## Florida House of Representatives - 2002 By Representative Fasano

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A bill to be entitled An act relating to health care; providing legislative findings and intent relating to health flex plans; providing definitions; providing for a pilot program for health flex plans for certain uninsured persons; providing criteria for approval of health flex plans; delineating the responsibilities of the Agency for Health Care Administration and the Department of Insurance; exempting approved health flex plans from certain regulatory requirements; providing criteria for eligibility to enroll in a health flex plan; requiring health flex plan entities to maintain certain records; providing requirements for denial, nonrenewal, or cancellation of coverage; specifying that coverage under an

17 approved health flex plan is not an 18 19 entitlement; requiring an evaluation and report; providing for future repeal; 20 transferring to the Department of Health the 21 2.2 powers, duties, functions, and assets that 23 relate to the consumer complaint services, 24 investigations, and prosecutorial services performed by the Agency for Health Care 25 26 Administration under contract with the 27 department; transferring full-time equivalent 28 positions and the practitioner regulation 29 component from the agency to the department; 30 amending s. 20.43, F.S.; deleting the provision authorizing the department to enter into such 31

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contract with the agency, to conform; updating 1 2 a reference to provide the name of a regulatory 3 board under the Division of Medical Quality 4 Assurance; requiring the Office of Legislative 5 Services to contract for an outsourcing 6 feasibility study relating to the regulatory 7 responsibilities of the Board of Dentistry; 8 providing an appropriation; requiring a report to the Governor and Legislature; requiring the 9 Department of Health to contract for the 10 implementation of the electronic continuing 11 12 education tracking system and requiring said 13 system to be compatible and integrated with the 14 department's licensure and renewal system; 15 amending s. 456.057, F.S.; authorizing 16 specified persons to release certain medical records to a custodian upon board order; 17 exempting such persons from liability for the 18 release of such records; amending s. 456.072, 19 20 F.S.; revising grounds for disciplinary action 21 to be imposed on certain health care 22 practitioners relating to notice to patients concerning availability and access to medical 23 24 records; amending s. 456.076, F.S.; providing 25 additional conditions for impaired 26 practitioners to enroll in a treatment program 27 as an alternative to discipline; amending s. 28 456.0375, F.S.; revising the definition of "clinic" to exempt public college and 29 university clinics from medical clinic 30 31 registration, to restrict the exemption for

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massage establishments, and to clarify when a
health care practitioner may supervise another
health care practitioner; prohibiting insurers
from denying claims under specified
circumstances; amending s. 456.072, F.S.;
revising grounds for disciplinary action to be
imposed on certain health care practitioners
relating to performing health care services
improperly and to leaving foreign bodies in
patients; amending s. 631.57, F.S.; exempting
medical malpractice insurance premiums from an
assessment; amending s. 395.002, F.S.; defining
"medically unnecessary procedure"; amending s.
394.4787, F.S.; conforming a cross reference;
amending s. 395.0161, F.S.; providing Agency
for Health Care Administration rulemaking
authority relating to inspections and
investigations of facilities; amending s.
395.0197, F.S.; revising requirements for
health care facility internal risk management
programs; amending s. 465.019, F.S.; revising
the definition of "class II institutional
pharmacies" to allow dispensing and consulting
services to hospice patients under certain
circumstances; amending s. 499.007, F.S.;
deleting requirement for labeling of name and
place of business of the manufacturer of a drug
or device; providing legislative findings
relating to responsiveness to emergencies and
disasters; amending s. 381.0034, F.S.;
providing a requirement for instruction of
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1	certain health care licensees on conditions
2	caused by nuclear, biological, and chemical
3	terrorism as a condition of initial licensure
4	and, in lieu of the requirement for instruction
5	on HIV and AIDS, as a condition of relicensure;
6	amending s. 381.0035, F.S.; providing a
7	requirement for instruction of employees at
8	certain health care facilities on conditions
9	caused by nuclear, biological, and chemical
10	terrorism upon initial employment and, in lieu
11	of the requirement of instruction on HIV and
12	AIDS, as biennial continuing education;
13	providing an exception; creating s. 381.0421,
14	F.S.; requiring postsecondary educational
15	institutions to provide information on
16	meningococcal meningitis and hepatitis B;
17	requiring individuals residing in on-campus
18	housing to document vaccinations against
19	meningococcal meningitis and hepatitis B or
20	sign a waiver; amending ss. 395.1027 and
21	401.245, F.S.; correcting cross references;
22	amending s. 401.23, F.S.; revising definitions
23	of "advanced life support" and "basic life
24	support" and defining "emergency medical
25	condition"; amending s. 401.252, F.S.;
26	authorizing physician assistants to conduct
27	interfacility transfers in a permitted
28	ambulance under certain circumstances; amending
29	s. 401.27, F.S.; providing that the course on
30	conditions caused by nuclear, biological, and
31	chemical terrorism shall count toward the total

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1	required hours for biennial recertification of
2	emergency medical technicians and paramedics;
3	amending s. 456.033, F.S.; providing a
4	requirement for instruction of certain health
5	care practitioners on conditions caused by
6	nuclear, biological, and chemical terrorism as
7	a condition of initial licensure and, in lieu
8	of the requirement for instruction on HIV and
9	AIDS, as part of biennial relicensure; amending
10	s. 381.003, F.S; requiring the Department of
11	Health to adopt certain federal health
12	standards applicable to all public-sector
13	employers; requiring the compilation and
14	maintenance of certain information by the
15	department for use by employers; creating s.
16	456.0345, F.S.; providing continuing education
17	credits to health care practitioners for
18	certain life support training; amending s.
19	456.072, F.S.; conforming provisions relating
20	to grounds for disciplinary actions to changes
21	in health care practitioners' course
22	requirements; amending s. 456.38, F.S.;
23	revising provisions relating to the health care
24	practitioner registry for disasters and
25	emergencies; prohibiting certain termination of
26	or discrimination against a practitioner
27	providing disaster medical assistance; amending
28	ss. 458.319 and 459.008, F.S.; conforming
29	provisions relating to exceptions to continuing
30	education requirements for physicians and
31	osteopathic physicians; amending ss. 401.2715,

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1	633.35, and 943.135, F.S.; authorizing certain
2	substitution of terrorism response training for
3	other training required for recertification of
4	emergency medical technicians and paramedics,
5	certification of firefighters, and continued
б	employment or appointment of law enforcement
7	officers, correctional officers, and
8	correctional probation officers; authorizing
9	rulemaking; amending s. 456.073, F.S.; revising
10	procedures and timeframes for formal hearings
11	of health care practitioner disciplinary cases;
12	requiring a joint audit by the Office of
13	Program Policy Analysis and Government
14	Accountability and the Auditor General of
15	hearings conducted by the Division of
16	Administrative Hearings and the charges
17	therefor; requiring a report and
18	recommendations to the Legislature; amending s.
19	456.076, F.S.; requiring each impaired
20	practitioner to pay a portion of the costs of
21	the consultant and impaired practitioner
22	program and the full cost of the required
23	treatment program or plan; providing
24	exceptions; repealing s. 456.047, F.S.,
25	relating to the standardized credentialing
26	program for health care practitioners;
27	prohibiting the refund of moneys collected
28	through the credentialing program; amending ss.
29	456.039, 456.0391, 456.072, and 456.077, F.S.;
30	revising references, to conform; amending s.
31	458.309, F.S.; requiring accreditation of
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1	physician offices in which surgery is
2	performed; providing Board of Medicine
3	rulemaking authority; amending s. 459.005,
4	F.S.; requiring accreditation of osteopathic
5	physician offices in which surgery is
б	performed; providing Board of Medicine
7	rulemaking authority; amending s. 456.004,
8	F.S., relating to powers and duties of the
9	Department of Health; requiring performance
10	measures for certain entities; providing
11	procedures for considering board requests to
12	privatize regulatory functions; amending s.
13	456.009, F.S.; requiring performance measures
14	for certain legal and investigative services
15	and annual review of such services to determine
16	whether such performance measures are being
17	met; amending s. 456.011, F.S.; requiring
18	regulatory board committee meetings, including
19	probable cause panels, to be held
20	electronically unless certain conditions are
21	met; providing for determination of location of
22	in-person meetings; amending s. 456.026, F.S.;
23	requiring inclusion of performance measures for
24	certain entities in the department's annual
25	report to the Legislature; creating s.
26	458.3093, F.S.; requiring submission of
27	credentials for initial physician licensure to
28	a national licensure verification service;
29	requiring verification of such credentials by
30	that service or an equivalent program; creating
31	s. 459.0053, F.S.; requiring submission of
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1	credentials for initial osteopathic physician
2	licensure to a national licensure verification
3	service; requiring verification of such
4	credentials by that service, a specified
5	association, or an equivalent program; amending
6	ss. 458.331, 459.015, and 627.912, F.S.;
7	increasing certain repeated malpractice claims
8	payment amounts constituting grounds for
9	disciplinary action or denial of a license;
10	revising certain malpractice claims reporting
11	requirements; amending s. 456.073, F.S.;
12	requiring health care practitioner licensees to
13	pay certain costs of investigation and
14	prosecution under certain circumstances;
15	requiring cases in which no probable cause has
16	been found to be closed within a specified
17	period of time; requiring the Office of Program
18	Policy Analysis and Government Accountability
19	to conduct a study of the field office
20	structure and organization of the Agency for
21	Health Care Administration and to report to the
22	Legislature; amending s. 456.025, F.S.;
23	eliminating certain restrictions on the setting
24	of licensure renewal fees for health care
25	practitioners; creating s. 456.0165, F.S.;
26	restricting the costs that may be charged by
27	educational institutions hosting health care
28	practitioner licensure examinations; amending
29	s. 468.302, F.S.; authorizing certified nuclear
30	medicine technologists to administer X
31	radiation from certain devices under certain
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1	circumstances; exempting certain persons from
2	radiologic technologist certification and
3	providing certain training requirements for
4	such exemption; amending s. 468.352, F.S.;
5	revising and providing definitions applicable
б	to the regulation of respiratory therapy;
7	amending s. 468.355, F.S.; revising provisions
8	relating to respiratory therapy licensure and
9	testing requirements; amending s. 468.368,
10	F.S.; revising exemptions from respiratory
11	therapy licensure requirements; repealing s.
12	468.356, F.S., relating to the approval of
13	educational programs; repealing s. 468.357,
14	F.S., relating to licensure by examination;
15	amending s. 468.80, F.S.; expanding the
16	definition of "orthosis"; requiring
17	applications for health care practitioner
18	licensure and licensure renewal to be submitted
19	electronically beginning July 1, 2003, with
20	certain exceptions; providing for transition to
21	such electronic licensure; annually adjusting
22	by 2.5 percent the statutory fee caps
23	applicable to regulation of health care
24	practitioners; renumbering ss. 381.0602,
25	381.6021, 381.6022, 381.6023, 381.6024, and
26	381.6026, F.S., and renumbering and amending
27	ss. 381.60225 and 381.6025, F.S., to transfer
28	provisions relating to organ and tissue
29	procurement, donation, and transplantation to
30	pt. V of ch. 765, F.S., relating to anatomical
31	gifts; revising cross references, to conform;

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1	amending ss. 395.2050, 409.815, 765.5216, and
2	765.522, F.S.; revising cross references, to
3	conform; amending s. 400.925, F.S.; eliminating
4	the regulation of certain home medical
5	equipment by the Agency for Health Care
б	Administration; amending s. 765.104, F.S.;
7	authorizing a patient whose legal disability is
8	removed to amend or revoke the recognition of a
9	medical proxy and any uncompleted decision made
10	by that proxy; specifying when the amendment or
11	revocation takes effect; amending s. 765.401,
12	F.S.; providing for health care decisions for
13	persons having a developmental disability;
14	amending s. 457.1085, F.S.; removing obsolete
15	dates relating to adoption of rules relating to
16	infection control; amending s. 457.109, F.S.;
17	prohibiting the use of certain titles relating
18	to the practice of acupuncture unless properly
19	licensed and certified; providing penalties;
20	amending s. 457.116, F.S.; increasing the
21	penalties applicable to prohibited acts
22	relating to the practice of acupuncture;
23	amending s. 395.002, F.S.; defining "surgical
24	first assistant"; amending s. 395.0197, F.S.;
25	allowing an operating surgeon to choose the
26	surgical first assistant under certain
27	conditions; amending s. 381.0066, F.S.;
28	authorizing the continuation of permit fees for
29	system construction permits for onsite sewage
30	treatment and disposal systems; amending s.
31	627.638, F.S.; requiring direct payment of
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1	benefits for hospital or medical services under
2	certain circumstances; amending s. 766.101,
3	F.S.; expanding the definition of "medical
4	review committee" for purposes of immunity from
5	liability; amending s. 627.357, F.S., relating
6	to medical malpractice insurance; providing
7	requirements to apply to form a self-insurance
8	fund; amending s. 631.54, F.S.; revising the
9	definition of "member insurer" to include
10	certain medical malpractice self-insurance
11	funds; designating a service district of the
12	Department of Children and Family Services to
13	inspect certain residential child-caring
14	agencies within Hardee County; requiring the
15	Agency for Health Care Administration to
16	conduct a study of health care services
17	provided to children who are medically fragile
18	or dependent on medical technology; requiring
19	the Agency for Health Care Administration to
20	conduct a pilot program for a subacute
21	pediatric transitional care center; requiring
22	background screening of center personnel;
23	requiring the agency to amend the Medicaid
24	state plan and seek federal waivers as
25	necessary; requiring the center to have an
26	advisory board; providing for membership on the
27	advisory board; providing requirements for the
28	admission, transfer, and discharge of a child
29	to the center; requiring the agency to submit
30	certain reports to the Legislature; amending s.
31	393.064, F.S.; transferring certain contract

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authority from the Department of Children and
Family Services to the Department of Health;
creating a commission within the Board of
Medicine to conduct a study of anesthesiologist
assistants; providing for membership; providing
responsibilities of the commission; providing
for reimbursement of certain expenses;
requiring a report; authorizing the board to
file proposed rules concerning the licensure of
anesthesiologist assistants; providing for
future repeal; providing effective dates.
WHEREAS, residents and visitors to Florida need access
to quality and affordable health care, and

15 WHEREAS, the delivery of and payment for health care 16 services provided to patients by health care practitioners in health care facilities is integrated in such a manner that a 17 change to one facet of health care almost always impacts 18 19 another facet, and

20 WHEREAS, three state agencies play a role in overseeing 21 health care providers, health care services, and health care 22 payors in Florida, and

23 WHEREAS, it is the role of the Department of Health to protect and improve the health of Florida's patients by 24 25 regulating most health care practitioners and some health care 26 facilities and establishments, by preventing the occurrence 27 and progression of communicable diseases, and by regulating 28 certain environmental health issues, among other duties, and 29 WHEREAS, it is the role of the Agency for Health Care Administration to ensure access to quality, affordable health 30 31 care by regulating most health care facilities, some health

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1 care providers, and certain health care payors such as managed 2 care plans, and 3 WHEREAS, it is the role of the Department of Insurance 4 to regulate certain health insurers who pay for health care 5 for Floridians, and WHEREAS, the regulation of health care practitioners 6 7 relies on peer review by fellow health care practitioners and requires the costs of such regulation to be paid solely by 8 9 practitioners through fines and licensure fees, and WHEREAS, the current level of practitioner fees is not 10 11 sufficient to cover the full costs of regulation, and 12 WHEREAS, Florida law requires health care practitioners 13 to be assessed a special fee if regular licensure fees are not 14 sufficient to pay the full costs of regulation, and 15 WHEREAS, the Medical Quality Assurance Trust Fund, 16 which holds all licensure fees and fines paid by health care practitioners, is projected to be in a deficit in 2003, and 17 18 WHEREAS, certain health care profession accounts within 19 the Medical Quality Assurance Trust Fund are already in a 20 deficit, and 21 WHEREAS, it is vital that the Legislature ensure the 22 financial integrity and soundness of all trust funds, and WHEREAS, the Legislature should encourage innovative 23 methods of providing quality services at reduced costs, and 24 25 WHEREAS, certain functions provided by state agencies 26 could be performed at a lower cost or with more efficiency in 27 the private sector in certain instances while still being 28 accountable to the Legislature, and WHEREAS, the Legislature finds that oversight of the 29 health care delivery and payment system in Florida is an 30 31 important state interest, NOW, THEREFORE,

