	CHAMBER ACTION
	<u>Senate</u> <u>House</u>
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11	Senator Jones moved the following amendment:
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13	Senate Amendment (with title amendment)
14	On page 1, line 18, through
15	page 2, line 11, delete those lines
16	
17	insert:
18	Section 1. This act may be cited as the "Clara Ramsey
19	Care of the Elderly Act."
20	Section 2. Certified Geriatric Specialist Preparation
21	Pilot Program
22	(1) The Agency for Workforce Innovation shall
23	establish a pilot program for delivery of geriatric nursing
24	education to certified nursing assistants who wish to become
25	certified geriatric specialists. The agency shall select two
26	pilot sites in nursing homes that have received the Gold Seal
27	designation under section 400.235, Florida Statutes; have been
28	designated as a teaching nursing home under section 430.80,
29	Florida Statutes; or have not received a class I or class II
30	deficiency within the 30 months preceding application for this
31	program.

1	(2) To be eligible to receive geriatric nursing
2	education, a certified nursing assistant must have been
3	employed by a participating nursing home for at least 1 year
4	and have received a high school diploma or its equivalent.
5	(3) The education shall be provided at the worksite
6	and in coordination with the certified nursing assistant's
7	work schedule.
8	(4) Faculty shall provide the instruction under an
9	approved nursing program pursuant to section 464.019, Florida
10	Statutes.
11	(5) The education shall prepare the certified nursing
12	assistant to meet the requirements for certification as a
13	geriatric specialist. The didactic and clinical education
14	shall include all portions of the practical nursing curriculum
15	pursuant to section 464.019, Florida Statutes, except for
16	pediatric and obstetric/maternal-child education, and shall
17	include additional education in the care of ill, injured, or
18	infirm geriatric patients and the maintenance of health, the
19	prevention of injury, and the provision of palliative care for
20	geriatric patients.
21	Section 3. <u>Certified Geriatric Specialty Nursing</u>
22	<u>Initiative Steering Committee</u>
23	(1) In order to guide the implementation of the
24	Certified Geriatric Specialist Preparation Pilot Program,
25	there is created a Certified Geriatric Specialty Nursing
26	<u>Initiative Steering Committee</u> . The steering committee shall be
27	composed of the following members:
28	(a) The chair of the Board of Nursing or his or her
29	<u>designee;</u>
30	(b) A representative of the Agency for Workforce
31	Innovation, appointed by the Director of Workforce Innovation;

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1	(c) A representative of Workforce Florida, Inc.,
2	appointed by the chair of the Board of Directors of Workforce
3	Florida, Inc.;
4	(d) A representative of the Department of Education,
5	appointed by the Secretary of Education;
6	(e) A representative of the Agency for Health Care
7	Administration, appointed by the Secretary of Health Care
8	Administration;
9	(f) The Director of the Florida Center for Nursing:
10	and
11	(g) A representative of a Gold Seal nursing home that
12	is not one of the pilot program sites, appointed by the
13	Secretary of Health Care Administration.
14	(2) The steering committee shall:
15	(a) Provide consultation and quidance to the Agency
16	for Workforce Innovation on matters of policy during the
17	implementation of the pilot program; and
18	(b) Provide oversight to the evaluation of the pilot
19	program.
20	(3) Members of the steering committee are entitled to
21	reimbursement for per diem and travel expenses under section
22	112.061, Florida Statutes.
23	(4) The steering committee shall complete its
24	activities by June 30, 2006, and the authorization for the
25	steering committee ends on that date.
26	Section 4. Evaluation of the Certified Geriatric
27	Specialist Preparation Pilot Program The Agency for
28	Workforce Innovation, in consultation with the Certified
29	Geriatric Specialty Nursing Initiative Steering Committee,
30	shall conduct, or contract for an evaluation of the pilot
31	program. The agency shall ensure that an evaluation report is

- 1 submitted to the Governor, the President of the Senate, and
- 2 the Speaker of the House of Representatives by January 1,
- 3 2006. The evaluation must address the experience and success
- 4 of the certified nursing assistants in the pilot program and
- 5 <u>must contain recommendations regarding the expansion of the</u>
- 6 delivery of geriatric nursing education in nursing homes.
- 7 Section 5. Reports. -- The Agency for Workforce
- 8 Innovation shall submit status reports and recommendations
- 9 regarding legislation necessary to further the implementation
- 10 of the pilot program to the Governor, the President of the
- 11 Senate, and the Speaker of the House of Representatives on
- 12 January 1, 2004, January 1, 2005, and January 1, 2006.
- Section 6. Section 464.0125, Florida Statutes, is
- 14 created to read:
- 15 <u>464.0125 Certified geriatric specialists;</u>
- 16 | certification requirements.--
- 17 (1) DEFINITIONS; RESPONSIBILITIES.--
- 18 (a) As used in this section, the term:
- 19 1. "Certified geriatric specialist" means a person who
- 20 meets the qualifications specified in this section and who is
- 21 certified by the board to practice as a certified geriatric
- 22 <u>specialist.</u>
- 23 <u>2. "Geriatric patient" means any patient who is 60</u>
- 24 years of age or older.
- 3. "Practice of certified geriatric specialty nursing"
- 26 means the performance of selected acts in facilities licensed
- 27 under part II or part III of chapter 400, including the
- 28 administration of treatments and medications, in the care of
- 29 ill, injured, or infirm geriatric patients and the promotion
- 30 of wellness, maintenance of health, and prevention of illness
- 31 of geriatric patients under the direction of a registered

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- 1 | nurse, a licensed physician, a licensed osteopathic physician,
- 2 a licensed podiatric physician, or a licensed dentist. The
- 3 scope of practice of a certified geriatric specialist includes
- 4 the practice of practical nursing as defined in s. 464.003 for
- 5 geriatric patients only, except for any act in which
- 6 instruction and clinical knowledge of pediatric nursing or
- 7 obstetric/maternal-child nursing is required. A certified
- 8 geriatric specialist, while providing nursing services in
- 9 <u>facilities licensed under part II or part III of chapter 400,</u>
- 10 may supervise the activities of certified nursing assistants
- 11 and other unlicensed personnel providing services in such
- 12 | facilities in accordance with rules adopted by the board.
- 13 (b) The certified geriatric specialist shall be
- 14 responsible and accountable for making decisions that are
- 15 based upon the individual's educational preparation and
- 16 experience in performing certified geriatric specialty
- 17 <u>nursing.</u>

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- (2) CERTIFICATION.--
- 19 <u>(a) Any certified nursing assistant desiring to be</u>
- 20 certified as a certified geriatric specialist shall apply to
- 21 the department and submit proof that he or she holds a current
- 22 certificate as a certified nursing assistant under this part
- 23 and has satisfactorily completed the following requirements:
- 24 1. Is in good mental and physical health, is a
- 25 recipient of a high school diploma or its equivalent and has
- 26 completed the requirements for graduation from an approved
- 27 program for nursing or its equivalent, as determined by the
- 28 board, for the preparation of licensed practical nurses,
- 29 except for instruction and clinical knowledge of pediatric
- 30 nursing or obstetric/maternal-child nursing. Any program that
- 31 is approved on July 1, 2003, by the board for the preparation

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- of registered nurses or licensed practical nurses may provide
 education for the preparation of certified geriatric
 specialists without further board approval.
- 2. Has the ability to communicate in the English
 language, which may be determined by an examination given by
 the department.
 - 3. Has provided sufficient information, which must be submitted by the department for a statewide criminal records correspondence check through the Department of Law Enforcement.
- (b) Each applicant who meets the requirements of this
 subsection shall, unless denied pursuant to s. 464.018, be
 entitled to certification as a certified geriatric specialist.

