of 4 violating any provision of subsection (1) of this section or 5 who is found guilty of violating any provision of s. 6 456.072(1). When the board finds any person guilty of any of 7 the acts set forth in subsection (1), it may issue an order imposing one or more of the following penalties: 8 9 (a) Refusal to certify, or to certify with 10 restrictions, an application for licensure. 11 (b) Suspension or permanent revocation of a license. 12 (c) Issuance of a reprimand. (d) Restriction of the authorized scope of practice. 13 14 (e) Imposition of an administrative fine not to exceed 15 \$1,000 for each count or separate offense. 16 (f) Placement of the licensee or certificateholder on probation for a period of time and subject to such conditions 17 as the board may specify. Those conditions may include, but 18 19 are not limited to, requiring the licensee or 20 certificateholder to undergo treatment, attend continuing education courses, submit to be reexamined, work under the 21 supervision of another licensee, or satisfy any terms which 22 23 are reasonably tailored to the violation found. (g) Corrective action. 24 25 Section 40. Subsections (1) and (2) of section 26 468.1755, Florida Statutes, are amended to read: 27 468.1755 Disciplinary proceedings.--28 (1) The following acts shall constitute grounds for 29 denial of a license or disciplinary action, as specified in s. 30 456.072(2) which the disciplinary actions in subsection (2) 31 may be taken: 116

(a) Violation of any provision of s. 456.072(1) or s.
 468.1745(1).
 (b) Attempting to procure a license to practice

4 nursing home administration by bribery, by fraudulent 5 misrepresentation, or through an error of the department or 6 the board.

7 (c) Having a license to practice nursing home
8 administration revoked, suspended, or otherwise acted against,
9 including the denial of licensure, by the licensing authority
10 of another state, territory, or country.

(d) Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which relates to the practice of nursing home administration or the ability to practice nursing home administration. Any plea of nolo contendere shall be considered a conviction for purposes of this part.

(e) Making or filing a report or record which the licensee knows to be false, intentionally failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing, or inducing another person to impede or obstruct such filing. Such reports or records shall include only those which are signed in the capacity of a licensed nursing home administrator.

(f) Authorizing the discharge or transfer of a resident for a reason other than those provided in ss. 400.022 and 400.0255.

27 (g) Advertising goods or services in a manner which is 28 fraudulent, false, deceptive, or misleading in form or 29 content.

30 (h) Fraud or deceit, negligence, incompetence, or31 misconduct in the practice of nursing home administration.

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(i) A violation or repeated violations of this part, 1 2 chapter 456, or any rules promulgated pursuant thereto. 3 (i) (j) Violation of a lawful order of the board or 4 department previously entered in a disciplinary hearing or 5 failing to comply with a lawfully issued subpoena of the board 6 or department. 7 (j)(k) Practicing with a revoked, suspended, inactive, 8 or delinquent license. 9 (k) (1) Repeatedly acting in a manner inconsistent with the health, safety, or welfare of the patients of the facility 10 in which he or she is the administrator. 11 12 (1)(m) Being unable to practice nursing home administration with reasonable skill and safety to patients by 13 14 reason of illness, drunkenness, use of drugs, narcotics, 15 chemicals, or any other material or substance or as a result of any mental or physical condition. In enforcing this 16 17 paragraph, upon a finding of the secretary or his or her designee that probable cause exists to believe that the 18 19 licensee is unable to serve as a nursing home administrator due to the reasons stated in this paragraph, the department 20 shall have the authority to issue an order to compel the 21 licensee to submit to a mental or physical examination by a 22 23 physician designated by the department. If the licensee refuses to comply with such order, the department's order 24 directing such examination may be enforced by filing a 25 26 petition for enforcement in the circuit court where the licensee resides or serves as a nursing home administrator. 27 The licensee against whom the petition is filed shall not be 28 29 named or identified by initials in any public court records or documents, and the proceedings shall be closed to the public. 30 The department shall be entitled to the summary procedure 31

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1 provided in s. 51.011. A licensee affected under this
2 paragraph shall have the opportunity, at reasonable intervals,
3 to demonstrate that he or she can resume the competent
4 practice of nursing home administration with reasonable skill
5 and safety to patients.

6 (m)(n) Willfully or repeatedly violating any of the 7 provisions of the law, code, or rules of the licensing or 8 supervising authority or agency of the state or political 9 subdivision thereof having jurisdiction of the operation and 10 licensing of nursing homes.

11 (n)(o) Paying, giving, causing to be paid or given, or 12 offering to pay or to give to any person a commission or other 13 valuable consideration for the solicitation or procurement, 14 either directly or indirectly, of nursing home usage.

15 <u>(o)(p)</u> Willfully permitting unauthorized disclosure of 16 information relating to a patient or his or her records.

17 (p)(q) Discriminating with respect to patients,
18 employees, or staff on account of race, religion, color, sex,
19 or national origin.

20 (q) Violating any provision of this chapter or chapter
21 456, or any rules adopted pursuant thereto.

22 (2) <u>The board may enter an order denying licensure or</u> 23 <u>imposing any of the penalties in s. 456.072(2) against any</u> 24 applicant for licensure or licensee who is found guilty of

25 violating any provision of subsection (1) of this section or

26 who is found guilty of violating any provision of s.

27 456.072(1). When the board finds any nursing home

28 administrator guilty of any of the grounds set forth in

29 subsection (1), it may enter an order imposing one or more of

30 the following penalties:

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(a) Denial of an application for licensure.

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1 (b) Revocation or suspension of a license. 2 (c) Imposition of an administrative fine not to exceed \$1,000 for each count or separate offense. 3 4 (d) Issuance of a reprimand. 5 (e) Placement of the licensee on probation for a 6 period of time and subject to such conditions as the board may 7 specify, including requiring the licensee to attend continuing 8 education courses or to work under the supervision of another 9 licensee. 10 (f) Restriction of the authorized scope of practice. Section 41. Section 468.217, Florida Statutes, is 11 12 amended to read: 468.217 Denial of or refusal to renew license; 13 14 suspension and revocation of license and other disciplinary 15 measures.--16 (1) The following acts constitute grounds for denial 17 of a license or disciplinary action, as specified in s. 18 456.072(2) The board may deny or refuse to renew a license, 19 suspend or revoke a license, issue a reprimand, impose a fine, 20 or impose probationary conditions upon a licensee, when the licensee or applicant for license has been guilty of 21 unprofessional conduct which has endangered, or is likely to 22 23 endanger, the health, welfare, or safety of the public. Such unprofessional conduct includes: 24 25 (a) Attempting to obtain, obtaining, or renewing a 26 license to practice occupational therapy by bribery, by fraudulent misrepresentation, or through an error of the 27 28 department or the board. 29 (b) Having a license to practice occupational therapy 30 revoked, suspended, or otherwise acted against, including the 31 120

denial of licensure, by the licensing authority of another 1 state, territory, or country. 2 3 (c) Being convicted or found guilty, regardless of 4 adjudication, of a crime in any jurisdiction which directly 5 relates to the practice of occupational therapy or to the 6 ability to practice occupational therapy. A plea of nolo 7 contendere shall be considered a conviction for the purposes 8 of this part. 9 (d) False, deceptive, or misleading advertising. 10 (e) Advertising, practicing, or attempting to practice under a name other than one's own name. 11 12 (f) Failing to report to the department any person who the licensee knows is in violation of this part or of the 13 14 rules of the department or of the board. (q) Aiding, assisting, procuring, or advising any 15 unlicensed person to practice occupational therapy contrary to 16 17 this part or to a rule of the department or the board. 18 (h) Failing to perform any statutory or legal 19 obligation placed upon a licensed occupational therapist or occupational therapy assistant. 20 21 (i) Making or filing a report which the licensee knows 22 to be false, intentionally or negligently failing to file a 23 report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person 24 to do so. Such reports or records include only those which 25 26 are signed in the capacity as a licensed occupational 27 therapist or occupational therapy assistant. 28 (j) Paying or receiving any commission, bonus, 29 kickback, or rebate to or from, or engaging in any split-fee arrangement in any form whatsoever with, a physician, 30 organization, agency, or person, either directly or 31 121

1 indirectly, for patients referred to providers of health care 2 goods and services, including, but not limited to, hospitals, 3 nursing homes, clinical laboratories, ambulatory surgical 4 centers, or pharmacies. The provisions of this paragraph 5 shall not be construed to prevent an occupational therapist or 6 occupational therapy assistant from receiving a fee for 7 professional consultation services.

8 (k) Exercising influence within a patient-therapist 9 relationship for purposes of engaging a patient in sexual 10 activity. A patient is presumed to be incapable of giving 11 free, full, and informed consent to sexual activity with the 12 patient's occupational therapist or occupational therapy 13 assistant.

(1) Making deceptive, untrue, or fraudulent representations in the practice of occupational therapy or employing a trick or scheme in the practice of occupational therapy if such scheme or trick fails to conform to the generally prevailing standards of treatment in the occupational therapy community.

(m) Soliciting patients, either personally or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct. A "solicitation" is any communication which directly or implicitly requests an immediate oral response from the recipient.

(n) Failing to keep written records justifying the course of treatment of the patient, including, but not limited to, patient histories, examination results, and test results. (o) Exercising influence on the patient or client in such a manner as to exploit the patient or client for financial gain of the licensee or of a third party which

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includes, but is not limited to, the promoting or selling of
 services, goods, appliances, or drugs.

3 (p) Performing professional services which have not
4 been duly authorized by the patient or client, or his or her
5 legal representative, except as provided in s. 768.13.

6 (q) Gross or repeated malpractice or the failure to 7 practice occupational therapy with that level of care, skill, 8 and treatment which is recognized by a reasonably prudent 9 similar occupational therapist or occupational therapy 10 assistant as being acceptable under similar conditions and 11 circumstances.

(r) Performing any procedure which, by the prevailing standards of occupational therapy practice in the community, would constitute experimentation on a human subject without first obtaining full, informed, and written consent.

16 (s) Practicing or offering to practice beyond the 17 scope permitted by law or accepting and performing 18 professional responsibilities which the licensee knows or has 19 reason to know that he or she is not competent to perform.

20 (t) Being unable to practice occupational therapy with reasonable skill and safety to patients by reason of illness 21 22 or use of alcohol, drugs, narcotics, chemicals, or any other 23 type of material or as a result of any mental or physical 24 condition. In enforcing this paragraph, the department shall have, upon probable cause, authority to compel an occupational 25 26 therapist or occupational therapy assistant to submit to a 27 mental or physical examination by physicians designated by the department. The failure of an occupational therapist or 28 29 occupational therapy assistant to submit to such examination when so directed constitutes an admission of the allegations 30 against him or her, upon which a default and final order may 31

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be entered without the taking of testimony or presentation of 1 evidence, unless the failure was due to circumstances beyond 2 3 his or her control. An occupational therapist or occupational 4 therapy assistant affected under this paragraph shall at 5 reasonable intervals be afforded an opportunity to demonstrate б that he or she can resume the competent practice of 7 occupational therapy with reasonable skill and safety to 8 patients. In any proceeding under this paragraph, neither the 9 record of proceedings nor the orders entered by the board shall be used against an occupational therapist or 10 occupational therapy assistant in any other proceeding. 11 12 (u) Delegating professional responsibilities to a 13 person when the licensee who is delegating such 14 responsibilities knows or has reason to know that such person 15 is not qualified by training, experience, or licensure to 16 perform them. 17 (v) Violating any provision of this part, a rule of the board or department, or a lawful order of the board or 18 19 department previously entered in a disciplinary hearing or 20 failing to comply with a lawfully issued subpoena of the 21 department. 22 (w) Conspiring with another licensee or with any other 23 person to commit an act, or committing an act, which would tend to coerce, intimidate, or preclude another licensee from 24 25 lawfully advertising his or her services. 26 (x) Violating any provision of this chapter or chapter 27 456, or any rules adopted pursuant thereto. 28 (2) The board may enter an order denying licensure or 29 imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of 30 violating any provision of subsection (1) of this section or 31 124

who is found guilty of violating any provision of s. 1 2 456.072(1). 3 (3) (3) (2) The board may not reinstate the license of an 4 occupational therapist or occupational therapy assistant, or 5 cause a license to be issued to a person it has deemed б unqualified, until such time as the board is satisfied that 7 such person has complied with all the terms and conditions set 8 forth in the final order and is capable of safely engaging in 9 the practice of occupational therapy. Section 42. Subsections (1) and (2) of section 10 468.365, Florida Statutes, are amended to read: 11 12 468.365 Disciplinary grounds and actions.--(1) The following acts constitute grounds for denial 13 14 of a license or disciplinary action, as specified in s. 15 456.072(2) which the disciplinary actions in subsection (2) may be taken: 16 17 (a) Procuring, attempting to procure, or renewing a license as provided by this part by bribery, by fraudulent 18 19 misrepresentation, or through an error of the department or 20 the board. 21 (b) Having licensure, certification, registration, or 22 other authority, by whatever name known, to deliver 23 respiratory care services revoked, suspended, or otherwise acted against, including the denial of licensure, 24 certification, registration, or other authority to deliver 25 26 respiratory care services by the licensing authority of 27 another state, territory, or country. (c) Being convicted or found guilty of, or entering a 28 29 plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to 30 31 125 CODING: Words stricken are deletions; words underlined are additions. respiratory care services or to the ability to deliver such
 services.

(d) Willfully making or filing a false report or record, willfully failing to file a report or record required by state or federal law, or willfully impeding or obstructing such filing or inducing another person to do so. Such reports or records include only those reports or records which require the signature of a respiratory care practitioner or respiratory therapist licensed pursuant to this part.

10 (e) Circulating false, misleading, or deceptive 11 advertising.

(f) Unprofessional conduct, which includes, but is not limited to, any departure from, or failure to conform to, acceptable standards related to the delivery of respiratory care services, as set forth by the board in rules adopted pursuant to this part.

17 (g) Engaging or attempting to engage in the 18 possession, sale, or distribution of controlled substances, as 19 set forth by law, for any purpose other than a legitimate 20 purpose.

21 (h) Willfully failing to report any violation of this22 part.

(i) Willfully or repeatedly Violating a rule of the
 board or the department or a lawful order of the board or
 department previously entered in a disciplinary hearing.
 (j) Violation of any rule adopted pursuant to this
 part or chapter 456.

28 <u>(j)(k)</u> Engaging in the delivery of respiratory care 29 services with a revoked, suspended, or inactive license. 30 <u>(k)(1)</u> Permitting, aiding, assisting, procuring, or 31 advising any person who is not licensed pursuant to this part,

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contrary to this part or to any rule of the department or the
 board.

3 <u>(1)(m)</u> Failing to perform any statutory or legal 4 obligation placed upon a respiratory care practitioner or 5 respiratory therapist licensed pursuant to this part.

6 (m)(n) Accepting and performing professional
7 responsibilities which the licensee knows, or has reason to
8 know, she or he is not competent to perform.

9 <u>(n)(o)</u> Delegating professional responsibilities to a 10 person when the licensee delegating such responsibilities 11 knows, or has reason to know, that such person is not 12 qualified by training, experience, or licensure to perform 13 them.

14 <u>(o)(p)</u> Gross or repeated malpractice or the failure to 15 deliver respiratory care services with that level of care, 16 skill, and treatment which is recognized by a reasonably 17 prudent respiratory care practitioner or respiratory therapist 18 with similar professional training as being acceptable under 19 similar conditions and circumstances.

20 (p)(q) Paying or receiving any commission, bonus, kickback, or rebate to or from, or engaging in any split-fee 21 22 arrangement in any form whatsoever with, a person, 23 organization, or agency, either directly or indirectly, for goods or services rendered to patients referred by or to 24 providers of health care goods and services, including, but 25 26 not limited to, hospitals, nursing homes, clinical 27 laboratories, ambulatory surgical centers, or pharmacies. The provisions of this paragraph shall not be construed to prevent 28 29 the licensee from receiving a fee for professional 30 consultation services. 31

(q)(r) Exercising influence within a respiratory care 1 2 relationship for the purpose of engaging a patient in sexual activity. A patient is presumed to be incapable of giving 3 4 free, full, and informed consent to sexual activity with the 5 patient's respiratory care practitioner or respiratory 6 therapist. 7 (r)(s) Making deceptive, untrue, or fraudulent 8 representations in the delivery of respiratory care services 9 or employing a trick or scheme in the delivery of respiratory care services if such a scheme or trick fails to conform to 10 the generally prevailing standards of other licensees within 11 12 the community. 13 (s)(t) Soliciting patients, either personally or 14 through an agent, through the use of fraud, deception, or 15 otherwise misleading statements or through the exercise of intimidation or undue influence. 16 17 (t) (u) Failing to keep written respiratory care records justifying the reason for the action taken by the 18 19 licensee. 20 (u) (v) Exercising influence on the patient in such a manner as to exploit the patient for the financial gain of the 21 licensee or a third party, which includes, but is not limited 22 23 to, the promoting or selling of services, goods, appliances, 24 or drugs. (v) (w) Performing professional services which have not 25 26 been duly ordered by a physician licensed pursuant to chapter 458 or chapter 459 and which are not in accordance with 27 protocols established by the hospital, other health care 28 29 provider, or the board, except as provided in ss. 743.064, 766.103, and 768.13. 30 31 128

(w) (x) Being unable to deliver respiratory care 1 2 services with reasonable skill and safety to patients by 3 reason of illness or use of alcohol, drugs, narcotics, 4 chemicals, or any other type of material as a result of any 5 mental or physical condition. In enforcing this paragraph, 6 the department shall, upon probable cause, have authority to 7 compel a respiratory care practitioner or respiratory 8 therapist to submit to a mental or physical examination by 9 physicians designated by the department. The cost of examination shall be borne by the licensee being examined. 10 The failure of a respiratory care practitioner or respiratory 11 12 therapist to submit to such an examination when so directed constitutes an admission of the allegations against her or 13 14 him, upon which a default and a final order may be entered 15 without the taking of testimony or presentation of evidence, unless the failure was due to circumstances beyond her or his 16 17 control. A respiratory care practitioner or respiratory therapist affected under this paragraph shall at reasonable 18 19 intervals be afforded an opportunity to demonstrate that she or he can resume the competent delivery of respiratory care 20 services with reasonable skill and safety to her or his 21 22 patients. In any proceeding under this paragraph, neither the 23 record of proceedings nor the orders entered by the board shall be used against a respiratory care practitioner or 24 respiratory therapist in any other proceeding. 25 26 (x) Violating any provision of this chapter or chapter 27 456, or any rules adopted pursuant thereto. 28 The board may enter an order denying licensure or (2) 29 imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of 30 violating any provision of subsection (1) of this section or 31 129

who is found guilty of violating any provision of s. 1 456.072(1). If the board finds any person guilty of any of the 2 3 grounds set forth in subsection (1), it may enter an order 4 imposing one or more of the following penalties: 5 (a) Denial of an application for licensure. 6 (b) Revocation or suspension of licensure. 7 (c) Imposition of an administrative fine not to exceed \$1,000 for each count or separate offense. 8 9 (d) Placement of the respiratory care practitioner or 10 respiratory therapist on probation for such period of time and subject to such conditions as the board may specify, 11 12 including, but not limited to, requiring the respiratory care practitioner or respiratory therapist to submit to treatment, 13 14 to attend continuing education courses, or to work under the supervision of another respiratory care practitioner or 15 16 respiratory therapist. 17 (e) Issuance of a reprimand. 18 Section 43. Subsections (1) and (2) of section 19 468.518, Florida Statutes, are amended to read: 20 468.518 Grounds for disciplinary action .--21 (1) The following acts constitute grounds for denial 22 of a license or disciplinary action, as specified in s. 23 456.072(2) which the disciplinary actions in subsection (2) 24 may be taken: (a) Violating any provision of this part, any board or 25 26 agency rule adopted pursuant thereto, or any lawful order of 27 the board or agency previously entered in a disciplinary hearing held pursuant to this part, or failing to comply with 28 29 a lawfully issued subpoena of the agency. The provisions of this paragraph also apply to any order or subpoena previously 30 31 130

issued by the Department of Health during its period of
 regulatory control over this part.

3 (b) Being unable to engage in dietetics and nutrition 4 practice or nutrition counseling with reasonable skill and 5 safety to patients by reason of illness or use of alcohol, 6 drugs, narcotics, chemicals, or any other type of material or 7 as a result of any mental or physical condition.

8 1. A licensee whose license is suspended or revoked 9 pursuant to this paragraph shall, at reasonable intervals, be 10 given an opportunity to demonstrate that he or she can resume 11 the competent practice of dietetics and nutrition or nutrition 12 counseling with reasonable skill and safety to patients.

Neither the record of the proceeding nor the orders
 entered by the board in any proceeding under this paragraph
 may be used against a licensee in any other proceeding.

16 (c) Attempting to procure or procuring a license to 17 practice dietetics and nutrition or nutrition counseling by 18 fraud or material misrepresentation of material fact.

19 (d) Having a license to practice dietetics and 20 nutrition or nutrition counseling revoked, suspended, or 21 otherwise acted against, including the denial of licensure by 22 the licensing authority of another state, district, territory, 23 or country.

(e) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of dietetics and nutrition or nutrition counseling or the ability to practice dietetics and nutrition or nutrition counseling.

30 (f) Making or filing a report or record that the 31 licensee knows to be false, willfully failing to file a report

1 or record required by state or federal law, willfully impeding 2 or obstructing such filing, or inducing another person to 3 impede or obstruct such filing. Such reports or records 4 include only those that are signed in the capacity of a 5 licensed dietitian/nutritionist or licensed nutrition 6 counselor.

7 (g) Advertising goods or services in a manner that is
8 fraudulent, false, deceptive, or misleading in form or
9 content.

(h) Committing an act of fraud or deceit, or of
negligence, incompetency, or misconduct in the practice of
dietetics and nutrition or nutrition counseling.

13 (i) Practicing with a revoked, suspended, inactive, or14 delinquent license.

(j) Treating or undertaking to treat human ailments by means other than by dietetics and nutrition practice or nutrition counseling.

18 (k) Failing to maintain acceptable standards of
19 practice as set forth by the board and the council in rules
20 adopted pursuant to this part.

21 (1) Engaging directly or indirectly in the dividing, transferring, assigning, rebating, or refunding of fees 22 23 received for professional services, or profiting by means of a credit or other valuable consideration, such as an unearned 24 commission, discount, or gratuity, with any person referring a 25 26 patient or with any relative or business associate of the 27 referring person. Nothing in this part prohibits the members of any regularly and properly organized business entity that 28 29 is composed of licensees under this part and recognized under the laws of this state from making any division of their total 30 fees among themselves as they determine necessary. 31

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1 (m) Advertising, by or on behalf of a licensee under 2 this part, any method of assessment or treatment which is 3 experimental or without generally accepted scientific 4 validation. 5 (n) Violating any provision of this chapter or chapter 6 456, or any rules adopted pursuant thereto. 7 The board may enter an order denying licensure or (2) imposing any of the penalties in s. 456.072(2) against any 8 9 applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or 10 who is found guilty of violating any provision of s. 11 12 456.072(1). When the board finds any licensee guilty of any of the grounds set forth in subsection (1), it may enter an order 13 14 imposing one or more of the following penalties: 15 (a) Denial of an application for licensure; (b) Revocation or suspension of a license; 16 17 (c) Imposition of an administrative fine not to exceed \$1,000 for each violation; 18 19 (d) Issuance of a reprimand or letter of guidance; 20 (e) Placement of the licensee on probation for a period of time and subject to such conditions as the board may 21 22 specify, including requiring the licensee to attend continuing education courses or to work under the supervision of a 23 licensed dietitian/nutritionist or licensed nutrition 24 25 counselor; or 26 (f) Restriction of the authorized scope of practice of the licensee. 27 28 Section 44. Section 468.719, Florida Statutes, is amended to read: 29 30 468.719 Disciplinary actions.--31 133 CODING: Words stricken are deletions; words underlined are additions.

(1) The following acts constitute shall be grounds for 1 2 denial of a license or disciplinary action, as specified in s. 3 456.072(2) disciplinary actions provided for in subsection (2): 4 5 (a) A violation of any law relating to the practice of 6 athletic training, including, but not limited to, any 7 violation of this part, s. 456.072, or any rule adopted 8 pursuant thereto. 9 (a) (b) Failing to include the athletic trainer's name and license number in any advertising, including, but not 10 limited to, business cards and letterhead, related to the 11 12 practice of athletic training. Advertising shall not include clothing or other novelty items. 13 14 (b)(c) Committing incompetency or misconduct in the 15 practice of athletic training. (c)(d) Committing fraud or deceit in the practice of 16 17 athletic training. (d)(e) Committing negligence, gross negligence, or 18 19 repeated negligence in the practice of athletic training. 20 (e)(f) While practicing athletic training, being unable to practice athletic training with reasonable skill and 21 22 safety to athletes by reason of illness or use of alcohol or 23 drugs or as a result of any mental or physical condition. (f) Violating any provision of this chapter or chapter 24 25 456, or any rules adopted pursuant thereto. 26 The board may enter an order denying licensure or (2) imposing any of the penalties in s. 456.072(2) against any 27 applicant for licensure or licensee who is found guilty of 28 29 violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 30 456.072(1). When the board finds any person guilty of any of 31 134

the acts set forth in subsection (1), the board may enter 1 an 2 order imposing one or more of the penalties provided in s. 3 456.072. 4 Section 45. Section 468.811, Florida Statutes, is 5 amended to read: 6 468.811 Disciplinary proceedings.--7 The following acts constitute are grounds for (1) 8 denial of a license or disciplinary action, as specified in s. 9 456.072(2): disciplinary action against a licensee and the 10 issuance of cease and desist orders or other related action by 11 the department, pursuant to s. 456.072, against any person who 12 engages in or aids in a violation. (a) Attempting to procure a license by fraudulent 13 14 misrepresentation. (b) Having a license to practice orthotics, 15 prosthetics, or pedorthics revoked, suspended, or otherwise 16 17 acted against, including the denial of licensure in another 18 jurisdiction. 19 (c) Being convicted or found guilty of or pleading nolo contendere to, regardless of adjudication, in any 20 jurisdiction, a crime that directly relates to the practice of 21 orthotics, prosthetics, or pedorthics, including violations of 22 23 federal laws or regulations regarding orthotics, prosthetics, or pedorthics. 24 (d) Filing a report or record that the licensee knows 25 26 is false, intentionally or negligently failing to file a 27 report or record required by state or federal law, willfully impeding or obstructing such filing, or inducing another 28 29 person to impede or obstruct such filing. Such reports or records include only reports or records that are signed in a 30 person's capacity as a licensee under this act. 31 135

(e) Advertising goods or services in a fraudulent, 1 2 false, deceptive, or misleading manner. (f) Violation of this act or chapter 456, or any rules 3 4 adopted thereunder. 5 (f)(g) Violation of an order of the board, agency, or 6 department previously entered in a disciplinary hearing or 7 failure to comply with a subpoena issued by the board, agency, 8 or department. 9 (g)(h) Practicing with a revoked, suspended, or inactive license. 10 (h)(i) Gross or repeated malpractice or the failure to 11 12 deliver orthotic, prosthetic, or pedorthic services with that level of care and skill which is recognized by a reasonably 13 14 prudent licensed practitioner with similar professional 15 training as being acceptable under similar conditions and 16 circumstances. 17 (i)(j) Failing to provide written notice of any applicable warranty for an orthosis, prosthesis, or pedorthic 18 19 device that is provided to a patient. 20 (j) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto. 21 (2) The board may enter an order denying licensure or 22 23 imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of 24 25 violating any provision of subsection (1) of this section or 26 who is found guilty of violating any provision of s. 27 456.072(1). The board may enter an order imposing one or more of the penalties in s. 456.072(2) against any person who 28 29 violates any provision of subsection (1). Section 46. Subsections (1) and (2) of section 478.52, 30 Florida Statutes, are amended to read: 31 136

1 478.52 Disciplinary proceedings.--2 (1) The following acts constitute are grounds for 3 denial of a license or disciplinary action, as specified in s. 4 456.072(2) which the disciplinary actions in subsection (2) 5 may be taken: (a) Obtaining or attempting to obtain a license by 6 7 bribery, fraud, or knowing misrepresentation. 8 (b) Having a license or other authority to deliver 9 electrolysis services revoked, suspended, or otherwise acted against, including denial of licensure, in another 10 jurisdiction. 11 12 (c) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a 13 14 crime, in any jurisdiction, which directly relates to the practice of electrology. 15 (d) Willfully making or filing a false report or 16 17 record, willfully failing to file a report or record required for electrologists, or willfully impeding or obstructing the 18 19 filing of a report or record required by this act or inducing 20 another person to do so. 21 (e) Circulating false, misleading, or deceptive 22 advertising. 23 (f) Unprofessional conduct, including any departure from, or failure to conform to, acceptable standards related 24 to the delivery of electrolysis services. 25 26 Engaging or attempting to engage in the illegal (g) 27 possession, sale, or distribution of any illegal or controlled 28 substance. 29 (h) Willfully failing to report any known violation of 30 this chapter. 31 137

1 (i) Willfully or repeatedly violating a rule adopted 2 under this chapter, or an order of the board or department 3 previously entered in a disciplinary hearing. 4 (j) Engaging in the delivery of electrolysis services 5 without an active license. 6 (k) Employing an unlicensed person to practice 7 electrology. 8 (1) Failing to perform any statutory or legal 9 obligation placed upon an electrologist. 10 (m) Accepting and performing professional responsibilities which the licensee knows, or has reason to 11 12 know, she or he is not competent to perform. 13 (n) Delegating professional responsibilities to a 14 person the licensee knows, or has reason to know, is unqualified by training, experience, or licensure to perform. 15 16 (o) Gross or repeated malpractice or the inability to 17 practice electrology with reasonable skill and safety. 18 Judicially determined mental incompetency. (p) 19 (q) Practicing or attempting to practice electrology 20 under a name other than her or his own. 21 (r) Being unable to practice electrology with 22 reasonable skill and safety because of a mental or physical 23 condition or illness, or the use of alcohol, controlled substances, or any other substance which impairs one's ability 24 25 to practice. 26 1. The department may, upon probable cause, compel a 27 licensee to submit to a mental or physical examination by 28 physicians designated by the department. The cost of an 29 examination shall be borne by the licensee, and her or his failure to submit to such an examination constitutes an 30 admission of the allegations against her or him, consequent 31 138

upon which a default and a final order may be entered without 1 2 the taking of testimony or presentation of evidence, unless 3 the failure was due to circumstances beyond her or his 4 control. 5 2. A licensee who is disciplined under this paragraph 6 shall, at reasonable intervals, be afforded an opportunity to 7 demonstrate that she or he can resume the practice of 8 electrology with reasonable skill and safety. 9 3. In any proceeding under this paragraph, the record of proceedings or the orders entered by the board may not be 10 used against a licensee in any other proceeding. 11 12 (s) Disclosing the identity of or information about a patient without written permission, except for information 13 14 which does not identify a patient and which is used for 15 training purposes in an approved electrolysis training 16 program. 17 (t) Practicing or attempting to practice any permanent hair removal except as described in s. 478.42(5). 18 19 (u) Operating any electrolysis facility unless it has 20 been duly licensed as provided in this chapter. 21 (v) Violating any provision of this chapter or chapter 22 456, or any rules adopted pursuant thereto. 23 The board may enter an order denying licensure or (2) imposing any of the penalties in s. 456.072(2) against any 24 25 applicant for licensure or licensee who is found guilty of 26 violating any provision of subsection (1) of this section or 27 who is found guilty of violating any provision of s. 456.072(1). When the board finds any person guilty of any of 28 29 the grounds set forth in subsection (1), including conduct 30 that would constitute a substantial violation of subsection 31 139

which occurred prior to licensure, it may enter an order 1 (1)imposing one or more of the following penalties: 2 3 (a) Deny the application for licensure. 4 (b) Revoke or suspend the license. 5 (c) Impose an administrative fine not to exceed \$5,000 6 for each count or separate offense. 7 (d) Place the licensee on probation for a specified 8 time and subject the licensee to such conditions as the board 9 determines necessary, including, but not limited to, requiring 10 treatment, continuing education courses, reexamination, or working under the supervision of another licensee. 11 12 (e) Issue a reprimand to the licensee. (f) Restriction of a licensee's practice. 13 14 Section 47. Subsections (1) and (2) of section 480.046, Florida Statutes, are amended to read: 15 480.046 Grounds for disciplinary action by the 16 17 board.--18 The following acts shall constitute grounds for (1)19 denial of a license or disciplinary action, as specified in s. 20 456.072(2) which disciplinary actions specified in subsection 21 (2) may be taken against a massage therapist or massage establishment licensed under this act: 22 23 (a) Attempting to procure a license to practice massage by bribery or fraudulent misrepresentation. 24 (b) Having a license to practice massage revoked, 25 26 suspended, or otherwise acted against, including the denial of 27 licensure, by the licensing authority of another state, territory, or country. 28 29 (c) Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly 30 relates to the practice of massage or to the ability to 31 140 CODING: Words stricken are deletions; words underlined are additions.

practice massage. Any plea of nolo contendere shall be 1 2 considered a conviction for purposes of this chapter. 3 (d) False, deceptive, or misleading advertising. 4 (e) Aiding, assisting, procuring, or advising any 5 unlicensed person to practice massage contrary to the 6 provisions of this chapter or to a rule of the department or 7 the board. 8 (f) Making deceptive, untrue, or fraudulent 9 representations in the practice of massage. (g) Being unable to practice massage with reasonable 10 skill and safety by reason of illness or use of alcohol, 11 12 drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. 13 In enforcing 14 this paragraph, the department shall have, upon probable 15 cause, authority to compel a massage therapist to submit to a mental or physical examination by physicians designated by the 16 17 department. Failure of a massage therapist to submit to such examination when so directed, unless the failure was due to 18 19 circumstances beyond her or his control, shall constitute an admission of the allegations against her or him, consequent 20 upon which a default and final order may be entered without 21 the taking of testimony or presentation of evidence. A 22 23 massage therapist affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate 24 25 that she or he can resume the competent practice of massage 26 with reasonable skill and safety to clients. (h) Gross or repeated malpractice or the failure to 27 practice massage with that level of care, skill, and treatment 28 29 which is recognized by a reasonably prudent massage therapist as being acceptable under similar conditions and 30 circumstances. 31