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Be It Enacted by the Legislature of the State of Florida: 1 2 3 Section 1. Health flex plans.--4 (1) INTENT.--The Legislature finds that a significant 5 proportion of state residents is not able to obtain affordable 6 health insurance coverage. Therefore, it is the intent of the 7 Legislature to expand the availability of health care options 8 for lower-income uninsured state residents by encouraging 9 health insurers, health maintenance organizations, health care provider-sponsored organizations, local governments, health 10 11 care districts, or other public or private community-based 12 organizations to develop alternative approaches to traditional 13 health insurance that emphasize coverage for basic and 14 preventive health care services. To the maximum extent 15 possible, these options should be coordinated with existing 16 governmental or community-based health services programs in a 17 manner that is consistent with the objectives and requirements 18 of such programs. 19 (2) DEFINITIONS.--As used in this section, the term: 20 "Agency" means the Agency for Health Care (a) 21 Administration. 22 "Department" means the Department of Insurance. (b) (c) "Enrollee" means an individual who has been 23 24 determined to be eligible for and is receiving health care 25 coverage under a health flex plan approved under this section. 26 (d) "Health care coverage" or "health flex plan 27 coverage" means health care services covered as benefits under 28 an approved health flex plan or that are otherwise provided, 29 either directly or through arrangements with other persons, via health flex plan health care services on a prepaid per 30 capita basis or on a prepaid aggregate fixed-sum basis. 31

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1 "Health flex plan" means a health plan approved (e) 2 under subsection (3) that guarantees payment for specified 3 health care coverage provided to the enrollee. 4 (f) "Health flex plan entity" means a health insurer, 5 health maintenance organization, health care 6 provider-sponsored organization, local government, health care 7 district, or other public or private community-based 8 organization that develops and implements an approved health 9 flex plan and is responsible for administering the health flex plan and paying all claims for health flex plan coverage by 10 11 enrollees of the health flex plan. 12 (3) PILOT PROGRAM. -- The agency and the department 13 shall each approve or disapprove health flex plans that provide health care coverage for eligible participants 14 15 residing in the three service areas of the state with the highest number of uninsured residents as identified in the 16 Florida Health Insurance Study conducted by the agency. A 17 health flex plan may limit or exclude benefits otherwise 18 19 required by law for insurers offering coverage in this state, 20 cap the total amount of claims paid per year per enrollee, limit the number of enrollees, or any combination of the 21 foregoing. 22 (a) The agency shall develop guidelines for the review 23 of health flex plan applications and shall not approve or 24 25 shall withdraw approval of plans that do not or no longer meet 26 minimum standards for quality of care and access to care. 27 The department shall develop guidelines for the (b) 28 review of health flex plan applications and shall not approve or shall withdraw approval of plans that: 29 30 1. Contain any ambiguous, inconsistent, or misleading provisions or any exceptions or conditions that deceptively 31 15

affect or limit the benefits purported to be assumed in the 1 2 general coverage provided by the health flex plan; 2. Provide benefits that are unreasonable in relation 3 4 to the premium charged, contain provisions that are unfair or 5 inequitable or contrary to the public policy of this state, б encourage misrepresentation, or result in unfair 7 discrimination in sales practices; or 8 3. Cannot demonstrate that the health flex plan is 9 financially sound and that the applicant has the ability to 10 underwrite or finance the health care coverage provided. 11 (c) The agency and the department are each authorized 12 to adopt rules as needed to implement this section. 13 (4) LICENSE NOT REQUIRED. -- A health flex plan approved 14 under this section shall not be subject to the licensing 15 requirements of the Florida Insurance Code or chapter 641, Florida Statutes, relating to health maintenance 16 organizations, unless expressly made applicable. However, for 17 the purposes of prohibiting unfair trade practices, health 18 19 flex plans shall be considered insurance subject to the 20 applicable provisions of part IX of chapter 626, Florida 21 Statutes, except as otherwise provided in this section. 22 (5) ELIGIBILITY.--Eligibility to enroll in an approved 23 health flex plan is limited to state residents who: 24 (a) Are 64 years of age or younger; 25 (b) Have a family income equal to or less than 200 26 percent of the federal poverty level; 27 (c) Are not covered by a private insurance policy and 28 are not eligible for coverage through a public health insurance program such as Medicare or Medicaid, or another 29 public health care program such as KidCare, and have not been 30 so covered at any time during the past 6 months; and 31

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1	(d) Have applied for health care coverage through an
2	approved health flex plan and agree to make any payments
3	required for participation, including periodic payments or
4	payments due at the time health care services are provided.
5	(6) RECORDSEvery health flex plan shall maintain
б	enrollment data and reasonable records of its loss, expense,
7	and claims experience and shall make such data and records
8	reasonably available to enable the department to monitor and
9	determine the financial viability of the health flex plan, as
10	necessary. Provider networks and total enrollment by area
11	shall be reported to the agency biannually to enable the
12	agency to monitor access to care.
13	(7) NOTICEDenial of coverage by a health flex plan,
14	or nonrenewal or cancellation of coverage, must be accompanied
15	by the specific reasons for the denial, nonrenewal, or
16	cancellation. Notice of nonrenewal or cancellation must be
17	provided at least 45 days before such nonrenewal or
18	cancellation, except that 10 days' written notice shall be
19	given for cancellation due to nonpayment of premiums. If the
20	health flex plan fails to give the required notice, the health
21	flex plan coverage shall remain in effect until notice is
22	appropriately given.
23	(8) NONENTITLEMENTCoverage under an approved health
24	flex plan is not an entitlement, and no cause of action shall
25	arise against the state, a local government entity or other
26	political subdivision of the state, or the agency for failure
27	to make coverage available to eligible persons under this
28	section.
29	(9) PROGRAM EVALUATIONThe agency and the department
30	shall evaluate the pilot program and its impact on the
31	entities that seek approval as health flex plans, the number
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of enrollees, and the scope of health care coverage offered under a health flex plan and shall assess the health flex plans and their potential applicability in other settings and jointly submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than January 1, 2004. (10) REPEAL.--Unless specifically reenacted by the Legislature, this section is repealed effective July 1, 2004. Section 2. (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.

24 <u>Effective July 1, 2002, 279 full-time equivalent positions are</u> 25 <u>authorized for the Department of Health, to be added to the</u> 26 department's total number of authorized positions. However,

27 should the General Appropriations Act for fiscal year

28 2002-2003 reduce the number of positions from the practitioner

29 regulation component at the Agency for Health Care

30 Administration, that provision shall be construed to eliminate

31 the full-time equivalent positions from the practitioner

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regulation component which is hereby transferred to the 1 2 Department of Health, thereby resulting in no more than 279 3 positions being eliminated from the agency and no more than 279 positions being authorized to the department. 4 5 (b) All records, personnel, and funds of the consumer б complaint and investigative services units of the agency are 7 transferred and assigned to the Division of Medical Quality 8 Assurance of the Department of Health. 9 (c) All records, personnel, and funds of the health care practitioner prosecutorial unit of the agency are 10 11 transferred and assigned to the Office of the General Counsel 12 of the Department of Health. 13 (3) The Department of Health is deemed the successor in interest in all legal proceedings and contracts currently 14 15 involving the Agency for Health Care Administration and 16 relating to health care practitioner regulation. Except as 17 provided herein, no legal proceeding shall be dismissed, nor any contract terminated, on the basis of this type two 18 19 transfer. The interagency agreement between the Department of 20 Health and the Agency for Health Care Administration shall terminate on June 30, 2002. 21 Section 3. Paragraph (g) of subsection (3) of section 22 20.43, Florida Statutes, is amended to read: 23 24 20.43 Department of Health.--There is created a 25 Department of Health. (3) The following divisions of the Department of 26 27 Health are established: 28 (g) Division of Medical Quality Assurance, which is 29 responsible for the following boards and professions established within the division: 30 31

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1 The Board of Acupuncture, created under chapter 1. 2 457. The Board of Medicine, created under chapter 458. 3 2. 4 The Board of Osteopathic Medicine, created under 3. 5 chapter 459. 6 4. The Board of Chiropractic Medicine, created under 7 chapter 460. 8 5. The Board of Podiatric Medicine, created under 9 chapter 461. 10 6. Naturopathy, as provided under chapter 462. 11 7. The Board of Optometry, created under chapter 463. 12 The Board of Nursing, created under part I of 8. 13 chapter 464. 14 9. Nursing assistants, as provided under part II of 15 chapter 464. 10. The Board of Pharmacy, created under chapter 465. 16 11. The Board of Dentistry, created under chapter 466. 17 Midwifery, as provided under chapter 467. 18 12. The Board of Speech-Language Pathology and 19 13. 20 Audiology, created under part I of chapter 468. 21 14. The Board of Nursing Home Administrators, created 22 under part II of chapter 468. 23 15. The Board of Occupational Therapy, created under 24 part III of chapter 468. 25 16. The Board of Respiratory Care therapy, as created 26 provided under part V of chapter 468. 27 17. Dietetics and nutrition practice, as provided 28 under part X of chapter 468. 29 The Board of Athletic Training, created under part 18. XIII of chapter 468. 30 31

1 19. The Board of Orthotists and Prosthetists, created 2 under part XIV of chapter 468. 3 20. Electrolysis, as provided under chapter 478. 4 The Board of Massage Therapy, created under 21. 5 chapter 480. 6 22. The Board of Clinical Laboratory Personnel, 7 created under part III of chapter 483. 8 23. Medical physicists, as provided under part IV of 9 chapter 483. 10 The Board of Opticianry, created under part I of 24. 11 chapter 484. 12 25. The Board of Hearing Aid Specialists, created 13 under part II of chapter 484. 14 26. The Board of Physical Therapy Practice, created under chapter 486. 15 16 27. The Board of Psychology, created under chapter 17 490. 18 28. School psychologists, as provided under chapter 19 490. 20 29. The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under 21 22 chapter 491. 23 The department may contract with the Agency for Health Care 24 25 Administration who shall provide consumer complaint, 26 investigative, and prosecutorial services required by the 27 Division of Medical Quality Assurance, councils, or boards, as 28 appropriate. 29 Section 4. The Office of Legislative Services shall contract for a business case study of the feasibility of 30 outsourcing the administrative, investigative, legal, and 31

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prosecutorial functions and other tasks and services that are 1 2 necessary to carry out the regulatory responsibilities of the 3 Board of Dentistry; employing its own executive director and other staff; and obtaining authority over collections and 4 5 expenditures of funds paid by professions regulated by the б Board of Dentistry into the Medical Quality Assurance Trust 7 Fund. This feasibility study must include a business plan and 8 an assessment of the direct and indirect costs associated with 9 outsourcing these functions. The sum of \$50,000 is appropriated from the Board of Dentistry account within the 10 11 Medical Quality Assurance Trust Fund to the Office of 12 Legislative Services for the purpose of contracting for the 13 study. The Office of Legislative Services shall submit the completed study to the Governor, the President of the Senate, 14 15 and the Speaker of the House of Representatives by January 1, 2003. 16 Section 5. (1) On or before January 1, 2003, the 17 Department of Health shall contract with one or more private 18 19 entities to implement the electronic continuing education 20 tracking system required under s. 456.025(7), Florida Statutes. The electronic continuing education tracking system 21 22 or systems must be compatible with the Department of Health's licensure and renewal system no later than March 1, 2003. 23 On or before July 1, 2003, the Department of Health shall 24 25 integrate such system or systems into the Department of 26 Health's licensure and renewal system. 27 (2) The electronic continuing education tracking 28 system shall provide access for a licensee to review the 29 licensee's continuing education credits or courses that have been reported by providers of continuing education and shall 30 provide a mechanism for a licensee to self-report courses or 31

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1 credits that have not yet been reported by a provider of 2 continuing education. 3 The private entities under contract with the (3) 4 Department of Health may fund the development and operation of 5 the electronic continuing education tracking system through б private grants or funds or through funds paid by a provider of 7 continuing education courses. The Department of Health is 8 authorized to use continuing education provider fees and 9 licensure renewal fees to fund the operation of the electronic continuing education tracking system, subject to legislative 10 appropriation. 11 (4) The Department of Health may enter into more than 12 13 one contract if the department determines that it would be 14 more efficient, practicable, or cost-effective to use one 15 vendor for professions that use board-approved providers and 16 one vendor for professions that allow licensees to take 17 courses approved by other entities. Section 6. Subsection (19) of section 456.057, Florida 18 19 Statutes, is amended to read: 20 456.057 Ownership and control of patient records; report or copies of records to be furnished .--21 22 (19) The board, or department when there is no board, 23 may temporarily or permanently appoint a person or entity as a 24 custodian of medical records in the event of the death of a 25 practitioner, the mental or physical incapacitation of the 26 practitioner, or the abandonment of medical records by a 27 practitioner. The custodian appointed shall comply with all 28 provisions of this section, including the release of patient 29 records. Any person or entity having possession or physical control of the medical records may release them to the 30 custodian upon presentment of an order signed by the board 31

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giving the custodian access to the records. A person or 1 2 entity is not liable in tort or contract for providing the 3 records to a validly appointed custodian. 4 Section 7. Subsection (7) is added to section 456.072, 5 Florida Statutes, to read: 6 456.072 Grounds for discipline; penalties; 7 enforcement. --8 (7) In addition to any other discipline imposed 9 through final order or citation entered on or after July 1, 10 2002, pursuant to this section or for a violation of any practice act, the board, or the department when there is no 11 12 board, shall require, in appropriate cases, any licensee who 13 is a records owner, as defined in s. 456.057, to notify his or 14 her patients of the requirements imposed by s. 456.057(11). Section 8. Paragraph (a) of subsection (3) of section 15 16 456.076, Florida Statutes, is amended to read: 456.076 Treatment programs for impaired 17 18 practitioners.--19 (3)(a) Whenever the department receives a written or 20 oral legally sufficient complaint alleging that a licensee under the jurisdiction of the Division of Medical Quality 21 22 Assurance within the department is impaired as a result of the misuse or abuse of alcohol or drugs, or both, or due to a 23 mental or physical condition which could affect the licensee's 24 ability to practice with skill and safety, and no complaint 25 26 against the licensee other than impairment exists, the 27 reporting of such information shall not constitute grounds for 28 discipline pursuant to s. 456.072 or the corresponding grounds 29 for discipline within the applicable practice act if the probable cause panel of the appropriate board, or the 30 31 department when there is no board, finds:

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1 1. The licensee has acknowledged the impairment problem. 2 3 2. The licensee has voluntarily enrolled in an 4 appropriate, approved treatment program. 5 3. The licensee has voluntarily withdrawn from б practice or limited the scope of practice as required by the 7 consultant, in each case, until such time as the panel, or the 8 department when there is no board, is satisfied the licensee has successfully completed an approved treatment program. 9 10 The licensee has executed releases for medical 4. records, authorizing the release of all records of 11 12 evaluations, diagnoses, and treatment of the licensee, 13 including records of treatment for emotional or mental 14 conditions, to the consultant. The consultant shall make no copies or reports of records that do not regard the issue of 15 16 the licensee's impairment and his or her participation in a 17 treatment program. 5. The licensee has voluntarily notified his or her 18 19 patients of the requirements imposed by s. 456.057(11) on a 20 records owner who is terminating practice, retiring, or relocating and is no longer available to patients. 21 22 Section 9. Paragraph (b) of subsection (1) and 23 paragraph (a) of subsection (4) of section 456.0375, Florida 24 Statutes, are amended to read: 456.0375 Registration of certain clinics; 25 26 requirements; discipline; exemptions .--27 (1)28 (b) For purposes of this section, the term "clinic" 29 does not include and the registration requirements herein do 30 not apply to: 31