 The board shall certify, and the department shall issue a
 certificate to practice as a certified geriatric specialist
 to, any certified nursing assistant meeting the qualifications
 in this section. The board shall establish an application fee
- not to exceed \$100 and a biennial renewal fee not to exceed

 19 \$50. The board may adopt rules to administer this section.
- 20 (c) A person receiving certification under this
 21 section shall:
- 22 <u>1. Work only within the confines of a facility</u>
 23 <u>licensed under part II or part III of chapter 400.</u>
 - Care for geriatric patients only.
- 25 3. Comply with the minimum standards of practice for
 26 nurses and be subject to disciplinary action for violations of
 27 s. 464.018.
- 28 (3) ARTICULATION.--Any certified geriatric specialist
 29 who completes the additional instruction and coursework in an
 30 approved nursing program pursuant to s. 464.019 for the
 31 preparation of practical nursing in the areas of pediatric

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- 1 | nursing and obstetric/maternal-child nursing shall, unless
- denied pursuant to s. 464.018, be entitled to licensure as a
- 3 licensed practical nurse if the applicant otherwise meets the
- 4 requirements of s. 464.008.
- 5 <u>(4) TITLES AND ABBREVIATIONS; RESTRICTIONS;</u>
- 6 PENALTIES.--
- 7 (a) Only persons who hold certificates to practice as
- 8 <u>certified geriatric specialists in this state or who are</u>
- 9 performing services within the practice of certified geriatric
- 10 specialty nursing pursuant to the exception set forth in s.
- 11 464.022(8) shall have the right to use the title "Certified
- 12 Geriatric Specialist" and the abbreviation "C.G.S."
- 13 (b) No person shall practice or advertise as, or
- 14 assume the title of, certified geriatric specialist or use the
- 15 abbreviation "C.G.S." or take any other action that would lead
- 16 the public to believe that person was certified as such or is
- 17 performing services within the practice of certified geriatric
- 18 specialty nursing pursuant to the exception set forth in s.
- 19 464.022(8), unless that person is certified to practice as
- 20 <u>such</u>.
- 21 (c) A violation of this subsection is a misdemeanor of
- 22 the first degree, punishable as provided in s. 775.082 or s.
- 23 775.083.
- 24 (5) VIOLATIONS AND PENALTIES.--Practicing certified
- 25 geriatric specialty nursing, as defined in this section,
- 26 without holding an active certificate to do so constitutes a
- 27 <u>felony of the third degree, punishable as provided in s.</u>
- 28 775.082, s. 775.083, or s. 775.084.
- 29 Section 7. Paragraph (b) of subsection (1) of section
- 30 | 381.00315, Florida Statutes, is amended to read:
- 31 | 381.00315 Public health advisories; public health

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emergencies. -- The State Health Officer is responsible for declaring public health emergencies and issuing public health 3 advisories.

- (1) As used in this section, the term:
- 5 (b) "Public health emergency" means any occurrence, or 6 threat thereof, whether natural or man made, which results or may result in substantial injury or harm to the public health 8 from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or 9 natural disasters. Prior to declaring a public health 10 11 emergency, the State Health Officer shall, to the extent possible, consult with the Governor and shall notify the Chief 12 13 of Domestic Security Initiatives as created in s. 943.03. The declaration of a public health emergency shall continue until 14 15 the State Health Officer finds that the threat or danger has 16 been dealt with to the extent that the emergency conditions no longer exist and he or she terminates the declaration. 17 18 However, a declaration of a public health emergency may not 19 continue for longer than 60 days unless the Governor concurs 20 in the renewal of the declaration. The State Health Officer, 21 upon declaration of a public health emergency, may take actions that are necessary to protect the public health. Such 22 23 actions include, but are not limited to:
- 1. Directing manufacturers of prescription drugs or over-the-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who are permitted under chapter 499 to give priority to the shipping of specified drugs to pharmacies and health care providers within geographic areas that have been identified by the State Health Officer. The State Health Officer must 31 | identify the drugs to be shipped. Manufacturers and

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wholesalers located in the state must respond to the State Health Officer's priority shipping directive before shipping the specified drugs.

- 2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.
- 3. Notwithstanding s. 456.036, temporarily reactivating the inactive license of the following health care practitioners, when such practitioners are needed to respond to the public health emergency: physicians licensed under chapter 458 or chapter 459; physician assistants licensed under chapter 458 or chapter 459; certified geriatric specialists certified under part I of chapter 464; licensed practical nurses, registered nurses, and advanced registered nurse practitioners licensed under part I of chapter 464; respiratory therapists licensed under part V of chapter 468; and emergency medical technicians and paramedics certified under part III of chapter 401. Only those health care practitioners specified in this paragraph who possess an unencumbered inactive license and who request that such license be reactivated are eligible for reactivation. An inactive license that is reactivated under this paragraph shall return to inactive status when the public health emergency ends or prior to the end of the public health emergency if the State Health Officer determines that the health care practitioner is no longer needed to provide 31 | services during the public health emergency. Such licenses may

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only be reactivated for a period not to exceed 90 days without meeting the requirements of s. 456.036 or chapter 401, as applicable.

- 4. Ordering an individual to be examined, tested, vaccinated, treated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to quarantine.
- a. Examination, testing, vaccination, or treatment may be performed by any qualified person authorized by the State Health Officer.
- b. If the individual poses a danger to the public health, the State Health Officer may subject the individual to quarantine. If there is no practical method to quarantine the individual, the State Health Officer may use any means necessary to vaccinate or treat the individual.

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- Any order of the State Health Officer given to effectuate this paragraph shall be immediately enforceable by a law enforcement officer under s. 381.0012.
 - Section 8. Subsection (14) of section 400.021, Florida Statutes, is amended to read:
- 25 400.021 Definitions.--When used in this part, unless 26 the context otherwise requires, the term:
- 27 (14) "Nursing service" means such services or acts as
 28 may be rendered, directly or indirectly, to and in behalf of a
 29 person by individuals as defined in ss. s. 464.003 and
 30 464.0125.
- 31 Section 9. Subsection (1) of section 400.211, Florida

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Statutes, is amended to read:

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400.211 Persons employed as nursing assistants; certification requirement. --

(1) To serve as a nursing assistant in any nursing home, a person must be certified as a nursing assistant under part II of chapter 464, unless the person is a registered nurse, a or practical nurse, or a certified geriatric specialist certified or licensed in accordance with part I of chapter 464 or an applicant for such licensure who is permitted to practice nursing in accordance with rules adopted by the Board of Nursing pursuant to part I of chapter 464.

