

Bill No. CS for SB 2084

Amendment No. \_\_\_\_ Barcode 283424

CHAMBER ACTION

Senate

House

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Senator Jones moved the following amendment:

**Senate Amendment (with title amendment)**

On page 1, line 10,

insert:

Section 1. This act may be cited as the "Clara Ramsey Care of the Elderly Act."

Section 2. Certified Geriatric Specialist Preparation Pilot Program.--

(1) The Agency for Workforce Innovation shall establish a pilot program for delivery of geriatric nursing education to certified nursing assistants who wish to become certified geriatric specialists. The agency shall select two pilot sites in nursing homes that have received the Gold Seal designation under section 400.235, Florida Statutes; have been designated as a teaching nursing home under section 430.80, Florida Statutes; or have not received a class I or class II deficiency within the 30 months preceding application for this program.

(2) To be eligible to receive geriatric nursing

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1 education, a certified nursing assistant must have been  
2 employed by a participating nursing home for at least 1 year  
3 and have received a high school diploma or its equivalent.

4 (3) The education shall be provided at the worksite  
5 and in coordination with the certified nursing assistant's  
6 work schedule.

7 (4) Faculty shall provide the instruction under an  
8 approved nursing program pursuant to section 464.019, Florida  
9 Statutes.

10 (5) The education shall prepare the certified nursing  
11 assistant to meet the requirements for certification as a  
12 geriatric specialist. The didactic and clinical education  
13 shall include all portions of the practical nursing curriculum  
14 pursuant to section 464.019, Florida Statutes, except for  
15 pediatric and obstetric/maternal-child education, and shall  
16 include additional education in the care of ill, injured, or  
17 infirm geriatric patients and the maintenance of health, the  
18 prevention of injury, and the provision of palliative care for  
19 geriatric patients.

20 Section 3. Certified Geriatric Specialty Nursing  
21 Initiative Steering Committee.--

22 (1) In order to guide the implementation of the  
23 Certified Geriatric Specialist Preparation Pilot Program,  
24 there is created a Certified Geriatric Specialty Nursing  
25 Initiative Steering Committee. The steering committee shall be  
26 composed of the following members:

27 (a) The chair of the Board of Nursing or his or her  
28 designee;

29 (b) A representative of the Agency for Workforce  
30 Innovation, appointed by the Director of Workforce Innovation;

31 (c) A representative of Workforce Florida, Inc.,

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1 appointed by the chair of the Board of Directors of Workforce  
2 Florida, Inc.;

3 (d) A representative of the Department of Education,  
4 appointed by the Secretary of Education;

5 (e) A representative of the Agency for Health Care  
6 Administration, appointed by the Secretary of Health Care  
7 Administration;

8 (f) The Director of the Florida Center for Nursing;  
9 and

10 (g) A representative of a Gold Seal nursing home that  
11 is not one of the pilot program sites, appointed by the  
12 Secretary of Health Care Administration.

13 (2) The steering committee shall:

14 (a) Provide consultation and guidance to the Agency  
15 for Workforce Innovation on matters of policy during the  
16 implementation of the pilot program; and

17 (b) Provide oversight to the evaluation of the pilot  
18 program.

19 (3) Members of the steering committee are entitled to  
20 reimbursement for per diem and travel expenses under section  
21 112.061, Florida Statutes.

22 (4) The steering committee shall complete its  
23 activities by June 30, 2006, and the authorization for the  
24 steering committee ends on that date.

25 Section 4. Evaluation of the Certified Geriatric  
26 Specialist Preparation Pilot Program.--The Agency for  
27 Workforce Innovation, in consultation with the Certified  
28 Geriatric Specialty Nursing Initiative Steering Committee,  
29 shall conduct, or contract for an evaluation of the pilot  
30 program. The agency shall ensure that an evaluation report is  
31 submitted to the Governor, the President of the Senate, and

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1 the Speaker of the House of Representatives by January 1,  
2 2006. The evaluation must address the experience and success  
3 of the certified nursing assistants in the pilot program and  
4 must contain recommendations regarding the expansion of the  
5 delivery of geriatric nursing education in nursing homes.

6 Section 5. Reports.--The Agency for Workforce  
7 Innovation shall submit status reports and recommendations  
8 regarding legislation necessary to further the implementation  
9 of the pilot program to the Governor, the President of the  
10 Senate, and the Speaker of the House of Representatives on  
11 January 1, 2004, January 1, 2005, and January 1, 2006.

12 Section 6. Section 464.0125, Florida Statutes, is  
13 created to read:

14 464.0125 Certified geriatric specialists;  
15 certification requirements.--

16 (1) DEFINITIONS; RESPONSIBILITIES.--

17 (a) As used in this section, the term:

18 1. "Certified geriatric specialist" means a person who  
19 meets the qualifications specified in this section and who is  
20 certified by the board to practice as a certified geriatric  
21 specialist.

22 2. "Geriatric patient" means any patient who is 60  
23 years of age or older.

24 3. "Practice of certified geriatric specialty nursing"  
25 means the performance of selected acts in facilities licensed  
26 under part II or part III of chapter 400, including the  
27 administration of treatments and medications, in the care of  
28 ill, injured, or infirm geriatric patients and the promotion  
29 of wellness, maintenance of health, and prevention of illness  
30 of geriatric patients under the direction of a registered  
31 nurse, a licensed physician, a licensed osteopathic physician,

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1 a licensed podiatric physician, or a licensed dentist. The  
 2 scope of practice of a certified geriatric specialist includes  
 3 the practice of practical nursing as defined in s. 464.003 for  
 4 geriatric patients only, except for any act in which  
 5 instruction and clinical knowledge of pediatric nursing or  
 6 obstetric/maternal-child nursing is required. A certified  
 7 geriatric specialist, while providing nursing services in  
 8 facilities licensed under part II or part III of chapter 400,  
 9 may supervise the activities of certified nursing assistants  
 10 and other unlicensed personnel providing services in such  
 11 facilities in accordance with rules adopted by the board.

12 (b) The certified geriatric specialist shall be  
 13 responsible and accountable for making decisions that are  
 14 based upon the individual's educational preparation and  
 15 experience in performing certified geriatric specialty  
 16 nursing.

17 (2) CERTIFICATION.--

18 (a) Any certified nursing assistant desiring to be  
 19 certified as a certified geriatric specialist shall apply to  
 20 the department and submit proof that he or she holds a current  
 21 certificate as a certified nursing assistant under this part  
 22 and has satisfactorily completed the following requirements:

23 1. Is in good mental and physical health, is a  
 24 recipient of a high school diploma or its equivalent and has  
 25 completed the requirements for graduation from an approved  
 26 program for nursing or its equivalent, as determined by the  
 27 board, for the preparation of licensed practical nurses,  
 28 except for instruction and clinical knowledge of pediatric  
 29 nursing or obstetric/maternal-child nursing. Any program that  
 30 is approved on July 1, 2003, by the board for the preparation  
 31 of registered nurses or licensed practical nurses may provide

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1 education for the preparation of certified geriatric  
2 specialists without further board approval.

3 2. Has the ability to communicate in the English  
4 language, which may be determined by an examination given by  
5 the department.

6 3. Has provided sufficient information, which must be  
7 submitted by the department for a statewide criminal records  
8 correspondence check through the Department of Law  
9 Enforcement.

10 (b) Each applicant who meets the requirements of this  
11 subsection shall, unless denied pursuant to s. 464.018, be  
12 entitled to certification as a certified geriatric specialist.  
13 The board shall certify, and the department shall issue a  
14 certificate to practice as a certified geriatric specialist  
15 to, any certified nursing assistant meeting the qualifications  
16 in this section. The board shall establish an application fee  
17 not to exceed \$100 and a biennial renewal fee not to exceed  
18 \$50. The board may adopt rules to administer this section.

19 (c) A person receiving certification under this  
20 section shall:

21 1. Work only within the confines of a facility  
22 licensed under part II or part III of chapter 400.

23 2. Care for geriatric patients only.

24 3. Comply with the minimum standards of practice for  
25 nurses and be subject to disciplinary action for violations of  
26 s. 464.018.

