

Amendment No. 1 (for drafter's use only)

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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ORIGINAL STAMP BELOW

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11 Representative(s) Farkas offered the following:

12

**Amendment (with title amendment)**

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14 Remove from the bill: Everything after the enacting clause

15

16 and insert in lieu thereof:

17

Section 1. Subsection (1) of section 483.245, Florida Statutes, is amended to read:

18

483.245 Rebates prohibited; penalties.--

19

(1) It is unlawful for any person to pay or receive any commission, bonus, kickback, or rebate or engage in any split-fee arrangement in any form whatsoever with any dialysis facility, physician, surgeon, organization, agency, or person, either directly or indirectly, for patients referred to a clinical laboratory licensed under this part.

20

Section 2. Subsection (3) of section 232.435, Florida Statutes, is amended to read:

21

232.435 Extracurricular athletic activities; athletic trainers.--

22

(3)~~(a)~~ To the extent practicable, a school district program should include the following employment classification

23

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1 and advancement scheme:

2           1. First responder - To qualify as a first responder,  
3 a person must possess a professional, temporary, part-time,  
4 adjunct, or substitute certificate pursuant to s. 231.17, be  
5 certified in cardiopulmonary resuscitation, first aid, and  
6 have 15 semester hours in courses such as care and prevention  
7 of athletic injuries, anatomy, physiology, nutrition,  
8 counseling, and other similar courses approved by the  
9 Commissioner of Education. This person may only administer  
10 first aid and similar care.

11           ~~1. Teacher apprentice trainer I.--To qualify as a~~  
12 ~~teacher apprentice trainer I, a person must possess a~~  
13 ~~professional, temporary, part-time, adjunct, or substitute~~  
14 ~~certificate pursuant to s. 231.17, be certified in first aid~~  
15 ~~and cardiopulmonary resuscitation, and have earned a minimum~~  
16 ~~of 6 semester hours or the equivalent number of inservice~~  
17 ~~education points in the basic prevention and care of athletic~~  
18 ~~injuries.~~

19           ~~2. Teacher apprentice trainer II.--To qualify as a~~  
20 ~~teacher apprentice trainer II, a person must meet the~~  
21 ~~requirements of teacher apprentice trainer I and also have~~  
22 ~~earned a minimum of 15 additional semester hours or the~~  
23 ~~equivalent number of inservice education points in such~~  
24 ~~courses as anatomy, physiology, use of modalities, nutrition,~~  
25 ~~counseling, and other courses approved by the Commissioner of~~  
26 ~~Education.~~

27           ~~2.3. Teacher athletic trainer.--To qualify as a~~  
28 ~~teacher athletic trainer, a person must possess a~~  
29 ~~professional, temporary, part-time, adjunct, or substitute~~  
30 ~~certificate pursuant to s. 232.17, and be licensed as required~~  
31 ~~by part XIII of chapter 468 meet the requirements of teacher~~

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1 ~~apprentice trainer II, be certified by the Department of~~  
2 ~~Education or a nationally recognized athletic trainer~~  
3 ~~association, and perform one or more of the following~~  
4 ~~functions: preventing athletic injuries; recognizing,~~  
5 ~~evaluating, managing, treating, and rehabilitating athletic~~  
6 ~~injuries; administering an athletic training program; and~~  
7 ~~educating and counseling athletes.~~

8 ~~(b) If a school district uses the services of an~~  
9 ~~athletic trainer who is not a teacher athletic trainer or a~~  
10 ~~teacher apprentice trainer within the requirements of this~~  
11 ~~section, such athletic trainer must be licensed as required by~~  
12 ~~part XIII of chapter 468.~~

13 Section 3. Section 381.6021, Florida Statutes, is  
14 amended to read:

15 381.6021 Certification of organizations engaged in the  
16 practice of cadaveric organ and tissue procurement.--The  
17 Agency for Health Care Administration shall:

18 (1) Establish a program for the certification of  
19 organizations, agencies, or other entities engaged in the  
20 procurement of organs, tissues, and eyes for transplantation;

21 (2) Adopt rules that set forth appropriate standards  
22 and guidelines for the program. These standards and guidelines  
23 must be substantially based on the existing laws of the  
24 Federal Government and this state and the existing standards  
25 and guidelines of the federal Food and Drug Administration  
26 (FDA), the United Network for Organ Sharing (UNOS), the  
27 American Association of Tissue Banks (AATB), the South-Eastern  
28 Organ Procurement Foundation (SEOPF), the North American  
29 Transplant Coordinators Organization (NATCO), and the Eye Bank  
30 Association of America (EBAA). In addition, the Agency for  
31 Health Care Administration shall, before adopting these

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1 standards and guidelines, seek input from all organ  
2 procurement organizations, tissue banks, and eye banks based  
3 in this state. However, notwithstanding any other provision of  
4 law to the contrary, rules adopted under this subsection shall  
5 not allow human cells or tissue from two or more donors to be  
6 pooled during retrieval, processing, preservation, or storage.  
7 For purposes of this subsection, "pooled" means placed in  
8 physical contact or mixed in a single receptacle;

9 (3) Collect, keep, and make available to the Governor  
10 and the Legislature information regarding the numbers and  
11 disposition of organs and tissues procured by each certified  
12 entity;

13 (4) Monitor participating facilities and agencies for  
14 program compliance; and

15 (5) Provide for the administration of the Organ and  
16 Tissue Procurement and Transplantation Advisory Board.

17 Section 4. Paragraph (b) of subsection (1) of section  
18 383.14, Florida Statutes, is amended to read:

19 383.14 Screening for metabolic disorders, other  
20 hereditary and congenital disorders, and environmental risk  
21 factors.--

22 (1) SCREENING REQUIREMENTS.--To help ensure access to  
23 the maternal and child health care system, the Department of  
24 Health shall promote the screening of all infants born in  
25 Florida for phenylketonuria and other metabolic, hereditary,  
26 and congenital disorders known to result in significant  
27 impairment of health or intellect, as screening programs  
28 accepted by current medical practice become available and  
29 practical in the judgment of the department. The department  
30 shall also promote the identification and screening of all  
31 infants born in this state and their families for

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1 environmental risk factors such as low income, poor education,  
2 maternal and family stress, emotional instability, substance  
3 abuse, and other high-risk conditions associated with  
4 increased risk of infant mortality and morbidity to provide  
5 early intervention, remediation, and prevention services,  
6 including, but not limited to, parent support and training  
7 programs, home visitation, and case management.  
8 Identification, perinatal screening, and intervention efforts  
9 shall begin prior to and immediately following the birth of  
10 the child by the attending health care provider. Such efforts  
11 shall be conducted in hospitals, perinatal centers, county  
12 health departments, school health programs that provide  
13 prenatal care, and birthing centers, and reported to the  
14 Office of Vital Statistics.

15 (b) Postnatal screening.--A risk factor analysis using  
16 the department's designated risk assessment instrument shall  
17 also be conducted as part of the medical screening process  
18 upon the birth of a child and submitted to the department's  
19 Office of Vital Statistics for recording and other purposes  
20 provided for in this chapter. The department's screening  
21 process for risk assessment shall include a scoring mechanism  
22 and procedures that establish thresholds for notification,  
23 further assessment, referral, and eligibility for services by  
24 professionals or paraprofessionals consistent with the level  
25 of risk. Procedures for developing and using the screening  
26 instrument, notification, referral, and care coordination  
27 services, reporting requirements, management information, and  
28 maintenance of a computer-driven registry in the Office of  
29 Vital Statistics which ensures privacy safeguards must be  
30 consistent with the provisions and plans established under  
31 chapter 411, Pub. L. No. 99-457, and this chapter. Procedures

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1 established for reporting information and maintaining a  
2 confidential registry must include a mechanism for a  
3 centralized information depository at the state and county  
4 levels. The department shall coordinate with existing risk  
5 assessment systems and information registries. The department  
6 must ensure, to the maximum extent possible, that the  
7 screening information registry is integrated with the  
8 department's automated data systems, including the Florida  
9 On-line Recipient Integrated Data Access (FLORIDA) system.  
10 Tests and screenings must be performed by the State Public  
11 Health Laboratory, in coordination with Children's Medical  
12 Services, at such times and in such manner as is prescribed by  
13 the department after consultation with the Genetics and Infant  
14 Screening Advisory Council and the State Coordinating Council  
15 for School Readiness Programs.

16 Section 5. Section 395.0197, Florida Statutes, is  
17 amended to read:

18 395.0197 Internal risk management program.--

19 (1) Every licensed facility shall, as a part of its  
20 administrative functions, establish an internal risk  
21 management program that includes all of the following  
22 components:

23 (a) The investigation and analysis of the frequency  
24 and causes of general categories and specific types of adverse  
25 incidents to patients.

26 (b) The development of appropriate measures to  
27 minimize the risk of adverse incidents to patients, including,  
28 but not limited to:

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

31 a. Such education and training of all nonphysician

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- 1 personnel as part of their initial orientation; and
- 2           b. At least 1 hour of such education and training
- 3 annually for all ~~nonphysician~~ personnel of the licensed
- 4 facility working in clinical areas and providing patient care,
- 5 except those persons licensed as health care practitioners who
- 6 are required to complete continuing education coursework
- 7 pursuant to chapter 456 or the respective practice act.
- 8           2. A prohibition, except when emergency circumstances
- 9 require otherwise, against a staff member of the licensed
- 10 facility attending a patient in the recovery room, unless the
- 11 staff member is authorized to attend the patient in the
- 12 recovery room and is in the company of at least one other
- 13 person. However, a licensed facility is exempt from the
- 14 two-person requirement if it has:
- 15           a. Live visual observation;
- 16           b. Electronic observation; or
- 17           c. Any other reasonable measure taken to ensure
- 18 patient protection and privacy.
- 19           3. A prohibition against an unlicensed person from
- 20 assisting or participating in any surgical procedure unless
- 21 the facility has authorized the person to do so following a
- 22 competency assessment, and such assistance or participation is
- 23 done under the direct and immediate supervision of a licensed
- 24 physician and is not otherwise an activity that may only be
- 25 performed by a licensed health care practitioner.
- 26           4. Development, implementation, and ongoing evaluation
- 27 of procedures, protocols, and systems to accurately identify
- 28 patients, planned procedures, and the correct site of the
- 29 planned procedure so as to minimize the performance of a
- 30 surgical procedure on the wrong patient, a wrong surgical
- 31 procedure, a wrong-site surgical procedure, or a surgical

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1 procedure otherwise unrelated to the patient's diagnosis or  
2 medical condition.

3 (c) The analysis of patient grievances that relate to  
4 patient care and the quality of medical services.

5 (d) The development and implementation of an incident  
6 reporting system based upon the affirmative duty of all health  
7 care providers and all agents and employees of the licensed  
8 health care facility to report adverse incidents to the risk  
9 manager, or to his or her designee, within 3 business days  
10 after their occurrence.

11 (2) The internal risk management program is the  
12 responsibility of the governing board of the health care  
13 facility. Each licensed facility shall hire a risk manager,  
14 licensed under s. 395.10974 ~~part IX of chapter 626~~, who is  
15 responsible for implementation and oversight of such  
16 facility's internal risk management program as required by  
17 this section. A risk manager must not be made responsible for  
18 more than four internal risk management programs in separate  
19 licensed facilities, unless the facilities are under one  
20 corporate ownership or the risk management programs are in  
21 rural hospitals.

22 (3) In addition to the programs mandated by this  
23 section, other innovative approaches intended to reduce the  
24 frequency and severity of medical malpractice and patient  
25 injury claims shall be encouraged and their implementation and  
26 operation facilitated. Such additional approaches may include  
27 extending internal risk management programs to health care  
28 providers' offices and the assuming of provider liability by a  
29 licensed health care facility for acts or omissions occurring  
30 within the licensed facility.

31 (4) The agency shall, ~~after consulting with the~~



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1 ~~Department of Insurance~~, adopt rules governing the  
2 establishment of internal risk management programs to meet the  
3 needs of individual licensed facilities. Each internal risk  
4 management program shall include the use of incident reports  
5 to be filed with an individual of responsibility who is  
6 competent in risk management techniques in the employ of each  
7 licensed facility, such as an insurance coordinator, or who is  
8 retained by the licensed facility as a consultant. The  
9 individual responsible for the risk management program shall  
10 have free access to all medical records of the licensed  
11 facility. The incident reports are part of the workpapers of  
12 the attorney defending the licensed facility in litigation  
13 relating to the licensed facility and are subject to  
14 discovery, but are not admissible as evidence in court. A  
15 person filing an incident report is not subject to civil suit  
16 by virtue of such incident report. As a part of each internal  
17 risk management program, the incident reports shall be used to  
18 develop categories of incidents which identify problem areas.  
19 Once identified, procedures shall be adjusted to correct the  
20 problem areas.

21 (5) For purposes of reporting to the agency pursuant  
22 to this section, the term "adverse incident" means an event  
23 over which health care personnel could exercise control and  
24 which is associated in whole or in part with medical  
25 intervention, rather than the condition for which such  
26 intervention occurred, and which:

27 (a) Results in one of the following injuries:

- 28 1. Death;
- 29 2. Brain or spinal damage;
- 30 3. Permanent disfigurement;
- 31 4. Fracture or dislocation of bones or joints;

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1           5. A resulting limitation of neurological, physical,  
2 or sensory function which continues after discharge from the  
3 facility;

4           6. Any condition that required specialized medical  
5 attention or surgical intervention resulting from nonemergency  
6 medical intervention, other than an emergency medical  
7 condition, to which the patient has not given his or her  
8 informed consent; or

9           7. Any condition that required the transfer of the  
10 patient, within or outside the facility, to a unit providing a  
11 more acute level of care due to the adverse incident, rather  
12 than the patient's condition prior to the adverse incident;

13           (b) Was the performance of a surgical procedure on the  
14 wrong patient, a wrong surgical procedure, a wrong-site  
15 surgical procedure, or a surgical procedure otherwise  
16 unrelated to the patient's diagnosis or medical condition;

17           (c) Required the surgical repair of damage resulting  
18 to a patient from a planned surgical procedure, where the  
19 damage was not a recognized specific risk, as disclosed to the  
20 patient and documented through the informed-consent process;  
21 or

22           (d) Was a procedure to remove unplanned foreign  
23 objects remaining from a surgical procedure.

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

28           1. The total number of adverse incidents.

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

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1 each category.

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

5 4. A code number using the health care professional's  
6 licensure number and a separate code number identifying all  
7 other individuals directly involved in adverse incidents to  
8 patients, the relationship of the individual to the licensed  
9 facility, and the number of incidents in which each individual  
10 has been directly involved. Each licensed facility shall  
11 maintain names of the health care professionals and  
12 individuals identified by code numbers for purposes of this  
13 section.

14 5. A description of all malpractice claims filed  
15 against the licensed facility, including the total number of  
16 pending and closed claims and the nature of the incident which  
17 led to, the persons involved in, and the status and  
18 disposition of each claim. Each report shall update status and  
19 disposition for all prior reports.

20 (b) The information reported to the agency pursuant to  
21 paragraph (a) which relates to persons licensed under chapter  
22 458, chapter 459, chapter 461, or chapter 466 shall be  
23 reviewed by the agency. The agency shall determine whether  
24 any of the incidents potentially involved conduct by a health  
25 care professional who is subject to disciplinary action, in  
26 which case the provisions of s. 456.073 shall apply.

27 (c) The report submitted to the agency shall also  
28 contain the name and license number of the risk manager of the  
29 licensed facility, a copy of its policy and procedures which  
30 govern the measures taken by the facility and its risk manager  
31 to reduce the risk of injuries and adverse incidents, and the

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1 results of such measures. The annual report is confidential  
2 and is not available to the public pursuant to s. 119.07(1) or  
3 any other law providing access to public records. The annual  
4 report is not discoverable or admissible in any civil or  
5 administrative action, except in disciplinary proceedings by  
6 the agency or the appropriate regulatory board. The annual  
7 report is not available to the public as part of the record of  
8 investigation for and prosecution in disciplinary proceedings  
9 made available to the public by the agency or the appropriate  
10 regulatory board. However, the agency or the appropriate  
11 regulatory board shall make available, upon written request by  
12 a health care professional against whom probable cause has  
13 been found, any such records which form the basis of the  
14 determination of probable cause.

15 (7) The licensed facility shall notify the agency no  
16 later than 1 business day after the risk manager or his or her  
17 designee has received a report pursuant to paragraph (1)(d)  
18 and can determine within 1 business day that any of the  
19 following adverse incidents has occurred, whether occurring in  
20 the licensed facility or arising from health care prior to  
21 admission in the licensed facility:

22 (a) The death of a patient;

23 (b) Brain or spinal damage to a patient;

24 (c) The performance of a surgical procedure on the  
25 wrong patient;

26 (d) The performance of a wrong-site surgical  
27 procedure; or

28 (e) The performance of a wrong surgical procedure.  
29

30 The notification must be made in writing and be provided by  
31 facsimile device or overnight mail delivery. The notification

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1 must include information regarding the identity of the  
2 affected patient, the type of adverse incident, the initiation  
3 of an investigation by the facility, and whether the events  
4 causing or resulting in the adverse incident represent a  
5 potential risk to other patients.

6 (8) Any of the following adverse incidents, whether  
7 occurring in the licensed facility or arising from health care  
8 prior to admission in the licensed facility, shall be reported  
9 by the facility to the agency within 15 calendar days after  
10 its occurrence:

11 (a) The death of a patient;

12 (b) Brain or spinal damage to a patient;

13 (c) The performance of a surgical procedure on the  
14 wrong patient;

15 (d) The performance of a wrong-site surgical  
16 procedure;

17 (e) The performance of a wrong surgical procedure;

18 (f) The performance of a surgical procedure that is  
19 medically unnecessary or otherwise unrelated to the patient's  
20 diagnosis or medical condition;

21 (g) The surgical repair of damage resulting to a  
22 patient from a planned surgical procedure, where the damage is  
23 not a recognized specific risk, as disclosed to the patient  
24 and documented through the informed-consent process; or

25 (h) The performance of procedures to remove unplanned  
26 foreign objects remaining from a surgical procedure.

27

28 The agency may grant extensions to this reporting requirement  
29 for more than 15 days upon justification submitted in writing  
30 by the facility administrator to the agency. The agency may  
31 require an additional, final report. These reports shall not

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1 be available to the public pursuant to s. 119.07(1) or any  
2 other law providing access to public records, nor be  
3 discoverable or admissible in any civil or administrative  
4 action, except in disciplinary proceedings by the agency or  
5 the appropriate regulatory board, nor shall they be available  
6 to the public as part of the record of investigation for and  
7 prosecution in disciplinary proceedings made available to the  
8 public by the agency or the appropriate regulatory board.  
9 However, the agency or the appropriate regulatory board shall  
10 make available, upon written request by a health care  
11 professional against whom probable cause has been found, any  
12 such records which form the basis of the determination of  
13 probable cause. The agency may investigate, as it deems  
14 appropriate, any such incident and prescribe measures that  
15 must or may be taken in response to the incident. The agency  
16 shall review each incident and determine whether it  
17 potentially involved conduct by the health care professional  
18 who is subject to disciplinary action, in which case the  
19 provisions of s. 456.073 shall apply.

20 (9) The agency shall publish on the agency's website,  
21 no less than quarterly, a summary and trend analysis of  
22 adverse incident reports received pursuant to this section,  
23 which shall not include information that would identify the  
24 patient, the reporting facility, or the health care  
25 practitioners involved. The agency shall publish on the  
26 agency's website an annual summary and trend analysis of all  
27 adverse incident reports and malpractice claims information  
28 provided by facilities in their annual reports, which shall  
29 not include information that would identify the patient, the  
30 reporting facility, or the practitioners involved. The  
31 purpose of the publication of the summary and trend analysis

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1 is to promote the rapid dissemination of information relating  
2 to adverse incidents and malpractice claims to assist in  
3 avoidance of similar incidents and reduce morbidity and  
4 mortality.

5 (10)(9) The internal risk manager of each licensed  
6 facility shall:

7 (a) Investigate every allegation of sexual misconduct  
8 which is made against a member of the facility's personnel who  
9 has direct patient contact, when the allegation is that the  
10 sexual misconduct occurred at the facility or on the grounds  
11 of the facility. ~~and~~

12 (b) Report every allegation of sexual misconduct to  
13 the administrator of the licensed facility.

14 (c) Notify the family or guardian of the victim, if a  
15 minor, that an allegation of sexual misconduct has been made  
16 and that an investigation is being conducted. ~~and~~

17 (d) Report to the Department of Health every  
18 allegation of sexual misconduct, as defined in chapter 456 and  
19 the respective practice act, by a licensed health care  
20 practitioner that involves a patient.

21 (11)(10) Any witness who witnessed or who possesses  
22 actual knowledge of the act that is the basis of an allegation  
23 of sexual abuse shall:

24 (a) Notify the local police; and

25 (b) Notify the hospital risk manager and the  
26 administrator.

27  
28 For purposes of this subsection, "sexual abuse" means acts of  
29 a sexual nature committed for the sexual gratification of  
30 anyone upon, or in the presence of, a vulnerable adult,  
31 without the vulnerable adult's informed consent, or a minor.

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1 "Sexual abuse" includes, but is not limited to, the acts  
2 defined in s. 794.011(1)(h), fondling, exposure of a  
3 vulnerable adult's or minor's sexual organs, or the use of the  
4 vulnerable adult or minor to solicit for or engage in  
5 prostitution or sexual performance. "Sexual abuse" does not  
6 include any act intended for a valid medical purpose or any  
7 act which may reasonably be construed to be a normal  
8 caregiving action.

9 (12)~~(11)~~ A person who, with malice or with intent to  
10 discredit or harm a licensed facility or any person, makes a  
11 false allegation of sexual misconduct against a member of a  
12 licensed facility's personnel is guilty of a misdemeanor of  
13 the second degree, punishable as provided in s. 775.082 or s.  
14 775.083.

15 (13)~~(12)~~ In addition to any penalty imposed pursuant  
16 to this section, the agency shall require a written plan of  
17 correction from the facility. For a single incident or series  
18 of isolated incidents that are nonwillful violations of the  
19 reporting requirements of this section, the agency shall first  
20 seek to obtain corrective action by the facility. If the  
21 correction is not demonstrated within the timeframe  
22 established by the agency or if there is a pattern of  
23 nonwillful violations of this section, the agency may impose  
24 an administrative fine, not to exceed \$5,000 for any violation  
25 of the reporting requirements of this section. The  
26 administrative fine for repeated nonwillful violations shall  
27 not exceed \$10,000 for any violation. The administrative fine  
28 for each intentional and willful violation may not exceed  
29 \$25,000 per violation, per day. The fine for an intentional  
30 and willful violation of this section may not exceed \$250,000.  
31 In determining the amount of fine to be levied, the agency



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1 shall be guided by s. 395.1065(2)(b). This subsection does not  
2 apply to the notice requirements under subsection (7).

3 (14)~~(13)~~ The agency shall have access to all licensed  
4 facility records necessary to carry out the provisions of this  
5 section. The records obtained by the agency under subsection  
6 (6), subsection (8), or subsection(10)~~(9)~~are not available  
7 to the public under s. 119.07(1), nor shall they be  
8 discoverable or admissible in any civil or administrative  
9 action, except in disciplinary proceedings by the agency or  
10 the appropriate regulatory board, nor shall records obtained  
11 pursuant to s. 456.071 be available to the public as part of  
12 the record of investigation for and prosecution in  
13 disciplinary proceedings made available to the public by the  
14 agency or the appropriate regulatory board. However, the  
15 agency or the appropriate regulatory board shall make  
16 available, upon written request by a health care professional  
17 against whom probable cause has been found, any such records  
18 which form the basis of the determination of probable cause,  
19 except that, with respect to medical review committee records,  
20 s. 766.101 controls.

