

736-123AX-21

Bill No. CS for SB 992, 1st Eng.

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

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

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Representative(s) Rubio offered the following:

Amendment (with title amendment)

Remove from the bill: Everything after the enacting clause
and insert in lieu thereof:

Section 1. Section 409.905, Florida Statutes, is amended to read:
409.905 Mandatory Medicaid services.--The agency may make payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically necessary and in accordance with state and federal law. Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number of services, or any other adjustments necessary to comply with

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1 the availability of moneys and any limitations or directions
2 provided for in the General Appropriations Act or chapter 216.

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

16 (2) EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
17 TREATMENT SERVICES.--The agency shall pay for early and
18 periodic screening and diagnosis of a recipient under age 21
19 to ascertain physical and mental problems and conditions and
20 provide treatment to correct or ameliorate these problems and
21 conditions. These services include all services determined by
22 the agency to be medically necessary for the treatment,
23 correction, or amelioration of these problems, including
24 personal care, private duty nursing, durable medical
25 equipment, physical therapy, occupational therapy, speech
26 therapy, respiratory therapy, and immunizations.

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

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

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

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

26 (a) The agency is authorized to implement
27 reimbursement and utilization management reforms in order to
28 comply with any limitations or directions in the General
29 Appropriations Act, which may include, but are not limited to:
30 prior authorization for inpatient psychiatric days; enhanced
31 utilization and concurrent review programs for highly utilized

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

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

31 (c) Agency for Health Care Administration shall adjust

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1 a hospital's current inpatient per diem rate to reflect the
2 cost of serving the Medicaid population at that institution
3 if:

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

8 2. The hospital's Medicaid per diem rate is at least
9 25 percent below the Medicaid per patient cost for that year.

10

11 No later than November 1, 2000, the agency must provide
12 estimated costs for any adjustment in a hospital inpatient per
13 diem pursuant to this paragraph to the Executive Office of the
14 Governor, the House of Representatives General Appropriations
15 Committee, and the Senate Budget Committee. Before the agency
16 implements a change in a hospital's inpatient per diem rate
17 pursuant to this paragraph, the Legislature must have
18 specifically appropriated sufficient funds in the 2001-2002
19 General Appropriations Act to support the increase in cost as
20 estimated by the agency. This paragraph is repealed on July 1,
21 2001.

22 (6) HOSPITAL OUTPATIENT SERVICES.--The agency shall
23 pay for preventive, diagnostic, therapeutic, or palliative
24 care and other services provided to a recipient in the
25 outpatient portion of a hospital licensed under part I of
26 chapter 395, and provided under the direction of a licensed
27 physician or licensed dentist, except that payment for such
28 care and services is limited to \$1,500 per state fiscal year
29 per recipient, unless an exception has been made by the
30 agency, and with the exception of a Medicaid recipient under
31 age 21, in which case the only limitation is medical

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1 necessity.

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

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

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

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1 state law. The agency shall not pay for services that are
2 clinically unproven, experimental, or for purely cosmetic
3 purposes.

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

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

19 (12) TRANSPORTATION SERVICES.--The agency shall ensure
20 that appropriate transportation services are available for a
21 Medicaid recipient in need of transport to a qualified
22 Medicaid provider for medically necessary and
23 Medicaid-compensable services, provided a client's ability to
24 choose a specific transportation provider shall be limited to
25 those options resulting from policies established by the
26 agency to meet the fiscal limitations of the General
27 Appropriations Act. The agency may pay for transportation and
28 other related travel expenses as necessary only if these
29 services are not otherwise available.

30 Section 2. Section 409.906, Florida Statutes, is
31 amended to read:

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1 409.906 Optional Medicaid services.--Subject to
2 specific appropriations, the agency may make payments for
3 services which are optional to the state under Title XIX of
4 the Social Security Act and are furnished by Medicaid
5 providers to recipients who are determined to be eligible on
6 the dates on which the services were provided. Any optional
7 service that is provided shall be provided only when medically
8 necessary and in accordance with state and federal law.
9 Optional services rendered by providers in mobile units to
10 Medicaid recipients may be restricted or prohibited by the
11 agency.Nothing in this section shall be construed to prevent
12 or limit the agency from adjusting fees, reimbursement rates,
13 lengths of stay, number of visits, or number of services, or
14 making any other adjustments necessary to comply with the
15 availability of moneys and any limitations or directions
16 provided for in the General Appropriations Act or chapter 216.
17 If necessary to safeguard the state's systems of providing
18 services to elderly and disabled persons and subject to the
19 notice and review provisions of s. 216.177, the Governor may
20 direct the Agency for Health Care Administration to amend the
21 Medicaid state plan to delete the optional Medicaid service
22 known as "Intermediate Care Facilities for the Developmentally
23 Disabled." Optional services may include:

24 (1) ADULT DENTURE SERVICES.--The agency may pay for
25 dentures, the procedures required to seat dentures, and the
26 repair and reline of dentures, provided by or under the
27 direction of a licensed dentist, for a recipient who is age 21
28 or older. However, Medicaid will not provide reimbursement for
29 dental services provided in a mobile dental unit, except for a
30 mobile dental unit:

31 (a) Owned by, operated by, or having a contractual

1 agreement with the Department of Health and complying with
2 Medicaid's county health department clinic services program
3 specifications as a county health department clinic services
4 provider.