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

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

(3)(a) The agency shall adopt rules providing for the minimum staffing requirements for nursing homes. These requirements shall include, for each nursing home facility, a minimum certified nursing assistant staffing of 2.3 hours of direct care per resident per day beginning January 1, 2002, increasing to 2.6 hours of direct care per resident per day beginning January 1, 2003, and increasing to 2.9 hours of direct care per resident per day beginning January 1, 2004. Beginning January 1, 2002, no facility shall staff below one certified nursing assistant per 20 residents, and a minimum licensed nursing staffing of 1.0 hour of direct resident care per resident per day but never below one licensed nurse per 40 residents. For purposes of computing nursing staffing minimums and ratios, certified geriatric specialists shall be considered licensed nursing staff. Nursing assistants employed 31 under s. 400.211(2) may be included in computing the staffing

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ratio for certified nursing assistants only if they provide nursing assistance services to residents on a full-time basis. 3 Each nursing home must document compliance with staffing standards as required under this paragraph and post daily the 5 names of staff on duty for the benefit of facility residents and the public. The agency shall recognize the use of licensed 6 7 nurses for compliance with minimum staffing requirements for 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 11 performing the duties of a certified nursing assistant. Unless otherwise approved by the agency, licensed nurses counted 12 13 towards the minimum staffing requirements for certified nursing assistants must exclusively perform the duties of a 14 15 certified nursing assistant for the entire shift and shall not 16 also be counted towards the minimum staffing requirements for licensed nurses. If the agency approved a facility's request 17 18 to use a licensed nurse to perform both licensed nursing and 19 certified nursing assistant duties, the facility must allocate 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 23 and licensed nursing staff. In no event may the hours of a 24 licensed nurse with dual job responsibilities be counted 25 twice. 26 (c) Licensed practical nurses licensed under chapter 27 464 who are providing nursing services in nursing home facilities under this part may supervise the activities of 28 other licensed practical nurses, certified geriatric 29 specialists, certified nursing assistants, and other 30

31 unlicensed personnel providing services in such facilities in

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accordance with rules adopted by the Board of Nursing. Section 11. Paragraph (b) of subsection (2) of section 3 409.908, Florida Statutes, is amended to read: 4 409.908 Reimbursement of Medicaid providers. -- Subject 5 to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, 6 7 according to methodologies set forth in the rules of the 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 11 negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and 12 13 effective for purchasing services or goods on behalf of 14 recipients. If a provider is reimbursed based on cost 15 reporting and submits a cost report late and that cost report 16 would have been used to set a lower reimbursement rate for a 17 rate semester, then the provider's rate for that semester 18 shall be retroactively calculated using the new cost report, 19 and full payment at the recalculated rate shall be affected retroactively. Medicare-granted extensions for filing cost 21 reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on 22 23 behalf of Medicaid eligible persons is subject to the 24 availability of moneys and any limitations or directions 25 provided for in the General Appropriations Act or chapter 216. 26 Further, nothing in this section shall be construed to prevent 27 or limit the agency from adjusting fees, reimbursement rates, 28 lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions 30 31 provided for in the General Appropriations Act, provided the

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adjustment is consistent with legislative intent.

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- (b) Subject to any limitations or directions provided for in the General Appropriations Act, the agency shall establish and implement a Florida Title XIX Long-Term Care Reimbursement Plan (Medicaid) for nursing home care in order to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care.
- 1. Changes of ownership or of licensed operator do not qualify for increases in reimbursement rates associated with the change of ownership or of licensed operator. The agency shall amend the Title XIX Long Term Care Reimbursement Plan to provide that the initial nursing home reimbursement rates, for the operating, patient care, and MAR components, associated with related and unrelated party changes of ownership or licensed operator filed on or after September 1, 2001, are equivalent to the previous owner's reimbursement rate.
- 2. The agency shall amend the long-term care reimbursement plan and cost reporting system to create direct care and indirect care subcomponents of the patient care component of the per diem rate. These two subcomponents together shall equal the patient care component of the per diem rate. Separate cost-based ceilings shall be calculated for each patient care subcomponent. The direct care subcomponent of the per diem rate shall be limited by the cost-based class ceiling, and the indirect care subcomponent shall be limited by the lower of the cost-based class ceiling, 31 by the target rate class ceiling, or by the individual

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- provider target. The agency shall adjust the patient care component effective January 1, 2002. The cost to adjust the 3 direct care subcomponent shall be net of the total funds previously allocated for the case mix add-on. The agency shall 4 5 make the required changes to the nursing home cost reporting forms to implement this requirement effective January 1, 2002. 6
 - 3. The direct care subcomponent shall include salaries and benefits of direct care staff providing nursing services including registered nurses, licensed practical nurses, certified geriatric specialists, certified under part I of chapter 464, and certified nursing assistants who deliver care directly to residents in the nursing home facility. This excludes nursing administration, MDS, and care plan coordinators, staff development, and staffing coordinator.
 - 4. All other patient care costs shall be included in the indirect care cost subcomponent of the patient care per diem rate. There shall be no costs directly or indirectly allocated to the direct care subcomponent from a home office or management company.
 - 5. On July 1 of each year, the agency shall report to the Legislature direct and indirect care costs, including average direct and indirect care costs per resident per facility and direct care and indirect care salaries and benefits per category of staff member per facility.
- 6. In order to offset the cost of general and professional liability insurance, the agency shall amend the plan to allow for interim rate adjustments to reflect increases in the cost of general or professional liability insurance for nursing homes. This provision shall be implemented to the extent existing appropriations are 31 available.

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1 It is the intent of the Legislature that the reimbursement 3 plan achieve the goal of providing access to health care for nursing home residents who require large amounts of care while 5 encouraging diversion services as an alternative to nursing home care for residents who can be served within the community. The agency shall base the establishment of any 8 maximum rate of payment, whether overall or component, on the 9 available moneys as provided for in the General Appropriations Act. The agency may base the maximum rate of payment on the 10 11 results of scientifically valid analysis and conclusions 12 derived from objective statistical data pertinent to the 13 particular maximum rate of payment. Section 12. Subsection (2) of section 458.303, Florida 14 15 Statutes, is amended to read: 16 458.303 Provisions not applicable to other 17 practitioners; exceptions, etc.--18 (2) Nothing in s. 458.301, s. 458.303, s. 458.305, s. 19 458.307, s. 458.309, s. 458.311, s. 458.313, s. 458.319, s. 458.321, s. 458.327, s. 458.329, s. 458.331, s. 458.337, s. 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 23 registered nurse, or a licensed practical nurse, or a certified geriatric specialist certified under part I of 24 25 chapter 464, if such service is rendered under the direct 26 supervision and control of a licensed physician who provides 27 specific direction for any service to be performed and gives final approval to all services performed. Further, nothing in 28 this or any other chapter shall be construed to prohibit any service rendered by a medical assistant in accordance with the 30 31 provisions of s. 458.3485.

