

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

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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Representative(s) Farkas and Fasano offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause

and insert:

Section 1. (1) Effective July 1, 2002, all powers, duties, functions, records, personnel, property, and unexpended balances of appropriations, allocations, and other funds of the Agency for Health Care Administration that relate to consumer complaint services, investigations, and prosecutorial services currently provided by the Agency for Health Care Administration under a contract with the Department of Health are transferred to the Department of Health by a type two transfer, as defined in s. 20.06(2), Florida Statutes. This transfer of funds shall include all advance payments made from the Medical Quality Assurance Trust Fund to the Agency for Health Care Administration.

(2)(a) Effective July 1, 2002, 279 full-time equivalent positions are eliminated from the Agency for Health Care Administration's total number of authorized positions.

1 Effective July 1, 2002, 279 full-time equivalent positions are
2 authorized for the Department of Health, to be added to the
3 department's total number of authorized positions. However,
4 should the General Appropriations Act for fiscal year
5 2002-2003 reduce the number of positions from the practitioner
6 regulation component at the Agency for Health Care
7 Administration, that provision shall be construed to eliminate
8 the full-time equivalent positions from the practitioner
9 regulation component which is hereby transferred to the
10 Department of Health, thereby resulting in no more than 279
11 positions being eliminated from the agency and no more than
12 279 positions being authorized to the department.

13 (b) All records, personnel, and funds of the consumer
14 complaint and investigative services units of the agency are
15 transferred and assigned to the Division of Medical Quality
16 Assurance of the Department of Health.

17 (c) All records, personnel, and funds of the health
18 care practitioner prosecutorial unit of the agency are
19 transferred and assigned to the Office of the General Counsel
20 of the Department of Health.

21 (3) The Department of Health is deemed the successor
22 in interest in all legal proceedings and contracts currently
23 involving the Agency for Health Care Administration and
24 relating to health care practitioner regulation. Except as
25 provided herein, no legal proceeding shall be dismissed, nor
26 any contract terminated, on the basis of this type two
27 transfer. The interagency agreement between the Department of
28 Health and the Agency for Health Care Administration shall
29 terminate on June 30, 2002.

30 Section 2. Paragraph (g) of subsection (3) of section
31 20.43, Florida Statutes, is amended to read:

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

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

1 ~~investigative, and prosecutorial services required by the~~
2 ~~Division of Medical Quality Assurance, councils, or boards, as~~
3 ~~appropriate.~~

4 Section 3. The Office of Legislative Services shall
5 contract for a business case study of the feasibility of
6 outsourcing the administrative, investigative, legal, and
7 prosecutorial functions and other tasks and services that are
8 necessary to carry out the regulatory responsibilities of the
9 Board of Dentistry; employing its own executive director and
10 other staff; and obtaining authority over collections and
11 expenditures of funds paid by professions regulated by the
12 Board of Dentistry into the Medical Quality Assurance Trust
13 Fund. This feasibility study must include a business plan and
14 an assessment of the direct and indirect costs associated with
15 outsourcing these functions. The sum of \$50,000 is
16 appropriated from the Board of Dentistry account within the
17 Medical Quality Assurance Trust Fund to the Office of
18 Legislative Services for the purpose of contracting for the
19 study. The Office of Legislative Services shall submit the
20 completed study to the Governor, the President of the Senate,
21 and the Speaker of the House of Representatives by January 1,
22 2003.

23 Section 4. (1) On or before January 1, 2003, the
24 Department of Health shall contract with one or more private
25 entities to implement the electronic continuing education
26 tracking system required under s. 456.025(7), Florida
27 Statutes. The electronic continuing education tracking system
28 or systems must be compatible with the Department of Health's
29 licensure and renewal system no later than March 1, 2003. On
30 or before July 1, 2003, the Department of Health shall
31 integrate such system or systems into the Department of

1 Health's licensure and renewal system.

2 (2) The continuing education tracking system shall
3 provide access for a licensee to review the licensee's
4 continuing education credits or courses which have been
5 reported by providers of continuing education and shall
6 provide a mechanism for a licensee to self-report courses or
7 credits which have not yet been reported by a provider of
8 continuing education.

9 (3) The private entities under contract with the
10 Department of Health may fund the development and operation of
11 the continuing education tracking system through private
12 grants or funds or through funds paid by a provider of
13 continuing education courses. The Department of Health is
14 authorized to use continuing education provider fees and
15 licensure renewal fees to fund the operation of the continuing
16 education tracking system, subject to legislative
17 appropriation.

18 (4) The Department of Health may enter into more than
19 one contract if the department determines that it would be
20 more efficient, practical, or cost-effective to use one vendor
21 for professions which use board-approved providers and one
22 vendor for professions which allow licensees to take courses
23 approved by other entities.

24 Section 5. Subsection (19) of section 456.057, Florida
25 Statutes, is amended to read:

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

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

1 practitioner, or the abandonment of medical records by a
2 practitioner. The custodian appointed shall comply with all
3 provisions of this section, including the release of patient
4 records. Any person or entity having possession or physical
5 control of the medical records may release them to the
6 custodian upon presentment of an order signed by the board
7 giving the custodian access to the records. A person or
8 entity is not liable in tort or contract for providing the
9 records to a validly appointed custodian.

10 Section 6. Subsection (7) is added to section 456.072,
11 Florida Statutes, to read:

12 456.072 Grounds for discipline; penalties;
13 enforcement.--

14 (7) In addition to any other discipline imposed
15 through final order or citation entered on or after July 1,
16 2002, pursuant to this section or for a violation of any
17 practice act, the board, or the department when there is no
18 board, shall require, in appropriate cases, any licensee who
19 is a records owner, as defined in s. 456.057, to notify his or
20 her patients of the requirements imposed by s. 456.057(11).

21 Section 7. Paragraph (a) of subsection (3) of section
22 456.076, Florida Statutes, is amended to read:

23 456.076 Treatment programs for impaired
24 practitioners.--

25 (3)(a) Whenever the department receives a written or
26 oral legally sufficient complaint alleging that a licensee
27 under the jurisdiction of the Division of Medical Quality
28 Assurance within the department is impaired as a result of the
29 misuse or abuse of alcohol or drugs, or both, or due to a
30 mental or physical condition which could affect the licensee's
31 ability to practice with skill and safety, and no complaint

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1 against the licensee other than impairment exists, the
2 reporting of such information shall not constitute grounds for
3 discipline pursuant to s. 456.072 or the corresponding grounds
4 for discipline within the applicable practice act if the
5 probable cause panel of the appropriate board, or the
6 department when there is no board, finds:

7 1. The licensee has acknowledged the impairment
8 problem.

9 2. The licensee has voluntarily enrolled in an
10 appropriate, approved treatment program.

11 3. The licensee has voluntarily withdrawn from
12 practice or limited the scope of practice as required by the
13 consultant, in each case, until such time as the panel, or the
14 department when there is no board, is satisfied the licensee
15 has successfully completed an approved treatment program.

16 4. The licensee has executed releases for medical
17 records, authorizing the release of all records of
18 evaluations, diagnoses, and treatment of the licensee,
19 including records of treatment for emotional or mental
20 conditions, to the consultant. The consultant shall make no
21 copies or reports of records that do not regard the issue of
22 the licensee's impairment and his or her participation in a
23 treatment program.

24 5. The licensee has voluntarily notified his or her
25 patients of the requirements imposed by s. 456.057(11) on a
26 records owner who is terminating practice, retiring, or
27 relocating and is no longer available to patients.

28 Section 8. Paragraph (b) of subsection (1) and
29 paragraph (a) of subsection (4), of section 456.0375, Florida
30 Statutes, is amended to read:

31 456.0375 Registration of certain clinics;

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1 requirements; discipline; exemptions.--

2 (1)

3 (b) For purposes of this section, the term "clinic"
4 does not include and the registration requirements herein do
5 not apply to:

6 1. Entities licensed or registered by the state
7 pursuant to chapter 390, chapter 394, chapter 395, chapter
8 397, chapter 400, chapter 463, chapter 465, chapter 466,
9 chapter 478, ~~chapter 480~~, or chapter 484.

10 2. Entities exempt from federal taxation under 26
11 U.S.C. s. 501(c)(3), as well as all public college and
12 university clinics.

13 3. Sole proprietorships, group practices,
14 partnerships, or corporations that provide health care
15 services by licensed health care practitioners pursuant to
16 chapters 457, 458, 459, 460, 461, 462, 463, 466, 467, 480,
17 484, 486, 490, 491, or part I, part III, part X, part XIII, or
18 part XIV of chapter 468, or s. 464.012, which are wholly owned
19 by licensed health care practitioners or the licensed health
20 care practitioner and the spouse, parent, or child of a
21 licensed health care practitioner, so long as one of the
22 owners who is a licensed health care practitioner is
23 supervising the services performed therein and is legally
24 responsible for the entity's compliance with all federal and
25 state laws. However, no health care practitioner may supervise
26 the delivery of health care services beyond the scope of the
27 practitioner's license. Nothing in this section shall be
28 construed to prohibit a health care practitioner from
29 providing administrative or managerial supervision for
30 personnel purposes.

31 4. Massage establishments licensed pursuant to s.

1 480.043 so long as the massage establishment is only providing
2 massage as defined in s. 480.033(3) and no other medical or
3 health care service.

4 (4)(a) All charges or reimbursement claims made by or
5 on behalf of a clinic that is required to be registered under
6 this section, but that is not so registered, are unlawful
7 charges and therefore are noncompensable and unenforceable.
8 However, an insurer shall not deny a claim submitted by a
9 provider on the basis that the provider is not registered
10 pursuant to s. 456.0375 unless at the time of denial the
11 insurer has reasonable proof from a source other than the
12 provider that the provider is an entity, sole proprietorship,
13 group practice, partnership or corporation which is required
14 to register pursuant to this section.

15 Section 9. Paragraphs (aa) and (bb) of subsection (1)
16 of section 456.072, Florida Statutes, are amended to read:

17 456.072 Grounds for discipline; penalties;
18 enforcement.--

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

22 (aa) ~~Performing or attempting to perform~~ health care
23 services on the wrong patient, a wrong-site procedure, a wrong
24 procedure, or an unauthorized procedure or a procedure that is
25 medically unnecessary or otherwise unrelated to the patient's
26 diagnosis or medical condition. For the purposes of this
27 paragraph, ~~performing or attempting to perform~~ health care
28 services includes the preparation of the patient.

29 (bb) Leaving a foreign body in a patient, such as a
30 sponge, clamp, forceps, surgical needle, or other
31 paraphernalia commonly used in surgical, examination, or other

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1 diagnostic procedures, unless leaving the foreign body is
2 medically indicated and documented in the patient record. For
3 the purposes of this paragraph, it shall be legally presumed
4 that retention of a foreign body is not in the best interest
5 of the patient and is not within the standard of care of the
6 profession, unless medically indicated and documented in the
7 patient record ~~regardless of the intent of the professional.~~

8 Section 10. Subsection (7) is added to section 631.57,
9 Florida Statutes, to read:

10 631.57 Powers and duties of the association.--

11 (7) Notwithstanding any other provision of law, the
12 net direct written premiums of medical malpractice insurance
13 are not subject to assessment under this section to cover
14 claims and administrative costs for the type of insurance
15 defined in s. 624.604.

16 Section 11. Subsections (22) through (33) of section
17 395.002, Florida Statutes, are renumbered as subsections (23)
18 through (34), respectively, and a new subsection (22) is added
19 to said section to read:

20 395.002 Definitions.--As used in this chapter:

21 (22) "Medically unnecessary procedure" means a
22 surgical or other invasive procedure that a reasonable
23 physician, in light of the patient's history and available
24 diagnostic information, would not deem to be indicated in
25 order to treat, cure, or palliate the patient's condition or
26 disease.

27 Section 12. Subsection (7) of section 394.4787,
28 Florida Statutes, is amended to read:

29 394.4787 Definitions; ss. 394.4786, 394.4787,
30 394.4788, and 394.4789.--As used in this section and ss.
31 394.4786, 394.4788, and 394.4789:

1 (7) "Specialty psychiatric hospital" means a hospital
2 licensed by the agency pursuant to s. 395.002(30)(29) as a
3 specialty psychiatric hospital.

4 Section 13. Subsection (5) is added to section
5 395.0161, Florida Statutes, to read:

6 395.0161 Licensure inspection.--

7 (5)(a) The agency shall adopt rules governing the
8 conduct of inspections or investigations it initiates in
9 response to:

10 1. Reports filed pursuant to s. 395.0197.

11 2. Complaints alleging violations of state or federal
12 emergency access laws.

13 3. Complaints made by the public alleging violations
14 of law by licensed facilities or personnel.

15 (b) Such rules shall set forth the procedures to be
16 used in such investigations or inspections in order to protect
17 the due process rights of licensed facilities and personnel
18 and to minimize, to the greatest reasonable extent possible,
19 the disruption of facility operations and the cost to
20 facilities resulting from such investigations.

21 Section 14. Subsections (2), (14), and (16) of section
22 395.0197, Florida Statutes, are amended to read:

23 395.0197 Internal risk management program.--

24 (2) The internal risk management program is the
25 responsibility of the governing board of the health care
26 facility. Each licensed facility shall utilize the services of
27 ~~hire~~ a risk manager, licensed under s. 395.10974, who is
28 responsible for implementation and oversight of such
29 facility's internal risk management program as required by
30 this section. ~~A risk manager must not be made responsible for~~
31 ~~more than four internal risk management programs in separate~~

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1 ~~licensed facilities, unless the facilities are under one~~
2 ~~corporate ownership or the risk management programs are in~~
3 ~~rural hospitals.~~

4 (14) The agency shall have access, as set forth in
5 rules adopted pursuant to s. 395.0161(5), to all licensed
6 facility records necessary to carry out the provisions of this
7 section. The records obtained by the agency under subsection
8 (6), subsection (8), or subsection (10) are not available to
9 the public under s. 119.07(1), nor shall they be discoverable
10 or admissible in any civil or administrative action, except in
11 disciplinary proceedings by the agency or the appropriate
12 regulatory board, nor shall records obtained pursuant to s.
13 456.071 be available to the public as part of the record of
14 investigation for and prosecution in disciplinary proceedings
15 made available to the public by the agency or the appropriate
16 regulatory board. However, the agency or the appropriate
17 regulatory board shall make available, upon written request by
18 a health care professional against whom probable cause has
19 been found, any such records which form the basis of the
20 determination of probable cause, except that, with respect to
21 medical review committee records, s. 766.101 controls.

22 (16) The agency shall review, as part of its licensure
23 inspection process, the internal risk management program at
24 each licensed facility regulated by this section to determine
25 whether the program meets standards established in statutes
26 and rules, whether the program is being conducted in a manner
27 designed to reduce adverse incidents, and whether the program
28 is appropriately reporting incidents under this section. Only
29 a risk manager licensed under s. 395.10974 and employed by or
30 under contract with the agency may conduct inspections to
31 determine whether a program meets the requirements of this

1 section. Such determination shall be based on that level of
2 care, skill, and judgment which, in light of all relevant
3 surrounding circumstances, is recognized as acceptable and
4 appropriate by reasonably prudent similar licensed risk
5 managers. By July 1, 2004, the agency shall employ or contract
6 with a minimum of three licensed risk managers in each
7 district to conduct inspections pursuant to this section.

8 Section 15. Paragraph (b) of subsection (2) of section
9 465.019, Florida Statutes, is amended to read:

10 465.019 Institutional pharmacies; permits.--

11 (2) The following classes of institutional pharmacies
12 are established:

13 (b) "Class II institutional pharmacies" are those
14 institutional pharmacies which employ the services of a
15 registered pharmacist or pharmacists who, in practicing
16 institutional pharmacy, shall provide dispensing and
17 consulting services on the premises to patients of that
18 institution and to patients receiving care in a hospice
19 licensed under part VI of chapter 400 which is located or
20 providing services on the premises of that institution, for
21 use on the premises of that institution. However, an
22 institutional pharmacy located in an area or county included
23 in an emergency order or proclamation of a state of emergency
24 declared by the Governor may provide dispensing and consulting
25 services to individuals who are not patients of the
26 institution. However, a single dose of a medicinal drug may be
27 obtained and administered to a patient on a valid physician's
28 drug order under the supervision of a physician or charge
29 nurse, consistent with good institutional practice procedures.
30 The obtaining and administering of such single dose of a
31 medicinal drug shall be pursuant to drug-handling procedures

1 established by a consultant pharmacist. Medicinal drugs may
2 be dispensed in a Class II institutional pharmacy, but only in
3 accordance with the provisions of this section.

4 Section 16. Paragraph (a) of subsection (2) of section
5 499.007, Florida Statutes, is amended to read:

6 499.007 Misbranded drug or device.--A drug or device
7 is misbranded:

8 (2) Unless, if in package form, it bears a label
9 containing:

10 (a) The name and place of business of the manufacturer
11 or distributor; ~~in addition, for a medicinal drug, as defined~~
12 ~~in s. 499.003, the label must contain the name and place of~~
13 ~~business of the manufacturer~~ of the finished dosage form of
14 the drug. For the purpose of this paragraph, the finished
15 dosage form of a medicinal drug is that form of the drug which
16 is, or is intended to be, dispensed or administered to the
17 patient and requires no further manufacturing or processing
18 other than packaging, reconstitution, and labeling; and

19 Section 17. Responsiveness to emergencies and
20 disasters; legislative findings.--The Legislature finds that
21 it is critical that Florida be prepared to respond
22 appropriately to a health crisis and injuries in the event of
23 an emergency or disaster. The Legislature finds that there is
24 a need to better educate health care practitioners on diseases
25 and conditions that might be caused by nuclear, biological,
26 and chemical terrorism so that health care practitioners can
27 more effectively care for patients and better educate patients
28 as to prevention and treatment. Additionally, the Legislature
29 finds that not all health care practitioners have been
30 recently trained in life support and first aid and that all
31 health care practitioners should be encouraged to obtain such

1 training. The Legislature finds that health care practitioners
2 who are willing to respond in emergencies or disasters should
3 not be penalized for providing their assistance.

4 Section 18. Subsection (6) of section 381.0011,
5 Florida Statutes, is amended to read:

6 381.0011 Duties and powers of the Department of
7 Health.--It is the duty of the Department of Health to:

8 (6) Declare, enforce, modify, and abolish quarantine
9 of persons, animals, and premises as the circumstances
10 indicate for controlling communicable diseases or providing
11 protection from unsafe conditions that pose a threat to public
12 health, except as provided in ss. 384.28 and 392.545-392.60.

13 (a) The department shall adopt rules to specify the
14 conditions and procedures for imposing and releasing a
15 quarantine. The rules must include provisions related to:

16 1. The closure of premises.

17 2. The movement of persons or animals exposed to or
18 infected with a communicable disease.

19 3. The tests or ~~prophylactic~~ treatment, including
20 vaccination,for communicable disease required prior to
21 employment or admission to the premises or to comply with a
22 quarantine.

23 4. Testing or destruction of animals with or suspected
24 of having a disease transmissible to humans.

25 5. Access by the department to quarantined premises.

26 6. The disinfection of quarantined animals, persons,
27 or premises.

28 7. Methods of quarantine.

29 (b) Any health regulation that restricts travel or
30 trade within the state may not be adopted or enforced in this
31 state except by authority of the department.

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1 Section 19. Section 381.00315, Florida Statutes, is
2 amended to read:

3 381.00315 Public health advisories; public health
4 emergencies.--The State Health Officer is responsible for
5 declaring public health emergencies and issuing public health
6 advisories.

7 (1) As used in this section, the term:

8 (a) "Public health advisory" means any warning or
9 report giving information to the public about a potential
10 public health threat.Prior to issuing any public health
11 advisory, the State Health Officer must consult with any state
12 or local agency regarding areas of responsibility which may be
13 affected by such advisory. Upon determining that issuing a
14 public health advisory is necessary to protect the public
15 health and safety, and prior to issuing the advisory, the
16 State Health Officer must notify each county health department
17 within the area which is affected by the advisory of the State
18 Health Officer's intent to issue the advisory. The State
19 Health Officer is authorized to take any action appropriate to
20 enforce any public health advisory.

21 (b) "Public health emergency" means any occurrence, or
22 threat thereof, whether natural or man made, which results or
23 may result in substantial injury or harm to the public health
24 from infectious disease, chemical agents, nuclear agents,
25 biological toxins, or situations involving mass casualties or
26 natural disasters. Prior to declaring a public health
27 emergency, the State Health Officer shall, to the extent
28 possible, consult with the Governor and shall notify the Chief
29 of Domestic Security Initiatives as created in s. 943.03. The
30 declaration of a public health emergency shall continue until
31 the State Health Officer finds that the threat or danger has

1 been dealt with to the extent that the emergency conditions no
2 longer exist and he or she terminates the declaration.