5 (b) Owned by, operated by, or having a contractual
6 arrangement with a federally qualified health center and
7 complying with Medicaid's federally qualified health center
8 specifications as a federally qualified health center
9 provider.

10 (c) Rendering dental services to Medicaid recipients,
11 21 years of age and older, at nursing facilities.

12 (d) Owned by, operated by, or having a contractual
13 agreement with a state-approved dental educational
14 institution.

15 (2) ADULT HEALTH SCREENING SERVICES.--The agency may
16 pay for an annual routine physical examination, conducted by
17 or under the direction of a licensed physician, for a
18 recipient age 21 or older, without regard to medical
19 necessity, in order to detect and prevent disease, disability,
20 or other health condition or its progression.

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

25 (4) BIRTH CENTER SERVICES.--The agency may pay for
26 examinations and delivery, recovery, and newborn assessment,
27 and related services, provided in a licensed birth center
28 staffed with licensed physicians, certified nurse midwives,
29 and midwives licensed in accordance with chapter 467, to a
30 recipient expected to experience a low-risk pregnancy and
31 delivery.

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1 (5) CASE MANAGEMENT SERVICES.--The agency may pay for
2 primary care case management services rendered to a recipient
3 pursuant to a federally approved waiver, and targeted case
4 management services for specific groups of targeted
5 recipients, for which funding has been provided and which are
6 rendered pursuant to federal guidelines. The agency is
7 authorized to limit reimbursement for targeted case management
8 services in order to comply with any limitations or directions
9 provided for in the General Appropriations Act.

10 Notwithstanding s. 216.292, the Department of Children and
11 Family Services may transfer general funds to the Agency for
12 Health Care Administration to fund state match requirements
13 exceeding the amount specified in the General Appropriations
14 Act for targeted case management services.

15 (6) CHILDREN'S DENTAL SERVICES.--The agency may pay
16 for diagnostic, preventive, or corrective procedures,
17 including orthodontia in severe cases, provided to a recipient
18 under age 21, by or under the supervision of a licensed
19 dentist. Services provided under this program include
20 treatment of the teeth and associated structures of the oral
21 cavity, as well as treatment of disease, injury, or impairment
22 that may affect the oral or general health of the individual.
23 However, Medicaid will not provide reimbursement for dental
24 services provided in a mobile dental unit, except for a mobile
25 dental unit:

26 (a) Owned by, operated by, or having a contractual
27 agreement with the Department of Health and complying with
28 Medicaid's county health department clinic services program
29 specifications as a county health department clinic services
30 provider.

31 (b) Owned by, operated by, or having a contractual

1 arrangement with a federally qualified health center and
2 complying with Medicaid's federally qualified health center
3 specifications as a federally qualified health center
4 provider.

5 (c) Rendering dental services to Medicaid recipients,
6 21 years of age and older, at nursing facilities.

7 (d) Owned by, operated by, or having a contractual
8 agreement with a state-approved dental educational
9 institution.

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

14 (8) COMMUNITY MENTAL HEALTH SERVICES.--The agency may
15 pay for rehabilitative services provided to a recipient by a
16 mental health or substance abuse provider licensed by the
17 agency and under contract with the agency or the Department of
18 Children and Family Services to provide such services. Those
19 services which are psychiatric in nature shall be rendered or
20 recommended by a psychiatrist, and those services which are
21 medical in nature shall be rendered or recommended by a
22 physician or psychiatrist. The agency must develop a provider
23 enrollment process for community mental health providers which
24 bases provider enrollment on an assessment of service need.
25 The provider enrollment process shall be designed to control
26 costs, prevent fraud and abuse, consider provider expertise
27 and capacity, and assess provider success in managing
28 utilization of care and measuring treatment outcomes.
29 Providers will be selected through a competitive procurement
30 or selective contracting process. In addition to other
31 community mental health providers, the agency shall consider

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1 for enrollment mental health programs licensed under chapter
2 395 and group practices licensed under chapter 458, chapter
3 459, chapter 490, or chapter 491. The agency is also
4 authorized to continue operation of its behavioral health
5 utilization management program and may develop new services if
6 these actions are necessary to ensure savings from the
7 implementation of the utilization management system. The
8 agency shall coordinate the implementation of this enrollment
9 process with the Department of Children and Family Services
10 and the Department of Juvenile Justice. The agency is
11 authorized to utilize diagnostic criteria in setting
12 reimbursement rates, to preauthorize certain high-cost or
13 highly utilized services, to limit or eliminate coverage for
14 certain services, or to make any other adjustments necessary
15 to comply with any limitations or directions provided for in
16 the General Appropriations Act.

