22-1431-02 See HB

A bill to be entitled 1 2 An act relating to health regulation; 3 transferring to the Department of Health the powers, duties, functions, and assets that 4 5 relate to the consumer complaint services, investigations, and prosecutorial services 6 7 performed by the Agency for Health Care Administration under contract with the 8 department; amending s. 20.43, F.S.; deleting a 9 provision authorizing the department to enter 10 11 into such contract with the agency, to conform; updating a reference to provide the name of a 12 13 regulatory board under the Division of Medical Quality Assurance; amending s. 456.073, F.S.; 14 15 revising procedures and timeframes for formal hearings of health care practitioner 16 17 disciplinary cases; revising the charges and 18 manner of charging for disciplinary hearings; 19 providing fees; requiring a joint audit of 20 hearings and their billing formulas and a report to the Legislature; amending s. 456.076, 21 22 F.S.; requiring each impaired practitioner to 23 pay a portion of the cost of a consultant and 24 impaired practitioner program and the full cost 25 of the required treatment program or plan; 26 providing certain exceptions; repealing s. 27 456.047, F.S., to terminate the standardized 28 credentialing program for health care 29 practitioners; prohibiting the refund of moneys collected through the credentialing program; 30 31 amending ss. 456.039, 456.0391, 456.072, and

1 456.077, F.S.; removing references, to conform; amending s. 458.309, F.S.; requiring 2 3 accreditation of physician offices in which surgery is performed; amending s. 459.005, 4 5 F.S.; requiring accreditation of osteopathic 6 physician offices in which surgery is 7 performed; amending s. 456.004, F.S., relating 8 to powers and duties of the department; 9 requiring performance measures for certain 10 entities; providing procedures for considering 11 board requests to privatize regulatory functions; amending s. 456.009, F.S.; requiring 12 performance measures for certain legal and 13 investigative services and annual review of 14 such services to determine whether such 15 performance measures are being met; amending s. 16 17 456.011, F.S.; requiring regulatory board committee meetings, including probable cause 18 panels, to be held electronically unless 19 20 certain conditions are met; amending s. 456.026, F.S.; requiring inclusion of 21 performance measures for certain entities in 22 the department's annual report to the 23 24 Legislature; creating s. 458.3093, F.S.; requiring submission of credentials for initial 25 physician licensure to a national licensure 26 27 verification service; requiring verification of 28 such credentials by that service or an 29 equivalent program; creating s. 459.0053, F.S.; 30 requiring submission of credentials for initial 31 osteopathic physician licensure to a national

1 licensure verification service; requiring 2 verification of such credentials by that 3 service, a specified association, or an 4 equivalent program; amending ss. 458.331, 5 459.015, and 627.912, F.S.; raising the 6 malpractice closed claims reporting requirement 7 amount; amending s. 456.073, F.S.; requiring health care practitioner licensees to pay the 8 9 actual costs of investigation and prosecution 10 under certain circumstances; requiring cases in 11 which no probable cause has been found to be closed within a specified period of time; 12 13 requiring a study of the field office structure and organization of the Agency for Health Care 14 15 Administration and a report to the Legislature; amending s. 456.025, F.S.; eliminating certain 16 17 restrictions on the setting of licensure renewal fees for health care practitioners; 18 19 creating s. 456.0165, F.S.; restricting the 20 costs that may be charged by educational institutions hosting health care practitioner 21 licensure examinations; requiring that health 22 care practitioner licensure and licensure 23 24 renewal fees be set at the statutory fee cap or 25 at the level of actual regulatory costs, whichever is less; amending s. 468.301, F.S.; 26 27 revising the definition of "direct supervision" 28 applicable to the regulation of radiologic 29 technology; amending s. 468.302, F.S.; authorizing certified nuclear medicine 30 31 technologists to administer X radiation from

1 certain devices under certain circumstances; 2 exempting certain persons from radiologic 3 technologist certification and providing certain training requirements for such 4 5 exemption; amending s. 468.352, F.S.; revising 6 and providing definitions applicable to the 7 regulation of respiratory therapy; amending s. 8 468.355, F.S.; revising provisions relating to 9 respiratory therapy licensure and testing 10 requirements; amending s. 468.368, F.S.; 11 revising exemptions from respiratory therapy licensure requirements; repealing s. 468.356, 12 13 F.S., relating to the approval of educational programs; repealing s. 468.357, F.S., relating 14 to licensure by examination; requiring that 15 applications for health care practitioner 16 17 licensure and licensure renewal be submitted electronically beginning July 1, 2003; 18 19 directing the Division of Statutory Revision to 20 annually submit reviser's bills to adjust the statutory fee caps applicable to regulation of 21 health care practitioners; renumbering ss. 22 381.0602, 381.6021, 381.6022, 381.6023, 23 24 381.6024, and 381.6026, F.S., and renumbering and amending ss. 381.60225 and 381.6025, F.S., 25 to move provisions relating to organ and tissue 26 27 procurement, donation, and transplantation to part V, ch. 765, F.S., relating to anatomical 28 29 gifts; conforming cross-references; amending ss. 395.2050, 409.815, 765.5216, and 765.522, 30 F.S.; conforming cross-references; creating s. 31

1 765.539, F.S.; prohibiting cadaveric organ and 2 tissue procurement organizations from pooling 3 human cells or tissues; providing effective 4 dates. 5 6 Be It Enacted by the Legislature of the State of Florida: 7 8 Section 1. (1) Effective July 1, 2002, all powers, duties, functions, records, personnel, property, and 9 10 unexpended balances of appropriations, allocations, and other 11 funds of the Agency for Health Care Administration which relate to consumer complaint services, investigations, and 12 prosecutorial services currently provided by the Agency for 13 Health Care Administration under a contract with the 14 Department of Health are transferred to the Department of 15 Health by a type two transfer, as defined in section 20.06(2), 16 Florida Statutes. This transfer of funds shall include all 17 advance payments made from the Medical Quality Assurance Trust 18 19 Fund to the Agency for Health Care Administration. (2)(a) Effective July 1, 2002, 281 full-time 20 21 equivalent positions are eliminated from the Agency for Health Care Administration's total number of authorized positions. 22 Effective July 1, 2002, 273 full-time equivalent positions are 23 24 authorized for the Department of Health, to be added to the 25 department's total number of authorized positions. Any such position transferred to the Department of Health which remains 26 27 unfilled 90 days after the transfer shall be eliminated. (b) All records, personnel, and funds of the consumer 28 29 complaint and investigative services units of the agency are 30 transferred and assigned to the Division of Medical Quality 31 Assurance of the Department of Health.