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Entities licensed or registered by the state pursuant to chapter 390, chapter 394, chapter 395, chapter 397, chapter 400, chapter 463, chapter 465, chapter 466, chapter 478, <del>chapter 480,</del>or chapter 484. Entities exempt from federal taxation under 26 U.S.C. s. 501(c)(3), as well as all public college and university clinics. Sole proprietorships, group practices, partnerships, or corporations that provide health care services by licensed health care practitioners pursuant to

chapters 457, 458, 459, 460, 461, 462, 463, 466, 467, 480, 11 12 484, 486, 490, 491, or part I, part III, part X, part XIII, or 13 part XIV of chapter 468, or s. 464.012, which are wholly owned 14 by licensed health care practitioners or the licensed health care practitioner and the spouse, parent, or child of a 15 16 licensed health care practitioner, so long as one of the owners who is a licensed health care practitioner is 17 supervising the services performed therein and is legally 18 19 responsible for the entity's compliance with all federal and 20 state laws. However, no health care practitioner may supervise 21 the delivery of health care services beyond the scope of the 22 practitioner's license. Nothing in this section shall be 23 construed to prohibit a health care practitioner from 24 providing administrative or managerial supervision for personnel purposes. 25 26 4. Massage establishments licensed pursuant to s. 27 480.043 so long as the massage establishment is only providing 28 massage as defined in s. 480.033(3) and no other medical or 29 health care service. (4)(a) All charges or reimbursement claims made by or 30 31 on behalf of a clinic that is required to be registered under 26

this section, but that is not so registered, are unlawful 1 2 charges and therefore are noncompensable and unenforceable. 3 However, an insurer shall not deny a claim submitted by a provider on the basis that the provider is not registered 4 5 pursuant to s. 456.0375 unless at the time of denial the 6 insurer has reasonable proof from a source other than the 7 provider that the provider is an entity, sole proprietorship, 8 group practice, partnership, or corporation that is required 9 to register pursuant to this section. Section 10. Paragraphs (aa) and (bb) of subsection (1) 10 11 of section 456.072, Florida Statutes, are amended to read: 12 456.072 Grounds for discipline; penalties; 13 enforcement.--14 (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may 15 16 be taken: 17 (aa) Performing or attempting to perform health care 18 services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is 19 20 medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition. For the purposes of this 21 22 paragraph, performing or attempting to perform health care services includes the preparation of the patient. 23 24 (bb) Leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other 25 26 paraphernalia commonly used in surgical, examination, or other diagnostic procedures, unless leaving the foreign body is 27 28 medically indicated and documented in the patient record. For 29 the purposes of this paragraph, it shall be legally presumed that retention of a foreign body is not in the best interest 30 31 of the patient and is not within the standard of care of the 27

profession, unless medically indicated and documented in the 1 2 patient record regardless of the intent of the professional. 3 Section 11. Subsection (7) is added to section 631.57, 4 Florida Statutes, to read: 631.57 Powers and duties of the association.--5 6 (7) Notwithstanding any other provision of law, the 7 net direct written premiums of medical malpractice insurance 8 are not subject to assessment under this section to cover 9 claims and administrative costs for the type of insurance defined in s. 624.604. 10 11 Section 12. Subsections (22) through (33) of section 12 395.002, Florida Statutes, are renumbered as subsections (23) 13 through (34), respectively, and a new subsection (22) is added 14 to said section to read: 15 395.002 Definitions.--As used in this chapter: 16 (22) "Medically unnecessary procedure" means a surgical or other invasive procedure that a reasonable 17 physician, in light of the patient's history and available 18 diagnostic information, would not deem to be indicated in 19 20 order to treat, cure, or palliate the patient's condition or 21 disease. 22 Section 13. Subsection (7) of section 394.4787, Florida Statutes, is amended to read: 23 24 394.4787 Definitions; ss. 394.4786, 394.4787, 25 394.4788, and 394.4789.--As used in this section and ss. 26 394.4786, 394.4788, and 394.4789: 27 "Specialty psychiatric hospital" means a hospital (7) 28 licensed by the agency pursuant to s. 395.002(30)(29)as a 29 specialty psychiatric hospital. Section 14. Subsection (5) is added to section 30 31 395.0161, Florida Statutes, to read: 2.8

395.0161 Licensure inspection.--1 2 (5)(a) The agency shall adopt rules governing the conduct of inspections or investigations it initiates in 3 4 response to: 5 1. Reports filed pursuant to s. 395.0197. 6 2. Complaints alleging violations of state or federal 7 emergency access laws. 8 3. Complaints made by the public alleging violations 9 of law by licensed facilities or personnel. 10 (b) Such rules shall set forth the procedures to be used in such investigations or inspections in order to protect 11 12 the due process rights of licensed facilities and personnel 13 and to minimize, to the greatest reasonable extent possible, 14 the disruption of facility operations and the cost to 15 facilities resulting from such investigations. Section 15. Subsections (2), (14), and (16) of section 16 17 395.0197, Florida Statutes, are amended to read: 395.0197 Internal risk management program.--18 19 (2) The internal risk management program is the 20 responsibility of the governing board of the health care facility. Each licensed facility shall utilize the services of 21 22 hire a risk manager, licensed under s. 395.10974, who is responsible for implementation and oversight of such 23 24 facility's internal risk management program as required by 25 this section. A risk manager must not be made responsible for more than four internal risk management programs in separate 26 27 licensed facilities, unless the facilities are under one 28 corporate ownership or the risk management programs are in 29 rural hospitals. 30 (14) The agency shall have access, as set forth in rules adopted pursuant to s. 395.0161(5), to all licensed 31 29

facility records necessary to carry out the provisions of this 1 2 section. The records obtained by the agency under subsection 3 (6), subsection (8), or subsection (10) are not available to the public under s. 119.07(1), nor shall they be discoverable 4 5 or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or the appropriate 6 7 regulatory board, nor shall records obtained pursuant to s. 8 456.071 be available to the public as part of the record of 9 investigation for and prosecution in disciplinary proceedings made available to the public by the agency or the appropriate 10 11 regulatory board. However, the agency or the appropriate regulatory board shall make available, upon written request by 12 13 a health care professional against whom probable cause has 14 been found, any such records which form the basis of the determination of probable cause, except that, with respect to 15 16 medical review committee records, s. 766.101 controls.

(16) The agency shall review, as part of its licensure 17 inspection process, the internal risk management program at 18 19 each licensed facility regulated by this section to determine 20 whether the program meets standards established in statutes 21 and rules, whether the program is being conducted in a manner designed to reduce adverse incidents, and whether the program 22 is appropriately reporting incidents under this section. Only 23 a risk manager licensed under s. 395.10974 and employed by or 24 under contract with the agency may conduct inspections to 25 26 determine whether a program meets the requirements of this 27 section. Such determination shall be based on that level of 28 care, skill, and judgment which, in light of all relevant 29 surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar licensed risk 30 managers. By July 1, 2004, the agency shall employ or contract 31

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with a minimum of three licensed risk managers in each 1 2 district to conduct inspections pursuant to this section. 3 Section 16. Paragraph (b) of subsection (2) of section 465.019, Florida Statutes, is amended to read: 4 5 465.019 Institutional pharmacies; permits.--(2) The following classes of institutional pharmacies 6 7 are established: 8 (b) "Class II institutional pharmacies" are those 9 institutional pharmacies which employ the services of a registered pharmacist or pharmacists who, in practicing 10 11 institutional pharmacy, shall provide dispensing and consulting services on the premises to patients of that 12 13 institution and to patients receiving care in a hospice 14 licensed under part VI of chapter 400 which is located or providing services on the premises of that institution, for 15 16 use on the premises of that institution. However, an 17 institutional pharmacy located in an area or county included in an emergency order or proclamation of a state of emergency 18 19 declared by the Governor may provide dispensing and consulting 20 services to individuals who are not patients of the institution. However, a single dose of a medicinal drug may be 21 22 obtained and administered to a patient on a valid physician's drug order under the supervision of a physician or charge 23 nurse, consistent with good institutional practice procedures. 24 The obtaining and administering of such single dose of a 25 26 medicinal drug shall be pursuant to drug-handling procedures 27 established by a consultant pharmacist. Medicinal drugs may 28 be dispensed in a Class II institutional pharmacy, but only in 29 accordance with the provisions of this section. Section 17. Paragraph (a) of subsection (2) of section 30 499.007, Florida Statutes, is amended to read: 31

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1 499.007 Misbranded drug or device.--A drug or device 2 is misbranded: 3 (2) Unless, if in package form, it bears a label 4 containing: 5 (a) The name and place of business of the manufacturer 6 or distributor; in addition, for a medicinal drug, as defined 7 in s. 499.003, the label must contain the name and place of 8 business of the manufacturer of the finished dosage form of 9 the drug. For the purpose of this paragraph, the finished dosage form of a medicinal drug is that form of the drug which 10 11 is, or is intended to be, dispensed or administered to the patient and requires no further manufacturing or processing 12 13 other than packaging, reconstitution, and labeling; and 14 Section 18. Responsiveness to emergencies and disasters; legislative findings. -- The Legislature finds that 15 16 it is critical that Florida be prepared to respond 17 appropriately to a health crisis and injuries in the event of an emergency or disaster. The Legislature finds that there is 18 19 a need to better educate health care practitioners on diseases 20 and conditions that might be caused by nuclear, biological, and chemical terrorism so that health care practitioners can 21 22 more effectively care for patients and better educate patients as to prevention and treatment. Additionally, the Legislature 23 finds that not all health care practitioners have been 24 recently trained in life support and first aid and that all 25 26 health care practitioners should be encouraged to obtain such 27 training. The Legislature finds that health care practitioners 28 who are willing to respond in emergencies or disasters should not be penalized for providing their assistance. 29 Section 19. Section 381.0034, Florida Statutes, is 30 amended to read: 31

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1 381.0034 Requirement for instruction on conditions caused by nuclear, biological, and chemical terrorism and on 2 3 human immunodeficiency virus and acquired immune deficiency syndrome.--4 5 (1) As of July 1, 1991, The Department of Health shall б require each person licensed or certified under chapter 401, 7 chapter 467, part IV of chapter 468, or chapter 483, as a 8 condition of biennial relicensure, to complete an educational 9 course approved by the department on conditions caused by 10 nuclear, biological, and chemical terrorism. The course shall consist of education on diagnosis and treatment, the modes of 11 12 transmission, infection control procedures, and clinical 13 management. Such course shall also include information on 14 reporting suspected cases of conditions caused by nuclear, 15 biological, or chemical terrorism to the appropriate health 16 and law enforcement authorities, and prevention of human 17 immunodeficiency virus and acquired immune deficiency syndrome. Such course shall include information on current 18 19 Florida law on acquired immune deficiency syndrome and its 20 impact on testing, confidentiality of test results, and treatment of patients. Each such licensee or certificateholder 21 22 shall submit confirmation of having completed said course, on a form provided by the department, when submitting fees or 23 24 application for each biennial renewal. 25 (2) Failure to complete the requirements of this 26 section shall be grounds for disciplinary action contained in 27 the chapters specified in subsection (1). In addition to 28 discipline by the department, the licensee or 29 certificateholder shall be required to complete the required said course or courses. 30 31

1 The department shall require, as a condition of (3) 2 granting a license under the chapters specified in subsection 3 (1), that an applicant making initial application for licensure complete respective an educational courses course 4 5 acceptable to the department on conditions caused by nuclear, б biological, and chemical terrorism and on human 7 immunodeficiency virus and acquired immune deficiency 8 syndrome. An applicant who has not taken such courses a course at the time of licensure shall, upon an affidavit 9 showing good cause, be allowed 6 months to complete this 10 11 requirement. 12 (4) The department shall have the authority to adopt 13 rules to carry out the provisions of this section. 14 (5) Any professional holding two or more licenses or 15 certificates subject to the provisions of this section shall be permitted to show proof of having taken one 16 department-approved course on conditions caused by nuclear, 17 biological, and chemical terrorism human immunodeficiency 18 19 virus and acquired immune deficiency syndrome, for purposes of 20 relicensure or recertification for the additional licenses. 21 Section 20. Section 381.0035, Florida Statutes, is 22 amended to read: 23 381.0035 Educational courses course on human 24 immunodeficiency virus and acquired immune deficiency syndrome and on conditions caused by nuclear, biological, and chemical 25 26 terrorism; employees and clients of certain health care 27 facilities.--28 (1)(a) The Department of Health shall require all 29 employees and clients of facilities licensed under chapters 393, 394, and 397 and employees of facilities licensed under 30 chapter 395 and parts II, III, IV, and VI of chapter 400 to 31

complete, biennially, a continuing educational course on the 1 2 modes of transmission, infection control procedures, clinical 3 management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome with an emphasis on 4 5 appropriate behavior and attitude change. Such instruction 6 shall include information on current Florida law and its 7 impact on testing, confidentiality of test results, and 8 treatment of patients and any protocols and procedures applicable to human immunodeficiency counseling and testing, 9 reporting, the offering of HIV testing to pregnant women, and 10 11 partner notification issues pursuant to ss. 381.004 and 12 384.25. 13 (b) The department shall require all employees of 14 facilities licensed under chapters 393, 394, 395, and 397 and 15 parts II, III, IV, and VI of chapter 400 to complete, 16 biennially, a continuing educational course on conditions 17 caused by nuclear, biological, and chemical terrorism. The course shall consist of education on diagnosis and treatment, 18 19 modes of transmission, infection control procedures, and 20 clinical management. Such course shall also include information on reporting suspected cases of conditions caused 21 22 by nuclear, biological, or chemical terrorism to the appropriate health and law enforcement authorities. 23 24 (2) New employees of facilities licensed under 25 chapters 393, 394, 395, and 397 and parts II, III, IV, and VI 26 of chapter 400 shall be required to complete a course on human 27 immunodeficiency virus and acquired immune deficiency 28 syndrome, with instruction to include information on current

29 Florida law and its impact on testing, confidentiality of test

30 results, and treatment of patients. <u>New employees of such</u>

31 facilities shall also be required to complete a course on

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conditions caused by nuclear, biological, and chemical 1 2 terrorism, with instruction to include information on 3 reporting suspected cases to the appropriate health and law 4 enforcement authorities. (3) Facilities licensed under chapters 393, 394, 395, 5 б and 397, and parts II, III, IV, and VI of chapter 400 shall 7 maintain a record of employees and dates of attendance at 8 human immunodeficiency virus and acquired immune deficiency 9 syndrome educational courses on human immunodeficiency virus 10 and acquired immune deficiency syndrome and on conditions caused by nuclear, biological, and chemical terrorism. 11 12 (4) The department shall have the authority to review 13 the records of each facility to determine compliance with the 14 requirements of this section. The department may adopt rules to carry out the provisions of this section. 15 16 (5) In lieu of completing a course as required in paragraph (1)(b), the employee may complete a course on 17 end-of-life care and palliative health care or a course on 18 HIV/AIDS so long as the employee completed an approved course 19 20 on conditions caused by nuclear, biological, and chemical terrorism in the immediately preceding biennium. 21 22 Section 21. Section 381.0421, Florida Statutes, is created to read: 23 24 381.0421 Vaccination against meningococcal meningitis 25 and hepatitis B.--26 (1) A postsecondary educational institution shall 27 provide detailed information concerning the risks associated 28 with meningococcal meningitis and hepatitis B and the availability, effectiveness, and known contraindications of 29 any required or recommended vaccine against meningococcal 30