3 However, a declaration of a public health emergency may not
4 continue for longer than 60 days unless the Governor concurs
5 in the renewal of the declaration. The State Health Officer,
6 upon declaration of a public health emergency, may take
7 actions that are necessary to protect the public health. Such
8 actions include, but are not limited to:

9 1. Directing manufacturers of prescription drugs or
10 over-the-counter drugs who are permitted under chapter 499 and
11 wholesalers of prescription drugs located in this state who
12 are permitted under chapter 499 to give priority to the
13 shipping of specified drugs to pharmacies and health care
14 providers within geographic areas that have been identified by
15 the State Health Officer. The State Health Officer must
16 identify the drugs to be shipped. Manufacturers and
17 wholesalers located in the state must respond to the State
18 Health Officer's priority shipping directive before shipping
19 the specified drugs.

20 2. Notwithstanding chapters 465 and 499 and rules
21 adopted thereunder, directing pharmacists employed by the
22 department to compound bulk prescription drugs and provide
23 these bulk prescription drugs to physicians, physician
24 assistants, and nurses of county health departments or any
25 qualified person authorized by the State Health Officer for
26 administration to persons as part of a prophylactic or
27 treatment regimen.

28 3. Notwithstanding s. 456.036, temporarily
29 reactivating the inactive license of the following health care
30 practitioners, when such practitioners are needed to respond
31 to the public health emergency: physicians licensed under

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1 chapter 458 or chapter 459; physician assistants licensed
2 under chapter 458 or chapter 459; licensed practical nurses,
3 registered nurses, and advanced registered nurse practitioners
4 licensed under part I of chapter 464; respiratory therapists
5 licensed under part V of chapter 468; and emergency medical
6 technicians and paramedics certified under part III of chapter
7 401. Only those health care practitioners specified in this
8 paragraph who possess an unencumbered inactive license and who
9 request that such license be reactivated are eligible for
10 reactivation. An inactive license that is reactivated under
11 this paragraph shall return to inactive status when the public
12 health emergency ends or prior to the end of the public health
13 emergency if the State Health Officer determines that the
14 health care practitioner is no longer needed to provide
15 services during the public health emergency. Such licenses may
16 only be reactivated for a period not to exceed 90 days without
17 meeting the requirements of s. 456.036 or chapter 401, as
18 applicable. If a physician assistant requests reactivation and
19 volunteers during the declared public health emergency, the
20 county health department may serve as the supervising
21 physician for the physician assistant.

22 4. Ordering an individual to be examined, tested,
23 vaccinated, treated, or quarantined for communicable diseases
24 that have significant morbidity or mortality and present a
25 severe danger to public health. Individuals who are unable or
26 unwilling to be examined, tested, vaccinated or treated for
27 reasons of health, religion or conscience may be subjected to
28 quarantine.

29 a. Examination, testing, vaccination, or treatment may
30 be performed by any qualified person authorized by the State
31 Health Officer.

1 b. If the individual poses a danger to the public
2 health, the State Health Officer may subject the individual to
3 quarantine. If there is no practical method to quarantine the
4 individual, the State Health Officer may use any means
5 necessary to vaccinate or treat the individual.

6
7 Any order of the State Health Officer given to effectuate this
8 paragraph shall be immediately enforceable by a law
9 enforcement officer under s. 381.0012.

10 (2) Individuals who assist the State Health Officer at
11 his or her request on a volunteer basis during a public health
12 emergency are entitled to the benefits specified in s. 110.504
13 (2), (3), (4), and (5).

14 Section 20. Section 381.0034, Florida Statutes, is
15 amended to read:

16 381.0034 Requirement for instruction on conditions
17 caused by nuclear, biological, and chemical terrorism and on
18 human immunodeficiency virus and acquired immune deficiency
19 syndrome.--

20 (1) ~~As of July 1, 1991,~~The Department of Health shall
21 require each person licensed or certified under chapter 401,
22 chapter 467, part IV of chapter 468, or chapter 483, as a
23 condition of biennial relicensure, to complete an educational
24 course approved by the department on conditions caused by
25 nuclear, biological, and chemical terrorism. The course shall
26 consist of education on diagnosis and treatment, the modes of
27 transmission, infection control procedures, and clinical
28 management. Such course shall also include information on
29 reporting suspected cases of conditions caused by nuclear,
30 biological, or chemical terrorism to the appropriate health
31 and law enforcement authorities, and prevention of human

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1 ~~immunodeficiency virus and acquired immune deficiency~~
2 ~~syndrome. Such course shall include information on current~~
3 ~~Florida law on acquired immune deficiency syndrome and its~~
4 ~~impact on testing, confidentiality of test results, and~~
5 ~~treatment of patients.~~ Each such licensee or certificateholder
6 shall submit confirmation of having completed said course, on
7 a form provided by the department, when submitting fees or
8 application for each biennial renewal.

9 (2) Failure to complete the requirements of this
10 section shall be grounds for disciplinary action contained in
11 the chapters specified in subsection (1). In addition to
12 discipline by the department, the licensee or
13 certificateholder shall be required to complete the required
14 ~~said course or courses.~~

15 (3) The department shall require, as a condition of
16 granting a license under the chapters specified in subsection
17 (1), that an applicant making initial application for
18 licensure complete respective an educational courses course
19 acceptable to the department on conditions caused by nuclear,
20 biological, and chemical terrorism and on human
21 immunodeficiency virus and acquired immune deficiency
22 syndrome. An applicant who has not taken such courses a
23 ~~course~~ at the time of licensure shall, upon an affidavit
24 showing good cause, be allowed 6 months to complete this
25 requirement.

26 (4) The department shall have the authority to adopt
27 rules to carry out the provisions of this section.

28 (5) Any professional holding two or more licenses or
29 certificates subject to the provisions of this section shall
30 be permitted to show proof of having taken one
31 department-approved course on conditions caused by nuclear,

1 biological, and chemical terrorism ~~human immunodeficiency~~
2 ~~virus and acquired immune deficiency syndrome~~, for purposes of
3 relicensure or recertification for the additional licenses.

4 Section 21. Section 381.0035, Florida Statutes, is
5 amended to read:

6 381.0035 Educational courses ~~course~~ on human
7 immunodeficiency virus and acquired immune deficiency syndrome
8 and on conditions caused by nuclear, biological, and chemical
9 terrorism; employees and clients of certain health care
10 facilities.--

11 (1)(a) The Department of Health shall require all
12 ~~employees and clients of facilities licensed under chapters~~
13 ~~393, 394, and 397 and employees of facilities licensed under~~
14 ~~chapter 395 and parts II, III, IV, and VI of chapter 400 to~~
15 complete, biennially, a continuing educational course on the
16 modes of transmission, infection control procedures, clinical
17 management, and prevention of human immunodeficiency virus and
18 acquired immune deficiency syndrome with an emphasis on
19 appropriate behavior and attitude change. Such instruction
20 shall include information on current Florida law and its
21 impact on testing, confidentiality of test results, and
22 treatment of patients and any protocols and procedures
23 applicable to human immunodeficiency counseling and testing,
24 reporting, the offering of HIV testing to pregnant women, and
25 partner notification issues pursuant to ss. 381.004 and
26 384.25.

27 (b) The department shall require all employees of
28 facilities licensed under chapters 393, 394, 395, and 397 and
29 parts II, III, IV, and VI of chapter 400 to complete,
30 biennially, a continuing educational course on conditions
31 caused by nuclear, biological, and chemical terrorism. The

1 course shall consist of education on diagnosis and treatment,
2 modes of transmission, infection control procedures, and
3 clinical management. Such course shall also include
4 information on reporting suspected cases of conditions caused
5 by nuclear, biological, or chemical terrorism to the
6 appropriate health and law enforcement authorities.

7 (2) New employees of facilities licensed under
8 chapters 393, 394, 395, and 397 and parts II, III, IV, and VI
9 of chapter 400 shall be required to complete a course on human
10 immunodeficiency virus and acquired immune deficiency
11 syndrome, with instruction to include information on current
12 Florida law and its impact on testing, confidentiality of test
13 results, and treatment of patients. New employees of such
14 facilities shall also be required to complete a course on
15 conditions caused by nuclear, biological, and chemical
16 terrorism, with instruction to include information on
17 reporting suspected cases to the appropriate health and law
18 enforcement authorities.

19 (3) Facilities licensed under chapters 393, 394, 395,
20 and 397, and parts II, III, IV, and VI of chapter 400 shall
21 maintain a record of employees and dates of attendance at
22 human immunodeficiency virus and acquired immune deficiency
23 syndrome educational courses on human immunodeficiency virus
24 and acquired immune deficiency syndrome and on conditions
25 caused by nuclear, biological, and chemical terrorism.

26 (4) The department shall have the authority to review
27 the records of each facility to determine compliance with the
28 requirements of this section. The department may adopt rules
29 to carry out the provisions of this section.

30 (5) In lieu of completing a course as required in
31 paragraph (1)(b), the employee may complete a course on

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1 end-of-life care and palliative health care or a course on
2 HIV/AIDS so long as the employee completed an approved course
3 on conditions caused by nuclear, biological, and chemical
4 terrorism in the immediately preceding biennium.

5 Section 22. Section 381.0421, Florida Statutes, is
6 created to read:

7 381.0421 Vaccination against meningococcal meningitis
8 and hepatitis B.--

9 (1) A postsecondary educational institution shall
10 provide detailed information concerning the risks associated
11 with meningococcal meningitis and hepatitis B and the
12 availability, effectiveness, and known contraindications of
13 any required or recommended vaccine against meningococcal
14 meningitis and hepatitis B to every student, or to the
15 student's parent or guardian if the student is a minor, who
16 has been accepted for admission.

17 (2) An individual enrolled in a postsecondary
18 educational institution who will be residing in on-campus
19 housing shall provide documentation of vaccinations against
20 meningococcal meningitis and hepatitis B unless the
21 individual, if the individual is 18 years of age or older, or
22 the individual's parent or guardian, if the individual is a
23 minor, declines the vaccinations by signing a separate waiver
24 for each of these vaccines provided by the institution
25 acknowledging receipt and review of the information provided.

26 (3) This section does not require any postsecondary
27 educational institution to provide or pay for vaccinations
28 against meningococcal meningitis or hepatitis B.

29 Section 23. Subsection (4) of section 395.1027,
30 Florida Statutes, is amended to read:

31 395.1027 Regional poison control centers.--

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1 (4) By October 1, 1999, each regional poison control
2 center shall develop a prehospital emergency dispatch protocol
3 with each licensee defined by s. 401.23~~(14)~~~~(13)~~in the
4 geographic area covered by the regional poison control center.
5 The prehospital emergency dispatch protocol shall be developed
6 by each licensee's medical director in conjunction with the
7 designated regional poison control center responsible for the
8 geographic area in which the licensee operates. The protocol
9 shall define toxic substances and describe the procedure by
10 which the designated regional poison control center may be
11 consulted by the licensee. If a call is transferred to the
12 designated regional poison control center in accordance with
13 the protocol established under this section and s. 401.268,
14 the designated regional poison control center shall assume
15 responsibility and liability for the call.

16 Section 24. Section 401.23, Florida Statutes, is
17 amended to read:

18 401.23 Definitions.--As used in this part, the term:

19 (1) "Advanced life support" means the use of skills
20 and techniques described in the most recent United States
21 Department of Transportation National Standard Paramedic
22 Curriculum by a paramedic under the supervision of a
23 licensee's medical director as required by rules of the
24 department. The term "advanced life support" also includes
25 other techniques that have been approved and are performed
26 under conditions specified by rules of the department. The
27 term "advanced life support" also includes provision of care
28 by a paramedic under the supervision of a licensee's medical
29 director to a person experiencing an emergency medical
30 condition as defined in subsection (11)~~treatment of~~
31 ~~life-threatening medical emergencies through the use of~~

1 ~~techniques such as endotracheal intubation, the administration~~
2 ~~of drugs or intravenous fluids, telemetry, cardiac monitoring,~~
3 ~~and cardiac defibrillation by a qualified person, pursuant to~~
4 ~~rules of the department.~~

5 (2) "Advanced life support service" means any
6 emergency medical transport or nontransport service which uses
7 advanced life support techniques.

8 (3) "Air ambulance" means any fixed-wing or
9 rotary-wing aircraft used for, or intended to be used for, air
10 transportation of sick or injured persons requiring or likely
11 to require medical attention during transport.

12 (4) "Air ambulance service" means any publicly or
13 privately owned service, licensed in accordance with the
14 provisions of this part, which operates air ambulances to
15 transport persons requiring or likely to require medical
16 attention during transport.

17 (5) "Ambulance" or "emergency medical services
18 vehicle" means any privately or publicly owned land or water
19 vehicle that is designed, constructed, reconstructed,
20 maintained, equipped, or operated for, and is used for, or
21 intended to be used for, land or water transportation of sick
22 or injured persons requiring or likely to require medical
23 attention during transport.

24 (6) "Ambulance driver" means any person who meets the
25 requirements of s. 401.281.

26 (7) "Basic life support" means the use of skills and
27 techniques described in the most recent United States
28 Department of Transportation National Standard EMT-Basic
29 Curriculum by an emergency medical technician or paramedic
30 under the supervision of a licensee's medical director as
31 required by rules of the department. The term "basic life

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1 support" also includes other techniques that have been
2 approved and are performed under conditions specified by rules
3 of the department. The term "basic life support" also includes
4 provision of care by a paramedic or emergency medical
5 technician under the supervision of a licensee's medical
6 director to a person experiencing an emergency medical
7 condition as defined in subsection (11)~~treatment of medical~~
8 ~~emergencies by a qualified person through the use of~~
9 ~~techniques such as patient assessment, cardiopulmonary~~
10 ~~resuscitation (CPR), splinting, obstetrical assistance,~~
11 ~~bandaging, administration of oxygen, application of medical~~
12 ~~antishock trousers, administration of a subcutaneous injection~~
13 ~~using a premeasured autoinjector of epinephrine to a person~~
14 ~~suffering an anaphylactic reaction, and other techniques~~
15 ~~described in the Emergency Medical Technician Basic Training~~
16 ~~Course Curriculum of the United States Department of~~
17 ~~Transportation. The term "basic life support" also includes~~
18 ~~other techniques which have been approved and are performed~~
19 ~~under conditions specified by rules of the department.~~

20 (8) "Basic life support service" means any emergency
21 medical service which uses only basic life support techniques.

22 (9) "Certification" means any authorization issued
23 pursuant to this part to a person to act as an emergency
24 medical technician or a paramedic.

25 (10) "Department" means the Department of Health.

26 (11) "Emergency medical condition" means:

27 (a) A medical condition manifesting itself by acute
28 symptoms of sufficient severity, which may include severe
29 pain, psychiatric disturbances, symptoms of substance abuse,
30 or other acute symptoms, such that the absence of immediate
31 medical attention could reasonably be expected to result in

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1 any of the following:

2 1. Serious jeopardy to the health of a patient,
3 including a pregnant woman or fetus.

4 2. Serious impairment to bodily functions.

5 3. Serious dysfunction of any bodily organ or part.

6 (b) With respect to a pregnant woman, that there is
7 evidence of the onset and persistence of uterine contractions
8 or rupture of the membranes.

9 (c) With respect to a person exhibiting acute
10 psychiatric disturbance or substance abuse, that the absence
11 of immediate medical attention could reasonably be expected to
12 result in:

13 1. Serious jeopardy to the health of a patient; or

14 2. Serious jeopardy to the health of others.

15 (12)(11) "Emergency medical technician" means a person
16 who is certified by the department to perform basic life
17 support pursuant to this part.

18 (13)(12) "Interfacility transfer" means the
19 transportation by ambulance of a patient between two
20 facilities licensed under chapter 393, chapter 395, or chapter
21 400, pursuant to this part.

22 (14)(13) "Licensee" means any basic life support
23 service, advanced life support service, or air ambulance
24 service licensed pursuant to this part.

25 (15)(14) "Medical direction" means direct supervision
26 by a physician through two-way voice communication or, when
27 such voice communication is unavailable, through established
28 standing orders, pursuant to rules of the department.

29 (16)(15) "Medical director" means a physician who is
30 employed or contracted by a licensee and who provides medical
31 supervision, including appropriate quality assurance but not

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1 including administrative and managerial functions, for daily
2 operations and training pursuant to this part.

3 (17)~~(16)~~ "Mutual aid agreement" means a written
4 agreement between two or more entities whereby the signing
5 parties agree to lend aid to one another under conditions
6 specified in the agreement and as sanctioned by the governing
7 body of each affected county.

8 (18)~~(17)~~ "Paramedic" means a person who is certified
9 by the department to perform basic and advanced life support
10 pursuant to this part.

11 (19)~~(18)~~ "Permit" means any authorization issued
12 pursuant to this part for a vehicle to be operated as a basic
13 life support or advanced life support transport vehicle or an
14 advanced life support nontransport vehicle providing basic or
15 advanced life support.

16 (20)~~(19)~~ "Physician" means a practitioner who is
17 licensed under the provisions of chapter 458 or chapter 459.
18 For the purpose of providing "medical direction" as defined in
19 subsection (15)~~(14)~~ for the treatment of patients immediately
20 prior to or during transportation to a United States
21 Department of Veterans Affairs medical facility, "physician"
22 also means a practitioner employed by the United States
23 Department of Veterans Affairs.

24 (21)~~(20)~~ "Registered nurse" means a practitioner who
25 is licensed to practice professional nursing pursuant to part
26 I of chapter 464.

27 (22)~~(21)~~ "Secretary" means the Secretary of Health.

28 (23)~~(22)~~ "Service location" means any permanent
29 location in or from which a licensee solicits, accepts, or
30 conducts business under this part.

31 Section 25. Paragraph (b) of subsection (2) of section

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1 401.245, Florida Statutes, is amended to read:

2 401.245 Emergency Medical Services Advisory Council.--

3 (2)

4 (b) Representation on the Emergency Medical Services
5 Advisory Council shall include: two licensed physicians who
6 are "medical directors" as defined in s. 401.23(16)~~(15)~~or
7 whose medical practice is closely related to emergency medical
8 services; two emergency medical service administrators, one of
9 whom is employed by a fire service; two certified paramedics,
10 one of whom is employed by a fire service; two certified
11 emergency medical technicians, one of whom is employed by a
12 fire service; one emergency medical services educator; one
13 emergency nurse; one hospital administrator; one
14 representative of air ambulance services; one representative
15 of a commercial ambulance operator; and two laypersons who are
16 in no way connected with emergency medical services, one of
17 whom is a representative of the elderly. Ex officio members of
18 the advisory council from state agencies shall include, but
19 shall not be limited to, representatives from the Department
20 of Education, the Department of Management Services, the
21 Department of Insurance, the Department of Highway Safety and
22 Motor Vehicles, the Department of Transportation, and the
23 Department of Community Affairs.

24 Section 26. Subsection (1) of section 401.252, Florida
25 Statutes, is amended to read:

26 401.252 Interfacility transfer.--

27 (1) A licensed basic or advanced life support
28 ambulance service may conduct interfacility transfers in a
29 permitted ambulance, using a registered nurse or physician
30 assistant in place of an emergency medical technician or
31 paramedic, if:

1 (a) The registered nurse or physician assistant holds
2 a current certificate of successful course completion in
3 advanced cardiac life support;

4 (b) The physician in charge has granted permission for
5 such a transfer, has designated the level of service required
6 for such transfer, and has deemed the patient to be in such a
7 condition appropriate to this type of ambulance staffing; and

8 (c) The registered nurse operates within the scope of
9 part I of chapter 464 or the physician assistant operates
10 within the physician assistant's scope of practice under
11 chapter 458 or chapter 459.

12 Section 27. Subsection (6) of section 401.27, Florida
13 Statutes, is amended to read:

14 401.27 Personnel; standards and certification.--

15 (6)(a) The department shall establish by rule a
16 procedure for biennial renewal certification of emergency
17 medical technicians. Such rules must require a United States
18 Department of Transportation refresher training program of at
19 least 30 hours as approved by the department every 2 years.
20 Completion of the course required by s. 381.0034(1) shall
21 count toward the 30 hours.The refresher program may be
22 offered in multiple presentations spread over the 2-year
23 period. The rules must also provide that the refresher course
24 requirement may be satisfied by passing a challenge
25 examination.

26 (b) The department shall establish by rule a procedure
27 for biennial renewal certification of paramedics. Such rules
28 must require candidates for renewal to have taken at least 30
29 hours of continuing education units during the 2-year period.
30 Completion of the course required by s. 381.0034(1) shall
31 count toward the 30 hours.The rules must provide that the

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1 continuing education requirement may be satisfied by passing a
2 challenge examination.