17 (9) DIALYSIS FACILITY SERVICES.--Subject to specific
18 appropriations being provided for this purpose, the agency may
19 pay a dialysis facility that is approved as a dialysis
20 facility in accordance with Title XVIII of the Social Security
21 Act, for dialysis services that are provided to a Medicaid
22 recipient under the direction of a physician licensed to
23 practice medicine or osteopathic medicine in this state,
24 including dialysis services provided in the recipient's home
25 by a hospital-based or freestanding dialysis facility.

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

30 (11) HEALTHY START SERVICES.--The agency may pay for a
31 continuum of risk-appropriate medical and psychosocial

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

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

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

29 (14) HOSPICE CARE SERVICES.--The agency may pay for
30 all reasonable and necessary services for the palliation or
31 management of a recipient's terminal illness, if the services

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1 are provided by a hospice that is licensed under part VI of
2 chapter 400 and meets Medicare certification requirements.

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

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

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

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

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

31 (20) PRESCRIBED DRUG SERVICES.--The agency may pay for

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1 medications that are prescribed for a recipient by a physician
2 or other licensed practitioner of the healing arts authorized
3 to prescribe medications and that are dispensed to the
4 recipient by a licensed pharmacist or physician in accordance
5 with applicable state and federal law.

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

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

15 (23) VISUAL SERVICES.--The agency may pay for visual
16 examinations, eyeglasses, and eyeglass repairs for a
17 recipient, if they are prescribed by a licensed physician
18 specializing in diseases of the eye or by a licensed
19 optometrist.

20 (24) CHILD-WELFARE-TARGETED CASE MANAGEMENT.--The
21 Agency for Health Care Administration, in consultation with
22 the Department of Children and Family Services, may establish
23 a targeted case-management pilot project in those counties
24 identified by the Department of Children and Family Services
25 and for the community-based child welfare project in Sarasota
26 and Manatee counties, as authorized under s. 409.1671. These
27 projects shall be established for the purpose of determining
28 the impact of targeted case management on the child welfare
29 program and the earnings from the child welfare program.
30 Results of the pilot projects shall be reported to the Child
31 Welfare Estimating Conference and the Social Services

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1 Estimating Conference established under s. 216.136. The number
2 of projects may not be increased until requested by the
3 Department of Children and Family Services, recommended by the
4 Child Welfare Estimating Conference and the Social Services
5 Estimating Conference, and approved by the Legislature. The
6 covered group of individuals who are eligible to receive
7 targeted case management include children who are eligible for
8 Medicaid; who are between the ages of birth through 21; and
9 who are under protective supervision or postplacement
10 supervision, under foster-care supervision, or in shelter care
11 or foster care. The number of individuals who are eligible to
12 receive targeted case management shall be limited to the
13 number for whom the Department of Children and Family Services
14 has available matching funds to cover the costs. The general
15 revenue funds required to match the funds for services
16 provided by the community-based child welfare projects are
17 limited to funds available for services described under s.
18 409.1671. The Department of Children and Family Services may
19 transfer the general revenue matching funds as billed by the
20 Agency for Health Care Administration.

21 Section 3. Effective January 1, 2002, subsection (1)
22 of section 490.012, Florida Statutes, is amended to read:

23 490.012 Violations; penalties; injunction.--

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

28 (b) No person shall hold herself or himself out by any
29 professional title, name, or description incorporating the
30 words "school psychologist" unless such person holds a valid,
31 active license as a school psychologist under this chapter or

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1 is certified as a school psychologist by the Department of
2 Education.

3 ~~(c)(1)(a)~~ No person shall hold herself or himself out
4 by any title or description incorporating the words, or
5 permutations of them, "~~psychologist,~~" "psychology,"
6 "psychological," or "psychodiagnostic," ~~or "school~~
7 ~~psychologist,~~ "or describe any test or report as
8 psychological, unless such person holds a valid, active
9 license under this chapter or is exempt from the provisions of
10 this chapter.

11 ~~(d)(b)~~ No person shall hold herself or himself out by
12 any title or description incorporating the word, or a
13 permutation of the word, "psychotherapy" unless such person
14 holds a valid, active license under chapter 458, chapter 459,
15 chapter 490, or chapter 491, or such person is certified as an
16 advanced registered nurse practitioner, pursuant to s.
17 464.012, who has been determined by the Board of Nursing as a
18 specialist in psychiatric mental health.