- (c) All records, personnel, and funds of the health care practitioner prosecutorial unit of the agency are transferred and assigned to the Office of the General Counsel of the Department of Health.
- in interest in all legal proceedings and contracts currently involving the Agency for Health Care Administration and relating to health care practitioner regulation. Except as provided in this section, no legal proceeding shall be dismissed, nor any contract terminated, on the basis of this type two transfer. The interagency agreement between the Department of Health and the Agency for Health Care Administration shall terminate on June 30, 2002.
- Section 2. Paragraph (g) of subsection (3) of section 20.43, Florida Statutes, is amended to read:
 - 20.43 Department of Health.--There is created a Department of Health.
 - (3) The following divisions of the Department of Health are established:
 - (g) Division of Medical Quality Assurance, which is responsible for the following boards and professions established within the division:
 - 1. The Board of Acupuncture, created under chapter 457.
 - 2. The Board of Medicine, created under chapter 458.
 - 3. The Board of Osteopathic Medicine, created under chapter 459.
 - 4. The Board of Chiropractic Medicine, created under chapter 460.
- 5. The Board of Podiatric Medicine, created under chapter 461.

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- 6. Naturopathy, as provided under chapter 462.
 - 7. The Board of Optometry, created under chapter 463.
- 8. The Board of Nursing, created under part I of chapter 464.
- 9. Nursing assistants, as provided under part II of chapter 464.
 - 10. The Board of Pharmacy, created under chapter 465.
 - 11. The Board of Dentistry, created under chapter 466.
 - 12. Midwifery, as provided under chapter 467.
- 13. The Board of Speech-Language Pathology and Audiology, created under part I of chapter 468.
- 14. The Board of Nursing Home Administrators, created under part II of chapter 468.
- 15. The Board of Occupational Therapy, created under part III of chapter 468.
- 16. <u>The Board of Respiratory Care therapy</u>, as <u>created</u> provided under part V of chapter 468.
- 17. Dietetics and nutrition practice, as provided under part X of chapter 468.
- 18. The Board of Athletic Training, created under part XIII of chapter 468.
 - 19. The Board of Orthotists and Prosthetists, created under part XIV of chapter 468.
 - 20. Electrolysis, as provided under chapter 478.
- 21. The Board of Massage Therapy, created under chapter 480.
- 22. The Board of Clinical Laboratory Personnel, created under part III of chapter 483.
- 23. Medical physicists, as provided under part IV of chapter 483.

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1 The Board of Opticianry, created under part I of 2 chapter 484. 3 25. The Board of Hearing Aid Specialists, created 4 under part II of chapter 484. 5 The Board of Physical Therapy Practice, created 6 under chapter 486. 7 27. The Board of Psychology, created under chapter 8 490. 9 28. School psychologists, as provided under chapter 10 490. 11 The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under 12 13 chapter 491. 14 15 The department may contract with the Agency for Health Care 16 Administration who shall provide consumer complaint, 17 investigative, and prosecutorial services required by the 18 Division of Medical Quality Assurance, councils, or boards, as 19 appropriate. Section 3. Subsection (5) of section 456.073, Florida 20 21 Statutes, is amended to read: 456.073 Disciplinary proceedings.--Disciplinary 22 proceedings for each board shall be within the jurisdiction of 23 24 the department. 25 (5)(a) A formal hearing before an administrative law judge from the Division of Administrative Hearings shall be 26

held pursuant to chapter 120 if there are any disputed issues

administrative complaint. The administrative law judge shall

of material fact raised within 45 days after service of the

issue a recommended order pursuant to chapter 120.

31 party raises an issue of disputed fact during an informal

hearing, the hearing shall be terminated and a formal hearing pursuant to chapter 120 shall be held.

- (b) Notwithstanding s. 120.569(2), the department shall notify the division within 45 days after receipt of a petition or request for a hearing which the department has determined requires a formal hearing before an administrative law judge.
- (c) The division shall maintain time records for each case it receives. The division shall charge its expenses to the Medical Quality Assurance Trust Fund based on an hourly rate set forth in this paragraph. The costs charged shall include actual travel and copying expenses plus a \$100 hourly fee for the actual time spent on the case by the administrative law judge or hearing officer. There shall be a one-time filing fee per case of \$50. There shall be no charge for hearings cancelled more than 21 days in advance. Hearings cancelled between 3 and 21 days in advance shall be billed for actual expenses incurred, including travel cancellation fees actually incurred. For any formal hearing cancelled less than 72 hours before the start of the hearing, actual expenses incurred and a cancellation fee of \$250 shall be billed.

Section 4. All payments made after July 1, 2002, by the Department of Health to the Division of Administrative

Hearings which are based on a formula in effect prior to that date shall revert to the Department of Health. Effective July 1, 2002, the Division of Administrative Hearings shall bill the Department of Health in accordance with section 456.073(5), Florida Statutes.

Section 5. The Office of Program Policy Analysis and Government Accountability and the Auditor General shall conduct a joint audit of all hearings and billings therefor

conducted by the Division of Administrative Hearings for all state agencies and nonstate agencies and shall present a 2 3 report to the President of the Senate and the Speaker of the House of Representatives on or before January 1, 2003, which 4 5 contains findings and recommendations regarding the manner in which the division charges for its services. The report shall 6 7 recommend alternative billing formulas. 8 Section 6. Subsection (7) is added to section 456.076, Florida Statutes, to read: 9 10 456.076 Treatment programs for impaired 11 practitioners.--(7) Each licensee participating in an impaired 12 practitioner program pursuant to this section shall pay a 13 minimum of 40 percent of the costs of the consultant and 14 impaired practitioner program incurred as a result of that 15 licensee, unless the consultant finds the licensee to be 16 17 financially unable to pay. Payment of these costs shall be a condition of the contract between the impaired practitioner 18 19 program and the impaired practitioner. Failure to pay the required costs shall be a violation of the contract, unless 20 prior arrangements have been made with the impaired 21 practitioner program. If the licensee has entered the 22 impaired practitioner program as a result of a disciplinary 23 24 investigation, such payment shall be included in the final 25 order imposing discipline. The remaining costs shall be paid out of the Medical Quality Assurance Trust Fund or other 26 27 federal, state, or private program funds. Each licensee shall 28 pay the full cost of the approved treatment program or other 29 treatment plan required by the impaired practitioner program, 30 unless private funds are available to assist with such 31 payment.

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Section 7. <u>Section 456.047, Florida Statutes, is</u> repealed.

Section 8. All revenues associated with section
456.047, Florida Statutes, and collected by the Department of
Health on or before July 1, 2002, shall remain in the Medical
Quality Assurance Trust Fund, and no refunds shall be given.