27 (3) ARTICULATION.--Any certified geriatric specialist  
28 who completes the additional instruction and coursework in an  
29 approved nursing program pursuant to s. 464.019 for the  
30 preparation of practical nursing in the areas of pediatric  
31 nursing and obstetric/maternal-child nursing shall, unless

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1 denied pursuant to s. 464.018, be entitled to licensure as a  
2 licensed practical nurse if the applicant otherwise meets the  
3 requirements of s. 464.008.

4 (4) TITLES AND ABBREVIATIONS; RESTRICTIONS;  
5 PENALTIES.--

6 (a) Only persons who hold certificates to practice as  
7 certified geriatric specialists in this state or who are  
8 performing services within the practice of certified geriatric  
9 specialty nursing pursuant to the exception set forth in s.  
10 464.022(8) shall have the right to use the title "Certified  
11 Geriatric Specialist" and the abbreviation "C.G.S."

12 (b) No person shall practice or advertise as, or  
13 assume the title of, certified geriatric specialist or use the  
14 abbreviation "C.G.S." or take any other action that would lead  
15 the public to believe that person was certified as such or is  
16 performing services within the practice of certified geriatric  
17 specialty nursing pursuant to the exception set forth in s.  
18 464.022(8), unless that person is certified to practice as  
19 such.

20 (c) A violation of this subsection is a misdemeanor of  
21 the first degree, punishable as provided in s. 775.082 or s.  
22 775.083.

23 (5) VIOLATIONS AND PENALTIES.--Practicing certified  
24 geriatric specialty nursing, as defined in this section,  
25 without holding an active certificate to do so constitutes a  
26 felony of the third degree, punishable as provided in s.  
27 775.082, s. 775.083, or s. 775.084.

28 Section 7. Paragraph (b) of subsection (1) of section  
29 381.00315, Florida Statutes, is amended to read:

30 381.00315 Public health advisories; public health  
31 emergencies.--The State Health Officer is responsible for

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1 declaring public health emergencies and issuing public health  
2 advisories.

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

4 (b) "Public health emergency" means any occurrence, or  
5 threat thereof, whether natural or man made, which results or  
6 may result in substantial injury or harm to the public health  
7 from infectious disease, chemical agents, nuclear agents,  
8 biological toxins, or situations involving mass casualties or  
9 natural disasters. Prior to declaring a public health  
10 emergency, the State Health Officer shall, to the extent  
11 possible, consult with the Governor and shall notify the Chief  
12 of Domestic Security Initiatives as created in s. 943.03. The  
13 declaration of a public health emergency shall continue until  
14 the State Health Officer finds that the threat or danger has  
15 been dealt with to the extent that the emergency conditions no  
16 longer exist and he or she terminates the declaration.  
17 However, a declaration of a public health emergency may not  
18 continue for longer than 60 days unless the Governor concurs  
19 in the renewal of the declaration. The State Health Officer,  
20 upon declaration of a public health emergency, may take  
21 actions that are necessary to protect the public health. Such  
22 actions include, but are not limited to:

23 1. Directing manufacturers of prescription drugs or  
24 over-the-counter drugs who are permitted under chapter 499 and  
25 wholesalers of prescription drugs located in this state who  
26 are permitted under chapter 499 to give priority to the  
27 shipping of specified drugs to pharmacies and health care  
28 providers within geographic areas that have been identified by  
29 the State Health Officer. The State Health Officer must  
30 identify the drugs to be shipped. Manufacturers and  
31 wholesalers located in the state must respond to the State



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1 Health Officer's priority shipping directive before shipping  
2 the specified drugs.

3           2. Notwithstanding chapters 465 and 499 and rules  
4 adopted thereunder, directing pharmacists employed by the  
5 department to compound bulk prescription drugs and provide  
6 these bulk prescription drugs to physicians and nurses of  
7 county health departments or any qualified person authorized  
8 by the State Health Officer for administration to persons as  
9 part of a prophylactic or treatment regimen.

10           3. Notwithstanding s. 456.036, temporarily  
11 reactivating the inactive license of the following health care  
12 practitioners, when such practitioners are needed to respond  
13 to the public health emergency: physicians licensed under  
14 chapter 458 or chapter 459; physician assistants licensed  
15 under chapter 458 or chapter 459; certified geriatric  
16 specialists certified under part I of chapter 464; licensed  
17 practical nurses, registered nurses, and advanced registered  
18 nurse practitioners licensed under part I of chapter 464;  
19 respiratory therapists licensed under part V of chapter 468;  
20 and emergency medical technicians and paramedics certified  
21 under part III of chapter 401. Only those health care  
22 practitioners specified in this paragraph who possess an  
23 unencumbered inactive license and who request that such  
24 license be reactivated are eligible for reactivation. An  
25 inactive license that is reactivated under this paragraph  
26 shall return to inactive status when the public health  
27 emergency ends or prior to the end of the public health  
28 emergency if the State Health Officer determines that the  
29 health care practitioner is no longer needed to provide  
30 services during the public health emergency. Such licenses may  
31 only be reactivated for a period not to exceed 90 days without

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1 meeting the requirements of s. 456.036 or chapter 401, as  
2 applicable.

3 4. Ordering an individual to be examined, tested,  
4 vaccinated, treated, or quarantined for communicable diseases  
5 that have significant morbidity or mortality and present a  
6 severe danger to public health. Individuals who are unable or  
7 unwilling to be examined, tested, vaccinated, or treated for  
8 reasons of health, religion, or conscience may be subjected to  
9 quarantine.

10 a. Examination, testing, vaccination, or treatment may  
11 be performed by any qualified person authorized by the State  
12 Health Officer.

13 b. If the individual poses a danger to the public  
14 health, the State Health Officer may subject the individual to  
15 quarantine. If there is no practical method to quarantine the  
16 individual, the State Health Officer may use any means  
17 necessary to vaccinate or treat the individual.

18  
19 Any order of the State Health Officer given to effectuate this  
20 paragraph shall be immediately enforceable by a law  
21 enforcement officer under s. 381.0012.

22 Section 8. Subsection (14) of section 400.021, Florida  
23 Statutes, is amended to read:

24 400.021 Definitions.--When used in this part, unless  
25 the context otherwise requires, the term:

26 (14) "Nursing service" means such services or acts as  
27 may be rendered, directly or indirectly, to and in behalf of a  
28 person by individuals as defined in ss. ~~s.~~ 464.003 and  
29 464.0125.

30 Section 9. Subsection (1) of section 400.211, Florida  
31 Statutes, is amended to read:

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1           400.211 Persons employed as nursing assistants;  
 2 certification requirement.--  
 3           (1) To serve as a nursing assistant in any nursing  
 4 home, a person must be certified as a nursing assistant under  
 5 part II of chapter 464, unless the person is a registered  
 6 nurse, a or practical nurse, or a certified geriatric  
 7 specialist certified or licensed in accordance with part I of  
 8 chapter 464 or an applicant for such licensure who is  
 9 permitted to practice nursing in accordance with rules adopted  
 10 by the Board of Nursing pursuant to part I of chapter 464.

11           Section 10. Paragraphs (a) and (c) of subsection (3)  
 12 of section 400.23, Florida Statutes, are amended to read:

13           400.23 Rules; evaluation and deficiencies; licensure  
 14 status.--

15           (3)(a) The agency shall adopt rules providing for the  
 16 minimum staffing requirements for nursing homes. These  
 17 requirements shall include, for each nursing home facility, a  
 18 minimum certified nursing assistant staffing of 2.3 hours of  
 19 direct care per resident per day beginning January 1, 2002,  
 20 increasing to 2.6 hours of direct care per resident per day  
 21 beginning January 1, 2003, and increasing to 2.9 hours of  
 22 direct care per resident per day beginning January 1, 2004.  
 23 Beginning January 1, 2002, no facility shall staff below one  
 24 certified nursing assistant per 20 residents, and a minimum  
 25 licensed nursing staffing of 1.0 hour of direct resident care  
 26 per resident per day but never below one licensed nurse per 40  
 27 residents. For purposes of computing nursing staffing minimums  
 28 and ratios, certified geriatric specialists shall be  
 29 considered licensed nursing staff. Nursing assistants employed  
 30 under s. 400.211(2) may be included in computing the staffing  
 31 ratio for certified nursing assistants only if they provide

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1 nursing assistance services to residents on a full-time basis.  
2 Each nursing home must document compliance with staffing  
3 standards as required under this paragraph and post daily the  
4 names of staff on duty for the benefit of facility residents  
5 and the public. The agency shall recognize the use of licensed  
6 nurses for compliance with minimum staffing requirements for  
7 certified nursing assistants, provided that the facility  
8 otherwise meets the minimum staffing requirements for licensed  
9 nurses and that the licensed nurses so recognized are  
10 performing the duties of a certified nursing assistant. Unless  
11 otherwise approved by the agency, licensed nurses counted  
12 towards the minimum staffing requirements for certified  
13 nursing assistants must exclusively perform the duties of a  
14 certified nursing assistant for the entire shift and shall not  
15 also be counted towards the minimum staffing requirements for  
16 licensed nurses. If the agency approved a facility's request  
17 to use a licensed nurse to perform both licensed nursing and  
18 certified nursing assistant duties, the facility must allocate  
19 the amount of staff time specifically spent on certified  
20 nursing assistant duties for the purpose of documenting  
21 compliance with minimum staffing requirements for certified  
22 and licensed nursing staff. In no event may the hours of a  
23 licensed nurse with dual job responsibilities be counted  
24 twice.