21 (15)~~(14)~~ The meetings of the committees and governing  
22 board of a licensed facility held solely for the purpose of  
23 achieving the objectives of risk management as provided by  
24 this section shall not be open to the public under the  
25 provisions of chapter 286. The records of such meetings are  
26 confidential and exempt from s. 119.07(1), except as provided  
27 in subsection(14)~~(13)~~.

28 (16)~~(15)~~ The agency shall review, as part of its  
29 licensure inspection process, the internal risk management  
30 program at each licensed facility regulated by this section to  
31 determine whether the program meets standards established in

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1 statutes and rules, whether the program is being conducted in  
2 a manner designed to reduce adverse incidents, and whether the  
3 program is appropriately reporting incidents under this  
4 section ~~subsections (5), (6), (7), and (8)~~.

5 ~~(17)(16)~~ There shall be no monetary liability on the  
6 part of, and no cause of action for damages shall arise  
7 against, any risk manager, licensed under s. 395.10974 ~~part IX~~  
8 ~~of chapter 626~~, for the implementation and oversight of the  
9 internal risk management program in a facility licensed under  
10 this chapter or chapter 390 as required by this section, for  
11 any act or proceeding undertaken or performed within the scope  
12 of the functions of such internal risk management program if  
13 the risk manager acts without intentional fraud.

14 (18) A privilege against civil liability is hereby  
15 granted to any licensed risk manager or licensed facility with  
16 regard to information furnished pursuant to this chapter,  
17 unless the licensed risk manager or facility acted in bad  
18 faith or with malice in providing such information.

19 ~~(19)(17)~~ If the agency, through its receipt of any  
20 reports required under this section ~~the annual reports~~  
21 ~~prescribed in subsection (6)~~ or through any investigation, has  
22 a reasonable belief that conduct by a staff member or employee  
23 of a licensed facility is grounds for disciplinary action by  
24 the appropriate regulatory board, the agency shall report this  
25 fact to such regulatory board.

26 ~~(18) The agency shall annually publish a report~~  
27 ~~summarizing the information contained in the annual incident~~  
28 ~~reports submitted by licensed facilities pursuant to~~  
29 ~~subsection (6) and disciplinary actions reported to the agency~~  
30 ~~pursuant to s. 395.0193. The report must, at a minimum,~~  
31 ~~summarize:~~

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1           ~~(a) Adverse incidents, by category of reported~~  
2 ~~incident, and by type of professional involved.~~

3           ~~(b) Types of malpractice claims filed, by type of~~  
4 ~~professional involved.~~

5           ~~(c) Disciplinary actions taken against professionals,~~  
6 ~~by type of professional involved.~~

7           (20) It shall be unlawful for any person to coerce,  
8 intimidate, or preclude a risk manager from lawfully executing  
9 his or her reporting obligations pursuant to this chapter.  
10 Such unlawful action shall be subject to civil monetary  
11 penalties not to exceed \$10,000 per violation.

12           Section 6. Section 395.10972, Florida Statutes, is  
13 amended to read:

14           395.10972 Health Care Risk Manager Advisory  
15 Council.--The Secretary of Health Care Administration may  
16 appoint a seven-member ~~five-member~~ advisory council to advise  
17 the agency on matters pertaining to health care risk managers.  
18 The members of the council shall serve at the pleasure of the  
19 secretary. The council shall designate a chair. The council  
20 shall meet at the call of the secretary or at those times as  
21 may be required by rule of the agency. The members of the  
22 advisory council shall receive no compensation for their  
23 services, but shall be reimbursed for travel expenses as  
24 provided in s. 112.061. The council shall consist of  
25 individuals representing the following areas:

26           (1) Two shall be active health care risk managers,  
27 including one risk manager who is recommended by and a member  
28 of the Florida Society of Healthcare Risk Management.

29           (2) One shall be an active hospital administrator.

30           (3) One shall be an employee of an insurer or  
31 self-insurer of medical malpractice coverage.

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1           (4) One shall be a representative of the  
2 health-care-consuming public.

3           (5) Two shall be licensed health care practitioners,  
4 one of whom shall be licensed as a physician under chapter 458  
5 or chapter 459.

6           Section 7. Paragraph (b) of subsection (2) of section  
7 395.701, Florida Statutes, is amended to read:

8           395.701 Annual assessments on net operating revenues  
9 for inpatient and outpatient services to fund public medical  
10 assistance; administrative fines for failure to pay  
11 assessments when due; exemption.--

12           (2)

13           (b) There is imposed upon each hospital an assessment  
14 in an amount equal to 1 percent of the annual net operating  
15 revenue for outpatient services for each hospital, such  
16 revenue to be determined by the agency, based on the actual  
17 experience of the hospital as reported to the agency. While  
18 prior year report worksheets may be reconciled to the  
19 hospital's audited financial statements, no additional audited  
20 financial components may be required for the purposes of  
21 determining the amount of the assessment imposed pursuant to  
22 this section other than those in effect on July 1, 2000.

23 Within 6 months after the end of each hospital fiscal year,  
24 the agency shall certify the amount of the assessment for each  
25 hospital. The assessment shall be payable to and collected by  
26 the agency in equal quarterly amounts, on or before the first  
27 day of each calendar quarter, beginning with the first full  
28 calendar quarter that occurs after the agency certifies the  
29 amount of the assessment for each hospital. All moneys  
30 collected pursuant to this subsection shall be deposited into  
31 the Public Medical Assistance Trust Fund.

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1           Section 8. Section 409.905, Florida Statutes, is  
2 amended to read:

3           409.905 Mandatory Medicaid services.--The agency may  
4 make payments for the following services, which are required  
5 of the state by Title XIX of the Social Security Act,  
6 furnished by Medicaid providers to recipients who are  
7 determined to be eligible on the dates on which the services  
8 were provided. Any service under this section shall be  
9 provided only when medically necessary and in accordance with  
10 state and federal law. Mandatory services rendered by  
11 providers in mobile units to Medicaid recipients may be  
12 restricted by the agency.Nothing in this section shall be  
13 construed to prevent or limit the agency from adjusting fees,  
14 reimbursement rates, lengths of stay, number of visits, number  
15 of services, or any other adjustments necessary to comply with  
16 the availability of moneys and any limitations or directions  
17 provided for in the General Appropriations Act or chapter 216.

18           (1) ADVANCED REGISTERED NURSE PRACTITIONER  
19 SERVICES.--The agency shall pay for services provided to a  
20 recipient by a licensed advanced registered nurse practitioner  
21 who has a valid collaboration agreement with a licensed  
22 physician on file with the Department of Health or who  
23 provides anesthesia services in accordance with established  
24 protocol required by state law and approved by the medical  
25 staff of the facility in which the anesthetic service is  
26 performed. Reimbursement for such services must be provided in  
27 an amount that equals not less than 80 percent of the  
28 reimbursement to a physician who provides the same services,  
29 unless otherwise provided for in the General Appropriations  
30 Act.

31           (2) EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND

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1 TREATMENT SERVICES.--The agency shall pay for early and  
2 periodic screening and diagnosis of a recipient under age 21  
3 to ascertain physical and mental problems and conditions and  
4 provide treatment to correct or ameliorate these problems and  
5 conditions. These services include all services determined by  
6 the agency to be medically necessary for the treatment,  
7 correction, or amelioration of these problems, including  
8 personal care, private duty nursing, durable medical  
9 equipment, physical therapy, occupational therapy, speech  
10 therapy, respiratory therapy, and immunizations.

11 (3) FAMILY PLANNING SERVICES.--The agency shall pay  
12 for services necessary to enable a recipient voluntarily to  
13 plan family size or to space children. These services include  
14 information; education; counseling regarding the availability,  
15 benefits, and risks of each method of pregnancy prevention;  
16 drugs and supplies; and necessary medical care and followup.  
17 Each recipient participating in the family planning portion of  
18 the Medicaid program must be provided freedom to choose any  
19 alternative method of family planning, as required by federal  
20 law.

21 (4) HOME HEALTH CARE SERVICES.--The agency shall pay  
22 for nursing and home health aide services, supplies,  
23 appliances, and durable medical equipment, necessary to assist  
24 a recipient living at home. An entity that provides services  
25 pursuant to this subsection shall be licensed under part IV of  
26 chapter 400 or part II of chapter 499, if appropriate. These  
27 services, equipment, and supplies, or reimbursement therefor,  
28 may be limited as provided in the General Appropriations Act  
29 and do not include services, equipment, or supplies provided  
30 to a person residing in a hospital or nursing facility. In  
31 providing home health care services, the agency may require

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1 prior authorization of care based on diagnosis.

2 (5) HOSPITAL INPATIENT SERVICES.--The agency shall pay  
3 for all covered services provided for the medical care and  
4 treatment of a recipient who is admitted as an inpatient by a  
5 licensed physician or dentist to a hospital licensed under  
6 part I of chapter 395. However, the agency shall limit the  
7 payment for inpatient hospital services for a Medicaid  
8 recipient 21 years of age or older to 45 days or the number of  
9 days necessary to comply with the General Appropriations Act.

10 (a) The agency is authorized to implement  
11 reimbursement and utilization management reforms in order to  
12 comply with any limitations or directions in the General  
13 Appropriations Act, which may include, but are not limited to:  
14 prior authorization for inpatient psychiatric days; enhanced  
15 utilization and concurrent review programs for highly utilized  
16 services; reduction or elimination of covered days of service;  
17 adjusting reimbursement ceilings for variable costs; adjusting  
18 reimbursement ceilings for fixed and property costs; and  
19 implementing target rates of increase.

20 (b) A licensed hospital maintained primarily for the  
21 care and treatment of patients having mental disorders or  
22 mental diseases is not eligible to participate in the hospital  
23 inpatient portion of the Medicaid program except as provided  
24 in federal law. However, the department shall apply for a  
25 waiver, within 9 months after June 5, 1991, designed to  
26 provide hospitalization services for mental health reasons to  
27 children and adults in the most cost-effective and lowest cost  
28 setting possible. Such waiver shall include a request for the  
29 opportunity to pay for care in hospitals known under federal  
30 law as "institutions for mental disease" or "IMD's." The  
31 waiver proposal shall propose no additional aggregate cost to

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1 the state or Federal Government, and shall be conducted in  
2 Hillsborough County, Highlands County, Hardee County, Manatee  
3 County, and Polk County. The waiver proposal may incorporate  
4 competitive bidding for hospital services, comprehensive  
5 brokering, prepaid capitated arrangements, or other mechanisms  
6 deemed by the department to show promise in reducing the cost  
7 of acute care and increasing the effectiveness of preventive  
8 care. When developing the waiver proposal, the department  
9 shall take into account price, quality, accessibility,  
10 linkages of the hospital to community services and family  
11 support programs, plans of the hospital to ensure the earliest  
12 discharge possible, and the comprehensiveness of the mental  
13 health and other health care services offered by participating  
14 providers.

15 (c) Agency for Health Care Administration shall adjust  
16 a hospital's current inpatient per diem rate to reflect the  
17 cost of serving the Medicaid population at that institution  
18 if:

19 1. The hospital experiences an increase in Medicaid  
20 caseload by more than 25 percent in any year, primarily  
21 resulting from the closure of a hospital in the same service  
22 area occurring after July 1, 1995; or

23 2. The hospital's Medicaid per diem rate is at least  
24 25 percent below the Medicaid per patient cost for that year.

25  
26 No later than November 1, 2000, the agency must provide  
27 estimated costs for any adjustment in a hospital inpatient per  
28 diem pursuant to this paragraph to the Executive Office of the  
29 Governor, the House of Representatives General Appropriations  
30 Committee, and the Senate Budget Committee. Before the agency  
31 implements a change in a hospital's inpatient per diem rate



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1 pursuant to this paragraph, the Legislature must have  
2 specifically appropriated sufficient funds in the 2001-2002  
3 General Appropriations Act to support the increase in cost as  
4 estimated by the agency. This paragraph is repealed on July 1,  
5 2001.

6 (6) HOSPITAL OUTPATIENT SERVICES.--The agency shall  
7 pay for preventive, diagnostic, therapeutic, or palliative  
8 care and other services provided to a recipient in the  
9 outpatient portion of a hospital licensed under part I of  
10 chapter 395, and provided under the direction of a licensed  
11 physician or licensed dentist, except that payment for such  
12 care and services is limited to \$1,500 per state fiscal year  
13 per recipient, unless an exception has been made by the  
14 agency, and with the exception of a Medicaid recipient under  
15 age 21, in which case the only limitation is medical  
16 necessity.

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

23 (8) NURSING FACILITY SERVICES.--The agency shall pay  
24 for 24-hour-a-day nursing and rehabilitative services for a  
25 recipient in a nursing facility licensed under part II of  
26 chapter 400 or in a rural hospital, as defined in s. 395.602,  
27 or in a Medicare certified skilled nursing facility operated  
28 by a hospital, as defined by s. 395.002(11), that is licensed  
29 under part I of chapter 395, and in accordance with provisions  
30 set forth in s. 409.908(2)(a), which services are ordered by  
31 and provided under the direction of a licensed physician.

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1 However, if a nursing facility has been destroyed or otherwise  
2 made uninhabitable by natural disaster or other emergency and  
3 another nursing facility is not available, the agency must pay  
4 for similar services temporarily in a hospital licensed under  
5 part I of chapter 395 provided federal funding is approved and  
6 available.

7 (9) PHYSICIAN SERVICES.--The agency shall pay for  
8 covered services and procedures rendered to a recipient by, or  
9 under the personal supervision of, a person licensed under  
10 state law to practice medicine or osteopathic medicine. These  
11 services may be furnished in the physician's office, the  
12 Medicaid recipient's home, a hospital, a nursing facility, or  
13 elsewhere, but shall be medically necessary for the treatment  
14 of an injury, illness, or disease within the scope of the  
15 practice of medicine or osteopathic medicine as defined by  
16 state law. The agency shall not pay for services that are  
17 clinically unproven, experimental, or for purely cosmetic  
18 purposes.

19 (10) PORTABLE X-RAY SERVICES.--The agency shall pay  
20 for professional and technical portable radiological services  
21 ordered by a licensed physician or other licensed practitioner  
22 of the healing arts which are provided by a licensed  
23 professional in a setting other than a hospital, clinic, or  
24 office of a physician or practitioner of the healing arts, on  
25 behalf of a recipient.

26 (11) RURAL HEALTH CLINIC SERVICES.--The agency shall  
27 pay for outpatient primary health care services for a  
28 recipient provided by a clinic certified by and participating  
29 in the Medicare program which is located in a federally  
30 designated, rural, medically underserved area and has on its  
31 staff one or more licensed primary care nurse practitioners or

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1 physician assistants, and a licensed staff supervising  
2 physician or a consulting supervising physician.

3 (12) TRANSPORTATION SERVICES.--The agency shall ensure  
4 that appropriate transportation services are available for a  
5 Medicaid recipient in need of transport to a qualified  
6 Medicaid provider for medically necessary and  
7 Medicaid-compensable services, provided a client's ability to  
8 choose a specific transportation provider shall be limited to  
9 those options resulting from policies established by the  
10 agency to meet the fiscal limitations of the General  
11 Appropriations Act. The agency may pay for transportation and  
12 other related travel expenses as necessary only if these  
13 services are not otherwise available.

14 Section 9. Section 409.906, Florida Statutes, is  
15 amended to read:

16 409.906 Optional Medicaid services.--Subject to  
17 specific appropriations, the agency may make payments for  
18 services which are optional to the state under Title XIX of  
19 the Social Security Act and are furnished by Medicaid  
20 providers to recipients who are determined to be eligible on  
21 the dates on which the services were provided. Any optional  
22 service that is provided shall be provided only when medically  
23 necessary and in accordance with state and federal law.  
24 Optional services rendered by providers in mobile units to  
25 Medicaid recipients may be restricted or prohibited by the  
26 agency.Nothing in this section shall be construed to prevent  
27 or limit the agency from adjusting fees, reimbursement rates,  
28 lengths of stay, number of visits, or number of services, or  
29 making any other adjustments necessary to comply with the  
30 availability of moneys and any limitations or directions  
31 provided for in the General Appropriations Act or chapter 216.

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1 If necessary to safeguard the state's systems of providing  
2 services to elderly and disabled persons and subject to the  
3 notice and review provisions of s. 216.177, the Governor may  
4 direct the Agency for Health Care Administration to amend the  
5 Medicaid state plan to delete the optional Medicaid service  
6 known as "Intermediate Care Facilities for the Developmentally  
7 Disabled." Optional services may include:

8 (1) ADULT DENTURE SERVICES.--The agency may pay for  
9 dentures, the procedures required to seat dentures, and the  
10 repair and reline of dentures, provided by or under the  
11 direction of a licensed dentist, for a recipient who is age 21  
12 or older. However, Medicaid will not provide reimbursement for  
13 dental services provided in a mobile dental unit, except for a  
14 mobile dental unit:

15 (a) Owned by, operated by, or having a contractual  
16 agreement with the Department of Health and complying with  
17 Medicaid's county health department clinic services program  
18 specifications as a county health department clinic services  
19 provider.

20 (b) Owned by, operated by, or having a contractual  
21 arrangement with a federally qualified health center and  
22 complying with Medicaid's federally qualified health center  
23 specifications as a federally qualified health center  
24 provider.

25 (c) Rendering dental services to Medicaid recipients,  
26 21 years of age and older, at nursing facilities.

27 (d) Owned by, operated by, or having a contractual  
28 agreement with a state-approved dental educational  
29 institution.

30 (2) ADULT HEALTH SCREENING SERVICES.--The agency may  
31 pay for an annual routine physical examination, conducted by

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1 or under the direction of a licensed physician, for a  
2 recipient age 21 or older, without regard to medical  
3 necessity, in order to detect and prevent disease, disability,  
4 or other health condition or its progression.

5 (3) AMBULATORY SURGICAL CENTER SERVICES.--The agency  
6 may pay for services provided to a recipient in an ambulatory  
7 surgical center licensed under part I of chapter 395, by or  
8 under the direction of a licensed physician or dentist.

9 (4) BIRTH CENTER SERVICES.--The agency may pay for  
10 examinations and delivery, recovery, and newborn assessment,  
11 and related services, provided in a licensed birth center  
12 staffed with licensed physicians, certified nurse midwives,  
13 and midwives licensed in accordance with chapter 467, to a  
14 recipient expected to experience a low-risk pregnancy and  
15 delivery.

16 (5) CASE MANAGEMENT SERVICES.--The agency may pay for  
17 primary care case management services rendered to a recipient  
18 pursuant to a federally approved waiver, and targeted case  
19 management services for specific groups of targeted  
20 recipients, for which funding has been provided and which are  
21 rendered pursuant to federal guidelines. The agency is  
22 authorized to limit reimbursement for targeted case management  
23 services in order to comply with any limitations or directions  
24 provided for in the General Appropriations Act.

25 Notwithstanding s. 216.292, the Department of Children and  
26 Family Services may transfer general funds to the Agency for  
27 Health Care Administration to fund state match requirements  
28 exceeding the amount specified in the General Appropriations  
29 Act for targeted case management services.

30 (6) CHILDREN'S DENTAL SERVICES.--The agency may pay  
31 for diagnostic, preventive, or corrective procedures,

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1 including orthodontia in severe cases, provided to a recipient  
2 under age 21, by or under the supervision of a licensed  
3 dentist. Services provided under this program include  
4 treatment of the teeth and associated structures of the oral  
5 cavity, as well as treatment of disease, injury, or impairment  
6 that may affect the oral or general health of the individual.  
7 However, Medicaid will not provide reimbursement for dental  
8 services provided in a mobile dental unit, except for a mobile  
9 dental unit:

10 (a) Owned by, operated by, or having a contractual  
11 agreement with the Department of Health and complying with  
12 Medicaid's county health department clinic services program  
13 specifications as a county health department clinic services  
14 provider.

15 (b) Owned by, operated by, or having a contractual  
16 arrangement with a federally qualified health center and  
17 complying with Medicaid's federally qualified health center  
18 specifications as a federally qualified health center  
19 provider.

20 (c) Rendering dental services to Medicaid recipients,  
21 21 years of age and older, at nursing facilities.

22 (d) Owned by, operated by, or having a contractual  
23 agreement with a state-approved dental educational  
24 institution.

25 (7) CHIROPRACTIC SERVICES.--The agency may pay for  
26 manual manipulation of the spine and initial services,  
27 screening, and X rays provided to a recipient by a licensed  
28 chiropractic physician.

29 (8) COMMUNITY MENTAL HEALTH SERVICES.--The agency may  
30 pay for rehabilitative services provided to a recipient by a  
31 mental health or substance abuse provider licensed by the

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1 agency and under contract with the agency or the Department of  
2 Children and Family Services to provide such services. Those  
3 services which are psychiatric in nature shall be rendered or  
4 recommended by a psychiatrist, and those services which are  
5 medical in nature shall be rendered or recommended by a  
6 physician or psychiatrist. The agency must develop a provider  
7 enrollment process for community mental health providers which  
8 bases provider enrollment on an assessment of service need.  
9 The provider enrollment process shall be designed to control  
10 costs, prevent fraud and abuse, consider provider expertise  
11 and capacity, and assess provider success in managing  
12 utilization of care and measuring treatment outcomes.  
13 Providers will be selected through a competitive procurement  
14 or selective contracting process. In addition to other  
15 community mental health providers, the agency shall consider  
16 for enrollment mental health programs licensed under chapter  
17 395 and group practices licensed under chapter 458, chapter  
18 459, chapter 490, or chapter 491. The agency is also  
19 authorized to continue operation of its behavioral health  
20 utilization management program and may develop new services if  
21 these actions are necessary to ensure savings from the  
22 implementation of the utilization management system. The  
23 agency shall coordinate the implementation of this enrollment  
24 process with the Department of Children and Family Services  
25 and the Department of Juvenile Justice. The agency is  
26 authorized to utilize diagnostic criteria in setting  
27 reimbursement rates, to preauthorize certain high-cost or  
28 highly utilized services, to limit or eliminate coverage for  
29 certain services, or to make any other adjustments necessary  
30 to comply with any limitations or directions provided for in  
31 the General Appropriations Act.

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1           (9) DIALYSIS FACILITY SERVICES.--Subject to specific  
2 appropriations being provided for this purpose, the agency may  
3 pay a dialysis facility that is approved as a dialysis  
4 facility in accordance with Title XVIII of the Social Security  
5 Act, for dialysis services that are provided to a Medicaid  
6 recipient under the direction of a physician licensed to  
7 practice medicine or osteopathic medicine in this state,  
8 including dialysis services provided in the recipient's home  
9 by a hospital-based or freestanding dialysis facility.

10           (10) DURABLE MEDICAL EQUIPMENT.--The agency may  
11 authorize and pay for certain durable medical equipment and  
12 supplies provided to a Medicaid recipient as medically  
13 necessary.