3 Section 28. Section 456.033, Florida Statutes, is
4 amended to read:

5 456.033 Requirement for instruction for certain
6 licensees on conditions caused by nuclear, biological, and
7 chemical terrorism and on HIV and AIDS.--

8 (1) The appropriate board shall require each person
9 licensed or certified under chapter 457; chapter 458; chapter
10 459; chapter 460; chapter 461; chapter 463; part I of chapter
11 464; chapter 465; chapter 466; part II, part III, part V, or
12 part X of chapter 468; or chapter 486 to complete a continuing
13 educational course, approved by the board, on conditions
14 caused by nuclear, biological, and chemical terrorism ~~human~~
15 ~~immunodeficiency virus and acquired immune deficiency syndrome~~
16 as part of biennial relicensure or recertification. The course
17 shall consist of education on diagnosis and treatment, ~~the~~
18 ~~modes of transmission, infection control procedures, and~~
19 ~~clinical management.~~ Such course shall also include
20 information on reporting suspected cases of conditions caused
21 by nuclear, biological, or chemical terrorism to the
22 appropriate health and law enforcement authorities, ~~and~~
23 ~~prevention of human immunodeficiency virus and acquired immune~~
24 ~~deficiency syndrome. Such course shall include information on~~
25 ~~current Florida law on acquired immune deficiency syndrome and~~
26 ~~its impact on testing, confidentiality of test results,~~
27 ~~treatment of patients, and any protocols and procedures~~
28 ~~applicable to human immunodeficiency virus counseling and~~
29 ~~testing, reporting, the offering of HIV testing to pregnant~~
30 ~~women, and partner notification issues pursuant to ss. 381.004~~
31 ~~and 384.25.~~

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1 (2) Each such licensee or certificateholder shall
2 submit confirmation of having completed said course, on a form
3 as provided by the board, when submitting fees for each
4 biennial renewal.

5 (3) The board shall have the authority to approve
6 additional equivalent courses that may be used to satisfy the
7 requirements in subsection (1). Each licensing board that
8 requires a licensee to complete an educational course pursuant
9 to this section may count the hours required for completion of
10 the course included in the total continuing educational
11 requirements as required by law.

12 (4) Any person holding two or more licenses subject to
13 the provisions of this section shall be permitted to show
14 proof of having taken one board-approved course on conditions
15 caused by nuclear, biological, and chemical terrorism ~~human~~
16 ~~immunodeficiency virus and acquired immune deficiency~~
17 ~~syndrome~~, for purposes of relicensure or recertification for
18 additional licenses.

19 (5) Failure to comply with the ~~above~~ requirements of
20 this section shall constitute grounds for disciplinary action
21 under each respective licensing chapter and s. 456.072(1)(e).
22 In addition to discipline by the board, the licensee shall be
23 required to complete the required course or courses.

24 (6) The board shall require as a condition of granting
25 a license under the chapters and parts specified in subsection
26 (1) that an applicant making initial application for licensure
27 complete respective ~~an~~ educational courses ~~course~~ acceptable
28 to the board on conditions caused by nuclear, biological, and
29 chemical terrorism and on human immunodeficiency virus and
30 acquired immune deficiency syndrome. An applicant who has not
31 taken such courses ~~a course~~ at the time of licensure shall,

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1 upon an affidavit showing good cause, be allowed 6 months to
2 complete this requirement.

3 (7) The board shall have the authority to adopt rules
4 to carry out the provisions of this section.

5 (8) The board shall report to the Legislature by March
6 1 of each year as to the implementation and compliance with
7 the requirements of this section.

8 (9)(a) In lieu of completing a course as required in
9 subsection (1), the licensee may complete a course on in
10 end-of-life care and palliative health care or a course on
11 HIV/AIDS, so long as the licensee completed an approved
12 AIDS/HIV course on conditions caused by nuclear, biological,
13 and chemical terrorism in the immediately preceding biennium.

14 (b) In lieu of completing a course as required by
15 subsection (1), a person licensed under chapter 466 ~~who has~~
16 ~~completed an approved AIDS/HIV course in the immediately~~
17 ~~preceding 2 years~~ may complete a course approved by the Board
18 of Dentistry.

19 Section 29. Subsection (3) is added to section
20 381.003, Florida Statutes, to read:

21 381.003 Communicable disease and AIDS prevention and
22 control.--

23 (3) The department shall by rule adopt the
24 blood-borne-pathogen standard set forth in subpart Z of 29
25 C.F.R. part 1910, as amended by Pub. L. No. 106-430, which
26 shall apply to all public-sector employers. The department
27 shall compile and maintain a list of existing needleless
28 systems and sharps with engineered sharps-injury protection
29 which shall be available to assist employers, including the
30 department and the Department of Corrections, in complying
31 with the applicable requirements of the blood-borne-pathogen

1 standard. The list may be developed from existing sources of
2 information, including, without limitation, the United States
3 Food and Drug Administration, the Centers for Disease Control
4 and Prevention, the Occupational Safety and Health
5 Administration, and the United States Department of Veterans
6 Affairs.

7 Section 30. Section 456.0345, Florida Statutes, is
8 created to read:

9 456.0345 Life support training.--Health care
10 practitioners who obtain training in advanced cardiac life
11 support, cardiopulmonary resuscitation, or emergency first aid
12 shall receive an equivalent number of continuing education
13 course credits which may be applied toward licensure renewal
14 requirements.

15 Section 31. Paragraph (e) of subsection (1) of section
16 456.072, Florida Statutes, is amended to read:

17 456.072 Grounds for discipline; penalties;
18 enforcement.--

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

22 (e) Failing to comply with the educational course
23 requirements for conditions caused by nuclear, biological, and
24 chemical terrorism or for human immunodeficiency virus and
25 acquired immune deficiency syndrome.

26 Section 32. Section 456.38, Florida Statutes, is
27 amended to read:

28 456.38 Practitioner registry for disasters and
29 emergencies.--The Department of Health shall ~~may~~ include on
30 its application and renewal forms for the licensure or
31 certification of health care practitioners licensed pursuant

1 to chapter 458, chapter 459, chapter 464, or part V of chapter
2 468, as defined in s. 456.001, who could assist the department
3 in the event of a disaster a question asking if the
4 practitioner would be available to provide health care
5 services in special needs shelters or to help staff disaster
6 medical assistance teams during times of emergency or major
7 disaster. The names of practitioners who answer affirmatively
8 shall be maintained by the department as a health care
9 practitioner registry for disasters and emergencies. A health
10 care practitioner who volunteers his or her services in a
11 special needs shelter or as part of a disaster medical
12 assistance team during a time of emergency or disaster shall
13 not be terminated or discriminated against by his or her
14 employer for such volunteer work, provided that the health
15 care practitioner returns to his or her regular employment
16 within 2 weeks or within a longer period that has been
17 previously approved by the employer in writing.

18 Section 33. Subsection (4) of section 458.319, Florida
19 Statutes, is amended to read:

20 458.319 Renewal of license.--

21 (4) Notwithstanding the provisions of s. 456.033, a
22 physician may complete continuing education on end-of-life
23 care and palliative care in lieu of continuing education in
24 conditions caused by nuclear, biological, and chemical
25 terrorism AIDS/HIV, if that physician has completed the
26 AIDS/HIV continuing education in conditions caused by nuclear,
27 biological, and chemical terrorism in the immediately
28 preceding biennium.

29 Section 34. Subsection (5) of section 459.008, Florida
30 Statutes, is amended to read:

31 459.008 Renewal of licenses and certificates.--

1 (5) Notwithstanding the provisions of s. 456.033, an
2 osteopathic physician may complete continuing education on
3 end-of-life and palliative care in lieu of continuing
4 education in conditions caused by nuclear, biological, and
5 chemical terrorism AIDS/HIV, if that physician has completed
6 the AIDS/HIV continuing education in conditions caused by
7 nuclear, biological, and chemical terrorism in the immediately
8 preceding biennium.

9 Section 35. Subsection (4) is added to section
10 401.2715, Florida Statutes, to read:

11 401.2715 Recertification training of emergency medical
12 technicians and paramedics.--

13 (4) Any certified emergency medical technician or
14 paramedic may, as a condition of recertification, complete up
15 to 8 hours of training to respond to terrorism, as defined in
16 s. 775.30, and such hours completed may be substituted on an
17 hour-for-hour basis for any other areas of training required
18 for recertification. The department may adopt rules necessary
19 to administer this subsection.

20 Section 36. Subsection (1) of section 633.35, Florida
21 Statutes, is amended to read:

22 633.35 Firefighter training and certification.--

23 (1) The division shall establish a firefighter
24 training program of not less than 360 hours, administered by
25 such agencies and institutions as it approves for the purpose
26 of providing basic employment training for firefighters. Any
27 firefighter may, as a condition of certification, complete up
28 to 8 hours of training to respond to terrorism, as defined in
29 s. 775.30, and such hours completed may be substituted on an
30 hour-for-hour basis for any other areas of training required
31 for certification. The division may adopt rules necessary to

1 administer this subsection. Nothing herein shall require a
2 public employer to pay the cost of such training.

3 Section 37. Subsection (1) of section 943.135, Florida
4 Statutes, is amended to read:

5 943.135 Requirements for continued employment.--

6 (1) The commission shall, by rule, adopt a program
7 that requires all officers, as a condition of continued
8 employment or appointment as officers, to receive periodic
9 commission-approved continuing training or education. Such
10 continuing training or education shall be required at the rate
11 of 40 hours every 4 years, up to 8 hours of which may consist
12 of training to respond to terrorism as defined in s. 775.30.

13 No officer shall be denied a reasonable opportunity by the
14 employing agency to comply with this section. The employing
15 agency must document that the continuing training or education
16 is job-related and consistent with the needs of the employing
17 agency. The employing agency must maintain and submit, or
18 electronically transmit, the documentation to the commission,
19 in a format approved by the commission. The rule shall also
20 provide:

21 (a) Assistance to an employing agency in identifying
22 each affected officer, the date of his or her employment or
23 appointment, and his or her most recent date for successful
24 completion of continuing training or education;

25 (b) A procedure for reactivation of the certification
26 of an officer who is not in compliance with this section; and

27 (c) A remediation program supervised by the training
28 center director within the geographic area for any officer who
29 is attempting to comply with the provisions of this subsection
30 and in whom learning disabilities are identified. The officer
31 shall be assigned nonofficer duties, without loss of employee

1 benefits, and the program shall not exceed 90 days.

2 Section 38. Subsections (1), (2), and (6) of section
3 765.512, Florida Statutes, are amended to read:

4 765.512 Persons who may make an anatomical gift.--

5 (1) Any person who may make a will may give all or
6 part of his or her body for any purpose specified in s.
7 765.510, the gift to take effect upon death. An anatomical
8 gift made by an adult donor and not revoked by the donor as
9 provided in s. 765.516 is irrevocable ~~and does not require the~~
10 ~~consent or concurrence of any person~~ after the donor's death.
11 A family member, guardian, representative ad litem, or health
12 care surrogate of a decedent who has made an anatomical gift
13 may not modify the decedent's wishes or deny or prevent the
14 anatomical gift from being made.

15 (2) If the decedent has executed an agreement
16 concerning an anatomical gift, by ~~including~~ signing an organ
17 and tissue donor card, by expressing his or her wish to donate
18 in a living will or advance directive, or by signifying his or
19 her intent to donate on his or her driver's license or in some
20 other written form has indicated his or her wish to make an
21 anatomical gift, and in the absence of actual notice of
22 contrary indications by the decedent, the document is evidence
23 of legally sufficient informed consent to donate an anatomical
24 gift and is legally binding. Any surrogate designated by the
25 decedent pursuant to part II of this chapter may give all or
26 any part of the decedent's body for any purpose specified in
27 s. 765.510.

28 (6) A gift of all or part of a body authorizes:

29 (a) Any examination necessary to assure medical
30 acceptability of the gift for the purposes intended.

31 (b) The decedent's medical provider, family, or a

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1 third party to furnish medical records requested concerning
2 the decedent's medical and social history.

3 Section 39. Subsection (1) of section 765.516, Florida
4 Statutes, is amended to read:

5 765.516 Amendment of the terms of or the revocation of
6 the gift.--

7 (1) A donor may amend the terms of or revoke an
8 anatomical gift by:

9 (a) The execution and delivery to the donee of a
10 signed statement.

11 (b) An oral statement that is+

12 ~~1. Made to the donor's spouse; or~~

13 ~~2. made in the presence of two persons and~~
14 communicated to the donor's family or attorney or to the
15 donee.

16 (c) A statement during a terminal illness or injury
17 addressed to an attending physician, who must communicate the
18 revocation of the gift to the procurement organization that is
19 certified by the state.

20 (d) A signed document found on or about the donor's
21 person ~~or in the donor's effects.~~

22 Section 40. Subsection (5) of section 456.073, Florida
23 Statutes, is amended to read:

24 456.073 Disciplinary proceedings.--Disciplinary
25 proceedings for each board shall be within the jurisdiction of
26 the department.

27 (5)(a) A formal hearing before an administrative law
28 judge from the Division of Administrative Hearings shall be
29 held pursuant to chapter 120 if there are any disputed issues
30 of material fact raised within 60 days after service of the
31 administrative complaint. The administrative law judge shall

1 issue a recommended order pursuant to chapter 120. ~~If any~~
2 ~~party raises an issue of disputed fact during an informal~~
3 ~~hearing, the hearing shall be terminated and a formal hearing~~
4 ~~pursuant to chapter 120 shall be held.~~

5 (b) Notwithstanding s. 120.569(2), the department
6 shall notify the division within 45 days after receipt of a
7 petition or request for a hearing that the department has
8 determined requires a formal hearing before an administrative
9 law judge.

10 Section 41. The Office of Program Policy Analysis and
11 Government Accountability and the Auditor General shall
12 conduct a joint audit of all hearings and billings therefor
13 conducted by the Division of Administrative Hearings for all
14 state agencies and nonstate agencies and shall present a
15 report to the President of the Senate and the Speaker of the
16 House of Representatives on or before January 1, 2003, which
17 contains findings and recommendations regarding the manner in
18 which the division charges for its services. The report shall
19 recommend alternative billing formulas.

20 Section 42. Subsection (7) is added to section
21 456.076, Florida Statutes, to read:

22 456.076 Treatment programs for impaired
23 practitioners.--

24 (7) Each licensee participating in an impaired
25 practitioner program pursuant to this section shall pay a
26 portion of the costs of the consultant and impaired
27 practitioner program, as determined by rule of the department,
28 incurred as a result of that licensee, unless the consultant
29 finds the licensee to be financially unable to pay in
30 accordance with rules set forth by the department. Payment of
31 these costs shall be a condition of the contract between the

1 impaired practitioner program and the impaired practitioner.
2 Failure to pay the required costs shall be a violation of the
3 contract, unless prior arrangements have been made with the
4 impaired practitioner program. If the licensee has entered
5 the impaired practitioner program as a result of a
6 disciplinary investigation, such payment shall be included in
7 the final order imposing discipline. The remaining costs
8 shall be paid out of the Medical Quality Assurance Trust Fund
9 or other federal, state, or private program funds. Each
10 licensee shall pay the full cost of the approved treatment
11 program or other treatment plan required by the impaired
12 practitioner program, unless private funds are available to
13 assist with such payment.

14 Section 43. Section 456.047, Florida Statutes, is
15 repealed.

16 Section 44. All revenues associated with s. 456.047,
17 Florida Statutes, and collected by the Department of Health on
18 or before July 1, 2002, shall remain in the Medical Quality
19 Assurance Trust Fund, and no refunds shall be given.

20 Section 45. Paragraph (d) of subsection (4) of section
21 456.039, Florida Statutes, is amended to read:

22 456.039 Designated health care professionals;
23 information required for licensure.--

24 (4)

25 (d) Any applicant for initial licensure or renewal of
26 licensure as a health care practitioner who submits to the
27 Department of Health a set of fingerprints or information
28 required for the criminal history check required under this
29 section shall not be required to provide a subsequent set of
30 fingerprints or other duplicate information required for a
31 criminal history check to the Agency for Health Care

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1 Administration, the Department of Juvenile Justice, or the
2 Department of Children and Family Services for employment or
3 licensure with such agency or department if the applicant has
4 undergone a criminal history check as a condition of initial
5 licensure or licensure renewal as a health care practitioner
6 with the Department of Health or any of its regulatory boards,
7 notwithstanding any other provision of law to the contrary. In
8 lieu of such duplicate submission, the Agency for Health Care
9 Administration, the Department of Juvenile Justice, and the
10 Department of Children and Family Services shall obtain
11 criminal history information for employment or licensure of
12 health care practitioners by such agency and departments from
13 the Department of Health ~~Health's health care practitioner~~
14 ~~credentialing system.~~

15 Section 46. Paragraph (d) of subsection (4) of section
16 456.0391, Florida Statutes, is amended to read:

17 456.0391 Advanced registered nurse practitioners;
18 information required for certification.--

19 (4)

20 (d) Any applicant for initial certification or renewal
21 of certification as an advanced registered nurse practitioner
22 who submits to the Department of Health a set of fingerprints
23 and information required for the criminal history check
24 required under this section shall not be required to provide a
25 subsequent set of fingerprints or other duplicate information
26 required for a criminal history check to the Agency for Health
27 Care Administration, the Department of Juvenile Justice, or
28 the Department of Children and Family Services for employment
29 or licensure with such agency or department, if the applicant
30 has undergone a criminal history check as a condition of
31 initial certification or renewal of certification as an

1 advanced registered nurse practitioner with the Department of
2 Health, notwithstanding any other provision of law to the
3 contrary. In lieu of such duplicate submission, the Agency for
4 Health Care Administration, the Department of Juvenile
5 Justice, and the Department of Children and Family Services
6 shall obtain criminal history information for employment or
7 licensure of persons certified under s. 464.012 by such agency
8 or department from the Department of Health ~~Health's health~~
9 ~~care practitioner credentialing system.~~

10 Section 47. Paragraph (v) of subsection (1) of section
11 456.072, Florida Statutes, is amended to read:

12 456.072 Grounds for discipline; penalties;
13 enforcement.--

14 (1) The following acts shall constitute grounds for
15 which the disciplinary actions specified in subsection (2) may
16 be taken:

17 (v) Failing to comply with the requirements for
18 profiling ~~and credentialing~~, including, but not limited to,
19 failing to provide initial information, failing to timely
20 provide updated information, or making misleading, untrue,
21 deceptive, or fraudulent representations on a profile;
22 ~~credentialing~~, or initial or renewal licensure application.

23 Section 48. Subsection (2) of section 456.077, Florida
24 Statutes, is amended to read:

25 456.077 Authority to issue citations.--

26 (2) The board, or the department if there is no board,
27 shall adopt rules designating violations for which a citation
28 may be issued. Such rules shall designate as citation
29 violations those violations for which there is no substantial
30 threat to the public health, safety, and welfare. Violations
31 for which a citation may be issued shall include violations of

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

11 Section 49. Subsection (3) of section 458.309, Florida
12 Statutes, is amended to read:

13 458.309 Authority to make rules.--

14 (3) All physicians who perform level 2 procedures
15 lasting more than 5 minutes and all level 3 surgical
16 procedures in an office setting must register the office with
17 the department unless that office is licensed as a facility
18 pursuant to chapter 395. Each office that is required under
19 this subsection to be registered must be ~~The department shall~~
20 ~~inspect the physician's office annually unless the office is~~
21 accredited by a nationally recognized accrediting agency
22 approved by the Board of Medicine by rule or an accrediting
23 organization ~~subsequently~~ approved by the Board of Medicine by
24 rule. Each office registered but not accredited as required
25 by this subsection must achieve full and unconditional
26 accreditation no later than July 1, 2003, and must maintain
27 unconditional accreditation as long as procedures described in
28 this subsection that require the office to be registered and
29 accredited are performed. Accreditation reports shall be
30 submitted to the department. The actual costs for registration
31 and ~~inspection or~~ accreditation shall be paid by the person

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1 seeking to register and operate the office setting in which
2 office surgery is performed. The board may adopt rules
3 pursuant to ss. 120.536(1) and 120.54 to implement this
4 subsection.

5 Section 50. Subsection (2) of section 459.005, Florida
6 Statutes, is amended to read:

7 459.005 Rulemaking authority.--

8 (2) All osteopathic physicians who perform level 2
9 procedures lasting more than 5 minutes and all level 3
10 surgical procedures in an office setting must register the
11 office with the department unless that office is licensed as a
12 facility pursuant to chapter 395. Each office that is
13 required under this subsection to be registered must be ~~The~~
14 ~~department shall inspect the physician's office annually~~
15 ~~unless the office is~~ accredited by a nationally recognized
16 accrediting agency approved by the Board of Medicine or the
17 Board of Osteopathic Medicine by rule or an accrediting
18 organization ~~subsequently~~ approved by the Board of Medicine or
19 the Board of Osteopathic Medicine by rule. Each office
20 registered but not accredited as required by this subsection
21 must achieve full and unconditional accreditation no later
22 than July 1, 2003, and must maintain unconditional
23 accreditation as long as procedures described in this
24 subsection that require the office to be registered and
25 accredited are performed. Accreditation reports shall be
26 submitted to the department. The actual costs for
27 registration ~~and inspection~~ or accreditation shall be paid by
28 the person seeking to register and operate the office setting
29 in which office surgery is performed. The Board of
30 Osteopathic Medicine may adopt rules pursuant to ss.
31 120.536(1) and 120.54 to implement this subsection.