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- Section 13. Subsection (1) and paragraph (a) of subsection (2) of section 1009.65, Florida Statutes, are amended to read:
- 1009.65 Medical Education Reimbursement and Loan Repayment Program.--
- 6 (1) To encourage qualified medical professionals to practice in underserved locations where there are shortages of 8 such personnel, there is established the Medical Education 9 Reimbursement and Loan Repayment Program. The function of the program is to make payments that offset loans and educational 10 11 expenses incurred by students for studies leading to a medical or nursing degree, medical or nursing licensure, or advanced 12 13 registered nurse practitioner certification or physician assistant licensure. The following licensed or certified 14 15 health care professionals are eliqible to participate in this 16 program: medical doctors with primary care specialties, doctors of osteopathic medicine with primary care specialties, 17 physician's assistants, certified geriatric specialists 18 19 certified under part I of chapter 464, licensed practical nurses and registered nurses, and advanced registered nurse 21 practitioners with primary care specialties such as certified nurse midwives. Primary care medical specialties for 22 23 physicians include obstetrics, gynecology, general and family practice, internal medicine, pediatrics, and other specialties 24 25 which may be identified by the Department of Health.
 - (2) From the funds available, the Department of Health shall make payments to selected medical professionals as follows:
- 29 (a) Up to \$4,000 per year for <u>certified geriatric</u>
 30 <u>specialists certified under part I of chapter 464,</u> licensed
 31 practical nurses, and registered nurses, up to \$10,000 per

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- year for advanced registered nurse practitioners and physician's assistants, and up to \$20,000 per year for 3 physicians. Penalties for noncompliance shall be the same as those in the National Health Services Corps Loan Repayment 4 5 Program. Educational expenses include costs for tuition, matriculation, registration, books, laboratory and other fees, 6 other educational costs, and reasonable living expenses as determined by the Department of Health. 8 Section 14. Subsection (2) of section 1009.66, Florida 9 10 Statutes, is amended to read: 11 1009.66 Nursing Student Loan Forgiveness Program. --12 (2) To be eligible, a candidate must have graduated 13 from an accredited or approved nursing program and have 14 received a Florida license as a licensed practical nurse, a 15 certified geriatric specialist certified under part I of 16 chapter 464, or a registered nurse or a Florida certificate as an advanced registered nurse practitioner. 17 Section 15. The sum of \$157,017 is appropriated from 18 19 the General Revenue Fund to the Agency for Workforce 20 Innovation to support the work of the Certified Geriatric 21 Specialty Nursing Initiative Steering Committee, to administer 2.2 the pilot sites, contract for an evaluation, and to provide, if necessary, nursing faculty, substitute certified nursing 23 assistants for those who are in clinical education, and 24 25 technical support to the pilot sites during the 2003-2004 26 fiscal year. Section 16. Subsection (6) is added to section 27 28 464.201, Florida Statutes, to read:
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31 providing care and assisting persons with tasks relating to

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

(6) "Practice of a certified nursing assistant" means

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the activities of daily living. Such tasks are those associated with personal care, maintaining mobility, nutrition 3 and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal 4 5 signs and symptoms, post mortem care, patient socialization and reality orientation, end-of-life care, CPR and emergency 6 care, residents' or patients' rights, documentation of nursing 7 8 assistant services, and other tasks that a certified nurse 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 13 and educated from performing such tasks. 14 Section 17. Section 464.202, Florida Statutes, is 15 amended to read: 16 464.202 Duties and powers of the board. -- The board 17 shall maintain, or contract with or approve another entity to 18 maintain, a state registry of certified nursing assistants. 19 The registry must consist of the name of each certified nursing assistant in this state; other identifying information 21 defined by board rule; certification status; the effective 2.2 date of certification; other information required by state or 23 federal law; information regarding any crime or any abuse, 24 neglect, or exploitation as provided under chapter 435; and 25 any disciplinary action taken against the certified nursing 26 assistant. The registry shall be accessible to the public, the 27 certificateholder, employers, and other state agencies. The board shall adopt by rule testing procedures for use in 2.8 certifying nursing assistants and shall adopt rules regulating 29 the practice of certified nursing assistants which specify the 30 31 scope of practice authorized and level of supervision required

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for the practice of certified nursing assistants to enforce this part. The board may contract with or approve another 3 entity or organization to provide the examination services, including the development and administration of examinations. 4 The board shall require that the contract provider offer certified nursing assistant applications via the Internet, and 6 7 may require the contract provider to accept certified nursing 8 assistant applications for processing via the Internet. board shall require the contract provider to provide the 9 preliminary results of the certified nursing examination on 10 11 the date the test is administered. The provider shall pay all reasonable costs and expenses incurred by the board in 12 13 evaluating the provider's application and performance during the delivery of services, including examination services and 14 15 procedures for maintaining the certified nursing assistant 16 registry. 17 Section 18. James and Esther King Center for Universal Research to Eradicate Disease.--18 19 (1) The Legislature finds that an estimated 128 20 million Americans suffer from acute, chronic, and degenerative diseases and that biomedical research is the key to finding 21 2.2 cures for these diseases that negatively affect all Floridians. The Legislature further finds that, while there is 23 much research being conducted throughout this state and 24 25 throughout the world, there is a lack of coordination of efforts among researchers. The Legislature, therefore, finds 26 27 that there is a significant need for a coordinated effort if 28 the goal of curing disease is to be achieved. Moreover, the 29 Legislature finds that the biomedical technology sector meets 30 the criteria of a high-impact sector, pursuant to section 288.108, Florida Statutes, having a high importance to this

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- state's economy with a significant potential for growth and contribution to our universities and quality of life.
- 3 (2) It is the intent of the Legislature that Florida
 4 strive to become the nation's leader in biomedical research
 5 and commit itself to being the state to find cures for the
 6 most deadly and widespread diseases. It is further the intent
 7 of the Legislature that there be a coordinated effort among
 8 the state's public and private universities and the biomedical
 9 industry to discover such cures. Moreover, it is the intent of
 10 the Legislature to expand the state economy by attracting
- 12 (3) There is established the James and Esther King
 13 Center for Universal Research to Eradicate Disease, which
 14 shall be known as the "CURED."

biomedical researchers and research companies to this state.