31 meningitis and hepatitis B to every student, or to the

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student's parent or guardian if the student is a minor, who 1 2 has been accepted for admission. 3 (2) An individual enrolled in a postsecondary 4 educational institution who will be residing in on-campus 5 housing shall provide documentation of vaccinations against 6 meningococcal meningitis and hepatitis B unless the 7 individual, if the individual is 18 years of age or older, or 8 the individual's parent or guardian, if the individual is a 9 minor, declines the vaccinations by signing a separate waiver for each of these vaccines, provided by the institution, 10 11 acknowledging receipt and review of the information provided. 12 (3) This section does not require any postsecondary 13 educational institution to provide or pay for vaccinations 14 against meningococcal meningitis or hepatitis B. 15 Section 22. Subsection (4) of section 395.1027, 16 Florida Statutes, is amended to read: 395.1027 Regional poison control centers.--17 (4) By October 1, 1999, each regional poison control 18 19 center shall develop a prehospital emergency dispatch protocol 20 with each licensee defined by s. 401.23(14)(13) in the geographic area covered by the regional poison control center. 21 22 The prehospital emergency dispatch protocol shall be developed by each licensee's medical director in conjunction with the 23 designated regional poison control center responsible for the 24 25 geographic area in which the licensee operates. The protocol 26 shall define toxic substances and describe the procedure by 27 which the designated regional poison control center may be 28 consulted by the licensee. If a call is transferred to the 29 designated regional poison control center in accordance with the protocol established under this section and s. 401.268, 30 31

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the designated regional poison control center shall assume 1 responsibility and liability for the call. 2 3 Section 23. Section 401.23, Florida Statutes, is 4 amended to read: 5 401.23 Definitions.--As used in this part, the term: (1) "Advanced life support" means the use of skills 6 7 and techniques described in the most recent United States 8 Department of Transportation National Standard Paramedic 9 Curriculum by a paramedic under the supervision of a licensee's medical director as required by rules of the 10 11 department. The term "advanced life support" also includes 12 other techniques that have been approved and are performed 13 under conditions specified by rules of the department. The 14 term "advanced life support" also includes provision of care by a paramedic under the supervision of a licensee's medical 15 16 director to a person experiencing an emergency medical condition as defined in subsection (11) treatment of 17 life-threatening medical emergencies through the use of 18 techniques such as endotracheal intubation, the administration 19 20 of drugs or intravenous fluids, telemetry, cardiac monitoring, 21 and cardiac defibrillation by a qualified person, pursuant to 22 rules of the department. (2) "Advanced life support service" means any 23 24 emergency medical transport or nontransport service which uses 25 advanced life support techniques. 26 (3) "Air ambulance" means any fixed-wing or 27 rotary-wing aircraft used for, or intended to be used for, air 28 transportation of sick or injured persons requiring or likely 29 to require medical attention during transport. (4) "Air ambulance service" means any publicly or 30 31 privately owned service, licensed in accordance with the 38

provisions of this part, which operates air ambulances to 1 2 transport persons requiring or likely to require medical 3 attention during transport. 4 "Ambulance" or "emergency medical services (5) 5 vehicle" means any privately or publicly owned land or water vehicle that is designed, constructed, reconstructed, 6 7 maintained, equipped, or operated for, and is used for, or 8 intended to be used for, land or water transportation of sick 9 or injured persons requiring or likely to require medical 10 attention during transport. 11 (6) "Ambulance driver" means any person who meets the 12 requirements of s. 401.281. 13 (7) "Basic life support" means the use of skills and 14 techniques described in the most recent United States Department of Transportation National Standard EMT-Basic 15 16 Curriculum by an emergency medical technician or paramedic under the supervision of a licensee's medical director as 17 required by rules of the department. The term "basic life 18 19 support" also includes other techniques that have been 20 approved and are performed under conditions specified by rules of the department. The term "basic life support" also includes 21 22 provision of care by a paramedic or emergency medical technician under the supervision of a licensee's medical 23 director to a person experiencing an emergency medical 24 condition as defined in subsection (11)treatment of medical 25 26 emergencies by a qualified person through the use of 27 techniques such as patient assessment, cardiopulmonary 28 resuscitation (CPR), splinting, obstetrical assistance, 29 bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection 30 31 using a premeasured autoinjector of epinephrine to a person

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suffering an anaphylactic reaction, and other techniques 1 2 described in the Emergency Medical Technician Basic Training 3 Course Curriculum of the United States Department of Transportation. The term "basic life support" also includes 4 5 other techniques which have been approved and are performed б under conditions specified by rules of the department. 7 "Basic life support service" means any emergency (8) 8 medical service which uses only basic life support techniques. "Certification" means any authorization issued 9 (9) 10 pursuant to this part to a person to act as an emergency 11 medical technician or a paramedic. 12 (10) "Department" means the Department of Health. 13 (11) "Emergency medical condition" means: 14 (a) A medical condition manifesting itself by acute 15 symptoms of sufficient severity, which may include severe 16 pain, psychiatric disturbances, symptoms of substance abuse, 17 or other acute symptoms, such that the absence of immediate medical attention could reasonably be expected to result in 18 19 any of the following: 20 1. Serious jeopardy to the health of a patient, 21 including a pregnant woman or fetus. 22 2. Serious impairment to bodily functions. 3. Serious dysfunction of any bodily organ or part. 23 24 (b) With respect to a pregnant woman, that there is 25 evidence of the onset and persistence of uterine contractions 26 or rupture of the membranes. (c) With respect to a person <u>exhibiting acute</u> 27 28 psychiatric disturbance or substance abuse, that the absence of immediate medical attention could reasonably be expected to 29 result in: 30 31 1. Serious jeopardy to the health of a patient; or

1 2. Serious jeopardy to the health of others. 2 (12)(11) "Emergency medical technician" means a person 3 who is certified by the department to perform basic life 4 support pursuant to this part. 5 (13)(12) "Interfacility transfer" means the б transportation by ambulance of a patient between two 7 facilities licensed under chapter 393, chapter 395, or chapter 8 400, pursuant to this part. (14)(13) "Licensee" means any basic life support 9 service, advanced life support service, or air ambulance 10 11 service licensed pursuant to this part. 12 (15)(14) "Medical direction" means direct supervision 13 by a physician through two-way voice communication or, when 14 such voice communication is unavailable, through established 15 standing orders, pursuant to rules of the department. 16 (16)(15) "Medical director" means a physician who is employed or contracted by a licensee and who provides medical 17 supervision, including appropriate quality assurance but not 18 19 including administrative and managerial functions, for daily 20 operations and training pursuant to this part. (17)(16) "Mutual aid agreement" means a written 21 22 agreement between two or more entities whereby the signing parties agree to lend aid to one another under conditions 23 24 specified in the agreement and as sanctioned by the governing 25 body of each affected county. 26 (18)(17) "Paramedic" means a person who is certified 27 by the department to perform basic and advanced life support 28 pursuant to this part. 29 (19)(18) "Permit" means any authorization issued pursuant to this part for a vehicle to be operated as a basic 30 31 life support or advanced life support transport vehicle or an 41

advanced life support nontransport vehicle providing basic or 1 2 advanced life support. 3 (20)(19) "Physician" means a practitioner who is 4 licensed under the provisions of chapter 458 or chapter 459. 5 For the purpose of providing "medical direction" as defined in б subsection(15) (14) for the treatment of patients immediately 7 prior to or during transportation to a United States 8 Department of Veterans Affairs medical facility, "physician" 9 also means a practitioner employed by the United States Department of Veterans Affairs. 10 11 (21)(20) "Registered nurse" means a practitioner who 12 is licensed to practice professional nursing pursuant to part 13 I of chapter 464. 14 (22)(21) "Secretary" means the Secretary of Health. 15 (23)(22) "Service location" means any permanent 16 location in or from which a licensee solicits, accepts, or conducts business under this part. 17 Section 24. Paragraph (b) of subsection (2) of section 18 19 401.245, Florida Statutes, is amended to read: 20 401.245 Emergency Medical Services Advisory Council.--21 (2) 22 (b) Representation on the Emergency Medical Services Advisory Council shall include: two licensed physicians who 23 24 are "medical directors" as defined in s. 401.23(16)(15)or whose medical practice is closely related to emergency medical 25 26 services; two emergency medical service administrators, one of 27 whom is employed by a fire service; two certified paramedics, 28 one of whom is employed by a fire service; two certified 29 emergency medical technicians, one of whom is employed by a fire service; one emergency medical services educator; one 30 31 emergency nurse; one hospital administrator; one

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representative of air ambulance services; one representative 2 of a commercial ambulance operator; and two laypersons who are 3 in no way connected with emergency medical services, one of whom is a representative of the elderly. Ex officio members of 4 5 the advisory council from state agencies shall include, but б shall not be limited to, representatives from the Department 7 of Education, the Department of Management Services, the 8 Department of Insurance, the Department of Highway Safety and 9 Motor Vehicles, the Department of Transportation, and the Department of Community Affairs. 10 11 Section 25. Subsection (1) of section 401.252, Florida 12 Statutes, is amended to read: 13 401.252 Interfacility transfer.--14 (1) A licensed basic or advanced life support ambulance service may conduct interfacility transfers in a permitted ambulance, using a registered nurse or physician assistant in place of an emergency medical technician or paramedic, if: (a) The registered nurse or physician assistant holds a current certificate of successful course completion in advanced cardiac life support; 22 (b) The physician in charge has granted permission for such a transfer, has designated the level of service required 23 24 for such transfer, and has deemed the patient to be in such a 25 condition appropriate to this type of ambulance staffing; and 26 (c) The registered nurse operates within the scope of 27 part I of chapter 464 or the physician assistant operates 28 within the physician assistant's scope of practice under 29 chapter 458 or chapter 459. Section 26. Subsection (6) of section 401.27, Florida 30

Statutes, is amended to read: 31

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401.27 Personnel; standards and certification.--1 2 (6)(a) The department shall establish by rule a procedure for biennial renewal certification of emergency 3 4 medical technicians. Such rules must require a United States 5 Department of Transportation refresher training program of at б least 30 hours as approved by the department every 2 years. 7 Completion of the course required by s. 381.0034(1) shall 8 count toward the 30 hours. The refresher program may be offered in multiple presentations spread over the 2-year 9 period. The rules must also provide that the refresher course 10 11 requirement may be satisfied by passing a challenge 12 examination. 13 (b) The department shall establish by rule a procedure 14 for biennial renewal certification of paramedics. Such rules must require candidates for renewal to have taken at least 30 15 16 hours of continuing education units during the 2-year period. Completion of the course required by s. 381.0034(1) shall 17 count toward the 30 hours. The rules must provide that the 18 19 continuing education requirement may be satisfied by passing a 20 challenge examination. 21 Section 27. Section 456.033, Florida Statutes, is 22 amended to read: 23 456.033 Requirement for instruction for certain 24 licensees on conditions caused by nuclear, biological, and 25 chemical terrorism and on HIV and AIDS .--26 (1) The appropriate board shall require each person 27 licensed or certified under chapter 457; chapter 458; chapter 28 459; chapter 460; chapter 461; chapter 463; part I of chapter 29 464; chapter 465; chapter 466; part II, part III, part V, or part X of chapter 468; or chapter 486 to complete a continuing 30 31 educational course, approved by the board, on conditions 44

caused by nuclear, biological, and chemical terrorism human 1 2 immunodeficiency virus and acquired immune deficiency syndrome 3 as part of biennial relicensure or recertification. The course shall consist of education on diagnosis and treatment, the 4 5 modes of transmission, infection control procedures, and clinical management. Such course shall also include 6 7 information on reporting suspected cases of conditions caused 8 by nuclear, biological, or chemical terrorism to the 9 appropriate health and law enforcement authorities, and prevention of human immunodeficiency virus and acquired immune 10 11 deficiency syndrome. Such course shall include information on 12 current Florida law on acquired immune deficiency syndrome and 13 its impact on testing, confidentiality of test results, 14 treatment of patients, and any protocols and procedures applicable to human immunodeficiency virus counseling and 15 16 testing, reporting, the offering of HIV testing to pregnant 17 women, and partner notification issues pursuant to ss. 381.004 and 384.25. 18 19 (2) Each such licensee or certificateholder shall 20 submit confirmation of having completed said course, on a form 21 as provided by the board, when submitting fees for each 22 biennial renewal.

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

30 (4) Any person holding two or more licenses subject to31 the provisions of this section shall be permitted to show

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1 proof of having taken one board-approved course on <u>conditions</u> 2 <u>caused by nuclear, biological, and chemical terrorism</u> human 3 <u>immunodeficiency virus and acquired immune deficiency</u> 4 <del>syndrome</del>, for purposes of relicensure or recertification for 5 additional licenses.

6 (5) Failure to comply with the above requirements of
7 this section shall constitute grounds for disciplinary action
8 under each respective licensing chapter and s. 456.072(1)(e).
9 In addition to discipline by the board, the licensee shall be
10 required to complete the required course or courses.

11 (6) The board shall require as a condition of granting a license under the chapters and parts specified in subsection 12 13 (1) that an applicant making initial application for licensure 14 complete respective an educational courses course acceptable to the board on conditions caused by nuclear, biological, and 15 16 chemical terrorism and on human immunodeficiency virus and acquired immune deficiency syndrome. An applicant who has not 17 taken such courses a course at the time of licensure shall, 18 19 upon an affidavit showing good cause, be allowed 6 months to 20 complete this requirement.

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

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

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

1 (b) In lieu of completing a course as required by 2 subsection (1), a person licensed under chapter 466 who has 3 completed an approved AIDS/HIV course in the immediately 4 preceding 2 years may complete a course approved by the Board 5 of Dentistry. 6 Section 28. Subsection (3) is added to section 7 381.003, Florida Statutes, to read: 8 381.003 Communicable disease and AIDS prevention and 9 control.--10 (3) The department shall by rule adopt the standard for blood-borne pathogens set forth in subpart Z of 29 C.F.R. 11 12 part 1910, as amended by Pub. L. No. 106-430, which shall 13 apply to all public-sector employers. The department shall 14 compile and maintain a list of existing needleless systems and 15 sharps with engineered sharps-injury protection which shall be available to assist employers, including the department and 16 the Department of Corrections, in complying with the 17 applicable requirements of the standard for blood-borne 18 19 pathogens. The list may be developed from existing sources of 20 information, including, without limitation, the United States Food and Drug Administration, the Centers for Disease Control 21 22 and Prevention, the Occupational Safety and Health 23 Administration, and the United States Department of Veterans 24 Affairs. 25 Section 29. Section 456.0345, Florida Statutes, is 26 created to read: 27 456.0345 Life support training.--Health care 28 practitioners who obtain training in advanced cardiac life support, cardiopulmonary resuscitation, or emergency first aid 29 shall receive an equivalent number of continuing education 30 31

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1 course credits which may be applied toward licensure renewal 2 requirements. 3 Section 30. Paragraph (e) of subsection (1) of section 4 456.072, Florida Statutes, is amended to read: 5 456.072 Grounds for discipline; penalties; б enforcement. --7 (1) The following acts shall constitute grounds for 8 which the disciplinary actions specified in subsection (2) may 9 be taken: 10 (e) Failing to comply with the educational course 11 requirements for conditions caused by nuclear, biological, and 12 chemical terrorism or for human immunodeficiency virus and 13 acquired immune deficiency syndrome. 14 Section 31. Section 456.38, Florida Statutes, is 15 amended to read: 456.38 Practitioner registry for disasters and 16 emergencies. -- The Department of Health shall may include on 17 its application and renewal forms for the licensure or 18 19 certification of health care practitioners licensed pursuant 20 to chapter 458, chapter 459, chapter 464, or part V of chapter 468, as defined in s. 456.001, who could assist the department 21 22 in the event of a disaster a question asking if the practitioner would be available to provide health care 23 services in special needs shelters or to help staff disaster 24 25 medical assistance teams during times of emergency or major 26 disaster. The names of practitioners who answer affirmatively 27 shall be maintained by the department as a health care 28 practitioner registry for disasters and emergencies. A health 29 care practitioner who volunteers his or her services in a special needs shelter or as part of a disaster medical 30 assistance team during a time of emergency or disaster shall 31