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1 Section 51. Subsections (11) and (12) are added to
2 section 456.004, Florida Statutes, to read:

3 456.004 Department; powers and duties.--The
4 department, for the professions under its jurisdiction, shall:

5 (11) Require objective performance measures for all
6 bureaus, units, boards, contracted entities, and board
7 executive directors that reflect the expected quality and
8 quantity of services.

9 (12) Consider all board requests to use private
10 vendors for particular regulatory functions. In considering a
11 board request, the department shall conduct an analysis to
12 determine if the function could be appropriately and
13 successfully performed by a private entity at a lower cost or
14 with improved efficiency. If after reviewing the department's
15 analysis the board desires to contract with a vendor for a
16 particular regulatory function and the board has a positive
17 cash balance, the department shall enter into a contract for
18 the service. The contract shall include objective performance
19 measures that reflect the expected quality and quantity of the
20 service and shall include a provision that terminates the
21 contract if the service falls below expected levels. For
22 purposes of this subsection, a "regulatory function" shall be
23 defined to include licensure, licensure renewal, examination,
24 complaint analysis, investigation, or prosecution.

25 Section 52. Subsection (1) of section 456.009, Florida
26 Statutes, is amended to read:

27 456.009 Legal and investigative services.--

28 (1) The department shall provide board counsel for
29 boards within the department by contracting with the
30 Department of Legal Affairs, by retaining private counsel
31 pursuant to s. 287.059, or by providing department staff

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1 counsel. The primary responsibility of board counsel shall be
2 to represent the interests of the citizens of the state. A
3 board shall provide for the periodic review and evaluation of
4 the services provided by its board counsel. Fees and costs of
5 such counsel shall be paid from a trust fund used by the
6 department to implement this chapter, subject to the
7 provisions of s. 456.025. All contracts for independent
8 counsel shall provide for periodic review and evaluation by
9 the board and the department of services provided. All legal
10 and investigative services shall be reviewed by the department
11 annually to determine if such services are meeting the
12 performance measures specified in law and in the contract. All
13 contracts for legal and investigative services must include
14 objective performance measures that reflect the expected
15 quality and quantity of the contracted services.

16 Section 53. Subsection (6) is added to section
17 456.011, Florida Statutes, to read:

18 456.011 Boards; organization; meetings; compensation
19 and travel expenses.--

20 (6) Meetings of board committees, including probable
21 cause panels, shall be conducted electronically unless held
22 concurrently with, or on the day immediately before or after,
23 a regularly scheduled in-person board meeting. However, if a
24 particular committee meeting is expected to last more than 5
25 hours and cannot be held before or after the in-person board
26 meeting, the chair of the committee may request special
27 permission from the director of the Division of Medical
28 Quality Assurance to hold an in-person committee meeting. The
29 meeting shall be held in Tallahassee unless the chair of the
30 committee determines that another location is necessary due to
31 the subject matter to be discussed at the meeting and the

1 director authorizes the additional costs, if any.

2 Section 54. Subsection (11) is added to section
3 456.026, Florida Statutes, to read:

4 456.026 Annual report concerning finances,
5 administrative complaints, disciplinary actions, and
6 recommendations.--The department is directed to prepare and
7 submit a report to the President of the Senate and the Speaker
8 of the House of Representatives by November 1 of each year. In
9 addition to finances and any other information the Legislature
10 may require, the report shall include statistics and relevant
11 information, profession by profession, detailing:

12 (11) The performance measures for all bureaus, units,
13 boards, and contracted entities required by the department to
14 reflect the expected quality and quantity of services, and a
15 description of any effort to improve the performance of such
16 services.

17 Section 55. Section 458.3093, Florida Statutes, is
18 created to read:

19 458.3093 Licensure credentials verification.--All
20 applicants for initial physician licensure pursuant to this
21 chapter must submit their credentials to the Federation of
22 State Medical Boards. Effective January 1, 2003, the board
23 and the department shall only consider applications for
24 initial physician licensure pursuant to this chapter that have
25 been verified by the Federation of State Medical Boards
26 Credentials Verification Service or an equivalent program
27 approved by the board.

28 Section 56. Section 459.0053, Florida Statutes, is
29 created to read:

30 459.0053 Licensure credentials verification.--All
31 applicants for initial osteopathic physician licensure

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1 pursuant to this chapter must submit their credentials to the
2 Federation of State Medical Boards. Effective January 1,
3 2003, the board and the department shall only consider
4 applications for initial osteopathic physician licensure
5 pursuant to this chapter that have been verified by the
6 Federation of State Medical Boards Credentials Verification
7 Service, the American Osteopathic Association, or an
8 equivalent program approved by the board.

9 Section 57. Paragraph (t) of subsection (1) of section
10 458.331, Florida Statutes, is amended to read:

11 458.331 Grounds for disciplinary action; action by the
12 board and department.--

13 (1) The following acts constitute grounds for denial
14 of a license or disciplinary action, as specified in s.
15 456.072(2):

16 (t) Gross or repeated malpractice or the failure to
17 practice medicine with that level of care, skill, and
18 treatment which is recognized by a reasonably prudent similar
19 physician as being acceptable under similar conditions and
20 circumstances. The board shall give great weight to the
21 provisions of s. 766.102 when enforcing this paragraph. As
22 used in this paragraph, "repeated malpractice" includes, but
23 is not limited to, three or more claims for medical
24 malpractice within the previous 5-year period resulting in
25 indemnities being paid in excess of ~~\$25,000~~ \$50,000 each to
26 the claimant in a judgment or settlement and which incidents
27 involved negligent conduct by the physician. As used in this
28 paragraph, "gross malpractice" or "the failure to practice
29 medicine with that level of care, skill, and treatment which
30 is recognized by a reasonably prudent similar physician as
31 being acceptable under similar conditions and circumstances,"

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1 shall not be construed so as to require more than one
2 instance, event, or act. Nothing in this paragraph shall be
3 construed to require that a physician be incompetent to
4 practice medicine in order to be disciplined pursuant to this
5 paragraph.

6 Section 58. Paragraph (x) of subsection (1) of section
7 459.015, Florida Statutes, is amended to read:

8 459.015 Grounds for disciplinary action; action by the
9 board and department.--

10 (1) The following acts constitute grounds for denial
11 of a license or disciplinary action, as specified in s.
12 456.072(2):

13 (x) Gross or repeated malpractice or the failure to
14 practice osteopathic medicine with that level of care, skill,
15 and treatment which is recognized by a reasonably prudent
16 similar osteopathic physician as being acceptable under
17 similar conditions and circumstances. The board shall give
18 great weight to the provisions of s. 766.102 when enforcing
19 this paragraph. As used in this paragraph, "repeated
20 malpractice" includes, but is not limited to, three or more
21 claims for medical malpractice within the previous 5-year
22 period resulting in indemnities being paid in excess of
23 ~~\$50,000~~~~\$25,000~~ each to the claimant in a judgment or
24 settlement and which incidents involved negligent conduct by
25 the osteopathic physician. As used in this paragraph, "gross
26 malpractice" or "the failure to practice osteopathic medicine
27 with that level of care, skill, and treatment which is
28 recognized by a reasonably prudent similar osteopathic
29 physician as being acceptable under similar conditions and
30 circumstances" shall not be construed so as to require more
31 than one instance, event, or act. Nothing in this paragraph

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1 shall be construed to require that an osteopathic physician be
2 incompetent to practice osteopathic medicine in order to be
3 disciplined pursuant to this paragraph. A recommended order
4 by an administrative law judge or a final order of the board
5 finding a violation under this paragraph shall specify whether
6 the licensee was found to have committed "gross malpractice,"
7 "repeated malpractice," or "failure to practice osteopathic
8 medicine with that level of care, skill, and treatment which
9 is recognized as being acceptable under similar conditions and
10 circumstances," or any combination thereof, and any
11 publication by the board shall so specify.

12 Section 59. Subsection (1) of section 627.912, Florida
13 Statutes, is amended to read:

14 627.912 Professional liability claims and actions;
15 reports by insurers.--

16 (1) Each self-insurer authorized under s. 627.357 and
17 each insurer or joint underwriting association providing
18 professional liability insurance to a practitioner of medicine
19 licensed under chapter 458, to a practitioner of osteopathic
20 medicine licensed under chapter 459, to a podiatric physician
21 licensed under chapter 461, to a dentist licensed under
22 chapter 466, to a hospital licensed under chapter 395, to a
23 crisis stabilization unit licensed under part IV of chapter
24 394, to a health maintenance organization certificated under
25 part I of chapter 641, to clinics included in chapter 390, to
26 an ambulatory surgical center as defined in s. 395.002, or to
27 a member of The Florida Bar shall report in duplicate to the
28 Department of Insurance any claim or action for damages for
29 personal injuries claimed to have been caused by error,
30 omission, or negligence in the performance of such insured's
31 professional services or based on a claimed performance of

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1 professional services without consent, if the claim resulted
2 in:

3 (a) A final judgment in any amount.

4 (b) A settlement in any amount.

5
6 Reports shall be filed with the Department of Insurance ~~and,~~
7 If the insured party is licensed under chapter 458, chapter
8 459, or chapter 461, or chapter 466, with the Department of
9 Health, and the final judgment or settlement was in an amount
10 exceeding \$50,000, the report shall also be filed with the
11 Department of Health. If the insured is licensed under chapter
12 466 and the final judgment or settlement was in an amount
13 exceeding \$25,000, the report shall also be filed with the
14 Department of Health. Reports must be filed no later than 30
15 days following the occurrence of any event listed in this
16 subsection ~~paragraph (a) or paragraph (b)~~. The Department of
17 Health shall review each report and determine whether any of
18 the incidents that resulted in the claim potentially involved
19 conduct by the licensee that is subject to disciplinary
20 action, in which case the provisions of s. 456.073 shall
21 apply. The Department of Health, as part of the annual report
22 required by s. 456.026, shall publish annual statistics,
23 without identifying licensees, on the reports it receives,
24 including final action taken on such reports by the Department
25 of Health or the appropriate regulatory board.

26 Section 60. Subsections (14) and (15) are added to
27 section 456.073, Florida Statutes, to read:

28 456.073 Disciplinary proceedings.--Disciplinary
29 proceedings for each board shall be within the jurisdiction of
30 the department.

31 (14) When the probable cause panel determines that

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1 probable cause exists that a violation of law occurred but
2 decides to issue a letter of guidance in lieu of finding
3 probable cause as a result of mitigating circumstances, the
4 probable cause panel may require the subject to pay up to \$300
5 of the costs of the investigation and prosecution of the case
6 within a time certain but not less than 30 days after the
7 execution of the closing order. If the subject fails to pay
8 the costs within the time set by the probable cause panel,
9 the case may be reopened and the department may file an
10 administrative complaint against the subject based on the
11 underlying case. No additional charges may be added as a
12 result of the subject failing to pay the costs. The issuance
13 of a letter of guidance and the assessment of costs under this
14 subsection shall not be considered discipline, nor shall it be
15 considered a final order of discipline.

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

22 Section 61. The Office of Program Policy Analysis and
23 Governmental Accountability shall review the investigative
24 field office structure and organization of the Agency for
25 Health Care Administration to determine the feasibility of
26 eliminating all or some field offices, the feasibility of
27 combining field offices, and the feasibility of requiring
28 field inspectors and investigators to telecommute from home in
29 lieu of paying for office space. The review shall include all
30 agency programs that have field offices, including health
31 practitioner regulation even if health practitioner regulation

1 is transferred to the Department of Health. The review shall
2 be completed and a report issued to the President of the
3 Senate and the Speaker of the House of Representatives no
4 later than January 1, 2003.

5 Section 62. Subsection (1) of section 456.025, Florida
6 Statutes, is amended to read:

7 456.025 Fees; receipts; disposition.--

8 (1) It is the intent of the Legislature that all costs
9 of regulating health care professions and practitioners shall
10 be borne solely by licensees and licensure applicants. It is
11 also the intent of the Legislature that fees should be
12 reasonable and not serve as a barrier to licensure. Moreover,
13 it is the intent of the Legislature that the department
14 operate as efficiently as possible and regularly report to the
15 Legislature additional methods to streamline operational
16 costs. Therefore, the boards in consultation with the
17 department, or the department if there is no board, shall, by
18 rule, set renewal fees which:

19 (a) Shall be based on revenue projections prepared
20 using generally accepted accounting procedures;

21 (b) Shall be adequate to cover all expenses relating
22 to that board identified in the department's long-range policy
23 plan, as required by s. 456.005;

24 (c) Shall be reasonable, fair, and not serve as a
25 barrier to licensure;

26 (d) Shall be based on potential earnings from working
27 under the scope of the license;

28 (e) Shall be similar to fees imposed on similar
29 licensure types; and

30 ~~(f) Shall not be more than 10 percent greater than the~~
31 ~~fee imposed for the previous biennium;~~

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1 ~~(g) Shall not be more than 10 percent greater than the~~
2 ~~actual cost to regulate that profession for the previous~~
3 ~~biennium; and~~

4 (f)(h) Shall be subject to challenge pursuant to
5 chapter 120.

6 Section 63. Section 456.0165, Florida Statutes, is
7 created to read:

8 456.0165 Examination location.--A college, university,
9 or vocational school in this state may serve as the host
10 school for a health care practitioner licensure examination.
11 However, the college, university, or vocational school may not
12 charge the department for rent, space, reusable equipment,
13 utilities, or janitorial services. The college, university,
14 or vocational school may only charge the department the actual
15 cost of nonreusable supplies provided by the school at the
16 request of the department.

17 Section 64. Effective July 1, 2002, all licensure and
18 licensure renewal fees for professions within the Division of
19 Medical Quality Assurance shall be set at a level equal to at
20 least 85 percent of the profession's statutory fee cap or at a
21 level equal to at least 85 percent of the actual per licensee
22 cost to regulate that profession, whichever is less. Effective
23 July 1, 2005, all licensure and licensure renewal fees shall
24 be set at the profession's statutory fee cap or at a level
25 equal to 100 percent of the actual per licensee cost to
26 regulate that profession, whichever is less.

27 Section 65. Paragraph (g) of subsection (3) and
28 paragraph (c) of subsection (6) of section 468.302, Florida
29 Statutes, are amended to read:

30 468.302 Use of radiation; identification of certified
31 persons; limitations; exceptions.--

1 (3)

2 (g) A person holding a certificate as a nuclear
3 medicine technologist may only:

4 1. Conduct in vivo and in vitro measurements of
5 radioactivity and administer radiopharmaceuticals to human
6 beings for diagnostic and therapeutic purposes.

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

13
14 However, the authority of a nuclear medicine technologist
15 under this paragraph excludes radioimmunoassay and other
16 clinical laboratory testing regulated pursuant to chapter 483.

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

18 (c) A person who is a registered nurse licensed under
19 part I of chapter 464, a respiratory therapist licensed under
20 part V of chapter 468, or a cardiovascular technologist or
21 cardiopulmonary technologist with active certification as a
22 registered cardiovascular invasive specialist from a
23 nationally recognized credentialing organization, or future
24 equivalent should such credentialing be subsequently modified,
25 each of whom is trained and skilled in invasive cardiovascular
26 cardiopulmonary technology, including the radiologic
27 technology duties associated with such procedures, and who
28 provides invasive cardiovascular ~~cardiopulmonary~~ technology
29 services at the direction, and under the direct supervision,
30 of a licensed practitioner. A person requesting this exemption
31 must have successfully completed a didactic and clinical

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1 training program in the following areas before performing
2 radiologic technology duties under the direct supervision of a
3 licensed practitioner:

4 1. Principles of X-ray production and equipment
5 operation.

6 2. Biological effects of radiation.

7 3. Radiation exposure and monitoring.

8 4. Radiation safety and protection.

9 5. Evaluation of radiographic equipment and
10 accessories.

11 6. Radiographic exposure and technique factors.

12 7. Film processing.

13 8. Image quality assurance.

14 9. Patient positioning.

15 10. Administration and complications of contrast
16 media.

17 11. Specific fluoroscopic and digital X-ray imaging
18 procedures related to invasive cardiovascular technology.

19 Section 66. Section 468.352, Florida Statutes, is
20 amended to read:

21 (Substantial rewording of section. See
22 s. 468.352, F.S., for present text.)

23 468.352 Definitions.--As used in this part the term:

24 (1) "Board" means the Board of Respiratory Care.

25 (2) "Certified respiratory therapist" means any person
26 licensed pursuant to this part who is certified by the
27 National Board for Respiratory Care or its successor, who is
28 employed to deliver respiratory care services, under the order
29 of a physician licensed pursuant to chapter 458 or chapter
30 459, in accordance with protocols established by a hospital or
31 other health care provider or the board, and who functions in

1 situations of unsupervised patient contact requiring
2 individual judgment.

3 (3) "Critical care" means care given to a patient in
4 any setting involving a life-threatening emergency.

5 (4) "Department" means the Department of Health.

6 (5) "Direct supervision" means practicing under the
7 direction of a licensed, registered, or certified respiratory
8 therapist who is physically on the premises and readily
9 available, as defined by the board.

10 (6) "Physician supervision" means supervision and
11 control by a physician licensed under chapter 458 or chapter
12 459 who assumes the legal liability for the services rendered
13 by the personnel employed in his or her office. Except in the
14 case of an emergency, physician supervision requires the easy
15 availability of the physician within the office or the
16 physical presence of the physician for consultation and
17 direction of the actions of the persons who deliver
18 respiratory care services.

19 (7) "Practice of respiratory care" or "respiratory
20 therapy" means the allied health specialty associated with the
21 cardiopulmonary system that is practiced under the orders of a
22 physician licensed under chapter 458 or chapter 459 and in
23 accordance with protocols, policies, and procedures
24 established by a hospital or other health care provider or the
25 board, including the assessment, diagnostic evaluation,
26 treatment, management, control, rehabilitation, education, and
27 care of patients.

28 (8) "Registered respiratory therapist" means any
29 person licensed under this part who is registered by the
30 National Board for Respiratory Care or its successor, and who
31 is employed to deliver respiratory care services under the

1 order of a physician licensed under chapter 458 or chapter
2 459, in accordance with protocols established by a hospital or
3 other health care provider or the board, and who functions in
4 situations of unsupervised patient contact requiring
5 individual judgment.

6 (9) "Respiratory care practitioner" means any person
7 licensed under this part who is employed to deliver
8 respiratory care services, under direct supervision, pursuant
9 to the order of a physician licensed under chapter 458 or
10 chapter 459.

11 (10) "Respiratory care services" includes:

12 (a) Evaluation and disease management.

13 (b) Diagnostic and therapeutic use of respiratory
14 equipment, devices, or medical gas.

15 (c) Administration of drugs, as duly ordered or
16 prescribed by a physician licensed under chapter 458 or
17 chapter 459 and in accordance with protocols, policies, and
18 procedures established by a hospital or other health care
19 provider or the board.

20 (d) Initiation, management, and maintenance of
21 equipment to assist and support ventilation and respiration.

22 (e) Diagnostic procedures, research, and therapeutic
23 treatment and procedures, including measurement of ventilatory
24 volumes, pressures, and flows; specimen collection and
25 analysis of blood for gas transport and acid/base
26 determinations; pulmonary-function testing; and other related
27 physiological monitoring of cardiopulmonary systems.

28 (f) Cardiopulmonary rehabilitation.

29 (g) Cardiopulmonary resuscitation, advanced cardiac
30 life support, neonatal resuscitation, and pediatric advanced
31 life support, or equivalent functions.

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1 (h) Insertion and maintenance of artificial airways
2 and intravascular catheters.

3 (i) Performing sleep-disorder studies.

4 (j) Education of patients, families, the public, or
5 other health care providers, including disease process and
6 management programs and smoking prevention and cessation
7 programs.

8 (k) Initiation and management of hyperbaric oxygen.

9 Section 67. Section 468.355, Florida Statutes, is
10 amended to read:

11 (Substantial rewording of section. See
12 s. 468.355, F.S., for present text.)

13 468.355 Licensure requirements.--To be eligible for
14 licensure by the board, an applicant must be certified as a
15 "Certified Respiratory Therapist" or be registered as a
16 "Registered Respiratory Therapist" by the National Board for
17 Respiratory Care, or its successor.

18 Section 68. Section 468.368, Florida Statutes, is
19 amended to read:

20 (Substantial rewording of section. See
21 s. 468.368, F.S., for present text.)

22 468.368 Exemptions.--This part may not be construed to
23 prevent or restrict the practice, service, or activities of:

24 (1) Any person licensed in this state by any other law
25 from engaging in the profession or occupation for which he or
26 she is licensed.

27 (2) Any legally qualified person in the state or
28 another state or territory who is employed by the United
29 States Government or any agency thereof while such person is
30 discharging his or her official duties.

31 (3) A friend or family member who is providing

1 respiratory care services to an ill person and who does not
2 represent himself or herself to be a respiratory care
3 practitioner or respiratory therapist.

4 (4) An individual providing respiratory care services
5 in an emergency who does not represent himself or herself as a
6 respiratory care practitioner or respiratory therapist.

7 (5) Any individual employed to deliver, assemble, set
8 up, or test equipment for use in a home, upon the order of a
9 physician licensed pursuant to chapter 458 or chapter 459.
10 This subsection does not, however, authorize the practice of
11 respiratory care without a license.