- (a) The purpose of the center is to coordinate,
 improve, expand, and monitor all biomedical research programs
 within the state, facilitate funding opportunities, and foster
 improved technology transfer of research findings into
 clinical trials and widespread public use.
- (b) The goal of the center is to find cures for diseases such as cancer, heart disease, lung disease, diabetes, and neurological disorders, including Alzheimer's disease, epilepsy, and Parkinson's disease.
- (c) The center shall hold an annual biomedical technology summit in Florida to which biomedical researchers, biomedical technology companies, business incubators, pharmaceutical manufacturers, and others around the nation and world are invited to share biomedical research findings in order to expedite the discovery of cures. Summit attendees will be required to cover the costs of such attendance or
- 31 obtain sponsorship for such attendance.

1	(d) The center shall encourage clinical trials in this
2	state on research that holds promise of curing a disease or
3	condition. The center shall facilitate partnerships between
4	researchers, treating physicians, and community hospitals for
5	the purpose of sharing new techniques and new research
6	findings, as well as coordinating voluntary donations to
7	ensure an adequate supply of adult stem cells or cord blood.
8	(e) The center shall also encourage the discovery and
9	production in Florida of vaccines that prevent disease.
10	(f) The center shall monitor the supply and demand
11	needs of researchers relating to stem cell research and other
12	types of human tissue research. If the center determines that
13	there is a need for increased donation of human tissue, it
14	shall notify hospitals licensed pursuant to chapter 395,
15	Florida Statutes, that have entered into partnership
16	agreements with research institutes conducting stem cell
17	research located in the same geographic region as the
18	researchers demanding the stem cells or other tissues. Such
19	hospitals shall then implement programs that encourage
20	voluntary donations of cord blood or other needed adult
21	tissue.
22	(g) The center shall be funded through private, state,
23	and federal sources.
24	(h) The center shall serve as a registry of all known
25	biomedical grant opportunities and may assist any public or
26	private biomedical research program in this state in preparing
27	grant requests.
28	(i) The center shall maintain a website with links to
29	peer-reviewed biomedical research. The website shall also
30	contain a list of all known biomedical research being
31	conducted in Florida and shall facilitate communication among

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L	<u>researchers</u>	and	other	<u>interested</u>	parties.

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

 Department of Health to a private entity or state university.
 - (4) There is established within the center an advisory council which shall meet at least annually.
 - (a) The council shall consist of the members of the board of directors of the Florida Research Consortium and at least one representative from:
 - 1. The Emerging Technology Commission.
- 16 2. Enterprise Florida, Inc.
- 17 <u>3. BioFlorida.</u>

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- 18 4. The Florida Biomedical Research Advisory Council.
- 19 5. The Florida Medical Foundation.
 - 6. Pharmaceutical Research and Manufacturers of America.
- (b) Members of the council shall serve without
 compensation and each organization represented shall cover all
 expenses of its representative.
- Section 19. Paragraphs (a) and (b) of subsection (1), subsection (2), and paragraph (f) of subsection (10) of section 215.5602, Florida Statutes, are amended to read:
- 28 215.5602 Florida Biomedical Research Program.--
- 29 (1) There is established within the Department of 30 Health the Florida Biomedical Research Program funded by the 31 proceeds of the Lawton Chiles Endowment Fund pursuant to s.

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- 215.5601. The purpose of the Florida Biomedical Research Program is to provide an annual and perpetual source of 3 funding in order to support research initiatives that address the health care problems of Floridians in the areas of 4 5 tobacco-related cancer, cardiovascular disease, stroke, and pulmonary disease. The long-term goals of the program are to: 6
 - (a) Improve the health of Floridians by researching better prevention, diagnoses, and treatments, and cures for cancer, cardiovascular disease, stroke, and pulmonary disease.
 - (b) Expand the foundation of biomedical knowledge relating to the prevention, diagnosis, and treatment, and cure of diseases related to tobacco use, including cancer, cardiovascular disease, stroke, and pulmonary disease.
 - (2) Funds appropriated for the Florida Biomedical Research Program shall be used exclusively for the award of grants and fellowships as established in this section; for research relating to the prevention, diagnosis, and treatment, and cure of diseases related to tobacco use, including cancer, cardiovascular disease, stroke, and pulmonary disease; and for expenses incurred in the administration of this section. Priority shall be granted to research designed to prevent or cure disease.
 - (10) The council shall submit an annual progress report on the state of biomedical research in this state to the Governor, the Secretary of Health, the President of the Senate, and the Speaker of the House of Representatives by February 1. The report must include:
- (f) Progress in the prevention, diagnosis, and treatment, and cure of diseases related to tobacco use, including cancer, cardiovascular disease, stroke, and 31 pulmonary disease.

1	Section 20. Florida Cancer Research Cooperative
2	(1) Effective July 1, 2003, the Florida Cancer
3	Research Cooperative is established for the purpose of making
4	the State of Florida a world class center for cancer research.
5	(2)(a) A not-for-profit corporation, acting as an
6	instrumentality of the Florida Dialogue on Cancer, shall be
7	organized for the purpose of governing the affairs of the
8	cooperative.
9	(b) The Florida Cancer Research Cooperative, Inc., may
10	create not-for-profit corporate subsidiaries to fulfill its
11	mission. The not-for-profit corporation and its subsidiaries
12	are authorized to receive, hold, invest, and administer
13	property and any moneys acquired from private, local, state,
14	and federal sources, as well as technical and professional
15	income generated or derived from the mission-related
16	activities of the cooperative.
17	(c) The affairs of the not-for-profit corporation
18	shall be managed by a board of directors which shall consist
19	of:
20	1. The Secretary of the Department of Health or his or
21	her designee;
22	2. The Chief Executive Officer of the H. Lee Moffitt
23	Cancer Center or his or her designee;
24	3. The President of the University of Florida Shands
25	Cancer Center or his or her designee;
26	4. The Chief Executive Officer of the University of
27	Miami Sylvester Comprehensive Cancer Center or his or her
28	designee;
29	5. The Chief Executive Officer of the Mayo Clinic,
30	Jacksonville or his or her designee;
31	6. The Chief Executive Officer of the American Cancer

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

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

 paragraph (c) shall be for 2-year terms, although the Governor

 may reappoint directors.
 - (f) Members of the board of directors of the not-for-profit corporation or any subsidiaries shall serve without compensation.
- (3) The cooperative shall issue an annual report to
 the Governor, the Speaker of the House of Representatives, and
 the President of the Senate, by December 15 of each year, with
 policy and funding recommendations regarding cancer research
 capacity in Florida and related issues.
- 19 Section 21. <u>Florida Cancer Research Cooperative;</u>
 20 mission and duties.--
- 21 (1) The cooperative shall develop and centralize the
 22 processes and shared services for expanding cancer research in
 23 Florida through:
- 24 (a) Support through bioinformatics, in order to create
 25 a cancer informatics infrastructure that enhances information
 26 and resource exchange and integration through researchers
 27 working in diverse disciplines to facilitate the full spectrum
 28 of cancer investigations;
- (b) Technical coordination, business development, and support of intellectual property;
- 31 <u>(c) Development of a statewide cancer clinical trials</u>

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<u>network as contemplated in section 1; and </u>	network	as	contemp	lated	in	section	1;	and
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- (d) Other multidisciplinary research support activities.
- (2) The cooperative shall work in concert with the Center for Universal Research to Eradicate Disease created in section 1 to ensure that the goals of the center are advanced.