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not be terminated or discriminated against by his or her 1 2 employer for such volunteer work, provided that the health 3 care practitioner returns to his or her regular employment within 2 weeks or within a longer period that has been 4 5 previously approved by the employer in writing. 6 Section 32. Subsection (4) of section 458.319, Florida 7 Statutes, is amended to read: 8 458.319 Renewal of license.--(4) Notwithstanding the provisions of s. 456.033, a 9 physician may complete continuing education on end-of-life 10 11 care and palliative care in lieu of continuing education in 12 conditions caused by nuclear, biological, and chemical 13 terrorism AIDS/HIV, if that physician has completed the 14 AIDS/HIV continuing education in conditions caused by nuclear, biological, and chemical terrorism in the immediately 15 16 preceding biennium. Section 33. Subsection (5) of section 459.008, Florida 17 Statutes, is amended to read: 18 19 459.008 Renewal of licenses and certificates.--20 (5) Notwithstanding the provisions of s. 456.033, an 21 osteopathic physician may complete continuing education on 22 end-of-life and palliative care in lieu of continuing education in conditions caused by nuclear, biological, and 23 chemical terrorism AIDS/HIV, if that physician has completed 24 the AIDS/HIV continuing education in conditions caused by 25 26 nuclear, biological, and chemical terrorism in the immediately 27 preceding biennium. 28 Section 34. Subsection (4) is added to section 401.2715, Florida Statutes, to read: 29 30 401.2715 Recertification training of emergency medical technicians and paramedics .--31

1 (4) Any certified emergency medical technician or 2 paramedic may, as a condition of recertification, complete up 3 to 8 hours of training to respond to terrorism, as defined in 4 s. 775.30, and such hours completed may be substituted on an 5 hour-for-hour basis for any other areas of training required 6 for recertification. The department may adopt rules necessary 7 to administer this subsection. 8 Section 35. Subsection (1) of section 633.35, Florida 9 Statutes, is amended to read: 10 633.35 Firefighter training and certification .--(1) The division shall establish a firefighter 11 training program of not less than 360 hours, administered by 12 13 such agencies and institutions as it approves for the purpose 14 of providing basic employment training for firefighters. Any firefighter may, as a condition of certification, complete up 15 16 to 8 hours of training to respond to terrorism, as defined in 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 19 for certification. The division may adopt rules necessary to 20 administer this subsection.Nothing herein shall require a 21 public employer to pay the cost of such training. Section 36. Subsection (1) of section 943.135, Florida 22 23 Statutes, is amended to read: 24 943.135 Requirements for continued employment.--(1) The commission shall, by rule, adopt a program 25 26 that requires all officers, as a condition of continued 27 employment or appointment as officers, to receive periodic 28 commission-approved continuing training or education. Such 29 continuing training or education shall be required at the rate of 40 hours every 4 years, up to 8 hours of which may consist 30 of training to respond to terrorism as defined in s. 775.30. 31

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No officer shall be denied a reasonable opportunity by the 1 2 employing agency to comply with this section. The employing 3 agency must document that the continuing training or education is job-related and consistent with the needs of the employing 4 5 agency. The employing agency must maintain and submit, or electronically transmit, the documentation to the commission, б 7 in a format approved by the commission. The rule shall also 8 provide:

9 (a) Assistance to an employing agency in identifying 10 each affected officer, the date of his or her employment or 11 appointment, and his or her most recent date for successful 12 completion of continuing training or education;

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

(c) A remediation program supervised by the training center director within the geographic area for any officer who is attempting to comply with the provisions of this subsection and in whom learning disabilities are identified. The officer shall be assigned nonofficer duties, without loss of employee benefits, and the program shall not exceed 90 days.

21 Section 37. Subsection (5) of section 456.073, Florida
22 Statutes, is amended to read:

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

(5)(a) A formal hearing before an administrative law judge from the Division of Administrative Hearings shall be held pursuant to chapter 120 if there are any disputed issues of material fact <u>raised within 60 days after service of the</u> <u>administrative complaint</u>. The administrative law judge shall issue a recommended order pursuant to chapter 120. <u>If any</u>

party raises an issue of disputed fact during an informal 1 2 hearing, the hearing shall be terminated and a formal hearing 3 pursuant to chapter 120 shall be held. 4 (b) Notwithstanding s. 120.569(2), the department 5 shall notify the division within 45 days after receipt of a 6 petition or request for a hearing that the department has 7 determined requires a formal hearing before an administrative 8 law judge. 9 Section 38. The Office of Program Policy Analysis and 10 Government Accountability and the Auditor General shall 11 conduct a joint audit of all hearings and billings therefor 12 conducted by the Division of Administrative Hearings for all 13 state agencies and nonstate agencies and shall present a 14 report to the President of the Senate and the Speaker of the House of Representatives on or before January 1, 2003, that 15 16 contains findings and recommendations regarding the manner in which the division charges for its services. The report shall 17 recommend alternative billing formulas. 18 Section 39. Subsection (7) is added to section 19 20 456.076, Florida Statutes, to read: 21 456.076 Treatment programs for impaired 22 practitioners.--(7) Each licensee participating in an impaired 23 24 practitioner program pursuant to this section shall pay a 25 portion of the costs of the consultant and impaired 26 practitioner program, as determined by rule of the department, 27 incurred as a result of that licensee, unless the consultant 28 finds the licensee to be financially unable to pay in accordance with rules set forth by the department. Payment of 29 these costs shall be a condition of the contract between the 30 impaired practitioner program and the impaired practitioner. 31

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Failure to pay the required costs shall be a violation of the 1 2 contract, unless prior arrangements have been made with the impaired practitioner program. If the licensee has entered 3 the impaired practitioner program as a result of a 4 5 disciplinary investigation, such payment shall be included in б the final order imposing discipline. The remaining costs 7 shall be paid out of the Medical Quality Assurance Trust Fund 8 or other federal, state, or private program funds. Each 9 licensee shall pay the full cost of the approved treatment program or other treatment plan required by the impaired 10 11 practitioner program, unless private funds are available to 12 assist with such payment. 13 Section 40. Section 456.047, Florida Statutes, is 14 repealed. 15 Section 41. All revenues associated with s. 456.047, 16 Florida Statutes, and collected by the Department of Health on 17 or before July 1, 2002, shall remain in the Medical Quality Assurance Trust Fund, and no refunds shall be given. 18 Section 42. Paragraph (d) of subsection (4) of section 19 20 456.039, Florida Statutes, is amended to read: 21 456.039 Designated health care professionals; 22 information required for licensure.--(4) 23 24 (d) Any applicant for initial licensure or renewal of 25 licensure as a health care practitioner who submits to the 26 Department of Health a set of fingerprints or information 27 required for the criminal history check required under this 28 section shall not be required to provide a subsequent set of 29 fingerprints or other duplicate information required for a criminal history check to the Agency for Health Care 30 31 Administration, the Department of Juvenile Justice, or the 53

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

Section 43. Paragraph (d) of subsection (4) of section 456.0391, Florida Statutes, is amended to read:

16 456.0391 Advanced registered nurse practitioners; 17 information required for certification.--

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(4)

(d) Any applicant for initial certification or renewal 19 20 of certification as an advanced registered nurse practitioner who submits to the Department of Health a set of fingerprints 21 22 and information required for the criminal history check required under this section shall not be required to provide a 23 subsequent set of fingerprints or other duplicate information 24 required for a criminal history check to the Agency for Health 25 Care Administration, the Department of Juvenile Justice, or 26 27 the Department of Children and Family Services for employment 28 or licensure with such agency or department, if the applicant 29 has undergone a criminal history check as a condition of initial certification or renewal of certification as an 30 31 advanced registered nurse practitioner with the Department of

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Health, notwithstanding any other provision of law to the 1 2 contrary. In lieu of such duplicate submission, the Agency for 3 Health Care Administration, the Department of Juvenile Justice, and the Department of Children and Family Services 4 5 shall obtain criminal history information for employment or licensure of persons certified under s. 464.012 by such agency 6 7 or department from the Department of Health Health's health 8 care practitioner credentialing system. 9 Section 44. Paragraph (v) of subsection (1) of section 456.072, Florida Statutes, is amended to read: 10 11 456.072 Grounds for discipline; penalties; 12 enforcement. --13 (1) The following acts shall constitute grounds for 14 which the disciplinary actions specified in subsection (2) may 15 be taken: 16 (v) Failing to comply with the requirements for 17 profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely 18 provide updated information, or making misleading, untrue, 19 20 deceptive, or fraudulent representations on a profile, 21 credentialing, or initial or renewal licensure application. 22 Section 45. Subsection (2) of section 456.077, Florida Statutes, is amended to read: 23 24 456.077 Authority to issue citations .--(2) The board, or the department if there is no board, 25 26 shall adopt rules designating violations for which a citation 27 may be issued. Such rules shall designate as citation 28 violations those violations for which there is no substantial threat to the public health, safety, and welfare. Violations 29 for which a citation may be issued shall include violations of 30 31 continuing education requirements; failure to timely pay 55

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required fees and fines; failure to comply with the 1 2 requirements of ss. 381.026 and 381.0261 regarding the 3 dissemination of information regarding patient rights; failure to comply with advertising requirements; failure to timely 4 5 update practitioner profile and credentialing files; failure to display signs, licenses, and permits; failure to have б 7 required reference books available; and all other violations 8 that do not pose a direct and serious threat to the health and 9 safety of the patient. Section 46. Subsection (3) of section 458.309, Florida 10 11 Statutes, is amended to read: 458.309 Authority to make rules .--12 13 (3) All physicians who perform level 2 procedures 14 lasting more than 5 minutes and all level 3 surgical procedures in an office setting must register the office with 15 16 the department unless that office is licensed as a facility pursuant to chapter 395. Each office that is required under 17 this subsection to be registered must be The department shall 18 inspect the physician's office annually unless the office is 19 20 accredited by a nationally recognized accrediting agency approved by the Board of Medicine by rule or an accrediting 21 22 organization subsequently approved by the Board of Medicine by rule. Each office registered but not accredited as required 23 by this subsection must achieve full and unconditional 24 25 accreditation no later than July 1, 2003, and must maintain 26 unconditional accreditation as long as procedures described in 27 this subsection that require the office to be registered and 28 accredited are performed. Accreditation reports shall be 29 submitted to the department. The actual costs for registration and inspection or accreditation shall be paid by the person 30 31 seeking to register and operate the office setting in which

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office surgery is performed. The board may adopt rules 1 2 pursuant to ss. 120.536(1) and 120.54 to implement this 3 subsection. 4 Section 47. Subsection (2) of section 459.005, Florida 5 Statutes, is amended to read: б 459.005 Rulemaking authority.--7 (2) All osteopathic physicians who perform level 2 8 procedures lasting more than 5 minutes and all level 3 surgical procedures in an office setting must register the 9 office with the department unless that office is licensed as a 10 facility pursuant to chapter 395. Each office that is 11 12 required under this subsection to be registered must be The 13 department shall inspect the physician's office annually 14 unless the office is accredited by a nationally recognized accrediting agency approved by the Board of Medicine or the 15 Board of Osteopathic Medicine by rule or an accrediting 16 organization subsequently approved by the Board of Medicine or 17 the Board of Osteopathic Medicine by rule. Each office 18 19 registered but not accredited as required by this subsection 20 must achieve full and unconditional accreditation no later than July 1, 2003, and must maintain unconditional 21 22 accreditation as long as procedures described in this 23 subsection that require the office to be registered and accredited are performed. Accreditation reports shall be 24 25 submitted to the department. The actual costs for 26 registration and inspection or accreditation shall be paid by 27 the person seeking to register and operate the office setting 28 in which office surgery is performed. The Board of 29 Osteopathic Medicine may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this subsection. 30 31

1 Section 48. 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 б 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 board request, the department shall conduct an analysis to 11 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 the service. The contract shall include objective performance 18 19 measures that reflect the expected quality and quantity of the 20 service and shall include a provision that terminates the contract if the service falls below expected levels. For 21 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 49. 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 Department of Legal Affairs, by retaining private counsel 30 31 pursuant to s. 287.059, or by providing department staff 58

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counsel. The primary responsibility of board counsel shall be 1 2 to represent the interests of the citizens of the state. A 3 board shall provide for the periodic review and evaluation of the services provided by its board counsel. Fees and costs of 4 5 such counsel shall be paid from a trust fund used by the department to implement this chapter, subject to the 6 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 and investigative services shall be reviewed by the department 10 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 quality and quantity of the contracted services. 15 16 Section 50. Subsection (6) is added to section 456.011, Florida Statutes, to read: 17 18 456.011 Boards; organization; meetings; compensation 19 and travel expenses. --20 (6) Meetings of board committees, including probable cause panels, shall be conducted electronically unless held 21 22 concurrently with, or on the day immediately before or after, a regularly scheduled in-person board meeting. However, if a 23 particular committee meeting is expected to last more than 5 24 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 committee determines that another location is necessary due to 30 31

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the subject matter to be discussed at the meeting and the 1 2 director authorizes the additional costs, if any. 3 Section 51. Subsection (11) is added to section 4 456.026, Florida Statutes, to read: 5 456.026 Annual report concerning finances, 6 administrative complaints, disciplinary actions, and 7 recommendations .-- The department is directed to prepare and 8 submit a report to the President of the Senate and the Speaker of the House of Representatives by November 1 of each year. In 9 addition to finances and any other information the Legislature 10 11 may require, the report shall include statistics and relevant information, profession by profession, detailing: 12 13 (11) The performance measures for all bureaus, units, boards, and contracted entities required by the department to 14 reflect the expected quality and quantity of services, and a 15 16 description of any effort to improve the performance of such 17 services. 18 Section 52. Section 458.3093, Florida Statutes, is 19 created to read: 20 458.3093 Licensure credentials verification.--All applicants for initial physician licensure pursuant to this 21 22 chapter must submit their credentials to the Federation of State Medical Boards. Effective January 1, 2003, the board 23 and the department shall only consider applications for 24 25 initial physician licensure pursuant to this chapter that have 26 been verified by the Federation of State Medical Boards 27 Credentials Verification Service or an equivalent program 28 approved by the board. 29 Section 53. Section 459.0053, Florida Statutes, is created to read: 30 31

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1	459.0053 Licensure credentials verificationAll
2	applicants for initial osteopathic physician licensure
3	pursuant to this chapter must submit their credentials to the
4	Federation of State Medical Boards. Effective January 1,
5	2003, the board and the department shall only consider
6	applications for initial osteopathic physician licensure
7	pursuant to this chapter that have been verified by the
8	Federation of State Medical Boards Credentials Verification
9	Service, the American Osteopathic Association, or an
10	equivalent program approved by the board.
11	Section 54. Paragraph (t) of subsection (1) of section
12	458.331, Florida Statutes, is amended to read:
13	458.331 Grounds for disciplinary action; action by the
14	board and department
15	(1) The following acts constitute grounds for denial
16	of a license or disciplinary action, as specified in s.
17	456.072(2):
18	(t) Gross or repeated malpractice or the failure to
19	practice medicine with that level of care, skill, and
20	treatment which is recognized by a reasonably prudent similar
21	physician as being acceptable under similar conditions and
22	circumstances. The board shall give great weight to the
23	provisions of s. 766.102 when enforcing this paragraph. As
24	used in this paragraph, "repeated malpractice" includes, but
25	is not limited to, three or more claims for medical
26	malpractice within the previous 5-year period resulting in
27	indemnities being paid in excess of <u>\$50,000</u> \$25,000 each to
28	the claimant in a judgment or settlement and which incidents
29	involved negligent conduct by the physician. As used in this
30	paragraph, "gross malpractice" or "the failure to practice
31	medicine with that level of care, skill, and treatment which
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1 is recognized by a reasonably prudent similar physician as 2 being acceptable under similar conditions and circumstances," 3 shall not be construed so as to require more than one 4 instance, event, or act. Nothing in this paragraph shall be 5 construed to require that a physician be incompetent to 6 practice medicine in order to be disciplined pursuant to this 7 paragraph.