12 (6) Any individual credentialed by the Board of
13 Registered Polysomnographic Technologists, as a registered
14 polysomnographic technologist, as related to the diagnosis and
15 evaluation of treatment for sleep disorders.

16 (7) Any individual certified or registered as a
17 pulmonary function technologist who is credentialed by the
18 National Board for Respiratory Care from performing
19 cardiopulmonary diagnostic studies.

20 (8) Any student who is enrolled in an accredited
21 respiratory care program approved by the board, while
22 performing respiratory care as an integral part of a required
23 course.

24 (9) The delivery of incidental respiratory care to
25 noninstitutionalized persons by surrogate family members who
26 do not represent themselves as registered or certified
27 respiratory care therapists.

28 (10) Any individual credentialed by the Underseas
29 Hyperbaric Society in hyperbaric medicine or its equivalent as
30 determined by the board, while performing related duties. This
31 subsection does not, however, authorize the practice of

1 respiratory care without a license.

2 Section 69. Sections 468.356 and 468.357, Florida
3 Statutes, are repealed.

4 Section 70. Subsection (4) of section 468.80, Florida
5 Statutes, is amended to read:

6 468.80 Definitions.--As used in this act, the term:

7 (4) "Orthosis" means a medical device used to provide
8 support, correction, or alleviation of neuromuscular or
9 musculoskeletal dysfunction, disease, injury, or deformity,
10 but does not include the following assistive technology
11 devices: upper extremity adaptive equipment used to
12 facilitate the activities of daily living, including
13 specialized utensils, combs, and brushes; finger splints; a
14 device to treat injuries to the musculoskeletal system made of
15 either plaster of paris bandage or roll fiberglass bandage and
16 fabricated directly on the patient;wheelchair seating and
17 equipment that is an integral part of the wheelchair and not
18 worn by the patient; elastic abdominal supports that do not
19 have metal or plastic reinforcing stays; arch supports;
20 nontherapeutic accommodative inlays and nontherapeutic
21 accommodative footwear, regardless of method of manufacture;
22 unmodified, over-the-counter shoes; prefabricated foot care
23 products; durable medical equipment such as canes, crutches,
24 or walkers; dental appliances; or devices implanted into the
25 body by a physician. For purposes of this subsection,
26 "accommodative" means designed with the primary goal of
27 conforming to the individual's anatomy and "inlay" means any
28 removable material upon which the foot directly rests inside
29 the shoe and which may be an integral design component of the
30 shoe.

31 Section 71. Beginning July 1, 2003, application forms

1 for initial licensure and licensure renewal for the
2 professions regulated by the Department of Health, Division of
3 Medical Quality Assurance, shall be submitted electronically
4 through the World Wide Web unless the applicant states on the
5 application form that he or she does not have access to the
6 World Wide Web, in which case a paper application may be
7 submitted. The department shall issue the license or renew a
8 license only if the licensee provides satisfactory evidence
9 that all conditions and requirements of licensure or renewal
10 have been met, including, but not limited to, the payment of
11 required fees, the completion of required continuing education
12 coursework, and, if applicable, the maintenance of financial
13 responsibility. This section shall not be construed to reduce
14 or eliminate any requirement set forth in chapter 456, Florida
15 Statutes, or the applicable practice act.

16 Section 72. In order to maximize the state's return on
17 investment, to increase the efficiency and timeliness of the
18 conversion to electronic licensure, and to promote fiscal
19 responsibility during the transition to electronic licensure,
20 the Department of Health may convert its practitioner
21 credentialing technology into an electronic licensure and
22 licensure renewal system. This section shall take effect upon
23 this act becoming a law.

24 Section 73. (1) Effective July 1, 2004, and each July
25 1 thereafter, the fee caps established in the following
26 sections are increased by 2.5 percent: ss. 456.025, 457.105,
27 457.107, 458.313, 458.3135, 458.3145, 458.317, 458.319,
28 458.347, 459.0092, 459.022, 460.406, 460.407, 460.4165,
29 460.4166, 461.006, 461.007, 462.16, 462.19, 463.0057, 463.006,
30 463.007, 464.008, 464.009, 464.012, 464.019, 465.007,
31 465.0075, 465.008, 465.0125, 465.0126, 465.022, 465.0276,

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1 466.006, 466.007, 466.008, 466.013, 466.032, 467.0125,
2 467.0135, 468.1145, 468.1695, 468.1705, 468.1715, 468.1735,
3 468.221, 468.364, 468.508, 468.709, 468.803, 468.806, 478.55,
4 480.043, 480.044, 483.807, 483.901, 484.002, 484.007, 484.008,
5 484.009, 484.0447, 486.041, 486.061, 486.081, 486.085,
6 486.103, 486.106, 486.107, 486.108, 490.005, 490.0051,
7 490.007, 491.0045, 491.0046, 491.005, 491.007, 491.008,
8 491.0085, and 491.0145, Florida Statutes.

9 (2) The increases in fees provided in this section are
10 in addition to any other change in the fees which are enacted
11 into law. The actual amount of a fee shall be rounded to the
12 nearest dollar.

13 Section 74. Sections 381.0602, 381.6021, 381.6022,
14 381.6023, 381.6024, and 381.6026, Florida Statutes, are
15 renumbered as sections 765.53, 765.541, 765.542, 765.544,
16 765.545, and 765.547, Florida Statutes, respectively.

17 Section 75. Section 381.60225, Florida Statutes, is
18 renumbered as section 765.543, Florida Statutes, and
19 subsection (2) of said section is amended to read:

20 765.543 ~~381.60225~~ Background screening.--

21 (2) An organ procurement organization, tissue bank, or
22 eye bank certified by the Agency for Health Care
23 Administration in accordance with ss. 381.6021 and 765.542
24 ~~381.6022~~ is not subject to the requirements of this section if
25 the entity has no direct patient care responsibilities and
26 does not bill patients or insurers directly for services under
27 the Medicare or Medicaid programs, or for privately insured
28 services.

29 Section 76. Section 381.6025, Florida Statutes, is
30 renumbered as section 765.546, Florida Statutes, and amended
31 to read:

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1 765.546 ~~381.6025~~ Physician supervision of cadaveric
2 organ and tissue procurement coordinators.--Organ procurement
3 organizations, tissue banks, and eye banks may employ
4 coordinators, who are registered nurses, physician's
5 assistants, or other medically trained personnel who meet the
6 relevant standards for organ procurement organizations, tissue
7 banks, or eye banks as adopted by the Agency for Health Care
8 Administration under s. 765.541 ~~381.6021~~, to assist in the
9 medical management of organ donors or in the surgical
10 procurement of cadaveric organs, tissues, or eyes for
11 transplantation or research. A coordinator who assists in the
12 medical management of organ donors or in the surgical
13 procurement of cadaveric organs, tissues, or eyes for
14 transplantation or research must do so under the direction and
15 supervision of a licensed physician medical director pursuant
16 to rules and guidelines to be adopted by the Agency for Health
17 Care Administration. With the exception of organ procurement
18 surgery, this supervision may be indirect supervision. For
19 purposes of this section, the term "indirect supervision"
20 means that the medical director is responsible for the medical
21 actions of the coordinator, that the coordinator is operating
22 under protocols expressly approved by the medical director,
23 and that the medical director or his or her physician designee
24 is always available, in person or by telephone, to provide
25 medical direction, consultation, and advice in cases of organ,
26 tissue, and eye donation and procurement. Although indirect
27 supervision is authorized under this section, direct physician
28 supervision is to be encouraged when appropriate.

29 Section 77. Subsection (2) of section 395.2050,
30 Florida Statutes, is amended to read:

31 395.2050 Routine inquiry for organ and tissue

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1 donation; certification for procurement activities.--

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

5 765.541-765.547 ~~381.6021-381.6026~~.

6 Section 78. Paragraph (e) of subsection (2) of section
7 409.815, Florida Statutes, is amended to read:

8 409.815 Health benefits coverage; limitations.--

9 (2) BENCHMARK BENEFITS.--In order for health benefits
10 coverage to qualify for premium assistance payments for an
11 eligible child under ss. 409.810-409.820, the health benefits
12 coverage, except for coverage under Medicaid and Medikids,
13 must include the following minimum benefits, as medically
14 necessary.

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

22 Section 79. Subsection (2) of section 765.5216,
23 Florida Statutes, is amended to read:

24 765.5216 Organ and tissue donor education panel.--

25 (2) There is created within the Agency for Health Care
26 Administration a statewide organ and tissue donor education
27 panel, consisting of 12 members, to represent the interests of
28 the public with regard to increasing the number of organ and
29 tissue donors within the state. The panel and the Organ and
30 Tissue Procurement and Transplantation Advisory Board
31 established in s. 765.544 ~~381.6023~~ shall jointly develop,

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1 subject to the approval of the Agency for Health Care
2 Administration, education initiatives pursuant to s. 732.9215,
3 which the agency shall implement. The membership must be
4 balanced with respect to gender, ethnicity, and other
5 demographic characteristics so that the appointees reflect the
6 diversity of the population of this state. The panel members
7 must include:

8 (a) A representative from the Agency for Health Care
9 Administration, who shall serve as chairperson of the panel.

10 (b) A representative from a Florida licensed organ
11 procurement organization.

12 (c) A representative from a Florida licensed tissue
13 bank.

14 (d) A representative from a Florida licensed eye bank.

15 (e) A representative from a Florida licensed hospital.

16 (f) A representative from the Division of Driver
17 Licenses of the Department of Highway Safety and Motor
18 Vehicles, who possesses experience and knowledge in dealing
19 with the public.

20 (g) A representative from the family of an organ,
21 tissue, or eye donor.

22 (h) A representative who has been the recipient of a
23 transplanted organ, tissue, or eye, or is a family member of a
24 recipient.

25 (i) A representative who is a minority person as
26 defined in s. 381.81.

27 (j) A representative from a professional association
28 or public relations or advertising organization.

29 (k) A representative from a community service club or
30 organization.

31 (l) A representative from the Department of Education.

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1 Section 80. Subsection (5) of section 765.522, Florida
2 Statutes, is amended to read:

3 765.522 Duty of certain hospital administrators;
4 liability of hospital administrators, organ procurement
5 organizations, eye banks, and tissue banks.--

6 (5) There shall be no civil or criminal liability
7 against any organ procurement organization, eye bank, or
8 tissue bank certified under s. 765.542 ~~381.6022~~, or against
9 any hospital or hospital administrator or designee, when
10 complying with the provisions of this part and the rules of
11 the Agency for Health Care Administration or when, in the
12 exercise of reasonable care, a request for organ donation is
13 inappropriate and the gift is not made according to this part
14 and the rules of the Agency for Health Care Administration.

15 Section 81. (1) This section may be cited as the
16 "Jennifer Knight Medicaid Lung Transplant Act."

17 (2) Subject to the availability of funds and subject
18 to any limitations or directions provided for in the General
19 Appropriations Act or chapter 216, Florida Statutes, the
20 Medicaid program of the Agency for Health Care Administration
21 shall pay for medically necessary lung transplant services for
22 Medicaid recipients.

23 Section 82. Subsection (1) of section 409.915, Florida
24 Statutes, is amended to read:

25 409.915 County contributions to Medicaid.--Although
26 the state is responsible for the full portion of the state
27 share of the matching funds required for the Medicaid program,
28 in order to acquire a certain portion of these funds, the
29 state shall charge the counties for certain items of care and
30 service as provided in this section.

31 (1) Each county shall participate in the following

1 items of care and service:

2 (a) For both health maintenance members and
3 fee-for-service beneficiaries, payments for inpatient
4 hospitalization in excess of 10 days, but not in excess of 45
5 days, with the exception of payments for:

6 1. Pregnant women and children whose income is in
7 excess of the federal poverty level and who do not participate
8 in the Medicaid medically needy program.

9 2. Adult lung transplant services.

10 (b) Payments for nursing home or intermediate
11 facilities care in excess of \$170 per month, with the
12 exception of skilled nursing care for children under age 21.

13 Section 83. Effective upon this act becoming a law and
14 applicable to any loan or scholarship that is in default on or
15 after the effective date, subsection (4) is added to section
16 456.074, Florida Statutes, to read:

17 456.074 Certain health care practitioners; immediate
18 suspension of license.--

19 (4) Upon receipt of information that a
20 Florida-licensed health care practitioner has defaulted on a
21 student loan issued or guaranteed by the state or the Federal
22 Government, the department shall notify the licensee by
23 certified mail that he or she shall be subject to immediate
24 suspension of license unless, within 45 days after the date of
25 mailing, the licensee provides proof that new payment terms
26 have been agreed upon by all parties to the loan. The
27 department shall issue an emergency order suspending the
28 license of any licensee who, after 45 days following the date
29 of mailing from the department, has failed to provide such
30 proof. Production of such proof shall not prohibit the
31 department from proceeding with disciplinary action against

1 the licensee pursuant to s. 456.073.

2 Section 84. Effective upon this act becoming a law and
3 applicable to any loan or scholarship that is in default on or
4 after the effective date, paragraph (k) of subsection (1) of
5 section 456.072, Florida Statutes, is amended, and subsection
6 (2) of said section is reenacted, to read:

7 456.072 Grounds for discipline; penalties;
8 enforcement.--

9 (1) The following acts shall constitute grounds for
10 which the disciplinary actions specified in subsection (2) may
11 be taken:

12 (k) Failing to perform any statutory or legal
13 obligation placed upon a licensee. For purposes of this
14 section, failing to repay a student loan issued or guaranteed
15 by the state or the Federal Government in accordance with the
16 terms of the loan or failing to comply with service
17 scholarship obligations shall be considered a failure to
18 perform a statutory or legal obligation, and the minimum
19 disciplinary action imposed shall be a suspension of the
20 license until new payment terms are agreed upon or the
21 scholarship obligation is resumed, followed by probation for
22 the duration of the student loan or remaining scholarship
23 obligation period, and a fine equal to 10 percent of the
24 defaulted loan amount. Fines collected shall be deposited
25 into the Medical Quality Assurance Trust Fund. The provisions
26 of this paragraph relating to students loans and service
27 obligations shall not be construed to apply to a student who
28 opts to repay a loan or scholarship in lieu of fulfillment of
29 service obligations, provided the student complies with the
30 repayment provisions of the loan or scholarship.

31 (2) When the board, or the department when there is no

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1 board, finds any person guilty of the grounds set forth in
2 subsection (1) or of any grounds set forth in the applicable
3 practice act, including conduct constituting a substantial
4 violation of subsection (1) or a violation of the applicable
5 practice act which occurred prior to obtaining a license, it
6 may enter an order imposing one or more of the following
7 penalties:

8 (a) Refusal to certify, or to certify with
9 restrictions, an application for a license.

10 (b) Suspension or permanent revocation of a license.

11 (c) Restriction of practice or license, including, but
12 not limited to, restricting the licensee from practicing in
13 certain settings, restricting the licensee to work only under
14 designated conditions or in certain settings, restricting the
15 licensee from performing or providing designated clinical and
16 administrative services, restricting the licensee from
17 practicing more than a designated number of hours, or any
18 other restriction found to be necessary for the protection of
19 the public health, safety, and welfare.

20 (d) Imposition of an administrative fine not to exceed
21 \$10,000 for each count or separate offense. If the violation
22 is for fraud or making a false or fraudulent representation,
23 the board, or the department if there is no board, must impose
24 a fine of \$10,000 per count or offense.

25 (e) Issuance of a reprimand or letter of concern.

26 (f) Placement of the licensee on probation for a
27 period of time and subject to such conditions as the board, or
28 the department when there is no board, may specify. Those
29 conditions may include, but are not limited to, requiring the
30 licensee to undergo treatment, attend continuing education
31 courses, submit to be reexamined, work under the supervision

1 of another licensee, or satisfy any terms which are reasonably
2 tailored to the violations found.

3 (g) Corrective action.

4 (h) Imposition of an administrative fine in accordance
5 with s. 381.0261 for violations regarding patient rights.

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

8 (j) Requirement that the practitioner undergo remedial
9 education.

10

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

19 Section 85. The Department of Health shall obtain from
20 the United States Department of Health and Human Services
21 information necessary to investigate and prosecute health care
22 practitioners for failing to repay a student loan or comply
23 with scholarship service obligations pursuant to s.
24 456.072(1)(k), Florida Statutes. The department shall obtain
25 from the United States Department of Health and Human Services
26 a list of default health care practitioners each month, along
27 with the information necessary to investigate a complaint in
28 accordance with s. 456.073, Florida Statutes. The department
29 may obtain evidence to support the investigation and
30 prosecution from any financial institution or educational
31 institution involved in providing the loan or education to the

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1 practitioner. The department shall report to the Legislature
2 as part of the annual report required by s. 456.026, Florida
3 Statutes, the number of practitioners in default, along with
4 the results of the department's investigations and
5 prosecutions, and the amount of fines collected from
6 practitioners prosecuted for violating s. 456.072(1)(k),
7 Florida Statutes.

8 Section 86. Section 456.026, Florida Statutes, is
9 reenacted to read:

10 456.026 Annual report concerning finances,
11 administrative complaints, disciplinary actions, and
12 recommendations.--The department is directed to prepare and
13 submit a report to the President of the Senate and the Speaker
14 of the House of Representatives by November 1 of each year. In
15 addition to finances and any other information the Legislature
16 may require, the report shall include statistics and relevant
17 information, profession by profession, detailing:

18 (1) The revenues, expenditures, and cash balances for
19 the prior year, and a review of the adequacy of existing fees.

20 (2) The number of complaints received and
21 investigated.

22 (3) The number of findings of probable cause made.

23 (4) The number of findings of no probable cause made.

24 (5) The number of administrative complaints filed.

25 (6) The disposition of all administrative complaints.

26 (7) A description of disciplinary actions taken.

27 (8) A description of any effort by the department to
28 reduce or otherwise close any investigation or disciplinary
29 proceeding not before the Division of Administrative Hearings
30 under chapter 120 or otherwise not completed within 1 year
31 after the initial filing of a complaint under this chapter.

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1 (9) The status of the development and implementation
2 of rules providing for disciplinary guidelines pursuant to s.
3 456.079.

4 (10) Such recommendations for administrative and
5 statutory changes necessary to facilitate efficient and
6 cost-effective operation of the department and the various
7 boards.

8 Section 87. Section 456.073, Florida Statutes, is
9 reenacted to read:

10 456.073 Disciplinary proceedings.--Disciplinary
11 proceedings for each board shall be within the jurisdiction of
12 the department.

13 (1) The department, for the boards under its
14 jurisdiction, shall cause to be investigated any complaint
15 that is filed before it if the complaint is in writing, signed
16 by the complainant, and legally sufficient. A complaint is
17 legally sufficient if it contains ultimate facts that show
18 that a violation of this chapter, of any of the practice acts
19 relating to the professions regulated by the department, or of
20 any rule adopted by the department or a regulatory board in
21 the department has occurred. In order to determine legal
22 sufficiency, the department may require supporting information
23 or documentation. The department may investigate, and the
24 department or the appropriate board may take appropriate final
25 action on, a complaint even though the original complainant
26 withdraws it or otherwise indicates a desire not to cause the
27 complaint to be investigated or prosecuted to completion. The
28 department may investigate an anonymous complaint if the
29 complaint is in writing and is legally sufficient, if the
30 alleged violation of law or rules is substantial, and if the
31 department has reason to believe, after preliminary inquiry,

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1 that the violations alleged in the complaint are true. The
2 department may investigate a complaint made by a confidential
3 informant if the complaint is legally sufficient, if the
4 alleged violation of law or rule is substantial, and if the
5 department has reason to believe, after preliminary inquiry,
6 that the allegations of the complainant are true. The
7 department may initiate an investigation if it has reasonable
8 cause to believe that a licensee or a group of licensees has
9 violated a Florida statute, a rule of the department, or a
10 rule of a board. Except as provided in ss. 458.331(9),
11 459.015(9), 460.413(5), and 461.013(6), when an investigation
12 of any subject is undertaken, the department shall promptly
13 furnish to the subject or the subject's attorney a copy of the
14 complaint or document that resulted in the initiation of the
15 investigation. The subject may submit a written response to
16 the information contained in such complaint or document within
17 20 days after service to the subject of the complaint or
18 document. The subject's written response shall be considered
19 by the probable cause panel. The right to respond does not
20 prohibit the issuance of a summary emergency order if
21 necessary to protect the public. However, if the secretary, or
22 the secretary's designee, and the chair of the respective
23 board or the chair of its probable cause panel agree in
24 writing that such notification would be detrimental to the
25 investigation, the department may withhold notification. The
26 department may conduct an investigation without notification
27 to any subject if the act under investigation is a criminal
28 offense.