25 (c) Licensed practical nurses licensed under chapter  
26 464 who are providing nursing services in nursing home  
27 facilities under this part may supervise the activities of  
28 other licensed practical nurses, certified geriatric  
29 specialists, certified nursing assistants, and other  
30 unlicensed personnel providing services in such facilities in  
31 accordance with rules adopted by the Board of Nursing.

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1           Section 11. Paragraph (b) of subsection (2) of section  
2 409.908, Florida Statutes, is amended to read:

3           409.908 Reimbursement of Medicaid providers.--Subject  
4 to specific appropriations, the agency shall reimburse  
5 Medicaid providers, in accordance with state and federal law,  
6 according to methodologies set forth in the rules of the  
7 agency and in policy manuals and handbooks incorporated by  
8 reference therein. These methodologies may include fee  
9 schedules, reimbursement methods based on cost reporting,  
10 negotiated fees, competitive bidding pursuant to s. 287.057,  
11 and other mechanisms the agency considers efficient and  
12 effective for purchasing services or goods on behalf of  
13 recipients. If a provider is reimbursed based on cost  
14 reporting and submits a cost report late and that cost report  
15 would have been used to set a lower reimbursement rate for a  
16 rate semester, then the provider's rate for that semester  
17 shall be retroactively calculated using the new cost report,  
18 and full payment at the recalculated rate shall be affected  
19 retroactively. Medicare-granted extensions for filing cost  
20 reports, if applicable, shall also apply to Medicaid cost  
21 reports. Payment for Medicaid compensable services made on  
22 behalf of Medicaid eligible persons is subject to the  
23 availability of moneys and any limitations or directions  
24 provided for in the General Appropriations Act or chapter 216.  
25 Further, nothing in this section shall be construed to prevent  
26 or limit the agency from adjusting fees, reimbursement rates,  
27 lengths of stay, number of visits, or number of services, or  
28 making any other adjustments necessary to comply with the  
29 availability of moneys and any limitations or directions  
30 provided for in the General Appropriations Act, provided the  
31 adjustment is consistent with legislative intent.

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1 (2)

2 (b) Subject to any limitations or directions provided  
3 for in the General Appropriations Act, the agency shall  
4 establish and implement a Florida Title XIX Long-Term Care  
5 Reimbursement Plan (Medicaid) for nursing home care in order  
6 to provide care and services in conformance with the  
7 applicable state and federal laws, rules, regulations, and  
8 quality and safety standards and to ensure that individuals  
9 eligible for medical assistance have reasonable geographic  
10 access to such care.

11 1. Changes of ownership or of licensed operator do not  
12 qualify for increases in reimbursement rates associated with  
13 the change of ownership or of licensed operator. The agency  
14 shall amend the Title XIX Long Term Care Reimbursement Plan to  
15 provide that the initial nursing home reimbursement rates, for  
16 the operating, patient care, and MAR components, associated  
17 with related and unrelated party changes of ownership or  
18 licensed operator filed on or after September 1, 2001, are  
19 equivalent to the previous owner's reimbursement rate.

20 2. The agency shall amend the long-term care  
21 reimbursement plan and cost reporting system to create direct  
22 care and indirect care subcomponents of the patient care  
23 component of the per diem rate. These two subcomponents  
24 together shall equal the patient care component of the per  
25 diem rate. Separate cost-based ceilings shall be calculated  
26 for each patient care subcomponent. The direct care  
27 subcomponent of the per diem rate shall be limited by the  
28 cost-based class ceiling, and the indirect care subcomponent  
29 shall be limited by the lower of the cost-based class ceiling,  
30 by the target rate class ceiling, or by the individual  
31 provider target. The agency shall adjust the patient care

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1 component effective January 1, 2002. The cost to adjust the  
2 direct care subcomponent shall be net of the total funds  
3 previously allocated for the case mix add-on. The agency shall  
4 make the required changes to the nursing home cost reporting  
5 forms to implement this requirement effective January 1, 2002.

6           3. The direct care subcomponent shall include salaries  
7 and benefits of direct care staff providing nursing services  
8 including registered nurses, licensed practical nurses,  
9 certified geriatric specialists, certified under part I of  
10 chapter 464, and certified nursing assistants who deliver care  
11 directly to residents in the nursing home facility. This  
12 excludes nursing administration, MDS, and care plan  
13 coordinators, staff development, and staffing coordinator.

14           4. All other patient care costs shall be included in  
15 the indirect care cost subcomponent of the patient care per  
16 diem rate. There shall be no costs directly or indirectly  
17 allocated to the direct care subcomponent from a home office  
18 or management company.

19           5. On July 1 of each year, the agency shall report to  
20 the Legislature direct and indirect care costs, including  
21 average direct and indirect care costs per resident per  
22 facility and direct care and indirect care salaries and  
23 benefits per category of staff member per facility.

24           6. In order to offset the cost of general and  
25 professional liability insurance, the agency shall amend the  
26 plan to allow for interim rate adjustments to reflect  
27 increases in the cost of general or professional liability  
28 insurance for nursing homes. This provision shall be  
29 implemented to the extent existing appropriations are  
30 available.

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1 It is the intent of the Legislature that the reimbursement  
2 plan achieve the goal of providing access to health care for  
3 nursing home residents who require large amounts of care while  
4 encouraging diversion services as an alternative to nursing  
5 home care for residents who can be served within the  
6 community. The agency shall base the establishment of any  
7 maximum rate of payment, whether overall or component, on the  
8 available moneys as provided for in the General Appropriations  
9 Act. The agency may base the maximum rate of payment on the  
10 results of scientifically valid analysis and conclusions  
11 derived from objective statistical data pertinent to the  
12 particular maximum rate of payment.

13 Section 12. Subsection (2) of section 458.303, Florida  
14 Statutes, is amended to read:

15 458.303 Provisions not applicable to other  
16 practitioners; exceptions, etc.--

17 (2) Nothing in s. 458.301, s. 458.303, s. 458.305, s.  
18 458.307, s. 458.309, s. 458.311, s. 458.313, s. 458.319, s.  
19 458.321, s. 458.327, s. 458.329, s. 458.331, s. 458.337, s.  
20 458.339, s. 458.341, s. 458.343, s. 458.345, or s. 458.347  
21 shall be construed to prohibit any service rendered by a  
22 registered nurse, ~~or~~ a licensed practical nurse, or a  
23 certified geriatric specialist certified under part I of  
24 chapter 464, if such service is rendered under the direct  
25 supervision and control of a licensed physician who provides  
26 specific direction for any service to be performed and gives  
27 final approval to all services performed. Further, nothing in  
28 this or any other chapter shall be construed to prohibit any  
29 service rendered by a medical assistant in accordance with the  
30 provisions of s. 458.3485.