Section 9. Paragraph (d) of subsection (4) of section 456.039, Florida Statutes, is amended to read:

456.039 Designated health care professionals; information required for licensure.--

(4)

(d) Any applicant for initial licensure or renewal of licensure as a health care practitioner who submits to the Department of Health a set of fingerprints or information required for the criminal history check required under this section shall not be required to provide a subsequent set of fingerprints or other duplicate information required for a criminal history check to the Agency for Health Care Administration, the Department of Juvenile Justice, or the Department of Children and Family Services for employment or licensure with such agency or department if the applicant has undergone a criminal history check as a condition of initial licensure or licensure renewal as a health care practitioner with the Department of Health or any of its regulatory boards, notwithstanding any other provision of law to the contrary. In lieu of such duplicate submission, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Children and Family Services shall obtain criminal history information for employment or licensure of health care practitioners by such agency and departments from

the Department of <u>Health</u> Health's health care practitioner credentialing system.

Section 10. Paragraph (d) of subsection (4) of section 456.0391, Florida Statutes, is amended to read:

456.0391 Advanced registered nurse practitioners; information required for certification.--

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(d) Any applicant for initial certification or renewal of certification as an advanced registered nurse practitioner who submits to the Department of Health a set of fingerprints and information required for the criminal history check required under this section shall not be required to provide a subsequent set of fingerprints or other duplicate information required for a criminal history check to the Agency for Health Care Administration, the Department of Juvenile Justice, or the Department of Children and Family Services for employment or licensure with such agency or department, if the applicant has undergone a criminal history check as a condition of initial certification or renewal of certification as an advanced registered nurse practitioner with the Department of Health, notwithstanding any other provision of law to the contrary. In lieu of such duplicate submission, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Children and Family Services shall obtain criminal history information for employment or licensure of persons certified under s. 464.012 by such agency or department from the Department of Health Health's health care practitioner credentialing system.

456.072, Florida Statutes, is amended to read:

Section 11. Paragraph (v) of subsection (1) of section

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30 31 456.072 Grounds for discipline; penalties; enforcement.--

- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (v) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application.

Section 12. Subsection (2) of section 456.077, Florida Statutes, is amended to read:

456.077 Authority to issue citations.--

(2) The board, or the department if there is no board, shall adopt rules designating violations for which a citation may be issued. Such rules shall designate as citation violations those violations for which there is no substantial threat to the public health, safety, and welfare. Violations for which a citation may be issued shall include violations of continuing education requirements; failure to timely pay required fees and fines; failure to comply with the requirements of ss. 381.026 and 381.0261 regarding the dissemination of information regarding patient rights; failure to comply with advertising requirements; failure to timely update practitioner profile and credentialing files; failure to display signs, licenses, and permits; failure to have required reference books available; and all other violations that do not pose a direct and serious threat to the health and safety of the patient.

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Section 13. Subsection (3) of section 458.309, Florida Statutes, is amended to read:

458.309 Authority to make rules.--

(3) All physicians who perform level 2 procedures lasting more than 5 minutes and all level 3 surgical procedures in an office setting must register the office with the department unless that office is licensed as a facility pursuant to chapter 395. Each office that is required under this subsection to be registered must be The department shall inspect the physician's office annually unless the office is accredited by a nationally recognized accrediting agency approved by the Board of Medicine by rule or an accrediting organization subsequently approved by the Board of Medicine by rule. Each office registered but not accredited as required by this subsection must achieve full and unconditional accreditation no later than July 1, 2003, and must maintain unconditional accreditation as long as procedures described in this subsection which require the office to be registered and accredited are performed. Accreditation reports shall be submitted to the department. The actual costs for registration and inspection or accreditation shall be paid by the person seeking to register and operate the office setting in which office surgery is performed. The board may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this subsection.

Section 14. Subsection (2) of section 459.005, Florida Statutes, is amended to read:

459.005 Rulemaking authority.--

(2) All <u>osteopathic</u> physicians who perform level 2 procedures lasting more than 5 minutes and all level 3 surgical procedures in an office setting must register the

office with the department unless that office is licensed as a facility pursuant to chapter 395. Each office that is 2 3 required under this subsection to be registered must be The department shall inspect the physician's office annually 4 5 unless the office is accredited by a nationally recognized 6 accrediting agency approved by the Board of Medicine or the 7 Board of Osteopathic Medicine by rule or an accrediting 8 organization subsequently approved by the Board of Medicine or the Board of Osteopathic Medicine by rule. Each office 9 10 registered but not accredited as required by this subsection 11 must achieve full and unconditional accreditation no later than July 1, 2003, and must maintain unconditional 12 accreditation as long as procedures described in this 13 subsection which require the office to be registered and 14 accredited are performed. Accreditation reports shall be 15 submitted to the department. The actual costs for registration 16 17 and inspection or accreditation shall be paid by the person seeking to register and operate the office setting in which 18 19 office surgery is performed. The Board of Osteopathic Medicine may adopt rules pursuant to ss. 120.536(1) and 120.54 20 21 to implement this subsection. Section 15. Subsections (11) and (12) are added to 22 section 456.004, Florida Statutes, to read: 23 24 456.004 Department; powers and duties.--The department, for the professions under its jurisdiction, shall: 25 26 (11) Require objective performance measures for all 27 bureaus, units, boards, contracted entities, and board executive directors which reflect the expected quality and 28 29 quantity of services. 30 (12) Consider all board requests to use private vendors for particular regulatory functions. In considering a

board request, the department shall conduct a cost-benefit analysis to determine if the function could be appropriately 2 3 and successfully performed by a private entity at a lower cost or with improved efficiency. If after reviewing the 4 5 department's cost-benefit analysis the board desires to 6 contract with a vendor for a particular regulatory function 7 and the board has a positive cash balance, the department 8 shall enter into a contract for the service. The contract 9 shall include objective performance measures that reflect the 10 expected quality and quantity of the service and shall include 11 a provision that terminates the contract if the service falls below expected levels. For purposes of this subsection, a 12 'regulatory function" shall be defined to include licensure, 13 14 licensure renewal, examination, complaint analysis, investigation, or prosecution. 15 Section 16. Subsection (1) of section 456.009, Florida 16 17 Statutes, is amended to read: 456.009 Legal and investigative services .--18 19 (1) The department shall provide board counsel for 20 boards within the department by contracting with the 21 Department of Legal Affairs, by retaining private counsel pursuant to s. 287.059, or by providing department staff 22 counsel. The primary responsibility of board counsel shall be 23 24 to represent the interests of the citizens of the state. A board shall provide for the periodic review and evaluation of 25 the services provided by its board counsel. Fees and costs of 26 27 such counsel shall be paid from a trust fund used by the 28 department to implement this chapter, subject to the 29 provisions of s. 456.025. All contracts for independent 30 counsel shall provide for periodic review and evaluation by 31 the board and the department of services provided. All legal