1 (i) Practicing or offering to practice beyond the 2 scope permitted by law or accepting and performing 3 professional responsibilities which the licensee knows or has reason to know that she or he is not competent to perform. 4 5 (j) Delegating professional responsibilities to a 6 person when the licensee delegating such responsibilities 7 knows or has reason to know that such person is not qualified 8 by training, experience, or licensure to perform. 9 (k) Violating any provision of this chapter, a rule of the board or department, or a lawful order of the board or 10 department previously entered in a disciplinary hearing, or 11 12 failing to comply with a lawfully issued subpoena of the 13 department. 14 (1) Refusing to permit the department to inspect the 15 business premises of the licensee during regular business 16 hours. 17 (m) Failing to keep the equipment and premises of the massage establishment in a clean and sanitary condition. 18 19 (n) Practicing massage at a site, location, or place 20 which is not duly licensed as a massage establishment, except that a massage therapist, as provided by rules adopted by the 21 22 board, may provide massage services, excluding colonic 23 irrigation, at the residence of a client, at the office of the 24 client, at a sports event, at a convention, or at a trade 25 show. 26 (o) Violating any provision of this chapter or chapter 27 456, or any rules adopted pursuant thereto. 28 The board may enter an order denying licensure or (2) 29 imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of 30 violating any provision of subsection (1) of this section or 31 142

who is found guilty of violating any provision of s. 1 456.072(1). When the board finds any person guilty of any of 2 3 the grounds set forth in subsection (1), it may enter an order imposing one or more of the following penalties: 4 5 (a) Refusal to license an applicant. 6 (b) Revocation or suspension of a license. 7 (c) Issuance of a reprimand or censure. 8 (d) Imposition of an administrative fine not to exceed 9 \$1,000 for each count or separate offense. Section 48. Section 483.825, Florida Statutes, is 10 11 amended to read: 483.825 Grounds for disciplinary action.--12 (1) The following acts constitute grounds for denial 13 14 of a license or disciplinary action, as specified in s. 15 456.072(2) which disciplinary actions specified in s. 483.827 may be taken against applicants, registrants, and licensees 16 17 under this part: (a)(1) Attempting to obtain, obtaining, or renewing a 18 19 license or registration under this part by bribery, by 20 fraudulent misrepresentation, or through an error of the 21 department or the board. (b) (2) Engaging in or attempting to engage in, or 22 23 representing herself or himself as entitled to perform, any clinical laboratory procedure or category of procedures not 24 25 authorized pursuant to her or his license. (c)(3) Demonstrating incompetence or making consistent 26 27 errors in the performance of clinical laboratory examinations or procedures or erroneous reporting. 28 29 (d) (d) (4) Performing a test and rendering a report thereon to a person not authorized by law to receive such 30 31 services. 143

(e) (5) Has been convicted or found guilty of, or 1 2 entered a plea of nolo contendere to, regardless of 3 adjudication, a crime in any jurisdiction which directly 4 relates to the activities of clinical laboratory personnel or 5 involves moral turpitude or fraudulent or dishonest dealing. The record of a conviction certified or authenticated in such 6 7 form as to be admissible in evidence under the laws of the 8 state shall be admissible as prima facie evidence of such 9 quilt. 10 (f)(6) Having been adjudged mentally or physically incompetent. 11 12 (g) (7) Violating or Aiding and abetting in the 13 violation of any provision of this part or the rules adopted 14 hereunder. 15 (h) (8) Reporting a test result when no laboratory test was performed on a clinical specimen. 16 17 (i)(9) Knowingly advertising false services or credentials. 18 19 (j)(10) Having a license revoked, suspended, or otherwise acted against, including the denial of licensure, by 20 the licensing authority of another jurisdiction. The licensing 21 22 authority's acceptance of a relinquishment of a license, 23 stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of administrative 24 charges against the licensee, shall be construed as action 25 26 against the licensee. 27 (k)(11) Failing to report to the board, in writing, within 30 days that an action under subsection (5), subsection 28 29 (6), or subsection (10) has been taken against the licensee or one's license to practice as clinical laboratory personnel in 30 another state, territory, country, or other jurisdiction. 31 144

(1) (1) (12) Being unable to perform or report clinical 1 2 laboratory examinations with reasonable skill and safety to 3 patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a 4 5 result of any mental or physical condition. In enforcing this 6 subsection, the department shall have, upon a finding of the 7 secretary or his or her designee that probable cause exists to 8 believe that the licensee is unable to practice because of the 9 reasons stated in this subsection, the authority to issue an order to compel a licensee to submit to a mental or physical 10 examination by physicians designated by the department. If 11 12 the licensee refuses to comply with such order, the department's order directing such examination may be enforced 13 14 by filing a petition for enforcement in the circuit court where the licensee resides or does business. The department 15 shall be entitled to the summary procedure provided in s. 16 51.011. A licensee affected under this subsection shall at 17 reasonable intervals be afforded an opportunity to demonstrate 18 19 that he or she can resume competent practice with reasonable 20 skill and safety to patients. 21 (m) (m) (13) Delegating professional responsibilities to a 22 person when the licensee delegating such responsibilities 23 knows, or has reason to know, that such person is not 24 qualified by training, experience, or licensure to perform 25 them. 26 (n) (14) Violating a previous order of the board 27 entered in a disciplinary proceeding. 28 (0) (15) Failing to report to the department a person 29 or other licensee who the licensee knows is in violation of this chapter or the rules of the department or board adopted 30 hereunder. 31 145

(p)(16) Making or filing a report which the licensee 1 2 knows to be false, intentionally or negligently failing to 3 file a report or record required by state or federal law, 4 willfully impeding or obstructing such filing or inducing 5 another person to do so, including, but not limited to, impeding an agent of the state from obtaining a report or 6 7 record for investigative purposes. Such reports or records 8 shall include only those generated in the capacity as a 9 licensed clinical laboratory personnel.

(q)(17) Paying or receiving any commission, bonus, 10 kickback, or rebate, or engaging in any split-fee arrangement 11 12 in any form whatsoever with a physician, organization, agency, or person, either directly or indirectly for patients referred 13 14 to providers of health care goods and services including, but not limited to, hospitals, nursing homes, clinical 15 laboratories, ambulatory surgical centers, or pharmacies. The 16 provisions of this subsection shall not be construed to 17 prevent a clinical laboratory professional from receiving a 18 19 fee for professional consultation services.

20 <u>(r)(18)</u> Exercising influence on a patient or client in 21 such a manner as to exploit the patient or client for the 22 financial gain of the licensee or other third party, which 23 shall include, but not be limited to, the promoting, selling, 24 or withholding of services, goods, appliances, referrals, or 25 drugs.

26 <u>(s)(19)</u> Practicing or offering to practice beyond the 27 scope permitted by law or rule, or accepting or performing 28 professional services or responsibilities which the licensee 29 knows or has reason to know that he or she is not competent to 30 perform.

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1 (t) (20) Misrepresenting or concealing a material fact 2 at any time during any phase of the licensing, investigative, 3 or disciplinary process, procedure, or proceeding. 4 (u) (u) (21) Improperly interfering with an investigation 5 or any disciplinary proceeding. 6 (v) (22) Engaging in or attempting to engage in sexual 7 misconduct, causing undue embarrassment or using disparaging 8 language or language of a sexual nature towards a patient, 9 exploiting superior/subordinate, professional/patient, instructor/student relationships for personal gain, sexual 10 gratification, or advantage. 11 12 (w) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto. 13 14 (2) The board may enter an order denying licensure or 15 imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of 16 17 violating any provision of subsection (1) of this section or 18 who is found guilty of violating any provision of s. 19 456.072(1). 20 (3) In determining the amount of the fine to be levied 21 for a violation, as provided in subsection (1), the following factors shall be considered: 22 23 (a) The severity of the violation, including the probability that death or serious harm to the health or safety 24 of any person will result or has resulted, the severity of the 25 26 actual or potential harm, and the extent to which the 27 provisions of this part were violated. 28 (b) Actions taken by the licensee to correct the 29 violation or to remedy complaints. 30 (c) Any previous violation by the licensee. 31 147 CODING: Words stricken are deletions; words underlined are additions.

1 (d) The financial benefit to the licensee of 2 committing or continuing the violation. 3 Section 49. Section 483.827, Florida Statutes, is 4 repealed. 5 Section 50. Subsection (6) of section 483.901, Florida 6 Statutes, is amended to read: 7 483.901 Medical physicists; definitions; licensure.--8 (6) LICENSE REQUIRED. -- An individual may not engage in 9 the practice of medical physics, including the specialties of diagnostic radiological physics, therapeutic radiological 10 physics, medical nuclear radiological physics, or medical 11 12 health physics, without a license issued by the department for the appropriate specialty. 13 14 (a) The department shall adopt rules to administer 15 this section which specify license application and renewal 16 fees, continuing education requirements, and standards for 17 practicing medical physics. The council shall recommend to 18 the department continuing education requirements that shall be 19 a condition of license renewal. The department shall require a minimum of 24 hours per biennium of continuing education 20 offered by an organization recommended by the council and 21 22 approved by the department. The department, upon 23 recommendation of the council, may adopt rules to specify continuing education requirements for persons who hold a 24 license in more than one specialty. 25 26 (b) In order to apply for a medical physicist license 27 in one or more specialties, a person must file an individual 28 application for each specialty with the department. The 29 application must be on a form prescribed by the department and must be accompanied by a nonrefundable application fee for 30 each specialty. 31

1 (c) The department may issue a license to an eligible 2 applicant if the applicant meets all license requirements. At 3 any time before the department issues a license, the applicant 4 may request in writing that the application be withdrawn. То 5 reapply, the applicant must submit a new application and an 6 additional nonrefundable application fee and must meet all 7 current licensure requirements. 8 (d) The department shall review each completed 9 application for a license which the department receives. (e) On receipt of an application and fee as specified 10 in this section, the department may issue a license to 11 12 practice medical physics in this state on or after October 1, 1997, to a person who is board certified in the medical 13 14 physics specialty in which the applicant applies to practice by the American Board of Radiology for diagnostic radiological 15 physics, therapeutic radiological physics, or medical nuclear 16 17 radiological physics; by the American Board of Medical Physics 18 for diagnostic radiological physics, therapeutic radiological 19 physics, or medical nuclear radiological physics; or by the 20 American Board of Health Physics or an equivalent certifying body approved by the department. 21 22 (f) A licensee shall: 23 1. Display the license in a place accessible to the 24 public; and 25 2. Report immediately any change in the licensee's 26 address or name to the department. 27 (g) The following acts constitute are grounds for denial of a license or disciplinary action, as specified in s. 28 29 456.072(2) which the disciplinary actions in paragraph (h) may 30 be taken: 31 149 CODING: Words stricken are deletions; words underlined are additions.

1. Obtaining or attempting to obtain a license by 1 2 bribery, fraud, knowing misrepresentation, or concealment of 3 material fact or through an error of the department. 4 2. Having a license denied, revoked, suspended, or 5 otherwise acted against in another jurisdiction. 6 3. Being convicted or found guilty of, or entering a 7 plea of nolo contendere to, regardless of adjudication, a 8 crime in any jurisdiction which relates to the practice of, or 9 the ability to practice, the profession of medical physics. 4. Willfully failing to file a report or record 10 required for medical physics or willfully impeding or 11 12 obstructing the filing of a report or record required by this section or inducing another person to do so. 13 14 5. Making misleading, deceptive, or fraudulent 15 representations in or related to the practice of medical 16 physics. 17 6. Willfully failing to report any known violation of this section or any rule adopted thereunder. 18 19 7. Willfully or repeatedly violating a rule adopted 20 under this section or an order of the department. 21 7.8. Failing to perform any statutory or legal 22 obligation placed upon a licensee. 23 8.9. Aiding, assisting, procuring, employing, or advising any unlicensed person to practice medical physics 24 contrary to this section or any rule adopted thereunder. 25 26 9.10. Delegating or contracting for the performance of 27 professional responsibilities by a person when the licensee delegating or contracting such responsibilities knows, or has 28 29 reason to know, such person is not qualified by training, experience, and authorization to perform them. 30 31 150 CODING: Words stricken are deletions; words underlined are additions.

10.11. Practicing or offering to practice beyond the 1 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 11.12. Gross or repeated malpractice or the inability 6 to practice medical physics with reasonable skill and safety. 7 12.13. Judicially determined mental incompetency. 8 13.14. Being unable to practice medical physics with 9 reasonable skill and safety because of a mental or physical condition or illness or the use of alcohol, controlled 10 substances, or any other substance which impairs one's ability 11 12 to practice. 13 a. The department may, upon probable cause, compel a 14 licensee to submit to a mental or physical examination by 15 physicians designated by the department. The cost of an examination shall be borne by the licensee, and the licensee's 16 failure to submit to such an examination constitutes an 17 admission of the allegations against the licensee, consequent 18 19 upon which a default and a final order may be entered without the taking of testimony or presentation of evidence, unless 20 21 the failure was due to circumstances beyond the licensee's 22 control. b. A licensee who is disciplined under this 23 subparagraph shall, at reasonable intervals, be afforded an 24 25 opportunity to demonstrate that the licensee can resume the 26 practice of medical physics with reasonable skill and safety. 27 c. With respect to any proceeding under this subparagraph, the record of proceedings or the orders entered 28 29 by the department may not be used against a licensee in any 30 other proceeding. 31 151

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14. Violating any provision of this chapter or chapter 1 2 456, or any rules adopted pursuant thereto. 3 The board may enter an order denying licensure or (h) 4 imposing any of the penalties in s. 456.072(2) against any 5 applicant for licensure or licensee who is found guilty of 6 violating any provision of subsection (1) of this section or 7 who is found guilty of violating any provision of s. 8 456.072(1). When the department finds any person guilty of any 9 of the grounds set forth in paragraph (g), including conduct that would constitute a substantial violation of paragraph (g) 10 which occurred prior to licensure, it may enter an order 11 12 imposing one or more of the following penalties: 1. Deny the application for licensure. 13 14 2. Revoke or suspend the license. 15 3. Impose an administrative fine for each count or 16 separate offense. 17 4. Place the licensee on probation for a specified time and subject the licensee to such conditions as the 18 19 department determines necessary, including requiring 20 treatment, continuing education courses, or working under the 21 monitoring or supervision of another licensee. 22 5. Restrict a licensee's practice. 23 6. Issue a reprimand to the licensee. The department may not issue or reinstate a 24 (i) 25 license to a person it has deemed unqualified until it is 26 satisfied that such person has complied with the terms and conditions of the final order and that the licensee can safely 27 28 practice medical physics. 29 (j) Upon receipt of a complete application and the fee 30 set forth by rule, the department may issue a physicist-in-training certificate to a person qualified to 31 152 CODING: Words stricken are deletions; words underlined are additions.

practice medical physics under direct supervision. The 1 department may establish by rule requirements for initial 2 3 certification and renewal of a physicist-in-training 4 certificate. 5 Section 51. Subsections (1) and (2) of section 6 484.014, Florida Statutes, are amended to read: 7 484.014 Disciplinary actions.--8 (1) The following acts constitute relating to the 9 practice of opticianry shall be grounds for denial of a license or disciplinary action, as specified in s. 456.072(2) 10 both disciplinary action against an optician as set forth in 11 12 this section and cease and desist or other related action by 13 the department as set forth in s. 456.065 against any person 14 operating an optical establishment who engages in, aids, or 15 abets any such violation: (a) Procuring or attempting to procure a license by 16 17 misrepresentation, bribery, or fraud or through an error of 18 the department or the board. 19 (b) Procuring or attempting to procure a license for 20 any other person by making or causing to be made any false 21 representation. 22 (c) Making or filing a report or record which the 23 licensee knows to be false, intentionally or negligently failing to file a report or record required by federal or 24 state law, willfully impeding or obstructing such filing, or 25 26 inducing another person to do so. Such reports or records shall include only those which the person is required to make 27 28 or file as an optician. 29 (d) Failing to make fee or price information readily 30 available by providing such information upon request or upon the presentation of a prescription. 31

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(e) Advertising goods or services in a manner which is 1 2 fraudulent, false, deceptive, or misleading in form or 3 content. 4 (f) Fraud or deceit, or negligence, incompetency, or 5 misconduct, in the authorized practice of opticianry. 6 (g) Violation or repeated violation of this part or of 7 chapter 456 or any rules promulgated pursuant thereto. 8 (g)(h) Practicing with a revoked, suspended, inactive, 9 or delinquent license. (h)(i) Violation of a lawful order of the board or 10 department previously entered in a disciplinary hearing or 11 12 failing to comply with a lawfully issued subpoena of the 13 department. 14 (i)(j) Violation of any provision of s. 484.012. (j)(k) Conspiring with another licensee or with any 15 person to commit an act, or committing an act, which would 16 17 coerce, intimidate, or preclude another licensee from lawfully 18 advertising her or his services. 19 (k) (1) Willfully submitting to any third-party payor a 20 claim for services which were not provided to a patient. 21 (1)(m) Failing to keep written prescription files. 22 (m)(n) Willfully failing to report any person who the 23 licensee knows is in violation of this part or of rules of the department or the board. 24 25 (n)(o) Exercising influence on a client in such a 26 manner as to exploit the client for financial gain of the 27 licensee or of a third party. 28 (o)(p) Gross or repeated malpractice. 29 (p) (q) Permitting any person not licensed as an optician in this state to fit or dispense any lenses, 30 31 154

spectacles, eyeglasses, or other optical devices which are 1 part of the practice of opticianry. 2 3 (q) (r) Being convicted or found guilty of, or entering 4 a plea of nolo contendere to, regardless of adjudication, in a 5 court of this state or other jurisdiction, a crime which relates to the ability to practice opticianry or to the б 7 practice of opticianry. 8 (r) (s) Having been disciplined by a regulatory agency 9 in another state for any offense that would constitute a violation of Florida law or rules regulating opticianry. 10 (s)(t) Being unable to practice opticianry with 11 12 reasonable skill and safety by reason of illness or use of drugs, narcotics, chemicals, or any other type of material or 13 14 as a result of any mental or physical condition. An optician 15 affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can 16 17 resume the competent practice of opticianry with reasonable skill and safety to her or his customers. 18 19 (t) Violating any provision of this chapter or chapter 20 456, or any rules adopted pursuant thereto. 21 (2) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any 22 23 applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or 24 who is found guilty of violating any provision of s. 25 26 456.072(1). When the board finds any person guilty of any of 27 the grounds set forth in subsection (1), it may enter an order imposing one or more of the following penalties: 28 29 (a) Refusal to certify to the department an application for licensure. 30 31 (b) Revocation or suspension of a license. 155

1 (c) Imposition of an administrative fine not to exceed 2 \$1,000 for each count or separate offense. 3 (d) Issuance of a reprimand. 4 (e) Placement of the optician on probation for a 5 period of time and subject to such conditions as the board may specify, including requiring the optician to submit to б 7 treatment or to work under the supervision of another 8 optician. 9 Section 52. Subsections (1) and (2) of section 484.056, Florida Statutes, are amended to read: 10 484.056 Disciplinary proceedings.--11 12 (1) The following acts constitute relating to the practice of dispensing hearing aids shall be grounds for 13 14 denial of a license or disciplinary action, as specified in s. 456.072(2) both disciplinary action against a hearing aid 15 specialist as set forth in this section and cease and desist 16 17 or other related action by the department as set forth in s. 18 456.065 against any person owning or operating a hearing aid 19 establishment who engages in, aids, or abets any such 20 violation: 21 (a) Violation of any provision of s. 456.072(1), s. 484.0512, or s. 484.053. 22 23 (b) Attempting to procure a license to dispense hearing aids by bribery, by fraudulent misrepresentations, or 24 25 through an error of the department or the board. 26 (c) Having a license to dispense hearing aids revoked, 27 suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, 28 29 territory, or country. (d) Being convicted or found guilty of, or entering a 30 plea of nolo contendere to, regardless of adjudication, a 31 156 CODING: Words stricken are deletions; words underlined are additions.

crime in any jurisdiction which directly relates to the 1 practice of dispensing hearing aids or the ability to practice 2 3 dispensing hearing aids, including violations of any federal 4 laws or regulations regarding hearing aids. (e) Making or filing a report or record which the 5 б licensee knows to be false, intentionally or negligently 7 failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing, or 8 9 inducing another person to impede or obstruct such filing. Such reports or records shall include only those reports or 10 records which are signed in one's capacity as a licensed 11 12 hearing aid specialist. 13 (f) Advertising goods or services in a manner which is 14 fraudulent, false, deceptive, or misleading in form or 15 content. (g) Proof that the licensee is guilty of fraud or 16 17 deceit or of negligence, incompetency, or misconduct in the 18 practice of dispensing hearing aids. 19 (h) Violation or repeated violation of this part or of 20 chapter 456, or any rules promulgated pursuant thereto. 21 (h)(i) Violation of a lawful order of the board or 22 department previously entered in a disciplinary hearing or 23 failure to comply with a lawfully issued subpoena of the board 24 or department. 25 (i)(j) Practicing with a revoked, suspended, inactive, 26 or delinquent license. 27 (j)(k) Using, or causing or promoting the use of, any advertising matter, promotional literature, testimonial, 28 29 guarantee, warranty, label, brand, insignia, or other representation, however disseminated or published, which is 30 misleading, deceiving, or untruthful. 31 157

(k) (1) Showing or demonstrating, or, in the event of 1 2 sale, delivery of, a product unusable or impractical for the 3 purpose represented or implied by such action. 4 (1) (m) Misrepresentation of professional services 5 available in the fitting, sale, adjustment, service, or repair of a hearing aid, or use of the terms "doctor," "clinic," 6 7 "clinical," "medical audiologist," "clinical audiologist," "research audiologist," or "audiologic" or any other term or 8 9 title which might connote the availability of professional services when such use is not accurate. 10 (m)(n) Representation, advertisement, or implication 11 12 that a hearing aid or its repair is guaranteed without providing full disclosure of the identity of the guarantor; 13 14 the nature, extent, and duration of the guarantee; and the 15 existence of conditions or limitations imposed upon the guarantee. 16 17 (n) (n) (o) Representing, directly or by implication, that a hearing aid utilizing bone conduction has certain specified 18 19 features, such as the absence of anything in the ear or leading to the ear, or the like, without disclosing clearly 20 and conspicuously that the instrument operates on the bone 21 22 conduction principle and that in many cases of hearing loss 23 this type of instrument may not be suitable. (o)(p) Making any predictions or prognostications as 24 to the future course of a hearing impairment, either in 25 26 general terms or with reference to an individual person. 27 (p)(q) Stating or implying that the use of any hearing aid will improve or preserve hearing or prevent or retard the 28 29 progression of a hearing impairment or that it will have any similar or opposite effect. 30 31 158

1	(q) (r) Making any statement regarding the cure of the	
2	cause of a hearing impairment by the use of a hearing aid.	
3	(r) Representing or implying that a hearing aid is	
4	or will be "custom-made," "made to order," or	
5	"prescription-made" or in any other sense specially fabricated	
6	for an individual person when such is not the case.	
7	(s) (t) Canvassing from house to house or by telephone	
8	either in person or by an agent for the purpose of selling a	
9	hearing aid, except that contacting persons who have evidenced	
10	an interest in hearing aids, or have been referred as in need	
11	of hearing aids, shall not be considered canvassing.	
12	(t) (u) Failure to submit to the board on an annual	
13	basis, or such other basis as may be provided by rule,	
14	certification of testing and calibration of audiometric	
15	testing equipment on the form approved by the board.	
16	(u)(v) Failing to provide all information as described	
17	in s. 484.051(1).	
18	(v) (w) Exercising influence on a client in such a	
19	manner as to exploit the client for financial gain of the	
20	licensee or of a third party.	
21	(w) Violating any provision of this chapter or chapter	
22	456, or any rules adopted pursuant thereto.	
23	(2)(a) The board may enter an order denying licensure	
24	or imposing any of the penalties in s. $456.072(2)$ against any	
25	applicant for licensure or licensee who is found guilty of	
26	violating any provision of subsection (1) of this section or	
27	who is found guilty of violating any provision of s.	
28	456.072(1).Except as provided in paragraph (b), when the	
29	board finds any hearing aid specialist to be guilty of any of	
30	the grounds set forth in subsection (1), it may enter an order	
31	imposing one or more of the following penalties:	
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1. Denial of an application for licensure. 1 2 2. Revocation or suspension of a license. 3 3. Imposition of an administrative fine not to exceed 4 \$1,000 for each count or separate offense. 5 4. Issuance of a reprimand. 6 5. Placing the hearing aid specialist on probation for 7 a period of time and subject to such conditions as the board 8 may specify, including requiring the hearing aid specialist to 9 attend continuing education courses or to work under the 10 supervision of another hearing aid specialist. 6. Restricting the authorized scope of practice. 11 12 (b) The board shall revoke the license of any hearing 13 aid specialist found guilty of canvassing as described in this 14 section. Section 53. Subsections (1) and (2) of section 15 486.125, Florida Statutes, are amended to read: 16 17 486.125 Refusal, revocation, or suspension of license; 18 administrative fines and other disciplinary measures .--19 (1) The following acts shall constitute grounds for 20 denial of a license or disciplinary action, as specified in s. 21 456.072(2) which the disciplinary actions specified in subsection (2) may be taken: 22 23 (a) Being unable to practice physical therapy with reasonable skill and safety to patients by reason of illness 24 or use of alcohol, drugs, narcotics, chemicals, or any other 25 26 type of material or as a result of any mental or physical condition. 27 1. In enforcing this paragraph, upon a finding of the 28 29 secretary or the secretary's designee that probable cause exists to believe that the licensee is unable to practice 30 physical therapy due to the reasons stated in this paragraph, 31 160 CODING: Words stricken are deletions; words underlined are additions.

the department shall have the authority to compel a physical 1 2 therapist or physical therapist assistant to submit to a 3 mental or physical examination by a physician designated by 4 the department. If the licensee refuses to comply with such 5 order, the department's order directing such examination may be enforced by filing a petition for enforcement in the 6 7 circuit court where the licensee resides or serves as a physical therapy practitioner. The licensee against whom the 8 9 petition is filed shall not be named or identified by initials in any public court records or documents, and the proceedings 10 shall be closed to the public. The department shall be 11 12 entitled to the summary procedure provided in s. 51.011. 2. A physical therapist or physical therapist 13 14 assistant whose license is suspended or revoked pursuant to this subsection shall, at reasonable intervals, be given an 15 opportunity to demonstrate that she or he can resume the 16 17 competent practice of physical therapy with reasonable skill 18 and safety to patients. 19 3. Neither the record of proceeding nor the orders 20 entered by the board in any proceeding under this subsection may be used against a physical therapist or physical therapist 21 22 assistant in any other proceeding. 23 (b) Having committed fraud in the practice of physical therapy or deceit in obtaining a license as a physical 24 therapist or as a physical therapist assistant. 25 26 (c) Being convicted or found guilty regardless of 27 adjudication, of a crime in any jurisdiction which directly relates to the practice of physical therapy or to the ability 28 29 to practice physical therapy. The entry of any plea of nolo contendere shall be considered a conviction for purpose of 30 this chapter. 31

(d) Having treated or undertaken to treat human
 ailments by means other than by physical therapy, as defined
 in this chapter.

4 (e) Failing to maintain acceptable standards of
5 physical therapy practice as set forth by the board in rules
6 adopted pursuant to this chapter.

7 (f) Engaging directly or indirectly in the dividing, 8 transferring, assigning, rebating, or refunding of fees 9 received for professional services, or having been found to profit by means of a credit or other valuable consideration, 10 such as an unearned commission, discount, or gratuity, with 11 any person referring a patient or with any relative or 12 business associate of the referring person. Nothing in this 13 14 chapter shall be construed to prohibit the members of any regularly and properly organized business entity which is 15 comprised of physical therapists and which is recognized under 16 17 the laws of this state from making any division of their total 18 fees among themselves as they determine necessary.

(g) Having a license revoked or suspended; having had other disciplinary action taken against her or him; or having had her or his application for a license refused, revoked, or suspended by the licensing authority of another state, territory, or country.

(h) Violating any provision of this chapter, a rule of
the board or department, or a lawful order of the board or
department previously entered in a disciplinary hearing.

(i) Making or filing a report or record which the licensee knows to be false. Such reports or records shall include only those which are signed in the capacity of a physical therapist.

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1	(j) Practicing or offering to practice beyond the
2	scope permitted by law or accepting and performing
3	professional responsibilities which the licensee knows or has
4	reason to know that she or he is not competent to perform,
5	including, but not limited to, specific spinal manipulation.
б	(k) Violating any provision of this chapter or chapter
7	456, or any rules adopted pursuant thereto.
8	(2) The board may enter an order denying licensure or
9	imposing any of the penalties in s. 456.072(2) against any
10	applicant for licensure or licensee who is found guilty of
11	violating any provision of subsection (1) of this section or
12	who is found guilty of violating any provision of s.
13	<u>456.072(1).When the board finds any person guilty of any of</u>
14	the grounds set forth in subsection (1), it may enter an order
15	imposing one or more of the following penalties:
16	(a) Refusal to certify to the department an
17	application for licensure.
18	(b) Revocation or suspension of a license.
19	(c) Restriction of practice.
20	(d) Imposition of an administrative fine not to exceed
21	\$1,000 for each count or separate offense.
22	(e) Issuance of a reprimand.
23	(f) Placement of the physical therapist or physical
24	therapist assistant on probation for a period of time and
25	subject to such conditions as the board may specify,
26	including, but not limited to, requiring the physical
27	therapist or physical therapist assistant to submit to
28	treatment, to attend continuing education courses, to submit
29	to reexamination, or to work under the supervision of another
30	physical therapist.
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1 (g) Recovery of actual costs of investigation and 2 prosecution. 3 Section 54. Section 490.009, Florida Statutes, is 4 amended to read: 5 490.009 Discipline.--6 (1) When the department or, in the case of 7 psychologists, the board finds that an applicant, provisional licensee, or licensee whom it regulates under this chapter has 8 9 committed any of the acts set forth in subsection (2), it may issue an order imposing one or more of the following 10 11 penalties: 12 (a) Denial of an application for licensure, either temporarily or permanently. 13 14 (b) Revocation of an application for licensure, either 15 temporarily or permanently. (c) Suspension for a period of up to 5 years or 16 17 revocation of a license, after hearing. 18 (d) Immediate suspension of a license pursuant to s. 19 120.60(6). 20 (e) Imposition of an administrative fine not to exceed 21 \$5,000 for each count or separate offense. (f) Issuance of a public reprimand. 22 (g) Placement of an applicant or licensee on probation 23 for a period of time and subject to conditions specified by 24 the department or, in the case of psychologists, by the board, 25 26 including, but not limited to, requiring the applicant or 27 licensee to submit to treatment, to attend continuing 28 education courses, to submit to reexamination, or to work 29 under the supervision of a designated licensee. 30 (h) Restriction of practice. 31 164

1 <u>(1)(2)</u> The following acts <u>constitute</u> of a licensee, 2 provisional licensee, or applicant are grounds for <u>denial of a</u> 3 license or disciplinary action, as specified in s. 456.072(2) 4 which the disciplinary actions listed in subsection (1) may be 5 taken:

6 (a) Attempting to obtain, obtaining, or renewing a
7 license under this chapter by bribery or fraudulent
8 misrepresentation or through an error of the board or
9 department.

10 (b) Having a license to practice a comparable
11 profession revoked, suspended, or otherwise acted against,
12 including the denial of certification or licensure by another
13 state, territory, or country.

14 (c) Being convicted or found guilty, regardless of 15 adjudication, of a crime in any jurisdiction which directly relates to the practice of his or her profession or the 16 17 ability to practice his or her profession. A plea of nolo contendere creates a rebuttable presumption of guilt of the 18 19 underlying criminal charges. However, the board shall allow the person who is the subject of the disciplinary proceeding 20 to present any evidence relevant to the underlying charges and 21 22 circumstances surrounding the plea.

(d) False, deceptive, or misleading advertising or obtaining a fee or other thing of value on the representation that beneficial results from any treatment will be guaranteed. (e) Advertising, practicing, or attempting to practice under a name other than one's own.

(f) Maintaining a professional association with any person who the applicant or licensee knows, or has reason to believe, is in violation of this chapter or of a rule of the 31

department or, in the case of psychologists, of the department
 or the board.

3 (g) Knowingly aiding, assisting, procuring, or
4 advising any nonlicensed person to hold himself or herself out
5 as licensed under this chapter.

6 (h) Failing to perform any statutory or legal7 obligation placed upon a person licensed under this chapter.

8 (i) Willfully making or filing a false report or 9 record; failing to file a report or record required by state or federal law; willfully impeding or obstructing the filing 10 of a report or record; or inducing another person to make or 11 12 file a false report or record or to impede or obstruct the filing of a report or record. Such report or record includes 13 14 only a report or record which requires the signature of a 15 person licensed under this chapter.

(j) Paying a kickback, rebate, bonus, or other 16 17 remuneration for receiving a patient or client, or receiving a 18 kickback, rebate, bonus, or other remuneration for referring a 19 patient or client to another provider of mental health care services or to a provider of health care services or goods; 20 referring a patient or client to oneself for services on a 21 22 fee-paid basis when those services are already being paid for 23 by some other public or private entity; or entering into a reciprocal referral agreement. 24

(k) Committing any act upon a patient or client which would constitute sexual battery or which would constitute sexual misconduct as defined in s. 490.0111.

(1) Making misleading, deceptive, untrue, or
fraudulent representations in the practice of any profession
licensed under this chapter.

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(m) Soliciting patients or clients personally, or
 through an agent, through the use of fraud, intimidation,
 undue influence, or a form of overreaching or vexatious
 conduct.

(n) Failing to make available to a patient or client, upon written request, copies of test results, reports, or documents in the possession or under the control of the licensee which have been prepared for and paid for by the patient or client.

10 (o) Failing to respond within 30 days to a written 11 communication from the department concerning any investigation 12 by the department or to make available any relevant records 13 with respect to any investigation about the licensee's conduct 14 or background.

15 (p) Being unable to practice the profession for which 16 he or she is licensed under this chapter with reasonable skill 17 or competence as a result of any mental or physical condition 18 or by reason of illness; drunkenness; or excessive use of 19 drugs, narcotics, chemicals, or any other substance. In 20 enforcing this paragraph, upon a finding by the secretary, the secretary's designee, or the board that probable cause exists 21 to believe that the licensee is unable to practice the 22 23 profession because of the reasons stated in this paragraph, the department shall have the authority to compel a licensee 24 to submit to a mental or physical examination by psychologists 25 26 or physicians designated by the department or board. If the 27 licensee refuses to comply with the department's order, the department may file a petition for enforcement in the circuit 28 29 court of the circuit in which the licensee resides or does business. The licensee shall not be named or identified by 30 initials in the petition or in any other public court records 31

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or documents, and the enforcement proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011. A licensee affected under this paragraph shall be afforded an opportunity at reasonable intervals to demonstrate that he or she can resume the competent practice for which he or she is licensed with reasonable skill and safety to patients.

8 (q) Violating provisions of this chapter, or of
9 chapter 456, or any rules adopted pursuant thereto.