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

23 Section 4. Effective January 1, 2002, section 490.014,
24 Florida Statutes, is amended to read:

25 490.014 Exemptions.--

26 (1)(a) No provision of this chapter shall be construed
27 to limit the practice of physicians licensed pursuant to
28 chapter 458 or chapter 459 so long as they do not hold
29 themselves out to the public as psychologists or use a
30 professional title protected by this chapter.

31 (b) No provision of this chapter shall be construed to

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1 limit the practice of nursing, clinical social work, marriage
2 and family therapy, mental health counseling, or other
3 recognized businesses or professions, or to prevent qualified
4 members of other professions from doing work of a nature
5 consistent with their training, so long as they do not hold
6 themselves out to the public as psychologists or use a title
7 or description protected by this chapter. Nothing in this
8 subsection shall be construed to exempt any person from the
9 provisions of s. 490.012.

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

12 (a) Is a salaried employee of a government agency;
13 developmental services program, mental health, alcohol, or
14 drug abuse facility operating pursuant to chapter 393, chapter
15 394, or chapter 397; subsidized child care program, subsidized
16 child care case management program, or child care resource and
17 referral program operating pursuant to chapter 402;
18 child-placing or child-caring agency licensed pursuant to
19 chapter 409; domestic violence center certified pursuant to
20 chapter 39; accredited academic institution; or research
21 institution, if such employee is performing duties for which
22 he or she was trained and hired solely within the confines of
23 such agency, facility, or institution, so long as the employee
24 is not held out to the public as a psychologist pursuant to s.
25 490.012(1)(a).

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

1 (c) Is a student who is pursuing a course of study
2 which leads to a degree in medicine or a profession regulated
3 by this chapter who is providing services in a training
4 setting, provided such activities or services constitute part
5 of a supervised course of study, or is a graduate accumulating
6 the experience required for any licensure under this chapter,
7 provided such graduate or student is designated by a title
8 such as "intern" or "trainee" which clearly indicates the
9 in-training status of the student.

10 (d) Is certified in school psychology by the
11 Department of Education and is performing psychological
12 services as an employee of a public or private educational
13 institution. Such exemption shall not be construed to
14 authorize any unlicensed practice which is not performed as a
15 direct employee of an educational institution.

16 (e) Is not a resident of the state but offers services
17 in this state, provided:

18 1. Such services are performed for no more than 5 days
19 in any month and no more than 15 days in any calendar year;
20 and

21 2. Such nonresident is licensed or certified by a
22 state or territory of the United States, or by a foreign
23 country or province, the standards of which were, at the date
24 of his or her licensure or certification, equivalent to or
25 higher than the requirements of this chapter in the opinion of
26 the department or, in the case of psychologists, in the
27 opinion of the board.

28 (f) Is a rabbi, priest, minister, or member of the
29 clergy of any religious denomination or sect when engaging in
30 activities which are within the scope of the performance of
31 his or her regular or specialized ministerial duties and for

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1 which no separate charge is made, or when such activities are
2 performed, with or without charge, for or under the auspices
3 or sponsorship, individually or in conjunction with others, of
4 an established and legally cognizable church, denomination, or
5 sect, and when the person rendering service remains
6 accountable to the established authority thereof.

7 (3) No provision of this chapter shall be construed to
8 limit the practice of any individual who solely engages in
9 behavior analysis so long as he or she does not hold himself
10 or herself out to the public as possessing a license issued
11 pursuant to this chapter or use a title or description
12 protected by this chapter.

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

15 (5) Except as stipulated by the board, the exemptions
16 contained in this section do not apply to any person licensed
17 under this chapter whose license has been suspended or revoked
18 by the board or another jurisdiction.

19 Section 5. Except as otherwise provided herein, this
20 act shall take effect July 1, 2001.

21
22

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

24 And the title is amended as follows:

25 remove from the title of the bill: everything before the
26 enacting clause

27

28 and insert in lieu thereof:

29 A bill to be entitled
30 An act relating to health care; amending s.
31 409.905, F.S.; providing that the Agency for

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1 Health Care Administration may restrict the
 2 provision of mandatory Medicaid services by
 3 mobile providers; amending s. 409.906, F.S.;
 4 providing that the agency may restrict or
 5 prohibit the provision of optional Medicaid
 6 services by mobile providers; providing that
 7 Medicaid will not provide reimbursement for
 8 dental services provided in mobile dental
 9 units, except for certain units; amending s.
 10 490.012, F.S.; prohibiting the use of certain
 11 titles or descriptions relating to the practice
 12 of psychology or school psychology unless
 13 properly licensed; providing penalties;
 14 amending s. 490.014, F.S.; revising exemptions
 15 from regulation under ch. 490, F.S., relating
 16 to psychology; providing effective dates.

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