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1 and investigative services shall be reviewed by the department annually to determine if such services are meeting the 2 3 performance measures specified in law and in the contract. All 4 contracts for legal and investigative services must include 5 objective performance measures that reflect the expected 6 quality and quantity of the contracted services. 7 Section 17. Subsection (6) is added to section 8 456.011, Florida Statutes, to read: 9 456.011 Boards; organization; meetings; compensation 10 and travel expenses. --11 (6) Meetings of board committees, including probable cause panels, shall be conducted electronically unless held 12 concurrently with, or on the day immediately before or after, 13 14 a regularly scheduled in-person board meeting. However, if a 15 particular committee meeting is expected to last more than 5 hours and cannot be held before or after the in-person board 16 meeting, the chair of the committee may request special 17 permission from the director of the Division of Medical 18 19 Quality Assurance to hold an in-person committee meeting in 20 Tallahassee. Section 18. Subsection (11) is added to section 21 456.026, Florida Statutes, to read: 22 456.026 Annual report concerning finances, 23 24 administrative complaints, disciplinary actions, and 25 recommendations. -- The department is directed to prepare and submit a report to the President of the Senate and the Speaker

of the House of Representatives by November 1 of each year. In

addition to finances and any other information the Legislature

may require, the report shall include statistics and relevant

information, profession by profession, detailing:

1 (11) The performance measures for all bureaus, units, boards, and contracted entities required by the department to 2 3 reflect the expected quality and quantity of services, and a description of any effort to improve the performance of such 4 5 services. 6 Section 19. Section 458.3093, Florida Statutes, is 7 created to read: 8 458.3093 Licensure credentials verification.--All 9 applicants for initial physician licensure pursuant to this 10 chapter must submit their credentials to the Federation of 11 State Medical Boards. Effective January 1, 2003, the board and the department shall only consider applications for 12 initial physician licensure pursuant to this chapter which 13 have been verified by the Federation of State Medical Boards 14 Credentials Verification Service or an equivalent program 15 approved by the board. 16 17 Section 20. Section 459.0053, Florida Statutes, is created to read: 18 19 459.0053 Licensure credentials verification.--All applicants for initial osteopathic physician licensure 20 pursuant to this chapter must submit their credentials to the 21 Federation of State Medical Boards. Effective January 1, 22 2003, the board and the department shall only consider 23 24 applications for initial osteopathic physician licensure 25 pursuant to this chapter which have been verified by the Federation of State Medical Boards Credentials Verification 26 27 Service, the American Osteopathic Association, or an 28 equivalent program approved by the board. 29 Section 21. Paragraph (t) of subsection (1) of section 30 458.331, Florida Statutes, is amended to read:

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30 31 458.331 Grounds for disciplinary action; action by the board and department.--

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (t) Gross or repeated malpractice or the failure to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances. The board shall give great weight to the provisions of s. 766.102 when enforcing this paragraph. used in this paragraph, "repeated malpractice" includes, but is not limited to, three or more claims for medical malpractice within the previous 5-year period resulting in indemnities being paid in excess of \$50,000 \$25,000 each to the claimant in a judgment or settlement and which incidents involved negligent conduct by the physician. As used in this paragraph, "gross malpractice" or "the failure to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances," shall not be construed so as to require more than one instance, event, or act. Nothing in this paragraph shall be construed to require that a physician be incompetent to practice medicine in order to be disciplined pursuant to this paragraph.

Section 22. Paragraph (x) of subsection (1) of section 459.015, Florida Statutes, is amended to read:

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

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- The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (x) Gross or repeated malpractice or the failure to practice osteopathic medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar osteopathic physician as being acceptable under similar conditions and circumstances. The board shall give great weight to the provisions of s. 766.102 when enforcing this paragraph. As used in this paragraph, "repeated malpractice" includes, but is not limited to, three or more claims for medical malpractice within the previous 5-year period resulting in indemnities being paid in excess of 14 \$50,000\$25,000 each to the claimant in a judgment or settlement and which incidents involved negligent conduct by the osteopathic physician. As used in this paragraph, "gross malpractice" or "the failure to practice osteopathic medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar osteopathic physician as being acceptable under similar conditions and circumstances" shall not be construed so as to require more than one instance, event, or act. Nothing in this paragraph shall be construed to require that an osteopathic physician be incompetent to practice osteopathic medicine in order to be disciplined pursuant to this paragraph. A recommended order by an administrative law judge or a final order of the board finding a violation under this paragraph shall specify whether the licensee was found to have committed "gross malpractice," "repeated malpractice," or "failure to practice osteopathic medicine with that level of care, skill, and treatment which 31 is recognized as being acceptable under similar conditions and

circumstances, " or any combination thereof, and any publication by the board shall so specify.

Section 23. Subsection (1) of section 627.912, Florida Statutes, is amended to read:

627.912 Professional liability claims and actions; reports by insurers. --

- (1) Each self-insurer authorized under s. 627.357 and each insurer or joint underwriting association providing professional liability insurance to a practitioner of medicine licensed under chapter 458, to a practitioner of osteopathic medicine licensed under chapter 459, to a podiatric physician licensed under chapter 461, to a dentist licensed under chapter 466, to a hospital licensed under chapter 395, to a crisis stabilization unit licensed under part IV of chapter 394, to a health maintenance organization certificated under part I of chapter 641, to clinics included in chapter 390, to an ambulatory surgical center as defined in s. 395.002, or to a member of The Florida Bar shall report in duplicate to the Department of Insurance any claim or action for damages for personal injuries claimed to have been caused by error, omission, or negligence in the performance of such insured's professional services or based on a claimed performance of professional services without consent, if the claim resulted in:
 - (a) A final judgment in any amount.
 - (b) A settlement in any amount.

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Reports shall be filed with the Department of Insurance. and, If the insured party is licensed under chapter 458, chapter 459, chapter 461, or chapter 466, with the Department of 31 | Health, and the final judgment or settlement was in an amount

exceeding \$50,000, the report shall also be filed with the Department of Health. Reports must be filed no later than 30 days following the occurrence of any event listed in this subsection paragraph (a) or paragraph (b). The Department of Health shall review each report and determine whether any of the incidents that resulted in the claim potentially involved conduct by the licensee that is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply. The Department of Health, as part of the annual report required by s. 456.026, shall publish annual statistics, without identifying licensees, on the reports it receives, including final action taken on such reports by the Department of Health or the appropriate regulatory board.