10 (q)(r) Performing any treatment or prescribing any 11 therapy which, by the prevailing standards of the mental 12 health professions in the community, would constitute 13 experimentation on human subjects, without first obtaining 14 full, informed, and written consent.

15 <u>(r)(s)</u> Failing to meet the minimum standards of 16 performance in professional activities when measured against 17 generally prevailing peer performance, including the 18 undertaking of activities for which the licensee is not 19 qualified by training or experience.

20 <u>(s)(t)</u> Delegating professional responsibilities to a 21 person whom the licensee knows or has reason to know is not 22 qualified by training or experience to perform such 23 responsibilities.

24 <u>(t)(u)</u> Violating a rule relating to the regulation of 25 the profession or a lawful order of the department previously 26 entered in a disciplinary hearing.

27 <u>(u)(v)</u> Failing to maintain in confidence a 28 communication made by a patient or client in the context of 29 such services, except as provided in s. 490.0147.

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1 (v) (w) Making public statements which are derived from 2 test data, client contacts, or behavioral research and which 3 identify or damage research subjects or clients. 4 (w) Violating any provision of this chapter or chapter 5 456, or any rules adopted pursuant thereto. 6 (2) The department, or in the case of psychologists, 7 the board, may enter an order denying licensure or imposing 8 any of the penalties in s. 456.072(2) against any applicant 9 for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found 10 guilty of violating any provision of s. 456.072(1). 11 12 Section 55. Section 491.009, Florida Statutes, is amended to read: 13 14 491.009 Discipline.--15 (1) When the department or the board finds that an applicant, licensee, provisional licensee, registered intern, 16 or certificateholder whom it regulates under this chapter has 17 18 committed any of the acts set forth in subsection (2), it may 19 issue an order imposing one or more of the following penalties: 20 21 (a) Denial of an application for licensure, 22 registration, or certification, either temporarily or 23 permanently. 24 (b) Revocation of an application for licensure, 25 registration, or certification, either temporarily or 26 permanently. 27 (c) Suspension for a period of up to 5 years or revocation of a license, registration, or certificate, after 28 29 hearing. (d) Immediate suspension of a license, registration, 30 31 or certificate pursuant to s. 120.60(6). 169

1 (e) Imposition of an administrative fine not to exceed 2 \$1,000 for each count or separate offense. 3 (f) Issuance of a public reprimand. 4 (g) Placement of an applicant, licensee, registered 5 intern, or certificateholder on probation for a period of time and subject to such conditions as the board may specify, 6 7 including, but not limited to, requiring the applicant, licensee, registered intern, or certificateholder to submit to 8 9 treatment, to attend continuing education courses, to submit 10 to reexamination, or to work under the supervision of a designated licensee or certificateholder. 11 12 (h) Restriction of practice. 13 (1) (1) (2) The following acts constitute of a licensee, 14 provisional licensee, registered intern, certificateholder, or applicant are grounds for denial of a license or disciplinary 15 action, as specified in s. 456.072(2)which the disciplinary 16 17 actions listed in subsection (1) may be taken: 18 (a) Attempting to obtain, obtaining, or renewing a 19 license, registration, or certificate under this chapter by bribery or fraudulent misrepresentation or through an error of 20 the board or the department. 21 (b) Having a license, registration, or certificate to 22 23 practice a comparable profession revoked, suspended, or otherwise acted against, including the denial of certification 24 or licensure by another state, territory, or country. 25 26 (c) Being convicted or found guilty of, regardless of adjudication, or having entered a plea of nolo contendere to, 27 a crime in any jurisdiction which directly relates to the 28 29 practice of his or her profession or the ability to practice his or her profession. However, in the case of a plea of nolo 30 contendere, the board shall allow the person who is the 31 170

subject of the disciplinary proceeding to present evidence in
 mitigation relevant to the underlying charges and
 circumstances surrounding the plea.

4 (d) False, deceptive, or misleading advertising or
5 obtaining a fee or other thing of value on the representation
6 that beneficial results from any treatment will be guaranteed.

7 (e) Advertising, practicing, or attempting to practice8 under a name other than one's own.

9 (f) Maintaining a professional association with any 10 person who the applicant, licensee, registered intern, or 11 certificateholder knows, or has reason to believe, is in 12 violation of this chapter or of a rule of the department or 13 the board.

(g) Knowingly aiding, assisting, procuring, or advising any nonlicensed, nonregistered, or noncertified person to hold himself or herself out as licensed, registered, or certified under this chapter.

(h) Failing to perform any statutory or legalobligation placed upon a person licensed, registered, orcertified under this chapter.

21 (i) Willfully making or filing a false report or 22 record; failing to file a report or record required by state 23 or federal law; willfully impeding or obstructing the filing of a report or record; or inducing another person to make or 24 file a false report or record or to impede or obstruct the 25 26 filing of a report or record. Such report or record includes 27 only a report or record which requires the signature of a person licensed, registered, or certified under this chapter. 28 29 (j) Paying a kickback, rebate, bonus, or other remuneration for receiving a patient or client, or receiving a 30 kickback, rebate, bonus, or other remuneration for referring a 31

patient or client to another provider of mental health care services or to a provider of health care services or goods; referring a patient or client to oneself for services on a fee-paid basis when those services are already being paid for by some other public or private entity; or entering into a reciprocal referral agreement.

7 (k) Committing any act upon a patient or client which
8 would constitute sexual battery or which would constitute
9 sexual misconduct as defined pursuant to s. 491.0111.

10 (1) Making misleading, deceptive, untrue, or
11 fraudulent representations in the practice of any profession
12 licensed, registered, or certified under this chapter.

(m) Soliciting patients or clients personally, or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct.

(n) Failing to make available to a patient or client,
upon written request, copies of tests, reports, or documents
in the possession or under the control of the licensee,
registered intern, or certificateholder which have been
prepared for and paid for by the patient or client.

(o) Failing to respond within 30 days to a written communication from the department or the board concerning any investigation by the department or the board, or failing to make available any relevant records with respect to any investigation about the licensee's, registered intern's, or certificateholder's conduct or background.

(p) Being unable to practice the profession for which he or she is licensed, registered, or certified under this chapter with reasonable skill or competence as a result of any mental or physical condition or by reason of illness;

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drunkenness; or excessive use of drugs, narcotics, chemicals, 1 or any other substance. In enforcing this paragraph, upon a 2 3 finding by the secretary, the secretary's designee, or the 4 board that probable cause exists to believe that the licensee, 5 registered intern, or certificateholder is unable to practice 6 the profession because of the reasons stated in this 7 paragraph, the department shall have the authority to compel a 8 licensee, registered intern, or certificateholder to submit to 9 a mental or physical examination by psychologists, physicians, 10 or other licensees under this chapter, designated by the department or board. If the licensee, registered intern, or 11 12 certificateholder refuses to comply with such order, the department's order directing the examination may be enforced 13 14 by filing a petition for enforcement in the circuit court in the circuit in which the licensee, registered intern, or 15 certificateholder resides or does business. The licensee, 16 registered intern, or certificateholder against whom the 17 petition is filed shall not be named or identified by initials 18 19 in any public court records or documents, and the proceedings shall be closed to the public. The department shall be 20 entitled to the summary procedure provided in s. 51.011. A 21 licensee, registered intern, or certificateholder affected 22 23 under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that he or she can resume the 24 competent practice for which he or she is licensed, 25 26 registered, or certified with reasonable skill and safety to 27 patients. 28 (q) Violating provisions of this chapter, or of 29 chapter 456, or any rules adopted pursuant thereto. (q)(r) Performing any treatment or prescribing any 30 therapy which, by the prevailing standards of the mental 31 173 CODING: Words stricken are deletions; words underlined are additions.

health professions in the community, would constitute 1 experimentation on human subjects, without first obtaining 2 3 full, informed, and written consent. 4 (r) (s) Failing to meet the minimum standards of 5 performance in professional activities when measured against 6 generally prevailing peer performance, including the 7 undertaking of activities for which the licensee, registered 8 intern, or certificateholder is not qualified by training or 9 experience. 10 (s)(t) Delegating professional responsibilities to a person whom the licensee, registered intern, or 11 12 certificateholder knows or has reason to know is not qualified by training or experience to perform such responsibilities. 13 14 (t) (t) (u) Violating a rule relating to the regulation of 15 the profession or a lawful order of the department or the board previously entered in a disciplinary hearing. 16 17 (u) (v) Failure of the licensee, registered intern, or certificateholder to maintain in confidence a communication 18 19 made by a patient or client in the context of such services, except as provided in s. 491.0147. 20 21 (v) (w) Making public statements which are derived from 22 test data, client contacts, or behavioral research and which 23 identify or damage research subjects or clients. (w) Violating any provision of this chapter or chapter 24 25 456, or any rules adopted pursuant thereto. 26 (2) The department, or in the case of psychologists, 27 the board, may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant 28 29 for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found 30 guilty of violating any provision of s. 456.072(1). 31 174

Section 56. Subsection (3) of section 456.065, Florida 1 2 Statutes, is amended to read: 3 456.065 Unlicensed practice of a health care 4 profession; intent; cease and desist notice; penalties; 5 enforcement; citations; fees; allocation and disposition of 6 moneys collected .--7 (3) Because all enforcement costs should be covered by 8 professions regulated by the department, the department shall 9 impose, upon initial licensure and each licensure renewal, a special fee of \$5 per licensee to fund efforts to combat 10 unlicensed activity. Such fee shall be in addition to all 11 12 other fees collected from each licensee. The board, with concurrence of the department, or the department when there is 13 14 no board, may earmark \$5 of the current licensure fee for this 15 purpose, if such board, or profession regulated by the department, is not in a deficit and has a reasonable cash 16 17 balance. The department shall make direct charges to the 18 Medical Quality Assurance Trust Fund by profession. The 19 department shall seek board advice regarding enforcement methods and strategies. The department shall directly credit 20 the Medical Quality Assurance Trust Fund, by profession, with 21 the revenues received from the department's efforts to enforce 22 23 licensure provisions. The department shall include all financial and statistical data resulting from unlicensed 24 25 activity enforcement as a separate category in the quarterly 26 management report provided for in s. 456.025. For an unlicensed activity account, a balance which remains at the 27 end of a renewal cycle may, with concurrence of the applicable 28 29 board and the department, be transferred to the operating fund account of that profession. The department shall also use 30 31

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these funds to inform and educate consumers generally on the 1 2 importance of using licensed health care practitioners. 3 Section 57. Effective October 1, 2001, paragraphs (e) 4 and (f) of subsection (4) of section 458.347, Florida 5 Statutes, are amended to read: 6 458.347 Physician assistants.--7 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.--(e) A supervisory physician may delegate to a fully 8 9 licensed physician assistant the authority to prescribe any medication used in the supervisory physician's practice unless 10 if such medication is listed on the formulary created pursuant 11 12 to paragraph (f). A fully licensed physician assistant may only prescribe such medication under the following 13 14 circumstances: 15 1. A physician assistant must clearly identify to the patient that he or she is a physician assistant. Furthermore, 16 17 the physician assistant must inform the patient that the 18 patient has the right to see the physician prior to any 19 prescription being prescribed by the physician assistant. 20 The supervisory physician must notify the 2. department of his or her intent to delegate, on a 21 department-approved form, before delegating such authority and 22 23 notify the department of any change in prescriptive privileges of the physician assistant. 24 25 3. The physician assistant must file with the 26 department, before commencing to prescribe, evidence that he 27 or she has completed a continuing medical education course of at least 3 classroom hours in prescriptive practice, conducted 28 29 by an accredited program approved by the boards, which course covers the limitations, responsibilities, and privileges 30 involved in prescribing medicinal drugs, or evidence that he 31 176

or she has received education comparable to the continuing
 education course as part of an accredited physician assistant
 training program.
 4 4. The physician assistant must file with the

5 department, before commencing to prescribe, evidence that the 6 physician assistant has a minimum of 3 months of clinical 7 experience in the specialty area of the supervising physician.

5. The physician assistant must file with the
department a signed affidavit that he or she has completed a
minimum of 10 continuing medical education hours in the
specialty practice in which the physician assistant has
prescriptive privileges with each licensure renewal
application.

14 6. The department shall issue a license and a
15 prescriber number to the physician assistant granting
16 authority for the prescribing of medicinal drugs authorized
17 within this paragraph upon completion of the foregoing
18 requirements.

19 7. The prescription must be written in a form that 20 complies with chapter 499 and must contain, in addition to the 21 supervisory physician's name, address, and telephone number, 22 the physician assistant's prescriber number. Unless it is a drug sample dispensed by the physician assistant, the 23 prescription must be filled in a pharmacy permitted under 24 25 chapter 465 and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The appearance of the 26 27 prescriber number creates a presumption that the physician 28 assistant is authorized to prescribe the medicinal drug and 29 the prescription is valid.

30 8. The physician assistant must note the prescription31 in the appropriate medical record, and the supervisory

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physician must review and sign each notation. For dispensing 1 purposes only, the failure of the supervisory physician to 2 3 comply with these requirements does not affect the validity of 4 the prescription. 5 9. This paragraph does not prohibit a supervisory 6 physician from delegating to a physician assistant the 7 authority to order medication for a hospitalized patient of 8 the supervisory physician. 9 10 This paragraph does not apply to facilities licensed pursuant 11 to chapter 395. 12 (f)1. There is created a five-member committee appointed by the Secretary of Health. The committee must be 13 14 composed of one fully licensed physician assistant licensed 15 pursuant to this section or s. 459.022, two physicians 16 licensed pursuant to this chapter, one of whom supervises a 17 fully licensed physician assistant, one osteopathic physician 18 licensed pursuant to chapter 459, and one pharmacist licensed 19 pursuant to chapter 465 who is not licensed pursuant to this chapter or chapter 459. The council committee shall establish 20 a formulary of medicinal drugs that for which a fully licensed 21 physician assistant, licensed under this section or s. 22 23 459.022, may not prescribe. The formulary must may not include controlled substances as defined in chapter 893, 24 antineoplastics, antipsychotics, radiopharmaceuticals, general 25 26 anesthetics and or radiographic contrast materials, and all or 27 any parenteral preparations except insulin and epinephrine. 28 2. In establishing the formulary, the council shall 29 consult with a pharmacist licensed under chapter 465, but not licensed under this chapter or chapter 459, who shall be 30 31 selected by the Secretary of Health. 178

1	<u>3.2.</u> Only the council committee shall add to, delete	
2	from, or modify the formulary. Any person who requests an	
3	addition, deletion, or modification of a medicinal drug listed	
4	on such formulary has the burden of proof to show cause why	
5	such addition, deletion, or modification should be made.	
б	4.3. The boards shall adopt the formulary required by	
7	this paragraph, and each addition, deletion, or modification	
8	to the formulary, by rule. Notwithstanding any provision of	
9	chapter 120 to the contrary, the formulary rule shall be	
10	effective 60 days after the date it is filed with the	
11	Secretary of State. Upon adoption of the formulary, the	
12	department shall mail a copy of such formulary to each fully	
13	licensed physician assistant, licensed under this section or	
14	s. 459.022, and to each pharmacy licensed by the state. The	
15	boards shall establish, by rule, a fee not to exceed \$200 to	
16	fund the provisions of this paragraph and paragraph (e).	
17	Section 58. Effective October 1, 2001, subsection (4)	
18	and paragraph (c) of subsection (9) of section 459.022,	
19	Florida Statutes, are amended to read:	
20	459.022 Physician assistants	
21	(4) PERFORMANCE OF PHYSICIAN ASSISTANTS	
22	(a) The boards shall adopt, by rule, the general	
23	principles that supervising physicians must use in developing	
24	the scope of practice of a physician assistant under direct	
25	supervision and under indirect supervision. These principles	
26	shall recognize the diversity of both specialty and practice	
27	settings in which physician assistants are used.	
28	(b) This chapter does not prevent third-party payors	
29	from reimbursing employers of physician assistants for covered	
30	services rendered by licensed physician assistants.	
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(c) Licensed physician assistants may not be denied 1 2 clinical hospital privileges, except for cause, so long as the 3 supervising physician is a staff member in good standing. (d) A supervisory physician may delegate to a licensed 4 5 physician assistant, pursuant to a written protocol, the 6 authority to act according to s. 154.04(1)(c). Such delegated 7 authority is limited to the supervising physician's practice 8 in connection with a county health department as defined and 9 established pursuant to chapter 154. The boards shall adopt rules governing the supervision of physician assistants by 10 physicians in county health departments. 11 12 (e) A supervisory physician may delegate to a fully licensed physician assistant the authority to prescribe any 13 14 medication used in the supervisory physician's practice unless 15 if such medication is listed on the formulary created pursuant to s. 458.347. A fully licensed physician assistant may only 16 17 prescribe such medication under the following circumstances: 18 A physician assistant must clearly identify to the 1. 19 patient that she or he is a physician assistant. Furthermore, 20 the physician assistant must inform the patient that the patient has the right to see the physician prior to any 21 22 prescription being prescribed by the physician assistant. 23 The supervisory physician must notify the 2. department of her or his intent to delegate, on a 24 department-approved form, before delegating such authority and 25 26 notify the department of any change in prescriptive privileges 27 of the physician assistant. 28 3. The physician assistant must file with the 29 department, before commencing to prescribe, evidence that she or he has completed a continuing medical education course of 30 at least 3 classroom hours in prescriptive practice, conducted 31 180 CODING: Words stricken are deletions; words underlined are additions. by an accredited program approved by the boards, which course covers the limitations, responsibilities, and privileges involved in prescribing medicinal drugs, or evidence that she or he has received education comparable to the continuing education course as part of an accredited physician assistant training program.

7 4. The physician assistant must file with the
8 department, before commencing to prescribe, evidence that the
9 physician assistant has a minimum of 3 months of clinical
10 experience in the specialty area of the supervising physician.

5. The physician assistant must file with the department a signed affidavit that she or he has completed a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal application.

17 6. The department shall issue a license and a
18 prescriber number to the physician assistant granting
19 authority for the prescribing of medicinal drugs authorized
20 within this paragraph upon completion of the foregoing
21 requirements.

22 7. The prescription must be written in a form that 23 complies with chapter 499 and must contain, in addition to the supervisory physician's name, address, and telephone number, 24 25 the physician assistant's prescriber number. Unless it is a 26 drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under 27 28 chapter 465, and must be dispensed in that pharmacy by a 29 pharmacist licensed under chapter 465. The appearance of the 30 prescriber number creates a presumption that the physician 31

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assistant is authorized to prescribe the medicinal drug and 1 the prescription is valid. 2 3 The physician assistant must note the prescription 8. 4 in the appropriate medical record, and the supervisory 5 physician must review and sign each notation. For dispensing purposes only, the failure of the supervisory physician to 6 7 comply with these requirements does not affect the validity of 8 the prescription. 9 9. This paragraph does not prohibit a supervisory physician from delegating to a physician assistant the 10 authority to order medication for a hospitalized patient of 11 12 the supervisory physician. 13 14 This paragraph does not apply to facilities licensed pursuant 15 to chapter 395. (f)1. There is created a five-member committee 16 17 appointed by the Secretary of Health. The committee must be 18 composed of one fully licensed physician assistant licensed 19 pursuant to this section or s. 458.347, two physicians 20 licensed pursuant to chapter 458, one of whom supervises a fully licensed physician assistant, one osteopathic physician 21 licensed pursuant to this chapter, and one pharmacist licensed 22 23 pursuant to chapter 465 who is not licensed pursuant to this chapter or chapter 458. The committee shall establish a 24 25 formulary of medicinal drugs for which a fully licensed 26 physician assistant may prescribe. The formulary may not 27 include controlled substances as defined in chapter 893, antineoplastics, antipsychotics, radiopharmaceuticals, general 28 29 anesthetics or radiographic contrast materials, or any parenteral preparations except insulin and epinephrine. 30 31 182

1	2. Only the committee shall add to, delete from, or	
2	modify the formulary. Any person who requests an addition,	
3	deletion, or modification of a medicinal drug listed on such	
4	formulary has the burden of proof to show cause why such	
5	addition, deletion, or modification should be made.	
6	3. The boards shall adopt the formulary required by	
7	this paragraph, and each addition, deletion, or modification	
8	to the formulary, by rule. Notwithstanding any provision of	
9	chapter 120 to the contrary, the formulary rule shall be	
10	effective 60 days after the date it is filed with the	
11	Secretary of State. Upon adoption of the formulary, the	
12	department shall mail a copy of such formulary to each fully	
13	licensed physician assistant and to each pharmacy licensed by	
14	the state. The boards shall establish, by rule, a fee not to	
15	exceed \$200 to fund the provisions of this paragraph and	
16	paragraph (e).	
17	(9) COUNCIL ON PHYSICIAN ASSISTANTSThe Council on	
18	Physician Assistants is created within the department.	
19	(c) The council shall:	
20	1. Recommend to the department the licensure of	
21	physician assistants.	
22	2. Develop all rules regulating the use of physician	
23	assistants by physicians under chapter 458 and this chapter,	
24	except for rules relating to the formulary developed under s.	
25	458.347(4)(f). The council shall also develop rules to ensure	
26	that the continuity of supervision is maintained in each	
27	practice setting. The boards shall consider adopting a	
28	proposed rule developed by the council at the regularly	
29	scheduled meeting immediately following the submission of the	
30	proposed rule by the council. A proposed rule submitted by	
31	the council may not be adopted by either board unless both	
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boards have accepted and approved the identical language 1 contained in the proposed rule. The language of all proposed 2 3 rules submitted by the council must be approved by both boards 4 pursuant to each respective board's guidelines and standards regarding the adoption of proposed rules. If either board 5 б rejects the council's proposed rule, that board must specify 7 its objection to the council with particularity and include 8 any recommendations it may have for the modification of the 9 proposed rule. 3. Make recommendations to the boards regarding all 10 matters relating to physician assistants. 11 12 4. Address concerns and problems of practicing physician assistants in order to improve safety in the 13 14 clinical practices of licensed physician assistants. 15 Section 59. Subsection (6) is added to section 16 456.003, Florida Statutes, to read: 17 456.003 Legislative intent; requirements.--18 (6) Unless expressly and specifically granted in 19 statute, the duties conferred on the boards do not include the 20 enlargement, modification, or contravention of the lawful 21 scope of practice of the profession regulated by the boards. This subsection shall not prohibit the boards, or the 22 23 department when there is no board, from taking disciplinary 24 action or issuing a declaratory statement. Section 60. (1)(a) The Agency for Health Care 25 26 Administration shall create an Organ Transplant Task Force 27 within the Agency for Health Care Administration, which task 28 force must be funded by existing agency funds. 29 (b) Task force participants shall be responsible for 30 only the expenses that they generate individually through 31 184

1	participation. The agency shall be responsible for expenses
2	incidental to the production of any required data or reports.
3	(2) The task force shall consist of up to 15 members.
4	The task force chairperson shall be selected by majority vote
5	of a quorum present. Eight members shall constitute a quorum.
6	The membership shall include, but not be limited to, a balance
7	of members representing the Agency for Health Care
8	Administration, health care facilities that have existing
9	organ transplantation programs, individual organ transplant
10	health care practitioners, pediatric organ transplantation
11	programs, organ procurement agencies, and organ transplant
12	recipients or family members.
13	(3) The task force shall meet for the purpose of
14	studying and making recommendations regarding current and
15	future supply of organs in relation to the number of existing
16	organ transplantation programs and the future necessity of the
17	issuance of a certificate of need for proposed organ
18	transplantation programs. At a minimum, the task force shall
19	submit a report to the Legislature which includes a summary of
20	the methods of allocation and distribution of organs; a list
21	of facilities performing multiple organ transplants and the
22	number being performed; the number of Medicaid and charity
23	care patients who have received organ transplants by existing
24	organ transplant programs; suggested mechanisms for funding
25	organ transplants, which shall include, but need not be
26	limited to, an organ transplant trust fund for the treatment
27	of Medicaid and charity patients; the impact of trends in
28	health care delivery and financing on organ transplantation;
29	and the number of certificates of need applications reviewed
30	by the Agency for Health Care Administration in the last 5
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years, including the number approved or denied and the number 1 2 litigated. (4) The task force shall meet at the call of the 3 4 chairperson. The task force shall submit a report to the 5 Governor, the President of the Senate, and the Speaker of the House of Representatives by January 15, 2002. The task force б 7 is abolished effective December 31, 2002. 8 Section 61. Section 409.9205, Florida Statutes, is 9 amended to read: 409.9205 Medicaid Fraud Control Unit; law enforcement 10 officers.--11 12 (1) Except as provided in s. 110.205, all positions in the Medicaid Fraud Control Unit of the Department of Legal 13 14 Affairs are hereby transferred to the Career Service System. 15 (2) All investigators employed by the Medicaid Fraud Control Unit who have been certified under s. 943.1395 are law 16 enforcement officers of the state. Such investigators have 17 the authority to conduct criminal investigations, bear arms, 18 19 make arrests, and apply for, serve, and execute search 20 warrants, arrest warrants, capias, and other process throughout the state pertaining to Medicaid fraud as described 21 22 in this chapter. The Attorney General shall provide 23 reasonable notice of criminal investigations conducted by the Medicaid Fraud Control Unit to, and coordinate those 24 investigations with, the sheriffs of the respective counties. 25 26 Investigators employed by the Medicaid Fraud Control Unit are 27 not eligible for membership in the Special Risk Class of the Florida Retirement System under s. 121.0515. 28 29 Section 62. Subsection (1) of section 483.245, Florida Statutes, is amended to read: 30 483.245 Rebates prohibited; penalties .--31 186 CODING: Words stricken are deletions; words underlined are additions.

1 (1) It is unlawful for any person to pay or receive 2 any commission, bonus, kickback, or rebate or engage in any 3 split-fee arrangement in any form whatsoever with any dialysis 4 facility, physician, surgeon, organization, agency, or person, 5 either directly or indirectly, for patients referred to a 6 clinical laboratory licensed under this part. 7 Section 63. Subsection (3) of section 232.435, Florida 8 Statutes, is amended to read: 232.435 Extracurricular athletic activities; athletic 9 trainers.--10 (3) (a) To the extent practicable, a school district 11 12 program should include the following employment classification and advancement scheme: 13 14 1. First responder - To qualify as a first responder, 15 a person must possess a professional, temporary, part-time, adjunct, or substitute certificate pursuant to s. 231.17, be 16 17 certified in cardiopulmonary resuscitation, first aid, and have 15 semester hours in courses such as care and prevention 18 19 of athletic injuries, anatomy, physiology, nutrition, 20 counseling, and other similar courses approved by the 21 Commissioner of Education. This person may only administer 22 first aid and similar care. 23 1. Teacher apprentice trainer I.--To qualify as a 24 teacher apprentice trainer I, a person must possess a 25 professional, temporary, part-time, adjunct, or substitute 26 certificate pursuant to s. 231.17, be certified in first aid 27 and cardiopulmonary resuscitation, and have earned a minimum of 6 semester hours or the equivalent number of inservice 28 29 education points in the basic prevention and care of athletic 30 injuries. 31 187

2. Teacher apprentice trainer II.--To qualify as a 1 2 teacher apprentice trainer II, a person must meet the 3 requirements of teacher apprentice trainer I and also have 4 earned a minimum of 15 additional semester hours or the 5 equivalent number of inservice education points in such courses as anatomy, physiology, use of modalities, nutrition, 6 7 counseling, and other courses approved by the Commissioner of 8 Education. 9 2.3. Teacher athletic trainer.--To qualify as a teacher athletic trainer, a person must possess a 10 professional, temporary, part-time, adjunct, or substitute 11 12 certificate pursuant to s. 232.17, and be licensed as required by part XIII of chapter 468 meet the requirements of teacher 13 14 apprentice trainer II, be certified by the Department of Education or a nationally recognized athletic trainer 15 association, and perform one or more of the following 16 17 functions: preventing athletic injuries; recognizing, evaluating, managing, treating, and rehabilitating athletic 18 19 injuries; administering an athletic training program; and educating and counseling athletes. 20 21 (b) If a school district uses the services of an athletic trainer who is not a teacher athletic trainer or a 22 teacher apprentice trainer within the requirements of this 23 section, such athletic trainer must be licensed as required by 24 25 part XIII of chapter 468. 26 Section 64. Paragraph (b) of subsection (1) of section 383.14, Florida Statutes, is amended to read: 27 28 383.14 Screening for metabolic disorders, other 29 hereditary and congenital disorders, and environmental risk 30 factors.--31 188

(1) SCREENING REQUIREMENTS. -- To help ensure access to 1 2 the maternal and child health care system, the Department of 3 Health shall promote the screening of all infants born in 4 Florida for phenylketonuria and other metabolic, hereditary, 5 and congenital disorders known to result in significant 6 impairment of health or intellect, as screening programs 7 accepted by current medical practice become available and practical in the judgment of the department. The department 8 9 shall also promote the identification and screening of all infants born in this state and their families for 10 environmental risk factors such as low income, poor education, 11 12 maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with 13 14 increased risk of infant mortality and morbidity to provide 15 early intervention, remediation, and prevention services, 16 including, but not limited to, parent support and training 17 programs, home visitation, and case management. Identification, perinatal screening, and intervention efforts 18 19 shall begin prior to and immediately following the birth of 20 the child by the attending health care provider. Such efforts shall be conducted in hospitals, perinatal centers, county 21 health departments, school health programs that provide 22 23 prenatal care, and birthing centers, and reported to the Office of Vital Statistics. 24 (b) Postnatal screening. -- A risk factor analysis using 25

the department's designated risk assessment instrument shall also be conducted as part of the medical screening process upon the birth of a child and submitted to the department's Office of Vital Statistics for recording and other purposes provided for in this chapter. The department's screening process for risk assessment shall include a scoring mechanism

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and procedures that establish thresholds for notification, 1 further assessment, referral, and eligibility for services by 2 professionals or paraprofessionals consistent with the level 3 4 of risk. Procedures for developing and using the screening 5 instrument, notification, referral, and care coordination services, reporting requirements, management information, and б 7 maintenance of a computer-driven registry in the Office of Vital Statistics which ensures privacy safeguards must be 8 9 consistent with the provisions and plans established under chapter 411, Pub. L. No. 99-457, and this chapter. Procedures 10 established for reporting information and maintaining a 11 12 confidential registry must include a mechanism for a centralized information depository at the state and county 13 14 levels. The department shall coordinate with existing risk 15 assessment systems and information registries. The department must ensure, to the maximum extent possible, that the 16 17 screening information registry is integrated with the department's automated data systems, including the Florida 18 19 On-line Recipient Integrated Data Access (FLORIDA) system. 20 Tests and screenings must be performed by the State Public Health Laboratory, in coordination with Children's Medical 21 22 Services, at such times and in such manner as is prescribed by 23 the department after consultation with the Genetics and Infant 24 Screening Advisory Council and the State Coordinating Council 25 for School Readiness Programs. 26 Section 65. Section 395.0197, Florida Statutes, is amended to read: 27 28 395.0197 Internal risk management program.--29 (1) Every licensed facility shall, as a part of its 30 administrative functions, establish an internal risk 31 190 CODING: Words stricken are deletions; words underlined are additions. 1 management program that includes all of the following
2 components:

3 (a) The investigation and analysis of the frequency
4 and causes of general categories and specific types of adverse
5 incidents to patients.

6 (b) The development of appropriate measures to
7 minimize the risk of adverse incidents to patients, including,
8 but not limited to:

9 1. Risk management and risk prevention education and10 training of all nonphysician personnel as follows:

a. Such education and training of all nonphysicianpersonnel as part of their initial orientation; and

b. At least 1 hour of such education and training annually for all nonphysician personnel of the licensed facility working in clinical areas and providing patient care, except those persons licensed as health care practitioners who are required to complete continuing education coursework

pursuant to chapter 456 or the respective practice act. 18 19 2. A prohibition, except when emergency circumstances 20 require otherwise, against a staff member of the licensed 21 facility attending a patient in the recovery room, unless the staff member is authorized to attend the patient in the 22 23 recovery room and is in the company of at least one other person. However, a licensed facility is exempt from the 24 25 two-person requirement if it has:

a. Live visual observation;

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b. Electronic observation; or

28 c. Any other reasonable measure taken to ensure
29 patient protection and privacy.
30 3. A prohibition against an unlicensed person from

31 assisting or participating in any surgical procedure unless

the facility has authorized the person to do so following a 1 2 competency assessment, and such assistance or participation is 3 done under the direct and immediate supervision of a licensed 4 physician and is not otherwise an activity that may only be 5 performed by a licensed health care practitioner. 6 4. Development, implementation, and ongoing evaluation 7 of procedures, protocols, and systems to accurately identify 8 patients, planned procedures, and the correct site of the 9 planned procedure so as to minimize the performance of a surgical procedure on the wrong patient, a wrong surgical 10 procedure, a wrong-site surgical procedure, or a surgical 11 12 procedure otherwise unrelated to the patient's diagnosis or 13 medical condition. 14 (c) The analysis of patient grievances that relate to 15 patient care and the quality of medical services. 16 (d) The development and implementation of an incident 17 reporting system based upon the affirmative duty of all health 18 care providers and all agents and employees of the licensed 19 health care facility to report adverse incidents to the risk 20 manager, or to his or her designee, within 3 business days 21 after their occurrence. 22 (2) The internal risk management program is the 23 responsibility of the governing board of the health care facility. Each licensed facility shall hire a risk manager, 24 25 licensed under s. 395.10974 part IX of chapter 626, who is 26 responsible for implementation and oversight of such 27 facility's internal risk management program as required by this section. A risk manager must not be made responsible for 28 29 more than four internal risk management programs in separate 30 licensed facilities, unless the facilities are under one 31 192

corporate ownership or the risk management programs are in
 rural hospitals.