14           (11) HEALTHY START SERVICES.--The agency may pay for a  
15 continuum of risk-appropriate medical and psychosocial  
16 services for the Healthy Start program in accordance with a  
17 federal waiver. The agency may not implement the federal  
18 waiver unless the waiver permits the state to limit enrollment  
19 or the amount, duration, and scope of services to ensure that  
20 expenditures will not exceed funds appropriated by the  
21 Legislature or available from local sources. If the Health  
22 Care Financing Administration does not approve a federal  
23 waiver for Healthy Start services, the agency, in consultation  
24 with the Department of Health and the Florida Association of  
25 Healthy Start Coalitions, is authorized to establish a  
26 Medicaid certified-match program for Healthy Start services.  
27 Participation in the Healthy Start certified-match program  
28 shall be voluntary, and reimbursement shall be limited to the  
29 federal Medicaid share to Medicaid-enrolled Healthy Start  
30 coalitions for services provided to Medicaid recipients. The  
31 agency shall take no action to implement a certified-match



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1 program without ensuring that the amendment and review  
2 requirements of ss. 216.177 and 216.181 have been met.

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

9 (13) HOME AND COMMUNITY-BASED SERVICES.--The agency  
10 may pay for home-based or community-based services that are  
11 rendered to a recipient in accordance with a federally  
12 approved waiver program.

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

18 (15) INTERMEDIATE CARE FACILITY FOR THE  
19 DEVELOPMENTALLY DISABLED SERVICES.--The agency may pay for  
20 health-related care and services provided on a 24-hour-a-day  
21 basis by a facility licensed and certified as a Medicaid  
22 Intermediate Care Facility for the Developmentally Disabled,  
23 for a recipient who needs such care because of a developmental  
24 disability.

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

30 (17) OPTOMETRIC SERVICES.--The agency may pay for  
31 services provided to a recipient, including examination,

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1 diagnosis, treatment, and management, related to ocular  
2 pathology, if the services are provided by a licensed  
3 optometrist or physician.

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

10 (19) PODIATRIC SERVICES.--The agency may pay for  
11 services, including diagnosis and medical, surgical,  
12 palliative, and mechanical treatment, related to ailments of  
13 the human foot and lower leg, if provided to a recipient by a  
14 podiatric physician licensed under state law.

15 (20) PRESCRIBED DRUG SERVICES.--The agency may pay for  
16 medications that are prescribed for a recipient by a physician  
17 or other licensed practitioner of the healing arts authorized  
18 to prescribe medications and that are dispensed to the  
19 recipient by a licensed pharmacist or physician in accordance  
20 with applicable state and federal law.

21 (21) REGISTERED NURSE FIRST ASSISTANT SERVICES.--The  
22 agency may pay for all services provided to a recipient by a  
23 registered nurse first assistant as described in s. 464.027.  
24 Reimbursement for such services may not be less than 80  
25 percent of the reimbursement that would be paid to a physician  
26 providing the same services.

27 (22) STATE HOSPITAL SERVICES.--The agency may pay for  
28 all-inclusive psychiatric inpatient hospital care provided to  
29 a recipient age 65 or older in a state mental hospital.

30 (23) VISUAL SERVICES.--The agency may pay for visual  
31 examinations, eyeglasses, and eyeglass repairs for a

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1 recipient, if they are prescribed by a licensed physician  
2 specializing in diseases of the eye or by a licensed  
3 optometrist.

4 (24) CHILD-WELFARE-TARGETED CASE MANAGEMENT.--The  
5 Agency for Health Care Administration, in consultation with  
6 the Department of Children and Family Services, may establish  
7 a targeted case-management pilot project in those counties  
8 identified by the Department of Children and Family Services  
9 and for the community-based child welfare project in Sarasota  
10 and Manatee counties, as authorized under s. 409.1671. These  
11 projects shall be established for the purpose of determining  
12 the impact of targeted case management on the child welfare  
13 program and the earnings from the child welfare program.  
14 Results of the pilot projects shall be reported to the Child  
15 Welfare Estimating Conference and the Social Services  
16 Estimating Conference established under s. 216.136. The number  
17 of projects may not be increased until requested by the  
18 Department of Children and Family Services, recommended by the  
19 Child Welfare Estimating Conference and the Social Services  
20 Estimating Conference, and approved by the Legislature. The  
21 covered group of individuals who are eligible to receive  
22 targeted case management include children who are eligible for  
23 Medicaid; who are between the ages of birth through 21; and  
24 who are under protective supervision or postplacement  
25 supervision, under foster-care supervision, or in shelter care  
26 or foster care. The number of individuals who are eligible to  
27 receive targeted case management shall be limited to the  
28 number for whom the Department of Children and Family Services  
29 has available matching funds to cover the costs. The general  
30 revenue funds required to match the funds for services  
31 provided by the community-based child welfare projects are

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1 limited to funds available for services described under s.  
2 409.1671. The Department of Children and Family Services may  
3 transfer the general revenue matching funds as billed by the  
4 Agency for Health Care Administration.

5 Section 10. Subsections (7) through (11) of section  
6 456.013, Florida Statutes, are renumbered as subsections (8)  
7 through (12), respectively, and a new subsection (7) is added  
8 to said section to read:

9 456.013 Department; general licensing provisions.--  
10 (7) The boards, or the department when there is no  
11 board, shall require the completion of a 2-hour course  
12 relating to prevention of medical errors as part of the  
13 licensure and renewal process. The 2-hour course shall count  
14 towards the total number of continuing education hours  
15 required for the profession. The course shall be approved by  
16 the board or department, as appropriate, and shall include a  
17 study of root-cause analysis, error reduction and prevention,  
18 and patient safety. If the course is being offered by a  
19 facility licensed pursuant to chapter 395 for its employees,  
20 the board may approve up to 1 hour of the 2-hour course to be  
21 specifically related to error reduction and prevention methods  
22 used in that facility.

23 Section 11. Subsection (19) is added to section  
24 456.057, Florida Statutes, to read:

25 456.057 Ownership and control of patient records;  
26 report or copies of records to be furnished.--

27 (19) The board, or department when there is no board,  
28 may temporarily or permanently appoint a person or entity as a  
29 custodian of medical records in the event of the death of a  
30 practitioner, the mental or physical incapacitation of the  
31 practitioner, or the abandonment of medical records by a

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1 practitioner. The custodian appointed shall comply with all  
2 provisions of this section, including the release of patient  
3 records.

4 Section 12. Subsection (3) is added to section  
5 456.063, Florida Statutes, to read:

6 456.063 Sexual misconduct; disqualification for  
7 license, certificate, or registration; reports of allegation  
8 of sexual misconduct.--

9 (3) Licensed health care practitioners shall report  
10 allegations of sexual misconduct to the department, regardless  
11 of the practice setting in which the alleged sexual misconduct  
12 occurred.

13 Section 13. Paragraph (c) of subsection (1) of section  
14 456.072, Florida Statutes, is amended, paragraphs (aa) and  
15 (bb) are added to said subsection, paragraphs (c) and (d) of  
16 subsection (2) and subsection (4) are amended, and paragraphs  
17 (i) and (j) are added to subsection (2) of said section, to  
18 read:

19 456.072 Grounds for discipline; penalties;  
20 enforcement.--

21 (1) The following acts shall constitute grounds for  
22 which the disciplinary actions specified in subsection (2) may  
23 be taken:

24 (c) Being convicted or found guilty of, or entering a  
25 plea of guilty or nolo contendere to, regardless of  
26 adjudication, a crime in any jurisdiction which relates to the  
27 practice of, or the ability to practice, a licensee's  
28 profession.

29 (aa) Performing or attempting to perform health care  
30 services on the wrong patient, a wrong-site procedure, a wrong  
31 procedure, or an unauthorized procedure or a procedure that is

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1 medically unnecessary or otherwise unrelated to the patient's  
2 diagnosis or medical condition. For the purposes of this  
3 paragraph, performing or attempting to perform health care  
4 services includes the preparation of the patient.

5 (bb) Leaving a foreign body in a patient, such as a  
6 sponge, clamp, forceps, surgical needle, or other  
7 paraphernalia commonly used in surgical, examination, or other  
8 diagnostic procedures. For the purposes of this paragraph, it  
9 shall be legally presumed that retention of a foreign body is  
10 not in the best interest of the patient and is not within the  
11 standard of care of the profession, regardless of the intent  
12 of the professional.

13 (2) When the board, or the department when there is no  
14 board, finds any person guilty of the grounds set forth in  
15 subsection (1) or of any grounds set forth in the applicable  
16 practice act, including conduct constituting a substantial  
17 violation of subsection (1) or a violation of the applicable  
18 practice act which occurred prior to obtaining a license, it  
19 may enter an order imposing one or more of the following  
20 penalties:

21 (c) Restriction of practice or license, including, but  
22 not limited to, restricting the licensee from practicing in  
23 certain settings, restricting the licensee to work only under  
24 designated conditions or in certain settings, restricting the  
25 licensee from performing or providing designated clinical and  
26 administrative services, restricting the licensee from  
27 practicing more than a designated number of hours, or any  
28 other restriction found to be necessary for the protection of  
29 the public health, safety, and welfare.

30 (d) Imposition of an administrative fine not to exceed  
31 \$10,000 for each count or separate offense. If the violation

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1 is for fraud or making a false or fraudulent representation,  
2 the board, or the department if there is no board, must impose  
3 a fine of \$10,000 per count or offense.

4 (i) Refund of fees billed and collected from the  
5 patient or a third party on behalf of the patient.

6 (j) Requirement that the practitioner undergo remedial  
7 education.

8  
9 In determining what action is appropriate, the board, or  
10 department when there is no board, must first consider what  
11 sanctions are necessary to protect the public or to compensate  
12 the patient. Only after those sanctions have been imposed may  
13 the disciplining authority consider and include in the order  
14 requirements designed to rehabilitate the practitioner. All  
15 costs associated with compliance with orders issued under this  
16 subsection are the obligation of the practitioner.

17 (4) In addition to any other discipline imposed  
18 pursuant to this section or discipline imposed for a violation  
19 of any practice act, the board, or the department when there  
20 is no board, shall ~~may~~ assess costs related to the  
21 investigation and prosecution of the case. In any case where  
22 the board or the department imposes a fine or assessment and  
23 the fine or assessment is not paid within a reasonable time,  
24 such reasonable time to be prescribed in the rules of the  
25 board, or the department when there is no board, or in the  
26 order assessing such fines or costs, the department or the  
27 Department of Legal Affairs may contract for the collection  
28 of, or bring a civil action to recover, the fine or  
29 assessment.

30 Section 14. Paragraphs (a) and (c) of subsection (9)  
31 of section 456.073, Florida Statutes, are amended, and,

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1 effective upon this act becoming a law, subsection (13) is  
2 added to said section, to read:

3 456.073 Disciplinary proceedings.--Disciplinary  
4 proceedings for each board shall be within the jurisdiction of  
5 the department.

6 (9)(a) The department shall periodically notify the  
7 person who filed the complaint, as well as the patient or the  
8 patient's legal representative,of the status of the  
9 investigation, indicating whether probable cause has been  
10 found and the status of any civil action or administrative  
11 proceeding or appeal.

12 (c) In any disciplinary case for which probable cause  
13 is not found, the department shall so inform the person who  
14 filed the complaint and notify that person that he or she may,  
15 within 60 days, provide any additional information to the  
16 department ~~probable cause panel~~ which may be relevant to the  
17 decision. To facilitate the provision of additional  
18 information, the person who filed the complaint may receive,  
19 upon request, a copy of the department's expert report that  
20 supported the recommendation for closure, if such a report was  
21 relied upon by the department. In no way does this require the  
22 department to procure an expert opinion or report if none was  
23 used. Additionally, the identity of the expert shall remain  
24 confidential.In any administrative proceeding under s.

25 120.57, the person who filed the disciplinary complaint shall  
26 have the right to present oral or written communication  
27 relating to the alleged disciplinary violations or to the  
28 appropriate penalty.

29 (13) Notwithstanding any provision of law to the  
30 contrary, an administrative complaint against a licensee shall  
31 be filed within 6 years after the time of the incident or



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1 occurrence giving rise to the complaint against the licensee.  
2 If such incident or occurrence involved criminal actions,  
3 diversion of controlled substances, sexual misconduct, or  
4 impairment by the licensee, this subsection does not apply to  
5 bar initiation of an investigation or filing of an  
6 administrative complaint beyond the 6-year timeframe. In those  
7 cases covered by this subsection in which it can be shown that  
8 fraud, concealment, or intentional misrepresentation of fact  
9 prevented the discovery of the violation of law, the period of  
10 limitations is extended forward, but in no event to exceed 12  
11 years after the time of the incident or occurrence.

12 Section 15. Subsection (1) of section 456.074, Florida  
13 Statutes, is amended to read:

14 456.074 Certain health care practitioners; immediate  
15 suspension of license.--

16 (1) The department shall issue an emergency order  
17 suspending the license of any person licensed under chapter  
18 458, chapter 459, chapter 460, chapter 461, chapter 462,  
19 chapter 463, chapter 464, chapter 465, chapter 466, or chapter  
20 484 who pleads guilty to, is convicted or found guilty of, or  
21 who enters a plea of nolo contendere to, regardless of  
22 adjudication, a felony under chapter 409, chapter 817, or  
23 chapter 893 or under 21 U.S.C. ss. 801-970 or under 42 U.S.C.  
24 ss. 1395-1396.

25 Section 16. Subsections (2) and (6) of section  
26 456.077, Florida Statutes, are amended to read:

27 456.077 Authority to issue citations.--

28 (2) The board, or the department if there is no board,  
29 shall adopt rules designating violations for which a citation  
30 may be issued. Such rules shall designate as citation  
31 violations those violations for which there is no substantial

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1 threat to the public health, safety, and welfare. Violations  
2 for which a citation may be issued shall include violations of  
3 continuing education requirements, failure to timely pay  
4 required fees and fines, failure to comply with the  
5 requirements of ss. 381.026 and 381.0261 regarding the  
6 dissemination of information regarding patient rights, failure  
7 to comply with advertising requirements, failure to timely  
8 update practitioner profile and credentialing files, failure  
9 to display signs, licenses, and permits, failure to have  
10 required reference books available, and all other violations  
11 that do not pose a direct and serious threat to the health and  
12 safety of the patient.

13 (6) A board ~~created on or after January 1, 1992,~~ has 6  
14 months in which to enact rules designating violations and  
15 penalties appropriate for citation offenses. Failure to enact  
16 such rules gives the department exclusive authority to adopt  
17 rules as required for implementing this section. A board has  
18 continuous authority to amend its rules adopted pursuant to  
19 this section.

20 Section 17. Section 456.081, Florida Statutes, is  
21 amended to read:

22 456.081 Publication of information.--The department  
23 and the boards shall have the authority to advise licensees  
24 periodically, through the publication of a newsletter, about  
25 information that the department or the board determines is of  
26 interest to the industry. The department and the boards shall  
27 maintain a website which contains copies of the newsletter;  
28 information relating to adverse incident reports without  
29 identifying the patient, practitioner, or facility in which  
30 the adverse incident occurred until 10 days after probable  
31 cause is found, at which time the name of the practitioner and

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1 facility shall become public as part of the investigative  
2 file; information about error prevention and safety  
3 strategies; and information concerning best practices.Unless  
4 otherwise prohibited by law, the department and the boards  
5 shall publish on the website a summary of final orders entered  
6 after July 1, 2001, resulting in disciplinary action fines,  
7 suspensions, or revocations, and any other information the  
8 department or the board determines is of interest to the  
9 public. In order to provide useful and timely information at  
10 minimal cost, the department and boards may consult with, and  
11 include information provided by, professional associations and  
12 national organizations.

13 Section 18. Section 458.3147, Florida Statutes, is  
14 created to read:

15 458.3147 Medical school eligibility of military  
16 academy students or graduates.--Any Florida resident who is a  
17 student at or a graduate of any of the United States military  
18 academies who qualifies for assignment to the Medical Corps of  
19 the United States military shall be considered eligible for  
20 admission to any medical school in the State University  
21 System. All application fees shall be waived or refunded.

22 Section 19. Subsection (9) of section 458.331, Florida  
23 Statutes, is amended to read:

24 458.331 Grounds for disciplinary action; action by the  
25 board and department.--

26 (9) When an investigation of a physician is  
27 undertaken, the department shall promptly furnish to the  
28 physician or the physician's attorney a copy of the complaint  
29 or document which resulted in the initiation of the  
30 investigation. For purposes of this subsection, such  
31 documents include, but are not limited to: the pertinent

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1 portions of an annual report submitted to the department  
2 pursuant to s. 395.0197(6); a report of an adverse incident  
3 which is provided to the department pursuant to s.  
4 395.0197(8); a report of peer review disciplinary action  
5 submitted to the department pursuant to s. 395.0193(4) or s.  
6 458.337, providing that the investigations, proceedings, and  
7 records relating to such peer review disciplinary action shall  
8 continue to retain their privileged status even as to the  
9 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 submitted pursuant to s. 627.912; a presuit notice submitted  
12 pursuant to s. 766.106(2); and a petition brought under the  
13 Florida Birth-Related Neurological Injury Compensation Plan,  
14 pursuant to s. 766.305(2). The physician may submit a written  
15 response to the information contained in the complaint or  
16 document which resulted in the initiation of the investigation  
17 within 45 days after service to the physician of the complaint  
18 or document. The physician's written response shall be  
19 considered by the probable cause panel.

20 Section 20. Subsection (9) of section 459.015, Florida  
21 Statutes, is amended to read:

22 459.015 Grounds for disciplinary action; action by the  
23 board and department.--

24 (9) When an investigation of an osteopathic physician  
25 is undertaken, the department shall promptly furnish to the  
26 osteopathic physician or his or her attorney a copy of the  
27 complaint or document which resulted in the initiation of the  
28 investigation. For purposes of this subsection, such documents  
29 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

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1 to the department pursuant to s. 395.0197(8); a report of peer  
2 review disciplinary action submitted to the department  
3 pursuant to s. 395.0193(4) or s. 459.016, provided that the  
4 investigations, proceedings, and records relating to such peer  
5 review disciplinary action shall continue to retain their  
6 privileged status even as to the licensee who is the subject  
7 of the investigation, as provided by ss. 395.0193(8) and  
8 459.016(3); a report of a closed claim submitted pursuant to  
9 s. 627.912; a presuit notice submitted pursuant to s.  
10 766.106(2); and a petition brought under the Florida  
11 Birth-Related Neurological Injury Compensation Plan, pursuant  
12 to s. 766.305(2). The osteopathic physician may submit a  
13 written response to the information contained in the complaint  
14 or document which resulted in the initiation of the  
15 investigation within 45 days after service to the osteopathic  
16 physician of the complaint or document. The osteopathic  
17 physician's written response shall be considered by the  
18 probable cause panel.

19 Section 21. Effective January 1, 2002, subsection (4)  
20 of section 641.51, Florida Statutes, is amended to read:

21 641.51 Quality assurance program; second medical  
22 opinion requirement.--

23 (4) The organization shall ensure that only a  
24 physician with an active, unencumbered license ~~licensed~~ under  
25 chapter 458 or chapter 459, ~~or an allopathic or osteopathic~~  
26 ~~physician with an active, unencumbered license in another~~  
27 ~~state with similar licensing requirements~~ may render an  
28 adverse determination regarding a service provided by a  
29 physician licensed in this state. The organization shall  
30 submit to the treating provider and the subscriber written  
31 notification regarding the organization's adverse

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1 determination within 2 working days after the subscriber or  
2 provider is notified of the adverse determination. The written  
3 notification must include the utilization review criteria or  
4 benefits provisions used in the adverse determination,  
5 identify the physician who rendered the adverse determination,  
6 and be signed by an authorized representative of the  
7 organization or the physician who rendered the adverse  
8 determination. The organization must include with the  
9 notification of an adverse determination information  
10 concerning the appeal process for adverse determinations. This  
11 provision does not create authority for the Board of Medicine  
12 or Board of Osteopathic Medicine to regulate the organization;  
13 however, the Board of Medicine and the Board of Osteopathic  
14 Medicine continue to have jurisdiction over licensees of their  
15 respective boards.

16 Section 22. Subsection (5) of section 465.019, Florida  
17 Statutes, is amended to read:

18 465.019 Institutional pharmacies; permits.--

19 (5) All institutional pharmacies shall be under the  
20 professional supervision of a consultant pharmacist, and the  
21 compounding and dispensing of medicinal drugs shall be done  
22 only by a licensed pharmacist. Every institutional pharmacy  
23 that employs or otherwise utilizes pharmacy technicians shall  
24 have a written policy and procedures manual specifying those  
25 duties, tasks, and functions which a pharmacy technician is  
26 allowed to perform.

27 Section 23. Section 465.0196, Florida Statutes, is  
28 amended to read:

29 465.0196 Special pharmacy permits.--Any person  
30 desiring a permit to operate a pharmacy which does not fall  
31 within the definitions set forth in s. 465.003(11)(a)1., 2.,

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1 and 3. shall apply to the department for a special pharmacy  
2 permit. If the board certifies that the application complies  
3 with the applicable laws and rules of the board governing the  
4 practice of the profession of pharmacy, the department shall  
5 issue the permit. No permit shall be issued unless a licensed  
6 pharmacist is designated to undertake the professional  
7 supervision of the compounding and dispensing of all drugs  
8 dispensed by the pharmacy. The licensed pharmacist shall be  
9 responsible for maintaining all drug records and for providing  
10 for the security of the area in the facility in which the  
11 compounding, storing, and dispensing of medicinal drugs  
12 occurs. The permittee shall notify the department within 10  
13 days of any change of the licensed pharmacist responsible for  
14 such duties. Every permittee that employs or otherwise  
15 utilizes pharmacy technicians shall have a written policy and  
16 procedures manual specifying those duties, tasks, and  
17 functions which a pharmacy technician is allowed to perform.

18 Section 24. The Department of Health and the Agency  
19 for Health Care Administration shall conduct a review of all  
20 statutorily imposed reporting requirements for health care  
21 practitioners and health facilities. The department and the  
22 agency shall report back to the Legislature on or before  
23 November 1, 2001, with recommendations and suggested statutory  
24 changes to streamline reporting requirements to avoid  
25 duplicative, overlapping, and unnecessary reports or data  
26 elements.

27 Section 25. Paragraph (r) is added to subsection (1)  
28 of section 468.1755, Florida Statutes, and, for the purpose of  
29 incorporating the amendment to section 456.072(1), Florida  
30 Statutes, in a reference thereto, paragraph (a) of subsection  
31 (1) of said section is reenacted, to read:

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1           468.1755 Disciplinary proceedings.--  
2           (1) The following acts shall constitute grounds for  
3 which the disciplinary actions in subsection (2) may be taken:  
4           (a) Violation of any provision of s. 456.072(1) or s.  
5 468.1745(1).  
6           (r) Failing to implement an ongoing quality assurance  
7 program directed by an interdisciplinary team that meets at  
8 least every other month.  
9           (2) When the board finds any nursing home  
10 administrator guilty of any of the grounds set forth in  
11 subsection (1), it may enter an order imposing one or more of  
12 the following penalties:  
13           (a) Denial of an application for licensure.  
14           (b) Revocation or suspension of a license.  
15           (c) Imposition of an administrative fine not to exceed  
16 \$1,000 for each count or separate offense.  
17           (d) Issuance of a reprimand.  
18           (e) Placement of the licensee on probation for a  
19 period of time and subject to such conditions as the board may  
20 specify, including requiring the licensee to attend continuing  
21 education courses or to work under the supervision of another  
22 licensee.  
23           (f) Restriction of the authorized scope of practice.  
24           Section 26. For the purpose of incorporating the  
25 amendment to section 468.1755(1), Florida Statutes, in  
26 reference thereto, subsection (3) of section 468.1695, Florida  
27 Statutes, and section 468.1735, Florida Statutes, are  
28 reenacted to read:  
29           468.1695 Licensure by examination.--  
30           (3) The department shall issue a license to practice  
31 nursing home administration to any applicant who successfully



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1 completes the examination in accordance with this section and  
2 otherwise meets the requirements of this part. The department  
3 shall not issue a license to any applicant who is under  
4 investigation in this state or another jurisdiction for an  
5 offense which would constitute a violation of s. 468.1745 or  
6 s. 468.1755. Upon completion of the investigation, the  
7 provisions of s. 468.1755 shall apply.