Section 24. Subsections (14) and (15) are added to section 456.073, Florida Statutes, to read:

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

(14) When the probable cause panel determines that probable cause exists that a violation of law occurred but decides to issue a letter of guidance in lieu of finding probable cause as a result of mitigating circumstances, the subject shall be required to pay the actual costs of the investigation and prosecution of the case within 30 days after the execution of the closing order. If the subject fails to pay the costs within 30 days, the case shall be reopened and the department shall file an administrative complaint against the subject based on the underlying case. No additional charges may be added as a result of the subject failing to pay the costs. The issuance of a letter of guidance and the assessment of costs under this subsection shall not be

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considered discipline, nor shall it be considered a final order of discipline.

(15) All cases in which no probable cause is found shall be closed within 14 days following the probable cause panel meeting at which such determination was made. The department shall mail a copy of the closing order to the subject within 14 days after such probable cause panel meeting.

Section 25. The Office of Program Policy Analysis and Governmental Accountability shall review the investigative field office structure and organization of the Agency for Health Care Administration to determine the feasibility of eliminating all or some field offices, the feasibility of combining field offices, and the feasibility of requiring field inspectors and investigators to telecommute from home in lieu of paying for office space. The review shall include all agency programs that have field offices including health practitioner regulation, even if health practitioner regulation is transferred to the Department of Health. The review shall be completed and a report issued to the President of the Senate and the Speaker of the House of Representatives no later than January 1, 2003.

Section 26. Subsection (1) of section 456.025, Florida Statutes, is amended to read:

456.025 Fees; receipts; disposition.--

(1) It is the intent of the Legislature that all costs of regulating health care professions and practitioners shall be borne solely by licensees and licensure applicants. It is also the intent of the Legislature that fees should be reasonable and not serve as a barrier to licensure. Moreover, 31 | it is the intent of the Legislature that the department

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operate as efficiently as possible and regularly report to the Legislature additional methods to streamline operational costs. Therefore, the boards in consultation with the department, or the department if there is no board, shall, by rule, set renewal fees which:

- (a) Shall be based on revenue projections prepared using generally accepted accounting procedures;
- (b) Shall be adequate to cover all expenses relating to that board identified in the department's long-range policy plan, as required by s. 456.005;
- (c) Shall be reasonable, fair, and not serve as a barrier to licensure;
- (d) Shall be based on potential earnings from working under the scope of the license;
- (e) Shall be similar to fees imposed on similar licensure types; and
- (f) Shall not be more than 10 percent greater than the fee imposed for the previous biennium;
- (g) Shall not be more than 10 percent greater than the actual cost to regulate that profession for the previous biennium; and
- $\underline{\text{(f)}}$ (h) Shall be subject to challenge pursuant to chapter 120.
- Section 27. Section 456.0165, Florida Statutes, is created to read:
- 456.0165 Examination location.--A college, university, or vocational school in this state may serve as the host school for a health care practitioner licensure examination.

 However, the college, university, or vocational school may not charge the department for rent, space, reusable equipment,
- 31 utilities, or janitorial services. The college, university,

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or vocational school may charge the department only the actual cost of nonreusable supplies provided by the school at the request of the department.

Section 28. Effective July 1, 2002, all licensure and licensure renewal fees for professions within the Division of Medical Quality Assurance shall be set at the profession's statutory fee cap or at a level equal to the actual per-licensee cost to regulate that profession, whichever is less.

Section 29. Subsection (6) of section 468.301, Florida Statutes, is amended to read:

468.301 Definitions.--As used in this part, the term:

"Direct supervision" means supervision and control by a licensed practitioner who assumes legal liability for the services rendered. by the basic X-ray machine operator or basic X-ray machine operator-podiatric medicine, which Supervision requires the physical presence of the licensed practitioner for consultation and direction of the actions of the basic X-ray machine operator or basic X-ray machine operator-podiatric medicine.

Section 30. Paragraph (g) of subsection (3) and paragraph (c) of subsection (6) of section 468.302, Florida Statutes, are amended to read:

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

(3)

- (q) A person holding a certificate as a nuclear medicine technologist may only:
- 1. Conduct in vivo and in vitro measurements of radioactivity and administer radiopharmaceuticals to human 31 | beings for diagnostic and therapeutic purposes.

2. Administer X radiation from a combination nuclear
medicine-computed tomography device if that radiation is
administered as an integral part of a nuclear medicine
procedure that uses an automated computed tomography protocol
and the person has received device-specific training on the
combination device.

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However, the authority of a nuclear medicine technologist under this paragraph excludes radioimmunoassay and other clinical laboratory testing regulated pursuant to chapter 483.

- (6) Requirement for certification does not apply to:
- (c) A person who is a registered nurse licensed under part I of chapter 464, a respiratory therapist licensed under part V of chapter 468, or a cardiovascular technologist or cardiopulmonary technologist with active certification as a registered cardiovascular invasive specialist from a nationally recognized credentialing organization, or future equivalent should such credentialing be subsequently modified, each of whom is trained and skilled in invasive cardiovascular cardiopulmonary technology, including the radiologic technology duties associated with such procedures, and who provides invasive cardiovascular cardiopulmonary technology services at the direction, and under the direct supervision, of a licensed practitioner. A person requesting this exemption must have successfully completed a didactic and clinical training program in the following areas before performing radiologic technology duties under the direct supervision of a licensed practitioner:
- 1. Principles of X-ray production and equipment operation.
 - 2. Biological effects of radiation.

| 1 | 3. Radiation exposure and monitoring. |
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| 2 | 4. Radiation safety and protection. |
| 3 | 5. Evaluation of radiographic equipment and |
| 4 | accessories. |
| 5 | 6. Radiographic exposure and technique factors. |
| 6 | 7. Film processing. |
| 7 | 8. Image quality assurance. |
| 8 | 9. Patient positioning. |
| 9 | 10. Administration and complications of contrast |
| 10 | media. |
| 11 | 11. Specific fluoroscopic and digital X-ray imaging |
| 12 | procedures related to invasive cardiovascular technology. |
| 13 | Section 31. Section 468.352, Florida Statutes, is |
| 14 | amended to read: |
| 15 | (Substantial rewording of section. See |
| 16 | s. 468.352, F.S., for present text.) |
| 17 | 468.352 DefinitionsAs used in this part the term: |
| 18 | (1) "Board" means the Board of Respiratory Care. |
| 19 | (2) "Certified respiratory therapist" means any person |
| 20 | licensed pursuant to this part who is certified by the |
| 21 | National Board for Respiratory Care or its successor; who is |
| 22 | employed to deliver respiratory care services, under the order |
| 23 | of a physician licensed pursuant to chapter 458 or chapter |
| 24 | 459, in accordance with protocols established by a hospital or |
| 25 | other health care provider or the board; and who functions in |
| 26 | situations of unsupervised patient contact requiring |
| 27 | individual judgment. |
| 28 | (3) "Critical care" means care given to a patient in |
| 29 | any setting involving a life-threatening emergency. |
| 30 | (4) "Department" means the Department of Health. |
| 31 | |