3 (3) In addition to the programs mandated by this 4 section, other innovative approaches intended to reduce the 5 frequency and severity of medical malpractice and patient 6 injury claims shall be encouraged and their implementation and 7 operation facilitated. Such additional approaches may include 8 extending internal risk management programs to health care 9 providers' offices and the assuming of provider liability by a licensed health care facility for acts or omissions occurring 10 within the licensed facility. 11

12 (4) The agency shall, after consulting with the Department of Insurance, adopt rules governing the 13 14 establishment of internal risk management programs to meet the needs of individual licensed facilities. Each internal risk 15 management program shall include the use of incident reports 16 17 to be filed with an individual of responsibility who is 18 competent in risk management techniques in the employ of each 19 licensed facility, such as an insurance coordinator, or who is retained by the licensed facility as a consultant. 20 The individual responsible for the risk management program shall 21 have free access to all medical records of the licensed 22 23 facility. The incident reports are part of the workpapers of the attorney defending the licensed facility in litigation 24 relating to the licensed facility and are subject to 25 26 discovery, but are not admissible as evidence in court. Α person filing an incident report is not subject to civil suit 27 by virtue of such incident report. As a part of each internal 28 29 risk management program, the incident reports shall be used to 30 develop categories of incidents which identify problem areas. 31

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Once identified, procedures shall be adjusted to correct the 1 2 problem areas. 3 (5) For purposes of reporting to the agency pursuant 4 to this section, the term "adverse incident" means an event 5 over which health care personnel could exercise control and which is associated in whole or in part with medical 6 7 intervention, rather than the condition for which such intervention occurred, and which: 8 9 (a) Results in one of the following injuries: 10 1. Death; 2. Brain or spinal damage; 11 12 3. Permanent disfigurement; 4. Fracture or dislocation of bones or joints; 13 14 5. A resulting limitation of neurological, physical, 15 or sensory function which continues after discharge from the 16 facility; 17 6. Any condition that required specialized medical attention or surgical intervention resulting from nonemergency 18 19 medical intervention, other than an emergency medical 20 condition, to which the patient has not given his or her 21 informed consent; or 22 7. Any condition that required the transfer of the 23 patient, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather 24 25 than the patient's condition prior to the adverse incident; 26 (b) Was the performance of a surgical procedure on the 27 wrong patient, a wrong surgical procedure, a wrong-site surgical procedure, or a surgical procedure otherwise 28 29 unrelated to the patient's diagnosis or medical condition; (c) Required the surgical repair of damage resulting 30 to a patient from a planned surgical procedure, where the 31 194 CODING: Words stricken are deletions; words underlined are additions. 1 damage was not a recognized specific risk, as disclosed to the 2 patient and documented through the informed-consent process; 3 or 4 (d) Was a procedure to remove unplanned foreign

4 (d) Was a procedure to remove unplanned foreign5 objects remaining from a surgical procedure.

6 (6)(a) Each licensed facility subject to this section
7 shall submit an annual report to the agency summarizing the
8 incident reports that have been filed in the facility for that
9 year. The report shall include:

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1. The total number of adverse incidents.

A listing, by category, of the types of operations,
 diagnostic or treatment procedures, or other actions causing
 the injuries, and the number of incidents occurring within
 each category.

3. A listing, by category, of the types of injuries
caused and the number of incidents occurring within each
category.

A code number using the health care professional's 18 4. 19 licensure number and a separate code number identifying all other individuals directly involved in adverse incidents to 20 patients, the relationship of the individual to the licensed 21 22 facility, and the number of incidents in which each individual 23 has been directly involved. Each licensed facility shall maintain names of the health care professionals and 24 25 individuals identified by code numbers for purposes of this 26 section.

5. A description of all malpractice claims filed against the licensed facility, including the total number of pending and closed claims and the nature of the incident which led to, the persons involved in, and the status and

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disposition of each claim. Each report shall update status and
 disposition for all prior reports.

(b) The information reported to the agency pursuant to paragraph (a) which relates to persons licensed under chapter 458, chapter 459, chapter 461, or chapter 466 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply.

(c) The report submitted to the agency shall also 10 contain the name and license number of the risk manager of the 11 12 licensed facility, a copy of its policy and procedures which govern the measures taken by the facility and its risk manager 13 14 to reduce the risk of injuries and adverse incidents, and the results of such measures. 15 The annual report is confidential and is not available to the public pursuant to s. 119.07(1) or 16 17 any other law providing access to public records. The annual report is not discoverable or admissible in any civil or 18 19 administrative action, except in disciplinary proceedings by the agency or the appropriate regulatory board. The annual 20 report is not available to the public as part of the record of 21 22 investigation for and prosecution in disciplinary proceedings 23 made available to the public by the agency or the appropriate regulatory board. However, the agency or the appropriate 24 regulatory board shall make available, upon written request by 25 26 a health care professional against whom probable cause has been found, any such records which form the basis of the 27 determination of probable cause. 28

(7) The licensed facility shall notify the agency no
later than 1 business day after the risk manager or his or her
designee has received a report pursuant to paragraph (1)(d)

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and can determine within 1 business day that any of the 1 following adverse incidents has occurred, whether occurring in 2 3 the licensed facility or arising from health care prior to 4 admission in the licensed facility: 5 (a) The death of a patient; 6 (b) Brain or spinal damage to a patient; 7 (c) The performance of a surgical procedure on the wrong patient; 8 9 (d) The performance of a wrong-site surgical 10 procedure; or 11 (e) The performance of a wrong surgical procedure. 12 The notification must be made in writing and be provided by 13 14 facsimile device or overnight mail delivery. The notification 15 must include information regarding the identity of the affected patient, the type of adverse incident, the initiation 16 17 of an investigation by the facility, and whether the events causing or resulting in the adverse incident represent a 18 19 potential risk to other patients. (8) Any of the following adverse incidents, whether 20 occurring in the licensed facility or arising from health care 21 22 prior to admission in the licensed facility, shall be reported 23 by the facility to the agency within 15 calendar days after 24 its occurrence: (a) The death of a patient; 25 26 (b) Brain or spinal damage to a patient; 27 (c) The performance of a surgical procedure on the wrong patient; 28 29 (d) The performance of a wrong-site surgical procedure; 30 The performance of a wrong surgical procedure; 31 (e) 197 CODING: Words stricken are deletions; words underlined are additions.

(f) The performance of a surgical procedure that is 1 2 medically unnecessary or otherwise unrelated to the patient's 3 diagnosis or medical condition; 4 (g) The surgical repair of damage resulting to a 5 patient from a planned surgical procedure, where the damage is 6 not a recognized specific risk, as disclosed to the patient 7 and documented through the informed-consent process; or 8 (h) The performance of procedures to remove unplanned 9 foreign objects remaining from a surgical procedure. 10 The agency may grant extensions to this reporting requirement 11 12 for more than 15 days upon justification submitted in writing 13 by the facility administrator to the agency. The agency may 14 require an additional, final report. These reports shall not 15 be available to the public pursuant to s. 119.07(1) or any other law providing access to public records, nor be 16 17 discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or 18 19 the appropriate regulatory board, nor shall they be available to the public as part of the record of investigation for and 20 prosecution in disciplinary proceedings made available to the 21 22 public by the agency or the appropriate regulatory board. 23 However, the agency or the appropriate regulatory board shall make available, upon written request by a health care 24 professional against whom probable cause has been found, any 25 26 such records which form the basis of the determination of 27 probable cause. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that 28 29 must or may be taken in response to the incident. The agency shall review each incident and determine whether it 30 potentially involved conduct by the health care professional 31 198

who is subject to disciplinary action, in which case the 1 provisions of s. 456.073 shall apply. 2 3 (9) The agency shall publish on the agency's website, no less than quarterly, a summary and trend analysis of 4 5 adverse incident reports received pursuant to this section, 6 which shall not include information that would identify the 7 patient, the reporting facility, or the health care 8 practitioners involved. The agency shall publish on the 9 agency's website an annual summary and trend analysis of all adverse incident reports and malpractice claims information 10 provided by facilities in their annual reports, which shall 11 12 not include information that would identify the patient, the reporting facility, or the practitioners involved. 13 The 14 purpose of the publication of the summary and trend analysis 15 is to promote the rapid dissemination of information relating to adverse incidents and malpractice claims to assist in 16 17 avoidance of similar incidents and reduce morbidity and 18 mortality. 19 (10)(9) The internal risk manager of each licensed 20 facility shall: 21 (a) Investigate every allegation of sexual misconduct which is made against a member of the facility's personnel who 22 23 has direct patient contact, when the allegation is that the sexual misconduct occurred at the facility or on the grounds 24 25 of the facility. ; and 26 (b) Report every allegation of sexual misconduct to the administrator of the licensed facility. 27 28 (c) Notify the family or guardian of the victim, if a 29 minor, that an allegation of sexual misconduct has been made and that an investigation is being conducted.+ 30 31 199 CODING: Words stricken are deletions; words underlined are additions.

(d) Report to the Department of Health every 1 2 allegation of sexual misconduct, as defined in chapter 456 and 3 the respective practice act, by a licensed health care 4 practitioner that involves a patient. 5 (11)(10) Any witness who witnessed or who possesses 6 actual knowledge of the act that is the basis of an allegation 7 of sexual abuse shall: (a) Notify the local police; and 8 9 (b) Notify the hospital risk manager and the 10 administrator. 11 12 For purposes of this subsection, "sexual abuse" means acts of 13 a sexual nature committed for the sexual gratification of 14 anyone upon, or in the presence of, a vulnerable adult, 15 without the vulnerable adult's informed consent, or a minor. "Sexual abuse" includes, but is not limited to, the acts 16 17 defined in s. 794.011(1)(h), fondling, exposure of a vulnerable adult's or minor's sexual organs, or the use of the 18 19 vulnerable adult or minor to solicit for or engage in prostitution or sexual performance. "Sexual abuse" does not 20 include any act intended for a valid medical purpose or any 21 22 act which may reasonably be construed to be a normal 23 caregiving action. 24 (12)(11) A person who, with malice or with intent to discredit or harm a licensed facility or any person, makes a 25 26 false allegation of sexual misconduct against a member of a 27 licensed facility's personnel is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 28 29 775.083. (13)(12) In addition to any penalty imposed pursuant 30 to this section, the agency shall require a written plan of 31 200 CODING: Words stricken are deletions; words underlined are additions.

correction from the facility. For a single incident or series 1 of isolated incidents that are nonwillful violations of the 2 3 reporting requirements of this section, the agency shall first 4 seek to obtain corrective action by the facility. If the 5 correction is not demonstrated within the timeframe established by the agency or if there is a pattern of 6 7 nonwillful violations of this section, the agency may impose 8 an administrative fine, not to exceed \$5,000 for any violation 9 of the reporting requirements of this section. The administrative fine for repeated nonwillful violations shall 10 not exceed \$10,000 for any violation. The administrative fine 11 for each intentional and willful violation may not exceed 12 \$25,000 per violation, per day. The fine for an intentional 13 14 and willful violation of this section may not exceed \$250,000. In determining the amount of fine to be levied, the agency 15 shall be guided by s. 395.1065(2)(b). This subsection does not 16 17 apply to the notice requirements under subsection (7). 18 (14)(13) The agency shall have access to all licensed 19 facility records necessary to carry out the provisions of this The records obtained by the agency under subsection 20 section. (6), subsection (8), or subsection(10)(9) are not available 21 to the public under s. 119.07(1), nor shall they be 22 23 discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or 24

25 the appropriate regulatory board, nor shall records obtained 26 pursuant to s. 456.071 be available to the public as part of

27 the record of investigation for and prosecution in

28 disciplinary proceedings made available to the public by the 29 agency or the appropriate regulatory board. However, the

30 agency or the appropriate regulatory board shall make

31 available, upon written request by a health care professional

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against whom probable cause has been found, any such records
 which form the basis of the determination of probable cause,
 except that, with respect to medical review committee records,
 s. 766.101 controls.

5 <u>(15)(14)</u> The meetings of the committees and governing 6 board of a licensed facility held solely for the purpose of 7 achieving the objectives of risk management as provided by 8 this section shall not be open to the public under the 9 provisions of chapter 286. The records of such meetings are 10 confidential and exempt from s. 119.07(1), except as provided 11 in subsection(14)(13).

12 (16)(15) The agency shall review, as part of its licensure inspection process, the internal risk management 13 14 program at each licensed facility regulated by this section to 15 determine whether the program meets standards established in statutes and rules, whether the program is being conducted in 16 17 a manner designed to reduce adverse incidents, and whether the program is appropriately reporting incidents under this 18 19 section subsections (5), (6), (7), and (8).

20 (17)(16) There shall be no monetary liability on the part of, and no cause of action for damages shall arise 21 against, any risk manager, licensed under s. 395.10974 part IX 22 23 of chapter 626, for the implementation and oversight of the internal risk management program in a facility licensed under 24 this chapter or chapter 390 as required by this section, for 25 26 any act or proceeding undertaken or performed within the scope of the functions of such internal risk management program if 27 the risk manager acts without intentional fraud. 28

29 (18) A privilege against civil liability is hereby 30 granted to any licensed risk manager or licensed facility with 31 regard to information furnished pursuant to this chapter,

unless the licensed risk manager or facility acted in bad 1 2 faith or with malice in providing such information. 3 (19)(17) If the agency, through its receipt of any 4 reports required under this section the annual reports 5 prescribed in subsection (6) or through any investigation, has б a reasonable belief that conduct by a staff member or employee 7 of a licensed facility is grounds for disciplinary action by 8 the appropriate regulatory board, the agency shall report this 9 fact to such regulatory board. (18) The agency shall annually publish a report 10 summarizing the information contained in the annual incident 11 12 reports submitted by licensed facilities pursuant to 13 subsection (6) and disciplinary actions reported to the agency 14 pursuant to s. 395.0193. The report must, at a minimum, summarize: 15 16 (a) Adverse incidents, by category of reported 17 incident, and by type of professional involved. 18 (b) Types of malpractice claims filed, by type of 19 professional involved. 20 (c) Disciplinary actions taken against professionals, by type of professional involved. 21 22 (20) It shall be unlawful for any person to coerce, 23 intimidate, or preclude a risk manager from lawfully executing his or her reporting obligations pursuant to this chapter. 24 25 Such unlawful action shall be subject to civil monetary 26 penalties not to exceed \$10,000 per violation. 27 Section 66. Section 395.10972, Florida Statutes, is 28 amended to read: 29 395.10972 Health Care Risk Manager Advisory 30 Council. -- The Secretary of Health Care Administration may appoint a seven-member five-member advisory council to advise 31 203 CODING: Words stricken are deletions; words underlined are additions.

the agency on matters pertaining to health care risk managers. 1 2 The members of the council shall serve at the pleasure of the 3 secretary. The council shall designate a chair. The council 4 shall meet at the call of the secretary or at those times as 5 may be required by rule of the agency. The members of the 6 advisory council shall receive no compensation for their 7 services, but shall be reimbursed for travel expenses as provided in s. 112.061. The council shall consist of 8 9 individuals representing the following areas: 10 (1) Two shall be active health care risk managers, including one risk manager who is recommended by and a member 11 12 of the Florida Society of Healthcare Risk Management. One shall be an active hospital administrator. 13 (2) 14 (3) One shall be an employee of an insurer or 15 self-insurer of medical malpractice coverage. (4) One shall be a representative of the 16 17 health-care-consuming public. 18 (5) Two shall be licensed health care practitioners, 19 one of whom shall be licensed as a physician under chapter 458 20 or chapter 459. 21 Section 67. Paragraph (b) of subsection (2) of section 22 395.701, Florida Statutes, is amended to read: 23 395.701 Annual assessments on net operating revenues 24 for inpatient and outpatient services to fund public medical assistance; administrative fines for failure to pay 25 26 assessments when due; exemption .--27 (2) (b) There is imposed upon each hospital an assessment 28 29 in an amount equal to 1 percent of the annual net operating revenue for outpatient services for each hospital, such 30 revenue to be determined by the agency, based on the actual 31 204 CODING: Words stricken are deletions; words underlined are additions.

experience of the hospital as reported to the agency. While 1 2 prior year report worksheets may be reconciled to the 3 hospital's audited financial statements, no additional audited 4 financial components may be required for the purposes of 5 determining the amount of the assessment imposed pursuant to 6 this section other than those in effect on July 1, 2000. 7 Within 6 months after the end of each hospital fiscal year, 8 the agency shall certify the amount of the assessment for each 9 hospital. The assessment shall be payable to and collected by the agency in equal quarterly amounts, on or before the first 10 day of each calendar quarter, beginning with the first full 11 12 calendar quarter that occurs after the agency certifies the 13 amount of the assessment for each hospital. All moneys 14 collected pursuant to this subsection shall be deposited into the Public Medical Assistance Trust Fund. 15 Section 68. Section 409.905, Florida Statutes, is 16 17 amended to read: 409.905 Mandatory Medicaid services. -- The agency may 18 19 make payments for the following services, which are required of the state by Title XIX of the Social Security Act, 20 furnished by Medicaid providers to recipients who are 21 determined to be eligible on the dates on which the services 22 were provided. Any service under this section shall be 23 provided only when medically necessary and in accordance with 24 state and federal law. Mandatory services rendered by 25 26 providers in mobile units to Medicaid recipients may be 27 restricted by the agency.Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, 28 29 reimbursement rates, lengths of stay, number of visits, number of services, or any other adjustments necessary to comply with 30 31 205

the availability of moneys and any limitations or directions 1 provided for in the General Appropriations Act or chapter 216. 2 3 (1) ADVANCED REGISTERED NURSE PRACTITIONER 4 SERVICES. -- The agency shall pay for services provided to a 5 recipient by a licensed advanced registered nurse practitioner 6 who has a valid collaboration agreement with a licensed 7 physician on file with the Department of Health or who 8 provides anesthesia services in accordance with established 9 protocol required by state law and approved by the medical 10 staff of the facility in which the anesthetic service is performed. Reimbursement for such services must be provided in 11 12 an amount that equals not less than 80 percent of the 13 reimbursement to a physician who provides the same services, 14 unless otherwise provided for in the General Appropriations 15 Act. (2) EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND 16 17 TREATMENT SERVICES. -- The agency shall pay for early and

periodic screening and diagnosis of a recipient under age 21 18 19 to ascertain physical and mental problems and conditions and 20 provide treatment to correct or ameliorate these problems and conditions. These services include all services determined by 21 22 the agency to be medically necessary for the treatment, 23 correction, or amelioration of these problems, including personal care, private duty nursing, durable medical 24 equipment, physical therapy, occupational therapy, speech 25 26 therapy, respiratory therapy, and immunizations.

(3) FAMILY PLANNING SERVICES.--The agency shall pay
for services necessary to enable a recipient voluntarily to
plan family size or to space children. These services include
information; education; counseling regarding the availability,
benefits, and risks of each method of pregnancy prevention;

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1 drugs and supplies; and necessary medical care and followup.
2 Each recipient participating in the family planning portion of
3 the Medicaid program must be provided freedom to choose any
4 alternative method of family planning, as required by federal
5 law.

6 (4) HOME HEALTH CARE SERVICES. -- The agency shall pay 7 for nursing and home health aide services, supplies, 8 appliances, and durable medical equipment, necessary to assist 9 a recipient living at home. An entity that provides services pursuant to this subsection shall be licensed under part IV of 10 chapter 400 or part II of chapter 499, if appropriate. 11 These 12 services, equipment, and supplies, or reimbursement therefor, may be limited as provided in the General Appropriations Act 13 14 and do not include services, equipment, or supplies provided 15 to a person residing in a hospital or nursing facility. In providing home health care services, the agency may require 16 17 prior authorization of care based on diagnosis.

(5) HOSPITAL INPATIENT SERVICES. -- The agency shall pay 18 19 for all covered services provided for the medical care and treatment of a recipient who is admitted as an inpatient by a 20 licensed physician or dentist to a hospital licensed under 21 part I of chapter 395. However, the agency shall limit the 22 23 payment for inpatient hospital services for a Medicaid recipient 21 years of age or older to 45 days or the number of 24 days necessary to comply with the General Appropriations Act. 25 26 (a) The agency is authorized to implement reimbursement and utilization management reforms in order to 27 comply with any limitations or directions in the General 28 29 Appropriations Act, which may include, but are not limited to:

30 prior authorization for inpatient psychiatric days; enhanced 31 utilization and concurrent review programs for highly utilized

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1 services; reduction or elimination of covered days of service; 2 adjusting reimbursement ceilings for variable costs; adjusting 3 reimbursement ceilings for fixed and property costs; and 4 implementing target rates of increase.

5 (b) A licensed hospital maintained primarily for the 6 care and treatment of patients having mental disorders or 7 mental diseases is not eligible to participate in the hospital 8 inpatient portion of the Medicaid program except as provided 9 in federal law. However, the department shall apply for a waiver, within 9 months after June 5, 1991, designed to 10 provide hospitalization services for mental health reasons to 11 12 children and adults in the most cost-effective and lowest cost setting possible. Such waiver shall include a request for the 13 14 opportunity to pay for care in hospitals known under federal 15 law as "institutions for mental disease" or "IMD's." The 16 waiver proposal shall propose no additional aggregate cost to 17 the state or Federal Government, and shall be conducted in Hillsborough County, Highlands County, Hardee County, Manatee 18 19 County, and Polk County. The waiver proposal may incorporate competitive bidding for hospital services, comprehensive 20 brokering, prepaid capitated arrangements, or other mechanisms 21 22 deemed by the department to show promise in reducing the cost 23 of acute care and increasing the effectiveness of preventive care. When developing the waiver proposal, the department 24 shall take into account price, quality, accessibility, 25 26 linkages of the hospital to community services and family 27 support programs, plans of the hospital to ensure the earliest discharge possible, and the comprehensiveness of the mental 28 29 health and other health care services offered by participating providers. 30

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(c) Agency for Health Care Administration shall adjust 1 2 a hospital's current inpatient per diem rate to reflect the 3 cost of serving the Medicaid population at that institution 4 if: 5 1. The hospital experiences an increase in Medicaid 6 caseload by more than 25 percent in any year, primarily 7 resulting from the closure of a hospital in the same service 8 area occurring after July 1, 1995; or 9 The hospital's Medicaid per diem rate is at least 2. 25 percent below the Medicaid per patient cost for that year. 10 11 12 No later than November 1, 2000, the agency must provide estimated costs for any adjustment in a hospital inpatient per 13 14 diem pursuant to this paragraph to the Executive Office of the 15 Governor, the House of Representatives General Appropriations Committee, and the Senate Budget Committee. Before the agency 16 17 implements a change in a hospital's inpatient per diem rate pursuant to this paragraph, the Legislature must have 18 19 specifically appropriated sufficient funds in the 2001-2002 20 General Appropriations Act to support the increase in cost as estimated by the agency. This paragraph is repealed on July 1, 21 22 2001. 23 (6) HOSPITAL OUTPATIENT SERVICES. -- The agency shall pay for preventive, diagnostic, therapeutic, or palliative 24 care and other services provided to a recipient in the 25 26 outpatient portion of a hospital licensed under part I of chapter 395, and provided under the direction of a licensed 27 physician or licensed dentist, except that payment for such 28 29 care and services is limited to \$1,500 per state fiscal year per recipient, unless an exception has been made by the 30 agency, and with the exception of a Medicaid recipient under 31

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age 21, in which case the only limitation is medical
 necessity.

3 (7) INDEPENDENT LABORATORY SERVICES.--The agency shall 4 pay for medically necessary diagnostic laboratory procedures 5 ordered by a licensed physician or other licensed practitioner 6 of the healing arts which are provided for a recipient in a 7 laboratory that meets the requirements for Medicare 8 participation and is licensed under chapter 483, if required.

9 (8) NURSING FACILITY SERVICES. -- The agency shall pay for 24-hour-a-day nursing and rehabilitative services for a 10 recipient in a nursing facility licensed under part II of 11 12 chapter 400 or in a rural hospital, as defined in s. 395.602, or in a Medicare certified skilled nursing facility operated 13 14 by a hospital, as defined by s. 395.002(11), that is licensed under part I of chapter 395, and in accordance with provisions 15 set forth in s. 409.908(2)(a), which services are ordered by 16 17 and provided under the direction of a licensed physician. However, if a nursing facility has been destroyed or otherwise 18 19 made uninhabitable by natural disaster or other emergency and another nursing facility is not available, the agency must pay 20 for similar services temporarily in a hospital licensed under 21 22 part I of chapter 395 provided federal funding is approved and 23 available.

(9) PHYSICIAN SERVICES. -- The agency shall pay for 24 covered services and procedures rendered to a recipient by, or 25 26 under the personal supervision of, a person licensed under 27 state law to practice medicine or osteopathic medicine. These services may be furnished in the physician's office, the 28 Medicaid recipient's home, a hospital, a nursing facility, or 29 elsewhere, but shall be medically necessary for the treatment 30 of an injury, illness, or disease within the scope of the 31

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1 practice of medicine or osteopathic medicine as defined by 2 state law. The agency shall not pay for services that are 3 clinically unproven, experimental, or for purely cosmetic 4 purposes.

5 (10) PORTABLE X-RAY SERVICES.--The agency shall pay 6 for professional and technical portable radiological services 7 ordered by a licensed physician or other licensed practitioner 8 of the healing arts which are provided by a licensed 9 professional in a setting other than a hospital, clinic, or 10 office of a physician or practitioner of the healing arts, on 11 behalf of a recipient.

12 (11) RURAL HEALTH CLINIC SERVICES.--The agency shall 13 pay for outpatient primary health care services for a 14 recipient provided by a clinic certified by and participating 15 in the Medicare program which is located in a federally designated, rural, medically underserved area and has on its 16 17 staff one or more licensed primary care nurse practitioners or physician assistants, and a licensed staff supervising 18 19 physician or a consulting supervising physician.

20 (12) TRANSPORTATION SERVICES.--The agency shall ensure 21 that appropriate transportation services are available for a 22 Medicaid recipient in need of transport to a qualified 23 Medicaid provider for medically necessary and

24 Medicaid-compensable services, provided a client's ability to 25 choose a specific transportation provider shall be limited to

26 those options resulting from policies established by the

27 agency to meet the fiscal limitations of the General28 Appropriations Act. The agency may pay for transportation and

29 other related travel expenses as necessary only if these 30 services are not otherwise available.

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Section 69. Section 409.906, Florida Statutes, is 1 2 amended to read: 3 409.906 Optional Medicaid services. -- Subject to 4 specific appropriations, the agency may make payments for 5 services which are optional to the state under Title XIX of 6 the Social Security Act and are furnished by Medicaid 7 providers to recipients who are determined to be eligible on 8 the dates on which the services were provided. Any optional 9 service that is provided shall be provided only when medically necessary and in accordance with state and federal law. 10 Optional services rendered by providers in mobile units to 11 12 Medicaid recipients may be restricted or prohibited by the agency.Nothing in this section shall be construed to prevent 13 14 or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or 15 making any other adjustments necessary to comply with the 16 17 availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. 18 19 If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the 20 notice and review provisions of s. 216.177, the Governor may 21 direct the Agency for Health Care Administration to amend the 22 23 Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally 24 25 Disabled." Optional services may include: 26 ADULT DENTURE SERVICES. -- The agency may pay for (1) dentures, the procedures required to seat dentures, and the 27 repair and reline of dentures, provided by or under the 28 29 direction of a licensed dentist, for a recipient who is age 21 or older. However, Medicaid will not provide reimbursement for 30 31 212

dental services provided in a mobile dental unit, except for a 1 mobile dental unit: 2 3 (a) Owned by, operated by, or having a contractual 4 agreement with the Department of Health and complying with 5 Medicaid's county health department clinic services program 6 specifications as a county health department clinic services 7 provider. 8 (b) Owned by, operated by, or having a contractual 9 arrangement with a federally qualified health center and 10 complying with Medicaid's federally qualified health center specifications as a federally qualified health center 11 12 provider. 13 (c) Rendering dental services to Medicaid recipients, 14 21 years of age and older, at nursing facilities. 15 (d) Owned by, operated by, or having a contractual 16 agreement with a state-approved dental educational 17 institution. (2) ADULT HEALTH SCREENING SERVICES. -- The agency may 18 19 pay for an annual routine physical examination, conducted by or under the direction of a licensed physician, for a 20 recipient age 21 or older, without regard to medical 21 necessity, in order to detect and prevent disease, disability, 22 23 or other health condition or its progression. (3) AMBULATORY SURGICAL CENTER SERVICES.--The agency 24 may pay for services provided to a recipient in an ambulatory 25 26 surgical center licensed under part I of chapter 395, by or 27 under the direction of a licensed physician or dentist. (4) BIRTH CENTER SERVICES. -- The agency may pay for 28 29 examinations and delivery, recovery, and newborn assessment, and related services, provided in a licensed birth center 30 staffed with licensed physicians, certified nurse midwives, 31 213 CODING: Words stricken are deletions; words underlined are additions.

and midwives licensed in accordance with chapter 467, to a 1 recipient expected to experience a low-risk pregnancy and 2 3 delivery. 4 (5) CASE MANAGEMENT SERVICES. -- The agency may pay for 5 primary care case management services rendered to a recipient б pursuant to a federally approved waiver, and targeted case 7 management services for specific groups of targeted 8 recipients, for which funding has been provided and which are 9 rendered pursuant to federal guidelines. The agency is authorized to limit reimbursement for targeted case management 10 services in order to comply with any limitations or directions 11 12 provided for in the General Appropriations Act. Notwithstanding s. 216.292, the Department of Children and 13 14 Family Services may transfer general funds to the Agency for 15 Health Care Administration to fund state match requirements 16 exceeding the amount specified in the General Appropriations 17 Act for targeted case management services. (6) CHILDREN'S DENTAL SERVICES. -- The agency may pay 18 19 for diagnostic, preventive, or corrective procedures, including orthodontia in severe cases, provided to a recipient 20 under age 21, by or under the supervision of a licensed 21 dentist. Services provided under this program include 22 23 treatment of the teeth and associated structures of the oral cavity, as well as treatment of disease, injury, or impairment 24 that may affect the oral or general health of the individual. 25 26 However, Medicaid will not provide reimbursement for dental services provided in a mobile dental unit, except for a mobile 27 28 dental unit: 29 (a) Owned by, operated by, or having a contractual agreement with the Department of Health and complying with 30 31 Medicaid's county health department clinic services program 214

specifications as a county health department clinic services 1 2 provider. 3 (b) Owned by, operated by, or having a contractual 4 arrangement with a federally qualified health center and 5 complying with Medicaid's federally qualified health center 6 specifications as a federally qualified health center 7 provider. 8 (c) Rendering dental services to Medicaid recipients, 9 21 years of age and older, at nursing facilities. 10 (d) Owned by, operated by, or having a contractual agreement with a state-approved dental educational 11 12 institution. (7) CHIROPRACTIC SERVICES.--The agency may pay for 13 14 manual manipulation of the spine and initial services, 15 screening, and X rays provided to a recipient by a licensed chiropractic physician. 16 17 (8) COMMUNITY MENTAL HEALTH SERVICES. -- The agency may pay for rehabilitative services provided to a recipient by a 18 19 mental health or substance abuse provider licensed by the agency and under contract with the agency or the Department of 20 Children and Family Services to provide such services. 21 Those 22 services which are psychiatric in nature shall be rendered or 23 recommended by a psychiatrist, and those services which are medical in nature shall be rendered or recommended by a 24 physician or psychiatrist. The agency must develop a provider 25 26 enrollment process for community mental health providers which bases provider enrollment on an assessment of service need. 27 The provider enrollment process shall be designed to control 28 29 costs, prevent fraud and abuse, consider provider expertise and capacity, and assess provider success in managing 30 utilization of care and measuring treatment outcomes. 31 215

Providers will be selected through a competitive procurement 1 or selective contracting process. In addition to other 2 3 community mental health providers, the agency shall consider 4 for enrollment mental health programs licensed under chapter 5 395 and group practices licensed under chapter 458, chapter 6 459, chapter 490, or chapter 491. The agency is also 7 authorized to continue operation of its behavioral health 8 utilization management program and may develop new services if 9 these actions are necessary to ensure savings from the implementation of the utilization management system. The 10 agency shall coordinate the implementation of this enrollment 11 12 process with the Department of Children and Family Services and the Department of Juvenile Justice. The agency is 13 14 authorized to utilize diagnostic criteria in setting reimbursement rates, to preauthorize certain high-cost or 15 highly utilized services, to limit or eliminate coverage for 16 17 certain services, or to make any other adjustments necessary to comply with any limitations or directions provided for in 18 19 the General Appropriations Act. 20 (9) DIALYSIS FACILITY SERVICES. -- Subject to specific 21 appropriations being provided for this purpose, the agency may pay a dialysis facility that is approved as a dialysis 22 facility in accordance with Title XVIII of the Social Security 23 Act, for dialysis services that are provided to a Medicaid 24 recipient under the direction of a physician licensed to 25 26 practice medicine or osteopathic medicine in this state, 27 including dialysis services provided in the recipient's home by a hospital-based or freestanding dialysis facility. 28

29 (10) DURABLE MEDICAL EQUIPMENT.--The agency may 30 authorize and pay for certain durable medical equipment and 31

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supplies provided to a Medicaid recipient as medically
 necessary.

3 (11) HEALTHY START SERVICES. -- The agency may pay for a 4 continuum of risk-appropriate medical and psychosocial 5 services for the Healthy Start program in accordance with a б federal waiver. The agency may not implement the federal 7 waiver unless the waiver permits the state to limit enrollment 8 or the amount, duration, and scope of services to ensure that 9 expenditures will not exceed funds appropriated by the Legislature or available from local sources. If the Health 10 Care Financing Administration does not approve a federal 11 12 waiver for Healthy Start services, the agency, in consultation with the Department of Health and the Florida Association of 13 14 Healthy Start Coalitions, is authorized to establish a 15 Medicaid certified-match program for Healthy Start services. Participation in the Healthy Start certified-match program 16 17 shall be voluntary, and reimbursement shall be limited to the federal Medicaid share to Medicaid-enrolled Healthy Start 18 19 coalitions for services provided to Medicaid recipients. The 20 agency shall take no action to implement a certified-match 21 program without ensuring that the amendment and review requirements of ss. 216.177 and 216.181 have been met. 22

(12) HEARING SERVICES.--The agency may pay for hearing and related services, including hearing evaluations, hearing aid devices, dispensing of the hearing aid, and related repairs, if provided to a recipient by a licensed hearing aid specialist, otolaryngologist, otologist, audiologist, or physician.

29 (13) HOME AND COMMUNITY-BASED SERVICES.--The agency 30 may pay for home-based or community-based services that are 31

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rendered to a recipient in accordance with a federally
 approved waiver program.

3 (14) HOSPICE CARE SERVICES.--The agency may pay for 4 all reasonable and necessary services for the palliation or 5 management of a recipient's terminal illness, if the services 6 are provided by a hospice that is licensed under part VI of 7 chapter 400 and meets Medicare certification requirements.

8 (15) INTERMEDIATE CARE FACILITY FOR THE
9 DEVELOPMENTALLY DISABLED SERVICES.--The agency may pay for
10 health-related care and services provided on a 24-hour-a-day
11 basis by a facility licensed and certified as a Medicaid
12 Intermediate Care Facility for the Developmentally Disabled,
13 for a recipient who needs such care because of a developmental
14 disability.

15 (16) INTERMEDIATE CARE SERVICES.--The agency may pay 16 for 24-hour-a-day intermediate care nursing and rehabilitation 17 services rendered to a recipient in a nursing facility 18 licensed under part II of chapter 400, if the services are 19 ordered by and provided under the direction of a physician.

(17) OPTOMETRIC SERVICES.--The agency may pay for services provided to a recipient, including examination, diagnosis, treatment, and management, related to ocular pathology, if the services are provided by a licensed optometrist or physician.