8           468.1735 Provisional license.--The board may establish  
9 by rule requirements for issuance of a provisional license. A  
10 provisional license shall be issued only to fill a position of  
11 nursing home administrator that unexpectedly becomes vacant  
12 due to illness, sudden death of the administrator, or  
13 abandonment of position and shall be issued for one single  
14 period as provided by rule not to exceed 6 months. The  
15 department shall not issue a provisional license to any  
16 applicant who is under investigation in this state or another  
17 jurisdiction for an offense which would constitute a violation  
18 of s. 468.1745 or s. 468.1755. Upon completion of the  
19 investigation, the provisions of s. 468.1755 shall apply. The  
20 provisional license may be issued to a person who does not  
21 meet all of the licensing requirements established by this  
22 part, but the board shall by rule establish minimal  
23 requirements to ensure protection of the public health,  
24 safety, and welfare. The provisional license shall be issued  
25 to the person who is designated as the responsible person next  
26 in command in the event of the administrator's departure. The  
27 board may set an application fee not to exceed \$500 for a  
28 provisional license.

29           Section 27. For the purpose of incorporating the  
30 amendment to section 456.072(1), Florida Statutes, in a  
31 reference thereto, paragraph (a) of subsection (1) of section

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1 484.056, Florida Statutes, is reenacted to read:

2 484.056 Disciplinary proceedings.--

3 (1) The following acts relating to the practice of  
4 dispensing hearing aids shall be grounds for both disciplinary  
5 action against a hearing aid specialist as set forth in this  
6 section and cease and desist or other related action by the  
7 department as set forth in s. 456.065 against any person  
8 owning or operating a hearing aid establishment who engages  
9 in, aids, or abets any such violation:

10 (a) Violation of any provision of s. 456.072(1), s.  
11 484.0512, or s. 484.053.

12 Section 28. Paragraph (a) of subsection (1), paragraph  
13 (a) of subsection (7), and subsection (8) of section 766.101,  
14 Florida Statutes, are amended to read:

15 766.101 Medical review committee, immunity from  
16 liability.--

17 (1) As used in this section:

18 (a) The term "medical review committee" or "committee"  
19 means:

20 1.a. A committee of a hospital or ambulatory surgical  
21 center licensed under chapter 395 or a health maintenance  
22 organization certificated under part I of chapter 641,

23 b. A committee of a physician-hospital organization, a  
24 provider-sponsored organization, or an integrated delivery  
25 system,

26 c. A committee of a state or local professional  
27 society of health care providers,

28 d. A committee of a medical staff of a licensed  
29 hospital or nursing home, provided the medical staff operates  
30 pursuant to written bylaws that have been approved by the  
31 governing board of the hospital or nursing home,

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1 e. A committee of the Department of Corrections or the  
2 Correctional Medical Authority as created under s. 945.602, or  
3 employees, agents, or consultants of either the department or  
4 the authority or both,

5 f. A committee of a professional service corporation  
6 formed under chapter 621 or a corporation organized under  
7 chapter 607 or chapter 617, which is formed and operated for  
8 the practice of medicine as defined in s. 458.305(3), and  
9 which has at least 25 health care providers who routinely  
10 provide health care services directly to patients,

11 g. A committee of a mental health treatment facility  
12 licensed under chapter 394 or a community mental health center  
13 as defined in s. 394.907, provided the quality assurance  
14 program operates pursuant to the guidelines which have been  
15 approved by the governing board of the agency,

16 h. A committee of a substance abuse treatment and  
17 education prevention program licensed under chapter 397  
18 provided the quality assurance program operates pursuant to  
19 the guidelines which have been approved by the governing board  
20 of the agency,

21 i. A peer review or utilization review committee  
22 organized under chapter 440, ~~or~~

23 j. A committee of the Department of Health, a county  
24 health department, healthy start coalition, or certified rural  
25 health network, when reviewing quality of care, or employees  
26 of these entities when reviewing mortality records, or

27 k. A continuous quality improvement committee of a  
28 pharmacy licensed pursuant to chapter 465,

29  
30 which committee is formed to evaluate and improve the quality  
31 of health care rendered by providers of health service or to

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1 determine that health services rendered were professionally  
2 indicated or were performed in compliance with the applicable  
3 standard of care or that the cost of health care rendered was  
4 considered reasonable by the providers of professional health  
5 services in the area; or

6           2. A committee of an insurer, self-insurer, or joint  
7 underwriting association of medical malpractice insurance, or  
8 other persons conducting review under s. 766.106.

9           (7)(a) It is the intent of the Legislature to  
10 encourage medical review committees to contribute further to  
11 the quality of health care in this state by reviewing  
12 complaints against physicians in the manner described in this  
13 paragraph. Accordingly, the Department of Health ~~Business and~~  
14 ~~Professional Regulation~~ may enter into a letter of agreement  
15 with a professional society of physicians licensed under  
16 chapter 458 or chapter 459, under which agreement the medical  
17 or peer review committees of the professional society will  
18 conduct a review of any complaint or case referred to the  
19 society by the department which involves a question as to  
20 whether a physician's actions represented a breach of the  
21 prevailing professional standard of care. The prevailing  
22 professional standard of care is that level of care, skill,  
23 and treatment which, in light of all relevant surrounding  
24 circumstances, is recognized as acceptable and appropriate by  
25 reasonably prudent similar health care providers. The letter  
26 of agreement must specify that the professional society will  
27 submit an advisory report to the department within a  
28 reasonable time following the department's written and  
29 appropriately supported request to the professional society.  
30 The advisory report, which is not binding upon the department,  
31 constitutes the professional opinion of the medical review

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1 committee and must include:

2 1. A statement of relevant factual findings.

3 2. The judgment of the committee as to whether the  
4 physician's actions represented a breach of the prevailing  
5 professional standard of care.

6 (8) No cause of action of any nature by a person  
7 licensed pursuant to chapter 458, chapter 459, chapter 461,  
8 chapter 463, part I of chapter 464, chapter 465, or chapter  
9 466 shall arise against another person licensed pursuant to  
10 chapter 458, chapter 459, chapter 461, chapter 463, part I of  
11 chapter 464, chapter 465, or chapter 466 for furnishing  
12 information to a duly appointed medical review committee, to  
13 an internal risk management program established under s.  
14 395.0197, to the Department of Health or the Agency for Health  
15 Care Administration ~~Business and Professional Regulation~~, or  
16 to the appropriate regulatory board if the information  
17 furnished concerns patient care at a facility licensed  
18 pursuant to part I of chapter 395 where both persons provide  
19 health care services, if the information is not intentionally  
20 fraudulent, and if the information is within the scope of the  
21 functions of the committee, department, or board. However, if  
22 such information is otherwise available from original sources,  
23 it is not immune from discovery or use in a civil action  
24 merely because it was presented during a proceeding of the  
25 committee, department, or board.

26 Section 29. For the purpose of incorporating the  
27 amendment to section 766.101(1)(a), Florida Statutes, in  
28 references thereto, paragraph (a) of subsection (1) of section  
29 440.105, Florida Statutes, and subsection (6) of section  
30 626.989, Florida Statutes, are reenacted to read:

31 440.105 Prohibited activities; reports; penalties;

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1 limitations.--

2           (1)(a) Any insurance carrier, any individual  
3 self-insured, any commercial or group self-insurance fund, any  
4 professional practitioner licensed or regulated by the  
5 Department of Business and Professional Regulation, except as  
6 otherwise provided by law, any medical review committee as  
7 defined in s. 766.101, any private medical review committee,  
8 and any insurer, agent, or other person licensed under the  
9 insurance code, or any employee thereof, having knowledge or  
10 who believes that a fraudulent act or any other act or  
11 practice which, upon conviction, constitutes a felony or  
12 misdemeanor under this chapter is being or has been committed  
13 shall send to the Division of Insurance Fraud, Bureau of  
14 Workers' Compensation Fraud, a report or information pertinent  
15 to such knowledge or belief and such additional information  
16 relative thereto as the bureau may require. The bureau shall  
17 review such information or reports and select such information  
18 or reports as, in its judgment, may require further  
19 investigation. It shall then cause an independent examination  
20 of the facts surrounding such information or report to be made  
21 to determine the extent, if any, to which a fraudulent act or  
22 any other act or practice which, upon conviction, constitutes  
23 a felony or a misdemeanor under this chapter is being  
24 committed. The bureau shall report any alleged violations of  
25 law which its investigations disclose to the appropriate  
26 licensing agency and state attorney or other prosecuting  
27 agency having jurisdiction with respect to any such violations  
28 of this chapter. If prosecution by the state attorney or other  
29 prosecuting agency having jurisdiction with respect to such  
30 violation is not begun within 60 days of the bureau's report,  
31 the state attorney or other prosecuting agency having

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1 jurisdiction with respect to such violation shall inform the  
2 bureau of the reasons for the lack of prosecution.

3 626.989 Investigation by department or Division of  
4 Insurance Fraud; compliance; immunity; confidential  
5 information; reports to division; division investigator's  
6 power of arrest.--

7 (6) Any person, other than an insurer, agent, or other  
8 person licensed under the code, or an employee thereof, having  
9 knowledge or who believes that a fraudulent insurance act or  
10 any other act or practice which, upon conviction, constitutes  
11 a felony or a misdemeanor under the code, or under s. 817.234,  
12 is being or has been committed may send to the Division of  
13 Insurance Fraud a report or information pertinent to such  
14 knowledge or belief and such additional information relative  
15 thereto as the department may request. Any professional  
16 practitioner licensed or regulated by the Department of  
17 Business and Professional Regulation, except as otherwise  
18 provided by law, any medical review committee as defined in s.  
19 766.101, any private medical review committee, and any  
20 insurer, agent, or other person licensed under the code, or an  
21 employee thereof, having knowledge or who believes that a  
22 fraudulent insurance act or any other act or practice which,  
23 upon conviction, constitutes a felony or a misdemeanor under  
24 the code, or under s. 817.234, is being or has been committed  
25 shall send to the Division of Insurance Fraud a report or  
26 information pertinent to such knowledge or belief and such  
27 additional information relative thereto as the department may  
28 require. The Division of Insurance Fraud shall review such  
29 information or reports and select such information or reports  
30 as, in its judgment, may require further investigation. It  
31 shall then cause an independent examination of the facts

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1 surrounding such information or report to be made to determine  
2 the extent, if any, to which a fraudulent insurance act or any  
3 other act or practice which, upon conviction, constitutes a  
4 felony or a misdemeanor under the code, or under s. 817.234,  
5 is being committed. The Division of Insurance Fraud shall  
6 report any alleged violations of law which its investigations  
7 disclose to the appropriate licensing agency and state  
8 attorney or other prosecuting agency having jurisdiction with  
9 respect to any such violation, as provided in s. 624.310. If  
10 prosecution by the state attorney or other prosecuting agency  
11 having jurisdiction with respect to such violation is not  
12 begun within 60 days of the division's report, the state  
13 attorney or other prosecuting agency having jurisdiction with  
14 respect to such violation shall inform the division of the  
15 reasons for the lack of prosecution.

16 Section 30. Effective on July 1, 2001 and applicable  
17 to all contracts entered into or renewed on or after July 1,  
18 2001, section 627.6474, Florida Statutes, is created to read:  
19 627.6474 Provider contracts.--A health insurer shall  
20 not require a contracted health care practitioner as defined  
21 in s. 456.001(4) to accept the terms of other health care  
22 practitioner contracts with the insurer or any other insurer,  
23 or health maintenance organization, under common management  
24 and control with the insurer, including Medicare and Medicaid  
25 practitioner contracts and those authorized by s. 627.6471, s.  
26 627.6472, or s. 641.315, except for a practitioner in a group  
27 practice as defined in s. 456.053 who must accept the terms of  
28 a contract negotiated for the practitioner by the group, as a  
29 condition of continuation or renewal of the contract. Any  
30 contract provision that violates this section is void. A  
31 violation of this section is not subject to the criminal



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1 penalty specified in s. 624.15.

2 Section 31. Effective on July 1, 2001 and applicable  
3 to all contracts entered into or renewed on or after July 1,  
4 2001, subsection (11) is added to section 627.662, Florida  
5 Statutes, to read:

6 627.662 Other provisions applicable.--The following  
7 provisions apply to group health insurance, blanket health  
8 insurance, and franchise health insurance:

9 (11) Section 627.6474, relating to provider contracts.

10 Section 32. Effective on July 1, 2001 and applicable  
11 to all contracts entered into or renewed on or after July 1,  
12 2001, subsection (10) is added to section 641.315, Florida  
13 Statutes, to read:

14 641.315 Provider contracts.--

15 (10) A health maintenance organization shall not  
16 require a contracted health care practitioner as defined in s.  
17 456.001(4) to accept the terms of other health care  
18 practitioner contracts with the health maintenance  
19 organization or any insurer, or other health maintenance  
20 organization, under common management and control with the  
21 health maintenance organization, including Medicare and  
22 Medicaid practitioner contracts and those authorized by s.  
23 627.6471, s. 627.6472, or s. 641.315, except for a  
24 practitioner in a group practice as defined in s. 456.053 who  
25 must accept the terms of a contract negotiated for the  
26 practitioner by the group, as a condition of continuation or  
27 renewal of the contract. Any contract provision that violates  
28 this section is void. A violation of this section is not  
29 subject to the criminal penalty specified in s. 624.15.

30 Section 33. Paragraph (c) of subsection (4) of section  
31 766.1115, Florida Statutes, is amended to read:

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1           766.1115 Health care providers; creation of agency  
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  
6 agent of the governmental contractor is an agent for purposes  
7 of s. 768.28(9), while acting within the scope of duties  
8 pursuant to the contract, if the contract complies with the  
9 requirements of this section and regardless of whether the  
10 individual treated is later found to be ineligible. A health  
11 care provider under contract with the state may not be named  
12 as a defendant in any action arising out of the medical care  
13 or treatment provided on or after April 17, 1992, pursuant to  
14 contracts entered into under this section. The contract must  
15 provide that:

16           (c) Adverse incidents and information on treatment  
17 outcomes must be reported by any health care provider to the  
18 governmental contractor if such incidents and information  
19 pertain to a patient treated pursuant to the contract. The  
20 health care provider shall submit the reports required by s.  
21 395.0197 ~~annually submit an adverse incident report that~~  
22 ~~includes all information required by s. 395.0197(6)(a), unless~~  
23 ~~the adverse incident involves a result described by s.~~  
24 ~~395.0197(8), in which case it shall be reported within 15 days~~  
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  
28 Administration, the governmental contractor shall submit such  
29 incident reports to the appropriate department or agency,  
30 which shall review each incident and determine whether it  
31 involves conduct by the licensee that is subject to

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

7 Section 34. Section 456.047, Florida Statutes, is  
8 amended to read:

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

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

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

5 (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  
10 Accreditation HealthCare Commission/URAC, or any such other  
11 nationally recognized and accepted organization authorized by  
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,~~  
18 ~~professional training, licensure, current Drug Enforcement~~  
19 ~~Administration certification, social security number,~~  
20 ~~specialty board certification, Educational Commission for~~  
21 ~~Foreign Medical Graduates certification, and hospital or other~~  
22 ~~institutional affiliations, evidence of professional liability~~  
23 ~~coverage or evidence of financial responsibility as required~~  
24 ~~by s. 458.320, s. 459.0085, or s. 456.048, history of claims,~~  
25 ~~suits, judgments, or settlements, final disciplinary action~~  
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  
28 credentials data elements, and Medicare or Medicaid sanctions.

29 (c) "Credential" or "credentialing" means the process  
30 of assessing and verifying the qualifications of a licensed  
31 health care practitioner or applicant for licensure as a

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1 health care practitioner.

2 (d) "Credentials verification organization" means any  
3 organization certified or accredited as a credentials  
4 verification organization.

5 (e) "Department" means the Department of Health,  
6 Division of Medical Quality Assurance.

7 (f) "Designated credentials verification organization"  
8 means the credentials verification organization which is  
9 selected by the health care practitioner, if the health care  
10 practitioner chooses to make such a designation.

11 (g) "Drug Enforcement Administration certification"  
12 means certification issued by the Drug Enforcement  
13 Administration for purposes of administration or prescription  
14 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 (h) "Health care entity" means:

19 1. Any health care facility or other health care  
20 organization licensed or certified to provide approved medical  
21 and allied health services in this state;

22 2. Any entity licensed by the Department of Insurance  
23 as a prepaid health care plan or health maintenance  
24 organization or as an insurer to provide coverage for health  
25 care services through a network of providers or similar  
26 organization licensed under chapter 627, chapter 636, chapter  
27 641, or chapter 651; or

28 3. Any accredited medical school in this state.

29 (i) "Health care practitioner" means any person  
30 licensed, or, for credentialing purposes only, any person  
31 applying for licensure, under chapter 458, chapter 459,

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1 chapter 460, chapter 461, or s. 464.012 or any person licensed  
2 or applying for licensure under a chapter subsequently made  
3 subject to this section by the department with the approval of  
4 the applicable board, except a person registered or applying  
5 for registration pursuant to s. 458.345 or s. 459.021.

6 ~~(j) "Hospital or other institutional affiliations"~~  
7 ~~means each hospital or other institution for which the health~~  
8 ~~care practitioner or applicant has provided medical services.~~  
9 ~~Submission of such information under this section must~~  
10 ~~include, for each hospital or other institution, the name and~~  
11 ~~address of the hospital or institution, the staff status of~~  
12 ~~the health care practitioner or applicant at that hospital or~~  
13 ~~institution, and the dates of affiliation with that hospital~~  
14 ~~or institution.~~

15 (j)~~(k)~~ "National accrediting organization" means an  
16 organization that awards accreditation or certification to  
17 hospitals, managed care organizations, credentials  
18 verification organizations, or other health care  
19 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 National Committee for Quality Assurance.

23 (k) "Primary source verification" means verification  
24 of professional qualifications based on evidence obtained  
25 directly from the issuing source of the applicable  
26 qualification or from any other source deemed as a primary  
27 source for such verification by the department or an  
28 accrediting body approved by the department.

29 (l) "Professional training" means any internship,  
30 residency, or fellowship relating to the profession for which  
31 the health care practitioner is licensed or seeking licensure.

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1 (m) "Specialty board certification" means  
2 certification in a specialty issued by a specialty board  
3 recognized by the board in this state that regulates the  
4 profession for which the health care practitioner is licensed  
5 or seeking licensure.

6 (3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM.--

7 (a) Every health care practitioner shall:

8 1. Report all core credentials data to the department  
9 which is not already on file with the department, either by  
10 designating a credentials verification organization to submit  
11 the data or by submitting the data directly.

12 2. Notify the department within 45 days of any  
13 corrections, updates, or modifications to the core credentials  
14 data either through his or her designated credentials  
15 verification organization or by submitting the data directly.  
16 Corrections, updates, and modifications to the core  
17 credentials data provided the department under this section  
18 shall comply with the updating requirements of s. 456.039(3)  
19 or s. 456.0391(3) related to profiling.

20 (b) The department shall:

21 1. Maintain a complete, current file of applicable  
22 core credentials data on each health care practitioner, which  
23 shall include data provided in accordance with subparagraph  
24 (a)1. and all updates provided in accordance with subparagraph  
25 (a)2.

26 2. Release the core credentials data that is otherwise  
27 confidential or exempt from the provisions of chapter 119 and  
28 s. 24(a), Art. I of the State Constitution and any  
29 corrections, updates, and modifications thereto, if authorized  
30 by the health care practitioner.

31 3. Charge a fee to access the core credentials data,

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1 which may not exceed the actual cost, including prorated setup  
2 and operating costs, pursuant to the requirements of chapter  
3 119.

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

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

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

17           2. Not provide the health care practitioner's core  
18 credentials data, including all corrections, updates, and  
19 modifications, without the authorization of the practitioner.

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

25           (4) DUPLICATION OF DATA PROHIBITED.--

26           (a) A health care entity or credentials verification  
27 organization is prohibited from collecting or attempting to  
28 collect duplicate core credentials data from any health care  
29 practitioner if the information is available from the  
30 department. This section shall not be construed to restrict  
31 the right of any health care entity or credentials



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

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

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

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1 in subparagraph (3)(a)2., or to comply with the prohibition  
2 against collection of duplicate core credentials data from a  
3 practitioner may result in denial of an application for  
4 renewal of registration or in revocation or suspension of a  
5 registration.

6 (6) PRIMARY SOURCE VERIFIED DATA.--Health care  
7 entities and credentials verification organizations may rely  
8 upon any data that has been primary source verified by the  
9 department or its designee to meet primary source verification  
10 requirements of national accrediting organizations.

11 (7)(6) LIABILITY.--No civil, criminal, or  
12 administrative action may be instituted, and there shall be no  
13 liability, against any registered credentials verification  
14 organization or health care entity on account of its reliance  
15 on any data obtained directly from the department.

16 (8)(7) LIABILITY INSURANCE REQUIREMENTS.--Each  
17 credentials verification organization doing business in this  
18 state shall maintain liability insurance appropriate to meet  
19 the certification or accreditation requirements established in  
20 this section.

21 (9)(8) RULES.--The department shall adopt rules  
22 necessary to develop and implement the standardized core  
23 credentials data collection program established by this  
24 section.

25 Section 35. Section 232.61, Florida Statutes, is  
26 amended to read:

27 232.61 Governing organization for athletics; adoption  
28 of bylaws.--

29 (1) The organization shall adopt bylaws that, unless  
30 specifically provided by statute, establish eligibility  
31 requirements for all students who participate in high school

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1 athletic competition in its member schools. The bylaws  
2 governing residence and transfer shall allow the student to be  
3 eligible in the school in which he or she first enrolls each  
4 school year, or makes himself or herself a candidate for an  
5 athletic team by engaging in a practice prior to enrolling in  
6 any member school. The student shall be eligible in that  
7 school so long as he or she remains enrolled in that school.  
8 Subsequent eligibility shall be determined and enforced  
9 through the organization's bylaws.

10 (2) The organization shall ~~also~~ adopt bylaws that  
11 specifically prohibit the recruiting of students for athletic  
12 purposes. The bylaws shall prescribe penalties and an appeals  
13 process for athletic recruiting violations.