31 Section 13. Subsection (1) and paragraph (a) of



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1 subsection (2) of section 1009.65, Florida Statutes, are  
 2 amended to read:

3           1009.65 Medical Education Reimbursement and Loan  
 4 Repayment Program.--

5           (1) To encourage qualified medical professionals to  
 6 practice in underserved locations where there are shortages of  
 7 such personnel, there is established the Medical Education  
 8 Reimbursement and Loan Repayment Program. The function of the  
 9 program is to make payments that offset loans and educational  
 10 expenses incurred by students for studies leading to a medical  
 11 or nursing degree, medical or nursing licensure, or advanced  
 12 registered nurse practitioner certification or physician  
 13 assistant licensure. The following licensed or certified  
 14 health care professionals are eligible to participate in this  
 15 program: medical doctors with primary care specialties,  
 16 doctors of osteopathic medicine with primary care specialties,  
 17 physician's assistants, certified geriatric specialists  
 18 certified under part I of chapter 464, licensed practical  
 19 nurses and registered nurses, and advanced registered nurse  
 20 practitioners with primary care specialties such as certified  
 21 nurse midwives. Primary care medical specialties for  
 22 physicians include obstetrics, gynecology, general and family  
 23 practice, internal medicine, pediatrics, and other specialties  
 24 which may be identified by the Department of Health.

25           (2) From the funds available, the Department of Health  
 26 shall make payments to selected medical professionals as  
 27 follows:

28           (a) Up to \$4,000 per year for certified geriatric  
 29 specialists certified under part I of chapter 464, licensed  
 30 practical nurses, and registered nurses, up to \$10,000 per  
 31 year for advanced registered nurse practitioners and

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1 physician's assistants, and up to \$20,000 per year for  
 2 physicians. Penalties for noncompliance shall be the same as  
 3 those in the National Health Services Corps Loan Repayment  
 4 Program. Educational expenses include costs for tuition,  
 5 matriculation, registration, books, laboratory and other fees,  
 6 other educational costs, and reasonable living expenses as  
 7 determined by the Department of Health.

8 Section 14. Subsection (2) of section 1009.66, Florida  
 9 Statutes, is amended to read:

10 1009.66 Nursing Student Loan Forgiveness Program.--

11 (2) To be eligible, a candidate must have graduated  
 12 from an accredited or approved nursing program and have  
 13 received a Florida license as a licensed practical nurse, a  
 14 certified geriatric specialist certified under part I of  
 15 chapter 464, or a registered nurse or a Florida certificate as  
 16 an advanced registered nurse practitioner.

17 Section 15. The sum of \$157,017 is appropriated from  
 18 the General Revenue Fund to the Agency for Workforce  
 19 Innovation to support the work of the Certified Geriatric  
 20 Specialty Nursing Initiative Steering Committee, to administer  
 21 the pilot sites, contract for an evaluation, and to provide,  
 22 if necessary, nursing faculty, substitute certified nursing  
 23 assistants for those who are in clinical education, and  
 24 technical support to the pilot sites during the 2003-2004  
 25 fiscal year.

26 Section 16. Subsection (6) is added to section  
 27 464.201, Florida Statutes, to read:

28 464.201 Definitions.--As used in this part, the term:

29 (6) "Practice of a certified nursing assistant" means  
 30 providing care and assisting persons with tasks relating to  
 31 the activities of daily living. Such tasks are those

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1 associated with personal care, maintaining mobility, nutrition  
2 and hydration, toileting and elimination, assistive devices,  
3 safety and cleanliness, data gathering, reporting abnormal  
4 signs and symptoms, post mortem care, patient socialization  
5 and reality orientation, end-of-life care, CPR and emergency  
6 care, residents' or patients' rights, documentation of nursing  
7 assistant services, and other tasks that a certified nurse  
8 assistant may perform after training beyond that required for  
9 initial certification and upon validation of competence in  
10 that skill by a registered nurse. This section does not  
11 restrict the ability of any person who is otherwise trained  
12 and educated from performing such tasks.

13 Section 17. Section 464.202, Florida Statutes, is  
14 amended to read:

15 464.202 Duties and powers of the board.--The board  
16 shall maintain, or contract with or approve another entity to  
17 maintain, a state registry of certified nursing assistants.  
18 The registry must consist of the name of each certified  
19 nursing assistant in this state; other identifying information  
20 defined by board rule; certification status; the effective  
21 date of certification; other information required by state or  
22 federal law; information regarding any crime or any abuse,  
23 neglect, or exploitation as provided under chapter 435; and  
24 any disciplinary action taken against the certified nursing  
25 assistant. The registry shall be accessible to the public, the  
26 certificateholder, employers, and other state agencies. The  
27 board shall adopt by rule testing procedures for use in  
28 certifying nursing assistants and shall adopt rules regulating  
29 the practice of certified nursing assistants which specify the  
30 scope of practice authorized and level of supervision required  
31 for the practice of certified nursing assistants to enforce

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1 ~~this part~~. The board may contract with or approve another  
2 entity or organization to provide the examination services,  
3 including the development and administration of examinations.  
4 The board shall require that the contract provider offer  
5 certified nursing assistant applications via the Internet, and  
6 may require the contract provider to accept certified nursing  
7 assistant applications for processing via the Internet. The  
8 board shall require the contract provider to provide the  
9 preliminary results of the certified nursing examination on  
10 the date the test is administered. The provider shall pay all  
11 reasonable costs and expenses incurred by the board in  
12 evaluating the provider's application and performance during  
13 the delivery of services, including examination services and  
14 procedures for maintaining the certified nursing assistant  
15 registry.

16 Section 18. James and Esther King Center for Universal  
17 Research to Eradicate Disease.--

18 (1) The Legislature finds that an estimated 128  
19 million Americans suffer from acute, chronic, and degenerative  
20 diseases and that biomedical research is the key to finding  
21 cures for these diseases that negatively affect all  
22 Floridians. The Legislature further finds that, while there is  
23 much research being conducted throughout this state and  
24 throughout the world, there is a lack of coordination of  
25 efforts among researchers. The Legislature, therefore, finds  
26 that there is a significant need for a coordinated effort if  
27 the goal of curing disease is to be achieved. Moreover, the  
28 Legislature finds that the biomedical technology sector meets  
29 the criteria of a high-impact sector, pursuant to section  
30 288.108, Florida Statutes, having a high importance to this  
31 state's economy with a significant potential for growth and

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1 contribution to our universities and quality of life.

2       (2) It is the intent of the Legislature that Florida  
3 strive to become the nation's leader in biomedical research  
4 and commit itself to being the state to find cures for the  
5 most deadly and widespread diseases. It is further the intent  
6 of the Legislature that there be a coordinated effort among  
7 the state's public and private universities and the biomedical  
8 industry to discover such cures. Moreover, it is the intent of  
9 the Legislature to expand the state economy by attracting  
10 biomedical researchers and research companies to this state.

11       (3) There is established the James and Esther King  
12 Center for Universal Research to Eradicate Disease, which  
13 shall be known as the "CURED."

14       (a) The purpose of the center is to coordinate,  
15 improve, expand, and monitor all biomedical research programs  
16 within the state, facilitate funding opportunities, and foster  
17 improved technology transfer of research findings into  
18 clinical trials and widespread public use.

19       (b) The goal of the center is to find cures for  
20 diseases such as cancer, heart disease, lung disease,  
21 diabetes, and neurological disorders, including Alzheimer's  
22 disease, epilepsy, and Parkinson's disease.

23       (c) The center shall hold an annual biomedical  
24 technology summit in Florida to which biomedical researchers,  
25 biomedical technology companies, business incubators,  
26 pharmaceutical manufacturers, and others around the nation and  
27 world are invited to share biomedical research findings in  
28 order to expedite the discovery of cures. Summit attendees  
29 will be required to cover the costs of such attendance or  
30 obtain sponsorship for such attendance.

31       (d) The center shall encourage clinical trials in this

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1 state on research that holds promise of curing a disease or  
2 condition. The center shall facilitate partnerships between  
3 researchers, treating physicians, and community hospitals for  
4 the purpose of sharing new techniques and new research  
5 findings, as well as coordinating voluntary donations to  
6 ensure an adequate supply of adult stem cells or cord blood.

7 (e) The center shall also encourage the discovery and  
8 production in Florida of vaccines that prevent disease.

9 (f) The center shall monitor the supply and demand  
10 needs of researchers relating to stem cell research and other  
11 types of human tissue research. If the center determines that  
12 there is a need for increased donation of human tissue, it  
13 shall notify hospitals licensed pursuant to chapter 395,  
14 Florida Statutes, that have entered into partnership  
15 agreements with research institutes conducting stem cell  
16 research located in the same geographic region as the  
17 researchers demanding the stem cells or other tissues. Such  
18 hospitals shall then implement programs that encourage  
19 voluntary donations of cord blood or other needed adult  
20 tissue.