(18) PHYSICIAN ASSISTANT SERVICES.--The agency may pay for all services provided to a recipient by a physician assistant licensed under s. 458.347 or s. 459.022. Reimbursement for such services must be not less than 80 percent of the reimbursement that would be paid to a physician who provided the same services.

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(19) PODIATRIC SERVICES. -- The agency may pay for 1 2 services, including diagnosis and medical, surgical, 3 palliative, and mechanical treatment, related to ailments of the human foot and lower leg, if provided to a recipient by a 4 5 podiatric physician licensed under state law. 6 (20) PRESCRIBED DRUG SERVICES. -- The agency may pay for 7 medications that are prescribed for a recipient by a physician 8 or other licensed practitioner of the healing arts authorized 9 to prescribe medications and that are dispensed to the recipient by a licensed pharmacist or physician in accordance 10 with applicable state and federal law. 11 12 (21) REGISTERED NURSE FIRST ASSISTANT SERVICES.--The agency may pay for all services provided to a recipient by a 13 14 registered nurse first assistant as described in s. 464.027. Reimbursement for such services may not be less than 80 15 percent of the reimbursement that would be paid to a physician 16 17 providing the same services. 18 (22) STATE HOSPITAL SERVICES. -- The agency may pay for 19 all-inclusive psychiatric inpatient hospital care provided to a recipient age 65 or older in a state mental hospital. 20 21 (23) VISUAL SERVICES. -- The agency may pay for visual examinations, eyeglasses, and eyeglass repairs for a 22 23 recipient, if they are prescribed by a licensed physician 24 specializing in diseases of the eye or by a licensed 25 optometrist. 26 (24) CHILD-WELFARE-TARGETED CASE MANAGEMENT.--The 27 Agency for Health Care Administration, in consultation with 28 the Department of Children and Family Services, may establish 29 a targeted case-management pilot project in those counties identified by the Department of Children and Family Services 30 and for the community-based child welfare project in Sarasota 31 219

and Manatee counties, as authorized under s. 409.1671. These 1 projects shall be established for the purpose of determining 2 3 the impact of targeted case management on the child welfare 4 program and the earnings from the child welfare program. 5 Results of the pilot projects shall be reported to the Child 6 Welfare Estimating Conference and the Social Services 7 Estimating Conference established under s. 216.136. The number 8 of projects may not be increased until requested by the 9 Department of Children and Family Services, recommended by the Child Welfare Estimating Conference and the Social Services 10 Estimating Conference, and approved by the Legislature. The 11 12 covered group of individuals who are eligible to receive targeted case management include children who are eligible for 13 14 Medicaid; who are between the ages of birth through 21; and 15 who are under protective supervision or postplacement 16 supervision, under foster-care supervision, or in shelter care 17 or foster care. The number of individuals who are eligible to 18 receive targeted case management shall be limited to the 19 number for whom the Department of Children and Family Services has available matching funds to cover the costs. The general 20 revenue funds required to match the funds for services 21 provided by the community-based child welfare projects are 22 limited to funds available for services described under s. 23 409.1671. The Department of Children and Family Services may 24 transfer the general revenue matching funds as billed by the 25 26 Agency for Health Care Administration. 27 Section 70. Subsections (7) through (11) of section 456.013, Florida Statutes, are renumbered as subsections (8) 28 29 through (12), respectively, and a new subsection (7) is added 30 to said section to read: 456.013 Department; general licensing provisions.--31

(7) The boards, or the department when there is no 1 2 board, shall require the completion of a 2-hour course 3 relating to prevention of medical errors as part of the 4 licensure and renewal process. The 2-hour course shall count 5 towards the total number of continuing education hours 6 required for the profession. The course shall be approved by 7 the board or department, as appropriate, and shall include a study of root-cause analysis, error reduction and prevention, 8 9 and patient safety. If the course is being offered by a facility licensed pursuant to chapter 395 for its employees, 10 the board may approve up to 1 hour of the 2-hour course to be 11 12 specifically related to error reduction and prevention methods 13 used in that facility. Section 71. Subsection (19) is added to section 14 456.057, Florida Statutes, to read: 15 16 456.057 Ownership and control of patient records; 17 report or copies of records to be furnished .--18 (19) The board, or department when there is no board, 19 may temporarily or permanently appoint a person or entity as a 20 custodian of medical records in the event of the death of a 21 practitioner, the mental or physical incapacitation of the practitioner, or the abandonment of medical records by a 22 23 practitioner. The custodian appointed shall comply with all provisions of this section, including the release of patient 24 25 records. 26 Section 72. Subsection (3) is added to section 456.063, Florida Statutes, to read: 27 456.063 Sexual misconduct; disqualification for 28 29 license, certificate, or registration; reports of allegation 30 of sexual misconduct. --31 221 CODING: Words stricken are deletions; words underlined are additions.

(3) Licensed health care practitioners shall report 1 2 allegations of sexual misconduct to the department, regardless 3 of the practice setting in which the alleged sexual misconduct 4 occurred. 5 Section 73. Paragraphs (c) and (q) of subsection (1) 6 of section 456.072, Florida Statutes, are amended, paragraphs 7 (aa), (bb), and (cc) are added to said subsection, paragraphs 8 (c), (d), and (e) of subsection (2) and subsection (4) are 9 amended, and paragraphs (i) and (j) are added to subsection (2) of said section, to read: 10 456.072 Grounds for discipline; penalties; 11 12 enforcement. --13 (1) The following acts shall constitute grounds for 14 which the disciplinary actions specified in subsection (2) may 15 be taken: (c) Being convicted or found guilty of, or entering a 16 17 plea of guilty or nolo contendere to, regardless of 18 adjudication, a crime in any jurisdiction which relates to the 19 practice of, or the ability to practice, a licensee's 20 profession. 21 (q) Violating any provision of this chapter, the 22 applicable professional practice act, a rule of the department 23 or the board, or a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of 24 25 the department. 26 (aa) Performing or attempting to perform health care 27 services on the wrong patient, a wrong-site procedure, a wrong 28 procedure, or an unauthorized procedure or a procedure that is 29 medically unnecessary or otherwise unrelated to the patient's 30 diagnosis or medical condition. For the purposes of this 31 222

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paragraph, performing or attempting to perform health care 1 2 services includes the preparation of the patient. 3 (bb) Leaving a foreign body in a patient, such as a 4 sponge, clamp, forceps, surgical needle, or other 5 paraphernalia commonly used in surgical, examination, or other 6 diagnostic procedures. For the purposes of this paragraph, it 7 shall be legally presumed that retention of a foreign body is 8 not in the best interest of the patient and is not within the 9 standard of care of the profession, regardless of the intent of the professional. 10 (cc) Violating any provision of this chapter, the 11 12 applicable practice act, or any rules adopted pursuant 13 thereto. 14 (2) When the board, or the department when there is no 15 board, finds any person guilty of the grounds set forth in subsection (1) or of any grounds set forth in the applicable 16 17 practice act, including conduct constituting a substantial violation of subsection (1) or a violation of the applicable 18 19 practice act which occurred prior to obtaining a license, it may enter an order imposing one or more of the following 20 21 penalties: (c) Restriction of practice or license, including, but 22 23 not limited to, restricting the licensee from practicing in certain settings, restricting the licensee to work only under 24 designated conditions or in certain settings, restricting the 25 26 licensee from performing or providing designated clinical and administrative services, restricting the licensee from 27 practicing more than a designated number of hours, or any 28 29 other restriction found to be necessary for the protection of 30 the public health, safety, and welfare. 31 223

Imposition of an administrative fine not to exceed 1 (d) 2 \$10,000 for each count or separate offense. If the violation is for fraud or making a false or fraudulent representation, 3 4 the board, or the department if there is no board, must impose 5 a fine of \$10,000 per count or offense. 6 (e) Issuance of a reprimand or letter of concern. 7 (i) Refund of fees billed and collected from the 8 patient or a third party on behalf of the patient. 9 (j) Requirement that the practitioner undergo remedial 10 education. 11 12 In determining what action is appropriate, the board, or department when there is no board, must first consider what 13 14 sanctions are necessary to protect the public or to compensate 15 the patient. Only after those sanctions have been imposed may the disciplining authority consider and include in the order 16 requirements designed to rehabilitate the practitioner. All 17 18 costs associated with compliance with orders issued under this 19 subsection are the obligation of the practitioner. 20 (4) In addition to any other discipline imposed 21 through final order, or citation, entered on or after July 1, 22 2001, pursuant to this section or discipline imposed through final order, or citation, entered on or after July 1, 2001, 23 for a violation of any practice act, the board, or the 24 department when there is no board, shall may assess costs 25 26 related to the investigation and prosecution of the case. In 27 any case where the board or the department imposes a fine or assessment and the fine or assessment is not paid within a 28 29 reasonable time, such reasonable time to be prescribed in the rules of the board, or the department when there is no board, 30 or in the order assessing such fines or costs, the department 31

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or the Department of Legal Affairs may contract for the 1 collection of, or bring a civil action to recover, the fine or 2 3 assessment. 4 Section 74. Paragraphs (a) and (c) of subsection (9) of section 456.073, Florida Statutes, are amended, and, 5 6 effective upon this act becoming a law, subsection (13) is 7 added to said section, to read: 8 456.073 Disciplinary proceedings.--Disciplinary 9 proceedings for each board shall be within the jurisdiction of 10 the department. (9)(a) The department shall periodically notify the 11 12 person who filed the complaint, as well as the patient or the patient's legal representative, of the status of the 13 14 investigation, indicating whether probable cause has been 15 found and the status of any civil action or administrative 16 proceeding or appeal. 17 (c) In any disciplinary case for which probable cause is not found, the department shall so inform the person who 18 19 filed the complaint and notify that person that he or she may, within 60 days, provide any additional information to the 20 department probable cause panel which may be relevant to the 21 decision. To facilitate the provision of additional 22 23 information, the person who filed the complaint may receive, 24 upon request, a copy of the department's expert report that supported the recommendation for closure, if such a report was 25 26 relied upon by the department. In no way does this require the 27 department to procure an expert opinion or report if none was used. Additionally, the identity of the expert shall remain 28 29 confidential. In any administrative proceeding under s. 120.57, the person who filed the disciplinary complaint shall 30 have the right to present oral or written communication 31 225

relating to the alleged disciplinary violations or to the 1 2 appropriate penalty. 3 (13) Notwithstanding any provision of law to the contrary, an administrative complaint against a licensee shall 4 5 be filed within 6 years after the time of the incident or 6 occurrence giving rise to the complaint against the licensee. 7 If such incident or occurrence involved criminal actions, 8 diversion of controlled substances, sexual misconduct, or 9 impairment by the licensee, this subsection does not apply to bar initiation of an investigation or filing of an 10 administrative complaint beyond the 6-year timeframe. In those 11 12 cases covered by this subsection in which it can be shown that fraud, concealment, or intentional misrepresentation of fact 13 14 prevented the discovery of the violation of law, the period of limitations is extended forward, but in no event to exceed 12 15 years after the time of the incident or occurrence. 16 17 Section 75. Subsection (1) of section 456.074, Florida 18 Statutes, is amended to read: 19 456.074 Certain health care practitioners; immediate suspension of license.--20 21 (1) The department shall issue an emergency order suspending the license of any person licensed under chapter 22 23 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 464, chapter 465, chapter 466, or chapter 24 484 who pleads guilty to, is convicted or found guilty of, or 25 26 who enters a plea of nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or 27 chapter 893 or under 21 U.S.C. ss. 801-970 or under 42 U.S.C. 28 29 ss. 1395-1396. Section 76. Subsections (2) and (6) of section 30 456.077, Florida Statutes, are amended to read: 31 226 CODING: Words stricken are deletions; words underlined are additions.

1	456.077 Authority to issue citations
2	(2) The board, or the department if there is no board,
3	shall adopt rules designating violations for which a citation
4	may be issued. Such rules shall designate as citation
5	violations those violations for which there is no substantial
6	threat to the public health, safety, and welfare. <u>Violations</u>
7	for which a citation may be issued shall include violations of
8	continuing education requirements, failure to timely pay
9	required fees and fines, failure to comply with the
10	requirements of ss. 381.026 and 381.0261 regarding the
11	dissemination of information regarding patient rights, failure
12	to comply with advertising requirements, failure to timely
13	update practitioner profile and credentialing files, failure
14	to display signs, licenses, and permits, failure to have
15	required reference books available, and all other violations
16	that do not pose a direct and serious threat to the health and
17	safety of the patient.
18	(6) A board created on or after January 1, 1992, has 6
19	months in which to enact rules designating violations and
20	penalties appropriate for citation offenses. Failure to enact
21	such rules gives the department exclusive authority to adopt
22	rules as required for implementing this section. A board has
23	continuous authority to amend its rules adopted pursuant to
24	this section.
25	Section 77. Section 456.081, Florida Statutes, is
26	amended to read:
27	456.081 Publication of informationThe department
28	and the boards shall have the authority to advise licensees
29	periodically, through the publication of a newsletter, about
30	information that the department or the board determines is of
31	interest to the industry. The department and the boards shall
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maintain a website which contains copies of the newsletter; 1 2 information relating to adverse incident reports without 3 identifying the patient, practitioner, or facility in which 4 the adverse incident occurred until 10 days after probable 5 cause is found, at which time the name of the practitioner and 6 facility shall become public as part of the investigative 7 file; information about error prevention and safety 8 strategies; and information concerning best practices.Unless 9 otherwise prohibited by law, the department and the boards shall publish on the website a summary of final orders entered 10 after July 1, 2001, resulting in disciplinary action fines, 11 12 suspensions, or revocations, and any other information the department or the board determines is of interest to the 13 14 public. In order to provide useful and timely information at 15 minimal cost, the department and boards may consult with, and include information provided by, professional associations and 16 17 national organizations. 18 Section 78. Subsection (2) of section 458.315, Florida 19 Statutes, is amended to read: 20 458.315 Temporary certificate for practice in areas of 21 critical need.--Any physician who is licensed to practice in 22 any other state, whose license is currently valid, and who 23 pays an application fee of \$300 may be issued a temporary certificate to practice in communities of Florida where there 24 is a critical need for physicians. A certificate may be 25 26 issued to a physician who will be employed by a county health 27 department, correctional facility, community health center funded by s. 329, s. 330, or s. 340 of the United States 28 29 Public Health Services Act, or other entity that provides 30 health care to indigents and that is approved by the State 31 228

Health Officer. The Board of Medicine may issue this 1 temporary certificate with the following restrictions: 2 (2) The board may administer an abbreviated oral 3 4 examination to determine the physician's competency, but no 5 written regular examination is necessary. Within 60 days after receipt of an application for a temporary certificate, the б 7 board shall review the application and issue the temporary 8 certificate or notify the applicant of denial. 9 (3) The board may administer an abbreviated oral 10 examination to determine the physician's competency, but no written regular examination is necessary. Within 60 days after 11 12 receipt of an application for a temporary certificate, the board shall review the application and issue the temporary 13 14 certificate or notify the applicant of denial. 15 Section 79. Section 458.3147, Florida Statutes, is created to read: 16 17 458.3147 Medical school eligibility of military academy students or graduates .-- Any Florida resident who is a 18 19 student at or a graduate of any of the United States military 20 academies who qualifies for assignment to the Medical Corps of the United States military shall be admitted to any medical 21 22 school in the State University System. 23 Section 80. Subsection (9) of section 458.331, Florida 24 Statutes, is amended to read: 458.331 Grounds for disciplinary action; action by the 25 26 board and department. --(9) When an investigation of a physician is 27 undertaken, the department shall promptly furnish to the 28 29 physician or the physician's attorney a copy of the complaint or document which resulted in the initiation of the 30 investigation. For purposes of this subsection, such 31 229 CODING: Words stricken are deletions; words underlined are additions.

documents include, but are not limited to: the pertinent 1 portions of an annual report submitted to the department 2 3 pursuant to s. 395.0197(6); a report of an adverse incident 4 which is provided to the department pursuant to s. 5 395.0197(8); a report of peer review disciplinary action submitted to the department pursuant to s. 395.0193(4) or s. 6 7 458.337, providing that the investigations, proceedings, and 8 records relating to such peer review disciplinary action shall 9 continue to retain their privileged status even as to the licensee who is the subject of the investigation, as provided 10 by ss. 395.0193(8) and 458.337(3); a report of a closed claim 11 12 submitted pursuant to s. 627.912; a presuit notice submitted pursuant to s. 766.106(2); and a petition brought under the 13 14 Florida Birth-Related Neurological Injury Compensation Plan, 15 pursuant to s. 766.305(2). The physician may submit a written response to the information contained in the complaint or 16 17 document which resulted in the initiation of the investigation within 45 days after service to the physician of the complaint 18 19 or document. The physician's written response shall be 20 considered by the probable cause panel. 21 Section 81. Subsection (9) of section 459.015, Florida Statutes, is amended to read: 22 23 459.015 Grounds for disciplinary action; action by the 24 board and department. --(9) When an investigation of an osteopathic physician 25 26 is undertaken, the department shall promptly furnish to the 27 osteopathic physician or his or her attorney a copy of the complaint or document which resulted in the initiation of the 28 29 investigation. For purposes of this subsection, such documents include, but are not limited to: the pertinent portions of an 30 annual report submitted to the department pursuant to s. 31

395.0197(6); a report of an adverse incident which is provided 1 to the department pursuant to s. 395.0197(8); a report of peer 2 3 review disciplinary action submitted to the department 4 pursuant to s. 395.0193(4) or s. 459.016, provided that the 5 investigations, proceedings, and records relating to such peer 6 review disciplinary action shall continue to retain their 7 privileged status even as to the licensee who is the subject 8 of the investigation, as provided by ss. 395.0193(8) and 9 459.016(3); a report of a closed claim submitted pursuant to s. 627.912; a /result notice submitted pursuant to s. 10 766.106(2); and a petition brought under the Florida 11 12 Birth-Related Neurological Injury Compensation Plan, pursuant to s. 766.305(2). The osteopathic physician may submit a 13 14 written response to the information contained in the complaint or document which resulted in the initiation of the 15 investigation within 45 days after service to the osteopathic 16 17 physician of the complaint or document. The osteopathic 18 physician's written response shall be considered by the 19 probable cause panel. 20 Section 82. Effective January 1, 2002, subsection (4) 21 of section 641.51, Florida Statutes, is amended to read: 22 641.51 Quality assurance program; second medical 23 opinion requirement. --(4) The organization shall ensure that only a 24 25 physician with an active, unencumbered license licensed under 26 chapter 458 or chapter 459, or an allopathic or osteopathic physician with an active, unencumbered license in another 27 state with similar licensing requirements may render an 28 29 adverse determination regarding a service provided by a physician licensed in this state. The organization shall 30 submit to the treating provider and the subscriber written 31 231

notification regarding the organization's adverse 1 2 determination within 2 working days after the subscriber or 3 provider is notified of the adverse determination. The written 4 notification must include the utilization review criteria or 5 benefits provisions used in the adverse determination, б identify the physician who rendered the adverse determination, 7 and be signed by an authorized representative of the 8 organization or the physician who rendered the adverse 9 determination. The organization must include with the notification of an adverse determination information 10 concerning the appeal process for adverse determinations. This 11 12 provision does not create authority for the Board of Medicine 13 or Board of Osteopathic Medicine to regulate the organization; 14 however, the Board of Medicine and the Board of Osteopathic 15 Medicine continue to have jurisdiction over licensees of their 16 respective boards. 17 Section 83. Subsection (5) of section 465.019, Florida 18 Statutes, is amended to read: 19 465.019 Institutional pharmacies; permits.--20 (5) All institutional pharmacies shall be under the professional supervision of a consultant pharmacist, and the 21 22 compounding and dispensing of medicinal drugs shall be done 23 only by a licensed pharmacist. Every institutional pharmacy that employs or otherwise utilizes pharmacy technicians shall 24 have a written policy and procedures manual specifying those 25 26 duties, tasks, and functions which a pharmacy technician is 27 allowed to perform. 28 Section 84. Section 465.0196, Florida Statutes, is 29 amended to read: 465.0196 Special pharmacy permits. -- Any person 30 31 desiring a permit to operate a pharmacy which does not fall 232 CODING: Words stricken are deletions; words underlined are additions.

within the definitions set forth in s. 465.003(11)(a)1., 2., 1 and 3. shall apply to the department for a special pharmacy 2 3 permit. If the board certifies that the application complies 4 with the applicable laws and rules of the board governing the 5 practice of the profession of pharmacy, the department shall 6 issue the permit. No permit shall be issued unless a licensed 7 pharmacist is designated to undertake the professional 8 supervision of the compounding and dispensing of all drugs 9 dispensed by the pharmacy. The licensed pharmacist shall be responsible for maintaining all drug records and for providing 10 for the security of the area in the facility in which the 11 12 compounding, storing, and dispensing of medicinal drugs occurs. The permittee shall notify the department within 10 13 14 days of any change of the licensed pharmacist responsible for such duties. Every permittee that employs or otherwise 15 utilizes pharmacy technicians shall have a written policy and 16 17 procedures manual specifying those duties, tasks, and 18 functions which a pharmacy technician is allowed to perform. 19 Section 85. Effective upon this act becoming a law and 20 operating retroactively to July 1, 2000, section 22 of Chapter 21 2000-256, Laws of Florida, is amended to read: Section 22. The amendments to ss. 395.701 and 22 23 395.7015, Florida Statutes, by this act shall take effect July 24 1, 2000 only upon the Agency for Health Care Administration receiving written confirmation from the federal Health Care 25 26 Financing Administration that the changes contained in such 27 amendments will not adversely affect the use of the remaining assessments as state match for the state's Medicaid program. 28 29 Section 86. The Department of Health and the Agency 30 for Health Care Administration shall conduct a review of all statutorily imposed reporting requirements for health care 31 233

practitioners and health facilities. The department and the 1 2 agency shall report back to the Legislature on or before 3 November 1, 2001, with recommendations and suggested statutory changes to streamline reporting requirements to avoid 4 5 duplicative, overlapping, and unnecessary reports or data 6 elements. 7 Section 87. Paragraph (r) is added to subsection (1) 8 of section 468.1755, Florida Statutes, and, for the purpose of 9 incorporating the amendment to section 456.072(1), Florida Statutes, in a reference thereto, paragraph (a) of subsection 10 (1) of said section is reenacted, to read: 11 12 468.1755 Disciplinary proceedings.--(1) The following acts shall constitute grounds for 13 14 which the disciplinary actions in subsection (2) may be taken: 15 (a) Violation of any provision of s. 456.072(1) or s. 468.1745(1). 16 17 (r) Failing to implement an ongoing quality assurance program directed by an interdisciplinary team that meets at 18 19 least every other month. 20 (2) When the board finds any nursing home administrator guilty of any of the grounds set forth in 21 22 subsection (1), it may enter an order imposing one or more of 23 the following penalties: (a) Denial of an application for licensure. 24 (b) Revocation or suspension of a license. 25 26 (c) Imposition of an administrative fine not to exceed 27 \$1,000 for each count or separate offense. 28 (d) Issuance of a reprimand. (e) Placement of the licensee on probation for a 29 period of time and subject to such conditions as the board may 30 specify, including requiring the licensee to attend continuing 31 234 CODING: Words stricken are deletions; words underlined are additions. education courses or to work under the supervision of another
 licensee.

3 (f) Restriction of the authorized scope of practice. 4 Section 88. For the purpose of incorporating the 5 amendment to section 468.1755(1), Florida Statutes, in 6 reference thereto, subsection (3) of section 468.1695, Florida 7 Statutes, and section 468.1735, Florida Statutes, are 8 reenacted to read:

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468.1695 Licensure by examination.--

(3) The department shall issue a license to practice 10 nursing home administration to any applicant who successfully 11 12 completes the examination in accordance with this section and otherwise meets the requirements of this part. The department 13 14 shall not issue a license to any applicant who is under investigation in this state or another jurisdiction for an 15 offense which would constitute a violation of s. 468.1745 or 16 17 s. 468.1755. Upon completion of the investigation, the provisions of s. 468.1755 shall apply. 18

19 468.1735 Provisional license.--The board may establish 20 by rule requirements for issuance of a provisional license. Α provisional license shall be issued only to fill a position of 21 nursing home administrator that unexpectedly becomes vacant 22 due to illness, sudden death of the administrator, or 23 abandonment of position and shall be issued for one single 24 period as provided by rule not to exceed 6 months. 25 The department shall not issue a provisional license to any 26 27 applicant who is under investigation in this state or another jurisdiction for an offense which would constitute a violation 28 29 of s. 468.1745 or s. 468.1755. Upon completion of the investigation, the provisions of s. 468.1755 shall apply. 30 The provisional license may be issued to a person who does not 31

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meet all of the licensing requirements established by this 1 part, but the board shall by rule establish minimal 2 3 requirements to ensure protection of the public health, 4 safety, and welfare. The provisional license shall be issued 5 to the person who is designated as the responsible person next 6 in command in the event of the administrator's departure. The 7 board may set an application fee not to exceed \$500 for a 8 provisional license. 9 Section 89. For the purpose of incorporating the amendment to section 456.072(1), Florida Statutes, in a 10 reference thereto, paragraph (a) of subsection (1) of section 11 12 484.056, Florida Statutes, is reenacted to read: 13 484.056 Disciplinary proceedings.--14 (1) The following acts relating to the practice of 15 dispensing hearing aids shall be grounds for both disciplinary 16 action against a hearing aid specialist as set forth in this 17 section and cease and desist or other related action by the department as set forth in s. 456.065 against any person 18 19 owning or operating a hearing aid establishment who engages 20 in, aids, or abets any such violation: 21 (a) Violation of any provision of s. 456.072(1), s. 22 484.0512, or s. 484.053. 23 Section 90. Paragraph (a) of subsection (1), paragraph (a) of subsection (7), and subsection (8) of section 766.101, 24 Florida Statutes, are amended to read: 25 26 766.101 Medical review committee, immunity from 27 liability.--28 (1) As used in this section: 29 The term "medical review committee" or "committee" (a) 30 means: 31 236 CODING: Words stricken are deletions; words underlined are additions.

1 1.a. A committee of a hospital or ambulatory surgical 2 center licensed under chapter 395 or a health maintenance 3 organization certificated under part I of chapter 641, 4 b. A committee of a physician-hospital organization, a 5 provider-sponsored organization, or an integrated delivery 6 system, 7 A committee of a state or local professional c. 8 society of health care providers, d. A committee of a medical staff of a licensed 9 hospital or nursing home, provided the medical staff operates 10 pursuant to written bylaws that have been approved by the 11 12 governing board of the hospital or nursing home, 13 e. A committee of the Department of Corrections or the 14 Correctional Medical Authority as created under s. 945.602, or 15 employees, agents, or consultants of either the department or 16 the authority or both, 17 f. A committee of a professional service corporation 18 formed under chapter 621 or a corporation organized under 19 chapter 607 or chapter 617, which is formed and operated for 20 the practice of medicine as defined in s. 458.305(3), and 21 which has at least 25 health care providers who routinely 22 provide health care services directly to patients, 23 g. A committee of a mental health treatment facility licensed under chapter 394 or a community mental health center 24 as defined in s. 394.907, provided the quality assurance 25 26 program operates pursuant to the guidelines which have been 27 approved by the governing board of the agency, 28 h. A committee of a substance abuse treatment and 29 education prevention program licensed under chapter 397 30 provided the quality assurance program operates pursuant to 31 237

the guidelines which have been approved by the governing board 1 2 of the agency, 3 i. A peer review or utilization review committee 4 organized under chapter 440, or 5 A committee of the Department of Health, a county j. 6 health department, healthy start coalition, or certified rural 7 health network, when reviewing quality of care, or employees 8 of these entities when reviewing mortality records, or 9 k. A continuous quality improvement committee of a pharmacy licensed pursuant to chapter 465, 10 11 12 which committee is formed to evaluate and improve the quality of health care rendered by providers of health service or to 13 14 determine that health services rendered were professionally 15 indicated or were performed in compliance with the applicable standard of care or that the cost of health care rendered was 16 considered reasonable by the providers of professional health 17 services in the area; or 18 19 2. A committee of an insurer, self-insurer, or joint 20 underwriting association of medical malpractice insurance, or 21 other persons conducting review under s. 766.106. 22 (7)(a) It is the intent of the Legislature to encourage medical review committees to contribute further to 23 the quality of health care in this state by reviewing 24 complaints against physicians in the manner described in this 25 26 paragraph. Accordingly, the Department of Health Business and Professional Regulation may enter into a letter of agreement 27 with a professional society of physicians licensed under 28 29 chapter 458 or chapter 459, under which agreement the medical or peer review committees of the professional society will 30 conduct a review of any complaint or case referred to the 31 238

society by the department which involves a question as to 1 whether a physician's actions represented a breach of the 2 3 prevailing professional standard of care. The prevailing 4 professional standard of care is that level of care, skill, 5 and treatment which, in light of all relevant surrounding 6 circumstances, is recognized as acceptable and appropriate by 7 reasonably prudent similar health care providers. The letter 8 of agreement must specify that the professional society will 9 submit an advisory report to the department within a reasonable time following the department's written and 10 appropriately supported request to the professional society. 11 12 The advisory report, which is not binding upon the department, constitutes the professional opinion of the medical review 13 14 committee and must include: A statement of relevant factual findings. 15 1. The judgment of the committee as to whether the 16 2. 17 physician's actions represented a breach of the prevailing 18 professional standard of care. 19 (8) No cause of action of any nature by a person 20 licensed pursuant to chapter 458, chapter 459, chapter 461, 21 chapter 463, part I of chapter 464, chapter 465, or chapter 466 shall arise against another person licensed pursuant to 22 23 chapter 458, chapter 459, chapter 461, chapter 463, part I of chapter 464, chapter 465, or chapter 466 for furnishing 24 25 information to a duly appointed medical review committee, to 26 an internal risk management program established under s. 27 395.0197, to the Department of Health or the Agency for Health Care Administration Business and Professional Regulation, or 28 29 to the appropriate regulatory board if the information furnished concerns patient care at a facility licensed 30 pursuant to part I of chapter 395 where both persons provide 31 239

1 health care services, if the information is not intentionally 2 fraudulent, and if the information is within the scope of the 3 functions of the committee, department, or board. However, if 4 such information is otherwise available from original sources, 5 it is not immune from discovery or use in a civil action 6 merely because it was presented during a proceeding of the 7 committee, department, or board.

8 Section 91. For the purpose of incorporating the 9 amendment to section 766.101(1)(a), Florida Statutes, in 10 references thereto, paragraph (a) of subsection (1) of section 11 440.105, Florida Statutes, and subsection (6) of section 12 626.989, Florida Statutes, are reenacted to read:

13 440.105 Prohibited activities; reports; penalties; 14 limitations.--

(1)(a) Any insurance carrier, any individual 15 16 self-insured, any commercial or group self-insurance fund, any 17 professional practitioner licensed or regulated by the Department of Business and Professional Regulation, except as 18 19 otherwise provided by law, any medical review committee as defined in s. 766.101, any private medical review committee, 20 and any insurer, agent, or other person licensed under the 21 22 insurance code, or any employee thereof, having knowledge or 23 who believes that a fraudulent act or any other act or practice which, upon conviction, constitutes a felony or 24 misdemeanor under this chapter is being or has been committed 25 26 shall send to the Division of Insurance Fraud, Bureau of 27 Workers' Compensation Fraud, a report or information pertinent to such knowledge or belief and such additional information 28 29 relative thereto as the bureau may require. The bureau shall review such information or reports and select such information 30 or reports as, in its judgment, may require further 31

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investigation. It shall then cause an independent examination 1 of the facts surrounding such information or report to be made 2 3 to determine the extent, if any, to which a fraudulent act or 4 any other act or practice which, upon conviction, constitutes 5 a felony or a misdemeanor under this chapter is being committed. The bureau shall report any alleged violations of 6 7 law which its investigations disclose to the appropriate 8 licensing agency and state attorney or other prosecuting 9 agency having jurisdiction with respect to any such violations of this chapter. If prosecution by the state attorney or other 10 prosecuting agency having jurisdiction with respect to such 11 12 violation is not begun within 60 days of the bureau's report, the state attorney or other prosecuting agency having 13 14 jurisdiction with respect to such violation shall inform the bureau of the reasons for the lack of prosecution. 15

16 626.989 Investigation by department or Division of 17 Insurance Fraud; compliance; immunity; confidential 18 information; reports to division; division investigator's 19 power of arrest.--

20 (6) Any person, other than an insurer, agent, or other person licensed under the code, or an employee thereof, having 21 knowledge or who believes that a fraudulent insurance act or 22 23 any other act or practice which, upon conviction, constitutes a felony or a misdemeanor under the code, or under s. 817.234, 24 is being or has been committed may send to the Division of 25 26 Insurance Fraud a report or information pertinent to such knowledge or belief and such additional information relative 27 thereto as the department may request. Any professional 28 29 practitioner licensed or regulated by the Department of Business and Professional Regulation, except as otherwise 30 provided by law, any medical review committee as defined in s. 31

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766.101, any private medical review committee, and any 1 insurer, agent, or other person licensed under the code, or an 2 3 employee thereof, having knowledge or who believes that a 4 fraudulent insurance act or any other act or practice which, 5 upon conviction, constitutes a felony or a misdemeanor under 6 the code, or under s. 817.234, is being or has been committed 7 shall send to the Division of Insurance Fraud a report or 8 information pertinent to such knowledge or belief and such 9 additional information relative thereto as the department may require. The Division of Insurance Fraud shall review such 10 information or reports and select such information or reports 11 12 as, in its judgment, may require further investigation. It shall then cause an independent examination of the facts 13 14 surrounding such information or report to be made to determine 15 the extent, if any, to which a fraudulent insurance act or any other act or practice which, upon conviction, constitutes a 16 17 felony or a misdemeanor under the code, or under s. 817.234, is being committed. The Division of Insurance Fraud shall 18 19 report any alleged violations of law which its investigations disclose to the appropriate licensing agency and state 20 attorney or other prosecuting agency having jurisdiction with 21 respect to any such violation, as provided in s. 624.310. If 22 23 prosecution by the state attorney or other prosecuting agency having jurisdiction with respect to such violation is not 24 begun within 60 days of the division's report, the state 25 26 attorney or other prosecuting agency having jurisdiction with 27 respect to such violation shall inform the division of the reasons for the lack of prosecution. 28 29 Section 92. Paragraph (c) of subsection (4) of section 30 766.1115, Florida Statutes, is amended to read: 31 242

766.1115 Health care providers; creation of agency 1 2 relationship with governmental contractors .--3 (4) CONTRACT REQUIREMENTS. -- A health care provider 4 that executes a contract with a governmental contractor to 5 deliver health care services on or after April 17, 1992, as an agent of the governmental contractor is an agent for purposes 6 7 of s. 768.28(9), while acting within the scope of duties pursuant to the contract, if the contract complies with the 8 9 requirements of this section and regardless of whether the individual treated is later found to be ineligible. A health 10 care provider under contract with the state may not be named 11 12 as a defendant in any action arising out of the medical care or treatment provided on or after April 17, 1992, pursuant to 13 14 contracts entered into under this section. The contract must provide that: 15 (c) Adverse incidents and information on treatment 16 17 outcomes must be reported by any health care provider to the governmental contractor if such incidents and information 18 19 pertain to a patient treated pursuant to the contract. The health care provider shall submit the reports required by s. 20 395.0197 annually submit an adverse incident report that 21 includes all information required by s. 395.0197(6)(a), unless 22 23 the adverse incident involves a result described by s. 395.0197(8), in which case it shall be reported within 15 days 24 25 after the occurrence of such incident. If an incident involves 26 a professional licensed by the Department of Health or a 27 facility licensed by the Agency for Health Care Administration, the governmental contractor shall submit such 28 29 incident reports to the appropriate department or agency, which shall review each incident and determine whether it 30 involves conduct by the licensee that is subject to 31

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disciplinary action. All patient medical records and any identifying information contained in adverse incident reports and treatment outcomes which are obtained by governmental entities pursuant to this paragraph are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

7 Section 93. Section 456.047, Florida Statutes, is 8 amended to read:

9 456.047 Standardized credentialing for health care 10 practitioners.--

(1) INTENT.--The Legislature recognizes that an 11 12 efficient and effective health care practitioner credentialing 13 program helps to ensure access to quality health care and also 14 recognizes that health care practitioner credentialing 15 activities have increased significantly as a result of health care reform and recent changes in health care delivery and 16 17 reimbursement systems. Moreover, the resulting duplication of health care practitioner credentialing activities is 18 19 unnecessarily costly and cumbersome for both the practitioner and the entity granting practice privileges. Therefore, it is 20 the intent of this section that a credentials collection 21 program be established which provides that, once a health care 22 23 practitioner's core credentials data are collected, they need not be collected again, except for corrections, updates, and 24 modifications thereto. Furthermore, it is the intent of the 25 26 Legislature that the department and all entities and 27 practitioners work cooperatively to ensure the integrity and accuracy of the program.Participation under this section 28 29 shall include those individuals licensed under chapter 458, chapter 459, chapter 460, chapter 461, or s. 464.012. However, 30 the department shall, with the approval of the applicable 31 244

board, include other professions under the jurisdiction of the 1 Division of Medical Quality Assurance in this program, 2 3 provided they meet the requirements of s. 456.039 or s. 4 456.0391.