14 (3) The organization shall adopt bylaws that require  
15 all students participating in interscholastic athletic  
16 competition or who are candidates for an interscholastic  
17 athletic team to satisfactorily pass a medical evaluation each  
18 year prior to participating in interscholastic athletic  
19 competition or engaging in any practice, tryout, workout, or  
20 other physical activity associated with the student's  
21 candidacy for an interscholastic athletic team. Such medical  
22 evaluation can only be administered by a physician licensed  
23 under the provisions of chapter 458, chapter 459, or chapter  
24 460, and in good standing with the physician's regulatory  
25 board. The bylaws shall establish requirements for eliciting a  
26 student's medical history and performing the medical  
27 evaluation required under this subsection, which shall include  
28 minimum standards for the physical capabilities necessary for  
29 participation in interscholastic athletic competition as  
30 contained in a uniform preparticipation physical evaluation  
31 form. The evaluation form shall provide place for the

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1 signature of the physician performing the evaluation with an  
2 attestation that each examination procedure listed on the form  
3 was performed by the physician or by someone under the direct  
4 supervision of the physician. The form shall also contain a  
5 place for the physician to indicate if a referral to another  
6 physician was made in lieu of completion of a certain  
7 examination procedure. The form shall provide a place for the  
8 physician to whom the student was referred to complete the  
9 remaining sections and attest to that portion of the  
10 examination. Physicians administering medical evaluations  
11 pursuant to this section must know the minimum standards  
12 established by the organization and certify that the student  
13 meets the standards. If the physician determines that there  
14 are any abnormal findings in the cardiovascular system, the  
15 student may not participate unless a subsequent EKG or other  
16 cardiovascular assessment indicates that the abnormality will  
17 not place the student at risk during such participation.  
18 Results of such medical evaluation must be provided to the  
19 school. No student shall be eligible to participate in any  
20 interscholastic athletic competition or engage in any  
21 practice, tryout, workout, or other physical activity  
22 associated with the student's candidacy for an interscholastic  
23 athletic team until the results of the medical evaluation  
24 verifying that the student has satisfactorily passed the  
25 evaluation have been received and approved by the school.

26 (4) Notwithstanding the provisions of subsection (3),  
27 a student may participate in interscholastic athletic  
28 competition or be a candidate for an interscholastic athletic  
29 team if the parent or guardian of the student objects in  
30 writing to the student undergoing a medical evaluation because  
31 such evaluation is contrary to his or her religious tenets or

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1 practices, provided that no person shall be held liable for  
2 any injury or other damages suffered by such student resulting  
3 from his or her participation in interscholastic athletic  
4 competition or in any practice, tryout, workout, or other  
5 physical activity associated with his or her candidacy for an  
6 interscholastic athletic team.

7 Section 36. Section 240.4075, Florida Statutes, is  
8 amended to read:

9 240.4075 Nursing Student Loan Forgiveness Program.--

10 (1) To encourage qualified personnel to seek  
11 employment in areas of this state in which critical nursing  
12 shortages exist, there is established the Nursing Student Loan  
13 Forgiveness Program. The primary function of the program is  
14 to increase employment and retention of registered nurses and  
15 licensed practical nurses in nursing homes and hospitals in  
16 the state and in state-operated medical and health care  
17 facilities, public schools, birth centers, and federally  
18 sponsored community health centers ~~and teaching hospitals~~ by  
19 making repayments toward loans received by students from  
20 federal or state programs or commercial lending institutions  
21 for the support of postsecondary study in accredited or  
22 approved nursing programs.

23 (2) To be eligible, a candidate must have graduated  
24 from an accredited or approved nursing program and have  
25 received a Florida license as a licensed practical nurse or a  
26 registered nurse or a Florida certificate as an advanced  
27 registered nurse practitioner.

28 (3) Only loans to pay the costs of tuition, books, and  
29 living expenses shall be covered, at an amount not to exceed  
30 \$4,000 for each year of education towards the degree obtained.

31 (4) Receipt of funds pursuant to this program shall be

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1 contingent upon continued proof of employment in the  
2 designated facilities in this state. Loan principal payments  
3 shall be made by the Department of Health Education directly  
4 to the federal or state programs or commercial lending  
5 institutions holding the loan as follows:

6 (a) Twenty-five percent of the loan principal and  
7 accrued interest shall be retired after the first year of  
8 nursing;

9 (b) Fifty percent of the loan principal and accrued  
10 interest shall be retired after the second year of nursing;

11 (c) Seventy-five percent of the loan principal and  
12 accrued interest shall be retired after the third year of  
13 nursing; and

14 (d) The remaining loan principal and accrued interest  
15 shall be retired after the fourth year of nursing.

16  
17 In no case may payment for any nurse exceed \$4,000 in any  
18 12-month period.

19 (5) There is created the Nursing Student Loan  
20 Forgiveness Trust Fund to be administered by the Department of  
21 Health Education pursuant to this section and s. 240.4076 and  
22 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 collected from the private health care industry and other  
26 private sources for the purposes of this section shall be  
27 deposited into the Nursing Student Loan Forgiveness Trust  
28 Fund. Any balance in the trust fund at the end of any fiscal  
29 year shall remain therein and shall be available for carrying  
30 out the purposes of this section and s. 240.4076.

31 (6) In addition to licensing fees imposed under part I

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1 of chapter 464, there is hereby levied and imposed an  
2 additional fee of \$5, which fee shall be paid upon licensure  
3 or renewal of nursing licensure. Revenues collected from the  
4 fee imposed in this subsection shall be deposited in the  
5 Nursing Student Loan Forgiveness Trust Fund of the Department  
6 of Health Education and will be used solely for the purpose of  
7 carrying out the provisions of this section and s. 240.4076.  
8 Up to 50 percent of the revenues appropriated to implement  
9 this subsection may be used for the nursing scholarship  
10 program established pursuant to s. 240.4076.

11 (7)(a) Funds contained in the Nursing Student Loan  
12 Forgiveness Trust Fund which are to be used for loan  
13 forgiveness for those nurses employed by hospitals, birth  
14 centers, and nursing homes must be matched on a  
15 dollar-for-dollar basis by contributions from the employing  
16 institutions, except that this provision shall not apply to  
17 state-operated medical and health care facilities, public  
18 schools, county health departments, federally sponsored  
19 community health centers, or teaching hospitals as defined in  
20 s. 408.07, family practice teaching hospitals as defined in s.  
21 395.805, or specialty hospitals for children as used in s.  
22 409.9119. If in any given fiscal quarter there are  
23 insufficient funds in the trust fund to grant all eligible  
24 applicant requests, awards shall be based on the following  
25 priority of employer: county health departments; federally  
26 sponsored community health centers; state-operated medical and  
27 health care facilities; public schools; teaching hospitals as  
28 defined in s. 408.07; family practice teaching hospitals as  
29 defined in s. 395.805; specialty hospitals for children as  
30 used in s. 409.9119; and other hospitals, birth centers, and  
31 nursing homes.

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1 (b) All Nursing Student Loan Forgiveness Trust Fund  
2 moneys shall be invested pursuant to s. 18.125. Interest  
3 income accruing to that portion of the trust fund not matched  
4 shall increase the total funds available for loan forgiveness  
5 and scholarships. Pledged contributions shall not be eligible  
6 for matching prior to the actual collection of the total  
7 private contribution for the year.

8 (8) The Department of Health ~~Education~~ may solicit  
9 technical assistance relating to the conduct of this program  
10 from the Department of Education ~~Health~~.

11 (9) The Department of Health ~~Education~~ is authorized  
12 to recover from the Nursing Student Loan Forgiveness Trust  
13 Fund its costs for administering the Nursing Student Loan  
14 Forgiveness Program.

15 (10) The Department of Health ~~Education~~ may adopt  
16 rules necessary to administer this program.

17 (11) This section shall be implemented only as  
18 specifically funded.

19 Section 37. Section 240.4076, Florida Statutes, is  
20 amended to read:

21 240.4076 Nursing scholarship program.--

22 (1) There is established within the Department of  
23 Health ~~Education~~ a scholarship program for the purpose of  
24 attracting capable and promising students to the nursing  
25 profession.

26 (2) A scholarship applicant shall be enrolled as a  
27 full-time or part-time student in the upper division of an  
28 approved nursing program leading to the award of a  
29 baccalaureate degree or graduate degree to qualify for a  
30 nursing faculty position or as an ~~or any~~ advanced registered  
31 nurse practitioner ~~degree~~ or be enrolled as a full-time or



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1 part-time student in an approved program leading to the award  
2 of an associate degree in nursing ~~or a diploma in nursing.~~

3 (3) A scholarship may be awarded for no more than 2  
4 years, in an amount not to exceed \$8,000 per year. However,  
5 registered nurses pursuing a graduate degree for a faculty  
6 position or to practice as an advanced registered nurse  
7 practitioner degree may receive up to \$12,000 per year.  
8 Beginning July 1, 1998, these amounts shall be adjusted by the  
9 amount of increase or decrease in the consumer price index for  
10 urban consumers published by the United States Department of  
11 Commerce.

12 (4) Credit for repayment of a scholarship shall be as  
13 follows:

14 (a) For each full year of scholarship assistance, the  
15 recipient agrees to work for 12 months in a faculty position  
16 in a college of nursing or community college nursing program  
17 in this state or at a health care facility in a medically  
18 underserved area as approved by the Department of Health  
19 ~~Education~~. Scholarship recipients who attend school on a  
20 part-time basis shall have their employment service obligation  
21 prorated in proportion to the amount of scholarship payments  
22 received.

23 (b) Eligible health care facilities include nursing  
24 homes and hospitals in this state, state-operated medical or  
25 health care facilities, public schools, county health  
26 departments, federally sponsored community health centers,  
27 colleges of nursing in universities in this state, and  
28 community college nursing programs in this state ~~or teaching~~  
29 ~~hospitals as defined in s. 408.07~~. The recipient shall be  
30 encouraged to complete the service obligation at a single  
31 employment site. If continuous employment at the same site is

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1 not feasible, the recipient may apply to the department for a  
2 transfer to another approved health care facility.

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

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

27 (5) Scholarship payments shall be transmitted to the  
28 recipient upon receipt of documentation that the recipient is  
29 enrolled in an approved nursing program. The Department of  
30 Health Education shall develop a formula to prorate payments  
31 to scholarship recipients so as not to exceed the maximum

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1 amount per academic year.

2 (6) The Department of Health ~~Education~~ shall adopt  
3 rules, including rules to address extraordinary circumstances  
4 that may cause a recipient to default on either the school  
5 enrollment or employment contractual agreement, to implement  
6 this section and may solicit technical assistance relating to  
7 the conduct of this program from the Department of Health.

8 (7) The Department of Health ~~Education~~ is authorized  
9 to recover from the Nursing Student Loan Forgiveness Trust  
10 Fund its costs for administering the nursing scholarship  
11 program.

12 Section 38. All powers, duties, and functions, rules,  
13 records, personnel, property, and unexpended balances of  
14 appropriations, allocations, or other funds of the Department  
15 of Education relating to the Nursing Student Loan Forgiveness  
16 Program and the nursing scholarship program are transferred by  
17 a type two transfer, as defined in s. 20.06(2), Florida  
18 Statutes, to the Department of Health.

19 Section 39. Effective July 1, 2003, section 464.005,  
20 Florida Statutes, is amended to read:

21 464.005 Board headquarters.--The board shall maintain  
22 its official headquarters in Tallahassee ~~the city in which it~~  
23 ~~has been domiciled for the past 5 years.~~

24 Section 40. Subsections (1) and (2) of section  
25 464.008, Florida Statutes, are amended to read:

26 464.008 Licensure by examination.--

27 (1) Any person desiring to be licensed as a registered  
28 nurse or licensed practical nurse shall apply to the  
29 department to take the licensure examination. The department  
30 shall examine each applicant who:

31 (a) Has completed the application form and remitted a

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1 fee set by the board not to exceed \$150 and has remitted an  
2 examination fee set by the board not to exceed \$75 plus the  
3 actual per applicant cost to the department for purchase of  
4 the examination from the National Council of State Boards of  
5 Nursing or a similar national organization.

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

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

20 (d) Has the ability to communicate in the English  
21 language, which may be determined by an examination given by  
22 the department.

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

29 Section 41. Section 464.009, Florida Statutes, is  
30 amended to read:

31 464.009 Licensure by endorsement.--

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1           (1) The department shall issue the appropriate license  
2 by endorsement to practice professional or practical nursing  
3 to an applicant who, upon applying to the department and  
4 remitting a fee set by the board not to exceed \$100,  
5 demonstrates to the board that he or she:

6           (a) Holds a valid license to practice professional or  
7 practical nursing in another state of the United States,  
8 provided that, when the applicant secured his or her original  
9 license, the requirements for licensure were substantially  
10 equivalent to or more stringent than those existing in Florida  
11 at that time; or

12           (b) Meets the qualifications for licensure in s.  
13 464.008 and has successfully completed a state, regional, or  
14 national examination which is substantially equivalent to or  
15 more stringent than the examination given by the department.

16           (2) Such examinations and requirements from other  
17 states shall be presumed to be substantially equivalent to or  
18 more stringent than those in this state. Such presumption  
19 shall not arise until January 1, 1980. However, the board may,  
20 by rule, specify states the examinations and requirements of  
21 which shall not be presumed to be substantially equivalent to  
22 those of this state.

23           (3) The applicant must submit to the department a set  
24 of fingerprints on a form and under procedures specified by  
25 the department, along with a payment in an amount equal to the  
26 costs incurred by the Department of Health for the criminal  
27 background check of the applicant. The Department of Health  
28 shall submit the fingerprints provided by the applicant to the  
29 Florida Department of Law Enforcement for a statewide criminal  
30 history check, and the Florida Department of Law Enforcement  
31 shall forward the fingerprints to the Federal Bureau of

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1 Investigation for a national criminal history check of the  
2 applicant. The Department of Health shall review the results  
3 of the criminal history check, issue a license to an applicant  
4 who has met all of the other requirements for licensure and  
5 has no criminal history, and shall refer all applicants with  
6 criminal histories back to the board for determination as to  
7 whether a license should be issued and under what conditions.

8 (4)(3) The department shall not issue a license by  
9 endorsement to any applicant who is under investigation in  
10 another state for an act which would constitute a violation of  
11 this part or chapter 456 until such time as the investigation  
12 is complete, at which time the provisions of s. 464.018 shall  
13 apply.

14 (5) The department shall develop an electronic  
15 applicant notification process and provide electronic  
16 notification when the application has been received and when  
17 background screenings have been completed, and shall issue a  
18 license within 30 days after completion of all required data  
19 collection and verification. This 30-day period to issue a  
20 license shall be tolled if the applicant must appear before  
21 the board due to information provided on the application or  
22 obtained through screening and data collection and  
23 verification procedures.

24 Section 42. Section 464.0195, Florida Statutes, is  
25 created to read:

26 464.0195 Florida Center for Nursing; goals.--There is  
27 established the Florida Center for Nursing to address issues  
28 of supply and demand for nursing, including issues of  
29 recruitment, retention, and utilization of nurse workforce  
30 resources. The Legislature finds that the center will repay  
31 the state's investment by providing an ongoing strategy for

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1 the allocation of the state's resources directed towards  
2 nursing. The primary goals for the center shall be to:  
3 (1) Develop a strategic statewide plan for nursing  
4 manpower in this state by:  
5 (a) Establishing and maintaining a database on nursing  
6 supply and demand in the state, to include current supply and  
7 demand, and future projections; and  
8 (b) Selecting from the plan priorities to be  
9 addressed.  
10 (2) Convene various groups representative of nurses,  
11 other health care providers, business and industry, consumers,  
12 legislators, and educators to:  
13 (a) Review and comment on data analysis prepared for  
14 the center;  
15 (b) Recommend systemic changes, including strategies  
16 for implementation of recommended changes; and  
17 (c) Evaluate and report the results of these efforts  
18 to the Legislature and others.  
19 (3) Enhance and promote recognition, reward, and  
20 renewal activities for nurses in the state by:  
21 (a) Promoting nursing excellence programs such as  
22 magnet recognition by the American Nurses Credentialing  
23 Center;  
24 (b) Proposing and creating additional reward,  
25 recognition, and renewal activities for nurses; and  
26 (c) Promoting media and positive image-building  
27 efforts for nursing.  
28 Section 43. Section 464.0196, Florida Statutes, is  
29 created to read:  
30 464.0196 Florida Center for Nursing; board of  
31 directors.--

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1           (1) The Florida Center for Nursing shall be governed  
2 by a policy-setting board of directors. The board shall  
3 consist of 16 members, with a simple majority of the board  
4 being nurses representative of various practice areas. Other  
5 members shall include representatives of other health care  
6 professions, business and industry, health care providers, and  
7 consumers. The members of the board shall be appointed by the  
8 Governor as follows:

9           (a) Four members recommended by the President of the  
10 Senate, at least one of whom shall be a registered nurse  
11 recommended by the Florida Organization of Nurse Executives  
12 and at least one other representative of the hospital industry  
13 recommended by the Florida Hospital Association;

14           (b) Four members recommended by the Speaker of the  
15 House of Representatives, at least one of whom shall be a  
16 registered nurse recommended by the Florida Nurses Association  
17 and at least one other representative of the long-term care  
18 industry;

19           (c) Four members recommended by the Governor, two of  
20 whom shall be registered nurses; and

21           (d) Four nurse educators recommended by the State  
22 Board of Education, one of whom shall be a dean of a College  
23 of Nursing at a state university, one other shall be a  
24 director of a nursing program in a state community college.

25           (2) The initial terms of the members shall be as  
26 follows:

27           (a) Of the members appointed pursuant to paragraph  
28 (1)(a), two shall be appointed for terms expiring June 30,  
29 2005, one for a term expiring June 30, 2004, and one for a  
30 term expiring June 30, 2003.

31           (b) Of the members appointed pursuant to paragraph



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1 (1)(b), one shall be appointed for a term expiring June 30,  
2 2005, two for terms expiring June 30, 2004, and one for a term  
3 expiring June 20, 2003.

4 (c) Of the members appointed pursuant to paragraph  
5 (1)(c), one shall be appointed for a term expiring June 30,  
6 2005, one for a term expiring June 30, 2004, and two for terms  
7 expiring June 30, 2003.

8 (d) Of the members appointed pursuant to paragraph  
9 (1)(d), the terms of two members recommended by the State  
10 Board of Education shall expire June 30, 2005; the term of the  
11 member who is a dean of a College of Nursing at a state  
12 university shall expire June 30, 2004; and the term of the  
13 member who is a director of a state community college nursing  
14 program shall expire June 30, 2003.

15  
16 After the initial appointments expire, the terms of all the  
17 members shall be for 3 years, with no member serving more than  
18 two consecutive terms.

19 (3) The board shall have the following powers and  
20 duties:

21 (a) To employ an executive director.

22 (b) To determine operational policy.

23 (c) To elect a chair and officers, to serve 2-year  
24 terms. The chair and officers may not succeed themselves.

25 (d) To establish committees of the board as needed.

26 (e) To appoint a multidisciplinary advisory council  
27 for input and advice on policy matters.

28 (f) To implement the major functions of the center as  
29 established in the goals set out in s. 464.0195.

30 (g) To seek and accept nonstate funds for sustaining  
31 the center and carrying out center policy.

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1           (4) The members of the board are entitled to receive  
2 per diem and allowances prescribed by law for state boards and  
3 commissions.

4           Section 44. Section 464.0197, Florida Statutes, is  
5 created to read:

6           464.0197 Florida Center for Nursing; state budget  
7 support.--The Legislature finds that it is imperative that the  
8 state protect its investment and progress made in nursing  
9 efforts to date. The Legislature finds that the Florida Center  
10 for Nursing is the appropriate means to do so. The center  
11 shall have state budget support for its operations so that it  
12 may have adequate resources for the tasks the Legislature has  
13 set out in s. 464.0195.

14           Section 45. The Board of Nursing within the Department  
15 of Health shall hold in abeyance until July 1, 2002, the  
16 development of any rule pursuant to s. 464.019(2), Florida  
17 Statutes, which relates to the establishment of  
18 faculty/student clinical ratios. The Board of Nursing and the  
19 Department of Education shall submit to the President of the  
20 Senate and the Speaker of the House of Representatives by  
21 December 31, 2001, an implementation plan that details both  
22 the impact and the cost of any such proposed rule change.

23           Section 46. Subsection (1) of section 464.0205,  
24 Florida Statutes, is amended to read:

25           464.0205 Retired volunteer nurse certificate.--

26           (1) Any retired practical or registered nurse desiring  
27 to serve indigent, underserved, or critical need populations  
28 in this state may apply to the department for a retired  
29 volunteer nurse certificate by providing:

30           (a) A complete application.

31           ~~(b) An application and processing fee of \$25.~~

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1            (b)~~(c)~~ Verification that the applicant had been  
2 licensed to practice nursing in any jurisdiction in the United  
3 States for at least 10 years, had retired or plans to retire,  
4 intends to practice nursing only pursuant to the limitations  
5 provided by the retired volunteer nurse certificate, and has  
6 not committed any act that would constitute a violation under  
7 s. 464.018(1).

8            (c)~~(d)~~ Proof that the applicant meets the requirements  
9 for licensure under s. 464.008 or s. 464.009.

10            Section 47. The Florida Legislature's Office of  
11 Program Policy Analysis and Government Accountability shall  
12 study the feasibility of maintaining the entire Medical  
13 Quality Assurance function, including enforcement, within one  
14 department, as recommended by the Auditor General in  
15 Operational Report Number 01-063. The study shall be completed  
16 and a report issued to the Legislature on or before November  
17 30, 2001.

18            Section 48. Effective October 1, 2001, section  
19 456.0375, Florida Statutes, is created to read:

20            456.0375 Registration of certain clinics;  
21 requirements; discipline; exemptions.--

22            (1)(a) As used in this section, the term "clinic"  
23 means a business operating in a single structure or facility  
24 or group of adjacent structures or facilities operating under  
25 the same business name or management at which health care  
26 services are provided to individuals and which tenders charges  
27 for reimbursement for such services.

28            (b) For purposes of this section, the term "clinic"  
29 does not include and the registration requirements in this  
30 section do not apply to:

31            1. Entities licensed or registered by the state

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1 pursuant to chapter 390, chapter 394, chapter 395, chapter  
2 397, chapter 400, chapter 463, chapter 465, chapter 466,  
3 chapter 478, chapter 480, or chapter 484.

4 2. Entities exempt from federal taxation under 26  
5 U.S.C. s. 501(c)(3).

6 3. Sole proprietorships, group practices,  
7 partnerships, or corporations which provide health care  
8 services by licensed health care practitioners pursuant to  
9 chapter 457, chapter 458, chapter 459, chapter 460, chapter  
10 461, chapter 462, chapter 463, chapter 466, chapter 467,  
11 chapter 484, chapter 486, chapter 490, or chapter 491; part I,  
12 part III, part X, part XIII, or part XIV of chapter 468; or s.  
13 464.012, which are wholly owned by licensed health care  
14 practitioners or wholly owned by licensed health care  
15 practitioners and the spouse, parent, or child of a licensed  
16 health care practitioner, so long as one of the owners who is  
17 a licensed health care practitioner is supervising the  
18 services performed therein and is legally responsible for the  
19 entity's compliance with all federal and state laws. However,  
20 no health care practitioner may supervise services beyond the  
21 scope of the practitioner's license.

22 (2)(a) Every clinic, as defined in paragraph (1)(a),  
23 must register, and at all times maintain a valid registration,  
24 with the department. Each clinic location must be registered  
25 separately even though operated under the same business name  
26 or management, and each clinic must appoint a medical director  
27 or clinic director.

28 (b) The department shall adopt rules necessary to  
29 administer the registration program, including rules  
30 establishing the specific registration procedures, forms, and  
31 fees. Registration may be conducted electronically.

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1 Registration fees must be calculated to reasonably cover the  
2 cost of registration and must be of such amount that the total  
3 fees collected do not exceed the cost of administering and  
4 enforcing compliance with this section. The registration  
5 program must require:

6 1. The clinic to file the registration form with the  
7 department within 60 days after the effective date of this  
8 section or prior to the inception of operation. The  
9 registration expires automatically 2 years after its date of  
10 issuance and must be renewed biennially thereafter.

11 2. The registration form to contain the name,  
12 residence, and business address, phone number, and license  
13 number of the medical director or clinic director for the  
14 clinic.