21 (g) The center shall be funded through private, state,  
22 and federal sources.

23 (h) The center shall serve as a registry of all known  
24 biomedical grant opportunities and may assist any public or  
25 private biomedical research program in this state in preparing  
26 grant requests.

27 (i) The center shall maintain a website with links to  
28 peer-reviewed biomedical research. The website shall also  
29 contain a list of all known biomedical research being  
30 conducted in Florida and shall facilitate communication among  
31 researchers and other interested parties.

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1       (j) The center shall submit an annual report to the  
2 Governor, the President of the Senate, and the Speaker of the  
3 House of Representatives no later than January 15 which  
4 contains recommendations for legislative change necessary to  
5 foster a positive climate for biomedical research in this  
6 state.

7       (k) The duties of the center may be outsourced by the  
8 Department of Health to a private entity or state university.

9       (4) There is established within the center an advisory  
10 council which shall meet at least annually.

11       (a) The council shall consist of the members of the  
12 board of directors of the Florida Research Consortium and at  
13 least one representative from:

- 14           1. The Emerging Technology Commission.  
15           2. Enterprise Florida, Inc.  
16           3. BioFlorida.  
17           4. The Florida Biomedical Research Advisory Council.  
18           5. The Florida Medical Foundation.  
19           6. Pharmaceutical Research and Manufacturers of  
20 America.

21       (b) Members of the council shall serve without  
22 compensation and each organization represented shall cover all  
23 expenses of its representative.

24       Section 19. Paragraphs (a) and (b) of subsection (1),  
25 subsection (2), and paragraph (f) of subsection (10) of  
26 section 215.5602, Florida Statutes, are amended to read:

27       215.5602 Florida Biomedical Research Program.--

28       (1) There is established within the Department of  
29 Health the Florida Biomedical Research Program funded by the  
30 proceeds of the Lawton Chiles Endowment Fund pursuant to s.  
31 215.5601. The purpose of the Florida Biomedical Research

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1 Program is to provide an annual and perpetual source of  
2 funding in order to support research initiatives that address  
3 the health care problems of Floridians in the areas of  
4 tobacco-related cancer, cardiovascular disease, stroke, and  
5 pulmonary disease. The long-term goals of the program are to:

6 (a) Improve the health of Floridians by researching  
7 better prevention, diagnoses, ~~and~~ treatments, and cures for  
8 cancer, cardiovascular disease, stroke, and pulmonary disease.

9 (b) Expand the foundation of biomedical knowledge  
10 relating to the prevention, diagnosis, ~~and~~ treatment, and cure  
11 of diseases related to tobacco use, including cancer,  
12 cardiovascular disease, stroke, and pulmonary disease.

13 (2) Funds appropriated for the Florida Biomedical  
14 Research Program shall be used exclusively for the award of  
15 grants and fellowships as established in this section; for  
16 research relating to the prevention, diagnosis, ~~and~~ treatment,  
17 and cure of diseases related to tobacco use, including cancer,  
18 cardiovascular disease, stroke, and pulmonary disease; and for  
19 expenses incurred in the administration of this section.  
20 Priority shall be granted to research designed to prevent or  
21 cure disease.

22 (10) The council shall submit an annual progress  
23 report on the state of biomedical research in this state to  
24 the Governor, the Secretary of Health, the President of the  
25 Senate, and the Speaker of the House of Representatives by  
26 February 1. The report must include:

27 (f) Progress in the prevention, diagnosis, ~~and~~  
28 treatment, and cure of diseases related to tobacco use,  
29 including cancer, cardiovascular disease, stroke, and  
30 pulmonary disease.

31 Section 20. Florida Cancer Research Cooperative.--



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1           (1) Effective July 1, 2003, the Florida Cancer  
2 Research Cooperative is established for the purpose of making  
3 the State of Florida a world class center for cancer research.

4           (2)(a) A not-for-profit corporation, acting as an  
5 instrumentality of the Florida Dialogue on Cancer, shall be  
6 organized for the purpose of governing the affairs of the  
7 cooperative.

8           (b) The Florida Cancer Research Cooperative, Inc., may  
9 create not-for-profit corporate subsidiaries to fulfill its  
10 mission. The not-for-profit corporation and its subsidiaries  
11 are authorized to receive, hold, invest, and administer  
12 property and any moneys acquired from private, local, state,  
13 and federal sources, as well as technical and professional  
14 income generated or derived from the mission-related  
15 activities of the cooperative.

16           (c) The affairs of the not-for-profit corporation  
17 shall be managed by a board of directors which shall consist  
18 of:

19           1. The Secretary of the Department of Health or his or  
20 her designee;

21           2. The Chief Executive Officer of the H. Lee Moffitt  
22 Cancer Center or his or her designee;

23           3. The President of the University of Florida Shands  
24 Cancer Center or his or her designee;

25           4. The Chief Executive Officer of the University of  
26 Miami Sylvester Comprehensive Cancer Center or his or her  
27 designee;

28           5. The Chief Executive Officer of the Mayo Clinic,  
29 Jacksonville or his or her designee;

30           6. The Chief Executive Officer of the American Cancer  
31 Society, Florida Division or his or her designee;

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- 1           7. The President of the American Cancer Society,  
2 Florida Division Board of Directors or his or her designee;
- 3           8. The President of the Florida Society of Clinical  
4 Oncology or his or her designee;
- 5           9. The Chief Executive Officer of Enterprise Florida,  
6 Inc., or his or her designee;
- 7           10. Three representatives from large Florida hospitals  
8 or institutions, not delineated in subparagraphs 1. through  
9 6., that treat a large volume of cancer patients. One shall be  
10 appointed by the Governor, one shall be appointed by the  
11 Speaker of the House of Representatives, and one shall be  
12 appointed by the President of the Senate;
- 13           11. Three representatives from community-based,  
14 statewide organizations serving populations that experience  
15 cancer disparities, one of whom shall be appointed by the  
16 Governor, one of whom shall be appointed by the Speaker of the  
17 House of Representatives, and one of whom shall be appointed  
18 by the President of the Senate;
- 19           12. One member of the Florida House of  
20 Representatives, to be appointed by the Speaker of the House  
21 of Representatives;
- 22           13. One member of the Florida Senate, to be appointed  
23 by the President of the Senate;
- 24           14. Three university presidents, one of whom shall be  
25 appointed by the Governor, one of whom shall be appointed by  
26 the Speaker of the House of Representatives, and one of whom  
27 shall be appointed by the President of the Senate; and
- 28           15. Five representatives from other statewide public  
29 health organizations whose missions include public education  
30 and the eradication of cancer, three of whom shall be  
31 appointed by the Governor, one of whom shall be appointed by

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1 the Speaker of the House of Representatives, and one of whom  
2 shall be appointed by the President of the Senate.

3 (d) Appointments made by the Speaker of the House of  
4 Representatives and the President of the Senate pursuant to  
5 paragraph (c) shall be for 2-year terms, concurrent with the  
6 bienniums in which they serve as presiding officers.

7 (e) Appointments made by the Governor pursuant to  
8 paragraph (c) shall be for 2-year terms, although the Governor  
9 may reappoint directors.

10 (f) Members of the board of directors of the  
11 not-for-profit corporation or any subsidiaries shall serve  
12 without compensation.

13 (3) The cooperative shall issue an annual report to  
14 the Governor, the Speaker of the House of Representatives, and  
15 the President of the Senate, by December 15 of each year, with  
16 policy and funding recommendations regarding cancer research  
17 capacity in Florida and related issues.

18 Section 21. Florida Cancer Research Cooperative;  
19 mission and duties.--

20 (1) The cooperative shall develop and centralize the  
21 processes and shared services for expanding cancer research in  
22 Florida through:

23 (a) Support through bioinformatics, in order to create  
24 a cancer informatics infrastructure that enhances information  
25 and resource exchange and integration through researchers  
26 working in diverse disciplines to facilitate the full spectrum  
27 of cancer investigations;

28 (b) Technical coordination, business development, and  
29 support of intellectual property;

30 (c) Development of a statewide cancer clinical trials  
31 network as contemplated in section 1; and

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1           (d) Other multidisciplinary research support  
2 activities.