- (5) "Direct supervision" means practicing under the direction of a licensed, registered, or certified respiratory therapist who is physically on the premises and readily available, as defined by the board.
- (6) "Physician supervision" means supervision and control by a physician licensed under chapter 458 or chapter 459 who assumes the legal liability for the services rendered by the personnel employed in his or her office. Except in the case of an emergency, physician supervision requires the easy availability of the physician within the office or the physical presence of the physician for consultation and direction of the actions of the persons who deliver respiratory care services.
- therapy" means the allied health specialty associated with the cardiopulmonary system that is practiced under the orders of a physician licensed under chapter 458 or chapter 459 and in accordance with protocols, policies, and procedures established by a hospital or other health care provider or the board, including the assessment, diagnostic evaluation, treatment, management, control, rehabilitation, education, and care of patients.
- (8) "Registered respiratory therapist" means any person licensed under this part who is registered by the National Board for Respiratory Care or its successor, and who is employed to deliver respiratory care services under the order of a physician licensed under chapter 458 or chapter 459, in accordance with protocols established by a hospital or other health care provider or the board, and who functions in situations of unsupervised patient contact requiring individual judgment.

| 1 | (9) "Respiratory care practitioner" means any person |
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| 2 | licensed under this part who is employed to deliver |
| 3 | respiratory care services, under direct supervision, pursuant |
| 4 | to the order of a physician licensed under chapter 458 or |
| 5 | chapter 459. |
| 6 | (10) "Respiratory care services" includes: |
| 7 | (a) Evaluation and disease management. |
| 8 | (b) Diagnostic and therapeutic use of respiratory |
| 9 | equipment, devices, or medical gas. |
| 10 | (c) Administration of drugs, as duly ordered or |
| 11 | prescribed by a physician licensed under chapter 458 or |
| 12 | chapter 459 and in accordance with protocols, policies, and |
| 13 | procedures established by a hospital or other health care |
| 14 | provider or the board. |
| 15 | (d) Initiation, management, and maintenance of |
| 16 | equipment to assist and support ventilation and respiration. |
| 17 | (e) Diagnostic procedures, research, and therapeutic |
| 18 | treatment and procedures, including measurement of ventilatory |
| 19 | volumes, pressures, and flows; specimen collection and |
| 20 | analysis of blood for gas transport and acid/base |
| 21 | determinations; pulmonary-function testing; and other related |
| 22 | physiological monitoring of cardiopulmonary systems. |
| 23 | (f) Cardiopulmonary rehabilitation. |
| 24 | (g) Cardiopulmonary resuscitation, advanced cardiac |
| 25 | life support, neonatal resuscitation, and pediatric advanced |
| 26 | life support, or equivalent functions. |
| 27 | (h) Insertion and maintenance of artificial airways |
| 28 | and intravascular catheters. |
| 29 | (i) Performing sleep-disorder studies. |
| 30 | (j) Education of patients, families, the public, or |

31 other health care providers, including disease process and

1 management programs and smoking prevention and cessation 2 programs. 3 (k) Initiation and management of hyperbaric oxygen. Section 32. Section 468.355, Florida Statutes, is 4 5 amended to read: 6 (Substantial rewording of section. See 7 s. 468.355, F.S., for present text.) 8 468.355 Licensure requirements.--To be eligible for 9 licensure by the board, an applicant must be certified as a 10 Certified Respiratory Therapist" or be registered as a 11 "Registered Respiratory Therapist" by the National Board for Respiratory Care, or its successor. 12 Section 33. Section 468.368, Florida Statutes, is 13 amended to read: 14 (Substantial rewording of section. See 15 s. 468.368, F.S., for present text.) 16 468.368 Exemptions.--This part may not be construed to 17 prevent or restrict the practice, service, or activities of: 18 19 (1) Any person licensed in this state by any other law from engaging in the profession or occupation for which he or 20 21 she is licensed. Any legally qualified person in the state or 22 another state or territory who is employed by the United 23 24 States Government or any agency thereof while such person is discharging his or her official duties. 25 (3) A friend or family member who is providing 26 27 respiratory care services to an ill person and who does not 28 represent himself or herself to be a respiratory care 29 practitioner or respiratory therapist. 30

- (4) An individual providing respiratory care services in an emergency who does not represent himself or herself as a respiratory care practitioner or respiratory therapist.
- (5) Any individual employed to deliver, assemble, set up, or test equipment for use in a home, upon the order of a physician licensed pursuant to chapter 458 or chapter 459.

 This subsection does not, however, authorize the practice of respiratory care without a license.
- (6) Any individual credentialed by the Board of
 Registered Polysomnographic Technologists as a registered
 polysomnographic technologist, as related to the diagnosis and
 evaluation of treatment for sleep disorders.
- (7) Any individual certified or registered as a pulmonary function technologist who is credentialed by the National Board for Respiratory Care for performing cardiopulmonary diagnostic studies.
- (8) Any student who is enrolled in an accredited respiratory care program approved by the board, while performing respiratory care as an integral part of a required course.
- (9) The delivery of incidental respiratory care to noninstitutionalized persons by surrogate family members who do not represent themselves as registered or certified respiratory care therapists.
- (10) Any individual credentialed by the Underseas

 Hyperbaric Society in hyperbaric medicine or its equivalent as

 determined by the board, while performing related duties. This

 subsection does not, however, authorize the practice of
 respiratory care without a license.
- Section 34. Sections 468.356 and 468.357, Florida
 31 Statutes, are repealed.