15 3. The clinic to display the registration certificate  
16 in a conspicuous location within the clinic which is readily  
17 visible to all patients.

18 (3)(a) Each clinic must employ or contract with a  
19 physician maintaining a full and unencumbered physician  
20 license in accordance with chapter 458, chapter 459, chapter  
21 460, or chapter 461 to serve as the medical director. However,  
22 if the clinic is limited to providing health care services  
23 pursuant to chapter 457, chapter 484, chapter 486, chapter  
24 490, or chapter 491 or part I, part III, part X, part XIII, or  
25 part XIV of chapter 468, the clinic may appoint a health care  
26 practitioner licensed under that chapter to serve as the  
27 clinic director who is responsible for the clinic's  
28 activities. A health care practitioner may not serve as the  
29 clinic director if the services provided at the clinic are  
30 beyond the scope of that practitioner's license.

31 (b) The medical director or clinic director must agree

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1 in writing to accept responsibility for the following  
2 activities on behalf of the clinic. The medical director or  
3 the clinic director shall:

4 1. Have signs identifying the medical director or  
5 clinic director posted in a conspicuous location within the  
6 clinic which is readily visible to all patients.

7 2. Ensure that all practitioners providing health care  
8 services or supplies to patients maintain a current, active,  
9 and unencumbered Florida license.

10 3. Review any patient-referral contracts or agreements  
11 executed by the clinic.

12 4. Ensure that all health care practitioners at the  
13 clinic have active appropriate certification or licensure for  
14 the level of care being provided.

15 5. Serve as the clinic records owner as defined in s.  
16 456.057.

17 6. Ensure compliance with the recordkeeping, office  
18 surgery, and adverse incident reporting requirements of  
19 chapter 456, the respective practice acts, and the rules  
20 adopted thereunder.

21 7. Conduct systematic reviews of clinic billings to  
22 ensure that the billings are not fraudulent or unlawful. Upon  
23 discovery of an unlawful charge, the medical director or  
24 clinic director must take immediate corrective action.

25 (c) Any contract to serve as a medical director or  
26 clinic director entered into or renewed by a physician or  
27 licensed health care practitioner in violation of this section  
28 is void as contrary to public policy. This section applies to  
29 contracts entered into or renewed on or after the effective  
30 date of this section.

31 (d) The department, in consultation with the boards,

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1 shall adopt rules specifying limitations on the number of  
2 registered clinics and licensees for which a medical director  
3 or clinic director may assume responsibility for purposes of  
4 this section. In determining the quality of supervision a  
5 medical director or clinic director can provide, the  
6 department shall consider the number of clinic employees, the  
7 clinic location, and the services provided by the clinic.

8 (4)(a) All charges or reimbursement claims made by or  
9 on behalf of a clinic that is required to be registered under  
10 this section but that is not so registered are unlawful  
11 charges and therefore are noncompensable and unenforceable.

12 (b) Any person establishing, operating, or managing an  
13 unregistered clinic otherwise required to be registered under  
14 this section commits a felony of the third degree, punishable  
15 as provided in s. 775.082, s. 775.083, or s. 775.084.

16 (c) Any licensed health care practitioner who violates  
17 this section is subject to discipline in accordance with this  
18 chapter and the respective practice act.

19 (d) The department shall revoke the registration of  
20 any clinic registered under this section for operating in  
21 violation of the requirements of this section or the rules  
22 adopted pursuant to this section.

23 (e) The department shall investigate allegations of  
24 noncompliance with this section and the rules adopted pursuant  
25 to this section.

26 Section 49. The sum of \$100,000 is appropriated from  
27 the registration fees collected from clinics pursuant to s.  
28 456.0375, Florida Statutes, and one-half of one full-time  
29 equivalent position is authorized, to the Department of Health  
30 for the purposes of regulating medical clinics pursuant to s.  
31 456.0375, Florida Statutes. The appropriated funds shall be

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1 deposited into the Medical Quality Assurance Trust Fund.

2 Section 50. Subsection (3) of section 456.031, Florida  
3 Statutes, is amended to read:

4 456.031 Requirement for instruction on domestic  
5 violence.--

6 (3)(a) In lieu of completing a course as required in  
7 subsection (1), a licensee or certificateholder may complete a  
8 course in end-of-life care and palliative health care, if the  
9 licensee or certificateholder has completed an approved  
10 domestic violence course in the immediately preceding  
11 biennium.

12 (b) In lieu of completing a course as required by  
13 subsection (1), a person licensed under chapter 466 who has  
14 completed an approved domestic-violence education course in  
15 the immediately preceding 2 years may complete a course  
16 approved by the Board of Dentistry.

17 Section 51. Subsection (9) of section 456.033, Florida  
18 Statutes, is amended to read:

19 456.033 Requirement for instruction for certain  
20 licensees on human immunodeficiency virus and acquired immune  
21 deficiency syndrome.--

22 (9)(a) In lieu of completing a course as required in  
23 subsection (1), the licensee may complete a course in  
24 end-of-life care and palliative health care, so long as the  
25 licensee completed an approved AIDS/HIV course in the  
26 immediately preceding biennium.

27 (b) In lieu of completing a course as required by  
28 subsection (1), a person licensed under chapter 466 who has  
29 completed an approved AIDS/HIV course in the immediately  
30 preceding 2 years may complete a course approved by the Board  
31 of Dentistry.



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1           Section 52. (1) Subsection (9) is added to section  
2 627.419, Florida Statutes, to read:

3           627.419 Construction of policies.--

4           (9) With respect to any group or individual insurer  
5 covering dental services, each claimant, or dentist acting for  
6 a claimant, who has had a claim denied as not medically or  
7 dentally necessary or who has had a claim payment based on an  
8 alternate dental service in accordance with accepted dental  
9 standards for adequate and appropriate care must be provided  
10 an opportunity for an appeal to the insurer's licensed dentist  
11 who is responsible for the medical necessity reviews under the  
12 plan or is a member of the plan's peer review group. The  
13 appeal may be by telephone, and the insurer's dentist must  
14 respond within a reasonable time, not to exceed 15 business  
15 days.

16           (2) This section shall apply to policies issued or  
17 renewed on or after July 1, 2001.

18           Section 53. Paragraph (c) of subsection (6) of section  
19 468.302, Florida Statutes, is amended to read:

20           468.302 Use of radiation; identification of certified  
21 persons; limitations; exceptions.--

22           (6) Requirement for certification does not apply to:

23           (c) A person who is trained and skilled in invasive  
24 cardiovascular ~~cardiopulmonary~~ technology, including the  
25 radiologic technology duties associated with these procedures,  
26 and who provides invasive cardiovascular ~~cardiopulmonary~~  
27 technology services at the direction, and under the direct  
28 supervision, of a licensed practitioner who is trained and  
29 skilled in performing invasive cardiovascular procedures. Such  
30 persons must have successfully completed a didactic and  
31 clinical training program in the following areas before

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- 1 performing radiologic technology duties:  
2       1. Principles of X-ray production and equipment  
3 operation.  
4       2. Biological effects of radiation.  
5       3. Radiation exposure and monitoring.  
6       4. Radiation safety and protection.  
7       5. Evaluation of radiographic equipment and  
8 accessories.  
9       6. Radiographic exposure and technique factors.  
10       7. Film processing.  
11       8. Image quality assurance.  
12       9. Patient positioning.  
13       10. Administration and complications of contrast  
14 media.  
15       11. Specific fluoroscopic and digital X-ray imaging  
16 procedures related to invasive cardiovascular technology.  
17       Section 54. Subsections (8) and (9) of section  
18 468.352, Florida Statutes, are amended to read:  
19       468.352 Definitions.--As used in this part, unless the  
20 context otherwise requires, the term:  
21       (8) "Registered respiratory therapist" means any  
22 person licensed pursuant to this part who is employed to  
23 deliver respiratory care services under the order of a  
24 physician licensed pursuant to chapter 458 or chapter 459, and  
25 in accordance with protocols established by a hospital, other  
26 health care provider, or the board, and who functions in  
27 situations of unsupervised patient contact requiring  
28 individual judgment.  
29       (9) "Certified respiratory therapist" or "respiratory  
30 care practitioner" means any person licensed pursuant to this  
31 part who is employed to deliver respiratory care services

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1 under the order of a physician licensed pursuant to chapter  
2 458 or chapter 459, and in accordance with protocols  
3 established by a hospital, other health care provider, or the  
4 board.

5 Section 55. Subsections (1) and (2) of section  
6 468.355, Florida Statutes, are amended to read:

7 468.355 Eligibility for licensure; temporary  
8 licensure.--

9 (1) To be eligible for licensure by the board as a  
10 certified respiratory therapist ~~respiratory care practitioner~~,  
11 an applicant must:

12 (a) Be at least 18 years old.

13 (b) Possess a high school diploma or a graduate  
14 equivalency diploma.

15 (c) Meet at least one of the following criteria:

16 1. The applicant has successfully completed a training  
17 program for respiratory therapy technicians or respiratory  
18 therapists approved by the Commission on Accreditation of  
19 Allied Health Education Programs, or the equivalent thereof,  
20 as accepted by the board.

21 2. The applicant is currently a "Certified Respiratory  
22 Therapist ~~Therapy Technician~~" certified by the National Board  
23 for Respiratory Care, or the equivalent thereof, as accepted  
24 by the board.

25 3. The applicant is currently a "Registered  
26 Respiratory Therapist" registered by the National Board for  
27 Respiratory Care, or the equivalent thereof, as accepted by  
28 the board.

29  
30 The criteria set forth in subparagraphs 2. and 3.  
31 notwithstanding, the board shall periodically review the

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1 examinations and standards of the National Board for  
2 Respiratory Care and may reject those examinations and  
3 standards if they are deemed inappropriate.

4 (2) To be eligible for licensure by the board as a  
5 registered respiratory therapist, an applicant must:

6 (a) Be at least 18 years old.

7 (b) Possess a high school diploma or a graduate  
8 equivalency diploma.

9 (c) Meet at least one of the following criteria:

10 1. The applicant has successfully completed a training  
11 program for registered respiratory therapists approved by the  
12 Commission on Accreditation of Allied Health Education  
13 Programs, or the equivalent thereof, as accepted by the board.

14 2. The applicant is currently a "Registered  
15 Respiratory Therapist" registered by the National Board for  
16 Respiratory Care, or the equivalent thereof, as accepted by  
17 the board.

18  
19 The criteria set forth in subparagraphs 1. and 2.  
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.

24 Section 56. Section 468.357, Florida Statutes, is  
25 amended to read:

26 468.357 Licensure by examination.--

27 (1) A person who desires to be licensed as a certified  
28 respiratory therapist ~~respiratory care practitioner~~ may submit  
29 an application to take the examination, in accordance with  
30 board rule.

31 (a) Each applicant may take the examination who is

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1 determined by the board to have:

2 1. Completed the application form and remitted the  
3 applicable fee set by the board;

4 2. Submitted required documentation as required in s.  
5 468.355; and

6 3. Remitted an examination fee set by the examination  
7 provider.

8 (b) Examinations for licensure of certified  
9 respiratory therapist ~~respiratory care practitioners~~ must be  
10 conducted no less than two times a year in such geographical  
11 locations or by such methods as are deemed advantageous to the  
12 majority of the applicants.

13 (c) The examination given for certified respiratory  
14 therapist ~~respiratory care practitioners~~ shall be the same as  
15 that given by the National Board for Respiratory Care for  
16 entry-level certification of respiratory therapists ~~therapy~~  
17 ~~technicians~~. However, an equivalent examination may be  
18 accepted by the board in lieu of that examination.

19 (2) Each applicant who passes the examination shall be  
20 entitled to licensure as a certified respiratory therapist  
21 ~~respiratory care practitioner~~, and the department shall issue  
22 a license pursuant to this part to any applicant who  
23 successfully completes the examination in accordance with this  
24 section. However, the department shall not issue a license to  
25 any applicant who is under investigation in another  
26 jurisdiction for an offense which would constitute a violation  
27 of this part. Upon completion of such an investigation, if the  
28 applicant is found guilty of such an offense, the applicable  
29 provisions of s. 468.365 will apply.

30 Section 57. Subsections (1) and (2) of section  
31 468.358, Florida Statutes, are amended to read:

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1           468.358 Licensure by endorsement.--

2           (1) Licensure as a certified respiratory therapist  
3 ~~respiratory care practitioner~~ shall be granted by endorsement  
4 to an individual who holds the "Certified Respiratory  
5 Therapist Therapy Technician" credential issued by the  
6 National Board for Respiratory Care or an equivalent  
7 credential acceptable to the board. Licensure by this  
8 mechanism requires verification by oath and submission of  
9 evidence satisfactory to the board that such credential is  
10 held.

11           (2) Licensure as a registered respiratory therapist  
12 shall be granted by endorsement to an individual who holds the  
13 "Registered Respiratory Therapist" credential issued by the  
14 National Board for Respiratory Care or an equivalent  
15 credential acceptable to the board. Licensure by this  
16 mechanism requires verification by oath and submission of  
17 evidence satisfactory to the board that such credential is  
18 held.

19           Section 58. Section 468.359, Florida Statutes, is  
20 amended to read:

21           468.359 Assumption of title and use of  
22 abbreviations.--

23           (1) Only persons who are licensed pursuant to this  
24 part as respiratory care practitioners have the right to use  
25 the title "Respiratory Care Practitioner" and the abbreviation  
26 "RCP."

27           (2) Only persons who are licensed pursuant to this  
28 part as registered respiratory therapists have the right to  
29 use the title "Registered Respiratory Therapist" and the  
30 abbreviation "RRT," when delivering services pursuant to this  
31 part provided such persons have passed the Registry

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1 ~~Examination for Respiratory Therapists given by the National~~  
2 ~~Board for Respiratory Care.~~

3           (3) Only persons who are licensed pursuant to this  
4 part as certified respiratory therapists have the right to use  
5 the title "Certified Respiratory Therapist" and the  
6 abbreviation "CRT" when delivering services pursuant to this  
7 part. ~~graduates of board-approved programs for respiratory~~  
8 ~~care practitioners may use the term "Graduate Respiratory~~  
9 ~~Therapy Technician" and the abbreviation "GRTT."~~

10           ~~(4) Only persons who are graduates of board-approved~~  
11 ~~programs for respiratory therapists may use the term "Graduate~~  
12 ~~Respiratory Therapist" and the abbreviation "GRT."~~

13           ~~(4)~~(5) No person in this state shall deliver  
14 respiratory care services; advertise as, or assume the title  
15 of, respiratory care practitioner, certified respiratory  
16 therapist, or registered respiratory therapist; or use the  
17 abbreviation "RCP," "CRT," or "RRT" that would lead the public  
18 to believe that such person is licensed pursuant to this part  
19 unless such person is so licensed; or take any other action  
20 that would lead the public to believe that such person is  
21 licensed pursuant to this part unless such person is so  
22 licensed.

23           Section 59. Subsections (2), (3), and (4) of section  
24 468.1155, Florida Statutes, are amended to read:

25           468.1155 Provisional license; requirements.--

26           (2) The department shall issue a provisional license  
27 to practice speech-language pathology to each applicant who  
28 the board certifies has:

29           (a) Completed the application form and remitted the  
30 required fees, including a nonrefundable application fee.

31           (b) Received a master's degree or is currently

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



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

4           (a) Completed the application form and remitted the  
5 required fees, including a nonrefundable application fee.

6           (b) Received a master's degree or is currently  
7 enrolled in a doctoral degree program with a major emphasis in  
8 audiology from an institution of higher learning which is, or  
9 at the time the applicant was enrolled and graduated was,  
10 accredited by an accrediting agency recognized by the Council  
11 for Higher Education Commission on Recognition of

12 ~~Postsecondary Accreditation~~ or from an institution which is  
13 ~~publicly recognized as~~ a member in good standing with the  
14 Association of Universities and Colleges of Canada. An  
15 applicant who graduated from or is currently enrolled in a  
16 program at a university or college outside the United States  
17 or Canada must present documentation of the determination of  
18 equivalency to standards established by the Council for Higher  
19 Education Commission on Recognition of Postsecondary  
20 Accreditation in order to qualify. The applicant must have  
21 completed 60 semester hours that include:

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

27           2. Six semester hours in speech-language pathology.

28           3. Thirty of the required 60 semester hours in courses  
29 acceptable toward a graduate degree by the college or  
30 university in which these courses were taken, of which 24  
31 semester hours must be in audiology.

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1 (c) Completed 300 supervised clinical clock hours with  
2 200 clock hours in the area of audiology or completed the  
3 number of clock hours required by an accredited institution  
4 meeting national certification standards. The supervised  
5 clinical clock hours shall be completed within the training  
6 institution or one of its cooperating programs.

7 (4) An applicant ~~for a provisional license~~ who has  
8 received a master's degree or is currently enrolled in a  
9 doctoral degree program with a major emphasis in  
10 speech-language pathology as provided in subsection (2), or  
11 audiology as provided in subsection (3), and who seeks  
12 licensure in the area in which the applicant is not currently  
13 licensed, must have completed 30 semester hours in courses  
14 acceptable toward a graduate degree and 200 supervised  
15 clinical clock hours in the second discipline from an  
16 accredited institution.

17 Section 60. Paragraph (b) of subsection (1) and  
18 paragraph (b) of subsection (2) of section 468.1215, Florida  
19 Statutes, are amended to read:

20 468.1215 Speech-language pathology assistant and  
21 audiology assistant; certification.--

22 (1) The department shall issue a certificate as a  
23 speech-language pathology assistant to each applicant who the  
24 board certifies has:

25 (b) Earned a bachelor's degree from a college or  
26 university accredited by a regional association of colleges  
27 and schools recognized by the Department of Education which  
28 includes at least 24 semester hours of coursework as approved  
29 by the board at an institution accredited by an accrediting  
30 agency recognized by the Council for Higher Education  
31 ~~Commission on Recognition of Postsecondary Accreditation~~.

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1           (2) The department shall issue a certificate as an  
2 audiology assistant to each applicant who the board certifies  
3 has:

4           (b) Completed at least 24 semester hours of coursework  
5 as approved by the board at an institution accredited by an  
6 accrediting agency recognized by the Council for Higher  
7 Education Commission on Recognition of Postsecondary  
8 Accreditation.

9           Section 61. Subsection (3) of section 480.033, Florida  
10 Statutes, is amended to read:

11           480.033 Definitions.--As used in this act:

12           (3) "Massage" means the manipulation of the soft  
13 ~~superficial~~ tissues of the human body with the hand, foot,  
14 arm, or elbow, whether or not such manipulation is aided by  
15 hydrotherapy, including colonic irrigation, or thermal  
16 therapy; any electrical or mechanical device; or the  
17 application to the human body of a chemical or herbal  
18 preparation.

19           Section 62. Subsection (3) of section 484.002, Florida  
20 Statutes, is amended, and subsection (8) is added to that  
21 section, to read:

22           484.002 Definitions.--As used in this part:

23           (3) "Opticianry" means the preparation and dispensing  
24 of lenses, spectacles, eyeglasses, contact lenses, and other  
25 optical devices to the intended user or agent thereof, upon  
26 the written prescription of a licensed allopathic or  
27 osteopathic physician ~~medical doctor~~ or optometrist who is  
28 duly licensed to practice or upon presentation of a duplicate  
29 prescription. The selection of frame designs, the actual  
30 sales transaction, and the transfer of physical possession of  
31 lenses, spectacles, eyeglasses, contact lenses, and other

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1 optical devices subsequent to performance of all services of  
2 the optician shall not be considered the practice of  
3 opticianry; however, such physical possession shall not be  
4 transferred until the optician has completed the fitting of  
5 the optical device upon the customer. The practice of  
6 opticianry also includes the duplication of lenses accurately  
7 as to power, without prescription. A board-certified optician  
8 qualified and operating under rules established by the board  
9 may fill, fit, adapt, or dispense any soft contact lens  
10 prescription. Such optician may fill, fit, adapt, or dispense  
11 any extended wear or hard contact lens prescription to the  
12 extent authorized to do so by the prescribing allopathic or  
13 osteopathic physician ~~medical doctor~~ or optometrist.

14 (8) "Contact lenses" means a prescribed medical device  
15 intended to be worn directly against the cornea of the eye to  
16 correct vision conditions, act as a therapeutic device, or  
17 provide a cosmetic effect.

18 (9) "Optical Dispensing" means interpreting but not  
19 altering a prescription of a licensed physician or optometrist  
20 and designing, adapting, fitting, or replacing the prescribed  
21 optical aids, pursuant to such prescription, to or for the  
22 intended wearer, duplicating lenses, accurately as to power  
23 without a prescription and duplicating nonprescription eyewear  
24 and parts of eyewear. "Optical Dispensing" does not include  
25 selecting frames, transferring an optical aid to the wearer  
26 after an optician has completed fitting it, or providing  
27 instruction in the general care and use of an optical aid,  
28 including placement, removal, hygiene, or cleaning.

29 Section 63. Subsection (2) of section 484.006, Florida  
30 Statutes, is amended to read:

31 484.006 Certain rules prohibited.--

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1           (2) No rule or policy of the board shall prohibit any  
2 optician from practicing jointly with optometrists or  
3 allopathic or osteopathic physicians ~~medical doctors~~ licensed  
4 in this state.

5           Section 64. Subsections (1) and (2) of section  
6 484.012, Florida Statutes, are amended to read:

7           484.012 Prescriptions; filing; duplication of  
8 prescriptions; duplication of lenses.--

9           (1) Any prescription written by a duly licensed  
10 allopathic or osteopathic physician ~~medical doctor~~ or  
11 optometrist for any lenses, spectacles, eyeglasses, contact  
12 lenses, or other optical devices shall be kept on file for a  
13 period of 2 years with the optical establishment that fills  
14 such prescription. However, the licensed optician may  
15 maintain a copy of the prescription.

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

30           Section 65. Section 484.013, Florida Statutes, is  
31 amended to read:

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1           484.013 Violations and penalties.--

2           (1) It is unlawful for any person:

3           (a) To intentionally make a false or fraudulent  
4 statement, either for herself or himself or for another  
5 person, in any application, affidavit, or statement presented  
6 to the board or in any proceeding before the board.

7           (b) To prepare or dispense lenses, spectacles,  
8 eyeglasses, contact lenses, or other optical devices when such  
9 person is not licensed as an optician in this state.

10           (c) To prepare or dispense lenses, spectacles,  
11 eyeglasses, contact lenses, or other optical devices without  
12 first being furnished with a prescription as provided for in  
13 s. 484.012.

14           (2) It is unlawful for any person other than an  
15 optician licensed under this part to use the title "optician"  
16 or otherwise lead the public to believe that she or he is  
17 engaged in the practice of opticianry.

18           (3) It is unlawful for any optician to engage in the  
19 diagnosis of the human eyes, attempt to determine the  
20 refractive powers of the human eyes, or, in any manner,  
21 attempt to prescribe for or treat diseases or ailments of  
22 human beings.

23           (4) It is unlawful for any person to open or operate,  
24 either alone or with any other person or persons, an optical  
25 establishment which does not have the permit required by this  
26 part.

27           (5) A ~~Any~~ person who knowingly violates any a  
28 provision of this section commits a felony ~~misdemeanor~~ of the  
29 third ~~second~~ degree, punishable as provided in s. 775.082, or  
30 s. 775.083, or s. 775.084.