3           (2) The cooperative shall work in concert with the  
4 Center for Universal Research to Eradicate Disease created in  
5 section 1 to ensure that the goals of the center are advanced.

6           Section 22. Section 484.0512, Florida Statutes, is  
7 amended to read:

8           484.0512 Thirty-day trial period; purchaser's right to  
9 cancel; notice; refund; cancellation fee; criminal penalty  
10 procedures.--

11           (1) A person selling a hearing aid in this state must  
12 provide the buyer with written notice of a 30-day trial period  
13 and money-back guarantee. The guarantee must permit the  
14 purchaser to cancel the purchase for a valid reason as defined  
15 by rule of the board within 30 days after receiving the  
16 hearing aid, by returning the hearing aid or mailing written  
17 notice of cancellation to the seller. If the hearing aid must  
18 be repaired, remade, or adjusted during the 30-day trial  
19 period, the running of the 30-day trial period is suspended 1  
20 day for each 24-hour period that the hearing aid is not in the  
21 purchaser's possession. A repaired, remade, or adjusted  
22 hearing aid must be claimed by the purchaser within 3 working  
23 days after notification of availability. The running of the  
24 30-day trial period resumes on the day the purchaser reclaims  
25 the repaired, remade, or adjusted hearing aid or on the fourth  
26 day after notification of availability.

27           (2) The board, in consultation with the Board of  
28 Speech-Language Pathology and Audiology, shall prescribe by  
29 rule the terms and conditions to be contained in the  
30 money-back guarantee and any exceptions thereto. Such rule  
31 shall provide, at a minimum, that the charges for earmolds and

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1 service provided to fit the hearing aid may be retained by the  
2 licensee. The rules shall also set forth any reasonable  
3 charges to be held by the licensee as a cancellation fee. Such  
4 rule shall be effective on or before December 1, 1994. Should  
5 the board fail to adopt such rule, a licensee may not charge a  
6 cancellation fee which exceeds 5 percent of the total charge  
7 for a hearing aid alone. The terms and conditions of the  
8 guarantee, including the total amount available for refund,  
9 shall be provided in writing to the purchaser prior to the  
10 signing of the contract.

11 (3) Within 30 days after the return or attempted  
12 return of the hearing aid, the seller shall refund all moneys  
13 that must be refunded to a purchaser pursuant to this section.  
14 A violation of this subsection is a misdemeanor of the first  
15 degree, punishable as provided in s. 775.082 or s. 775.083.

16 (4) For purposes of this section, the term "seller" or  
17 "person selling a hearing aid" includes:

18 (a) Any natural person licensed under this part or any  
19 other natural person who signs a sales receipt required by s.  
20 484.051(2) or s. 468.1245(2) or who otherwise fits, delivers,  
21 or dispenses a hearing aid.

22 (b) Any business organization, whether a sole  
23 proprietorship, partnership, corporation, professional  
24 association, joint venture, business trust, or other legal  
25 entity, which dispenses a hearing aid or enters into an  
26 agreement to dispense a hearing aid.

27 (c) Any person who controls, manages, or operates an  
28 establishment or business that dispenses a hearing aid or  
29 enters into an agreement to dispense a hearing aid.

30 Section 23. Effective upon this act becoming a law,  
31 subsection (1) of section 456.073, Florida Statutes, is

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1 amended to read:

2           456.073 Disciplinary proceedings.--Disciplinary  
3 proceedings for each board shall be within the jurisdiction of  
4 the department.

5           (1) The department, for the boards under its  
6 jurisdiction, shall cause to be investigated any complaint  
7 that is filed before it if the complaint is in writing, signed  
8 by the complainant, and legally sufficient. A complaint filed  
9 by a state prisoner against a health care practitioner  
10 employed by or otherwise providing health care services within  
11 a facility of the Department of Corrections is not legally  
12 sufficient unless there is a showing that the prisoner  
13 complainant has exhausted all available administrative  
14 remedies within the state correctional system before filing  
15 the complaint. However, if the department determines after a  
16 preliminary inquiry of a state prisoner's complaint, that the  
17 practitioner may present a serious threat to the health and  
18 safety of any individual who is not a state prisoner, the  
19 department may determine legal sufficiency and proceed with  
20 discipline. The Department of Health shall be notified within  
21 15 days whenever the Department of Corrections disciplines or  
22 allows a health care practitioner to resign for an offense  
23 related to the practice of his or her profession. A complaint  
24 is legally sufficient if it contains ultimate facts that show  
25 that a violation of this chapter, of any of the practice acts  
26 relating to the professions regulated by the department, or of  
27 any rule adopted by the department or a regulatory board in  
28 the department has occurred. In order to determine legal  
29 sufficiency, the department may require supporting information  
30 or documentation. The department may investigate, and the  
31 department or the appropriate board may take appropriate final

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1 action on, a complaint even though the original complainant  
2 withdraws it or otherwise indicates a desire not to cause the  
3 complaint to be investigated or prosecuted to completion. The  
4 department may investigate an anonymous complaint if the  
5 complaint is in writing and is legally sufficient, if the  
6 alleged violation of law or rules is substantial, and if the  
7 department has reason to believe, after preliminary inquiry,  
8 that the violations alleged in the complaint are true. The  
9 department may investigate a complaint made by a confidential  
10 informant if the complaint is legally sufficient, if the  
11 alleged violation of law or rule is substantial, and if the  
12 department has reason to believe, after preliminary inquiry,  
13 that the allegations of the complainant are true. The  
14 department may initiate an investigation if it has reasonable  
15 cause to believe that a licensee or a group of licensees has  
16 violated a Florida statute, a rule of the department, or a  
17 rule of a board. Except as provided in ss. 458.331(9),  
18 459.015(9), 460.413(5), and 461.013(6), when an investigation  
19 of any subject is undertaken, the department shall promptly  
20 furnish to the subject or the subject's attorney a copy of the  
21 complaint or document that resulted in the initiation of the  
22 investigation. The subject may submit a written response to  
23 the information contained in such complaint or document within  
24 20 days after service to the subject of the complaint or  
25 document. The subject's written response shall be considered  
26 by the probable cause panel. The right to respond does not  
27 prohibit the issuance of a summary emergency order if  
28 necessary to protect the public. However, if the secretary, or  
29 the secretary's designee, and the chair of the respective  
30 board or the chair of its probable cause panel agree in  
31 writing that such notification would be detrimental to the

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1 investigation, the department may withhold notification. The  
2 department may conduct an investigation without notification  
3 to any subject if the act under investigation is a criminal  
4 offense.

5       Section 24. (1) The Division of Medical Quality  
6 Assurance of the Department of Health shall conduct a study of  
7 clinical and academic training requirements of certified  
8 optometric practitioners, licensed pursuant to chapter 463,  
9 Florida Statutes, to determine the extent to which prescribing  
10 authority may be expanded. The study group shall be composed  
11 of the following members:

12       (a) One pharmacologist representing the University of  
13 Florida;

14       (b) One pharmacologist representing Nova Southeastern  
15 University;

16       (c) One pharmacologist representing Florida  
17 Agricultural and Mechanical University;

18       (d) One ophthalmologist representing Mayo Clinic  
19 Jacksonville;

20       (e) One ophthalmologist representing Bascom Palmer Eye  
21 Institute;

22       (f) One board-certified internist appointed by the  
23 University of South Florida;

24       (g) One optometrist representing the Florida Board of  
25 Optometry;

26       (h) One certified optometric practitioner representing  
27 the Florida Optometric Association; and

28       (i) One certified optometric practitioner appointed by  
29 the Nova Southeastern University College of Optometry.

30       (2) The study group shall be chaired by the Secretary  
31 of Health or his or her designee. The study shall be completed



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1 and a final report presented to the Governor, the President of  
2 the Senate, and the Speaker of the House of Representatives by  
3 January 15, 2004. If applicable, a minority report shall be  
4 completed and presented to the Governor, the President of the  
5 Senate, and the Speaker of the House of Representatives by  
6 January 31, 2004.

7 (3) This section shall take effect upon becoming a  
8 law.