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           Section 35. Beginning July 1, 2003, application forms
    for initial licensure and licensure renewal for the
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    professions regulated by the Department of Health, Division of
   Medical Quality Assurance, shall be submitted electronically
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    through the World Wide Web. The department shall issue the
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    license or renew a license if the licensee provides
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    satisfactory evidence that all conditions and requirements of
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    licensure or renewal have been met, including, but not limited
    to, the payment of fees, the completion of required continuing
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    education coursework, and, if applicable, the maintenance of
    financial responsibility. This section shall not be construed
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    to reduce or eliminate any requirement set forth in chapter
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    456, Florida Statutes, or the applicable practice act.
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           Section 36. Beginning with the 2004 Regular Session of
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    the Legislature, the Division of Statutory Revision shall
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    prepare a reviser's bill for each regular legislative session
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    that proposes to increase by 2.5 percent the statutory fee
    caps set forth in sections 456.025, 457.105, 457.107, 458.313,
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    458.3135, 458.3145, 458.317, 458.319, 458.347, 459.0092,
    459.022, 460.406, 460.407, 460.4165, 460.4166, 461.006,
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    461.007, 462.16, 462.19, 463.0057, 463.006, 463.007, 464.008,
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    464.009, 464.012, 464.019, 465.007, 465.0075, 465.008,
    465.0125, 465.0126, 465.022, 465.0276, 466.006, 466.007,
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    466.008, 466.013, 466.032, 467.0125, 467.0135, 468.1145,
    468.1695, 468.1705, 468.1715, 468.1735, 468.221, 468.364,
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    468.508, 468.709, 468.803, 468.806, 478.55, 480.043, 480.044,
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    483.807, 483.901, 484.002, 484.007, 484.008, 484.009,
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    484.0447, 486.041, 486.061, 486.081, 486.085, 486.103,
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    486.106, 486.107, 486.108, 490.005, 490.0051, 490.007,
    491.0045, 491.0046, 491.005, 491.007, 491.008, 491.0085, and
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491.0145, Florida Statutes, to be effective July 1 of the year in which proposed.

Section 37. <u>Sections 381.0602, 381.6021, 381.6022, 381.6023, 381.6024, and 381.6026, Florida Statutes, are renumbered as sections 765.53, 765.541, 765.542, 765.544, 765.545, and 765.547, Florida Statutes, respectively.</u>

Section 38. Section 381.60225, Florida Statutes, is renumbered as section 765.543, Florida Statutes, and is amended to read:

765.543 381.60225 Background screening.--

- (1) Each applicant for certification must comply with the following requirements:
- (a) Upon receipt of a completed, signed, and dated application, the Agency for Health Care Administration shall require background screening, in accordance with the level 2 standards for screening set forth in chapter 435, of the managing employee, or other similarly titled individual responsible for the daily operation of the organization, agency, or entity, and financial officer, or other similarly titled individual who is responsible for the financial operation of the organization, agency, or entity, including billings for services. The applicant must comply with the procedures for level 2 background screening as set forth in chapter 435, as well as the requirements of s. 435.03(3).
- (b) The Agency for Health Care Administration may require background screening of any other individual who is an applicant if the Agency for Health Care Administration has probable cause to believe that he or she has been convicted of a crime or has committed any other offense prohibited under the level 2 standards for screening set forth in chapter 435.

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- (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other health care licensure requirements of this state is acceptable in fulfillment of the requirements of paragraph (a).
- (d) A provisional certification may be granted to the organization, agency, or entity when each individual required by this section to undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency has not yet received background screening results from the Federal Bureau of Investigation, or a request for a disqualification exemption has been submitted to the agency as set forth in chapter 435, but a response has not yet been issued. A standard certification may be granted to the organization, agency, or entity upon the agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each individual required by this section to undergo background screening which confirms that all standards have been met, or upon the granting of a disqualification exemption by the agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the Federal Bureau of Investigation. However, the person may not continue to serve if the report indicates any violation of background screening standards and a disqualification exemption has not been requested of and granted by the agency as set forth in chapter 435.
- (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, permanent suspensions, or terminations of the applicant from

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the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of ownership and control interests under the Medicaid or Medicare programs shall be accepted in lieu of this submission.

- (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a not-for-profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day-to-day operational decisions of the corporation or organization, receives no remuneration for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not-for-profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph.
- (g) The agency may not certify any organization, agency, or entity if any applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435.
- (h) The agency may deny or revoke certification of any 31 organization, agency, or entity if the applicant:

paragraph (e).

paragraph (e) or paragraph (f); or

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services.

to read:

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- 31 transplantation or research. A coordinator who assists in the
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medical management of organ donors or in the surgical procurement of cadaveric organs, tissues, or eyes for

Has falsely represented a material fact in the

2. Has had prior action taken against the applicant

(i) An application for renewal of certification must

(2) An organ procurement organization, tissue bank, or

contain the information required under paragraphs (e) and (f).

381.6022 is not subject to the requirements of this section if

does not bill patients or insurers directly for services under the Medicare or Medicaid programs, or for privately insured

Section 39. Section 381.6025, Florida Statutes, is

765.546 381.6025 Physician supervision of cadaveric

renumbered as section 765.546, Florida Statutes, and amended

organ and tissue procurement coordinators. -- Organ procurement

assistants, or other medically trained personnel who meet the relevant standards for organ procurement organizations, tissue

banks, or eye banks as adopted by the Agency for Health Care

Administration under s. 765.541 381.6021, to assist in the

organizations, tissue banks, and eye banks may employ

coordinators, who are registered nurses, physician's

Administration in accordance with ss. 381.6021 and 765.542

the entity has no direct patient care responsibilities and

application required by paragraph (e) or paragraph (f), or has

omitted any material fact from the application required by

under the Medicaid or Medicare program as set forth in

eye bank certified by the Agency for Health Care

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medical management of organ donors or in the surgical procurement of cadaveric organs, tissues, or eyes for transplantation or research must do so under the direction and supervision of a licensed physician medical director pursuant to rules and guidelines to be adopted by the Agency for Health Care Administration. With the exception of organ procurement surgery, this supervision may be indirect supervision. For purposes of this section, the term "indirect supervision" means that the medical director is responsible for the medical actions of the coordinator, that the coordinator is operating under protocols expressly approved by the medical director, and that the medical director or his or her physician designee is always available, in person or by telephone, to provide medical direction, consultation, and advice in cases of organ, tissue, and eye donation and procurement. Although indirect supervision is authorized under this section, direct physician supervision is to be encouraged when appropriate.

Section 40. Subsection (2) of section 395.2050, Florida Statutes, is amended to read:

395.2050 Routine inquiry for organ and tissue donation; certification for procurement activities .--

(2) Every hospital licensed under this chapter that is engaged in the procurement of organs, tissues, or eyes shall comply with the certification requirements of ss.

765.541-765.547 381.6021-381.6026.