29 (2) The department shall allocate sufficient and
30 adequately trained staff to expeditiously and thoroughly
31 determine legal sufficiency and investigate all legally

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1 sufficient complaints. For purposes of this section, it is the
2 intent of the Legislature that the term "expeditiously" means
3 that the department complete the report of its initial
4 investigative findings and recommendations concerning the
5 existence of probable cause within 6 months after its receipt
6 of the complaint. The failure of the department, for
7 disciplinary cases under its jurisdiction, to comply with the
8 time limits of this section while investigating a complaint
9 against a licensee constitutes harmless error in any
10 subsequent disciplinary action unless a court finds that
11 either the fairness of the proceeding or the correctness of
12 the action may have been impaired by a material error in
13 procedure or a failure to follow prescribed procedure. When
14 its investigation is complete and legally sufficient, the
15 department shall prepare and submit to the probable cause
16 panel of the appropriate regulatory board the investigative
17 report of the department. The report shall contain the
18 investigative findings and the recommendations of the
19 department concerning the existence of probable cause. The
20 department shall not recommend a letter of guidance in lieu of
21 finding probable cause if the subject has already been issued
22 a letter of guidance for a related offense. At any time after
23 legal sufficiency is found, the department may dismiss any
24 case, or any part thereof, if the department determines that
25 there is insufficient evidence to support the prosecution of
26 allegations contained therein. The department shall provide a
27 detailed report to the appropriate probable cause panel prior
28 to dismissal of any case or part thereof, and to the subject
29 of the complaint after dismissal of any case or part thereof,
30 under this section. For cases dismissed prior to a finding of
31 probable cause, such report is confidential and exempt from s.

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1 119.07(1). The probable cause panel shall have access, upon
2 request, to the investigative files pertaining to a case prior
3 to dismissal of such case. If the department dismisses a case,
4 the probable cause panel may retain independent legal counsel,
5 employ investigators, and continue the investigation and
6 prosecution of the case as it deems necessary.

7 (3) As an alternative to the provisions of subsections
8 (1) and (2), when a complaint is received, the department may
9 provide a licensee with a notice of noncompliance for an
10 initial offense of a minor violation. Each board, or the
11 department if there is no board, shall establish by rule those
12 minor violations under this provision which do not endanger
13 the public health, safety, and welfare and which do not
14 demonstrate a serious inability to practice the profession.
15 Failure of a licensee to take action in correcting the
16 violation within 15 days after notice may result in the
17 institution of regular disciplinary proceedings.

18 (4) The determination as to whether probable cause
19 exists shall be made by majority vote of a probable cause
20 panel of the board, or by the department, as appropriate. Each
21 regulatory board shall provide by rule that the determination
22 of probable cause shall be made by a panel of its members or
23 by the department. Each board may provide by rule for multiple
24 probable cause panels composed of at least two members. Each
25 board may provide by rule that one or more members of the
26 panel or panels may be a former board member. The length of
27 term or repetition of service of any such former board member
28 on a probable cause panel may vary according to the direction
29 of the board when authorized by board rule. Any probable cause
30 panel must include one of the board's former or present
31 consumer members, if one is available, is willing to serve,

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

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1 the licensee. The department shall follow the directions of
2 the probable cause panel regarding the filing of a formal
3 complaint. If directed to do so, the department shall file a
4 formal complaint against the subject of the investigation and
5 prosecute that complaint pursuant to chapter 120. However, the
6 department may decide not to prosecute the complaint if it
7 finds that probable cause has been improvidently found by the
8 panel. In such cases, the department shall refer the matter to
9 the board. The board may then file a formal complaint and
10 prosecute the complaint pursuant to chapter 120. The
11 department shall also refer to the board any investigation or
12 disciplinary proceeding not before the Division of
13 Administrative Hearings pursuant to chapter 120 or otherwise
14 completed by the department within 1 year after the filing of
15 a complaint. The department, for disciplinary cases under its
16 jurisdiction, must establish a uniform reporting system to
17 quarterly refer to each board the status of any investigation
18 or disciplinary proceeding that is not before the Division of
19 Administrative Hearings or otherwise completed by the
20 department within 1 year after the filing of the complaint.
21 Annually, the department, in consultation with the applicable
22 probable cause panel, must establish a plan to expedite or
23 otherwise close any investigation or disciplinary proceeding
24 that is not before the Division of Administrative Hearings or
25 otherwise completed by the department within 1 year after the
26 filing of the complaint. A probable cause panel or a board
27 may retain independent legal counsel, employ investigators,
28 and continue the investigation as it deems necessary; all
29 costs thereof shall be paid from a trust fund used by the
30 department to implement this chapter. All proceedings of the
31 probable cause panel are exempt from s. 120.525.

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1 (5) A formal hearing before an administrative law
2 judge from the Division of Administrative Hearings shall be
3 held pursuant to chapter 120 if there are any disputed issues
4 of material fact. The administrative law judge shall issue a
5 recommended order pursuant to chapter 120. If any party raises
6 an issue of disputed fact during an informal hearing, the
7 hearing shall be terminated and a formal hearing pursuant to
8 chapter 120 shall be held.

9 (6) The appropriate board, with those members of the
10 panel, if any, who reviewed the investigation pursuant to
11 subsection (4) being excused, or the department when there is
12 no board, shall determine and issue the final order in each
13 disciplinary case. Such order shall constitute final agency
14 action. Any consent order or agreed-upon settlement shall be
15 subject to the approval of the department.

16 (7) The department shall have standing to seek
17 judicial review of any final order of the board, pursuant to
18 s. 120.68.

19 (8) Any proceeding for the purpose of summary
20 suspension of a license, or for the restriction of the
21 license, of a licensee pursuant to s. 120.60(6) shall be
22 conducted by the secretary of the Department of Health or his
23 or her designee, as appropriate, who shall issue the final
24 summary order.

25 (9)(a) The department shall periodically notify the
26 person who filed the complaint, as well as the patient or the
27 patient's legal representative, of the status of the
28 investigation, indicating whether probable cause has been
29 found and the status of any civil action or administrative
30 proceeding or appeal.

31 (b) In any disciplinary case for which probable cause

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1 has been found, the department shall provide to the person who
2 filed the complaint a copy of the administrative complaint
3 and:

4 1. A written explanation of how an administrative
5 complaint is resolved by the disciplinary process.

6 2. A written explanation of how and when the person
7 may participate in the disciplinary process.

8 3. A written notice of any hearing before the Division
9 of Administrative Hearings or the regulatory board at which
10 final agency action may be taken.

11 (c) In any disciplinary case for which probable cause
12 is not found, the department shall so inform the person who
13 filed the complaint and notify that person that he or she may,
14 within 60 days, provide any additional information to the
15 department which may be relevant to the decision. To
16 facilitate the provision of additional information, the person
17 who filed the complaint may receive, upon request, a copy of
18 the department's expert report that supported the
19 recommendation for closure, if such a report was relied upon
20 by the department. In no way does this require the department
21 to procure an expert opinion or report if none was used.
22 Additionally, the identity of the expert shall remain
23 confidential. In any administrative proceeding under s.
24 120.57, the person who filed the disciplinary complaint shall
25 have the right to present oral or written communication
26 relating to the alleged disciplinary violations or to the
27 appropriate penalty.

28 (10) The complaint and all information obtained
29 pursuant to the investigation by the department are
30 confidential and exempt from s. 119.07(1) until 10 days after
31 probable cause has been found to exist by the probable cause

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1 panel or by the department, or until the regulated
2 professional or subject of the investigation waives his or her
3 privilege of confidentiality, whichever occurs first. Upon
4 completion of the investigation and a recommendation by the
5 department to find probable cause, and pursuant to a written
6 request by the subject or the subject's attorney, the
7 department shall provide the subject an opportunity to inspect
8 the investigative file or, at the subject's expense, forward
9 to the subject a copy of the investigative file.
10 Notwithstanding s. 456.057, the subject may inspect or receive
11 a copy of any expert witness report or patient record
12 connected with the investigation if the subject agrees in
13 writing to maintain the confidentiality of any information
14 received under this subsection until 10 days after probable
15 cause is found and to maintain the confidentiality of patient
16 records pursuant to s. 456.057. The subject may file a written
17 response to the information contained in the investigative
18 file. Such response must be filed within 20 days of mailing by
19 the department, unless an extension of time has been granted
20 by the department. This subsection does not prohibit the
21 department from providing such information to any law
22 enforcement agency or to any other regulatory agency.

23 (11) A privilege against civil liability is hereby
24 granted to any complainant or any witness with regard to
25 information furnished with respect to any investigation or
26 proceeding pursuant to this section, unless the complainant or
27 witness acted in bad faith or with malice in providing such
28 information.

29 (12)(a) No person who reports in any capacity, whether
30 or not required by law, information to the department with
31 regard to the incompetence, impairment, or unprofessional

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1 conduct of any health care provider licensed under chapter
2 458, chapter 459, chapter 460, chapter 461, chapter 462,
3 chapter 463, chapter 464, chapter 465, or chapter 466 shall be
4 held liable in any civil action for reporting against such
5 health care provider if such person acts without intentional
6 fraud or malice.

7 (b) No facility licensed under chapter 395, health
8 maintenance organization certificated under part I of chapter
9 641, physician licensed under chapter 458, or osteopathic
10 physician licensed under chapter 459 shall discharge, threaten
11 to discharge, intimidate, or coerce any employee or staff
12 member by reason of such employee's or staff member's report
13 to the department about a physician licensed under chapter
14 458, chapter 459, chapter 460, chapter 461, or chapter 466 who
15 may be guilty of incompetence, impairment, or unprofessional
16 conduct so long as such report is given without intentional
17 fraud or malice.

18 (c) In any civil suit brought outside the protections
19 of paragraphs (a) and (b) in which intentional fraud or malice
20 is alleged, the person alleging intentional fraud or malice
21 shall be liable for all court costs and for the other party's
22 reasonable attorney's fees if intentional fraud or malice is
23 not proved.

24 (13) Notwithstanding any provision of law to the
25 contrary, an administrative complaint against a licensee shall
26 be filed within 6 years after the time of the incident or
27 occurrence giving rise to the complaint against the licensee.
28 If such incident or occurrence involved criminal actions,
29 diversion of controlled substances, sexual misconduct, or
30 impairment by the licensee, this subsection does not apply to
31 bar initiation of an investigation or filing of an

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1 administrative complaint beyond the 6-year timeframe. In those
2 cases covered by this subsection in which it can be shown that
3 fraud, concealment, or intentional misrepresentation of fact
4 prevented the discovery of the violation of law, the period of
5 limitations is extended forward, but in no event to exceed 12
6 years after the time of the incident or occurrence.

7 Section 88. Subsection (8) of section 400.925, Florida
8 Statutes, is amended to read:

9 400.925 Definitions.--As used in this part, the term:

10 (8) "Home medical equipment" includes any product as
11 defined by the Federal Drug Administration's Drugs, Devices
12 and Cosmetics Act, any products reimbursed under the Medicare
13 Part B Durable Medical Equipment benefits, or any products
14 reimbursed under the Florida Medicaid durable medical
15 equipment program. Home medical equipment includes, but is not
16 limited to, oxygen and related respiratory equipment; manual,
17 motorized, or. ~~Home medical equipment includes~~ customized
18 wheelchairs and related seating and positioning, but does not
19 include prosthetics or orthotics or any splints, braces, or
20 aids custom fabricated by a licensed health care practitioner.
21 ~~Home medical equipment includes assistive technology devices,~~
22 ~~including: manual wheelchairs, motorized wheelchairs,~~
23 ~~motorized scooters, voice-synthesized computer modules,~~
24 ~~optical scanners, talking software, braille printers,~~
25 ~~environmental control devices for use by person with~~
26 ~~quadriplegia, motor vehicle adaptive transportation aids,~~
27 ~~devices that enable persons with severe speech disabilities to~~
28 ~~in effect speak, personal transfer systems and specialty beds,~~
29 ~~including demonstrator, for use by a person with a medical~~
30 ~~need.~~

31 Section 89. Subsection (4) is added to section

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1 765.104, Florida Statutes, to read:

2 765.104 Amendment or revocation.--

3 (4) Any patient for whom a medical proxy has been
4 recognized under s. 765.401 and for whom any previous legal
5 disability that precluded the patient's ability to consent is
6 removed may amend or revoke the recognition of the medical
7 proxy and any uncompleted decision made by that proxy. The
8 amendment or revocation takes effect when it is communicated
9 to the proxy, the health care provider, or the health care
10 facility in writing or, if communicated orally, in the
11 presence of a third person.

12 Section 90. Subsections (1) and (3) of section
13 765.401, Florida Statutes, are amended to read:

14 765.401 The proxy.--

15 (1) If an incapacitated or developmentally disabled
16 ~~the~~ patient has not executed an advance directive, or
17 designated a surrogate to execute an advance directive, or the
18 designated or alternate surrogate is no longer available to
19 make health care decisions, health care decisions may be made
20 for the patient by any of the following individuals, in the
21 following order of priority, if no individual in a prior class
22 is reasonably available, willing, or competent to act:

23 (a) The judicially appointed guardian of the patient
24 or the guardian advocate of the person having a developmental
25 disability as defined in s. 393.063, who has been authorized
26 to consent to medical treatment, if such guardian has
27 previously been appointed; however, this paragraph shall not
28 be construed to require such appointment before a treatment
29 decision can be made under this subsection;

30 (b) The patient's spouse;

31 (c) An adult child of the patient, or if the patient

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1 has more than one adult child, a majority of the adult
2 children who are reasonably available for consultation;

3 (d) A parent of the patient;

4 (e) The adult sibling of the patient or, if the
5 patient has more than one sibling, a majority of the adult
6 siblings who are reasonably available for consultation.

7 (f) An adult relative of the patient who has exhibited
8 special care and concern for the patient and who has
9 maintained regular contact with the patient and who is
10 familiar with the patient's activities, health, and religious
11 or moral beliefs; or

12 (g) A close friend of the patient.

13 (3) Before exercising the incapacitated patient's
14 rights to select or decline health care, the proxy must comply
15 with the provisions of ss. 765.205 and 765.305, except that a
16 proxy's decision to withhold or withdraw life-prolonging
17 procedures must be supported by clear and convincing evidence
18 that the decision would have been the one the patient would
19 have chosen had the patient been competent or, if there is no
20 indication of what the patient would have chosen, that the
21 decision is in the patient's best interest. Before exercising
22 the rights of a person who has a developmental disability as
23 defined under s. 393.063(12) to withhold or withdraw
24 life-prolonging procedures, a proxy must comply with s.
25 393.12.

26 Section 91. Section 457.1085, Florida Statutes, is
27 amended to read:

28 457.1085 Infection control.--~~Prior to November 1,~~
29 ~~1986,~~The board shall adopt rules relating to the prevention
30 of infection, the safe disposal of any potentially infectious
31 materials, and other requirements to protect the health,

1 safety, and welfare of the public. ~~Beginning October 1, 1997,~~
2 All acupuncture needles that are to be used on a patient must
3 be sterile and disposable, and each needle may be used only
4 once.

5 Section 92. Paragraph (y) is added to subsection (1)
6 of section 457.109, Florida Statutes, to read:

7 457.109 Disciplinary actions; grounds; action by the
8 board.--

9 (1) The following acts constitute grounds for denial
10 of a license or disciplinary action, as specified in s.
11 456.072(2):

12 (y) Using the specialty titles of "Diplomate in
13 Acupuncture" or "National Board-Certified Diplomate in
14 Acupuncture" or "Board-Certified Diplomate in Acupuncture" in
15 conjunction with one's name, place of business, or acupuncture
16 practice unless the licensee holds an active license under
17 this chapter and is also an active holder of such board
18 certification from the National Certification Commission for
19 Acupuncture and Oriental Medicine (NCCAOM).

20 Section 93. Section 457.116, Florida Statutes, is
21 amended to read:

22 457.116 Prohibited acts; penalty.--

23 (1) A person may not:

24 (a) Practice acupuncture unless the person is licensed
25 under ss. 457.101-457.118;

26 (b) Use, in connection with his or her name or place
27 of business, any title or description of services which
28 incorporates the words "acupuncture," "acupuncturist,"
29 "certified acupuncturist," "licensed acupuncturist," "oriental
30 medical practitioner"; the letters "L.Ac.," "R.Ac.," "A.P.,"
31 or "D.O.M."; or any other words, letters, abbreviations, or

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1 insignia indicating or implying that he or she practices
2 acupuncture unless he or she is a holder of a valid license
3 issued pursuant to ss. 457.101-457.118;

4 (c) Present as his or her own the license of another;

5 (d) Knowingly give false or forged evidence to the
6 board or a member thereof;

7 (e) Use or attempt to use a license that has been
8 suspended, revoked, or placed on inactive or delinquent
9 status;

10 (f) Employ any person who is not licensed pursuant to
11 ss. 457.101-457.118 to engage in the practice of acupuncture;
12 or

13 (g) Conceal information relating to any violation of
14 ss. 457.101-457.118.

15 (2) A person who violates this section commits a
16 ~~felony misdemeanor~~ of the ~~third~~ second degree, punishable as
17 provided in s. 775.082, ~~or~~ s. 775.083, or s. 775.084.

18 Section 94. Subsections (31), (32), and (33) of
19 section 395.002, Florida Statutes, are renumbered as
20 subsections (32), (33), and (34), respectively, and a new
21 subsection (31) is added to said section, to read:

22 395.002 Definitions.--As used in this chapter:

23 (31) "Surgical first assistant" means the first
24 assistant to the surgeon during a surgical operation.

25 (32)~~(31)~~ "Utilization review" means a system for
26 reviewing the medical necessity or appropriateness in the
27 allocation of health care resources of hospital services given
28 or proposed to be given to a patient or group of patients.

29 (33)~~(32)~~ "Utilization review plan" means a description
30 of the policies and procedures governing utilization review
31 activities performed by a private review agent.

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1 ~~(34)~~(33) "Validation inspection" means an inspection
2 of the premises of a licensed facility by the agency to assess
3 whether a review by an accrediting organization has adequately
4 evaluated the licensed facility according to minimum state
5 standards.

6 Section 95. Paragraph (b) of subsection (1) of section
7 395.0197, Florida Statutes, is amended to read:

8 395.0197 Internal risk management program.--

9 (1) Every licensed facility shall, as a part of its
10 administrative functions, establish an internal risk
11 management program that includes all of the following
12 components:

13 (b) The development of appropriate measures to
14 minimize the risk of adverse incidents to patients, including,
15 but not limited to:

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

18 a. Such education and training of all nonphysician
19 personnel as part of their initial orientation; and

20 b. At least 1 hour of such education and training
21 annually for all personnel of the licensed facility working in
22 clinical areas and providing patient care, except those
23 persons licensed as health care practitioners who are required
24 to complete continuing education coursework pursuant to
25 chapter 456 or the respective practice act.

26 2. A prohibition, except when emergency circumstances
27 require otherwise, against a staff member of the licensed
28 facility attending a patient in the recovery room, unless the
29 staff member is authorized to attend the patient in the
30 recovery room and is in the company of at least one other
31 person. However, a licensed facility is exempt from the

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1 two-person requirement if it has:

2 a. Live visual observation;

3 b. Electronic observation; or

4 c. Any other reasonable measure taken to ensure

5 patient protection and privacy.

6 3. A prohibition against an unlicensed person from
7 assisting or participating in any surgical procedure unless
8 the facility has authorized the person to do so following a
9 competency assessment, and such assistance or participation is
10 done under the direct and immediate supervision of a licensed
11 physician and is not otherwise an activity that may only be
12 performed by a licensed health care practitioner. Moreover,
13 the primary operating surgeon may select a surgical first
14 assistant from among available individuals who are approved or
15 credentialed by the facility.

16 4. Development, implementation, and ongoing evaluation
17 of procedures, protocols, and systems to accurately identify
18 patients, planned procedures, and the correct site of the
19 planned procedure so as to minimize the performance of a
20 surgical procedure on the wrong patient, a wrong surgical
21 procedure, a wrong-site surgical procedure, or a surgical
22 procedure otherwise unrelated to the patient's diagnosis or
23 medical condition.

24 Section 96. Effective upon this act becoming a law,
25 paragraphs (a) and (b) of subsection (2) of section 768.13,
26 Florida Statutes, are amended to read:

27 768.13 Good Samaritan Act; immunity from civil
28 liability.--

29 (2)(a) Any person, including those licensed to
30 practice medicine, who gratuitously and in good faith renders
31 emergency care or treatment either in direct response to

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1 emergency situations related to and arising out of a public
2 health emergency declared pursuant to s. 381.00315, a state of
3 emergency which has been declared pursuant to s. 252.36 or at
4 the scene of an emergency outside of a hospital, doctor's
5 office, or other place having proper medical equipment,
6 without objection of the injured victim or victims thereof,
7 shall not be held liable for any civil damages as a result of
8 such care or treatment or as a result of any act or failure to
9 act in providing or arranging further medical treatment where
10 the person acts as an ordinary reasonably prudent person would
11 have acted under the same or similar circumstances.