9 Section 25. Present subsection (4) of section  
10 465.0265, Florida Statutes, is redesignated as subsection (5),  
11 and a new subsection (4) is added to that section, to read:

12 465.0265 Centralized prescription filling.--

13 (4) Pharmacies accessing the same prescription records  
14 in a centralized database or pharmacy computers linked in any  
15 other manner may refill or dispense prescriptions at the  
16 request of another pharmacy so linked if the pharmacies have  
17 the same owner or have a written contract specifying the  
18 services to be provided by each pharmacy, the responsibilities  
19 of each pharmacy, and the manner in which the pharmacies will  
20 comply with federal and state laws and rules. Prescriptions  
21 refilled or dispensed using such a system shall not be  
22 considered prescription transfers or copies if the computer  
23 system registers a complete and full audit trail of all  
24 activities and includes the identification of the pharmacies  
25 and pharmacists accessing the centralized database and if the  
26 system restricts access to the computerized prescription  
27 records to pharmacies or other authorized personnel.

28 Section 26. Subsection (2) of section 466.006, Florida  
29 Statutes, is amended to read:

30 466.006 Examination of dentists.--

31 (2) An applicant shall be entitled to take the

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1 examinations required in this section to practice dentistry in  
2 this state if the applicant:

3 (a) Is 18 years of age or older.

4 (b)1. Is a graduate of a dental school accredited by  
5 the Commission on Accreditation of the American Dental  
6 Association or its successor agency, if any, or any other  
7 nationally recognized accrediting agency; ~~or-~~

8 2. Is a dental student in the final year of a program  
9 at such an accredited school who has completed all the  
10 coursework necessary to prepare the student to perform the  
11 clinical and diagnostic procedures required to pass the  
12 examinations. With respect to a dental student in the final  
13 year of a program at a dental school, a passing score on the  
14 examinations is valid for 180 days after the date the  
15 examinations were completed. A dental school student who takes  
16 the licensure examinations during the student's final year of  
17 an approved dental school must have graduated before being  
18 certified for licensure pursuant to s. 466.011.

19 (c) Has successfully completed the National Board of  
20 Dental Examiners dental examination within 10 years of the  
21 date of application.

22 Section 27. Section 466.0065, Florida Statutes, is  
23 created to read:

24 466.0065 Regional licensure examinations.--

25 (1) It is the intent of the Legislature that schools  
26 of dentistry be allowed to offer regional licensure  
27 examinations to dental students who are in the final year of a  
28 program at an approved dental school for the sole purpose of  
29 facilitating the student's licensing in other jurisdictions.  
30 This section does not allow a person to be licensed as a  
31 dentist in this state without taking the examinations as set

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1 forth in s. 466.006, nor does this section mean that regional  
2 examinations administered under this section may be  
3 substituted for complying with testing requirements under s.  
4 466.006.

5 (2) Each school of dentistry in this state which is  
6 accredited by the Commission on Accreditation of the American  
7 Dental Association or its successor agency may, upon written  
8 approval by the Board of Dentistry, offer regional licensure  
9 examinations only to dental students in the final year of a  
10 program at an approved dental school, if the board has  
11 approved the hosting school's written plan to comply with the  
12 following conditions:

13 (a) The examining body must be a member of the  
14 American Association of Dental Examiners.

15 (b) The student must have successfully completed parts  
16 I and II of the National Board of Dental Examiners examination  
17 within 2 years before taking the regional examination.

18 (c) The student must possess medical malpractice  
19 insurance in amounts that the board determines to be  
20 sufficient to cover any reasonably foreseeable incident of harm  
21 to a patient during the clinical portion of the regional  
22 examination.

23 (d) At least one of the examination monitors must be a  
24 dentist licensed in this state who has completed all necessary  
25 standardization exercises required by the regional examination  
26 body.

27 (e) Adequate arrangements must be made, when  
28 necessary, for patients who require followup care as a result  
29 of procedures performed during the clinical portion of the  
30 regional examination.

31 (f) The board chair or the chair's designee must be

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1 allowed to observe testing while it is in progress.

2 (g) Each student, upon applying to take the regional  
3 examination, must receive written disclosure in at least  
4 12-point boldface type which states: "This examination does  
5 not meet the licensure requirements of chapter 466, Florida  
6 Statutes, for licensure in the State of Florida. Persons  
7 wishing to practice dentistry in Florida must pass the Florida  
8 licensure examinations. For more information on Florida's  
9 licensure examination procedures, please contact the Florida  
10 Board of Dentistry."

11 (h) The student must be enrolled as a dental student  
12 in the student's final year of a program at an approved dental  
13 school that is accredited by the Commission on Accreditation  
14 of the American Dental Association or its successor agency.

15 (i) The student must have completed all the coursework  
16 necessary to prepare the student to perform all clinical and  
17 diagnostic procedures required to pass the regional  
18 examination.

19 (j) The student's academic record must not include any  
20 evidence suggesting that the student poses an unreasonable  
21 risk to any live patients who are required for the clinical  
22 portion of the regional examination. In order to protect the  
23 health and safety of the public, the board may request  
24 additional information and documents pertaining to the  
25 candidate's mental and physical health in order to fully  
26 assess the candidate's fitness to engage in exercises  
27 involving a live patient.

28 (3) A student who takes the examination pursuant to  
29 this section, a dental school that submits a plan pursuant to  
30 this section, or a regional examination body that a dental  
31 school proposes to host under this section does not have

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1 standing to assert that a state agency has taken action for  
2 which a hearing may be sought under ss. 120.569 and 120.57.

3 Section 28. This act may be cited as the "Nick Oelrich  
4 Gift of Life Act."

5 Section 29. Subsections (1), (2), and (6) of section  
6 765.512, Florida Statutes, are amended to read:

7 765.512 Persons who may make an anatomical gift.--

8 (1) Any person who may make a will may give all or  
9 part of his or her body for any purpose specified in s.  
10 765.510, the gift to take effect upon death. An anatomical  
11 gift made by an adult donor and not revoked by the donor as  
12 provided in s. 765.516 is irrevocable ~~and does not require the~~  
13 ~~consent or concurrence of any person~~ after the donor's death.  
14 A family member, guardian, representative ad litem, or health  
15 care surrogate of an adult donor who has made an anatomical  
16 gift pursuant to subsection (2) may not modify, deny or  
17 prevent a donor's wish or intent to make an anatomical gift  
18 from being made after the donor's death.

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

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

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

4 (b) The decedent's medical provider, family, or a  
5 third party to furnish medical records requested concerning  
6 the decedent's medical and social history.

7 Section 30. Section 765.516, Florida Statutes, is  
8 amended to read:

9 765.516 Amendment of the terms of or the revocation of  
10 the gift.--

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

13 (a) The execution and delivery to the donee of a  
14 signed statement.

15 (b) An oral statement that is:

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

17 ~~2. made in the presence of two persons, one of whom~~  
18 ~~must not be a family member, and communicated to the donor's~~  
19 ~~family or attorney or to the donee.~~

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

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

26 (2) Any gift made by a will may also be amended or  
27 revoked in the manner provided for amendment or revocation of  
28 wills or as provided in subsection (1).

29 Section 31. Subsection (1) of section 765.401, Florida  
30 Statutes, is amended to read:

31 765.401 The proxy.--

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1           (1) If an incapacitated or developmentally disabled  
2 patient has not executed an advance directive, or designated a  
3 surrogate to execute an advance directive, or the designated  
4 or alternate surrogate is no longer available to make health  
5 care decisions, health care decisions may be made for the  
6 patient by any of the following individuals, in the following  
7 order of priority, if no individual in a prior class is  
8 reasonably available, willing, or competent to act:

9           (a) The judicially appointed guardian of the patient  
10 or the guardian advocate of the person having a developmental  
11 disability as defined in s. 393.063, who has been authorized  
12 to consent to medical treatment, if such guardian has  
13 previously been appointed; however, this paragraph shall not  
14 be construed to require such appointment before a treatment  
15 decision can be made under this subsection;

16           (b) The patient's spouse;

17           (c) An adult child of the patient, or if the patient  
18 has more than one adult child, a majority of the adult  
19 children who are reasonably available for consultation;

20           (d) A parent of the patient;

21           (e) The adult sibling of the patient or, if the  
22 patient has more than one sibling, a majority of the adult  
23 siblings who are reasonably available for consultation;

24           (f) An adult relative of the patient who has exhibited  
25 special care and concern for the patient and who has  
26 maintained regular contact with the patient and who is  
27 familiar with the patient's activities, health, and religious  
28 or moral beliefs; ~~or~~

29           (g) A close friend of the patient; or

30           (h) A clinical social worker licensed pursuant to  
31 chapter 491, or a graduate of a court-approved guardianship

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1 program. Such a proxy must be selected by the provider's  
2 bioethics committee and must not be employed by the provider.  
3 If the provider does not have a bioethics committee, then such  
4 a proxy may be chosen through an arrangement with the  
5 bioethics committee of another provider. The proxy must be  
6 notified that upon request the provider shall make available a  
7 second physician, not involved in the patient's care, to  
8 assist the proxy in evaluating treatment. Decisions to  
9 withhold or withdraw life-prolonging procedures must be  
10 reviewed by the facility's bioethics committee. Documentation  
11 of efforts to locate proxies from prior classes must be  
12 recorded in the patient record.