31           Section 66. Section 484.015, Florida Statutes, is

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1 amended to read:

2 484.015 Authority to inspect.--Duly authorized agents  
3 and employees of the department shall have the power to  
4 inspect in a lawful manner at all reasonable hours an any  
5 establishment of any kind in the state in which lenses,  
6 spectacles, eyeglasses, contact lenses, and any other optical  
7 devices are prepared or and dispensed, for the purposes of:

8 (1) Determining if any provision of this part, or any  
9 rule promulgated under its authority, is being violated;

10 (2) Securing samples or specimens of any lenses,  
11 spectacles, eyeglasses, contact lenses, or other optical  
12 devices, after paying or offering to pay for such sample or  
13 specimen; or

14 (3) Securing such other evidence as may be needed for  
15 prosecution under this part.

16 Section 67. Paragraph (g) of subsection (3) of section  
17 921.0022, Florida Statutes, is amended to read:

18 921.0022 Criminal Punishment Code; offense severity  
19 ranking chart.--

20 (3) OFFENSE SEVERITY RANKING CHART

21

22 Florida	Felony	
23 Statute	Degree	Description

24

25		(g) LEVEL 7
26 316.193(3)(c)2.	3rd	DUI resulting in serious bodily 27 injury.
28 327.35(3)(c)2.	3rd	Vessel BUI resulting in serious 29 bodily injury.
30 402.319(2)	2nd	Misrepresentation and negligence 31 or intentional act resulting in

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1			great bodily harm, permanent
2			disfiguration, permanent
3			disability, or death.
4	409.920(2)	3rd	Medicaid provider fraud.
5	456.065(2)	3rd	Practicing a health care
6			profession without a license.
7	456.065(2)	2nd	Practicing a health care
8			profession without a license
9			which results in serious bodily
10			injury.
11	458.327(1)	3rd	Practicing medicine without a
12			license.
13	459.013(1)	3rd	Practicing osteopathic medicine
14			without a license.
15	460.411(1)	3rd	Practicing chiropractic medicine
16			without a license.
17	461.012(1)	3rd	Practicing podiatric medicine
18			without a license.
19	462.17	3rd	Practicing naturopathy without a
20			license.
21	463.015(1)	3rd	Practicing optometry without a
22			license.
23	464.016(1)	3rd	Practicing nursing without a
24			license.
25	465.015(2)	3rd	Practicing pharmacy without a
26			license.
27	466.026(1)	3rd	Practicing dentistry or dental
28			hygiene without a license.
29	467.201	3rd	Practicing midwifery without a
30			license.
31			



HOUSE AMENDMENT

Bill No. SB 782, 1st Eng.

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1	468.366	3rd	Delivering respiratory care
2			services without a license.
3	483.828(1)	3rd	Practicing as clinical laboratory
4			personnel without a license.
5	483.901(9)	3rd	Practicing medical physics
6			without a license.
7	<u>484.013</u>	<u>3rd</u>	<u>Practicing opticianry without a</u>
8			<u>license.</u>
9	484.053	3rd	Dispensing hearing aids without a
10			license.
11	494.0018(2)	1st	Conviction of any violation of
12			ss. 494.001-494.0077 in which the
13			total money and property
14			unlawfully obtained exceeded
15			\$50,000 and there were five or
16			more victims.
17	560.123(8)(b)1.	3rd	Failure to report currency or
18			payment instruments exceeding
19			\$300 but less than \$20,000 by
20			money transmitter.
21	560.125(5)(a)	3rd	Money transmitter business by
22			unauthorized person, currency or
23			payment instruments exceeding
24			\$300 but less than \$20,000.
25	655.50(10)(b)1.	3rd	Failure to report financial
26			transactions exceeding \$300 but
27			less than \$20,000 by financial
28			institution.
29	782.051(3)	2nd	Attempted felony murder of a
30			person by a person other than the
31			perpetrator or the perpetrator of

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1			an attempted felony.
2	782.07(1)	2nd	Killing of a human being by the
3			act, procurement, or culpable
4			negligence of another
5			(manslaughter).
6	782.071	2nd	Killing of human being or viable
7			fetus by the operation of a motor
8			vehicle in a reckless manner
9			(vehicular homicide).
10	782.072	2nd	Killing of a human being by the
11			operation of a vessel in a
12			reckless manner (vessel
13			homicide).
14	784.045(1)(a)1.	2nd	Aggravated battery; intentionally
15			causing great bodily harm or
16			disfigurement.
17	784.045(1)(a)2.	2nd	Aggravated battery; using deadly
18			weapon.
19	784.045(1)(b)	2nd	Aggravated battery; perpetrator
20			aware victim pregnant.
21	784.048(4)	3rd	Aggravated stalking; violation of
22			injunction or court order.
23	784.07(2)(d)	1st	Aggravated battery on law
24			enforcement officer.
25	784.08(2)(a)	1st	Aggravated battery on a person 65
26			years of age or older.
27	784.081(1)	1st	Aggravated battery on specified
28			official or employee.
29	784.082(1)	1st	Aggravated battery by detained
30			person on visitor or other
31			detainee.

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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)	1st	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)	1st	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.
29	893.13(1)(c)1.	1st	Sell, manufacture, or deliver
30			cocaine (or other drug prohibited
31			under s. 893.03(1)(a), (1)(b),

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

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1 kilograms.  
2 893.135(1)(f)1. 1st Trafficking in amphetamine, more  
3 than 14 grams, less than 28  
4 grams.  
5 893.135  
6 (1)(g)1.a. 1st Trafficking in flunitrazepam, 4  
7 grams or more, less than 14  
8 grams.  
9 893.135  
10 (1)(h)1.a. 1st Trafficking in  
11 gamma-hydroxybutyric acid (GHB),  
12 1 kilogram or more, less than 5  
13 kilograms.  
14 893.135  
15 (1)(i)1.a. 1st Trafficking in 1,4-Butanediol, 1  
16 kilogram or more, less than 5  
17 kilograms.  
18 893.135  
19 (1)(j)2.a. 1st Trafficking in Phenethylamines,  
20 10 grams or more, less than 200  
21 grams.  
22 896.101(5)(a) 3rd Money laundering, financial  
23 transactions exceeding \$300 but  
24 less than \$20,000.  
25 896.104(4)(a)1. 3rd Structuring transactions to evade  
26 reporting or registration  
27 requirements, financial  
28 transactions exceeding \$300 but  
29 less than \$20,000.

30 Section 68. Subsection (1) of section 484.0445,  
31 Florida Statutes, is amended to read:

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1           484.0445 Training program.--  
2           (1) The board shall establish by rule a training  
3 program for a minimum ~~not to exceed~~ 6 months in length, which  
4 may include a board-approved home study course. ~~Upon~~  
5 ~~submitting to the department the registration fee, the~~  
6 ~~applicant may register and enter the training program. Upon~~  
7 ~~completion of the training program, the trainee shall take the~~  
8 ~~first available written and practical examinations offered by~~  
9 ~~the department. The department shall administer the written~~  
10 ~~and practical examinations as prescribed by board rule. If~~  
11 ~~the trainee fails either the written or the practical~~  
12 ~~examination, she or he may repeat the training program one~~  
13 ~~time and retake the failed examination, provided she or he~~  
14 ~~takes the next available examination. No person may remain in~~  
15 ~~trainee status or further perform any services authorized for~~  
16 ~~a trainee if she or he fails either the written or the~~  
17 ~~practical examination twice; but, a trainee may continue to~~  
18 ~~function as a trainee until she or he has received the results~~  
19 ~~of the examinations. Any applicant who has failed an~~  
20 ~~examination twice and is no longer functioning as a trainee~~  
21 ~~shall be eligible for reexamination as provided in s.~~  
22 ~~484.045(2).~~

23           Section 69. Section 484.045, Florida Statutes, is  
24 amended to read:

25           484.045 Licensure by examination.--

26           (1) Any person desiring to be licensed as a hearing  
27 aid specialist shall apply to the department on a form  
28 approved by the department ~~to take the licensure examination,~~  
29 ~~which shall include a clinical practical component.~~

30           (2) The department shall license ~~examine~~ each  
31 applicant who the board certifies:

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1 (a) Has completed the application form and remitted  
2 the required fees ~~applicable fee to the board and has paid the~~  
3 ~~examination fee;~~

4 (b) Is of good moral character;

5 (c) Is 18 years of age or older;

6 (d) Is a graduate of an accredited high school or its  
7 equivalent; ~~and~~

8 (e)1. Has met the requirements of the training program  
9 ~~set forth in s. 484.0445; or~~

10 2.a. Has a valid, current license as a hearing aid  
11 specialist or its equivalent from another state and has been  
12 actively practicing in such capacity for at least 12 months;  
13 or

14 b. Is currently certified by the National Board for  
15 Certification in Hearing Instrument Sciences and has been  
16 actively practicing for at least 12 months. ~~Persons qualifying~~  
17 ~~under this sub-subparagraph need not take the written or~~  
18 ~~practical examination, but must take and pass a test on~~  
19 ~~Florida laws and rules relating to the fitting and dispensing~~  
20 ~~of hearing aids.~~

21 (f) Has passed an examination, as prescribed by board  
22 rule; and

23 (g) Has demonstrated, in a manner designated by rule  
24 of the board, knowledge of state laws and rules relating to  
25 the fitting and dispensing of hearing aids.

26 (3) A person who fails the examination may make  
27 application for reexamination to the appropriate examining  
28 entity, as prescribed by board rule.

29 ~~(2) On or after October 1, 1990, every applicant who~~  
30 ~~is qualified to take the examination shall be allowed to take~~  
31 ~~the examination three times. If, after October 1, 1990, an~~



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1 ~~applicant fails the examination three times, the applicant~~  
2 ~~shall no longer be eligible to take the examination.~~

3 ~~(3) The department shall issue a license to practice~~  
4 ~~dispensing hearing aids to any applicant who successfully~~  
5 ~~completes the examination in accordance with this section.~~

6 Section 70. Effective January 1, 2002, subsection (1)  
7 of section 490.012, Florida Statutes, is amended to read:

8 490.012 Violations; penalties; injunction.--

9 (1)(a) No person shall hold herself or himself out by  
10 any professional title, name, or description incorporating the  
11 word "psychologist" unless such person holds a valid, active  
12 license as a psychologist under this chapter.

13 (b) No person shall hold herself or himself out by any  
14 professional title, name, or description incorporating the  
15 words "school psychologist" unless such person holds a valid,  
16 active license as a school psychologist under this chapter or  
17 is certified as a school psychologist by the Department of  
18 Education.

19 (c)(1)(a) No person shall hold herself or himself out  
20 by any title or description incorporating the words, or  
21 permutations of them, "psychologist," "psychology,"  
22 "psychological," "psychodiagnostic," or "school psychologist,"  
23 or describe any test or report as psychological, unless such  
24 person holds a valid, active license under this chapter or is  
25 exempt from the provisions of this chapter.

26 (d)(b) No person shall hold herself or himself out by  
27 any title or description incorporating the word, or a  
28 permutation of the word, "psychotherapy" unless such person  
29 holds a valid, active license under chapter 458, chapter 459,  
30 chapter 490, or chapter 491, or such person is certified as an  
31 advanced registered nurse practitioner, pursuant to s.

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1 464.012, who has been determined by the Board of Nursing as a  
2 specialist in psychiatric mental health.

3 ~~(e)(c)~~ No person licensed or provisionally licensed  
4 pursuant to this chapter shall hold herself or himself out by  
5 any title or description which indicates licensure other than  
6 that which has been granted to her or him.

7 Section 71. Effective January 1, 2002, Florida  
8 Statutes, is amended to read:

9 490.014 Exemptions.--

10 (1)(a) No provision of this chapter shall be construed  
11 to limit the practice of physicians licensed pursuant to  
12 chapter 458 or chapter 459 so long as they do not hold  
13 themselves out to the public as psychologists or use a  
14 professional title protected by this chapter.

15 (b) No provision of this chapter shall be construed to  
16 limit the practice of nursing, clinical social work, marriage  
17 and family therapy, mental health counseling, or other  
18 recognized businesses or professions, or to prevent qualified  
19 members of other professions from doing work of a nature  
20 consistent with their training, so long as they do not hold  
21 themselves out to the public as psychologists or use a title  
22 or description protected by this chapter. Nothing in this  
23 subsection shall be construed to exempt any person from the  
24 provisions of s. 490.012.

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

27 (a) Is a salaried employee of a government agency;  
28 developmental services program, mental health, alcohol, or  
29 drug abuse facility operating pursuant to chapter 393, chapter  
30 394, or chapter 397; subsidized child care program, subsidized  
31 child care case management program, or child care resource and

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1 referral program operating pursuant to chapter 402;  
2 child-placing or child-caring agency licensed pursuant to  
3 chapter 409; domestic violence center certified pursuant to  
4 chapter 39; accredited academic institution; or research  
5 institution, if such employee is performing duties for which  
6 he or she was trained and hired solely within the confines of  
7 such agency, facility, or institution, so long as the employee  
8 is not held out to the public as a psychologist pursuant to s.  
9 490.012(1)(a).

10 (b) Is a salaried employee of a private, nonprofit  
11 organization providing counseling services to children, youth,  
12 and families, if such services are provided for no charge, if  
13 such employee is performing duties for which he or she was  
14 trained and hired, so long as the employee is not held out to  
15 the public as a psychologist pursuant to s. 490.012(1)(a).

16 (c) Is a student who is pursuing a course of study  
17 which leads to a degree in medicine or a profession regulated  
18 by this chapter who is providing services in a training  
19 setting, provided such activities or services constitute part  
20 of a supervised course of study, or is a graduate accumulating  
21 the experience required for any licensure under this chapter,  
22 provided such graduate or student is designated by a title  
23 such as "intern" or "trainee" which clearly indicates the  
24 in-training status of the student.

25 (d) Is certified in school psychology by the  
26 Department of Education and is performing psychological  
27 services as an employee of a public or private educational  
28 institution. Such exemption shall not be construed to  
29 authorize any unlicensed practice which is not performed as a  
30 direct employee of an educational institution.

31 (e) Is not a resident of the state but offers services

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1 in this state, provided:

2 1. Such services are performed for no more than 5 days  
3 in any month and no more than 15 days in any calendar year;  
4 and

5 2. Such nonresident is licensed or certified by a  
6 state or territory of the United States, or by a foreign  
7 country or province, the standards of which were, at the date  
8 of his or her licensure or certification, equivalent to or  
9 higher than the requirements of this chapter in the opinion of  
10 the department or, in the case of psychologists, in the  
11 opinion of the board.

12 (f) Is a rabbi, priest, minister, or member of the  
13 clergy of any religious denomination or sect when engaging in  
14 activities which are within the scope of the performance of  
15 his or her regular or specialized ministerial duties and for  
16 which no separate charge is made, or when such activities are  
17 performed, with or without charge, for or under the auspices  
18 or sponsorship, individually or in conjunction with others, of  
19 an established and legally cognizable church, denomination, or  
20 sect, and when the person rendering service remains  
21 accountable to the established authority thereof.

22 (3) No provision of this chapter shall be construed to  
23 limit the practice of any individual who solely engages in  
24 behavior analysis so long as he or she does not hold himself  
25 or herself out to the public as possessing a license issued  
26 pursuant to this chapter or use a title or description  
27 protected by this chapter.

28 (4) Nothing in this section shall exempt any person  
29 from the provisions ~~provision~~ of s. 490.012(1)(a)-(d) ~~(a)-(b)~~.

30 (5) Except as stipulated by the board, the exemptions  
31 contained in this section do not apply to any person licensed

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1 under this chapter whose license has been suspended or revoked  
2 by the board or another jurisdiction.

3 Section 72. Effective January 1, 2002, paragraphs (i),  
4 (j), and (k) of subsection (1) of section 491.012, Florida  
5 Statutes, are amended to read:

6 491.012 Violations; penalty; injunction.--

7 (1) It is unlawful and a violation of this chapter for  
8 any person to:

9 (i) Practice clinical social work in this state, ~~as~~  
10 ~~the practice is defined in s. 491.003(7),~~ for compensation,  
11 unless the person holds a valid, active license to practice  
12 clinical social work issued pursuant to this chapter or is an  
13 intern registered pursuant to s. 491.0045.

14 (j) Practice marriage and family therapy in this  
15 state, ~~as the practice is defined in s. 491.003(8),~~ for  
16 compensation, unless the person holds a valid, active license  
17 to practice marriage and family therapy issued pursuant to  
18 this chapter or is an intern registered pursuant to s.  
19 491.0045.

20 (k) Practice mental health counseling in this state,  
21 ~~as the practice is defined in s. 491.003(9),~~ for compensation,  
22 unless the person holds a valid, active license to practice  
23 mental health counseling issued pursuant to this chapter or is  
24 an intern registered pursuant to s. 491.0045.

25 Section 73. Effective January 1, 2002, paragraphs (a)  
26 and (b) of subsection (4) of section 491.014, Florida  
27 Statutes, are amended to read:

28 491.014 Exemptions.--

29 (4) No person shall be required to be licensed,  
30 provisionally licensed, registered, or certified under this  
31 chapter who:

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1 (a) Is a salaried employee of a government agency;  
2 developmental services program, mental health, alcohol, or  
3 drug abuse facility operating pursuant to chapter 393, chapter  
4 394, or chapter 397; subsidized child care program, subsidized  
5 child care case management program, or child care resource and  
6 referral program operating pursuant to chapter 402;  
7 child-placing or child-caring agency licensed pursuant to  
8 chapter 409; domestic violence center certified pursuant to  
9 chapter 39; accredited academic institution; or research  
10 institution, if such employee is performing duties for which  
11 he or she was trained and hired solely within the confines of  
12 such agency, facility, or institution, so long as the employee  
13 is not held out to the public as a clinical social worker,  
14 mental health counselor, or marriage and family therapist.

15 (b) Is a salaried employee of a private, nonprofit  
16 organization providing counseling services to children, youth,  
17 and families, if such services are provided for no charge, if  
18 such employee is performing duties for which he or she was  
19 trained and hired, so long as the employee is not held out to  
20 the public as a clinical social worker, mental health  
21 counselor, or marriage and family therapist.

22 Section 74. Subsection (4) of section 458.319, Florida  
23 Statutes, is amended to read:

24 458.319 Renewal of license.--

25 (4) Notwithstanding the provisions of s. 456.033, a  
26 physician may complete continuing education on end-of-life  
27 care and palliative ~~health~~ care in lieu of continuing  
28 education in AIDS/HIV, if that physician has completed the  
29 AIDS/HIV continuing education in the immediately preceding  
30 biennium.

31 Section 75. Subsection (5) of section 459.008, Florida

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1 Statutes, is amended to read:

2 459.008 Renewal of licenses and certificates.--

3 (5) Notwithstanding the provisions of s. 456.033, an  
4 osteopathic physician may complete continuing education on  
5 end-of-life and palliative ~~health~~ care in lieu of continuing  
6 education in AIDS/HIV, if that physician has completed the  
7 AIDS/HIV continuing education in the immediately preceding  
8 biennium.

9 Section 76. Subsection (4) of section 765.101, Florida  
10 Statutes, is amended to read:

11 765.101 Definitions.--As used in this chapter:

12 (4) "End-stage condition" means an irreversible a  
13 condition that is caused by injury, disease, or illness which  
14 has resulted in progressively severe and permanent  
15 deterioration, ~~indicated by incapacity and complete physical~~  
16 ~~dependency~~ and for which, to a reasonable degree of medical  
17 probability ~~certainty~~, treatment of the ~~irreversible~~ condition  
18 would be ~~medically~~ ineffective.

19 Section 77. Subsection (4) of section 765.102, Florida  
20 Statutes, is amended to read:

21 765.102 Legislative findings and intent.--

22 (4) The Legislature recognizes the need for all health  
23 care professionals to rapidly increase their understanding of  
24 end-of-life and palliative ~~health~~ care. Therefore, the  
25 Legislature encourages the professional regulatory boards to  
26 adopt appropriate standards and guidelines regarding  
27 end-of-life care and pain management and encourages  
28 educational institutions established to train health care  
29 professionals and allied health professionals to implement  
30 curricula to train such professionals to provide end-of-life  
31 care, including pain management and palliative care.

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1           Section 78. Section 765.1025, Florida Statutes, is  
2 created to read:

3           765.1025 Palliative care.--For purposes of this  
4 chapter:

5           (1) Palliative care is the comprehensive management of  
6 the physical, psychological, social, spiritual, and  
7 existential needs of patients. Palliative care is especially  
8 suited to the care of persons who have incurable, progressive  
9 illness.

10          (2) Palliative care must include:

11          (a) An opportunity to discuss and plan for end-of-life  
12 care.

13          (b) Assurance that physical and mental suffering will  
14 be carefully attended to.

15          (c) Assurance that preferences for withholding and  
16 withdrawing life-sustaining interventions will be honored.

17          (d) Assurance that the personal goals of the dying  
18 person will be addressed.

19          (e) Assurance that the dignity of the dying person  
20 will be a priority.

21          (f) Assurance that health care providers will not  
22 abandon the dying person.

23          (g) Assurance that the burden to family and others  
24 will be addressed.

25          (h) Assurance that advance directives for care will be  
26 respected regardless of the location of care.

27          (i) Assurance that organizational mechanisms are in  
28 place to evaluate the availability and quality of end-of-life  
29 and palliative care services, including the removal of  
30 administrative and regulatory barriers.

31          (j) Assurance that necessary health care services will



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1 be provided and that relevant reimbursement policies are  
2 available.

3 (k) Assurance that the goals expressed in paragraphs  
4 (a)-(j) will be accomplished in a culturally appropriate  
5 manner.

6 Section 79. Subsection (2) of section 765.1103,  
7 Florida Statutes, is amended to read:

8 765.1103 Pain management and palliative care.--

9 (2) Health care providers and practitioners regulated  
10 under chapter 458, chapter 459, or chapter 464 must, as  
11 appropriate, comply with a request for pain management or  
12 palliative care from a patient under their care or, for an  
13 incapacitated patient under their care, from a surrogate,  
14 proxy, guardian, or other representative permitted to make  
15 health care decisions for the incapacitated patient.

16 Facilities regulated under chapter 400 or chapter 395 must  
17 comply with the pain management or palliative care measures  
18 ordered by the patient's physician.~~When the patient is~~  
19 ~~receiving care as an admitted patient of a facility or a~~  
20 ~~provider or is a subscriber of a health care facility, health~~  
21 ~~care provider, or health care practitioner regulated under~~  
22 ~~chapter 395, chapter 400, chapter 458, chapter 459, chapter~~  
23 ~~464, or chapter 641, such facility, provider, or practitioner~~  
24 ~~must, when appropriate, comply with a request for pain~~  
25 ~~management or palliative care from a capacitated patient or an~~  
26 ~~incapacitated patient's health care surrogate or proxy,~~  
27 ~~court-appointed guardian as provided in chapter 744, or~~  
28 ~~attorney in fact as provided in chapter 709. The~~  
29 ~~court-appointed guardian or attorney in fact must have been~~  
30 ~~delegated authority to make health care decisions on behalf of~~  
31 ~~the patient.~~

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1           Section 80. Paragraph (b) of subsection (1) of section  
2 765.205, Florida Statutes, is amended to read:

3           765.205 Responsibility of the surrogate.--

4           (1) The surrogate, in accordance with the principal's  
5 instructions, unless such authority has been expressly limited  
6 by the principal, shall:

7           (b) Consult expeditiously with appropriate health care  
8 providers to provide informed consent, and make only health  
9 care decisions for the principal which he or she believes the  
10 principal would have made under the circumstances if the  
11 principal were capable of making such decisions. This  
12 substituted-judgment standard is the preferred standard of  
13 decisionmaking to be used by health care surrogates, persons  
14 who have durable powers of attorney for health care, and proxy  
15 decisionmakers. However, if there is no indication of what the  
16 principal would have chosen, the surrogate may consider the  
17 patient's best interest in deciding that proposed treatments  
18 are to be withheld or that treatments currently in effect are  
19 to be withdrawn.