12 (b)1. Any hospital licensed under chapter 395, any
13 employee of such hospital working in a clinical area within
14 the facility and providing patient care, and any person
15 licensed to practice medicine who in good faith renders
16 medical care or treatment necessitated by a sudden, unexpected
17 situation or occurrence resulting in a serious medical
18 condition demanding immediate medical attention, for which the
19 patient enters the hospital through its emergency room or
20 trauma center, or necessitated by a public health emergency
21 declared pursuant to s. 381.00315 shall not be held liable for
22 any civil damages as a result of such medical care or
23 treatment unless such damages result from providing, or
24 failing to provide, medical care or treatment under
25 circumstances demonstrating a reckless disregard for the
26 consequences so as to affect the life or health of another.

27 2. The immunity provided by this paragraph does not
28 apply to damages as a result of any act or omission of
29 providing medical care or treatment:

30 a. Which occurs after the patient is stabilized and is
31 capable of receiving medical treatment as a nonemergency

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1 patient, unless surgery is required as a result of the
2 emergency within a reasonable time after the patient is
3 stabilized, in which case the immunity provided by this
4 paragraph applies to any act or omission of providing medical
5 care or treatment which occurs prior to the stabilization of
6 the patient following the surgery; or
7 b. Unrelated to the original medical emergency.
8 3. For purposes of this paragraph, "reckless
9 disregard" as it applies to a given health care provider
10 rendering emergency medical services shall be such conduct
11 which a health care provider knew or should have known, at the
12 time such services were rendered, would be likely to result in
13 injury so as to affect the life or health of another, taking
14 into account the following to the extent they may be present;
15 a. The extent or serious nature of the circumstances
16 prevailing.
17 b. The lack of time or ability to obtain appropriate
18 consultation.
19 c. The lack of a prior patient-physician relationship.
20 d. The inability to obtain an appropriate medical
21 history of the patient.
22 e. The time constraints imposed by coexisting
23 emergencies.
24 4. Every emergency care facility granted immunity
25 under this paragraph shall accept and treat all emergency care
26 patients within the operational capacity of such facility
27 without regard to ability to pay, including patients
28 transferred from another emergency care facility or other
29 health care provider pursuant to Pub. L. No. 99-272, s. 9121.
30 The failure of an emergency care facility to comply with this
31 subparagraph constitutes grounds for the department to

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1 initiate disciplinary action against the facility pursuant to
2 chapter 395.

3 Section 97. Paragraph (k) of subsection (2) of section
4 381.0066, Florida Statutes, is amended to read:

5 381.0066 Onsite sewage treatment and disposal systems;
6 fees.--

7 (2) The minimum fees in the following fee schedule
8 apply until changed by rule by the department within the
9 following limits:

10 (k) Research: An additional \$5 fee shall be added to
11 each new system construction permit issued ~~during fiscal years~~
12 ~~1996-2002~~ to be used for onsite sewage treatment and disposal
13 system research, demonstration, and training projects. Five
14 dollars from any repair permit fee collected under this
15 section shall be used for funding the hands-on training
16 centers described in s. 381.0065(3)(j).

17
18 The funds collected pursuant to this subsection must be
19 deposited in a trust fund administered by the department, to
20 be used for the purposes stated in this section and ss.
21 381.0065 and 381.00655.

22 Section 98. Part IV of chapter 489, Florida Statutes,
23 consisting of sections 489.661, 489.662, 489.663, 489.664,
24 489.665, 489.666, 489.667, and 489.668, is created to read:

25 PART IV

26 PORTABLE RESTROOM CONTRACTING

27 489.661 Definitions.--As used in this part:

28 (1) "Department" means the Department of Health.

29 (2) "Portable restroom contractor" means a portable
30 restroom contractor whose services are unlimited in the
31 portable restroom trade who has had at least 3 years'

1 experience as a Florida-registered portable restroom
2 contractor, who has knowledge of state health code law and
3 rules, and who has the experience, knowledge, and skills to
4 handle, deliver, and pick up sanitary portable restrooms, to
5 install, safely handle, and maintain portable holding tanks,
6 and to handle, transport, and dispose of domestic portable
7 restroom and portable holding tank wastewater.

8 489.662 Registration required.--A person shall not
9 hold himself or herself out as a portable restroom contractor
10 in this state unless he or she is registered by the department
11 in accordance with the provisions of this part. However,
12 nothing in this part prohibits any person licensed pursuant to
13 s. 489.105(3)(m) or ss. 489.551-489.558, in this state from
14 engaging in the profession for which he or she is licensed.

15 489.663 Administration of part; registration
16 qualifications; examination.--

17 (1) Each person desiring to be registered pursuant to
18 this part shall apply to the department in writing upon forms
19 prepared and furnished by the department.

20 (2) The department shall administer, coordinate, and
21 enforce the provisions of this part, provide qualifications
22 for applicants, administer the examination for applicants, and
23 be responsible for the granting of certificates of
24 registration to qualified persons.

25 (3) The department shall adopt reasonable rules
26 pursuant to ss. 120.536(1) and 120.54 to administer this part,
27 including, but not limited to, rules that establish ethical
28 standards of practice, requirements for registering as a
29 contractor, requirements for obtaining an initial or renewal
30 certificate of registration, disciplinary guidelines, and
31 requirements for the certification of partnerships and

1 corporations. The department may amend or repeal the rules in
2 accordance with chapter 120, the Administrative Procedure Act.

3 (4) To be eligible for registration by the department
4 as a portable restroom contractor, the applicant shall:

5 (a) Be of good moral character. In considering good
6 moral character, the department may consider any matter that
7 has a substantial connection between the good moral character
8 of the applicant and the professional responsibilities of a
9 registered contractor, including, but not limited to, the
10 applicant being convicted or found guilty of, or entering a
11 plea of nolo contendere to, regardless of adjudication, a
12 crime in any jurisdiction that directly relates to the
13 practice of contracting or the ability to practice
14 contracting, and previous disciplinary action involving
15 portable restroom contracting, where all judicial reviews have
16 been completed.

17 (b) Pass an examination approved by the department
18 that demonstrates that the applicant has a fundamental
19 knowledge of the state laws relating to the installation,
20 maintenance, and wastewater disposal of portable restrooms,
21 portable sinks, and portable holding tanks.

22 (c) Be at least 18 years of age.

23 (d) Have a total of at least 3 years of active
24 experience serving an apprenticeship as a skilled worker under
25 the supervision and control of a registered portable restroom
26 contractor. Related work experience or educational experience
27 may be substituted for no more than 2 years of active
28 contracting experience. Each 30 hours of coursework approved
29 by the department will substitute for 6 months of work
30 experience. Out-of-state work experience shall be accepted on
31 a year-for-year basis for any applicant who demonstrates that

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1 he or she holds a current license issued by another state for
2 portable restroom contracting that was issued upon
3 satisfactory completion of an examination and continuing
4 education courses that are equivalent to the requirements in
5 this state. Individuals from a state with no state
6 certification who have successfully completed a written
7 examination provided by the Portable Sanitation Association
8 International shall only be required to take the written
9 portion of the examination that includes state health code law
10 and rules. For purposes of this section, an equivalent
11 examination must include the topics of state health code law
12 and rules applicable to portable restrooms and the knowledge
13 required to handle, deliver, and pick up sanitary portable
14 restrooms; to install, handle, and maintain portable holding
15 tanks; and to handle, transport, and dispose of domestic
16 portable restroom and portable holding tank wastewater. A
17 person employed by and under the supervision of a licensed
18 contractor shall be granted up to 2 years of related work
19 experience.

20 (e) Have not had a registration revoked, the effective
21 date of which was less than 5 years before the application.

22 (5) The department shall provide each applicant for
23 registration pursuant to this part with a copy of this part
24 and any rules adopted under this part. The department may
25 also prepare and disseminate such other material and
26 questionnaires as it deems necessary to effectuate the
27 registration provisions of this part.

28 (6) Any person who was employed one or more years in
29 this state by a portable restroom service holding a permit
30 issued by the department on or before October 1, 2002, has
31 until October 1, 2003, to be registered by the department in

1 accordance with the provisions of this act and may continue to
2 perform portable restroom contracting services until that
3 time. Such persons are exempt until October 1, 2003, from the
4 three years active work experience requirement of s.
5 489.663(4)(d).

6 489.664 Registration renewal.--The department shall
7 prescribe by rule the method for approval of continuing
8 education courses and for renewal of annual registration. At
9 a minimum, annual renewal shall include continuing education
10 requirements of not less than 6 classroom hours annually for
11 portable restroom contractors.

12 489.665 Certification of partnerships and
13 corporations.--

14 (1) The practice of or the offer to practice portable
15 restroom contracting services by registrants through a parent
16 corporation, corporation, subsidiary of a corporation, or
17 partnership offering portable restroom contracting services to
18 the public through registrants under this chapter as agents,
19 employers, officers, or partners is permitted, provided that
20 one or more of the principal officers of the corporation or
21 one or more partners of the partnership and all personnel of
22 the corporation or partnership who act on its behalf as
23 portable restroom contractors in this state are registered as
24 provided by this part, and further provided that the
25 corporation or partnership has been issued a certificate of
26 authorization by the department as provided in this section.
27 A registered contractor may not be the sole qualifying
28 contractor for more than one business that requests a
29 certificate of authorization. A business organization that
30 loses its qualifying contractor has 60 days following the date
31 the qualifier terminates his or her affiliation within which

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1 to obtain another qualifying contractor. During this period,
2 the business organization may complete any existing contract
3 or continuing contract, but may not undertake any new
4 contract. This period may be extended once by the department
5 for an additional 60 days upon a showing of good cause.
6 Nothing in this section shall be construed to mean that a
7 certificate of registration to practice portable restroom
8 contracting shall be held by a corporation. No corporation or
9 partnership shall be relieved of responsibility for the
10 conduct or acts of its agents, employees, or officers by
11 reason of its compliance with this section, nor shall any
12 individual practicing portable restroom contracting be
13 relieved of responsibility for professional services performed
14 by reason of his or her employment or relationship with a
15 corporation or partnership.

16 (2) For the purposes of this section, a certificate of
17 authorization shall be required for a corporation,
18 partnership, association, or person practicing under a
19 fictitious name, offering portable restroom contracting
20 services to the public, except that when an individual is
21 practicing portable restroom contracting in his or her own
22 given name, he or she shall not be required to register under
23 this section.

24 (3) Each certification of authorization shall be
25 renewed every 2 years. Each partnership and corporation
26 certified under this section shall notify the department
27 within 1 month after any change in the information contained
28 in the application upon which the certification is based.

29 (4) Disciplinary action against a corporation or
30 partnership shall be administered in the same manner and on
31 the same grounds as disciplinary action against a registered

1 portable restroom contractor.

2 (5) When a certificate of authorization has been
3 revoked, any person authorized by law to provide portable
4 restroom contracting services may not use the name or
5 fictitious name of the entity whose certificate was revoked,
6 or any other identifiers for the entity, including telephone
7 numbers, advertisements, or logos.

8 489.666 Suspension or revocation of registration.--A
9 certificate of registration may be suspended or revoked upon a
10 showing that the registrant has:

11 (1) Violated any provision of this part.

12 (2) Violated any lawful order or rule rendered or
13 adopted by the department.

14 (3) Obtained his or her registration or any other
15 order, ruling, or authorization by means of fraud,
16 misrepresentation, or concealment of material facts.

17 (4) Been found guilty of gross misconduct in the
18 pursuit of his or her profession.

19 489.667 Fees; establishment.--

20 (1) The department shall, by rule, establish fees as
21 follows:

22 (a) For portable restroom contractor registration:

23 1. Application and examination fee: not less than \$25
24 nor more than \$75.

25 2. Initial registration fee: not less than \$50 nor
26 more than \$100.

27 3. Renewal of registration fee: not less than \$50 nor
28 more than \$100.

29 (b) Certification of partnerships and corporations:
30 not less than \$100 nor more than \$250.

31 (2) Fees established pursuant to subsection (1) shall

1 be based on the actual costs incurred by the department in
2 carrying out its registration and other related
3 responsibilities under this part.

4 489.668 Penalties and prohibitions.--

5 (1) Any person who violates any provision of this part
6 commits a misdemeanor of the first degree, punishable as
7 provided in s. 775.082 or s. 775.083.

8 (2) The department may deny a registration if it
9 determines that an applicant does not meet all requirements of
10 this part or has violated any provision of this part. Any
11 applicant aggrieved by such denial shall be entitled to a
12 hearing, after reasonable notice thereof, upon filing a
13 written request for such hearing in accordance with chapter
14 120.

15 Section 99. Subsection (3) is added to section
16 627.638, Florida Statutes, to read:

17 627.638 Direct payment for hospital, medical
18 services.--

19 (3) Under any health insurance policy insuring against
20 loss or expense due to hospital confinement or to medical and
21 related services, payment of benefits shall be made directly
22 to any recognized hospital, doctor, or other person who
23 provided services for the treatment of a psychological
24 disorder or treatment for substance abuse, including drug and
25 alcohol abuse, when the treatment is in accordance with the
26 provisions of the policy and the insured specifically
27 authorizes direct payment of benefits. Payments shall be made
28 under this section, notwithstanding any contrary provisions in
29 the health insurance contract. This subsection applies to all
30 health insurance policies now or hereafter in force as of
31 October 1, 2002.

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1 Section 100. Subsection (1) of section 766.101,
2 Florida Statutes, is amended to read:

3 766.101 Medical review committee, immunity from
4 liability.--

5 (1) As used in this section:

6 (a) The term "medical review committee" or "committee"
7 means:

8 1.a. A committee of a hospital or ambulatory surgical
9 center licensed under chapter 395 or a health maintenance
10 organization certificated under part I of chapter 641,

11 b. A committee of a physician-hospital organization, a
12 provider-sponsored organization, or an integrated delivery
13 system,

14 c. A committee of a state or local professional
15 society of health care providers,

16 d. A committee of a medical staff of a licensed
17 hospital or nursing home, provided the medical staff operates
18 pursuant to written bylaws that have been approved by the
19 governing board of the hospital or nursing home,

20 e. A committee of the Department of Corrections or the
21 Correctional Medical Authority as created under s. 945.602, or
22 employees, agents, or consultants of either the department or
23 the authority or both,

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

30 g. A committee of a mental health treatment facility
31 licensed under chapter 394 or a community mental health center

1 as defined in s. 394.907, provided the quality assurance
2 program operates pursuant to the guidelines which have been
3 approved by the governing board of the agency,

4 h. A committee of a substance abuse treatment and
5 education prevention program licensed under chapter 397
6 provided the quality assurance program operates pursuant to
7 the guidelines which have been approved by the governing board
8 of the agency,

9 i. A peer review or utilization review committee
10 organized under chapter 440,

11 j. A committee of the Department of Health, a county
12 health department, healthy start coalition, or certified rural
13 health network, when reviewing quality of care, or employees
14 of these entities when reviewing mortality records, ~~or~~

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

17 l. A committee established by a university board of
18 trustees, or

19 m. A committee comprised of faculty, residents,
20 students, and administrators of an accredited college of
21 medicine, nursing, or other health care discipline,

22
23 which committee is formed to evaluate and improve the quality
24 of health care rendered by providers of health service or to
25 determine that health services rendered were professionally
26 indicated or were performed in compliance with the applicable
27 standard of care or that the cost of health care rendered was
28 considered reasonable by the providers of professional health
29 services in the area; or

30 2. A committee of an insurer, self-insurer, or joint
31 underwriting association of medical malpractice insurance, or

1 other persons conducting review under s. 766.106.

2 (b) The term "health care providers" means physicians
3 licensed under chapter 458, osteopathic physicians licensed
4 under chapter 459, podiatric physicians licensed under chapter
5 461, optometrists licensed under chapter 463, dentists
6 licensed under chapter 466, chiropractic physicians licensed
7 under chapter 460, pharmacists licensed under chapter 465, or
8 hospitals or ambulatory surgical centers licensed under
9 chapter 395.

10 Section 101. Effective upon this act becoming a law,
11 subsection (10) of section 627.357, Florida Statutes, is
12 amended to read:

13 627.357 Medical malpractice self-insurance.--

14 (10)(a) An application to form a self-insurance fund
15 under this section must be filed with the department before
16 October 1, 2002. All self-insurance funds authorized under
17 this paragraph must apply for a certificate of authority to
18 become an authorized insurer by October 1, 2006. Any such fund
19 failing to obtain a certificate of authority as an authorized
20 insurer within 1 year of the date of application therefore
21 shall wind down its affair and shall not issue coverage after
22 the expiration of the 1-year period.

23 (b) Any self insurance fund established pursuant to
24 this section after April 1, 2002, shall also comply with ss.
25 624.460-624.489, notwithstanding s. 624.462(2)(a). In the
26 event of a conflict between the provisions of this section and
27 ss. 624.460-624.489, the latter sections shall govern. With
28 respect to those sections, provisions solely applicable to
29 workers' compensation and employers liability insurance shall
30 not apply to medical malpractice funds. A self insurance may
31 not be formed under this section after October 1, 1992.

1 Section 102. Subsection (7) of section 631.54, Florida
2 Statutes, is amended to read:

3 631.54 Definitions.--As used in this part:

4 (7) "Member insurer" means any person who writes any
5 kind of insurance to which this part applies under s. 631.52,
6 including the exchange of reciprocal or interinsurance
7 contracts and any medical malpractice self-insurance fund
8 authorized after April 1, 2002 under s. 627.357, and is
9 licensed to transact insurance in this state.

10 Section 103. The Agency for Health Care Administration
11 shall conduct a study of health care services provided to the
12 medically fragile or medical-technology-dependent children in
13 the state and conduct a pilot program in Dade County to
14 provide subacute pediatric transitional care to a maximum of
15 30 children at any one time. The purpose of the study and the
16 pilot program are to determine ways to permit medically
17 fragile or medical-technology-dependent children to
18 successfully make a transition from acute care in a health
19 care institution to live with their families when possible,
20 and to provide cost-effective, subacute transitional care
21 services.

22 Section 104. The Agency for Health Care
23 Administration, in cooperation with the Children's Medical
24 Services Program in the Department of Health, shall conduct a
25 study to identify the total number of medically fragile or
26 medical-technology-dependent children, from birth through age
27 21, in the state. By January 1, 2003, the agency must report
28 to the Legislature regarding the children's ages, the
29 locations where the children are served, the types of services
30 received, itemized costs of the services, and the sources of
31 funding that pay for the services, including the proportional

1 share when more than one funding source pays for a service.
2 The study must include information regarding medically fragile
3 or medical-technology-dependent children residing in
4 hospitals, nursing homes, and medical foster care, and those
5 who live with their parents. The study must describe children
6 served in prescribed pediatric extended-care centers,
7 including their ages and the services they receive. The report
8 must identify the total services provided for each child and
9 the method for paying for those services. The report must also
10 identify the number of such children who could, if appropriate
11 transitional services were available, return home or move to a
12 less-institutional setting.

13 Section 105. (1) Within 30 days after the effective
14 date of this act, the agency shall establish minimum staffing
15 standards and quality requirements for a subacute pediatric
16 transitional care center to be operated as a 2-year pilot
17 program in Dade County. The pilot program must operate under
18 the license of a hospital licensed under chapter 395, Florida
19 Statutes, or a nursing home licensed under chapter 400,
20 Florida Statutes, and shall use existing beds in the hospital
21 or nursing home. A child's placement in the subacute pediatric
22 transitional care center may not exceed 90 days. The center
23 shall arrange for an alternative placement at the end of a
24 child's stay and a transitional plan for children expected to
25 remain in the facility for the maximum allowed stay.

26 (2) Within 60 days after the effective date of this
27 act, the agency must amend the state Medicaid plan and request
28 any federal waivers necessary to implement and fund the pilot
29 program.

30 (3) The subacute pediatric transitional care center
31 must require level I background screening as provided in

1 chapter 435, Florida Statutes, for all employees or
2 prospective employees of the center who are expected to, or
3 whose responsibilities may require them to, provide personal
4 care or services to children, have access to children's living
5 areas, or have access to children's funds or personal
6 property.

7 Section 106. (1) The subacute pediatric transitional
8 care center must have an advisory board. Membership on the
9 advisory board must include, but need not be limited to:

10 (a) A physician and an advanced registered nurse
11 practitioner who is familiar with services for medically
12 fragile or medical-technology-dependent children;

13 (b) A registered nurse who has experience in the care
14 of medically fragile or medical-technology-dependent children;

15 (c) A child development specialist who has experience
16 in the care of medically fragile or
17 medical-technology-dependent children and their families;

18 (d) A social worker who has experience in the care of
19 medically fragile or medical-technology-dependent children and
20 their families; and

21 (e) A consumer representative who is a parent or
22 guardian of a child placed in the center.

23 (2) The advisory board shall:

24 (a) Review the policy and procedure components of the
25 center to assure conformance with applicable standards
26 developed by the Agency for Health Care Administration; and

27 (b) Provide consultation with respect to the
28 operational and programmatic components of the center.

29 Section 107. (1) The subacute pediatric transitional
30 care center must have written policies and procedures
31 governing the admission, transfer, and discharge of children.