13 Section 32. Subsection (22) is added to section  
14 641.19, Florida Statutes, to read:

15 641.19 Definitions.--As used in this part, the term:  
16 (22) "Specialty" does not include services performed  
17 by a chiropractic physician licensed under chapter 460.

18  
19 (Redesignate subsequent sections.)

20  
21  
22 ===== T I T L E A M E N D M E N T =====

23 And the title is amended as follows:

24 On page 1, line 2, delete that line

25  
26 and insert:

27 An act relating to health care; providing a  
28 short title; requiring the Agency for Workforce  
29 Innovation to establish a pilot program for  
30 delivery of certified geriatric specialty  
31 nursing education; specifying eligibility



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1 requirements for certified nursing assistants  
2 to obtain certified geriatric specialty nursing  
3 education; specifying requirements for the  
4 education of certified nursing assistants to  
5 prepare for certification as a certified  
6 geriatric specialist; creating a Certified  
7 Geriatric Specialty Nursing Initiative Steering  
8 Committee; providing for the composition of and  
9 manner of appointment to the Certified  
10 Geriatric Specialty Nursing Initiative Steering  
11 Committee; providing responsibilities of the  
12 steering committee; providing for reimbursement  
13 for per diem and travel expenses; requiring the  
14 Agency for Workforce Innovation to conduct or  
15 contract for an evaluation of the pilot program  
16 for delivery of certified geriatric specialty  
17 nursing education; requiring the evaluation to  
18 include recommendations regarding the expansion  
19 of the delivery of certified geriatric  
20 specialty nursing education in nursing homes;  
21 requiring the Agency for Workforce Innovation  
22 to report to the Governor and Legislature  
23 regarding the status and evaluation of the  
24 pilot program; creating s. 464.0125, F.S.;  
25 providing definitions; providing requirements  
26 for persons to become certified geriatric  
27 specialists; specifying fees; providing for  
28 articulation of geriatric specialty nursing  
29 coursework and practical nursing coursework;  
30 providing practice standards and grounds for  
31 which certified geriatric specialists may be

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1 subject to discipline by the Board of Nursing;  
2 creating restrictions on the use of  
3 professional nursing titles; prohibiting the  
4 use of certain professional titles; providing  
5 penalties; authorizing approved nursing  
6 programs to provide education for the  
7 preparation of certified geriatric specialists  
8 without further board approval; authorizing  
9 certified geriatric specialists to supervise  
10 the activities of others in nursing home  
11 facilities according to rules by the Board of  
12 Nursing; revising terminology relating to  
13 nursing to conform to the certification of  
14 geriatric specialists; amending s. 381.00315,  
15 F.S.; revising requirements for the  
16 reactivation of the licenses of specified  
17 health care practitioners in the event of  
18 public health emergency to include certified  
19 geriatric specialists; amending s. 400.021,  
20 F.S.; including services provided by a  
21 certified geriatric specialist within the  
22 definition of nursing service; amending s.  
23 400.211, F.S.; revising requirements for  
24 persons employed as nursing assistants to  
25 conform to the certification of certified  
26 geriatric specialists; amending s. 400.23,  
27 F.S.; specifying that certified geriatric  
28 specialists shall be considered licensed  
29 nursing staff; authorizing licensed practical  
30 nurses to supervise the activities of certified  
31 geriatric specialists in nursing home

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1 facilities according to rules adopted by the  
2 Board of Nursing; amending s. 409.908, F.S.;  
3 revising the methodology for reimbursement of  
4 Medicaid program providers to include services  
5 of certified geriatric specialists; amending s.  
6 458.303, F.S.; revising exceptions to the  
7 practice of medicine to include services  
8 delegated to a certified geriatric specialist  
9 under specified circumstances; amending s.  
10 1009.65, F.S.; revising eligibility for the  
11 Medical Education Reimbursement and Loan  
12 Repayment Program to include certified  
13 geriatric specialists; amending s. 1009.66,  
14 F.S.; revising eligibility requirements for the  
15 Nursing Student Loan Forgiveness Program to  
16 include certified geriatric specialists;  
17 providing an appropriation; amending s.  
18 464.201, F.S.; defining terms; amending s.  
19 464.202, F.S.; authorizing the Board of Nursing  
20 to adopt rules regarding the practice and  
21 supervision of certified nursing assistants;  
22 creating the James and Esther King Center for  
23 Universal Research to Eradicate Disease;  
24 providing intent and duties; creating an  
25 advisory council; amending s. 215.5602, F.S.;  
26 expanding the long-term goals and funding of  
27 the Florida Biomedical Research Program to  
28 include the cure of specified diseases;  
29 creating the Florida Cancer Research  
30 Cooperative; providing for a board of  
31 directors; providing the cooperative's mission

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1 and duties; amending s. 484.0512, F.S.;

2 providing a criminal penalty for failure of a

3 seller to refund within a specified time moneys

4 required to be refunded to a purchaser for the

5 return or attempted return of a hearing aid;

6 providing a definition; amending s. 456.073,

7 F.S.; providing that a state prisoner must

8 exhaust all available administrative remedies

9 before filing a complaint with the Department

10 of Health against a health care practitioner

11 who is providing health care services within

12 the Department of Corrections, unless the

13 practitioner poses a serious threat to the

14 health or safety of a person who is not a state

15 prisoner; requiring the Department of Health to

16 be notified if a health care practitioner is

17 disciplined or allowed to resign for a

18 practice-related offense; requiring the

19 Division of Medical Quality Assurance of the

20 Department of Health to conduct a study of

21 clinical and academic training requirements of

22 certified optometric practitioners; providing

23 for appointment of members; requiring a report

24 to be submitted to the Governor and

25 Legislature; amending s. 465.0265, F.S.;

26 providing requirements for the filing of

27 prescriptions by pharmacies that are under

28 common ownership or that have a contractual

29 relationship with one another; specifying

30 requirements for exceptions to prescription

31 transfers between certain pharmacies; amending

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1 s. 466.006, F.S.; allowing certain dental  
2 students to take the examinations required to  
3 practice dentistry in this state under  
4 specified conditions; providing a prerequisite  
5 to licensure of such students; creating s.  
6 466.0065, F.S.; allowing certain dental  
7 students to take regional licensure  
8 examinations under specified conditions;  
9 restricting the applicability of examination  
10 results to licensing in other jurisdictions;  
11 requiring approval by the Board of Dentistry  
12 and providing prerequisites to such approval;  
13 creating the "Nick Oelrich Gift of Life Act";  
14 amending s. 765.512, F.S., relating to  
15 anatomical gifts; prohibiting modification of a  
16 donor's intent; providing that a donor document  
17 is legally binding; authorizing specified  
18 persons to furnish a donor's medical records  
19 upon request; amending s. 765.516, F.S.;  
20 revising procedures by which the terms of an  
21 anatomical gift may be amended or the gift may  
22 be revoked; amending s. 765.401, F.S.;  
23 providing additional persons who may be given a  
24 proxy for the making of health care decisions;  
25 requiring review by the facility's bioethics  
26 committee of decisions to withhold or withdraw  
27 life-prolonging procedures; requiring  
28 documentation of efforts to locate certain  
29 proxies; amending s. 641.19, F.S.; providing  
30 that the term "specialty" does not include the  
31 services of a licensed chiropractic physician

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1           for purposes of the regulation of managed care;  
2           creating  
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