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(2) DEFINITIONS.--As used in this section, the term: 6 (a) "Certified" or "accredited," as applicable, means 7 approved by a quality assessment program, from the National 8 Committee for Quality Assurance, the Joint Commission on 9 Accreditation of Healthcare Organizations, the American Accreditation HealthCare Commission/URAC, or any such other 10 nationally recognized and accepted organization authorized by 11 12 the department, used to assess and certify any credentials 13 verification program, entity, or organization that verifies 14 the credentials of any health care practitioner.

15 (b) "Core credentials data" means data that is primary 16 source verified and includes the following data: current name, 17 any former name, and any alias, any professional education, professional training, licensure, current Drug Enforcement 18 19 Administration certification, social security number, specialty board certification, Educational Commission for 20 Foreign Medical Graduates certification, and hospital or other 21 22 institutional affiliations, evidence of professional liability 23 coverage or evidence of financial responsibility as required by s. 458.320, s. 459.0085, or s. 456.048, history of claims, 24 suits, judgments, or settlements, final disciplinary action 25 26 reported pursuant to s. 456.039(1)(a)8. or s. 456.0391(1)(a)8. 27 The department may by rule designate additional core credentials data elements, and Medicare or Medicaid sanctions. 28 29 "Credential" or "credentialing" means the process (C) of assessing and verifying the qualifications of a licensed 30 31 245

health care practitioner or applicant for licensure as a 1 health care practitioner. 2 3 (d) "Credentials verification organization" means any 4 organization certified or accredited as a credentials 5 verification organization. 6 (e) "Department" means the Department of Health, 7 Division of Medical Quality Assurance. 8 (f) "Designated credentials verification organization" 9 means the credentials verification organization which is selected by the health care practitioner, if the health care 10 11 practitioner chooses to make such a designation. 12 (g) "Drug Enforcement Administration certification" means certification issued by the Drug Enforcement 13 14 Administration for purposes of administration or prescription of controlled substances. Submission of such certification 15 under this section must include evidence that the 16 certification is current and must also include all current 17 addresses to which the certificate is issued. 18 19 (h) "Health care entity" means: 20 1. Any health care facility or other health care 21 organization licensed or certified to provide approved medical 22 and allied health services in this state; 23 2. Any entity licensed by the Department of Insurance as a prepaid health care plan or health maintenance 24 organization or as an insurer to provide coverage for health 25 26 care services through a network of providers or similar organization licensed under chapter 627, chapter 636, chapter 27 641, or chapter 651; or 28 29 3. Any accredited medical school in this state. (i) "Health care practitioner" means any person 30 licensed, or, for credentialing purposes only, any person 31 246 CODING: Words stricken are deletions; words underlined are additions.

applying for licensure, under chapter 458, chapter 459, 1 chapter 460, chapter 461, or s. 464.012 or any person licensed 2 or applying for licensure under a chapter subsequently made 3 4 subject to this section by the department with the approval of 5 the applicable board, except a person registered or applying 6 for registration pursuant to s. 458.345 or s. 459.021. 7 (j) "Hospital or other institutional affiliations" 8 means each hospital or other institution for which the health 9 care practitioner or applicant has provided medical services. Submission of such information under this section must 10 include, for each hospital or other institution, the name and 11 12 address of the hospital or institution, the staff status of 13 the health care practitioner or applicant at that hospital or 14 institution, and the dates of affiliation with that hospital 15 or institution. (j)(k) "National accrediting organization" means an 16 17 organization that awards accreditation or certification to hospitals, managed care organizations, credentials 18 19 verification organizations, or other health care organizations, including, but not limited to, the Joint 20 Commission on Accreditation of Healthcare Organizations, the 21 American Accreditation HealthCare Commission/URAC, and the 22 23 National Committee for Quality Assurance. "Primary source verification" means verification 24 (k) of professional qualifications based on evidence obtained 25 26 directly from the issuing source of the applicable qualification or from any other source deemed as a primary 27 source for such verification by the department or an 28 29 accrediting body approved by the department. 30 31 247 CODING: Words stricken are deletions; words underlined are additions.

1 "Professional training" means any internship, (1) 2 residency, or fellowship relating to the profession for which 3 the health care practitioner is licensed or seeking licensure. 4 (m) "Specialty board certification" means 5 certification in a specialty issued by a specialty board 6 recognized by the board in this state that regulates the 7 profession for which the health care practitioner is licensed 8 or seeking licensure. (3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM.--9 (a) Every health care practitioner shall: 10 1. Report all core credentials data to the department 11 12 which is not already on file with the department, either by designating a credentials verification organization to submit 13 14 the data or by submitting the data directly. 15 2. Notify the department within 45 days of any corrections, updates, or modifications to the core credentials 16 17 data either through his or her designated credentials 18 verification organization or by submitting the data directly. 19 Corrections, updates, and modifications to the core credentials data provided the department under this section 20 shall comply with the updating requirements of s. 456.039(3) 21 or s. 456.0391(3) related to profiling. 22 23 (b) The department shall: 1. Maintain a complete, current file of applicable 24 core credentials data on each health care practitioner, which 25 26 shall include data provided in accordance with subparagraph 27 (a)1. and all updates provided in accordance with subparagraph 28 (a)2. 29 2. Release the core credentials data that is otherwise confidential or exempt from the provisions of chapter 119 and 30 s. 24(a), Art. I of the State Constitution and any 31 248 CODING: Words stricken are deletions; words underlined are additions. corrections, updates, and modifications thereto, if authorized
 by the health care practitioner.

3 3. Charge a fee to access the core credentials data,
4 which may not exceed the actual cost, including prorated setup
5 and operating costs, pursuant to the requirements of chapter
6 119.

4. Develop standardized forms to be used by the health
care practitioner or designated credentials verification
organization for the initial reporting of core credentials
data, for the health care practitioner to authorize the
release of core credentials data, and for the subsequent
reporting of corrections, updates, and modifications thereto.

13 (c) A registered credentials verification organization 14 may be designated by a health care practitioner to assist the 15 health care practitioner to comply with the requirements of 16 subparagraph (a)2. A designated credentials verification 17 organization shall:

Timely comply with the requirements of subparagraph
 (a)2., pursuant to rules adopted by the department.

Not provide the health care practitioner's core
 <u>credentials</u> data, including all corrections, updates, and
 modifications, without the authorization of the practitioner.

(d) This section shall not be construed to restrict in any way the authority of the health care entity to credential and to approve or deny an application for hospital staff membership, clinical privileges, or managed care network participation.

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(4) DUPLICATION OF DATA PROHIBITED.--

(a) A health care entity or credentials verification
organization is prohibited from collecting or attempting to
collect duplicate core credentials data from any health care

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practitioner if the information is available from the 1 department. This section shall not be construed to restrict 2 3 the right of any health care entity or credentials 4 verification organization to collect additional information 5 from the health care practitioner which is not included in the 6 core credentials data file. This section shall not be 7 construed to prohibit a health care entity or credentials 8 verification organization from obtaining all necessary 9 attestation and release form signatures and dates.

(b) Effective July 1, 2002, a state agency in this 10 state which credentials health care practitioners may not 11 12 collect or attempt to collect duplicate core credentials data from any individual health care practitioner if the 13 14 information is already available from the department. This section shall not be construed to restrict the right of any 15 such state agency to request additional information not 16 17 included in the core credentials credential data file, but which is deemed necessary for the agency's specific 18 19 credentialing purposes.

20 (5) STANDARDS AND REGISTRATION. -- Any credentials 21 verification organization that does business in this state must be fully accredited or certified as a credentials 22 23 verification organization by a national accrediting organization as specified in paragraph (2)(a) and must 24 register with the department. The department may charge a 25 26 reasonable registration fee, not to exceed an amount sufficient to cover its actual expenses in providing and 27 enforcing such registration. The department shall establish by 28 29 rule for biennial renewal of such registration. Failure by a registered credentials verification organization to maintain 30 full accreditation or certification, to provide data as 31

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authorized by the health care practitioner, to report to the 1 department changes, updates, and modifications to a health 2 3 care practitioner's records within the time period specified 4 in subparagraph (3)(a)2., or to comply with the prohibition 5 against collection of duplicate core credentials data from a 6 practitioner may result in denial of an application for 7 renewal of registration or in revocation or suspension of a 8 registration. 9 (6) PRIMARY SOURCE VERIFIED DATA.--Health care 10 entities and credentials verification organizations may rely upon any data that has been primary source verified by the 11 12 department or its designee to meet primary source verification requirements of national accrediting organizations. 13 14 (7)(6) LIABILITY.--No civil, criminal, or administrative action may be instituted, and there shall be no 15 liability, against any registered credentials verification 16 organization or health care entity on account of its reliance 17 18 on any data obtained directly from the department. 19 (8)(7) LIABILITY INSURANCE REQUIREMENTS.--Each 20 credentials verification organization doing business in this state shall maintain liability insurance appropriate to meet 21 22 the certification or accreditation requirements established in 23 this section. (9)(8) RULES.--The department shall adopt rules 24 necessary to develop and implement the standardized core 25 26 credentials data collection program established by this 27 section. Section 94. Section 232.61, Florida Statutes, is 28 29 amended to read: 30 232.61 Governing organization for athletics; adoption 31 of bylaws.--251

1	(1) The organization shall adopt bylaws that, unless
2	specifically provided by statute, establish eligibility
3	requirements for all students who participate in high school
4	athletic competition in its member schools. The bylaws
5	governing residence and transfer shall allow the student to be
6	eligible in the school in which he or she first enrolls each
7	school year, or makes himself or herself a candidate for an
8	athletic team by engaging in a practice prior to enrolling in
9	any member school. The student shall be eligible in that
10	school so long as he or she remains enrolled in that school.
11	Subsequent eligibility shall be determined and enforced
12	through the organization's bylaws.
13	(2) The organization shall also adopt bylaws that
14	specifically prohibit the recruiting of students for athletic
15	purposes. The bylaws shall prescribe penalties and an appeals
16	process for athletic recruiting violations.
17	(3) The organization shall adopt bylaws that require
18	all students participating in interscholastic athletic
19	competition or who are candidates for an interscholastic
20	athletic team to satisfactorily pass a medical evaluation each
21	year prior to participating in interscholastic athletic
22	competition or engaging in any practice, tryout, workout, or
23	other physical activity associated with the student's
24	candidacy for an interscholastic athletic team. Such medical
25	evaluation can only be administered by a practitioner licensed
26	under the provisions of chapter 458, chapter 459, chapter 460,
27	or s. 464.012, and in good standing with the practitioner's
28	regulatory board. The bylaws shall establish requirements for
29	eliciting a student's medical history and performing the
30	medical evaluation required under this subsection, which shall
31	include minimum standards for the physical capabilities
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necessary for participation in interscholastic athletic 1 2 competition as contained in a uniform preparticipation physical evaluation form. The evaluation form shall provide 3 4 place for the signature of the practitioner performing the 5 evaluation with an attestation that each examination procedure 6 listed on the form was performed by the practitioner or by 7 someone under the direct supervision of the practitioner. The 8 form shall also contain a place for the practitioner to 9 indicate if a referral to another practitioner was made in lieu of completion of a certain examination procedure. The 10 form shall provide a place for the practitioner to whom the 11 12 student was referred to complete the remaining sections and attest to that portion of the examination. Practitioners 13 14 administering medical evaluations pursuant to this section must know the minimum standards established by the 15 organization and certify that the student meets the standards. 16 17 If the practitioner determines that there are any abnormal findings in the cardiovascular system, the student may not 18 19 participate unless a subsequent EKG or other cardiovascular 20 assessment indicates that the abnormality will not place the 21 student at risk during such participation. Results of such medical evaluation must be provided to the school. No student 22 23 shall be eligible to participate in any interscholastic athletic competition or engage in any practice, tryout, 24 workout, or other physical activity associated with the 25 26 student's candidacy for an interscholastic athletic team until the results of the medical evaluation verifying that the 27 student has satisfactorily passed the evaluation have been 28 29 received and approved by the school. 30 (4) Notwithstanding the provisions of subsection (3), a student may participate in interscholastic athletic 31 253

competition or be a candidate for an interscholastic athletic 1 2 team if the parent or guardian of the student objects in 3 writing to the student undergoing a medical evaluation because 4 such evaluation is contrary to his or her religious tenets or 5 practices, provided that no person or entity shall be held 6 liable for any injury or other damages suffered by such 7 student. 8 Section 95. Section 240.4075, Florida Statutes, is 9 amended to read: 240.4075 Nursing Student Loan Forgiveness Program.--10 (1) To encourage qualified personnel to seek 11 12 employment in areas of this state in which critical nursing shortages exist, there is established the Nursing Student Loan 13 14 Forgiveness Program. The primary function of the program is to increase employment and retention of registered nurses and 15 16 licensed practical nurses in nursing homes and hospitals in the state and in state-operated medical and health care 17 facilities, public schools, birth centers, and federally 18 19 sponsored community health centers and teaching hospitals by 20 making repayments toward loans received by students from federal or state programs or commercial lending institutions 21 for the support of postsecondary study in accredited or 22 23 approved nursing programs. (2) To be eligible, a candidate must have graduated 24 25 from an accredited or approved nursing program and have 26 received a Florida license as a licensed practical nurse or a registered nurse or a Florida certificate as an advanced 27 28 registered nurse practitioner. 29 (3) Only loans to pay the costs of tuition, books, and 30 living expenses shall be covered, at an amount not to exceed \$4,000 for each year of education towards the degree obtained. 31 254 CODING: Words stricken are deletions; words underlined are additions.

(4) Receipt of funds pursuant to this program shall be 1 2 contingent upon continued proof of employment in the 3 designated facilities in this state. Loan principal payments 4 shall be made by the Department of Health Education directly to the federal or state programs or commercial lending 5 6 institutions holding the loan as follows: 7 (a) Twenty-five percent of the loan principal and 8 accrued interest shall be retired after the first year of 9 nursing; Fifty percent of the loan principal and accrued 10 (b) interest shall be retired after the second year of nursing; 11 12 (c) Seventy-five percent of the loan principal and accrued interest shall be retired after the third year of 13 14 nursing; and 15 (d) The remaining loan principal and accrued interest 16 shall be retired after the fourth year of nursing. 17 18 In no case may payment for any nurse exceed \$4,000 in any 19 12-month period. 20 (5) There is created the Nursing Student Loan 21 Forgiveness Trust Fund to be administered by the Department of 22 Health Education pursuant to this section and s. 240.4076 and department rules. The Comptroller shall authorize 23 expenditures from the trust fund upon receipt of vouchers 24 approved by the Department of Health Education. All moneys 25 26 collected from the private health care industry and other 27 private sources for the purposes of this section shall be deposited into the Nursing Student Loan Forgiveness Trust 28 29 Fund. Any balance in the trust fund at the end of any fiscal year shall remain therein and shall be available for carrying 30 out the purposes of this section and s. 240.4076. 31 255

(6) In addition to licensing fees imposed under part I 1 2 of chapter 464, there is hereby levied and imposed an additional fee of \$5, which fee shall be paid upon licensure 3 4 or renewal of nursing licensure. Revenues collected from the 5 fee imposed in this subsection shall be deposited in the б Nursing Student Loan Forgiveness Trust Fund of the Department 7 of Health Education and will be used solely for the purpose of 8 carrying out the provisions of this section and s. 240.4076. 9 Up to 50 percent of the revenues appropriated to implement this subsection may be used for the nursing scholarship 10 program established pursuant to s. 240.4076. 11 12 (7)(a) Funds contained in the Nursing Student Loan Forgiveness Trust Fund which are to be used for loan 13 14 forgiveness for those nurses employed by hospitals, birth 15 centers, and nursing homes must be matched on a dollar-for-dollar basis by contributions from the employing 16 17 institutions, except that this provision shall not apply to 18 state-operated medical and health care facilities, public 19 schools, county health departments, federally sponsored 20 community health centers, or teaching hospitals as defined in s. 408.07, family practice teaching hospitals as defined in s. 21 22 395.805, or specialty hospitals for children as used in s. 23 409.9119. If in any given fiscal quarter there are insufficient funds in the trust fund to grant all eligible 24 25 applicant requests, awards shall be based on the following 26 priority of employer: county health departments; federally sponsored community health centers; state-operated medical and 27 28 health care facilities; public schools; teaching hospitals as 29 defined in s. 408.07; family practice teaching hospitals as 30 defined in s. 395.805; specialty hospitals for children as 31 256

used in s. 409.9119; and other hospitals, birth centers, and 1 2 nursing homes. 3 (b) All Nursing Student Loan Forgiveness Trust Fund 4 moneys shall be invested pursuant to s. 18.125. Interest 5 income accruing to that portion of the trust fund not matched 6 shall increase the total funds available for loan forgiveness 7 and scholarships. Pledged contributions shall not be eligible 8 for matching prior to the actual collection of the total 9 private contribution for the year. (8) The Department of Health Education may solicit 10 technical assistance relating to the conduct of this program 11 12 from the Department of Education Health. 13 (9) The Department of Health Education is authorized 14 to recover from the Nursing Student Loan Forgiveness Trust 15 Fund its costs for administering the Nursing Student Loan 16 Forgiveness Program. 17 (10)The Department of Health Education may adopt rules necessary to administer this program. 18 19 (11) This section shall be implemented only as 20 specifically funded. 21 Section 96. Section 240.4076, Florida Statutes, is 22 amended to read: 23 240.4076 Nursing scholarship program.--(1) There is established within the Department of 24 Health Education a scholarship program for the purpose of 25 26 attracting capable and promising students to the nursing profession. 27 28 (2) A scholarship applicant shall be enrolled as a 29 full-time or part-time student in the upper division of an approved nursing program leading to the award of a 30 baccalaureate degree or graduate degree to qualify for a 31 257 CODING: Words stricken are deletions; words underlined are additions.

nursing faculty position or as an or any advanced registered 1 nurse practitioner degree or be enrolled as a full-time or 2 3 part-time student in an approved program leading to the award 4 of an associate degree in nursing or a diploma in nursing. 5 (3) A scholarship may be awarded for no more than 2 6 years, in an amount not to exceed \$8,000 per year. However, 7 registered nurses pursuing a graduate degree for a faculty 8 position or to practice as an advanced registered nurse 9 practitioner degree may receive up to \$12,000 per year. Beginning July 1, 1998, these amounts shall be adjusted by the 10 amount of increase or decrease in the consumer price index for 11 12 urban consumers published by the United States Department of 13 Commerce. 14 (4) Credit for repayment of a scholarship shall be as 15 follows: 16 (a) For each full year of scholarship assistance, the 17 recipient agrees to work for 12 months in a faculty position 18 in a college of nursing or community college nursing program 19 in this state or at a health care facility in a medically underserved area as approved by the Department of Health 20 Education. Scholarship recipients who attend school on a 21 22 part-time basis shall have their employment service obligation 23 prorated in proportion to the amount of scholarship payments received. 24 25 (b) Eligible health care facilities include nursing 26 homes and hospitals in this state, state-operated medical or 27 health care facilities, public schools, county health 28 departments, federally sponsored community health centers, 29 colleges of nursing in universities in this state, and 30 community college nursing programs in this state or teaching 31 hospitals as defined in s. 408.07. The recipient shall be 258

encouraged to complete the service obligation at a single
 employment site. If continuous employment at the same site is
 not feasible, the recipient may apply to the department for a
 transfer to another approved health care facility.

5 (c) Any recipient who does not complete an appropriate 6 program of studies or who does not become licensed shall repay 7 to the Department of Health Education, on a schedule to be 8 determined by the department, the entire amount of the 9 scholarship plus 18 percent interest accruing from the date of the scholarship payment. Moneys repaid shall be deposited into 10 the Nursing Student Loan Forgiveness Trust Fund established in 11 12 s. 240.4075. However, the department may provide additional time for repayment if the department finds that circumstances 13 14 beyond the control of the recipient caused or contributed to the default. 15

(d) Any recipient who does not accept employment as a 16 17 nurse at an approved health care facility or who does not 18 complete 12 months of approved employment for each year of 19 scholarship assistance received shall repay to the Department 20 of Health Education an amount equal to two times the entire amount of the scholarship plus interest accruing from the date 21 22 of the scholarship payment at the maximum allowable interest 23 rate permitted by law. Repayment shall be made within 1 year of notice that the recipient is considered to be in default. 24 However, the department may provide additional time for 25 26 repayment if the department finds that circumstances beyond 27 the control of the recipient caused or contributed to the 28 default.

(5) Scholarship payments shall be transmitted to the
recipient upon receipt of documentation that the recipient is
enrolled in an approved nursing program. The Department of

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Health Education shall develop a formula to prorate payments 1 2 to scholarship recipients so as not to exceed the maximum 3 amount per academic year. 4 (6) The Department of Health Education shall adopt 5 rules, including rules to address extraordinary circumstances 6 that may cause a recipient to default on either the school 7 enrollment or employment contractual agreement, to implement 8 this section and may solicit technical assistance relating to 9 the conduct of this program from the Department of Health. (7) The Department of Health Education is authorized 10 to recover from the Nursing Student Loan Forgiveness Trust 11 12 Fund its costs for administering the nursing scholarship 13 program. 14 Section 97. All powers, duties, and functions, rules, records, personnel, property, and unexpended balances of 15 appropriations, allocations, or other funds of the Department 16 17 of Education relating to the Nursing Student Loan Forgiveness Program and the nursing scholarship program are transferred by 18 19 a type two transfer, as defined in s. 20.06(2), Florida 20 Statutes, to the Department of Health. 21 Section 98. Effective July 1, 2003, section 464.005, Florida Statutes, is amended to read: 22 23 464.005 Board headquarters. -- The board shall maintain 24 its official headquarters in Tallahassee the city in which it has been domiciled for the past 5 years. 25 26 Section 99. Subsections (1) and (2) of section 27 464.008, Florida Statutes, are amended to read: 28 464.008 Licensure by examination.--29 (1) Any person desiring to be licensed as a registered nurse or licensed practical nurse shall apply to the 30 31 260 CODING: Words stricken are deletions; words underlined are additions.

department to take the licensure examination. The department 1 2 shall examine each applicant who:

3

(a) Has completed the application form and remitted a 4 fee set by the board not to exceed \$150 and has remitted an 5 examination fee set by the board not to exceed \$75 plus the 6 actual per applicant cost to the department for purchase of 7 the examination from the National Council of State Boards of Nursing or a similar national organization. 8

9 (b) Has provided sufficient information on or after October 1, 1989, which must be submitted by the department for 10 a statewide criminal records correspondence check through the 11 12 Department of Law Enforcement.

(c) Is in good mental and physical health, is a 13 14 recipient of a high school diploma or the equivalent, and has 15 completed the requirements for graduation from an approved program, or its equivalent as determined by the board, for the 16 17 preparation of registered nurses or licensed practical nurses, 18 whichever is applicable. Courses successfully completed in a 19 professional nursing program which are at least equivalent to a practical nursing program may be used to satisfy the 20 21 education requirements for licensure as a licensed practical 22 nurse.

23 (d) Has the ability to communicate in the English 24 language, which may be determined by an examination given by 25 the department.

26 (2) Each applicant who passes the examination and 27 provides proof of meeting the educational requirements 28 specified in subsection (1)graduation from an approved 29 nursing program shall, unless denied pursuant to s. 464.018, be entitled to licensure as a registered professional nurse or 30 a licensed practical nurse, whichever is applicable. 31

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1 Section 100. Section 464.009, Florida Statutes, is 2 amended to read: 3 464.009 Licensure by endorsement.--4 (1) The department shall issue the appropriate license 5 by endorsement to practice professional or practical nursing 6 to an applicant who, upon applying to the department and 7 remitting a fee set by the board not to exceed \$100, 8 demonstrates to the board that he or she: 9 (a) Holds a valid license to practice professional or practical nursing in another state of the United States, 10 provided that, when the applicant secured his or her original 11 12 license, the requirements for licensure were substantially 13 equivalent to or more stringent than those existing in Florida 14 at that time; or (b) Meets the qualifications for licensure in s. 15 464.008 and has successfully completed a state, regional, or 16 17 national examination which is substantially equivalent to or 18 more stringent than the examination given by the department. 19 (2) Such examinations and requirements from other 20 states shall be presumed to be substantially equivalent to or more stringent than those in this state. Such presumption 21 shall not arise until January 1, 1980. However, the board may, 22 23 by rule, specify states the examinations and requirements of which shall not be presumed to be substantially equivalent to 24 25 those of this state. 26 (3) The applicant must submit to the department a set 27 of fingerprints on a form and under procedures specified by 28 the department, along with a payment in an amount equal to the 29 costs incurred by the Department of Health for the criminal background check of the applicant. The Department of Health 30 shall submit the fingerprints provided by the applicant to the 31 262

Florida Department of Law Enforcement for a statewide criminal 1 history check, and the Florida Department of Law Enforcement 2 3 shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check of the 4 5 applicant. The Department of Health shall review the results 6 of the criminal history check, issue a license to an applicant 7 who has met all of the other requirements for licensure and has no criminal history, and shall refer all applicants with 8 9 criminal histories back to the board for determination as to whether a license should be issued and under what conditions. 10 (4) (4) (3) The department shall not issue a license by 11 12 endorsement to any applicant who is under investigation in another state for an act which would constitute a violation of 13 14 this part or chapter 456 until such time as the investigation 15 is complete, at which time the provisions of s. 464.018 shall 16 apply. 17 (5) The department shall develop an electronic applicant notification process and provide electronic 18 notification when the application has been received and when 19 20 background screenings have been completed, and shall issue a license within 30 days after completion of all required data 21 collection and verification. This 30-day period to issue a 22 23 license shall be tolled if the applicant must appear before the board due to information provided on the application or 24 obtained through screening and data collection and 25 26 verification procedures. 27 Section 101. Section 464.0195, Florida Statutes, is created to read: 28 29 464.0195 Florida Center for Nursing; goals.--There is 30 established the Florida Center for Nursing to address issues of supply and demand for nursing, including issues of 31 263

recruitment, retention, and utilization of nurse workforce 1 2 resources. The Legislature finds that the center will repay 3 the state's investment by providing an ongoing strategy for 4 the allocation of the state's resources directed towards 5 nursing. The primary goals for the center shall be to: 6 (1) Develop a strategic statewide plan for nursing 7 manpower in this state by: 8 (a) Establishing and maintaining a database on nursing 9 supply and demand in the state, to include current supply and demand, and future projections; and 10 11 (b) Selecting from the plan priorities to be 12 addressed. 13 (2) Convene various groups representative of nurses, 14 other health care providers, business and industry, consumers, 15 legislators, and educators to: 16 (a) Review and comment on data analysis prepared for 17 the center; (b) Recommend systemic changes, including strategies 18 19 for implementation of recommended changes; and 20 (c) Evaluate and report the results of these efforts 21 to the Legislature and others. Enhance and promote recognition, reward, and 22 (3) 23 renewal activities for nurses in the state by: Promoting nursing excellence programs such as 24 (a) 25 magnet recognition by the American Nurses Credentialing 26 Center; (b) Proposing and creating additional reward, 27 28 recognition, and renewal activities for nurses; and 29 (c) Promoting media and positive image-building 30 efforts for nursing. 31 264

1 Section 102. Section 464.0196, Florida Statutes, is 2 created to read: 3 464.0196 Florida Center for Nursing; board of 4 directors.--5 (1) The Florida Center for Nursing shall be governed 6 by a policy-setting board of directors. The board shall 7 consist of 16 members, with a simple majority of the board 8 being nurses representative of various practice areas. Other 9 members shall include representatives of other health care professions, business and industry, health care providers, and 10 consumers. The members of the board shall be appointed by the 11 12 Governor as follows: 13 (a) Four members recommended by the President of the 14 Senate, at least one of whom shall be a registered nurse 15 recommended by the Florida Organization of Nurse Executives 16 and at least one other representative of the hospital industry 17 recommended by the Florida Hospital Association; 18 (b) Four members recommended by the Speaker of the 19 House of Representatives, at least one of whom shall be a 20 registered nurse recommended by the Florida Nurses Association 21 and at least one other representative of the long-term care 22 industry; 23 (c) Four members recommended by the Governor, two of whom shall be registered nurses; and 24 25 (d) Four nurse educators recommended by the State 26 Board of Education, one of whom shall be a dean of a College of Nursing at a state university, one other shall be a 27 28 director of a nursing program in a state community college. 29 The initial terms of the members shall be as (2) 30 follows: 31 265

(a) Of the members appointed pursuant to paragraph 1 2 (1)(a), two shall be appointed for terms expiring June 30, 3 2005, one for a term expiring June 30, 2004, and one for a term expiring June 30, 2003. 4 5 (b) Of the members appointed pursuant to paragraph (1)(b), one shall be appointed for a term expiring June 30, б 7 2005, two for terms expiring June 30, 2004, and one for a term 8 expiring June 20, 2003. 9 (c) Of the members appointed pursuant to paragraph (1)(c), one shall be appointed for a term expiring June 30, 10 2005, one for a term expiring June 30, 2004, and two for terms 11 12 expiring June 30, 2003. 13 (d) Of the members appointed pursuant to paragraph 14 (1)(d), the terms of two members recommended by the State 15 Board of Education shall expire June 30, 2005; the term of the member who is a dean of a College of Nursing at a state 16 17 university shall expire June 30, 2004; and the term of the member who is a director of a state community college nursing 18 19 program shall expire June 30, 2003. 20 After the initial appointments expire, the terms of all the 21 members shall be for 3 years, with no member serving more than 22 23 two consecutive terms. 24 (3) The board shall have the following powers and 25 duties: 26 (a) To employ an executive director. 27 (b) To determine operational policy. 28 To elect a chair and officers, to serve 2-year (C) 29 terms. The chair and officers may not succeed themselves. 30 To establish committees of the board as needed. (d) 31 266 CODING: Words stricken are deletions; words underlined are additions.