8 Section 55. Paragraph (x) of subsection (1) of section
9 459.015, Florida Statutes, is amended to read:

10 459.015 Grounds for disciplinary action; action by the 11 board and department.--

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

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

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circumstances" shall not be construed so as to require more 1 2 than one instance, event, or act. Nothing in this paragraph 3 shall be construed to require that an osteopathic physician be incompetent to practice osteopathic medicine in order to be 4 5 disciplined pursuant to this paragraph. A recommended order by an administrative law judge or a final order of the board б 7 finding a violation under this paragraph shall specify whether 8 the licensee was found to have committed "gross malpractice," 9 "repeated malpractice," or "failure to practice osteopathic medicine with that level of care, skill, and treatment which 10 11 is recognized as being acceptable under similar conditions and circumstances," or any combination thereof, and any 12 13 publication by the board shall so specify.

Section 56. Subsection (1) of section 627.912, Florida Statutes, is amended to read:

16 627.912 Professional liability claims and actions; 17 reports by insurers.--

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

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omission, or negligence in the performance of such insured's 1 2 professional services or based on a claimed performance of 3 professional services without consent, if the claim resulted 4 in: (a) A final judgment in any amount. 5 6 (b) A settlement in any amount. 7 8 Reports shall be filed with the Department of Insurance.and, 9 If the insured party is licensed under chapter 458, chapter 459, or chapter 461 and the final judgment or settlement was 10 in an amount exceeding \$50,000, the report shall also be filed 11 12 with the Department of Health. If the insured is licensed 13 under chapter 466 and the final judgment or settlement was in 14 an amount exceeding \$25,000, the report shall also be filed 15 with the Department of Health. Reports must be filed, or chapter 466, with the Department of Health, no later than 30 16 days following the occurrence of any event listed in this 17 subsection paragraph (a) or paragraph (b). The Department of 18 19 Health shall review each report and determine whether any of 20 the incidents that resulted in the claim potentially involved conduct by the licensee that is subject to disciplinary 21 22 action, in which case the provisions of s. 456.073 shall apply. The Department of Health, as part of the annual report 23 required by s. 456.026, shall publish annual statistics, 24 25 without identifying licensees, on the reports it receives, 26 including final action taken on such reports by the Department 27 of Health or the appropriate regulatory board. 28 Section 57. Subsections (14) and (15) are added to section 456.073, Florida Statutes, to read: 29 30 31

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1 456.073 Disciplinary proceedings.--Disciplinary 2 proceedings for each board shall be within the jurisdiction of 3 the department. 4 (14) When the probable cause panel determines that 5 probable cause exists that a violation of law occurred but 6 decides to issue a letter of guidance in lieu of finding 7 probable cause as a result of mitigating circumstances, the 8 probable cause panel may require the subject to pay up to \$300 9 of the costs of the investigation and prosecution of the case within a time certain but not less than 30 days after the 10 11 execution of the closing order. If the subject fails to pay 12 the costs within the time set by the probable cause panel, 13 the case may be reopened and the department may file an 14 administrative complaint against the subject based on the 15 underlying case. No additional charges may be added as a 16 result of the subject's failure to pay the costs. The issuance of a letter of guidance and the assessment of costs 17 under this subsection shall not be considered discipline, nor 18 19 shall it be considered a final order of discipline. 20 (15) All cases in which no probable cause is found shall be closed within 14 days following the probable cause 21 22 panel meeting at which such determination was made. The 23 department shall mail a copy of the closing order to the 24 subject within 14 days after such probable cause panel 25 meeting. 26 Section 58. The Office of Program Policy Analysis and Governmental Accountability shall review the investigative 27 28 field office structure and organization of the Agency for 29 Health Care Administration to determine the feasibility of eliminating all or some field offices, the feasibility of 30 combining field offices, and the feasibility of requiring 31 65

field inspectors and investigators to telecommute from home in 1 2 lieu of paying for office space. The review shall include all 3 agency programs that have field offices, including health practitioner regulation even if health practitioner regulation 4 5 is transferred to the Department of Health. The review shall 6 be completed and a report issued to the President of the 7 Senate and the Speaker of the House of Representatives no 8 later than January 1, 2003. Section 59. Subsection (1) of section 456.025, Florida 9 10 Statutes, is amended to read: 11 456.025 Fees; receipts; disposition.--12 (1) It is the intent of the Legislature that all costs 13 of regulating health care professions and practitioners shall 14 be borne solely by licensees and licensure applicants. It is also the intent of the Legislature that fees should be 15 16 reasonable and not serve as a barrier to licensure. Moreover, it is the intent of the Legislature that the department 17 18 operate as efficiently as possible and regularly report to the Legislature additional methods to streamline operational 19 20 costs. Therefore, the boards in consultation with the department, or the department if there is no board, shall, by 21 22 rule, set renewal fees which: (a) Shall be based on revenue projections prepared 23 using generally accepted accounting procedures; 24 25 Shall be adequate to cover all expenses relating (b) 26 to that board identified in the department's long-range policy plan, as required by s. 456.005; 27 28 (c) Shall be reasonable, fair, and not serve as a 29 barrier to licensure; (d) Shall be based on potential earnings from working 30 31 under the scope of the license; 66

1 (e) Shall be similar to fees imposed on similar 2 licensure types; and 3 (f) Shall not be more than 10 percent greater than the 4 fee imposed for the previous biennium; 5 (g) Shall not be more than 10 percent greater than the 6 actual cost to regulate that profession for the previous 7 biennium; and 8 (f)(h) Shall be subject to challenge pursuant to 9 chapter 120. 10 Section 60. Section 456.0165, Florida Statutes, is 11 created to read: 12 456.0165 Examination location.--A college, university, 13 or vocational school in this state may serve as the host 14 school for a health care practitioner licensure examination. However, the college, university, or vocational school may not 15 16 charge the department for rent, space, reusable equipment, utilities, or janitorial services. The college, university, 17 or vocational school may only charge the department the actual 18 19 cost of nonreusable supplies provided by the school at the 20 request of the department. Section 61. Paragraph (g) of subsection (3) and 21 22 paragraph (c) of subsection (6) of section 468.302, Florida Statutes, are amended to read: 23 468.302 Use of radiation; identification of certified 24 25 persons; limitations; exceptions.--26 (3) (g) A person holding a certificate as a nuclear 27 28 medicine technologist may only: 29 1. Conduct in vivo and in vitro measurements of radioactivity and administer radiopharmaceuticals to human 30 31 beings for diagnostic and therapeutic purposes. 67

2. Administer X radiation from a combination nuclear 1 2 medicine-computed tomography device if that radiation is 3 administered as an integral part of a nuclear medicine 4 procedure that uses an automated computed tomography protocol 5 and the person has received device-specific training on the 6 combination device. 7 8 However, the authority of a nuclear medicine technologist under this paragraph excludes radioimmunoassay and other 9 10 clinical laboratory testing regulated pursuant to chapter 483. 11 (6) Requirement for certification does not apply to: 12 (c) A person who is a registered nurse licensed under 13 part I of chapter 464, a respiratory therapist licensed under 14 part V of chapter 468, or a cardiovascular technologist or 15 cardiopulmonary technologist with active certification as a 16 registered cardiovascular invasive specialist from a nationally recognized credentialing organization, or future 17 equivalent should such credentialing be subsequently modified, 18 19 each of whom is trained and skilled in invasive cardiovascular 20 cardiopulmonary technology, including the radiologic technology duties associated with such procedures, and who 21 22 provides invasive cardiovascular cardiopulmonary technology services at the direction, and under the direct supervision, 23 of a licensed practitioner. A person requesting this exemption 24 25 must have successfully completed a didactic and clinical 26 training program in the following areas before performing 27 radiologic technology duties under the direct supervision of a 28 licensed practitioner: 29 1. Principles of X-ray production and equipment 30 operation. 31 2. Biological effects of radiation.

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3. Radiation exposure and monitoring. 1 2 4. Radiation safety and protection. 3 5. Evaluation of radiographic equipment and 4 accessories. 5 6. Radiographic exposure and technique factors. 7. Film processing. б 7 8. Image quality assurance. 8 9. Patient positioning. 10. Administration and complications of contrast 9 10 media. 11 11. Specific fluoroscopic and digital X-ray imaging 12 procedures related to invasive cardiovascular technology. 13 Section 62. Section 468.352, Florida Statutes, is 14 amended to read: 15 (Substantial rewording of section. See 16 s. 468.352, F.S., for present text.) 468.352 Definitions.--As used in this part, the term: 17 (1) "Board" means the Board of Respiratory Care. 18 19 (2) "Certified respiratory therapist" means any person 20 licensed pursuant to this part who is certified by the National Board for Respiratory Care or its successor, who is 21 employed to deliver respiratory care services, under the order 22 of a physician licensed pursuant to chapter 458 or chapter 23 24 459, in accordance with protocols established by a hospital or other health care provider or the board, and who functions in 25 26 situations of unsupervised patient contact requiring 27 individual judgment. 28 (3) "Critical care" means care given to a patient in 29 any setting involving a life-threatening emergency. 30 "Department" means the Department of Health. (4) 31

"Direct supervision" means practicing under the 1 (5) 2 direction of a licensed, registered, or certified respiratory therapist who is physically on the premises and readily 3 4 available, as defined by the board. 5 (6) "Physician supervision" means supervision and б control by a physician licensed under chapter 458 or chapter 7 459 who assumes the legal liability for the services rendered 8 by the personnel employed in his or her office. Except in the 9 case of an emergency, physician supervision requires the easy availability of the physician within the office or the 10 physical presence of the physician for consultation and 11 12 direction of the actions of the persons who deliver 13 respiratory care services. 14 "Practice of respiratory care" or "respiratory (7) 15 therapy" means the allied health specialty associated with the 16 cardiopulmonary system that is practiced under the orders of a physician licensed under chapter 458 or chapter 459 and in 17 accordance with protocols, policies, and procedures 18 19 established by a hospital or other health care provider or the 20 board, including the assessment, diagnostic evaluation, treatment, management, control, rehabilitation, education, and 21 22 care of patients. 23 (8) "Registered respiratory therapist" means any 24 person licensed under this part who is registered by the 25 National Board for Respiratory Care or its successor, who is 26 employed to deliver respiratory care services under the order 27 of a physician licensed under chapter 458 or chapter 459, in 28 accordance with protocols established by a hospital or other health care provider or the board, and who functions in 29 situations of unsupervised patient contact requiring 30 31 individual judgment.

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"Respiratory care practitioner" means any person 1 (9) 2 licensed under this part who is employed to deliver respiratory care services, under direct supervision, pursuant 3 4 to the order of a physician licensed under chapter 458 or chapter 459. 5 6 (10) "Respiratory care services" includes: 7 (a) Evaluation and disease management. 8 (b) Diagnostic and therapeutic use of respiratory 9 equipment, devices, or medical gas. 10 (c) Administration of drugs, as duly ordered or prescribed by a physician licensed under chapter 458 or 11 12 chapter 459 and in accordance with protocols, policies, and 13 procedures established by a hospital or other health care 14 provider or the board. 15 (d) Initiation, management, and maintenance of 16 equipment to assist and support ventilation and respiration. (e) Diagnostic procedures, research, and therapeutic 17 treatment and procedures, including measurement of ventilatory 18 volumes, pressures, and flows; specimen collection and 19 20 analysis of blood for gas transport and acid/base determinations; pulmonary-function testing; and other related 21 22 physiological monitoring of cardiopulmonary systems. 23 (f) Cardiopulmonary rehabilitation. 24 (g) Cardiopulmonary resuscitation, advanced cardiac life support, neonatal resuscitation, and pediatric advanced 25 26 life support, or equivalent functions. 27 (h) Insertion and maintenance of artificial airways 28 and intravascular catheters. 29 (i) Performance of sleep-disorder studies. 30 (j) Education of patients, families, the public, or other health care providers, including disease process and 31 71

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1 management programs and smoking prevention and cessation 2 programs. 3 (k) Initiation and management of hyperbaric oxygen. 4 Section 63. Section 468.355, Florida Statutes, is 5 amended to read: б (Substantial rewording of section. See 7 s. 468.355, F.S., for present text.) 8 468.355 Licensure requirements.--To be eligible for 9 licensure by the board, an applicant must be certified as a "Certified Respiratory Therapist" or be registered as a 10 11 "Registered Respiratory Therapist" by the National Board for 12 Respiratory Care or its successor. 13 Section 64. Section 468.368, Florida Statutes, is 14 amended to read: 15 (Substantial rewording of section. See 16 s. 468.368, F.S., for present text.) 468.368 Exemptions.--This part may not be construed to 17 prevent or restrict the practice, service, or activities of: 18 (1) Any person licensed in this state by any other law 19 20 from engaging in the profession or occupation for which he or she is licensed. 21 22 (2) Any legally qualified person in the state or another state or territory who is employed by the United 23 24 States Government or any agency thereof while such person is 25 discharging his or her official duties. 26 (3) A friend or family member who is providing 27 respiratory care services to an ill person and who does not 28 represent himself or herself to be a respiratory care 29 practitioner or respiratory therapist. 30 31
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(4) An individual providing respiratory care services in an emergency who does not represent himself or herself as a respiratory care practitioner or respiratory therapist. (5) Any individual employed to deliver, assemble, set up, or test equipment for use in a home, upon the order of a physician licensed pursuant to chapter 458 or chapter 459. This subsection does not, however, authorize the practice of respiratory care without a license. (6) Any individual credentialed by the Board of Registered Polysomnographic Technologists, as a registered polysomnographic technologist, as related to the diagnosis and evaluation of treatment for sleep disorders. (7) Any individual certified or registered as a pulmonary function technologist who is credentialed by the National Board for Respiratory Care from performing cardiopulmonary diagnostic studies. (8) Any student who is enrolled in an accredited respiratory care program approved by the board, while performing respiratory care as an integral part of a required course. (9) A surrogate family member who delivers incidental respiratory care to a noninstitutionalized person and who does not represent himself or herself as a registered or certified respiratory care therapist. (10) Any individual credentialed by the Underseas Hyperbaric Society in hyperbaric medicine or its equivalent as

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Section 65. Sections 468.356 and 468.357, Florida

determined by the board, while performing related duties. This

subsection does not, however, authorize the practice of

respiratory care without a license.

Statutes, are repealed.