1 (2) The admission of each child to the center must be
2 under the supervision of the center nursing administrator or
3 his or her designee, and must be in accordance with the
4 center's policies and procedures. Each Medicaid admission must
5 be approved by the Department of Health, Children's Medical
6 Services Multidisciplinary Assessment Team, in conjunction
7 with the Agency for Health Care Administration, as appropriate
8 for placement in the facility.

9 (3) Each child admitted to the center shall be
10 admitted upon prescription of the Medical Director of the
11 center, licensed pursuant to chapter 458 or 459, and the child
12 shall remain under the care of the medical director and
13 advanced registered nurse practitioner for the duration of his
14 or her stay in the center.

15 (4) Each child admitted to the center must meet at
16 least the following criteria:

17 (a) The child must be medically fragile or
18 medical-technology-dependent.

19 (b) The child may not, prior to admission, present
20 significant risk of infection to other children or personnel.
21 The medical and nursing directors shall review, on a
22 case-by-case basis, the condition of any child who is
23 suspected of having an infectious disease to determine whether
24 admission is appropriate.

25 (c) The child must be medically stabilized and require
26 skilled nursing care or other interventions.

27 (5) If the child meets the criteria specified in
28 paragraphs (4)(a), (b), and (c), the medical director or
29 nursing director of the center shall implement a preadmission
30 plan that delineates services to be provided and appropriate
31 sources for such services.

1 (a) If the child is hospitalized at the time of
2 referral, preadmission planning must include the participation
3 of the child's parent or guardian and relevant medical,
4 nursing, social services, and developmental staff to assure
5 that the hospital's discharge plans will be implemented
6 following the child's placement in the center.

7 (b) A consent form, outlining the purpose of the
8 center, family responsibilities, authorized treatment,
9 appropriate release of liability, and emergency disposition
10 plans, must be signed by the parent or guardian and witnessed
11 before the child is admitted to the center. The parent or
12 guardian shall be provided a copy of the consent form.

13 Section 108. The provisions of this pilot program
14 relating to subacute pediatric transitional care shall be
15 implemented to the extent available appropriations contained
16 in the annual General Appropriations Act are specifically
17 designated for the purposes contained within the pilot
18 program.

19 Section 109. By January 1, 2003, the Agency for Health
20 Care Administration shall report to the Legislature concerning
21 the progress of the medically fragile or
22 medical-technology-dependent children pilot program. By
23 January 1, 2004, the agency shall submit to the Legislature a
24 report on the success of the pilot program.

25 Section 110. Subsection (5) of section 393.064,
26 Florida Statutes, is amended to read:

27 393.064 Prevention.--

28 (5) The Department of Health ~~Children and Family~~
29 ~~Services~~ shall have the authority, within available resources,
30 to contract for the supervision and management of the Raymond
31 C. Philips Research and Education Unit, and such contract

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1 shall include specific program objectives.

2 Section 111. Except as otherwise provided herein, this
3 act shall take effect July 1, 2002.

4

5

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

7 And the title is amended as follows:On page 43, line 4, of the
8 amendment, after the semicolon,

9

10 insert:

11 transferring to the Department of Health the
12 powers, duties, functions, and assets that
13 relate to the consumer complaint services,
14 investigations, and prosecutorial services
15 performed by the Agency for Health Care
16 Administration under contract with the
17 department; transferring full-time equivalent
18 positions and the practitioner regulation
19 component from the agency to the department;
20 amending s. 20.43, F.S.; deleting the provision
21 authorizing the department to enter into such
22 contract with the agency, to conform; updating
23 a reference to provide the name of a regulatory
24 board under the Division of Medical Quality
25 Assurance; requiring the Office of Legislative
26 Services to contract for an outsourcing
27 feasibility study relating to the regulatory
28 responsibilities of the Board of Dentistry;
29 providing an appropriation; requiring a report
30 to the Governor and Legislature; requiring the
31 Department of Health to contract for the

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1 implementation of the electronic continuing
2 education tracking system and requiring said
3 system to be compatible and integrated with the
4 department's licensure and renewal system;
5 amending s. 456.057, F.S.; authorizing
6 specified persons to release certain medical
7 records to a custodian upon board order;
8 exempting such persons from liability for the
9 release of such records; prohibiting insurers
10 from denying claims under specified
11 circumstances; amending s. 456.072, F.S.;
12 providing additional penalties to be imposed on
13 certain health care practitioners relating to
14 notice to patients concerning availability and
15 access to medical records; amending s. 456.076,
16 F.S.; providing additional conditions for
17 impaired practitioners to enroll in a treatment
18 program as an alternative to discipline;
19 amending s. 456.0375, F.S.; revising the
20 definition of "clinic" to exempt public college
21 and university clinics from medical clinic
22 registration, to restrict the exemption for
23 massage establishments, and to clarify when a
24 health care practitioner may supervise another
25 health care practitioner; prohibiting insurers
26 from denying claims under specified
27 circumstances; amending s. 456.072, F.S.;
28 revising grounds for disciplinary action
29 relating to performing health care services
30 improperly and to leaving foreign bodies in
31 patients; amending s. 631.57, F.S.; exempting

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1 medical malpractice insurance premiums from an
2 assessment; amending s. 395.002, F.S.; defining
3 "medically unnecessary procedure"; amending s.
4 394.4787, F.S.; conforming a cross reference;
5 amending s. 395.0161, F.S.; providing
6 rulemaking authority relating to inspections
7 and investigations of facilities; amending s.
8 395.0197, F.S.; revising requirements for
9 internal risk management programs; amending s.
10 465.019, F.S.; revising the definition of
11 "class II institutional pharmacies" to allow
12 dispensing and consulting services to hospice
13 patients under certain circumstances; amending
14 s. 499.007, F.S.; deleting requirement for
15 labeling of name and place of business of the
16 manufacturer; providing legislative findings
17 relating to responsiveness to emergencies and
18 disasters; amending s. 381.0011, F.S.;
19 revising the rulemaking authority of the
20 Department of Health with respect to its power
21 to impose quarantine, including requiring
22 vaccination; amending s. 381.00315, F.S.;
23 defining the terms "public health advisory" and
24 "public health emergency"; specifying the terms
25 under which a public health emergency is
26 declared; providing for consultation for,
27 notice, and duration of a declaration of a
28 public health emergency; authorizing the State
29 Health Officer to take specified actions upon
30 the declaration of a public health emergency
31 relating to shipping of specified drugs,

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1 directing the compounding of bulk prescription
2 drugs, and specifying the use of such drugs;
3 authorizing the State Health Officer to
4 reactivate the inactive licenses of certain
5 practitioners who request such reactivation;
6 authorizing the State Health Officer to order
7 that an individual be examined, tested,
8 vaccinated, treated, or quarantined for certain
9 communicable diseases under specified
10 circumstances; specifying benefits to be made
11 available to volunteers acting under a public
12 health emergency; amending s. 381.0034, F.S.;
13 providing a requirement for instruction of
14 certain health care licensees on conditions
15 caused by nuclear, biological, and chemical
16 terrorism, as a condition of initial licensure,
17 and, in lieu of the requirement for instruction
18 on HIV and AIDS, as a condition of relicensure;
19 amending s. 381.0035, F.S.; providing a
20 requirement for instruction of employees at
21 certain health care facilities on conditions
22 caused by nuclear, biological, and chemical
23 terrorism, upon initial employment, and, in
24 lieu of the requirement of instruction on HIV
25 and AIDS, as biennial continuing education;
26 providing an exception; creating s. 381.0421,
27 F.S.; requiring postsecondary education
28 institutions to provide information on
29 meningococcal meningitis and hepatitis B;
30 requiring individuals residing in on-campus
31 housing to document vaccinations against

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1 meningococcal meningitis and hepatitis B or
2 sign a waiver; amending ss. 395.1027 and
3 401.245, F.S.; correcting cross references;
4 amending s. 401.23, F.S.; revising definitions
5 of "advanced life support" and "basic life
6 support" and defining "emergency medical
7 condition"; amending s. 401.252, F.S.;
8 authorizing physician assistants to conduct
9 interfacility transfers in a permitted
10 ambulance under certain circumstances; amending
11 s. 401.27, F.S.; providing that the course on
12 conditions caused by nuclear, biological, and
13 chemical terrorism shall count toward the total
14 required hours for biennial recertification of
15 emergency medical technicians and paramedics;
16 amending s. 456.033, F.S.; providing a
17 requirement for instruction of certain health
18 care practitioners on conditions caused by
19 nuclear, biological, and chemical terrorism, as
20 a condition of initial licensure, and, in lieu
21 of the requirement for instruction on HIV and
22 AIDS, as part of biennial relicensure; amending
23 s. 381.003, F.S.; requiring the Department of
24 Health to adopt certain standards applicable to
25 all public-sector employers; requiring the
26 compilation and maintenance of certain
27 information by the department for use by
28 employers; creating s. 456.0345, F.S.;
29 providing continuing education credits to
30 health care practitioners for certain life
31 support training; amending s. 456.072, F.S.;

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1 conforming provisions relating to grounds for
2 disciplinary actions to changes in health care
3 practitioners' course requirements; amending s.
4 456.38, F.S.; revising provisions relating to
5 the health care practitioner registry for
6 disasters and emergencies; prohibiting certain
7 termination of or discrimination against a
8 practitioner providing disaster medical
9 assistance; amending ss. 458.319 and 459.008,
10 F.S.; conforming provisions relating to
11 exceptions to continuing education requirements
12 for physicians and osteopathic physicians;
13 amending ss. 401.2715, 633.35, and 943.135,
14 F.S.; authorizing certain substitution of
15 terrorism response training for other training
16 required for recertification of emergency
17 medical technicians and paramedics,
18 certification of firefighters, and continued
19 employment or appointment of law enforcement
20 officers, correctional officers, and
21 correctional probation officers; authorizing
22 rulemaking; amending s. 765.512, F.S., relating
23 to anatomical gifts; prohibiting modification
24 of a donor's intent; providing that a donor
25 document is legally binding; authorizing
26 specified persons to furnish donors' medical
27 records upon request; amending s. 765.516,
28 F.S.; revising procedures by which the terms of
29 an anatomical gift may be amended or the gift
30 may be revoked; amending s. 456.073, F.S.;
31 revising procedures and timeframes for formal

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1 hearings of health care practitioner
2 disciplinary cases; requiring a joint audit of
3 hearings and their billing formulas and a
4 report to the Legislature; amending s. 456.076,
5 F.S.; requiring each impaired practitioner to
6 pay a portion of the cost of the consultant and
7 impaired practitioner program and the full cost
8 of the required treatment program or plan;
9 providing certain exceptions; repealing s.
10 456.047, F.S., to terminate the standardized
11 credentialing program for health care
12 practitioners; prohibiting the refund of moneys
13 collected through the credentialing program;
14 amending ss. 456.039, 456.0391, 456.072, and
15 456.077, F.S.; removing references, to conform;
16 amending s. 458.309, F.S.; requiring
17 accreditation of physician offices in which
18 surgery is performed; amending s. 459.005,
19 F.S.; requiring accreditation of osteopathic
20 physician offices in which surgery is
21 performed; amending s. 456.004, F.S., relating
22 to powers and duties of the department;
23 requiring performance measures for certain
24 entities; providing procedures for considering
25 board requests to privatize regulatory
26 functions; amending s. 456.009, F.S.; requiring
27 performance measures for certain legal and
28 investigative services and annual review of
29 such services to determine whether such
30 performance measures are being met; amending s.
31 456.011, F.S.; requiring regulatory board

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1 committee meetings, including probable cause
2 panels, to be held electronically unless
3 certain conditions are met; providing for
4 determination of location of in-person
5 meetings; amending s. 456.026, F.S.; requiring
6 inclusion of performance measures for certain
7 entities in the department's annual report to
8 the Legislature; creating s. 458.3093, F.S.;
9 requiring submission of credentials for initial
10 physician licensure to a national licensure
11 verification service; requiring verification of
12 such credentials by that service or an
13 equivalent program; creating s. 459.0053, F.S.;
14 requiring submission of credentials for initial
15 osteopathic physician licensure to a national
16 licensure verification service; requiring
17 verification of such credentials by that
18 service, a specified association, or an
19 equivalent program; amending ss. 458.331,
20 459.015, and 627.912, F.S.; raising the
21 malpractice closed claims reporting requirement
22 amount; amending s. 456.073, F.S.; requiring
23 health care practitioner licensees to pay
24 certain costs of investigation and prosecution
25 under certain circumstances; requiring cases in
26 which no probable cause has been found to be
27 closed within a specified period of time;
28 requiring a study of the field office structure
29 and organization of the Agency for Health Care
30 Administration and a report to the Legislature;
31 amending s. 456.025, F.S.; eliminating certain

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

1 restrictions on the setting of licensure
2 renewal fees for health care practitioners;
3 creating s. 456.0165, F.S.; restricting the
4 costs that may be charged by educational
5 institutions hosting health care practitioner
6 licensure examinations; requiring health care
7 practitioner licensure and licensure renewal
8 fees to be set at graduated levels of the
9 statutory fee cap or actual regulatory costs,
10 whichever is less; amending s. 468.302, F.S.;
11 authorizing certified nuclear medicine
12 technologists to administer X radiation from
13 certain devices under certain circumstances;
14 exempting certain persons from radiologic
15 technologist certification and providing
16 certain training requirements for such
17 exemption; amending s. 468.352, F.S.; revising
18 and providing definitions applicable to the
19 regulation of respiratory therapy; amending s.
20 468.355, F.S.; revising provisions relating to
21 respiratory therapy licensure and testing
22 requirements; amending s. 468.368, F.S.;
23 revising exemptions from respiratory therapy
24 licensure requirements; repealing s. 468.356,
25 F.S., relating to the approval of educational
26 programs; repealing s. 468.357, F.S., relating
27 to licensure by examination; amending s.
28 468.80, F.S.; expanding a definition; requiring
29 applications for health care practitioner
30 licensure and licensure renewal to be submitted
31 electronically beginning July 1, 2003, with

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1 certain exceptions; providing for transition to
2 such electronic licensure; annually adjusting
3 by 2.5 percent the statutory fee caps
4 applicable to regulation of health care
5 practitioners; renumbering ss. 381.0602,
6 381.6021, 381.6022, 381.6023, 381.6024, and
7 381.6026, F.S., and renumbering and amending
8 ss. 381.60225 and 381.6025, F.S., to move
9 provisions relating to organ and tissue
10 procurement, donation, and transplantation to
11 part V, ch. 765, F.S., relating to anatomical
12 gifts; revising cross references, to conform;
13 amending ss. 395.2050, 409.815, 765.5216, and
14 765.522, F.S.; revising cross references, to
15 conform; providing a short title and providing
16 coverage for certain organ transplant services;
17 amending s. 409.915, F.S.; exempting counties
18 from contributions for such services; amending
19 s. 456.074, F.S.; providing for an emergency
20 order suspending the license of any health care
21 practitioner who has defaulted on a student
22 loan issued or guaranteed by the state or the
23 Federal Government; amending s. 456.072, F.S.,
24 and reenacting subsection (2), relating to
25 disciplinary actions; clarifying the ground for
26 disciplinary action for failing to perform a
27 statutory or legal obligation to include
28 failing to repay a student loan issued or
29 guaranteed by the state or the Federal
30 Government in accordance with the terms of the
31 loan and for failing to comply with service

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1 scholarship obligations; providing penalties;
2 directing the Department of Health to obtain
3 certain information from the United States
4 Department of Health and Human Services on a
5 monthly basis and to include certain
6 information in its annual report to the
7 Legislature; reenacting ss. 456.026 and
8 456.073, F.S., relating to the annual report
9 and disciplinary proceedings, respectively, to
10 conform; providing applicability; amending s.
11 400.925, F.S.; eliminating the regulation of
12 certain home medical equipment by the Agency
13 for Health Care Administration; amending s.
14 765.104, F.S.; authorizing a patient whose
15 legal disability is removed to amend or revoke
16 the recognition of a medical proxy and any
17 uncompleted decision made by that proxy;
18 specifying when the amendment or revocation
19 takes effect; amending s. 765.401, F.S.;
20 providing for health care decisions for persons
21 having a developmental disability; amending s.
22 457.1085, F.S.; removing obsolete dates
23 relating to adoption of rules relating to
24 infection control; amending s. 457.109, F.S.;
25 prohibiting the use of certain titles relating
26 to the practice of acupuncture unless properly
27 licensed and certified; providing penalties;
28 amending s. 457.116, F.S.; increasing the
29 penalties applicable to prohibited acts
30 relating to the practice of acupuncture;
31 amending s. 395.002, F.S., to provide a

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

1 definition of "surgical first assistant;"
2 amending s. 395.0197, F.S., to allow an
3 operating surgeon to choose the surgical first
4 assistant under certain conditions; amending s.
5 768.13, F.S.; providing immunity from civil
6 damages under the Good Samaritan Act for
7 actions taken in response to situations during
8 a declared public health emergency; revising
9 the circumstances under which immunity from
10 civil damages is extended to actions taken by
11 persons licensed to practice medicine; amending
12 s. 381.0066, F.S.; authorizing the continuation
13 of permit fees for system construction permits
14 for onsite sewage treatment and disposal
15 systems; creating part IV of chapter 489, F.S.,
16 relating to portable restroom contracting;
17 providing definitions; requiring registration
18 and providing requirements therefor, including
19 an examination; providing for administration;
20 providing rulemaking authority; providing for
21 renewal of registration, including continuing
22 education; providing for certification of
23 partnerships and corporations; providing
24 grounds for suspension or revocation of
25 registration; providing fees; providing
26 penalties and prohibitions; amending s.
27 491.0057, F.S.; revising requirements relating
28 to dual licensure as a marriage and family
29 therapist; amending s. 627.638, F.S., to
30 require direct payment of benefits for hospital
31 or medical services under certain

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

1 circumstances; amending s. 766.101, F.S.;

2 expanding the definition of the term "medical

3 review committee" for purposes of immunity from

4 liability; amending s. 627.357, F.S., relating

5 to medical malpractice insurance; providing

6 requirements to apply to form a self-insurance

7 fund; amending s. 631.54, F.S.; amending

8 definition of member insurer; requiring the

9 Agency for Health Care Administration to

10 conduct a study of health care services

11 provided to medically fragile or

12 medical-technology-dependent children;

13 requiring the Agency for Health Care

14 Administration to conduct a pilot program for a

15 subacute pediatric transitional care center;

16 requiring background screening of center

17 personnel; requiring the agency to amend the

18 Medicaid state plan and seek federal waivers as

19 necessary; requiring the center to have an

20 advisory board; providing for membership on the

21 advisory board; providing requirements for the

22 admission, transfer, and discharge of a child

23 to the center; requiring the agency to submit

24 certain reports to the Legislature; amending s.

25 393.064, F.S.; changing contract authority

26 between the Department of Children and Families

27 and the Department of Health; providing

28 effective dates.

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30 WHEREAS, residents and visitors to Florida need access

31 to quality and affordable health care, and

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

1 WHEREAS, the delivery of and payment for health care
2 services provided to patients by health care practitioners in
3 health care facilities is integrated in such a manner that a
4 change to one facet of health care almost always impacts
5 another facet, and

6 WHEREAS, three state agencies play a role in overseeing
7 health care providers, health care services, and health care
8 payors in Florida, and

9 WHEREAS, it is the role of the Department of Health to
10 protect and improve the health of Florida's patients by
11 regulating most health care practitioners and some health care
12 facilities and establishments, by preventing the occurrence
13 and progression of communicable diseases, and by regulating
14 certain environmental health issues, among other duties, and

15 WHEREAS, it is the role of the Agency for Health Care
16 Administration to ensure access to quality, affordable health
17 care by regulating most health care facilities, some health
18 care providers, and certain health care payors such as managed
19 care plans, and

20 WHEREAS, it is the role of the Department of Insurance
21 to regulate certain health insurers who pay for health care
22 for Floridians, and

23 WHEREAS, the regulation of health care practitioners
24 relies on peer review by fellow health care practitioners and
25 requires the costs of such regulation to be paid solely by
26 practitioners through fines and licensure fees, and

27 WHEREAS, the current level of practitioner fees are not
28 sufficient to cover the full costs of regulation, and

29 WHEREAS, Florida law requires health care practitioners
30 to be assessed a special fee if regular licensure fees are not
31 sufficient to pay the full costs of regulation, and

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

1 WHEREAS, the Medical Quality Assurance Trust Fund which
2 holds all licensure fees and fines paid by health care
3 practitioners is projected to be in a deficit in 2003, and

4 WHEREAS, certain health care profession accounts within
5 the Medical Quality Assurance Trust Fund are already in a
6 deficit, and

7 WHEREAS, it is vital that the Legislature ensure the
8 financial integrity and soundness of all trust funds, and

9 WHEREAS, the Legislature should encourage innovative
10 methods of providing quality services at reduced costs, and

11 WHEREAS, certain functions provided by state agencies
12 could be performed at a lower cost or with more efficiency in
13 the private sector in certain circumstances while still being
14 accountable to the Legislature, and

15 WHEREAS, the Legislature finds that oversight of the
16 health care delivery and payment system in Florida is an
17 important state interest, NOW, THEREFORE,

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