(e) To appoint a multidisciplinary advisory council 1 2 for input and advice on policy matters. 3 To implement the major functions of the center as (f) 4 established in the goals set out in s. 464.0195. 5 To seek and accept nonstate funds for sustaining (g) 6 the center and carrying out center policy. 7 The members of the board are entitled to receive (4) 8 per diem and allowances prescribed by law for state boards and 9 commissions. 10 Section 103. Section 464.0197, Florida Statutes, is 11 created to read: 12 464.0197 Florida Center for Nursing; state budget support.--The Legislature finds that it is imperative that the 13 14 state protect its investment and progress made in nursing 15 efforts to date. The Legislature finds that the Florida Center 16 for Nursing is the appropriate means to do so. The center 17 shall have state budget support for its operations so that it may have adequate resources for the tasks the Legislature has 18 19 set out in s. 464.0195. 20 Section 104. The Board of Nursing within the Department of Health shall hold in abeyance until July 1, 21 2002, the development of any rule pursuant to s. 464.019(2), 22 23 Florida Statutes, which relates to the establishment of faculty/student clinical ratios. The Board of Nursing and the 24 Department of Education shall submit to the President of the 25 26 Senate and the Speaker of the House of Representatives by December 31, 2001, an implementation plan that details both 27 the impact and the cost of any such proposed rule change. 28 29 Section 105. Subsection (1) of section 464.0205, Florida Statutes, is amended to read: 30 464.0205 Retired volunteer nurse certificate.--31 267

(1) Any retired practical or registered nurse desiring 1 2 to serve indigent, underserved, or critical need populations 3 in this state may apply to the department for a retired 4 volunteer nurse certificate by providing: 5 (a) A complete application. 6 (b) An application and processing fee of \$25. 7 (b) (c) Verification that the applicant had been 8 licensed to practice nursing in any jurisdiction in the United 9 States for at least 10 years, had retired or plans to retire, intends to practice nursing only pursuant to the limitations 10 provided by the retired volunteer nurse certificate, and has 11 12 not committed any act that would constitute a violation under 13 s. 464.018(1). 14 (c)(d) Proof that the applicant meets the requirements for licensure under s. 464.008 or s. 464.009. 15 16 Section 106. The Florida Legislature's Office of 17 Program Policy Analysis and Government Accountability shall 18 study the feasibility of maintaining the entire Medical 19 Quality Assurance function, including enforcement, within one 20 department, as recommended by the Auditor General in Operational Report Number 01-063. The study shall be completed 21 and a report issued to the Legislature on or before November 22 23 30, 2001. Section 107. Effective October 1, 2001, section 24 25 456.0375, Florida Statutes, is created to read: 456.0375 Registration of certain clinics; 26 27 requirements; discipline; exemptions. --(1)(a) As used in this section, the term "clinic" 28 29 means a business operating in a single structure or facility or group of adjacent structures or facilities operating under 30 31 the same business name or management at which health care 268

services are provided to individuals and which tenders charges 1 2 for reimbursement for such services. 3 (b) For purposes of this section, the term "clinic" 4 does not include and the registration requirements in this 5 section do not apply to: 6 1. Entities licensed or registered by the state 7 pursuant to chapter 390, chapter 394, chapter 395, chapter 8 397, chapter 400, chapter 463, chapter 465, chapter 466, 9 chapter 478, chapter 480, or chapter 484. 2. Entities exempt from federal taxation under 26 10 U.S.C. s. 501(c)(3). 11 12 3. Sole proprietorships, group practices, partnerships, or corporations which provide health care 13 14 services by licensed health care practitioners pursuant to chapter 457, chapter 458, chapter 459, chapter 460, chapter 15 461, chapter 462, chapter 463, chapter 466, chapter 467, 16 17 chapter 484, chapter 486, chapter 490, or chapter 491; part I, part III, part X, part XIII, or part XIV of chapter 468; or s. 18 19 464.012, which are wholly owned by licensed health care 20 practitioners or wholly owned by licensed health care practitioners and the spouse, parent, or child of a licensed 21 health care practitioner, so long as one of the owners who is 22 23 a licensed health care practitioner is supervising the services performed therein and is legally responsible for the 24 entity's compliance with all federal and state laws. However, 25 26 no health care practitioner may supervise services beyond the 27 scope of the practitioner's license. 28 (2)(a) Every clinic, as defined in paragraph (1)(a), 29 must register, and at all times maintain a valid registration, 30 with the department. Each clinic location must be registered 31 separately even though operated under the same business name 269

or management, and each clinic must appoint a medical director 1 2 or clinic director. 3 The department shall adopt rules necessary to (b) administer the registration program, including rules 4 5 establishing the specific registration procedures, forms, and 6 fees. Registration may be conducted electronically. 7 Registration fees must be calculated to reasonably cover the 8 cost of registration and must be of such amount that the total 9 fees collected do not exceed the cost of administering and enforcing compliance with this section. The registration 10 11 program must require: 12 1. The clinic to file the registration form with the 13 department within 60 days after the effective date of this 14 section or prior to the inception of operation. The 15 registration expires automatically 2 years after its date of issuance and must be renewed biennially thereafter. 16 17 2. The registration form to contain the name, 18 residence, and business address, phone number, and license 19 number of the medical director or clinic director for the 20 clinic. 21 The clinic to display the registration certificate 3. in a conspicuous location within the clinic which is readily 22 23 visible to all patients. (3)(a) Each clinic must employ or contract with a 24 25 physician maintaining a full and unencumbered physician 26 license in accordance with chapter 458, chapter 459, chapter 27 460, or chapter 461 to serve as the medical director. However, 28 if the clinic is limited to providing health care services pursuant to chapter 457, chapter 484, chapter 486, chapter 29 490, or chapter 491 or part I, part III, part X, part XIII, or 30 part XIV of chapter 468, the clinic may appoint a health care 31 270

practitioner licensed under that chapter to serve as the 1 2 clinic director who is responsible for the clinic's 3 activities. A health care practitioner may not serve as the 4 clinic director if the services provided at the clinic are 5 beyond the scope of that practitioner's license. 6 (b) The medical director or clinic director must agree 7 in writing to accept responsibility for the following activities on behalf of the clinic. The medical director or 8 9 the clinic director shall: 1. Have signs identifying the medical director or 10 clinic director posted in a conspicuous location within the 11 12 clinic which is readily visible to all patients. 13 2. Ensure that all practitioners providing health care 14 services or supplies to patients maintain a current, active, 15 and unencumbered Florida license. 16 3. Review any patient-referral contracts or agreements 17 executed by the clinic. 18 4. Ensure that all health care practitioners at the 19 clinic have active appropriate certification or licensure for 20 the level of care being provided. 21 5. Serve as the clinic records owner as defined in s. 456.057. 22 23 6. Ensure compliance with the recordkeeping, office surgery, and adverse incident reporting requirements of 24 chapter 456, the respective practice acts, and the rules 25 26 adopted thereunder. 7. Conduct systematic reviews of clinic billings to 27 ensure that the billings are not fraudulent or unlawful. Upon 28 29 discovery of an unlawful charge, the medical director or 30 clinic director must take immediate corrective action. 31 271

1	(c) Any contract to serve as a medical director or
2	clinic director entered into or renewed by a physician or
3	licensed health care practitioner in violation of this section
4	is void as contrary to public policy. This section applies to
5	contracts entered into or renewed on or after the effective
б	date of this section.
7	(d) The department, in consultation with the boards,
8	shall adopt rules specifying limitations on the number of
9	registered clinics and licensees for which a medical director
10	or clinic director may assume responsibility for purposes of
11	this section. In determining the quality of supervision a
12	medical director or clinic director can provide, the
13	department shall consider the number of clinic employees, the
14	clinic location, and the services provided by the clinic.
15	(4)(a) All charges or reimbursement claims made by or
16	on behalf of a clinic that is required to be registered under
17	this section but that is not so registered are unlawful
18	charges and therefore are noncompensable and unenforceable.
19	(b) Any person establishing, operating, or managing an
20	unregistered clinic otherwise required to be registered under
21	this section commits a felony of the third degree, punishable
22	as provided in s. 775.082, s. 775.083, or s. 775.084.
23	(c) Any licensed health care practitioner who violates
24	this section is subject to discipline in accordance with this
25	chapter and the respective practice act.
26	(d) The department shall revoke the registration of
27	any clinic registered under this section for operating in
28	violation of the requirements of this section or the rules
29	adopted pursuant to this section.
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1 (e) The department shall investigate allegations of 2 noncompliance with this section and the rules adopted pursuant 3 to this section. 4 Section 108. The sum of \$100,000 is appropriated from 5 the registration fees collected from clinics pursuant to s. 6 456.0375, Florida Statutes, and one-half of one full-time 7 equivalent position is authorized, to the Department of Health 8 for the purposes of regulating medical clinics pursuant to s. 9 456.0375, Florida Statutes. The appropriated funds shall be deposited into the Medical Quality Assurance Trust Fund. 10 Section 109. Subsection (3) of section 456.031, 11 12 Florida Statutes, is amended to read: 13 456.031 Requirement for instruction on domestic 14 violence.--15 (3)(a) In lieu of completing a course as required in 16 subsection (1), a licensee or certificateholder may complete a 17 course in end-of-life care and palliative health care, if the 18 licensee or certificateholder has completed an approved 19 domestic violence course in the immediately preceding 20 biennium. 21 (b) In lieu of completing a course as required by subsection (1), a person licensed under chapter 466 who has 22 23 completed an approved domestic-violence education course in the immediately preceding 2 years may complete a course 24 25 approved by the Board of Dentistry. 26 Section 110. Subsection (9) of section 456.033, Florida Statutes, is amended to read: 27 28 456.033 Requirement for instruction for certain 29 licensees on human immunodeficiency virus and acquired immune 30 deficiency syndrome .---31 273

(9)(a) In lieu of completing a course as required in 1 2 subsection (1), the licensee may complete a course in 3 end-of-life care and palliative health care, so long as the 4 licensee completed an approved AIDS/HIV course in the 5 immediately preceding biennium. 6 (b) In lieu of completing a course as required by 7 subsection (1), a person licensed under chapter 466 who has 8 completed an approved AIDS/HIV course in the immediately preceding 2 years may complete a course approved by the Board 9 10 of Dentistry. Section 111. (1) Subsection (9) is added to section 11 12 627.419, Florida Statutes, to read: 627.419 Construction of policies.--13 14 (9) With respect to any group or individual insurer covering dental services, each claimant, or dentist acting for 15 16 a claimant, who has had a claim denied as not medically or 17 dentally necessary or who has had a claim payment based on an alternate dental service in accordance with accepted dental 18 19 standards for adequate and appropriate care must be provided 20 an opportunity for an appeal to the insurer's licensed dentist 21 who is responsible for the medical necessity reviews under the plan or is a member of the plan's peer review group. The 22 23 appeal may be by telephone, and the insurer's dentist must respond within a reasonable time, not to exceed 15 business 24 25 days. 26 (2) This section shall apply to policies issued or renewed on or after July 1, 2001. 27 28 Section 112. Paragraph (d) of subsection (3) and 29 paragraph (c) of subsection (6) of section 468.302, Florida 30 Statutes, are amended to read: 31 274 CODING: Words stricken are deletions; words underlined are additions.

1 468.302 Use of radiation; identification of certified 2 persons; limitations; exceptions.--3 (3) Requirement for certification does not apply to: 4 (d) A person holding a certificate as a general 5 radiographer may not perform nuclear medicine and radiation 6 therapy procedures, except as provided herein. A person who is 7 a general radiographer certified pursuant to this part who 8 receives additional training and skills in radiation therapy 9 technology procedures as referenced herein may assist with managing patients undergoing radiation therapy treatments if 10 that assistance is provided to a person registered with the 11 12 American Registry of Radiologic Technologists in radiation 13 therapy who is also certified pursuant to this part as a 14 radiation therapy technologist. Both the general radiographer and the radiation therapy technologist must perform these 15 radiation therapy services under the general supervision of a 16 17 physician licensed under chapter 458 or chapter 459 who is 18 trained and skilled in performing radiation therapy 19 treatments. The radiation therapy technologist identified in 20 this paragraph may not delegate any function to the general 21 radiographer that could reasonably be expected to create an 22 unnecessary danger to a patient's life, health or safety. The 23 general radiographer identified under this paragraph may not, however, perform the following services while assisting the 24 25 radiation therapy technologist: radiation treatment planning, 26 calculation of radiation therapy doses, administration of radiation therapy doses, or any of the duties of a medical 27 28 physicist. The general radiographer identified under this 29 paragraph must successfully complete a training program in the 30 following areas before assisting with radiation therapy technology duties: 31 275

1. Principles of radiation therapy treatment; 1 2 2. Biological effects of radiation; 3 3. Radiation exposure and monitoring; 4 4. Radiation safety and protection; 5 5. Evaluation and handling of radiographic treatment 6 equipment and accessories; 7 6. Patient positioning for radiation therapy 8 treatment. In addition, a A general radiographer may 9 participate in additional approved programs as provided by rule of the department. 10 (6) Requirement for certification does not apply to: 11 (c) A person who is trained and skilled in invasive 12 cardiovascular cardiopulmonary technology, including the 13 14 radiologic technology duties associated with these procedures, and who provides invasive cardiovascular cardiopulmonary 15 technology services at the direction, and under the direct 16 17 supervision, of a licensed practitioner who is trained and skilled in performing invasive cardiovascular procedures. Such 18 19 persons must have successfully completed a didactic and 20 clinical training program in the following areas before 21 performing radiologic technology duties: 1. Principles of X-ray production and equipment 22 23 operation. 2. Biological effects of radiation. 24 25 3. Radiation exposure and monitoring. 26 4. Radiation safety and protection. 5. Evaluation of radiographic equipment and 27 28 accessories. 29 6. Radiographic exposure and technique factors. 7. Film processing. 30 8. Image quality <u>assurance</u>. 31 276

1 9. Patient positioning. 2 Administration and complications of contrast 10. 3 media. 4 11. Specific fluoroscopic and digital X-ray imaging 5 procedures related to invasive cardiovascular technology. 6 Section 113. Subsections (8) and (9) of section 7 468.352, Florida Statutes, are amended to read: 8 468.352 Definitions.--As used in this part, unless the 9 context otherwise requires, the term: "Registered respiratory therapist" means any 10 (8) person licensed pursuant to this part who is employed to 11 12 deliver respiratory care services under the order of a physician licensed pursuant to chapter 458 or chapter 459, and 13 14 in accordance with protocols established by a hospital, other health care provider, or the board, and who functions in 15 situations of unsupervised patient contact requiring 16 individual judgment. 17 18 (9) "Certified respiratory therapist" or "respiratory 19 care practitioner" means any person licensed pursuant to this 20 part who is employed to deliver respiratory care services 21 under the order of a physician licensed pursuant to chapter 458 or chapter 459, and in accordance with protocols 22 23 established by a hospital, other health care provider, or the 24 board. 25 Section 114. Subsections (1) and (2) of section 26 468.355, Florida Statutes, are amended to read: 27 468.355 Eligibility for licensure; temporary 28 licensure.--29 (1) To be eligible for licensure by the board as a 30 certified respiratory therapist respiratory care practitioner, 31 an applicant must: 277

1 (a) Be at least 18 years old. 2 (b) Possess a high school diploma or a graduate 3 equivalency diploma. 4 (C) Meet at least one of the following criteria: 5 1. The applicant has successfully completed a training 6 program for respiratory therapy technicians or respiratory 7 therapists approved by the Commission on Accreditation of 8 Allied Health Education Programs, or the equivalent thereof, 9 as accepted by the board. The applicant is currently a "Certified Respiratory 10 2. Therapist Therapy Technician" certified by the National Board 11 12 for Respiratory Care, or the equivalent thereof, as accepted by the board. 13 14 3. The applicant is currently a "Registered Respiratory Therapist" registered by the National Board for 15 16 Respiratory Care, or the equivalent thereof, as accepted by 17 the board. 18 19 The criteria set forth in subparagraphs 2. and 3. 20 notwithstanding, the board shall periodically review the 21 examinations and standards of the National Board for 22 Respiratory Care and may reject those examinations and 23 standards if they are deemed inappropriate. (2) To be eligible for licensure by the board as a 24 25 registered respiratory therapist, an applicant must: 26 (a) Be at least 18 years old. (b) Possess a high school diploma or a graduate 27 28 equivalency diploma. 29 (c) Meet at least one of the following criteria: 30 The applicant has successfully completed a training 1. program for registered respiratory therapists approved by the 31 278 CODING: Words stricken are deletions; words underlined are additions.

Commission on Accreditation of Allied Health Education 1 Programs, or the equivalent thereof, as accepted by the board. 2 3 2. The applicant is currently a "Registered Respiratory Therapist" registered by the National Board for 4 5 Respiratory Care, or the equivalent thereof, as accepted by 6 the board. 7 The criteria set forth in subparagraphs 1. and 2. 8 9 notwithstanding, the board shall periodically review the examinations and standards of the National Board for 10 Respiratory Care and may reject those examinations and 11 12 standards if they are deemed inappropriate. Section 115. Section 468.357, Florida Statutes, is 13 14 amended to read: 15 468.357 Licensure by examination.--16 (1) A person who desires to be licensed as a certified 17 respiratory therapist respiratory care practitioner may submit 18 an application to take the examination, in accordance with 19 board rule. 20 (a) Each applicant may take the examination who is 21 determined by the board to have: 22 1. Completed the application form and remitted the 23 applicable fee set by the board; 24 2. Submitted required documentation as required in s. 25 468.355; and 26 3. Remitted an examination fee set by the examination 27 provider. 28 (b) Examinations for licensure of certified 29 respiratory therapist respiratory care practitioners must be 30 conducted no less than two times a year in such geographical 31 279 CODING: Words stricken are deletions; words underlined are additions.

locations or by such methods as are deemed advantageous to the 1 majority of the applicants. 2 3 (c) The examination given for certified respiratory 4 therapist respiratory care practitioners shall be the same as 5 that given by the National Board for Respiratory Care for 6 entry-level certification of respiratory therapists therapy 7 technicians. However, an equivalent examination may be 8 accepted by the board in lieu of that examination. 9 (2) Each applicant who passes the examination shall be entitled to licensure as a certified respiratory therapist 10 respiratory care practitioner, and the department shall issue 11 12 a license pursuant to this part to any applicant who successfully completes the examination in accordance with this 13 14 section. However, the department shall not issue a license to any applicant who is under investigation in another 15 jurisdiction for an offense which would constitute a violation 16 17 of this part. Upon completion of such an investigation, if the 18 applicant is found guilty of such an offense, the applicable 19 provisions of s. 468.365 will apply. 20 Section 116. Subsections (1) and (2) of section 21 468.358, Florida Statutes, are amended to read: 22 468.358 Licensure by endorsement.--23 (1) Licensure as a certified respiratory therapist respiratory care practitioner shall be granted by endorsement 24 to an individual who holds the "Certified Respiratory 25 26 Therapist Therapy Technician" credential issued by the National Board for Respiratory Care or an equivalent 27 28 credential acceptable to the board. Licensure by this 29 mechanism requires verification by oath and submission of 30 evidence satisfactory to the board that such credential is 31 held.

(2) Licensure as a registered respiratory therapist 1 2 shall be granted by endorsement to an individual who holds the 3 "Registered Respiratory Therapist" credential issued by the 4 National Board for Respiratory Care or an equivalent 5 credential acceptable to the board. Licensure by this mechanism requires verification by oath and submission of 6 7 evidence satisfactory to the board that such credential is 8 held. 9 Section 117. Section 468.359, Florida Statutes, is amended to read: 10 468.359 Assumption of title and use of 11 12 abbreviations.--13 (1) Only persons who are licensed pursuant to this 14 part as respiratory care practitioners have the right to use 15 the title "Respiratory Care Practitioner" and the abbreviation 16 "RCP." 17 (2) Only persons who are licensed pursuant to this part as registered respiratory therapists have the right to 18 19 use the title "Registered Respiratory Therapist" and the 20 abbreviation "RRT $_{7}$ " when delivering services pursuant to this 21 part provided such persons have passed the Registry Examination for Respiratory Therapists given by the National 22 23 Board for Respiratory Care. 24 (3) Only persons who are licensed pursuant to this 25 part as certified respiratory therapists have the right to use 26 the title "Certified Respiratory Therapist" and the 27 abbreviation "CRT" when delivering services pursuant to this 28 part.graduates of board-approved programs for respiratory 29 care practitioners may use the term "Graduate Respiratory 30 Therapy Technician" and the abbreviation "GRTT." 31 281

1 (4) Only persons who are graduates of board-approved 2 programs for respiratory therapists may use the term "Graduate 3 Respiratory Therapist" and the abbreviation "GRT." 4 (4) (5) No person in this state shall deliver 5 respiratory care services; advertise as, or assume the title 6 of, respiratory care practitioner, certified respiratory 7 therapist, or registered respiratory therapist; or use the abbreviation "RCP,""CRT," or "RRT" that would lead the public 8 9 to believe that such person is licensed pursuant to this part unless such person is so licensed; or take any other action 10 that would lead the public to believe that such person is 11 12 licensed pursuant to this part unless such person is so 13 licensed. 14 Section 118. Subsections (2), (3), and (4) of section 15 468.1155, Florida Statutes, are amended to read: 16 468.1155 Provisional license; requirements.--(2) The department shall issue a provisional license 17 18 to practice speech-language pathology to each applicant who 19 the board certifies has: 20 (a) Completed the application form and remitted the 21 required fees, including a nonrefundable application fee. 22 (b) Received a master's degree or is currently 23 enrolled in a doctoral degree program with a major emphasis in speech-language pathology from an institution of higher 24 25 learning which is, or at the time the applicant was enrolled 26 and graduated, was, accredited by an accrediting agency recognized by the Council for Higher Education Commission on 27 Recognition of Postsecondary Accreditation or from an 28 29 institution which is publicly recognized as a member in good standing with the Association of Universities and Colleges of 30 Canada. An applicant who graduated from or is currently 31 282

enrolled in a program at a university or college outside the 1 2 United States or Canada must present documentation of the 3 determination of equivalency to standards established by the 4 Council for Higher Education Commission on Recognition of 5 Postsecondary Accreditation in order to qualify. The 6 applicant must have completed 60 semester hours that include: 7 Fundamental information applicable to the normal 1. 8 development and use of speech, hearing, and language; 9 information about training in management of speech, hearing, and language disorders; and information supplementary to these 10 11 fields. 12 2. Six semester hours in audiology. 3. Thirty of the required 60 semester hours in courses 13 14 acceptable toward a graduate degree by the college or 15 university in which these courses were taken, of which 24 16 semester hours must be in speech-language pathology. 17 (c) Completed 300 supervised clinical clock hours with 18 200 clock hours in the area of speech-language pathology or 19 completed the number of clock hours required by an accredited 20 institution meeting national certification standards. The 21 supervised clinical clock hours shall be completed within the training institution or one of its cooperating programs. 22 23 (3) The department shall issue a provisional license to practice audiology to each applicant who the board 24 25 certifies has: 26 (a) Completed the application form and remitted the 27 required fees, including a nonrefundable application fee. 28 (b) Received a master's degree or is currently 29 enrolled in a doctoral degree program with a major emphasis in audiology from an institution of higher learning which is, or 30 at the time the applicant was enrolled and graduated was, 31 283

accredited by an accrediting agency recognized by the Council 1 2 for Higher Education Commission on Recognition of 3 Postsecondary Accreditation or from an institution which is 4 publicly recognized as a member in good standing with the 5 Association of Universities and Colleges of Canada. An б applicant who graduated from or is currently enrolled in a 7 program at a university or college outside the United States 8 or Canada must present documentation of the determination of 9 equivalency to standards established by the Council for Higher Education Commission on Recognition of Postsecondary 10 Accreditation in order to qualify. The applicant must have 11 12 completed 60 semester hours that include: 1. Fundamental information applicable to the normal 13 14 development and use of speech, hearing, and language; 15 information about training in management of speech, hearing, 16 and language disorders; and information supplementary to these 17 fields. Six semester hours in speech-language pathology. 18 2. 19 3. Thirty of the required 60 semester hours in courses 20 acceptable toward a graduate degree by the college or 21 university in which these courses were taken, of which 24 22 semester hours must be in audiology. (c) Completed 300 supervised clinical clock hours with 23 200 clock hours in the area of audiology or completed the 24 25 number of clock hours required by an accredited institution 26 meeting national certification standards. The supervised clinical clock hours shall be completed within the training 27 28 institution or one of its cooperating programs. 29 (4) An applicant for a provisional license who has 30 received a master's degree or is currently enrolled in a doctoral degree program with a major emphasis in 31 284 CODING: Words stricken are deletions; words underlined are additions.

speech-language pathology as provided in subsection (2), or 1 audiology as provided in subsection (3), and who seeks 2 3 licensure in the area in which the applicant is not currently 4 licensed, must have completed 30 semester hours in courses 5 acceptable toward a graduate degree and 200 supervised 6 clinical clock hours in the second discipline from an 7 accredited institution. 8 Section 119. Paragraph (b) of subsection (1) and 9 paragraph (b) of subsection (2) of section 468.1215, Florida Statutes, are amended to read: 10 468.1215 Speech-language pathology assistant and 11 12 audiology assistant; certification .--(1) The department shall issue a certificate as a 13 14 speech-language pathology assistant to each applicant who the 15 board certifies has: 16 (b) Earned a bachelor's degree from a college or 17 university accredited by a regional association of colleges 18 and schools recognized by the Department of Education which 19 includes at least 24 semester hours of coursework as approved by the board at an institution accredited by an accrediting 20 agency recognized by the Council for Higher Education 21 Commission on Recognition of Postsecondary Accreditation. 22 23 (2) The department shall issue a certificate as an audiology assistant to each applicant who the board certifies 24 25 has: 26 (b) Completed at least 24 semester hours of coursework 27 as approved by the board at an institution accredited by an accrediting agency recognized by the Council for Higher 28 29 Education Commission on Recognition of Postsecondary 30 Accreditation. 31 285

Section 120. Subsection (3) of section 480.033, 1 2 Florida Statutes, is amended to read: 3 480.033 Definitions.--As used in this act: 4 (3) "Massage" means the manipulation of the soft 5 superficial tissues of the human body with the hand, foot, 6 arm, or elbow, whether or not such manipulation is aided by 7 hydrotherapy, including colonic irrigation, or thermal 8 therapy; any electrical or mechanical device; or the 9 application to the human body of a chemical or herbal preparation. 10 Section 121. Subsection (3) of section 484.002, 11 Florida Statutes, is amended, and subsections (8) and (9) are 12 added to that section, to read: 13 14 484.002 Definitions.--As used in this part: "Opticianry" means the preparation and dispensing 15 (3) 16 of lenses, spectacles, eyeglasses, contact lenses, and other 17 optical devices to the intended user or agent thereof, upon 18 the written prescription of a licensed allopathic or 19 osteopathic physician medical doctor or optometrist who is 20 duly licensed to practice or upon presentation of a duplicate prescription. The selection of frame designs, the actual 21 sales transaction, and the transfer of physical possession of 22 23 lenses, spectacles, eyeglasses, contact lenses, and other optical devices subsequent to performance of all services of 24 25 the optician shall not be considered the practice of opticianry; however, such physical possession shall not be 26 27 transferred until the optician has completed the fitting of the optical device upon the customer. The practice of 28 29 opticianry also includes the duplication of lenses accurately as to power, without prescription. A board-certified optician 30 qualified and operating under rules established by the board 31

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may fill, fit, adapt, or dispense any soft contact lens 1 2 prescription. Such optician may fill, fit, adapt, or dispense 3 any extended wear or hard contact lens prescription to the 4 extent authorized to do so by the prescribing allopathic or 5 osteopathic physician medical doctor or optometrist. 6 "Contact lenses" means a prescribed medical device (8) 7 intended to be worn directly against the cornea of the eye to 8 correct vision conditions, act as a therapeutic device, or 9 provide a cosmetic effect. 10 (9) "Optical dispensing" means interpreting but not altering a prescription of a licensed physician or optometrist 11 12 and designing, adapting, fitting, or replacing the prescribed optical aids, pursuant to such prescription, to or for the 13 14 intended wearer, duplicating lenses, accurately as to power 15 without a prescription and duplicating nonprescription eyewear and parts of eyewear. "Optical dispensing" does not include 16 17 selecting frames, transferring an optical aid to the wearer after an optician has completed fitting it, or providing 18 19 instruction in the general care and use of an optical aid, 20 including placement, removal, hygiene, or cleaning. 21 Section 122. Subsection (2) of section 484.006, 22 Florida Statutes, is amended to read: 484.006 Certain rules prohibited.--23 (2) No rule or policy of the board shall prohibit any 24 optician from practicing jointly with optometrists or 25 26 allopathic or osteopathic physicians medical doctors licensed in this state. 27 Section 123. Subsections (1) and (2) of section 28 484.012, Florida Statutes, are amended to read: 29 484.012 Prescriptions; filing; duplication of 30 31 prescriptions; duplication of lenses.--287 CODING: Words stricken are deletions; words underlined are additions. (1) Any prescription written by a duly licensed
 <u>allopathic or osteopathic physician medical doctor</u> or
 optometrist for any lenses, spectacles, eyeglasses, contact
 lenses, or other optical devices shall be kept on file for a
 period of 2 years with the optical establishment that fills
 such prescription. However, the licensed optician may
 maintain a copy of the prescription.

8 (2) Upon request by the intended user of the 9 prescribed lenses, spectacles, eyeglasses, contact lenses, or other optical devices, or by an agent of the intended user, 10 the optician who fills the original prescription shall 11 12 duplicate, on a form prescribed by rule of the board, the original prescription. However, for medical reasons only, the 13 14 prescribing allopathic or osteopathic physician medical doctor 15 or optometrist may, upon the original prescription, prohibit 16 its duplication. Any duplication shall be considered a valid prescription to be filled for a period of 5 years from the 17 18 date of the original prescription, except that a contact lens 19 prescription shall be considered a valid prescription to be 20 filled for a period of 2 years from the date of the original 21 prescription.

22 Section 124. Section 484.015, Florida Statutes, is 23 amended to read:

484.015 Authority to inspect.--Duly authorized agents 24 25 and employees of the department shall have the power to 26 inspect in a lawful manner at all reasonable hours an any establishment of any kind in the state in which lenses, 27 spectacles, eyeglasses, contact lenses, and any other optical 28 29 devices are prepared or and dispensed, for the purposes of: 30 (1) Determining if any provision of this part, or any rule promulgated under its authority, is being violated; 31

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1 (2) Securing samples or specimens of any lenses, 2 spectacles, eyeglasses, contact lenses, or other optical 3 devices, after paying or offering to pay for such sample or 4 specimen; or 5 (3) Securing such other evidence as may be needed for 6 prosecution under this part. 7 Section 125. Section 484.013, Florida Statutes, is 8 amended to read: 484.013 Violations and penalties.--9 (1) It is unlawful for any person: 10 To intentionally make a false or fraudulent 11 (a) statement, either for herself or himself or for another 12 person, in any application, affidavit, or statement presented 13 14 to the board or in any proceeding before the board. 15 (b) To prepare or dispense lenses, spectacles, 16 eyeglasses, contact lenses, or other optical devices when such person is not licensed as an optician in this state. 17 18 (c) To prepare or dispense lenses, spectacles, 19 eyeglasses, contact lenses, or other optical devices without 20 first being furnished with a prescription as provided for in 21 s. 484.012. 22 (2) It is unlawful for any person other than an 23 optician licensed under this part to use the title "optician" or otherwise lead the public to believe that she or he is 24 25 engaged in the practice of opticianry. 26 (3) It is unlawful for any optician to engage in the 27 diagnosis of the human eyes, attempt to determine the 28 refractive powers of the human eyes, or, in any manner, 29 attempt to prescribe for or treat diseases or ailments of 30 human beings. 31 289 CODING: Words stricken are deletions; words underlined are additions.

1 (4) It is unlawful for any person to open or operate, 2 either alone or with any other person or persons, an optical 3 establishment which does not have the permit required by this 4 part. 5 (5)(a) Except as otherwise provided in paragraph (b), 6 anyAny person who knowingly violates any a provision of this 7 section commits a felony misdemeanor of the third second 8 degree, punishable as provided in s. 775.082, or s. 775.083, 9 or s. 775.084. 10 (b) A person who knowingly violates paragraph (1)(c) commits a felony of the third degree, punishable as provided 11 12 in s. 775.082, s. 775.083, or s. 775.084. Section 126. Paragraph (g) of subsection (3) of 13 14 section 921.0022, Florida Statutes, is amended to read: 15 921.0022 Criminal Punishment Code; offense severity 16 ranking chart .--17 (3) OFFENSE SEVERITY RANKING CHART 18 19 Florida Felony 20 Statute Degree Description 21 22 (q) LEVEL 7 23 316.193(3)(c)2. 3rd DUI resulting in serious bodily 24 injury. 25 327.35(3)(c)2. Vessel BUI resulting in serious 3rd 26 bodily injury. 27 402.319(2) Misrepresentation and negligence 2nd 28 or intentional act resulting in 29 great bodily harm, permanent 30 disfiguration, permanent disability, or death. 31 290 CODING: Words stricken are deletions; words underlined are additions.

1	409.920(2)	3rd	Medicaid provider fraud.
2	456.065(2)	3rd	Practicing a health care
3			profession without a license.
4	456.065(2)	2nd	Practicing a health care
5			profession without a license
6			which results in serious bodily
7			injury.
8	458.327(1)	3rd	Practicing medicine without a
9			license.
10	459.013(1)	3rd	Practicing osteopathic medicine
11			without a license.
12	460.411(1)	3rd	Practicing chiropractic medicine
13			without a license.
14	461.012(1)	3rd	Practicing podiatric medicine
15			without a license.
16	462.17	3rd	Practicing naturopathy without a
17			license.
18	463.015(1)	3rd	Practicing optometry without a
19			license.
20	464.016(1)	3rd	Practicing nursing without a
21			license.
22	465.015(2)	3rd	Practicing pharmacy without a
23			license.
24	466.026(1)	3rd	Practicing dentistry or dental
25			hygiene without a license.
26	467.201	3rd	Practicing midwifery without a
27			license.
28	468.366	3rd	Delivering respiratory care
29			services without a license.
30	483.828(1)	3rd	Practicing as clinical laboratory
31			personnel without a license.
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1	483.901(9)	3rd	Practicing medical physics
2			without a license.
3	484.013(1)(c)	<u>3rd</u>	Preparing or dispensing optical
4			devices without a prescription.
5	484.053	3rd	Dispensing hearing aids without a
6			license.
7	494.0018(2)	1st	Conviction of any violation of
8			ss. 494.001-494.0077 in which the
9			total money and property
10			unlawfully obtained exceeded
11			\$50,000 and there were five or
12			more victims.
13	560.123(8)(b)1.	3rd	Failure to report currency or
14			payment instruments exceeding
15			\$300 but less than \$20,000 by
16			money transmitter.
17	560.125(5)(a)	3rd	Money transmitter business by
18			unauthorized person, currency or
19			payment instruments exceeding
20			\$300 but less than \$20,000.
21	655.50(10)(b)1.	3rd	Failure to report financial
22			transactions exceeding \$300 but
23			less than \$20,000 by financial
24			institution.
25	782.051(3)	2nd	Attempted felony murder of a
26			person by a person other than the
27			perpetrator or the perpetrator of
28			an attempted felony.
29			
30			
31			
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1	782.07(1)	2nd	Killing of a human being by the
2			act, procurement, or culpable
3			negligence of another
4			(manslaughter).
5	782.071	2nd	Killing of human being or viable
6			fetus by the operation of a motor
7			vehicle in a reckless manner
8			(vehicular homicide).
9	782.072	2nd	Killing of a human being by the
10			operation of a vessel in a
11			reckless manner (vessel
12			homicide).
13	784.045(1)(a)1.	2nd	Aggravated battery; intentionally
14			causing great bodily harm or
15			disfigurement.
16	784.045(1)(a)2.	2nd	Aggravated battery; using deadly
17			weapon.
18	784.045(1)(b)	2nd	Aggravated battery; perpetrator
19			aware victim pregnant.
20	784.048(4)	3rd	Aggravated stalking; violation of
21			injunction or court order.
22	784.07(2)(d)	1st	Aggravated battery on law
23			enforcement officer.
24	784.08(2)(a)	lst	Aggravated battery on a person 65
25			years of age or older.
26	784.081(1)	1st	Aggravated battery on specified
27			official or employee.
28	784.082(1)	1st	Aggravated battery by detained
29			person on visitor or other
30			detainee.
31			
			293
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1	784.083(1)	1st	Aggravated battery on code
2			inspector.
3	790.07(4)	1st	Specified weapons violation
4			subsequent to previous conviction
5			of s. 790.07(1) or (2).
6	790.16(1)	1st	Discharge of a machine gun under
7			specified circumstances.
8	790.166(3)	2nd	Possessing, selling, using, or
9			attempting to use a hoax weapon
10			of mass destruction.
11	796.03	2nd	Procuring any person under 16
12			years for prostitution.
13	800.04(5)(c)1.	2nd	Lewd or lascivious molestation;
14			victim less than 12 years of age;
15			offender less than 18 years.
16	800.04(5)(c)2.	2nd	Lewd or lascivious molestation;
17			victim 12 years of age or older
18			but less than 16 years; offender
19			18 years or older.
20	806.01(2)	2nd	Maliciously damage structure by
21			fire or explosive.
22	810.02(3)(a)	2nd	Burglary of occupied dwelling;
23			unarmed; no assault or battery.
24	810.02(3)(b)	2nd	Burglary of unoccupied dwelling;
25			unarmed; no assault or battery.
26	810.02(3)(d)	2nd	Burglary of occupied conveyance;
27			unarmed; no assault or battery.
28	812.014(2)(a)	lst	Property stolen, valued at
29			\$100,000 or more; property stolen
30			while causing other property
31			damage; 1st degree grand theft.
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1	812.019(2)	lst	Stolen property; initiates,
2			organizes, plans, etc., the theft
3			of property and traffics in
4			stolen property.
5	812.131(2)(a)	2nd	Robbery by sudden snatching.
6	812.133(2)(b)	1st	Carjacking; no firearm, deadly
7			weapon, or other weapon.
8	825.102(3)(b)	2nd	Neglecting an elderly person or
9			disabled adult causing great
10			bodily harm, disability, or
11			disfigurement.
12	825.1025(2)	2nd	Lewd or lascivious battery upon
13			an elderly person or disabled
14			adult.
15	825.103(2)(b)	2nd	Exploiting an elderly person or
16			disabled adult and property is
17			valued at \$20,000 or more, but
18			less than \$100,000.
19	827.03(3)(b)	2nd	Neglect of a child causing great
20			bodily harm, disability, or
21			disfigurement.
22	827.04(3)	3rd	Impregnation of a child under 16
23			years of age by person 21 years
24			of age or older.
25	837.05(2)	3rd	Giving false information about
26			alleged capital felony to a law
27			enforcement officer.
28	872.06	2nd	Abuse of a dead human body.
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31			
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COD	ING:Words stricken	are delet	ions; words underlined are additions.