Section 41. Paragraph (e) of subsection (2) of section 409.815, Florida Statutes, is amended to read:

409.815 Health benefits coverage; limitations.--

(2) BENCHMARK BENEFITS. -- In order for health benefits coverage to qualify for premium assistance payments for an eligible child under ss. 409.810-409.820, the health benefits 31

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coverage, except for coverage under Medicaid and Medikids, must include the following minimum benefits, as medically necessary.

(e) Organ transplantation services. -- Covered services include pretransplant, transplant, and postdischarge services and treatment of complications after transplantation for transplants deemed necessary and appropriate within the guidelines set by the Organ Transplant Advisory Council under s. 765.53 381.0602 or the Bone Marrow Transplant Advisory Panel under s. 627.4236.

Section 42. Subsection (2) of section 765.5216, Florida Statutes, is amended to read:

765.5216 Organ and tissue donor education panel.--

- There is created within the Agency for Health Care Administration a statewide organ and tissue donor education panel, consisting of 12 members, to represent the interests of the public with regard to increasing the number of organ and tissue donors within the state. The panel and the Organ and Tissue Procurement and Transplantation Advisory Board established in s. 765.544 381.6023 shall jointly develop, subject to the approval of the Agency for Health Care Administration, education initiatives pursuant to s. 732.9215, which the agency shall implement. The membership must be balanced with respect to gender, ethnicity, and other demographic characteristics so that the appointees reflect the diversity of the population of this state. The panel members must include:
- (a) A representative from the Agency for Health Care Administration, who shall serve as chairperson of the panel.
- (b) A representative from a Florida licensed organ 31 procurement organization.

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- (c) A representative from a Florida licensed tissue bank.
 - (d) A representative from a Florida licensed eye bank.
 - (e) A representative from a Florida licensed hospital.
 - (f) A representative from the Division of Driver Licenses of the Department of Highway Safety and Motor Vehicles, who possesses experience and knowledge in dealing with the public.
 - (g) A representative from the family of an organ, tissue, or eye donor.
 - (h) A representative who has been the recipient of a transplanted organ, tissue, or eye, or is a family member of a recipient.
 - (i) A representative who is a minority person as defined in s. 381.81.
 - (j) A representative from a professional association or public relations or advertising organization.
 - (k) A representative from a community service club or organization.
 - (1) A representative from the Department of Education. Section 43. Subsection (5) of section 765.522, Florida Statutes, is amended to read:

765.522 Duty of certain hospital administrators; liability of hospital administrators, organ procurement organizations, eye banks, and tissue banks.--

(5) There shall be no civil or criminal liability against any organ procurement organization, eye bank, or tissue bank certified under s. 765.542 381.6022, or against any hospital or hospital administrator or designee, when complying with the provisions of this part and the rules of the Agency for Health Care Administration or when, in the

exercise of reasonable care, a request for organ donation is 2 inappropriate and the gift is not made according to this part 3 and the rules of the Agency for Health Care Administration. Section 44. Section 765.539, Florida Statutes, is 4 5 created to read: 6 765.539 Organizations engaged in the practice of 7 cadaveric organ and tissue procurement; pooling of cells or 8 tissues prohibited .-- Organizations engaged in the practice of 9 cadaveric organ and tissue procurement in this state are 10 prohibited from allowing human cells or tissues from two or 11 more donors to be pooled during retrieval, processing, preservation, or storage. For purposes of this section, 12 'pooled" means placed in physical contact or processed in any 13 14 way which allows any fluids, cells, or tissues to be commingled in any way between two or more donors. 15 Section 45. Except as otherwise provided in this act, 16 17 this act shall take effect July 1, 2002. 18 19 20 21 22 23 24 25 26 27 28 29 30 31

1 2 LEGISLATIVE SUMMARY Transfers to the Department of Health the powers, duties, functions, and assets that relate to the consumer complaint services, investigations, and prosecutorial services performed by the Agency for Health Care Administration under contract with the department. 3 4 5 6 Revises procedures and timeframes for formal hearings of health care practitioner disciplinary cases. Revises the charges and manner of charging for disciplinary hearings. Provides fees. Requires a joint audit of hearings and their billing formulas and a report to the Legislature. 7 8 9 Requires each impaired practitioner to pay a portion of the cost of the consultant and impaired practitioner program and the full cost of the required treatment 10 11 program or plan. Provides certain exceptions. 12 Terminates the standardized credentialing program for health care practitioners and prohibits the refund of 13 moneys collected through the program. 14 15 Requires accreditation of physician offices and osteopathic physician offices in which surgery is 16 17 Expands powers and duties of the Department of Health to require performance measures for certain entities and to provide procedures for considering board requests to privatize regulatory functions. Requires performance measures for certain legal and investigative services and annual review of such services to determine whether such 18 19 20 performance measures are being met. Requires regulatory board committee meetings, including probable cause panels, to be held electronically unless certain conditions are met. Requires inclusion of performance measures for certain entities in the department's annual 21 22 23 report to the Legislature. 24 Requires submission of credentials for initial physician or osteopathic physician licensure to a national licensure verification service. Requires verification of such credentials by that service, a specified 25 26 27 association, or an equivalent program. 2.8 Raises the malpractice closed claims reporting 29 requirement amount. 30 Requires health care practitioner licensees to pay the actual costs of investigation and prosecution under 31 certain circumstances. Requires cases in which no

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probable cause has been found to be closed within a specified period of time. Requires a study of the field office structure and organization of the Agency for Health Care Administration and a report to the Legislature. Eliminates certain restrictions on the setting of licensure renewal fees for health care practitioners. Restricts the costs that may be charged by educational institutions hosting health care practitioner licensure examinations. Requires health care practitioner licensure and licensure renewal fees to be set at the statutory fee cap or at the level of actual regulatory costs, whichever is less. Revises the definition of "direct supervision" applicable to the regulation of radiologic technology. Authorizes certified nuclear medicine technologists to administer X radiation from certain devices under certain circumstances. Exempts certain persons from radiologic technologist certification and provides certain training requirements for such exemption. Revises and provides definitions applicable to the regulation of respiratory therapy. Revises provisions relating to respiratory therapy licensure and testing requirements. Revises exemptions from respiratory therapy licensure requirements. Repeals provisions relating to the approval of educational programs and licensure by examination. Requires applications for health care practitioner licensure and licensure renewal to be submitted electronically beginning July 1, 2003. Directs the Division of Statutory Revision to annually submit reviser's bills to adjust the statutory fee caps applicable to regulation of health care practitioners. Moves provisions relating to organ and tissue procurement, donation, and transplantation from ch. 381, F.S., relating to public health, to part V, ch. 765, F.S., relating to anatomical gifts. Prohibits cadaveric organ and tissue procurement organizations from pooling human cells or tissues. 2.8