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1 Section 66. Subsection (4) of section 468.80, Florida 2 Statutes, is amended to read: 468.80 Definitions.--As used in this act, the term: 3 4 (4) "Orthosis" means a medical device used to provide 5 support, correction, or alleviation of neuromuscular or б musculoskeletal dysfunction, disease, injury, or deformity, 7 but does not include the following assistive technology 8 devices: upper extremity adaptive equipment used to facilitate the activities of daily living, including 9 specialized utensils, combs, and brushes; finger splints; a 10 device to treat injuries to the musculoskeletal system made of 11 12 either plaster of paris bandage or roll fiberglass bandage and 13 fabricated directly on the patient; wheelchair seating and 14 equipment that is an integral part of the wheelchair and not worn by the patient; elastic abdominal supports that do not 15 16 have metal or plastic reinforcing stays; arch supports; nontherapeutic accommodative inlays and nontherapeutic 17 accommodative footwear, regardless of method of manufacture; 18 19 unmodified, over-the-counter shoes; prefabricated foot care 20 products; durable medical equipment such as canes, crutches, 21 or walkers; dental appliances; or devices implanted into the 22 body by a physician. For purposes of this subsection, "accommodative" means designed with the primary goal of 23 conforming to the individual's anatomy and "inlay" means any 24 25 removable material upon which the foot directly rests inside 26 the shoe and which may be an integral design component of the 27 shoe. 28 Section 67. Beginning July 1, 2003, application forms for initial licensure and licensure renewal for the 29 professions regulated by the Department of Health, Division of 30 Medical Quality Assurance, shall be submitted electronically 31 74

through the World Wide Web unless the applicant states on the 1 2 application form that he or she does not have access to the 3 World Wide Web, in which case a paper application may be submitted. The department shall issue the license or renew a 4 5 license only if the licensee provides satisfactory evidence 6 that all conditions and requirements of licensure or renewal 7 have been met, including, but not limited to, the payment of 8 required fees, the completion of required continuing education 9 coursework, and, if applicable, the maintenance of financial responsibility. This section shall not be construed to reduce 10 11 or eliminate any requirement set forth in chapter 456, Florida 12 Statutes, or the applicable practice act. 13 Section 68. In order to maximize the state's return on investment, to increase the efficiency and timeliness of the 14 conversion to electronic licensure, and to promote fiscal 15 16 responsibility during the transition to electronic licensure, 17 the Department of Health may convert its practitioner credentialing technology into an electronic licensure and 18 19 licensure renewal system. This section shall take effect upon 20 this act becoming a law. Section 69. (1) Effective July 1, 2004, and each July 21 22 1 thereafter, the fee caps established in the following sections are increased by 2.5 percent: ss. 456.025, 457.105, 23 457.107, 458.313, 458.3135, 458.3145, 458.317, 458.319, 24 458.347, 459.0092, 459.022, 460.406, 460.407, 460.4165, 25 26 460.4166, 461.006, 461.007, 462.16, 462.19, 463.0057, 463.006, 27 463.007, 464.008, 464.009, 464.012, 464.019, 465.007, 28 465.0075, 465.008, 465.0125, 465.0126, 465.022, 465.0276, 466.006, 466.007, 466.008, 466.013, 466.032, 467.0125, 29 467.0135, 468.1145, 468.1695, 468.1705, 468.1715, 468.1735, 30 468.221, 468.364, 468.5<u>08, 468.709, 468.803, 468.806, 478.55,</u> 31

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480.043, 480.044, 483.807, 483.901, 484.002, 484.007, 484.008, 1 2 484.009, 484.0447, 486.041, 486.061, 486.081, 486.085, 3 486.103, 486.106, 486.107, 486.108, 490.005, 490.0051, 490.007, 491.0045, 491.0046, 491.005, 491.007, 491.008, 4 5 491.0085, and 491.0145, Florida Statutes. 6 (2) The increases in fees provided in this section are 7 in addition to any other change in the fees which are enacted 8 into law. The actual amount of a fee shall be rounded to the 9 nearest dollar. Section 70. Sections 381.0602, 381.6021, 381.6022, 10 11 381.6023, 381.6024, and 381.6026, Florida Statutes, are 12 renumbered as sections 765.53, 765.541, 765.542, 765.544, 13 765.545, and 765.547, Florida Statutes, respectively. 14 Section 71. Section 381.60225, Florida Statutes, is renumbered as section 765.543, Florida Statutes, and 15 16 subsection (2) of said section is amended to read: 765.543 381.60225 Background screening.--17 (2) An organ procurement organization, tissue bank, or 18 19 eye bank certified by the Agency for Health Care 20 Administration in accordance with ss. 381.6021 and 765.542 21 381.6022 is not subject to the requirements of this section if 22 the entity has no direct patient care responsibilities and does not bill patients or insurers directly for services under 23 the Medicare or Medicaid programs, or for privately insured 24 25 services. 26 Section 72. Section 381.6025, Florida Statutes, is 27 renumbered as section 765.546, Florida Statutes, and amended 28 to read: 29 765.546 381.6025 Physician supervision of cadaveric organ and tissue procurement coordinators. -- Organ procurement 30 31 organizations, tissue banks, and eye banks may employ 76

coordinators, who are registered nurses, physician's 1 2 assistants, or other medically trained personnel who meet the 3 relevant standards for organ procurement organizations, tissue banks, or eye banks as adopted by the Agency for Health Care 4 5 Administration under s. 765.541 381.6021, to assist in the medical management of organ donors or in the surgical 6 7 procurement of cadaveric organs, tissues, or eyes for 8 transplantation or research. A coordinator who assists in the 9 medical management of organ donors or in the surgical procurement of cadaveric organs, tissues, or eyes for 10 11 transplantation or research must do so under the direction and supervision of a licensed physician medical director pursuant 12 13 to rules and guidelines to be adopted by the Agency for Health Care Administration. With the exception of organ procurement 14 surgery, this supervision may be indirect supervision. For 15 16 purposes of this section, the term "indirect supervision" means that the medical director is responsible for the medical 17 actions of the coordinator, that the coordinator is operating 18 under protocols expressly approved by the medical director, 19 20 and that the medical director or his or her physician designee 21 is always available, in person or by telephone, to provide medical direction, consultation, and advice in cases of organ, 22 tissue, and eye donation and procurement. Although indirect 23 supervision is authorized under this section, direct physician 24 25 supervision is to be encouraged when appropriate. Section 73. Subsection (2) of section 395.2050, 26 27 Florida Statutes, is amended to read: 28 395.2050 Routine inquiry for organ and tissue 29 donation; certification for procurement activities .--(2) Every hospital licensed under this chapter that is 30 engaged in the procurement of organs, tissues, or eyes shall 31 77

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comply with the certification requirements of ss. 1 2 765.541-765.547 381.6021-381.6026. 3 Section 74. Paragraph (e) of subsection (2) of section 4 409.815, Florida Statutes, is amended to read: 5 409.815 Health benefits coverage; limitations.-б (2) BENCHMARK BENEFITS.--In order for health benefits 7 coverage to qualify for premium assistance payments for an 8 eligible child under ss. 409.810-409.820, the health benefits 9 coverage, except for coverage under Medicaid and Medikids, must include the following minimum benefits, as medically 10 11 necessary. 12 (e) Organ transplantation services.--Covered services 13 include pretransplant, transplant, and postdischarge services 14 and treatment of complications after transplantation for transplants deemed necessary and appropriate within the 15 16 quidelines set by the Organ Transplant Advisory Council under s. 765.53 381.0602 or the Bone Marrow Transplant Advisory 17 Panel under s. 627.4236. 18 19 Section 75. Subsection (2) of section 765.5216, 20 Florida Statutes, is amended to read: 765.5216 Organ and tissue donor education panel.--21 22 (2) There is created within the Agency for Health Care Administration a statewide organ and tissue donor education 23 panel, consisting of 12 members, to represent the interests of 24 the public with regard to increasing the number of organ and 25 26 tissue donors within the state. The panel and the Organ and 27 Tissue Procurement and Transplantation Advisory Board 28 established in s. 765.544 381.6023 shall jointly develop, 29 subject to the approval of the Agency for Health Care Administration, education initiatives pursuant to s. 732.9215, 30 31 which the agency shall implement. The membership must be

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balanced with respect to gender, ethnicity, and other 1 2 demographic characteristics so that the appointees reflect the 3 diversity of the population of this state. The panel members must include: 4 5 (a) A representative from the Agency for Health Care 6 Administration, who shall serve as chairperson of the panel. 7 (b) A representative from a Florida licensed organ 8 procurement organization. 9 (c) A representative from a Florida licensed tissue 10 bank. 11 (d) A representative from a Florida licensed eye bank. 12 (e) A representative from a Florida licensed hospital. 13 (f) A representative from the Division of Driver 14 Licenses of the Department of Highway Safety and Motor Vehicles, who possesses experience and knowledge in dealing 15 16 with the public. 17 (g) A representative from the family of an organ, 18 tissue, or eye donor. 19 (h) A representative who has been the recipient of a 20 transplanted organ, tissue, or eye, or is a family member of a 21 recipient. 22 (i) A representative who is a minority person as defined in s. 381.81. 23 24 (j) A representative from a professional association or public relations or advertising organization. 25 26 (k) A representative from a community service club or 27 organization. 28 (1) A representative from the Department of Education. 29 Section 76. Subsection (5) of section 765.522, Florida Statutes, is amended to read: 30 31

1 765.522 Duty of certain hospital administrators; 2 liability of hospital administrators, organ procurement 3 organizations, eye banks, and tissue banks .--4 (5) There shall be no civil or criminal liability 5 against any organ procurement organization, eye bank, or б tissue bank certified under s. 765.542 381.6022, or against 7 any hospital or hospital administrator or designee, when 8 complying with the provisions of this part and the rules of the Agency for Health Care Administration or when, in the 9 exercise of reasonable care, a request for organ donation is 10 11 inappropriate and the gift is not made according to this part 12 and the rules of the Agency for Health Care Administration. 13 Section 77. Subsection (8) of section 400.925, Florida 14 Statutes, is amended to read: 15 400.925 Definitions.--As used in this part, the term: 16 (8) "Home medical equipment" includes any product as defined by the Federal Drug Administration's Drugs, Devices 17 and Cosmetics Act, any products reimbursed under the Medicare 18 19 Part B Durable Medical Equipment benefits, or any products 20 reimbursed under the Florida Medicaid durable medical equipment program. Home medical equipment includes, but is not 21 22 limited to, oxygen and related respiratory equipment, and manual, motorized, or. Home medical equipment includes 23 24 customized wheelchairs and related seating and positioning, 25 but does not include prosthetics or orthotics or any splints, 26 braces, or aids custom fabricated by a licensed health care 27 practitioner. Home medical equipment includes assistive 28 technology devices, including: manual wheelchairs, motorized 29 wheelchairs, motorized scooters, voice-synthesized computer modules, optical scanners, talking software, braille printers, 30 environmental control devices for use by person with 31

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1 quadriplegia, motor vehicle adaptive transportation aids, 2 devices that enable persons with severe speech disabilities to 3 in effect speak, personal transfer systems and specialty beds, 4 including demonstrator, for use by a person with a medical 5 need. б Section 78. Subsection (4) is added to section 7 765.104, Florida Statutes, to read: 8 765.104 Amendment or revocation.--9 (4) Any patient for whom a medical proxy has been recognized under s. 765.401 and for whom any previous legal 10 11 disability that precluded the patient's ability to consent is 12 removed may amend or revoke the recognition of the medical 13 proxy and any uncompleted decision made by that proxy. The 14 amendment or revocation takes effect when it is communicated to the proxy, the health care provider, or the health care 15 facility in writing or, if communicated orally, in the 16 17 presence of a third person. Section 79. Subsections (1) and (3) of section 18 19 765.401, Florida Statutes, are amended to read: 20 765.401 The proxy.--(1) If an incapacitated or developmentally disabled 21 22 the patient has not executed an advance directive, or designated a surrogate to execute an advance directive, or the 23 designated or alternate surrogate is no longer available to 24 25 make health care decisions, health care decisions may be made 26 for the patient by any of the following individuals, in the 27 following order of priority, if no individual in a prior class 28 is reasonably available, willing, or competent to act: 29 (a) The judicially appointed guardian of the patient or the guardian advocate of the person having a developmental 30 disability as defined in s. 393.063, who has been authorized 31 81

to consent to medical treatment, if such guardian has 1 2 previously been appointed; however, this paragraph shall not 3 be construed to require such appointment before a treatment decision can be made under this subsection; 4 5 (b) The patient's spouse; (c) An adult child of the patient, or if the patient 6 7 has more than one adult child, a majority of the adult 8 children who are reasonably available for consultation; 9 (d) A parent of the patient; The adult sibling of the patient or, if the 10 (e) 11 patient has more than one sibling, a majority of the adult 12 siblings who are reasonably available for consultation. 13 (f) An adult relative of the patient who has exhibited 14 special care and concern for the patient and who has maintained regular contact with the patient and who is 15 16 familiar with the patient's activities, health, and religious or moral beliefs; or 17 (g) A close friend of the patient. 18 (3) Before exercising the incapacitated patient's 19 20 rights to select or decline health care, the proxy must comply with the provisions of ss. 765.205 and 765.305, except that a 21 22 proxy's decision to withhold or withdraw life-prolonging procedures must be supported by clear and convincing evidence 23 that the decision would have been the one the patient would 24 have chosen had the patient been competent or, if there is no 25 26 indication of what the patient would have chosen, that the 27 decision is in the patient's best interest. Before exercising 28 the rights of a person who has a developmental disability as defined under s. 393.063(12) to withhold or withdraw 29 life-prolonging procedures, a proxy must comply with s. 30 393.12. 31

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1 Section 80. Section 457.1085, Florida Statutes, is 2 amended to read: 457.1085 Infection control.--Prior to November 1, 3 4 1986, The board shall adopt rules relating to the prevention 5 of infection, the safe disposal of any potentially infectious materials, and other requirements to protect the health, 6 7 safety, and welfare of the public. Beginning October 1, 1997, 8 All acupuncture needles that are to be used on a patient must 9 be sterile and disposable, and each needle may be used only 10 once. 11 Section 81. Paragraph (y) is added to subsection (1) of section 457.109, Florida Statutes, to read: 12 13 457.109 Disciplinary actions; grounds; action by the 14 board.--15 (1) The following acts constitute grounds for denial 16 of a license or disciplinary action, as specified in s. 17 456.072(2): (y) Using the specialty titles of "Diplomate in 18 Acupuncture" or "National Board-Certified Diplomate in 19 20 Acupuncture" or "Board-Certified Diplomate in Acupuncture" in conjunction with one's name, place of business, or acupuncture 21 22 practice unless the licensee holds an active license under this chapter and is also an active holder of such board 23 certification from the National Certification Commission for 24 Acupuncture and Oriental Medicine (NCCAOM). 25 26 Section 82. Section 457.116, Florida Statutes, is 27 amended to read: 28 457.116 Prohibited acts; penalty.--29 (1) A person may not: 30 (a) Practice acupuncture unless the person is licensed under ss. 457.101-457.118; 31

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1 (b) Use, in connection with his or her name or place 2 of business, any title or description of services which 3 incorporates the words "acupuncture," "acupuncturist," 4 "certified acupuncturist," "licensed acupuncturist," "oriental medical practitioner"; the letters "L.Ac.," "R.Ac.," "A.P.," 5 б or "D.O.M."; or any other words, letters, abbreviations, or 7 insignia indicating or implying that he or she practices 8 acupuncture unless he or she is a holder of a valid license 9 issued pursuant to ss. 457.101-457.118; 10 (c) Present as his or her own the license of another; (d) Knowingly give false or forged evidence to the 11 12 board or a member thereof; 13 (e) Use or attempt to use a license that has been 14 suspended, revoked, or placed on inactive or delinquent 15 status; 16 (f) Employ any person who is not licensed pursuant to 17 ss. 457.101-457.118 to engage in the practice of acupuncture; 18 or 19 (g) Conceal information relating to any violation of 20 ss. 457.101-457.118. (2) A person who violates this section commits a 21 22 felony misdemeanor of the third second degree, punishable as provided in s. 775.082, or s. 775.083, or s. 775.084. 23 24 Section 83. Subsections (31), (32), and (33) of 25 section 395.002, Florida Statutes, are renumbered as 26 subsections (32), (33), and (34), respectively, and a new 27 subsection (31) is added to said section, to read: 395.002 Definitions.--As used in this chapter: 28 29 (31) "Surgical first assistant" means the first assistant to the surgeon during a surgical operation. 30 31