20           Section 81. Subsections (2) and (3) of section  
21 765.401, Florida Statutes, are amended to read:

22           765.401 The proxy.--

23           (2) Any health care decision made under this part must  
24 be based on the proxy's informed consent and on the decision  
25 the proxy reasonably believes the patient would have made  
26 under the circumstances. This substituted-judgment standard is  
27 the preferred standard of decisionmaking to be used by a  
28 proxy. However, if there is no indication of what the patient  
29 would have chosen, the proxy may consider the patient's best  
30 interest in deciding that proposed treatments are to be  
31 withheld or that treatments currently in effect are to be

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1 withdrawn.

2 (3) Before exercising the incapacitated patient's  
3 rights to select or decline health care, the proxy must comply  
4 with the provisions of ss. 765.205 and 765.305, except that a  
5 proxy's decision to withhold or withdraw life-prolonging  
6 procedures must be supported by clear and convincing evidence  
7 that the decision would have been the one the patient would  
8 have chosen had the patient been competent or, if there is no  
9 indication of what the patient would have chosen, that the  
10 decision is in the patient's best interest.

11 Section 82. The Legislature finds that the area of  
12 physician specialty training is of great importance to the  
13 citizens of this state and that specialty training and  
14 certification creates a higher level of proficiency for the  
15 physician and improves the delivery of health care to  
16 Floridians. Because much confusion exists among the patient  
17 population and physicians as to the requirements for board  
18 certification, the Legislature directs the Department of  
19 Health to conduct an interim study of the area of specialty  
20 certification for the Board of Medicine and the Board of  
21 Osteopathic Medicine. The study should review current Florida  
22 Statutes and board rules to determine if any barriers exist in  
23 board recognition of certifying and physician-certifying  
24 organizations and if restrictions placed on a licensee's  
25 speech both target an identifiable harm and mitigate against  
26 such harm in a direct and effective manner. A final report  
27 shall be provided no later than January 1, 2002, to the  
28 President of the Senate and the Speaker of the House of  
29 Representatives for distribution to the chairs of the  
30 health-care-related committees.

31 Section 83. Paragraph (d) of subsection (2) of section

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1 499.012, Florida Statutes, is amended to read:

2 499.012 Wholesale distribution; definitions; permits;  
3 general requirements.--

4 (2) The following types of wholesaler permits are  
5 established:

6 (d) A retail pharmacy wholesaler's permit. A retail  
7 pharmacy wholesaler is a retail pharmacy engaged in wholesale  
8 distribution of prescription drugs within this state under the  
9 following conditions:

10 1. The pharmacy must obtain a retail pharmacy  
11 wholesaler's permit pursuant to ss. 499.001-499.081 and the  
12 rules adopted under those sections.

13 2. The wholesale distribution activity does not exceed  
14 30 percent of the total annual purchases of prescription  
15 drugs. If the wholesale distribution activity exceeds the  
16 30-percent maximum, the pharmacy must obtain a prescription  
17 drug wholesaler's permit.

18 3. The transfer of prescription drugs that appear in  
19 any schedule contained in chapter 893 is subject to chapter  
20 893 and the federal Comprehensive Drug Abuse Prevention and  
21 Control Act of 1970.

22 4. The transfer is between a retail pharmacy and  
23 another retail pharmacy, a Modified Class II institutional  
24 pharmacy, or a health care practitioner licensed in this state  
25 and authorized by law to dispense or prescribe prescription  
26 drugs.

27 5. All records of sales of prescription drugs subject  
28 to this section must be maintained separate and distinct from  
29 other records and comply with the recordkeeping requirements  
30 of ss. 499.001-499.081.

31 Section 84. Section 627.613, Florida Statutes, is

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1 amended to read:

2           627.613 Time of payment of claims.--

3           (1) The contract shall include the following  
4 provision:

5  
6           "Time of Payment of Claims: After receiving written  
7 proof of loss, the insurer will pay monthly all benefits then  
8 due for ...(type of benefit)... Benefits for any other loss  
9 covered by this policy will be paid as soon as the insurer  
10 receives proper written proof."

11

12           (2)(a) As used in this section, the term "clean claim"  
13 for a noninstitutional provider means a claim submitted on a  
14 HCFA 1500 form which has no defect or impropriety, including  
15 lack of required substantiating documentation for  
16 noncontracted providers and suppliers, or particular  
17 circumstances requiring special treatment which prevent timely  
18 payment from being made on the claim. A claim may not be  
19 considered not clean solely because a health insurer refers  
20 the claim to a medical specialist within the insurer for  
21 examination. If additional substantiating documentation, such  
22 as the medical record or encounter data, is required from a  
23 source outside the insurer, the claim is considered not clean.  
24 This definition of "clean claim" is repealed on the effective  
25 date of rules adopted by the department which define the term  
26 "clean claim."

27           (b) Absent a written definition that is agreed upon  
28 through contract, the term "clean claim" for an institutional  
29 claim is a properly and accurately completed paper or  
30 electronic billing instrument that consists of the UB-92 data  
31 set or its successor with entries stated as mandatory by the

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1 National Uniform Billing Committee.

2 (3)(a) A health insurer shall pay any clean claim or  
3 any portion of a clean claim made by a contract provider for  
4 services or goods provided under a contract with the health  
5 insurer, or a clean claim made by a noncontracted provider  
6 which the insurer does not contest or deny, within 45 days  
7 after receipt of the claim by the health insurer which is  
8 mailed or electronically transferred by the provider.

9 (b) A health insurer that denies or contests a  
10 provider's claim or any portion of a claim must notify the  
11 provider, in writing, within 45 days after the health insurer  
12 receives the claim that the claim is contested or denied. The  
13 notice that the claim is denied or contested must identify the  
14 contested portion of the claim and the specific reason for  
15 contesting or denying the claim, and, if contested, must  
16 include a request for additional medical information. If the  
17 provider submits additional information, the provider must,  
18 within 30 days after receipt of the request, mail or  
19 electronically transfer the information to the health insurer.  
20 The health insurer shall pay or deny the claim or portion of  
21 the claim within 45 days after receipt of the information.

22 (4) Payment of a claim is considered made on the date  
23 the payment was received, electronically transferred, or  
24 otherwise delivered. An overdue payment of a claim bears  
25 simple interest at the rate of 10 percent per year. Interest  
26 on an overdue payment for a clean claim, or for any  
27 uncontested portion of a clean claim, begins to accrue on the  
28 46th day after the date the claim is received. The interest is  
29 payable with the payment of the claim.

30 (5) A health insurer must pay or deny a claim not  
31 later than 120 days after receiving the claim. Failure to do

1 so creates an uncontestable obligation for the health insurer  
2 to pay the claim to the provider.

3 (6) If the claim has been electronically transmitted  
4 to the health insurer, a provider's claim for payment shall be  
5 considered received by the health insurer on the date receipt  
6 is verified electronically or, if the claim is mailed to the  
7 address provided by the insurer, on the date indicated on the  
8 return receipt. A provider may not submit a duplicate claim  
9 until 45 days following submission of the original claim.

10 (7) A provider, or the provider's designee, who bills  
11 electronically must be provided with an electronic  
12 acknowledgment of the receipt of a claim within 72 hours.

13 (8) A health insurer may not retroactively deny a  
14 claim because of an insured's ineligibility more than 1 year  
15 after the date of payment of a clean claim.

16 (9) The department shall adopt rules to establish  
17 claim-filing standards that are consistent with federal  
18 claim-filing standards required by the United States Secretary  
19 of Health and Human Services. The department shall adopt rules  
20 to require the code sets that are consistent with those  
21 adopted by the United States Secretary of Health and Human  
22 Services. These code sets shall apply to both electronic and  
23 paper claims. A codeset, as defined by the Secretary,  
24 includes both the codes and the descriptors of the codes.

25 (10) Contracted and noncontracted health care  
26 providers who have a claims dispute that is not resolved by  
27 the health insurer and provider may submit the claims dispute  
28 to statewide provider and managed care organization claim  
29 dispute resolution program created by s. 408.7057 to have the  
30 claims dispute reviewed and considered by the resolution  
31 organization.

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1           ~~(2) Health insurers shall reimburse all claims or any~~  
2 ~~portion of any claim from an insured or an insured's~~  
3 ~~assignees, for payment under a health insurance policy, within~~  
4 ~~45 days after receipt of the claim by the health insurer. If~~  
5 ~~a claim or a portion of a claim is contested by the health~~  
6 ~~insurer, the insured or the insured's assignees shall be~~  
7 ~~notified, in writing, that the claim is contested or denied,~~  
8 ~~within 45 days after receipt of the claim by the health~~  
9 ~~insurer. The notice that a claim is contested shall identify~~  
10 ~~the contested portion of the claim and the reasons for~~  
11 ~~contesting the claim.~~

12           ~~(3) A health insurer, upon receipt of the additional~~  
13 ~~information requested from the insured or the insured's~~  
14 ~~assignees shall pay or deny the contested claim or portion of~~  
15 ~~the contested claim, within 60 days.~~

16           ~~(4) An insurer shall pay or deny any claim no later~~  
17 ~~than 120 days after receiving the claim.~~

18           ~~(5) Payment shall be treated as being made on the date~~  
19 ~~a draft or other valid instrument which is equivalent to~~  
20 ~~payment was placed in the United States mail in a properly~~  
21 ~~addressed, postpaid envelope or, if not so posted, on the date~~  
22 ~~of delivery.~~

23           ~~(6) All overdue payments shall bear simple interest at~~  
24 ~~the rate of 10 percent per year.~~

25           ~~(11)(7)~~ Upon written notification by an insured, an  
26 insurer shall investigate any claim of improper billing by a  
27 physician, hospital, or other health care provider. The  
28 insurer shall determine if the insured was properly billed for  
29 only those procedures and services that the insured actually  
30 received. If the insurer determines that the insured has been  
31 improperly billed, the insurer shall notify the insured and



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1 the provider of its findings and shall reduce the amount of  
2 payment to the provider by the amount determined to be  
3 improperly billed. If a reduction is made due to such  
4 notification by the insured, the insurer shall pay to the  
5 insured 20 percent of the amount of the reduction up to \$500.

6 Section 85. Except as otherwise provided herein, this  
7 act shall take effect July 1, 2001.

8  
9

10 ===== T I T L E A M E N D M E N T =====

11 And the title is amended as follows:

12 On page 1, lines 2 through 10,  
13 remove from the title of the bill: all of said lines  
14  
15 and insert in lieu thereof:

16 An act relating to health care regulation;  
17 amending s. 483.245, F.S.; prohibiting rebate  
18 or split-fee arrangements with dialysis  
19 facilities for patient referrals to clinical  
20 laboratories; providing penalties; amending s.  
21 232.435, F.S.; providing training requirements  
22 for a first responder and teacher athletic  
23 trainer; amending s. 381.6021, F.S.;  
24 prohibiting rules that establish standards and  
25 guidelines for organ and tissue procurement  
26 from allowing the pooling of human cells or  
27 tissue; amending s. 383.14, F.S.; amending  
28 screening requirements for postnatal screening;  
29 amending s. 395.0197, F.S.; revising provisions  
30 relating to hospital and ambulatory surgical  
31 center internal risk management programs;

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1        modifying requirements for risk management and  
2        prevention education and training; restricting  
3        participation of unlicensed persons in surgical  
4        procedures; requiring ongoing evaluation of  
5        surgical procedures and protocols; eliminating  
6        an annual report summarizing facility incident  
7        reports and disciplinary actions; requiring the  
8        Agency for Health Care Administration to  
9        publish website summaries of adverse incident  
10       reports; requiring facility reporting of  
11       allegations of sexual misconduct by health care  
12       practitioners; providing certain civil  
13       liability for licensed risk managers;  
14       prohibiting intimidation of a risk manager;  
15       providing a penalty; amending s. 395.10972,  
16       F.S.; increasing membership on the Health Care  
17       Risk Management Advisory Council; amending s.  
18       395.701, F.S.; limiting the financial  
19       information the agency may require to determine  
20       the amount of hospital annual assessments;  
21       amending s. 409.905, F.S.; providing that the  
22       Agency for Health Care Administration may  
23       restrict the provision of mandatory services by  
24       mobile providers; amending s. 409.906, F.S.;  
25       providing that the agency may restrict or  
26       prohibit the provision of services by mobile  
27       providers; providing that Medicaid will not  
28       provide reimbursement for dental services  
29       provided in mobile dental units, except for  
30       certain units; amending s. 456.013, F.S.;  
31       providing a professional continuing education

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1 requirement relating to prevention of medical  
2 errors; amending s. 456.057, F.S.; providing  
3 for appointment of a records custodian under  
4 certain circumstances; amending s. 456.063,  
5 F.S.; requiring licensed health care  
6 practitioners to report to the Department of  
7 Health any allegations of sexual misconduct;  
8 amending s. 456.072, F.S.; providing additional  
9 grounds for disciplinary actions; clarifying a  
10 penalty involving restriction of professional  
11 practice or license; providing additional  
12 penalties; requiring assessment of costs  
13 related to investigation and prosecution;  
14 amending s. 456.073, F.S.; requiring the  
15 Department of Health to notify the patient or  
16 legal representative of the status of a  
17 disciplinary case; requiring the department to  
18 provide certain information to the complainant;  
19 providing time limitations on the filing of  
20 administrative complaints against licensees of  
21 the department; amending s. 456.074, F.S.;  
22 providing for an emergency order suspending the  
23 license of any practitioner for fraud; amending  
24 s. 456.077, F.S.; specifying violations for  
25 which the Department of Health or a regulatory  
26 board may issue citations; amending s. 456.081,  
27 F.S.; requiring the Department of Health and  
28 regulatory boards to maintain a website  
29 containing specified information; creating s.  
30 458.3147, F.S.; providing automatic eligibility  
31 for admission to any medical school in the

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1 State University System for military academy  
2 students or graduates who qualify for the  
3 Medical Corps of the United States military;  
4 providing for waiver or refund of application  
5 fees; amending ss. 458.331 and 459.015, F.S.;  
6 conforming language and cross references to  
7 changes made by the act; amending s. 641.51,  
8 F.S.; revising adverse determination  
9 provisions; amending ss. 465.019 and 465.0196,  
10 F.S.; requiring institutional pharmacies and  
11 special pharmacy permittees that use pharmacy  
12 technicians to have a written policy and  
13 procedures manual; directing the Department of  
14 Health and the Agency for Health Care  
15 Administration to review health care  
16 practitioner and facility reporting  
17 requirements; requiring a report to the  
18 Legislature; amending s. 468.1755, F.S.;  
19 providing an additional ground for disciplinary  
20 action against a nursing home administrator;  
21 reenacting ss. 468.1695(3) and 468.1735, F.S.,  
22 to incorporate said amendment in references;  
23 reenacting s. 484.056(1)(a), F.S., relating to  
24 disciplinary action against hearing aid  
25 specialists, to incorporate the amendment to s.  
26 456.072(1), in a reference; amending s.  
27 766.101, F.S.; providing that a continuous  
28 quality improvement committee of a licensed  
29 pharmacy is a medical review committee for  
30 purposes of immunity from liability, and  
31 reenacting ss. 440.105(1)(a) and 626.989(6),

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1 F.S., to incorporate said amendment in  
2 references; creating s. 627.6474, F.S.;  
3 prohibiting health insurers from requiring  
4 certain contracted health care practitioners to  
5 accept the terms of other health care  
6 contracts as a condition of continuation or  
7 renewal; providing exceptions; amending s.  
8 627.662, F.S.; applying this prohibition to  
9 group health insurance, blanket health  
10 insurance, and franchise health insurance;  
11 amending s. 641.315, F.S.; applying this  
12 prohibition to health maintenance  
13 organizations; amending s. 766.1115, F.S.;  
14 conforming language and cross references to  
15 changes made by the act; amending s. 456.047,  
16 F.S.; providing intent; revising and providing  
17 definitions; revising duties of the Department  
18 of Health relating to file maintenance;  
19 providing that primary source data verified by  
20 the department or its designee may be relied  
21 upon to meet accreditation purposes; amending  
22 s. 232.61, F.S.; requiring the Florida High  
23 School Activities Association to adopt bylaws  
24 which require students participating in  
25 interscholastic athletic competition or who are  
26 candidates for an interscholastic athletic team  
27 to satisfactorily pass a medical evaluation  
28 prior to participating in interscholastic  
29 athletic competition or engaging in practice  
30 with an interscholastic athletic team;  
31 providing requirements with respect to such

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1 evaluation; amending s. 240.4075, F.S.;

2 transferring the Nursing Student Loan

3 Forgiveness Program from the Department of

4 Education to the Department of Health;

5 including public schools, family practice

6 teaching hospitals, and specialty hospitals for

7 children as eligible facilities under the

8 program; exempting such facilities from the

9 fund-matching requirements of the program;

10 amending s. 240.4076, F.S.; transferring the

11 nursing scholarship program from the Department

12 of Education to the Department of Health;

13 providing requirements under the program for

14 students seeking to qualify for a nursing

15 faculty position and receive credit for work in

16 such a position; including nursing homes,

17 hospitals, public schools, colleges of nursing,

18 and community college nursing programs as

19 eligible facilities under the program;

20 transferring powers, duties, functions, rules,

21 records, personnel, property, and

22 appropriations and other funds relating to the

23 Nursing Student Loan Forgiveness Program and

24 the nursing scholarship program from the

25 Department of Education to the Department of

26 Health; amending s. 464.005, F.S.; providing

27 for future relocation of the headquarters of

28 the Board of Nursing; amending s. 464.008,

29 F.S.; revising education requirements for

30 licensure by examination; amending s. 464.009,

31 F.S.; revising requirements for licensure by

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1 endorsement; requiring submission of  
2 fingerprints for a criminal history check and a  
3 fee to cover the costs of such check; providing  
4 for an electronic applicant notification  
5 process; creating s. 464.0195, F.S.; creating  
6 the Florida Center for Nursing and providing  
7 its goals; creating s. 464.0196, F.S.;  
8 providing for a board of directors; providing  
9 for appointment of board members; providing for  
10 staggered terms; providing powers and duties;  
11 authorizing per diem and travel expenses;  
12 creating s. 464.0197, F.S.; declaring state  
13 budget support for the center; prohibiting the  
14 Board of Nursing from developing any rule  
15 relating to faculty/student clinical ratios  
16 until a specified time; requiring the Board of  
17 Nursing and the Department of Education to  
18 submit to the Legislature an implementation  
19 plan detailing the impact and cost of any such  
20 proposed rule change; amending s. 464.0205,  
21 F.S.; deleting the application and processing  
22 fee for applicants for a retired volunteer  
23 nurse certificate; requiring study by Office of  
24 Program Policy Analysis and Government  
25 Accountability of the feasibility of  
26 maintaining all of Medical Quality Assurance in  
27 one state agency; creating s. 456.0375, F.S.;  
28 requiring registration of certain clinics;  
29 providing requirements, including fees;  
30 providing rulemaking authority; requiring  
31 medical directors or clinic directors for such

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1 clinics and providing their duties and  
2 responsibilities; providing an appropriation;  
3 amending s. 456.031, F.S.; providing an  
4 alternative by which licensees under ch. 466,  
5 F.S., relating to dentistry, may comply with a  
6 general requirement that they take  
7 domestic-violence education courses; amending  
8 s. 456.033, F.S.; providing an alternative by  
9 which such licensees may comply with a general  
10 requirement that they take AIDS/HIV education  
11 courses; amending s. 627.419, F.S.; providing  
12 for appeals from certain adverse determinations  
13 relating to dental service claims; providing  
14 applicability; amending s. 468.302, F.S.;  
15 revising a provision relating to exemption from  
16 certification to use radiation on human beings;  
17 amending ss. 468.352, 468.355, 468.357,  
18 468.358, and 468.359, F.S.; revising  
19 definitions and provisions relating to  
20 licensure and use of titles and abbreviations  
21 to correct and conform terminology with respect  
22 to respiratory therapists and respiratory care  
23 practitioners; amending ss. 468.1155 and  
24 468.1215, F.S.; revising requirements for  
25 licensure to practice speech-language pathology  
26 or audiology and for certification of  
27 speech-language pathology or audiology  
28 assistants; amending s. 480.033, F.S.;  
29 correcting terminology in the definition of  
30 "massage"; amending s. 484.002, F.S.; amending  
31 and creating definitions; amending ss. 484.002,



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1 484.006, 484.012, F.S.; replacing references to  
2 the term "medical doctor" with the term  
3 "allopathic or osteopathic physician"; amending  
4 s. 484.013, F.S.; revising provisions  
5 prescribing violations and penalties applicable  
6 to the practice of opticianry; amending s.  
7 484.015, F.S.; revising inspection authority;  
8 amending s. 921.0022, F.S., relating to the  
9 Criminal Punishment Code; providing an offense  
10 severity ranking for the offense of practicing  
11 opticianry without a license; amending s.  
12 484.0445, F.S.; removing certain provisions  
13 relating to the training program for hearing  
14 aid specialists; amending s. 484.045, F.S.;  
15 revising requirements for licensure as a  
16 hearing aid specialist by examination; amending  
17 s. 490.012, F.S.; prohibiting the use of  
18 certain titles or descriptions relating to the  
19 practice of psychology or school psychology  
20 unless properly licensed; providing penalties;  
21 amending s. 490.014, F.S.; revising exemptions  
22 from regulation under ch. 490, F.S., relating  
23 to psychology; correcting a cross reference;  
24 amending s. 491.012, F.S.; revising  
25 prohibitions against unlicensed practice of  
26 clinical social work, marriage and family  
27 therapy, and mental health counseling to  
28 provide that practice by registered interns is  
29 lawful; amending s. 491.014, F.S.; revising  
30 exemptions from licensure under ch. 491, F.S.,  
31 relating to clinical, counseling, and

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1 psychotherapy services, to prohibit the use by  
2 certain employees of titles, names, or  
3 descriptions protected by the chapter; amending  
4 ss. 458.319, 459.008, and 765.102, F.S.;  
5 conforming terminology relating to palliative  
6 care; amending s. 765.101, F.S.; redefining the  
7 term "end-stage condition" with respect to  
8 health care advance directives; creating s.  
9 765.1025, F.S.; prescribing the content and  
10 suitability of palliative care; amending s.  
11 765.1103, F.S.; revising provisions relating to  
12 compliance with requests for pain management  
13 and palliative care; amending s. 765.205, F.S.;  
14 prescribing the standards of decisionmaking to  
15 be used in certain circumstances by health care  
16 surrogates, persons who have durable powers of  
17 attorney for health care, and proxy  
18 decisionmakers; amending s. 765.401, F.S.;  
19 prescribing the standards of decisionmaking to  
20 be used in certain circumstances by proxy  
21 decisionmakers; requiring the Department of  
22 Health to conduct an interim study on specialty  
23 certification and provide a report to the  
24 Legislature; amending s. 499.012, F.S.;  
25 authorizing transfer of prescription drugs  
26 between a retail pharmacy and a Modified Class  
27 II institutional pharmacy under a retail  
28 pharmacy wholesaler's permit; amending s.  
29 627.613, F.S.; amending time of payment of  
30 claims; providing effective dates.

31