1 2 3 4 5	893.13(1)(c)1.	lst	<pre>Sell, manufacture, or deliver cocaine (or other drug prohibited under s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)4.) within 1,000 feet of a</pre>
6			child care facility or school.
7	893.13(1)(e)1.	lst	Sell, manufacture, or deliver
8			cocaine or other drug prohibited
9			under s. 893.03(1)(a), (1)(b),
10			(1)(d), (2)(a), (2)(b), or
11			(2)(c)4., within 1,000 feet of
12			property used for religious
13			services or a specified business
14			site.
15	893.13(4)(a)	lst	Deliver to minor cocaine (or
16			other s. 893.03(1)(a), (1)(b),
17			(1)(d), (2)(a), (2)(b), or
18			(2)(c)4. drugs).
19	893.135(1)(a)1.	1st	Trafficking in cannabis, more
20			than 50 lbs., less than 2,000
21			lbs.
22	893.135		
23	(1)(b)1.a.	1st	Trafficking in cocaine, more than
24			28 grams, less than 200 grams.
25	893.135		
26	(1)(c)1.a.	lst	Trafficking in illegal drugs,
27			more than 4 grams, less than 14
28			grams.
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30			
31			
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CODING: Words stricken are deletions; words <u>underlined</u> are additions.			

1	893.135		
2	(1)(d)1.	lst	Trafficking in phencyclidine,
3			more than 28 grams, less than 200
4			grams.
5	893.135(1)(e)1.	1st	Trafficking in methaqualone, more
6			than 200 grams, less than 5
7			kilograms.
8	893.135(1)(f)1.	lst	Trafficking in amphetamine, more
9			than 14 grams, less than 28
10			grams.
11	893.135		
12	(1)(g)1.a.	1st	Trafficking in flunitrazepam, 4
13			grams or more, less than 14
14			grams.
15	893.135		
16	(1)(h)1.a.	lst	Trafficking in
17			gamma-hydroxybutyric acid (GHB),
18			1 kilogram or more, less than 5
19			kilograms.
20	893.135		
21	(1)(i)1.a.	lst	Trafficking in 1,4-Butanediol, 1
22			kilogram or more, less then 5
23			kilograms.
24	893.135		
25	(1)(j)2.a.	lst	Trafficking in Phenethylamines,
26			10 grams or more, less than 200
27		2 1	grams.
28	896.101(5)(a)	3rd	Money laundering, financial
29 20			transactions exceeding \$300 but
30 21			less than \$20,000.
31			
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CODING: Words stricken are deletions; words <u>underlined</u> are additions.			

1 896.104(4)(a)1. 3rd Structuring transactions to evade 2 reporting or registration 3 requirements, financial 4 transactions exceeding \$300 but 5 less than \$20,000. 6 Section 127. Subsection (1) of section 484.0445, 7 Florida Statutes, is amended to read: 484.0445 Training program.--8 9 (1)The board shall establish by rule a training program for a minimum not to exceed 6 months in length, which 10 11 may include a board-approved home study course. Upon 12 submitting to the department the registration fee, the applicant may register and enter the training program. Upon 13 14 completion of the training program, the trainee shall take the first available written and practical examinations offered by 15 the department. The department shall administer the written 16 and practical examinations as prescribed by board rule. If 17 the trainee fails either the written or the practical 18 19 examination, she or he may repeat the training program one 20 time and retake the failed examination, provided she or he 21 takes the next available examination. No person may remain in 22 trainee status or further perform any services authorized for a trainee if she or he fails either the written or the 23 practical examination twice; but, a trainee may continue to 24 25 function as a trainee until she or he has received the results of the examinations. Any applicant who has failed an 26 27 examination twice and is no longer functioning as a trainee 28 shall be eligible for reexamination as provided in s. 29 484.045(2). 30 Section 128. Section 484.045, Florida Statutes, is amended to read: 31 298

1 484.045 Licensure by examination. --2 (1) Any person desiring to be licensed as a hearing 3 aid specialist shall apply to the department on a form approved by the department to take the licensure examination, 4 5 which shall include a clinical practical component. 6 (2) The department shall license examine each 7 applicant who the board certifies: 8 (a) Has completed the application form and remitted 9 the required fees applicable fee to the board and has paid the examination fee; 10 (b) Is of good moral character; 11 12 (c) Is 18 years of age or older; 13 (d) Is a graduate of an accredited high school or its 14 equivalent; and 15 (e)1. Has met the requirements of the training program set forth in s. 484.0445; or 16 2.a. Has a valid, current license as a hearing aid 17 specialist or its equivalent from another state and has been 18 19 actively practicing in such capacity for at least 12 months; 20 or 21 Is currently certified by the National Board for b. Certification in Hearing Instrument Sciences and has been 22 23 actively practicing for at least 12 months. Persons qualifying under this sub-subparagraph need not take the written or 24 practical examination, but must take and pass a test on 25 26 Florida laws and rules relating to the fitting and dispensing 27 of hearing aids. 28 (f) Has passed an examination, as prescribed by board 29 rule; and 30 31 299 CODING: Words stricken are deletions; words underlined are additions.

(g) Has demonstrated, in a manner designated by rule 1 2 of the board, knowledge of state laws and rules relating to 3 the fitting and dispensing of hearing aids. 4 (3) A person who fails the examination may make 5 application for reexamination to the appropriate examining 6 entity, as prescribed by board rule. 7 (2) On or after October 1, 1990, every applicant who 8 is qualified to take the examination shall be allowed to take 9 the examination three times. If, after October 1, 1990, an applicant fails the examination three times, the applicant 10 shall no longer be eligible to take the examination. 11 12 (3) The department shall issue a license to practice dispensing hearing aids to any applicant who successfully 13 14 completes the examination in accordance with this section. Section 129. Effective January 1, 2002, subsection (1) 15 of section 490.012, Florida Statutes, is amended to read: 16 17 490.012 Violations; penalties; injunction .--(1)(a) No person shall hold herself or himself out by 18 19 any professional title, name, or description incorporating the 20 word "psychologist" unless such person holds a valid, active 21 license as a psychologist under this chapter. 22 (b) No person shall hold herself or himself out by any 23 professional title, name, or description incorporating the words "school psychologist" unless such person holds a valid, 24 25 active license as a school psychologist under this chapter or is certified as a school psychologist by the Department of 26 27 Education. (c)(1)(a) No person shall hold herself or himself out 28 29 by any title or description incorporating the words, or permutations of them, "psychologist," "psychology," 30 "psychological," or "psychodiagnostic," or "school 31 300

psychologist, "or describe any test or report as 1 psychological, unless such person holds a valid, active 2 3 license under this chapter or is exempt from the provisions of 4 this chapter. 5 (d)(b) No person shall hold herself or himself out by 6 any title or description incorporating the word, or a 7 permutation of the word, "psychotherapy" unless such person 8 holds a valid, active license under chapter 458, chapter 459, 9 chapter 490, or chapter 491, or such person is certified as an advanced registered nurse practitioner, pursuant to s. 10 464.012, who has been determined by the Board of Nursing as a 11 12 specialist in psychiatric mental health. (e)(c) No person licensed or provisionally licensed 13 14 pursuant to this chapter shall hold herself or himself out by 15 any title or description which indicates licensure other than that which has been granted to her or him. 16 17 Section 130. Effective January 1, 2002, section 18 490.014, Florida Statutes, is amended to read: 19 490.014 Exemptions.--20 (1)(a) No provision of this chapter shall be construed to limit the practice of physicians licensed pursuant to 21 22 chapter 458 or chapter 459 so long as they do not hold 23 themselves out to the public as psychologists or use a professional title protected by this chapter. 24 (b) No provision of this chapter shall be construed to 25 26 limit the practice of nursing, clinical social work, marriage 27 and family therapy, mental health counseling, or other recognized businesses or professions, or to prevent qualified 28 29 members of other professions from doing work of a nature consistent with their training, so long as they do not hold 30 themselves out to the public as psychologists or use a title 31 301

1 <u>or description</u> protected by this chapter. Nothing in this 2 subsection shall be construed to exempt any person from the 3 provisions of s. 490.012.

4 (2) No person shall be required to be licensed or 5 provisionally licensed under this chapter who:

6 (a) Is a salaried employee of a government agency; 7 developmental services program, mental health, alcohol, or drug abuse facility operating pursuant to chapter 393, chapter 8 9 394, or chapter 397; subsidized child care program, subsidized child care case management program, or child care resource and 10 referral program operating pursuant to chapter 402; 11 12 child-placing or child-caring agency licensed pursuant to chapter 409; domestic violence center certified pursuant to 13 14 chapter 39; accredited academic institution; or research 15 institution, if such employee is performing duties for which he or she was trained and hired solely within the confines of 16 17 such agency, facility, or institution, so long as the employee 18 is not held out to the public as a psychologist pursuant to s. 19 490.012(1)(a).

20 (b) Is a salaried employee of a private, nonprofit organization providing counseling services to children, youth, 21 22 and families, if such services are provided for no charge, if 23 such employee is performing duties for which he or she was trained and hired, so long as the employee is not held out to 24 the public as a psychologist pursuant to s. 490.012(1)(a). 25 26 (c) Is a student who is pursuing a course of study which leads to a degree in medicine or a profession regulated 27 by this chapter who is providing services in a training 28 29 setting, provided such activities or services constitute part of a supervised course of study, or is a graduate accumulating 30

30 of a supervised course of study, or is a graduate accumulating 31 the experience required for any licensure under this chapter,

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provided such graduate or student is designated by a title 1 such as "intern" or "trainee" which clearly indicates the 2 3 in-training status of the student. 4 (d) Is certified in school psychology by the 5 Department of Education and is performing psychological 6 services as an employee of a public or private educational 7 institution. Such exemption shall not be construed to 8 authorize any unlicensed practice which is not performed as a 9 direct employee of an educational institution. (e) Is not a resident of the state but offers services 10 in this state, provided: 11 12 1. Such services are performed for no more than 5 days 13 in any month and no more than 15 days in any calendar year; 14 and 15 Such nonresident is licensed or certified by a 2. state or territory of the United States, or by a foreign 16 17 country or province, the standards of which were, at the date 18 of his or her licensure or certification, equivalent to or 19 higher than the requirements of this chapter in the opinion of the department or, in the case of psychologists, in the 20 opinion of the board. 21 Is a rabbi, priest, minister, or member of the 22 (f) 23 clergy of any religious denomination or sect when engaging in activities which are within the scope of the performance of 24 his or her regular or specialized ministerial duties and for 25 26 which no separate charge is made, or when such activities are 27 performed, with or without charge, for or under the auspices or sponsorship, individually or in conjunction with others, of 28 29 an established and legally cognizable church, denomination, or sect, and when the person rendering service remains 30 accountable to the established authority thereof. 31 303

(3) No provision of this chapter shall be construed to 1 2 limit the practice of any individual who solely engages in 3 behavior analysis so long as he or she does not hold himself 4 or herself out to the public as possessing a license issued 5 pursuant to this chapter or use a title or description 6 protected by this chapter. 7 (4) Nothing in this section shall exempt any person 8 from the provisions provision of s. 490.012(1)(a)-(b)(a)-(b). 9 (5) Except as stipulated by the board, the exemptions contained in this section do not apply to any person licensed 10 under this chapter whose license has been suspended or revoked 11 12 by the board or another jurisdiction. Section 131. Effective January 1, 2002, paragraphs 13 14 (i), (j), and (k) of subsection (1) of section 491.012, Florida Statutes, are amended to read: 15 491.012 Violations; penalty; injunction.--16 17 (1) It is unlawful and a violation of this chapter for 18 any person to: 19 (i) Practice clinical social work in this state, as 20 the practice is defined in s. 491.003(7), for compensation, unless the person holds a valid, active license to practice 21 clinical social work issued pursuant to this chapter or is an 22 23 intern registered pursuant to s. 491.0045. (j) Practice marriage and family therapy in this 24 state, as the practice is defined in s. 491.003(8), for 25 26 compensation, unless the person holds a valid, active license 27 to practice marriage and family therapy issued pursuant to this chapter or is an intern registered pursuant to s. 28 29 491.0045. (k) Practice mental health counseling in this state, 30 as the practice is defined in s. 491.003(9), for compensation, 31 304 CODING: Words stricken are deletions; words underlined are additions.

unless the person holds a valid, active license to practice 1 2 mental health counseling issued pursuant to this chapter or is 3 an intern registered pursuant to s. 491.0045. 4 Section 132. Effective January 1, 2002, paragraphs (a) 5 and (b) of subsection (4) of section 491.014, Florida 6 Statutes, are amended to read: 7 491.014 Exemptions.--8 (4) No person shall be required to be licensed, 9 provisionally licensed, registered, or certified under this chapter who: 10 (a) Is a salaried employee of a government agency; 11 12 developmental services program, mental health, alcohol, or drug abuse facility operating pursuant to chapter 393, chapter 13 14 394, or chapter 397; subsidized child care program, subsidized 15 child care case management program, or child care resource and referral program operating pursuant to chapter 402; 16 17 child-placing or child-caring agency licensed pursuant to 18 chapter 409; domestic violence center certified pursuant to 19 chapter 39; accredited academic institution; or research institution, if such employee is performing duties for which 20 he or she was trained and hired solely within the confines of 21 such agency, facility, or institution, so long as the employee 22 23 is not held out to the public as a clinical social worker, mental health counselor, or marriage and family therapist. 24 (b) Is a salaried employee of a private, nonprofit 25 26 organization providing counseling services to children, youth, 27 and families, if such services are provided for no charge, if such employee is performing duties for which he or she was 28 29 trained and hired, so long as the employee is not held out to the public as a clinical social worker, mental health 30 counselor, or marriage and family therapist. 31

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1 Section 133. Subsection (4) of section 458.319, 2 Florida Statutes, is amended to read: 3 458.319 Renewal of license.--4 (4) Notwithstanding the provisions of s. 456.033, a 5 physician may complete continuing education on end-of-life 6 care and palliative health care in lieu of continuing 7 education in AIDS/HIV, if that physician has completed the 8 AIDS/HIV continuing education in the immediately preceding 9 biennium. 10 Section 134. Subsection (5) of section 459.008, 11 Florida Statutes, is amended to read: 459.008 Renewal of licenses and certificates.--12 (5) Notwithstanding the provisions of s. 456.033, an 13 14 osteopathic physician may complete continuing education on 15 end-of-life and palliative health care in lieu of continuing education in AIDS/HIV, if that physician has completed the 16 17 AIDS/HIV continuing education in the immediately preceding 18 biennium. 19 Section 135. Subsection (4) of section 765.101, 20 Florida Statutes, is amended to read: 21 765.101 Definitions.--As used in this chapter: 22 "End-stage condition" means an irreversible a (4) 23 condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent 24 25 deterioration, indicated by incapacity and complete physical 26 dependency and for which, to a reasonable degree of medical 27 probability certainty, treatment of the irreversible condition 28 would be medically ineffective. 29 Section 136. Subsection (4) of section 765.102, 30 Florida Statutes, is amended to read: 765.102 Legislative findings and intent.--31 306

1 (4) The Legislature recognizes the need for all health 2 care professionals to rapidly increase their understanding of 3 end-of-life and palliative health care. Therefore, the 4 Legislature encourages the professional regulatory boards to 5 adopt appropriate standards and guidelines regarding 6 end-of-life care and pain management and encourages 7 educational institutions established to train health care professionals and allied health professionals to implement 8 9 curricula to train such professionals to provide end-of-life care, including pain management and palliative care. 10 Section 137. Section 765.1025, Florida Statutes, is 11 12 created to read: 13 765.1025 Palliative care.--For purposes of this 14 chapter: 15 (1) Palliative care is the comprehensive management of 16 the physical, psychological, social, spiritual, and 17 existential needs of patients. Palliative care is especially 18 suited to the care of persons who have incurable, progressive 19 illness. 20 (2) Palliative care must include: 21 (a) An opportunity to discuss and plan for end-of-life 22 care. 23 (b) Assurance that physical and mental suffering will 24 be carefully attended to. 25 (c) Assurance that preferences for withholding and 26 withdrawing life-sustaining interventions will be honored. (d) Assurance that the personal goals of the dying 27 28 person will be addressed. 29 (e) Assurance that the dignity of the dying person 30 will be a priority. 31 307

(f) Assurance that health care providers will not 1 2 abandon the dying person. 3 (g) Assurance that the burden to family and others 4 will be addressed. 5 (h) Assurance that advance directives for care will be 6 respected regardless of the location of care. 7 (i) Assurance that organizational mechanisms are in 8 place to evaluate the availability and quality of end-of-life, 9 palliative, and hospice care services, including the evaluation of administrative and regulatory barriers. 10 (j) Assurance that necessary health care services will 11 12 be provided and that relevant reimbursement policies are 13 available. 14 (k) Assurance that the goals expressed in paragraphs 15 (a)-(j) will be accomplished in a culturally appropriate 16 manner. 17 Section 138. Subsection (2) of section 765.1103, Florida Statutes, is amended to read: 18 19 765.1103 Pain management and palliative care.--20 (2) Health care providers and practitioners regulated 21 under chapter 458, chapter 459, or chapter 464 must, as 22 appropriate, comply with a request for pain management or 23 palliative care from a patient under their care or, for an incapacitated patient under their care, from a surrogate, 24 25 proxy, guardian, or other representative permitted to make 26 health care decisions for the incapacitated patient. Facilities regulated under chapter 400 or chapter 395 must 27 28 comply with the pain management or palliative care measures 29 ordered by the patient's physician. When the patient is receiving care as an admitted patient of a facility or a 30 31 provider or is a subscriber of a health care facility, health 308

1	care provider, or health care practitioner regulated under
2	chapter 395, chapter 400, chapter 458, chapter 459, chapter
3	464, or chapter 641, such facility, provider, or practitioner
4	must, when appropriate, comply with a request for pain
5	management or palliative care from a capacitated patient or an
6	incapacitated patient's health care surrogate or proxy,
7	court-appointed guardian as provided in chapter 744, or
8	attorney in fact as provided in chapter 709. The
9	court-appointed guardian or attorney in fact must have been
10	delegated authority to make health care decisions on behalf of
11	the patient.
12	Section 139. Paragraph (b) of subsection (1) of
13	section 765.205, Florida Statutes, is amended to read:
14	765.205 Responsibility of the surrogate
15	(1) The surrogate, in accordance with the principal's
16	instructions, unless such authority has been expressly limited
17	by the principal, shall:
18	(b) Consult expeditiously with appropriate health care
19	providers to provide informed consent, and make only health
20	care decisions for the principal which he or she believes the
21	principal would have made under the circumstances if the
22	principal were capable of making such decisions. If there is
23	no indication of what the principal would have chosen, the
24	surrogate may consider the patient's best interest in deciding
25	that proposed treatments are to be withheld or that treatments
26	currently in effect are to be withdrawn.
27	Section 140. Subsections (2) and (3) of section
28	765.401, Florida Statutes, are amended to read:
29	765.401 The proxy
30	(2) Any health care decision made under this part must
31	be based on the proxy's informed consent and on the decision
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the proxy reasonably believes the patient would have made 1 2 under the circumstances. If there is no indication of what the 3 patient would have chosen, the proxy may consider the 4 patient's best interest in deciding that proposed treatments 5 are to be withheld or that treatments currently in effect are 6 to be withdrawn. 7 (3) Before exercising the incapacitated patient's 8 rights to select or decline health care, the proxy must comply 9 with the provisions of ss. 765.205 and 765.305, except that a proxy's decision to withhold or withdraw life-prolonging 10 procedures must be supported by clear and convincing evidence 11 that the decision would have been the one the patient would 12 have chosen had the patient been competent or, if there is no 13 14 indication of what the patient would have chosen, that the 15 decision is in the patient's best interest. 16 Section 141. The Legislature finds that the area of 17 specialty training is of great importance to the citizens of 18 this state and that specialty training and certification 19 creates a higher level of proficiency for the practitioner and 20 improves the delivery of health care to Floridians. Because much confusion exists among the patient population and 21 practitioners as to the requirements for board certification, 22 23 the Legislature directs the Department of Health to conduct a study of the area of specialty certification relating to the 24 Board of Medicine, the Board of Osteopathic Medicine, and the 25 26 Board of Dentistry. The study should review current statutes and rules to determine if any barriers exist in board 27 recognition of certifying organizations and if restrictions 28 29 placed on a licensee's speech both target an identifiable harm and mitigate against such harm in a direct and effective 30 manner. A final report shall be provided no later than January 31 310

1, 2002, to the President of the Senate and the Speaker of the 1 2 House of Representatives for distribution to the chairs of the 3 health-care-related committees. 4 Section 142. Paragraph (d) of subsection (2) of 5 section 499.012, Florida Statutes, is amended to read: 6 499.012 Wholesale distribution; definitions; permits; 7 general requirements .--8 (2) The following types of wholesaler permits are 9 established: 10 (d) A retail pharmacy wholesaler's permit. A retail pharmacy wholesaler is a retail pharmacy engaged in wholesale 11 12 distribution of prescription drugs within this state under the following conditions: 13 14 1. The pharmacy must obtain a retail pharmacy 15 wholesaler's permit pursuant to ss. 499.001-499.081 and the 16 rules adopted under those sections. The wholesale distribution activity does not exceed 17 2. 18 30 percent of the total annual purchases of prescription 19 drugs. If the wholesale distribution activity exceeds the 30-percent maximum, the pharmacy must obtain a prescription 20 21 drug wholesaler's permit. The transfer of prescription drugs that appear in 22 3. 23 any schedule contained in chapter 893 is subject to chapter 893 and the federal Comprehensive Drug Abuse Prevention and 24 25 Control Act of 1970. 26 4. The transfer is between a retail pharmacy and another retail pharmacy, a Modified Class II institutional 27 28 pharmacy, or a health care practitioner licensed in this state 29 and authorized by law to dispense or prescribe prescription 30 drugs. 31 311 CODING: Words stricken are deletions; words underlined are additions.

5. All records of sales of prescription drugs subject 1 2 to this section must be maintained separate and distinct from 3 other records and comply with the recordkeeping requirements 4 of ss. 499.001-499.081. 5 Section 143. The Legislature finds that personal 6 identifying information, name, age, diagnosis, address, bank 7 account numbers, and debit and credit card numbers contained 8 in the records relating to an individual's personal health or 9 eligibility for health-related services made or received by the individual's physician and public or private health 10 facility should be held confidential. Furthermore, the 11 12 Legislature finds that every person has an expectation of and 13 a right to privacy in all matters concerning her or his 14 personal health when medical services are provided. Matters of 15 personal health are traditionally private and confidential concerns between the patient and the health care provider. The 16 17 private and confidential nature of personal health matters pervades both the public and private sectors. For these 18 19 reasons, it is the express intent of the Legislature to 20 protect confidential information and the individual's expectations of the right to privacy in all matters regarding 21 her or his personal health and not to have such information 22 23 exploited for purposes of solicitation or marketing the sale of goods and services. 24 25 Section 144. Subsection (5) of section 456.057, 26 Florida Statutes, is amended to read: 456.057 Ownership and control of patient records; 27 report or copies of records to be furnished .--28 29 (5)(a) Except as otherwise provided in this section 30 and in s. 440.13(4)(c), such records may not be furnished to, and the medical condition of a patient may not be discussed 31 312 CODING: Words stricken are deletions; words underlined are additions. 1 with, any person other than the patient or the patient's legal 2 representative or other health care practitioners and 3 providers involved in the care or treatment of the patient, 4 except upon written authorization of the patient. However, 5 such records may be furnished without written authorization 6 under the following circumstances:

7 <u>1.(a)</u> To any person, firm, or corporation that has 8 procured or furnished such examination or treatment with the 9 patient's consent.

10 <u>2.(b)</u> When compulsory physical examination is made 11 pursuant to Rule 1.360, Florida Rules of Civil Procedure, in 12 which case copies of the medical records shall be furnished to 13 both the defendant and the plaintiff.

14 <u>3.(c)</u> In any civil or criminal action, unless 15 otherwise prohibited by law, upon the issuance of a subpoena 16 from a court of competent jurisdiction and proper notice to 17 the patient or the patient's legal representative by the party 18 seeking such records.

19 <u>4.(d)</u> For statistical and scientific research, 20 provided the information is abstracted in such a way as to 21 protect the identity of the patient or provided written 22 permission is received from the patient or the patient's legal 23 representative.

24 (b) Absent a specific written release or authorization 25 permitting utilization of patient information for solicitation 26 or marketing the sale of goods or services, any use of that 27 information for those purposes is prohibited.

28 (14) Licensees in violation of the provisions of this 29 section shall be disciplined by the appropriate licensing 30 authority.

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(15) The Attorney General is authorized to enforce the 1 2 provisions of this section for records owners not otherwise 3 licensed by the state, through injunctive relief and fines not 4 to exceed \$5,000 per violation. 5 Section 145. Subsection (7) of section 395.3025, 6 Florida Statutes is amended to read: 7 395.3025 Patient and personnel records; copies; 8 examination. --9 (7)(a) If the content of any record of patient 10 treatment is provided under this section, the recipient, if other than the patient or the patient's representative, may 11 12 use such information only for the purpose provided and may not further disclose any information to any other person or 13 14 entity, unless expressly permitted by the written consent of 15 the patient. A general authorization for the release of medical information is not sufficient for this purpose. 16 The 17 content of such patient treatment record is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. 18 19 I of the State Constitution. 20 (b) Absent a specific written release or authorization permitting utilization of patient information for solicitation 21 or marketing the sale of goods or services, any use of that 22 23 information for those purposes is prohibited. Section 146. Subsection (1) of section 400.1415, 24 25 Florida Statutes, is amended to read: 26 400.1415 Patient records; penalties for alteration .--27 (1) Any person who fraudulently alters, defaces, or 28 falsifies any medical record or releases medical records for 29 the purposes of solicitation or marketing the sale of goods or services absent a specific written release or authorization 30 permitting utilization of patient information, or other 31 314

nursing home record, or causes or procures any of these 1 2 offenses to be committed, commits a misdemeanor of the second 3 degree, punishable as provided in s. 775.082 or s. 775.083. 4 Section 147. Section 626.9651, Florida Statutes, is 5 created to read: 6 626.9651 Privacy.--The department shall adopt rules 7 consistent with other provisions of the Florida Insurance Code 8 to govern the use of a consumer's nonpublic personal financial 9 and health information. These rules must be based on, consistent with, and not more restrictive than the Privacy of 10 Consumer Financial and Health Information Regulation, adopted 11 12 September 26, 2000, by the National Association of Insurance 13 Commissioners; however, the rules must permit the use and 14 disclosure of nonpublic personal health information for scientific, medical, or public policy research, in accordance 15 with federal law. In addition, these rules must be consistent 16 17 with, and not more restrictive than, the standards contained in Title V of the Gramm-Leach-Bliley Act of 1999, Pub. L. No. 18 19 106-102. If the department determines that a health insurer or 20 health maintenance organization is in compliance with, or is actively undertaking compliance with, the consumer privacy 21 protection rules adopted by the United States Department of 22 23 Health and Human Services, in conformance with the Health Insurance Portability and Affordability Act, that health 24 insurer or health maintenance organization is in compliance 25 26 with this section. 27 Section 148. Effective upon becoming law, subsections (14), (15), and (16) are added to section 400.141, Florida 28 29 Statutes, to read: 30 31 315 CODING: Words stricken are deletions; words underlined are additions.

400.141 Administration and management of nursing home 1 2 facilities.--Every licensed facility shall comply with all 3 applicable standards and rules of the agency and shall: 4 (14) Before November 30 of each year, subject to the 5 availability of an adequate supply of the necessary vaccine, 6 provide for immunizations against influenza viruses to all its 7 consenting residents in accordance with the recommendations of 8 the U.S. Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or 9 personal beliefs. Subject to these exemptions, any consenting 10 person who becomes a resident of the facility after November 11 12 30 but before March 31 of the following year must be immunized within 5 working days after becoming a resident. Immunization 13 14 shall not be provided to any resident who provides 15 documentation that he or she has been immunized as required by this subsection. This subsection does not prohibit a resident 16 17 from receiving the immunization from his or her personal physician if he or she so chooses. A resident who chooses to 18 19 receive the immunization from his or her personal physician 20 shall provide proof of immunization to the facility. The 21 agency may adopt and enforce any rules necessary to comply with or implement this subsection. 22 23 (15) Assess all residents for eligibility for pneumococcal polysaccharide vaccination (PPV) and vaccinate 24 residents when indicated within 60 days after the effective 25 26 date of this act in accordance with the recommendations of the U.S. Centers for Disease Control and Prevention, subject to 27 exemptions for medical contraindications and religious or 28 29 personal beliefs. Residents admitted after the effective date 30 of this act shall be assessed within 5 working days of admission and, when indicated, vaccinated within 60 days in 31 316

accordance with the recommendations of the United States 1 2 Centers for Disease Control and Prevention, subject to 3 exemptions for medical contradictions and religious or 4 personal beliefs. Immunization shall not be provided to any 5 resident who provides documentation that he or she has been 6 immunized as required by this subsection. This subsection does 7 not prohibit a resident from receiving the immunization from 8 his or her personal physician if he or she so chooses. A 9 resident who chooses to receive the immunization from his or her personal physician shall provide proof of immunization to 10 the facility. The agency may adopt and enforce any rules 11 12 necessary to comply with or implement this subsection. 13 (16) Annually encourage and promote to its employees the benefits associated with immunizations against influenza 14 viruses in accordance with the recommendations of the U.S. 15 Centers for Disease Control and Prevention. The agency may 16 17 adopt and enforce any rules necessary to comply with or implement this subsection. 18 19 20 Facilities that have been awarded a Gold Seal under the program established in s. 400.235 may develop a plan to 21 provide certified nursing assistant training as prescribed by 22 23 federal regulations and state rules and may apply to the agency for approval of its program. 24 Section 149. There is established the Office of 25 26 Community Partners within the Department of Health for the purpose of receiving, coordinating, and dispensing federal 27 28 funds set aside to expand the delivery of social services 29 through eligible private community organizations and programs. The office shall provide policy direction and promote civic 30 initiatives which seek to preserve and strengthen families and 31 317

communities. The Department of Health, the Department of 1 2 Children and Family Services, the Department of Juvenile 3 Justice, and the Department of Corrections may request transfer of general revenue funds between agencies, as 4 5 approved by the Legislative Budget Commission, as necessary to 6 match federal funds received by the Office of Community 7 Partners for these initiatives. Section 150. Section 627.6474, Florida Statutes, is 8 9 created to read: 10 627.6474 Provider contracts.--A health insurer shall not require a contracted health care practitioner as defined 11 12 in s. 456.001(4) to accept the terms of other health care 13 practitioner contracts with the insurer or any other insurer, 14 or health maintenance organization, under common management and control with the insurer, including Medicare and Medicaid 15 16 practitioner contracts and those authorized by s. 627.6471, s. 17 627.6472, or s. 641.315, except for a practitioner in a group practice as defined in s. 456.053 who must accept the terms of 18 19 a contract negotiated for the practitioner by the group, as a 20 condition of continuation or renewal of the contract. Any contract provision that violates this section is void. A 21 violation of this section is not subject to the criminal 22 23 penalty specified in s. 624.15. Section 151. Subsection (11) is added to section 24 627.662, Florida Statutes, to read: 25 26 627.662 Other provisions applicable. -- The following 27 provisions apply to group health insurance, blanket health insurance, and franchise health insurance: 28 29 (11) Section 627.6474, relating to provider contracts. Section 152. Subsection (10) is added to section 30 641.315, Florida Statutes, to read: 31 318

1 641.315 Provider contracts.--2 (10) A health maintenance organization shall not 3 require a contracted health care practitioner as defined in s. 4 456.001(4) to accept the terms of other health care 5 practitioner contracts with the health maintenance 6 organization or any insurer, or other health maintenance 7 organization, under common management and control with the health maintenance organization, including Medicare and 8 Medicaid practitioner contracts and those authorized by s. 9 627.6471, s. 627.6472, or s. 641.315, except for a 10 practitioner in a group practice as defined in s. 456.053 who 11 12 must accept the terms of a contract negotiated for the practitioner by the group, as a condition of continuation or 13 14 renewal of the contract. Any contract provision that violates 15 this section is void. A violation of this section is not subject to the criminal penalty specified in s. 624.15. 16 17 Section 153. The provisions of sections 146-148 of this act shall take effect July 1, 2001, and shall apply to 18 19 contracts entered into or renewed on or after that date. 20 Section 154. Except as otherwise provided herein, this act shall take effect July 1, 2001. 21 22 23 24 25 26 27 28 29 30 31 319 CODING: Words stricken are deletions; words underlined are additions.