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Section 84. Paragraph (b) of subsection (1) of section 1 2 395.0197, Florida Statutes, is amended to read: 3 395.0197 Internal risk management program.--4 (1) Every licensed facility shall, as a part of its 5 administrative functions, establish an internal risk б management program that includes all of the following 7 components: 8 (b) The development of appropriate measures to 9 minimize the risk of adverse incidents to patients, including, 10 but not limited to: 11 1. Risk management and risk prevention education and 12 training of all nonphysician personnel as follows: 13 a. Such education and training of all nonphysician 14 personnel as part of their initial orientation; and 15 b. At least 1 hour of such education and training 16 annually for all personnel of the licensed facility working in clinical areas and providing patient care, except those 17 persons licensed as health care practitioners who are required 18 19 to complete continuing education coursework pursuant to 20 chapter 456 or the respective practice act. 2. A prohibition, except when emergency circumstances 21 22 require otherwise, against a staff member of the licensed facility attending a patient in the recovery room, unless the 23 staff member is authorized to attend the patient in the 24 recovery room and is in the company of at least one other 25 26 person. However, a licensed facility is exempt from the 27 two-person requirement if it has: 28 a. Live visual observation; b. Electronic observation; or 29 c. Any other reasonable measure taken to ensure 30 31 patient protection and privacy. 85

A prohibition against an unlicensed person from 1 3. 2 assisting or participating in any surgical procedure unless 3 the facility has authorized the person to do so following a competency assessment, and such assistance or participation is 4 5 done under the direct and immediate supervision of a licensed physician and is not otherwise an activity that may only be 6 7 performed by a licensed health care practitioner. Moreover, the primary operating surgeon may select a surgical first 8 9 assistant from among available individuals who are approved or 10 credentialed by the facility. Development, implementation, and ongoing evaluation 11 4. 12 of procedures, protocols, and systems to accurately identify 13 patients, planned procedures, and the correct site of the 14 planned procedure so as to minimize the performance of a surgical procedure on the wrong patient, a wrong surgical 15 16 procedure, a wrong-site surgical procedure, or a surgical procedure otherwise unrelated to the patient's diagnosis or 17 medical condition. 18 19 Section 85. Paragraph (k) of subsection (2) of section 20 381.0066, Florida Statutes, is amended to read: 21 381.0066 Onsite sewage treatment and disposal systems; 22 fees.--(2) The minimum fees in the following fee schedule 23 apply until changed by rule by the department within the 24 25 following limits: (k) Research: An additional \$5 fee shall be added to 26 27 each new system construction permit issued during fiscal years 28 1996-2002 to be used for onsite sewage treatment and disposal 29 system research, demonstration, and training projects. Five dollars from any repair permit fee collected under this 30 31

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

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section shall be used for funding the hands-on training 1 2 centers described in s. 381.0065(3)(j). 3 4 The funds collected pursuant to this subsection must be deposited in a trust fund administered by the department, to 5 be used for the purposes stated in this section and ss. 6 7 381.0065 and 381.00655. 8 Section 86. Subsection (3) is added to section 9 627.638, Florida Statutes, to read: 10 627.638 Direct payment for hospital, medical 11 services.--12 (3) Under any health insurance policy insuring against 13 loss or expense due to hospital confinement or to medical and 14 related services, payment of benefits shall be made directly to any recognized hospital, doctor, or other person who 15 16 provided services for the treatment of a psychological 17 disorder or treatment for substance abuse, including drug and alcohol abuse, when the treatment is in accordance with the 18 19 provisions of the policy and the insured specifically 20 authorizes direct payment of benefits. Payments shall be made under this section, notwithstanding any contrary provisions in 21 22 the health insurance contract. This subsection applies to all health insurance policies now or hereafter in force as of 23 October 1, 2002. 24 25 Section 87. Subsection (1) of section 766.101, Florida 26 Statutes, is amended to read: 27 766.101 Medical review committee, immunity from 28 liability.--29 (1) As used in this section: 30 (a) The term "medical review committee" or "committee" 31 means:

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

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1 the guidelines which have been approved by the governing board 2 of the agency, 3 i. A peer review or utilization review committee 4 organized under chapter 440, 5 j. A committee of the Department of Health, a county б health department, healthy start coalition, or certified rural 7 health network, when reviewing quality of care, or employees 8 of these entities when reviewing mortality records, or 9 k. A continuous quality improvement committee of a 10 pharmacy licensed pursuant to chapter 465, 11 1. A committee established by a university board of 12 trustees, or 13 m. A committee comprised of faculty, residents, 14 students, and administrators of an accredited college of 15 medicine, nursing, or other health care discipline, 16 which committee is formed to evaluate and improve the quality 17 of health care rendered by providers of health service or to 18 19 determine that health services rendered were professionally 20 indicated or were performed in compliance with the applicable standard of care or that the cost of health care rendered was 21 22 considered reasonable by the providers of professional health services in the area; or 23 24 2. A committee of an insurer, self-insurer, or joint underwriting association of medical malpractice insurance, or 25 26 other persons conducting review under s. 766.106. 27 (b) The term "health care providers" means physicians 28 licensed under chapter 458, osteopathic physicians licensed 29 under chapter 459, podiatric physicians licensed under chapter 461, optometrists licensed under chapter 463, dentists 30 31 licensed under chapter 466, chiropractic physicians licensed 89

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under chapter 460, pharmacists licensed under chapter 465, or 1 2 hospitals or ambulatory surgical centers licensed under 3 chapter 395. 4 Section 88. Effective upon this act becoming a law, 5 subsection (10) of section 627.357, Florida Statutes, is б amended to read: 7 627.357 Medical malpractice self-insurance.--8 (10)(a) An application to form a self-insurance fund 9 under this section must be filed with the department before 10 October 1, 2002. All self-insurance funds authorized under 11 this paragraph must apply for a certificate of authority to 12 become an authorized insurer by October 1, 2006. Any such fund 13 failing to obtain a certificate of authority as an authorized 14 insurer within 1 year after the date of application therefor 15 shall wind down its affair and shall not issue coverage after 16 the expiration of the 1-year period. 17 (b) Any self-insurance fund established pursuant to this section after April 1, 2002, shall also comply with ss. 18 19 624.460-624.489, notwithstanding s. 624.462(2)(a). In the 20 event of a conflict between the provisions of this section and ss. 624.460-624.489, the latter sections shall govern. With 21 22 respect to those sections, provisions solely applicable to workers' compensation and employers liability insurance shall 23 not apply to medical malpractice funds. A self insurance may 24 not be formed under this section after October 1, 1992. 25 26 Section 89. Subsection (7) of section 631.54, Florida 27 Statutes, is amended to read: 28 631.54 Definitions.--As used in this part: 29 (7) "Member insurer" means any person who writes any kind of insurance to which this part applies under s. 631.52, 30 31 including the exchange of reciprocal or interinsurance 90

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contracts and any medical malpractice self-insurance fund 1 authorized after April 1, 2002, under s. 627.357, and is 2 licensed to transact insurance in this state. 3 Section 90. A residential child-caring agency licensed 4 5 under s. 409.175, Florida Statutes, that is also licensed 6 under s. 400.805, Florida Statutes, and located within Hardee 7 County shall be inspected by the service district specified in 8 s. 20.19(5)(a)7., Florida Statutes, and not by any other 9 district specified in s. 20.19(5)(a), Florida Statutes. 10 Section 91. (1) The Agency for Health Care Administration shall conduct a study of health care services 11 12 provided to children in the state who are medically fragile or 13 dependent on medical technology and conduct a pilot program in 14 Miami-Dade County to provide subacute pediatric transitional 15 care to a maximum of 30 children at any one time. The purpose 16 of the study and the pilot program are to determine ways to permit children who are medically fragile or dependent on 17 medical technology to successfully make a transition from 18 19 acute care in a health care institution to living with their 20 families when possible, and to provide cost-effective, subacute transitional care services. 21 (2) The agency, in cooperation with the Children's 22 23 Medical Services Program in the Department of Health, shall 24 conduct a study to identify the total number of children who are medically fragile or dependent on medical technology, from 25 26 birth through age 21, in the state. By January 1, 2003, the 27 agency must report to the Legislature regarding the children's 28 ages, the locations where the children are served, the types of services received, itemized costs of the services, and the 29 sources of funding that pay for the services, including the 30 proportional share when more than one funding source pays for 31

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a service. The study must include information regarding 1 2 children who are medically fragile or dependent on medical technology who reside in hospitals, nursing homes, and medical 3 foster care, and those who reside with their parents. The 4 5 study must describe children served in prescribed pediatric 6 extended care centers, including their ages and the services 7 they receive. The report must identify the total services 8 provided for each child and the method for paying for those 9 services. The report must also identify the number of such children who could, if appropriate transitional services were 10 available, return home or move to a less institutional 11 12 setting. 13 (3) Within 30 days after the effective date of this 14 act, the agency shall establish minimum staffing standards and 15 quality requirements for a subacute pediatric transitional care center to be operated as a 2-year pilot program in 16 Miami-Dade County. The pilot program must operate under the 17 license of a hospital licensed under chapter 395, Florida 18 19 Statutes, or a nursing home licensed under chapter 400, 20 Florida Statutes, and shall use existing beds in the hospital or nursing home. A child's placement in the subacute pediatric 21 transitional care center may not exceed 90 days. The center 22 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 (4) 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 (5) The subacute pediatric transitional care center must require level 1 background screening as provided in 31 92

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chapter 435, Florida Statutes, for all employees or prospective employees of the center who are expected to, 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 б property. 7 (6) The subacute pediatric transitional care center 8 must have an advisory board. Membership on the advisory board 9 must include, but need not be limited to: 10 (a) A physician and an advanced registered nurse practitioner who is familiar with services for children who 11 12 are medically fragile or dependent on medical technology. 13 (b) A registered nurse who has experience in the care 14 of children who are medically fragile or dependent on medical 15 technology. (c) A child development specialist who has experience 16 in the care of children who are medically fragile or dependent 17 on medical technology, and their families. 18 19 (d) A social worker who has experience in the care of 20 children who are medically fragile or dependent on medical technology, and their families. 21 22 (e) A consumer representative who is a parent or 23 guardian of a child placed in the center. 24 (7) The advisory board shall: 25 (a) Review the policy and procedure components of the 26 center to assure conformance with applicable standards 27 developed by the agency. 28 (b) Provide consultation with respect to the 29 operational and programmatic components of the center. 30 31

1	(8) The subacute pediatric transitional care center
2	must have written policies and procedures governing the
3	admission, transfer, and discharge of children.
4	(9) The admission of each child to the center must be
5	under the supervision of the center nursing administrator or
6	his or her designee and must be in accordance with the
7	center's policies and procedures. Each Medicaid admission must
8	be approved by the Department of Health, Children's Medical
9	Services Multidisciplinary Assessment Team, in conjunction
10	with the agency, as appropriate for placement in the facility.
11	(10) Each child admitted to the center shall be
12	admitted upon prescription of the medical director of the
13	center, licensed pursuant to chapter 458 or chapter 459, and
14	the child shall remain under the care of the medical director
15	and advanced registered nurse practitioner for the duration of
16	his or her stay in the center.
17	(11) Each child admitted to the center must meet at
18	least the following criteria:
19	(a) The child must be medically fragile or dependent
20	on medical technology.
21	(b) The child must not, prior to admission, present
22	significant risk of infection to other children or personnel.
23	The medical and nursing directors shall review, on a
24	case-by-case basis, the condition of any child who is
25	suspected of having an infectious disease to determine whether
26	admission is appropriate.
27	(c) The child must be medically stabilized and require
28	skilled nursing care or other interventions.
29	(12) If the child meets the criteria specified in
30	paragraphs (11)(a), (b), and (c), the medical director or
31	nursing director of the center shall implement a preadmission
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plan that delineates services to be provided and appropriate 1 2 sources for such services. 3 (a) If the child is hospitalized at the time of 4 referral, preadmission planning must include the participation 5 of the child's parent or guardian and relevant medical, 6 nursing, social services, and developmental staff to assure 7 that the hospital's discharge plans will be implemented 8 following the child's placement in the center. 9 (b) A consent form outlining the purpose of the center, family responsibilities, authorized treatment, 10 11 appropriate release of liability, and emergency disposition 12 plans must be signed by the parent or guardian and witnessed 13 before the child is admitted to the center. The parent or 14 guardian shall be provided a copy of the consent form. 15 (13) The provisions of this pilot program relating to 16 subacute pediatric transitional care shall be implemented to the extent available appropriations contained in the annual 17 General Appropriations Act are specifically designated for the 18 purposes contained within the pilot program. 19 20 (14) By January 1, 2003, the agency shall report to the Legislature concerning the progress of the pilot program 21 relating to subacute pediatric care for children who are 22 medically fragile or dependent on medical technology. By 23 January 1, 2004, the agency shall submit to the Legislature a 24 25 report on the success of the pilot program. 26 Section 92. Subsection (5) of section 393.064, Florida 27 Statutes, is amended to read: 28 393.064 Prevention.--29 (5) The Department of Health Children and Family Services shall have the authority, within available resources, 30 31 to contract for the supervision and management of the Raymond 95

C. Philips Research and Education Unit, and such contract 1 2 shall include specific program objectives. 3 Section 93. A commission is hereby created within the 4 Board of Medicine to conduct a study of anesthesiologist 5 assistants. б (1) The commission shall be made up of five members as 7 follows: the dean of a college of medicine in Florida or his 8 or her designee; one person designated by the Florida Board of 9 Medicine; one person designated by the Florida Physicians' Assistants Association; one person designated by the American 10 Academy of Anesthesiologist Assistants who is an 11 12 anesthesiologist assistant; and the Secretary of Health or his 13 or her designee, who shall chair the commission. The Board of 14 Medicine shall provide meeting facilities and staff support 15 for the commission. 16 (2) The commission shall review all available 17 information on anesthesiologist assistants, including, but not limited to, the following topics: 18 19 (a) The current laws and rules governing the practice 20 of anesthesiologist assistants in Florida and in other states that provide licensure of anesthesiologist assistants. 21 22 (b) Background education and training for 23 anesthesiologist assistants as compared to other anesthesia 24 providers. 25 (c) Scientific studies concerning the safety, 26 outcomes, and quality of anesthesia care provided by 27 anesthesiologist assistants as compared to other anesthesia 28 providers. 29 (d) Whether, based on the current and projected future demand for anesthesia providers in Florida over the next 10 30 31

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1 years, there is or will be an unmet need for anesthesia 2 providers in Florida. (e) Whether licensure of anesthesiologist assistants 3 4 in Florida will affect the access to or quality of anesthesia 5 care provided to patients in Florida. б (3) The commission shall meet in person at least 7 twice. 8 (4) Members of the commission shall not receive 9 compensation for their services but shall be entitled to reimbursement for expenses in accordance with s. 112.061, 10 11 Florida Statutes. 12 (5) The commission shall submit a report to the Board 13 of Medicine concerning its findings, including proposed rules 14 if appropriate, by February 15, 2003. After reviewing the 15 report of the commission, the Board of Medicine is authorized 16 to file proposed rules concerning the licensure of 17 anesthesiologist assistants who have been practicing as anesthesiologist assistants in another state for a minimum of 18 19 2 years with no disciplinary action taken against their 20 license, or individuals who have an allied health degree from a program accredited by the Commission on Accreditation of 21 Allied Health Educational Programs, and including proposed 22 rules for licensure by endorsement of anesthesiologist 23 assistants licensed in other states or licensure as 24 anesthesiologist assistants of other licensed health care 25 professionals in Florida with comparable background and 26 27 training. 28 (6) This section is repealed effective February 15, 29 2003. 30 Section 94. If any law amended by this act was also amended by a law enacted during the 2002 Regular Session of 31 97

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the Legislature, such laws shall be construed to have been enacted during the same session of the Legislature and full effect shall be given to each if possible. Section 95. Except as otherwise provided herein, this act shall take effect July 1, 2002. б \* HOUSE SUMMARY Establishes or revises various provisions relating to health care services and the education and regulation of health care providers in the state. See bill for details.