7 Section 22. Section 484.0512, Florida Statutes, is amended to read: 8

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

- (1) A person selling a hearing aid in this state must provide the buyer with written notice of a 30-day trial period and money-back guarantee. The guarantee must permit the purchaser to cancel the purchase for a valid reason as defined by rule of the board within 30 days after receiving the hearing aid, by returning the hearing aid or mailing written notice of cancellation to the seller. If the hearing aid must be repaired, remade, or adjusted during the 30-day trial period, the running of the 30-day trial period is suspended 1 day for each 24-hour period that the hearing aid is not in the purchaser's possession. A repaired, remade, or adjusted hearing aid must be claimed by the purchaser within 3 working days after notification of availability. The running of the 30-day trial period resumes on the day the purchaser reclaims the repaired, remade, or adjusted hearing aid or on the fourth day after notification of availability.
- (2) The board, in consultation with the Board of Speech-Language Pathology and Audiology, shall prescribe by rule the terms and conditions to be contained in the 31 | money-back guarantee and any exceptions thereto. Such rule

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- shall provide, at a minimum, that the charges for earmolds and service provided to fit the hearing aid may be retained by the 3 licensee. The rules shall also set forth any reasonable charges to be held by the licensee as a cancellation fee. Such 4 rule shall be effective on or before December 1, 1994. Should the board fail to adopt such rule, a licensee may not charge a 6 7 cancellation fee which exceeds 5 percent of the total charge for a hearing aid alone. The terms and conditions of the 8 guarantee, including the total amount available for refund, 9 10 shall be provided in writing to the purchaser prior to the 11 signing of the contract.
 - (3) Within 30 days after the return or attempted return of the hearing aid, the seller shall refund all moneys that must be refunded to a purchaser pursuant to this section.

 A violation of this subsection is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- (4) For purposes of this section, the term "seller" or 18 "person selling a hearing aid" includes:
 - (a) Any natural person licensed under this part or any other natural person who signs a sales receipt required by s. 484.051(2) or s. 468.1245(2) or who otherwise fits, delivers, or dispenses a hearing aid.
 - (b) Any business organization, whether a sole proprietorship, partnership, corporation, professional association, joint venture, business trust, or other legal entity, which dispenses a hearing aid or enters into an agreement to dispense a hearing aid.
 - (c) Any person who controls, manages, or operates an establishment or business that dispenses a hearing aid or enters into an agreement to dispense a hearing aid.
- 31 Section 23. Effective upon this act becoming a law,

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- subsection (1) of section 456.073, Florida Statutes, is amended to read:
- 456.073 Disciplinary proceedings.--Disciplinary
 proceedings for each board shall be within the jurisdiction of
 the department.

(1) The department, for the boards under its

- jurisdiction, shall cause to be investigated any complaint
 that is filed before it if the complaint is in writing, signed
 by the complainant, and legally sufficient. A complaint filed
 by a state prisoner against a health care practitioner

 employed by or otherwise providing health care services within
- 12 a facility of the Department of Corrections is not legally
- 13 <u>sufficient unless there is a showing that the prisoner</u>
- 14 complainant has exhausted all available administrative
- 15 remedies within the state correctional system before filing
- the complaint. However, if the department determines after a
- 17 preliminary inquiry of a state prisoner's complaint, that the

safety of any individual who is not a state prisoner, the

- 18 practitioner may present a serious threat to the health and
- 20 department may determine legal sufficiency and proceed with
- 21 discipline. The Department of Health shall be notified within
- 22 15 days whenever the Department of Corrections disciplines or
- 23 allows a health care practitioner to resign for an offense
- 24 related to the practice of his or her profession. A complaint
- 25 is legally sufficient if it contains ultimate facts that show
- 26 that a violation of this chapter, of any of the practice acts
- 27 relating to the professions regulated by the department, or of
- 28 any rule adopted by the department or a regulatory board in
- 29 the department has occurred. In order to determine legal
- 30 sufficiency, the department may require supporting information
- 31 or documentation. The department may investigate, and the

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

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1 | writing that such notification would be detrimental to the investigation, the department may withhold notification. The 3 department may conduct an investigation without notification to any subject if the act under investigation is a criminal 4 offense. Section 24. (1) The Division of Medical Quality 6 Assurance of the Department of Health shall conduct a study of 8 clinical and academic training requirements of certified optometric practitioners, licensed pursuant to chapter 463, Florida Statutes, to determine the extent to which prescribing 10 authority may be expanded. The study group shall be composed 11 12 of the following members: 13 (a) One pharmacologist representing the University of 14 <u>Flori</u>da; 15 (b) One pharmacologist representing Nova Southeastern 16 University; (c) One pharmacologist representing Florida 17 Agricultural and Mechanical University; 18 (d) One ophthalmologist representing Mayo Clinic 19 20 Jacksonville; (e) One ophthalmologist representing Bascom Palmer Eye 21 2.2 Institute; 23 (f) One board-certified internist appointed by the University of South Florida; 24 25 (q) One optometrist representing the Florida Board of 26 Optometry; 27 (h) One certified optometric practitioner representing 28 the Florida Optometric Association; and 29 (i) One certified optometric practitioner appointed by

(2) The study group shall be chaired by the Secretary

the Nova Southeastern University College of Optometry.

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of Health or his or her designee. The study shall be completed and a final report presented to the Governor, the President of 3 the Senate, and the Speaker of the House of Representatives by January 15, 2004. If applicable, a minority report shall be 4 completed and presented to the Governor, the President of the Senate, and the Speaker of the House of Representatives by 6 January 31, 2004. 7 8 (3) This section shall take effect upon becoming a 9 law. Section 25. Present subsection (4) of section 10 11 465.0265, Florida Statutes, is redesignated as subsection (5), and a new subsection (4) is added to that section, to read: 12 13 465.0265 Centralized prescription filling.--(4) Pharmacies accessing the same prescription records 14 15 in a centralized database or pharmacy computers linked in any 16 other manner may refill or dispense prescriptions at the 17 request of another pharmacy so linked if the pharmacies have the same owner or have a written contract specifying the 18 19 services to be provided by each pharmacy, the responsibilities 20 of each pharmacy, and the manner in which the pharmacies will comply with federal and state laws and rules. Prescriptions 21 2.2 refilled or dispensed using such a system shall not be considered prescription transfers or copies if the computer 23 system registers a complete and full audit trail of all 24 25 activities and includes the identification of the pharmacies and pharmacists accessing the centralized database and if the 26 27 system restricts access to the computerized prescription 28 records to pharmacies or other authorized personnel. 29 Section 26. Subsection (2) of section 466.006, Florida 30 Statutes, is amended to read:

466.006 Examination of dentists.--

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- (2) An applicant shall be entitled to take the examinations required in this section to practice dentistry in this state if the applicant:
 - (a) Is 18 years of age or older.
- (b)1. Is a graduate of a dental school accredited by the Commission on Accreditation of the American Dental Association or its successor agency, if any, or any other nationally recognized accrediting agency; or-
- 2. Is a dental student in the final year of a program at such an accredited school who has completed all the coursework necessary to prepare the student to perform the clinical and diagnostic procedures required to pass the examinations. With respect to a dental student in the final year of a program at a dental school, a passing score on the examinations is valid for 180 days after the date the examinations were completed. A dental school student who takes the licensure examinations during the student's final year of an approved dental school must have graduated before being certified for licensure pursuant to s. 466.011.
- (c) Has successfully completed the National Board of Dental Examiners dental examination within 10 years of the date of application.
- Section 27. Section 466.0065, Florida Statutes, is created to read:

466.0065 Regional licensure examinations.--

(1) It is the intent of the Legislature that schools of dentistry be allowed to offer regional licensure examinations to dental students who are in the final year of a program at an approved dental school for the sole purpose of facilitating the student's licensing in other jurisdictions. 31 This section does not allow a person to be licensed as a

- 1 | dentist in this state without taking the examinations as set
- 2 forth in s. 466.006, nor does this section mean that regional
- 3 | examinations administered under this section may be
- 4 substituted for complying with testing requirements under s.
- 5 <u>466.006.</u>
- 6 (2) Each school of dentistry in this state which is
- 7 accredited by the Commission on Accreditation of the American
- 8 Dental Association or its successor agency may, upon written
- 9 approval by the Board of Dentistry, offer regional licensure
- 10 examinations only to dental students in the final year of a
- 11 program at an approved dental school, if the board has
- 12 approved the hosting school's written plan to comply with the
- 13 <u>following conditions:</u>
- 14 <u>(a) The examining body must be a member of the</u>
- 15 American Association of Dental Examiners.
- 16 (b) The student must have successfully completed parts
- 17 I and II of the National Board of Dental Examiners examination
- 18 within 2 years before taking the regional examination.
- 19 (c) The student must possess medical malpractice
- 20 <u>insurance in amounts that the board determines to be</u>
- 21 sufficient to cover any reasonably forseeable incident of harm
- 22 to a patient during the clinical portion of the regional
- 23 <u>examination</u>.
- 24 (d) At least one of the examination monitors must be a
- 25 dentist licensed in this state who has completed all necessary
- 26 standardization exercises required by the regional examination
- 27 <u>body</u>.
- (e) Adequate arrangements must be made, when
- 29 necessary, for patients who require followup care as a result
- 30 of procedures performed during the clinical portion of the
- 31 regional examination.

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1	(f) The board chair or the chair's designee must be
2	allowed to observe testing while it is in progress.
3	(g) Each student, upon applying to take the regional
4	examination, must receive written disclosure in at least
5	12-point boldface type which states: "This examination does
6	not meet the licensure requirements of chapter 466, Florida
7	Statutes, for licensure in the State of Florida. Persons
8	wishing to practice dentistry in Florida must pass the Florida
9	licensure examinations. For more information on Florida's
10	licensure examination procedures, please contact the Florida
11	Board of Dentistry."
12	(h) The student must be enrolled as a dental student
13	in the student's final year of a program at an approved dental
14	school that is accredited by the Commission on Accreditation
15	of the American Dental Association or its successor agency.
16	(i) The student must have completed all the coursework
17	necessary to prepare the student to perform all clinical and
18	diagnostic procedures required to pass the regional
19	examination.
20	(j) The student's academic record must not include any
21	evidence suggesting that the student poses an unreasonable
22	risk to any live patients who are required for the clinical
23	portion of the regional examination. In order to protect the
24	health and safety of the public, the board may request
25	additional information and documents pertaining to the
26	candidate's mental and physical health in order to fully
27	assess the candidate's fitness to engage in exercises
28	involving a live patient.
29	(3) A student who takes the examination pursuant to
30	this section, a dental school that submits a plan pursuant to
31	this section or a regional examination body that a dental

- Amendment No. ____ Barcode 071324 school proposes to host under this section does not have standing to assert that a state agency has taken action for 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 5 Gift of Life Act." Section 29. Subsections (1), (2), and (6) of section 6 7 765.512, Florida Statutes, are amended to read: 8 765.512 Persons who may make an anatomical gift.--9 (1) Any person who may make a will may give all or part of his or her body for any purpose specified in s. 10 11 765.510, the gift to take effect upon death. An anatomical 12 gift made by an adult donor and not revoked by the donor as 13 provided in s. 765.516 is irrevocable and does not require the 14 consent or concurrence of any person after the donor's death. 15 A family member, quardian, representative ad litem, or health 16 care surrogate of an adult donor who has made an anatomical gift pursuant to subsection (2) may not modify, deny or 17 prevent a donor's wish or intent to make an anatomical gift 18 19 from being made after the donor's death. 20 (2) If the decedent has executed an agreement 21 concerning an anatomical gift, by including signing an organ
- and tissue donor card, by expressing his or her wish to donate 22 23 in a living will or advance directive, or by signifying his or 24 her intent to donate on his or her driver's license or in some other written form has indicated his or her wish to make an 25 26 anatomical gift, and in the absence of actual notice of 27 contrary indications by the decedent, the document is evidence 28 of legally sufficient informed consent to donate an anatomical 29 gift and is legally binding. Any surrogate designated by the decedent pursuant to part II of this chapter may give all or 30 31 any part of the decedent's body for any purpose specified in

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- (6) A gift of all or part of a body authorizes:
- 3 (a) Any examination necessary to assure medical 4 acceptability of the gift for the purposes intended.
 - (b) The decedent's medical provider, family, or a third party to furnish medical records requested concerning the decedent's medical and social history.
- 8 Section 30. Section 765.516, Florida Statutes, is 9 amended to read:
 - 765.516 Amendment of the terms of or the revocation of the gift.--
 - (1) A donor may amend <u>the terms of</u> or revoke an anatomical gift by:
 - (a) The execution and delivery to the donee of a signed statement.
 - (b) An oral statement that is:
- 17 1. Made to the donor's spouse; or
 - 2. made in the presence of two persons, one of whom must not be a family member, and communicated to the donor's family or attorney or to the donee.
 - (c) A statement during a terminal illness or injury addressed to an attending physician, who must communicate the revocation of the gift to the procurement organization that is certified by the state.
 - (d) A signed document found on <u>or about</u> the donor's person or in the donor's effects.
 - (2) Any gift made by a will may also be amended or revoked in the manner provided for amendment or revocation of wills or as provided in subsection (1).
- 30 Section 31. Subsection (1) of section 765.401, Florida
 31 Statutes, is amended to read:

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765.401 The proxy.--

- (1) If an incapacitated or developmentally disabled patient has not executed an advance directive, or designated a surrogate to execute an advance directive, or the designated or alternate surrogate is no longer available to make health care decisions, health care decisions may be made for the patient by any of the following individuals, in the following order of priority, if no individual in a prior class is reasonably available, willing, or competent to act:
- (a) The judicially appointed guardian of the patient or the guardian advocate of the person having a developmental disability as defined in s. 393.063, who has been authorized to consent to medical treatment, if such guardian has previously been appointed; however, this paragraph shall not be construed to require such appointment before a treatment decision can be made under this subsection;
 - (b) The patient's spouse;
- (c) An adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation;
 - (d) A parent of the patient;
- (e) The adult sibling of the patient or, if the patient has more than one sibling, a majority of the adult siblings who are reasonably available for consultation;
- (f) An adult relative of the patient who has exhibited special care and concern for the patient and who has maintained regular contact with the patient and who is familiar with the patient's activities, health, and religious or moral beliefs; or
- 30 (g) A close friend of the patient; or.
- 31 (h) A clinical social worker licensed pursuant to

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chapter 491, or a graduate of a court-approved quardianship program. Such a proxy must be selected by the provider's 3 bioethics committee and must not be employed by the provider. If the provider does not have a bioethics committee, then such a proxy may be chosen through an arrangement with the bioethics committee of another provider. The proxy must be 6 notified that upon request the provider shall make available a second physician, not involved in the patient's care, to 8 assist the proxy in evaluating treatment. Decisions to withhold or withdraw life-prolonging procedures must be 10 11 reviewed by the facility's bioethics committee. Documentation of efforts to locate proxies from prior classes must be 12 13 recorded in the patient record. Section 32. Subsection (22) is added to section 14 15 641.19, Florida Statutes, to read: 16 641.19 Definitions.--As used in this part, the term: (22) "Specialty" does not include services performed 17 by a chiropractic physician licensed under chapter 460. 18 19 20 (Redesignate subsequent sections.) 21 2.2 ======= T I T L E A M E N D M E N T ========= 23 24 And the title is amended as follows: 25 On page 1, lines 2-6, delete those lines 26 27 and insert: 28 An act relating to health care; providing a 29 short title; requiring the Agency for Workforce 30 Innovation to establish a pilot program for delivery of certified geriatric specialty

nursing education; specifying eligibility
requirements for certified nursing assistants
to obtain certified geriatric specialty nursing
education; specifying requirements for the
education of certified nursing assistants to
prepare for certification as a certified
geriatric specialist; creating a Certified
Geriatric Specialty Nursing Initiative Steering
Committee; providing for the composition of and
manner of appointment to the Certified
Geriatric Specialty Nursing Initiative Steering
Committee; providing responsibilities of the
steering committee; providing for reimbursement
for per diem and travel expenses; requiring the
Agency for Workforce Innovation to conduct or
contract for an evaluation of the pilot program
for delivery of certified geriatric specialty
nursing education; requiring the evaluation to
include recommendations regarding the expansion
of the delivery of certified geriatric
specialty nursing education in nursing homes;
requiring the Agency for Workforce Innovation
to report to the Governor and Legislature
regarding the status and evaluation of the
pilot program; creating s. 464.0125, F.S.;
providing definitions; providing requirements
for persons to become certified geriatric
specialists; specifying fees; providing for
articulation of geriatric specialty nursing
coursework and practical nursing coursework;
providing practice standards and grounds for

which certified geriatric specialists may be
subject to discipline by the Board of Nursing;
creating restrictions on the use of
professional nursing titles; prohibiting the
use of certain professional titles; providing
penalties; authorizing approved nursing
programs to provide education for the
preparation of certified geriatric specialists
without further board approval; authorizing
certified geriatric specialists to supervise
the activities of others in nursing home
facilities according to rules by the Board of
Nursing; revising terminology relating to
nursing to conform to the certification of
geriatric specialists; amending s. 381.00315,
F.S.; revising requirements for the
reactivation of the licenses of specified
health care practitioners in the event of
public health emergency to include certified
geriatric specialists; amending s. 400.021,
F.S.; including services provided by a
certified geriatric specialist within the
definition of nursing service; amending s.
400.211, F.S.; revising requirements for
persons employed as nursing assistants to
conform to the certification of certified
geriatric specialists; amending s. 400.23,
F.S.; specifying that certified geriatric
specialists shall be considered licensed
nursing staff; authorizing licensed practical
nurses to supervise the activities of certified

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

directors; providing the cooperative's mission		
and duties; amending s. 484.0512, F.S.;		
providing a criminal penalty for failure of a		
seller to refund within a specified time moneys		
required to be refunded to a purchaser for the		
return or attempted return of a hearing aid;		
providing a definition; amending s. 456.073,		
F.S.; providing that a state prisoner must		
exhaust all available administrative remedies		
before filing a complaint with the Department		
of Health against a health care practitioner		
who is providing health care services within		
the Department of Corrections, unless the		
practitioner poses a serious threat to the		
health or safety of a person who is not a state		
prisoner; requiring the Department of Health to		
be notified if a health care practitioner is		
disciplined or allowed to resign for a		
practice-related offense; requiring the		
Division of Medical Quality Assurance of the		
Department of Health to conduct a study of		
clinical and academic training requirements of		
certified optometric practitioners; providing		
for appointment of members; requiring a report		
to be submitted to the Governor and		
Legislature; amending s. 465.0265, F.S.;		
providing requirements for the filing of		
prescriptions by pharmacies that are under		
common ownership or that have a contractual		
relationship with one another; specifying		
requirements for exceptions to prescription		

transfers between certain pharmacies; amending
s. 466.006, F.S.; allowing certain dental
students to take the examinations required to
practice dentistry in this state under
specified conditions; providing a prerequisite
to licensure of such students; creating s.
466.0065, F.S.; allowing certain dental
students to take regional licensure
examinations under specified conditions;
restricting the applicability of examination
results to licensing in other jurisdictions;
requiring approval by the Board of Dentistry
and providing prerequisites to such approval;
creating the "Nick Oelrich Gift of Life Act";
amending s. 765.512, F.S., relating to
anatomical gifts; prohibiting modification of a
donor's intent; providing that a donor document
is legally binding; authorizing specified
persons to furnish a donor's medical records
upon request; amending s. 765.516, F.S.;
revising procedures by which the terms of an
anatomical gift may be amended or the gift may
be revoked; amending s. 765.401, F.S.;
providing additional persons who may be given a
proxy for the making of health care decisions;
requiring review by the facility's bioethics
committee of decisions to withhold or withdraw
life-prolonging procedures; requiring
documentation of efforts to locate certain
proxies; amending s. 641.19, F.S.; providing
that the term "specialty" does not include the

services of a licensed chiropractic physician
for purposes of the regulation of managed care;
creating s. 466.0065, F.S.;