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HB 0121A 2003

A bill to be entitled An act relating to health; amending s. 17.41, F.S.; providing for funds from the tobacco settlement to be transferred to the Biomedical Research Trust Fund within the Department of Health; amending s. 20.43, F.S.; renaming certain divisions within the Department of Health; establishing the Division of Disability Determinations within the department; establishing the Office of Minority Health within the department; amending s. 154.01, F.S.; providing for environmental health services to include investigations of elevated blood lead levels; authorizing the expenditure of funds for such investigations; creating s. 216.342, F.S.; authorizing the expenditure of funds of the United States Trust Fund for the operation of the Division of Disability Determinations; amending s. 381.0011, F.S.; revising duties of the Department of Health with respect to injury prevention and control; amending s. 381.004, F.S.; revising requirements for the release of HIV test results; amending s. 381.0065, F.S., relating to onsite sewage treatment and disposal systems; clarifying a definition; deleting obsolete provisions; amending s. 381.0072, F.S.; clarifying provisions governing the authority of the Department of Health to adopt and enforce sanitation rules; revising exemptions; creating s. 381.104, F.S.; authorizing state agencies to establish employee health and wellness programs; providing requirements for the programs; requiring the use of an employee health and wellness activity agreement form; requiring an evaluation

and improvement process for the program; requiring the Page 1 of 147



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Department of Health to provide model program guidelines; amending ss. 381.7353 and 381.7355, F.S.; including oral health care in the Closing the Gap grant program; conforming a cross reference; creating s. 381.86, F.S.; creating the Review Council for Human Subjects within the Department of Health; providing duties and membership; providing for reimbursement for per diem and travel expenses; requiring the department to charge for costs incurred by the council for research oversight; providing an exception; amending s. 381.89, F.S.; revising the fees imposed for the licensure of tanning facilities; amending s. 381.90, F.S.; revising the membership of the Health Information Systems Council; revising the date for submitting an annual plan; amending s. 383.14, F.S.; clarifying provisions with respect to the screening of newborns; amending s. 384.25, F.S.; revising requirements for the reporting of sexually transmissible diseases; requiring the Department of Health to adopt rules relating to newborns or infants exposed to HIV; amending s. 385.204, F.S.; revising requirements for the purchase and distribution of insulin by the Department of Health; amending s. 391.021, F.S.; redefining the term "children with special health care needs" for purposes of the Children's Medical Services Act; amending s. 391.025, F.S.; revising applicability and scope of the act; amending s. 391.029, F.S.; revising requirements for program eligibility; amending s. 391.055, F.S.; requiring the referral to the Children's Medical Services network of a newborn having a certain abnormal screening result; creating s. 391.309, F.S.; establishing the Florida



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Infants and Toddlers Early Intervention Program; providing requirements for the Department of Health under the program; requiring certain federal waivers; amending s. 393.064, F.S.; transferring to the Department of Health authority for the supervision and management of the Raymond C. Philips Research and Education Unit; amending s. 394.4615, F.S.; limiting a patient's access to his or her records where the patient's life or safety is endangered; amending s. 394.9151, F.S.; authorizing the Department of Children and Family Services to contract with the Correctional Medical Authority to conduct surveys of medical services and to provide medical quality assurance and improvement assistance at secure confinement and treatment facilities for certain persons; amending s. 395.3025, F.S.; clarifying access to patient records for professional disciplinary purposes and for research purposes; amending s. 395.404, F.S.; revising requirements for reports to the Department of Health concerning certain brain or spinal cord injuries; amending s. 395.7015, F.S.; conforming cross references; amending s. 400.141, F.S.; requiring copies of records to be provided to the Department of Health upon subpoena; amending s. 400.145, F.S.; requiring certification of copies of records requested pursuant to subpoena or patient release; amending s. 400.211, F.S.; reducing inservice training hours for nursing assistants; creating s. 400.455, F.S.; requiring a certified copy of subpoenaed records under certain circumstances; amending s. 401.113, F.S.; providing for the use of funds generated from interest on certain grant moneys dispensed from the Emergency Medical



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Services Trust Fund; amending s. 401.211, F.S.; providing legislative intent with respect to a comprehensive statewide injury prevention and control program; creating s. 401.243, F.S.; providing duties of the Department of Health in operating the program; amending s. 401.27, F.S.; authorizing electronically submitted applications for certification or recertification as an emergency medical technician or a paramedic; removing a provision authorizing a temporary certificate; revising requirements for an insignia identifying such person; requiring submission of information and fingerprints for a criminal history check; requiring fees; providing additional grounds for denial of certification or recertification; providing for certain exemptions; amending s. 401.2701, F.S.; requiring emergency medical services training programs to advise students of certification and regulatory requirements; amending s. 401.2715, F.S.; requiring recognition, upon application, of entities approved by the Continuing Education Coordinating Board for Emergency Medical Services for recertification training; amending s. 401.272, F.S.; providing that paramedics may provide life support services in hospital emergency departments under certain circumstances; amending s. 404.056, F.S.; revising requirements for mandatory testing of certain buildings and facilities for radon; amending s. 409.814, F.S.; authorizing certain children to participate in the Florida Healthy Kids program or the Medikids program; amending s. 455.227, F.S.; conforming a cross reference; amending s. 456.017, F.S.; providing for electronic posting of examination



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scores; amending s. 456.025, F.S.; deleting the requirement for the Department of Health to develop and maintain a continuing education tracking system; amending s. 456.0375, F.S.; providing exemption from registration for community college and university clinics; providing distinction between supervision of administrative services and supervision of health care delivery services; providing exemption from registration for clinical facilities where training is provided by certain medical schools; amending s. 456.039, F.S.; deleting a cross reference; amending s. 456.049, F.S.; specifying amount of final professional liability claims to be reported for physicians and dentists; amending s. 456.063, F.S.; providing professional regulatory boards, or the Department of Health if there is no board, rulemaking authority for reporting allegations of sexual misconduct; amending s. 456.072, F.S.; clarifying grounds for discipline for performing or attempting to perform health care services on the wrong patient or that are otherwise wrong or unnecessary or leaving a foreign body in the patient; providing for discipline for prescribing, administering, dispensing, or distributing certain medications without a valid professional relationship; providing for additional costs to be assessed as part of any penalty or other form of discipline; requiring clear and convincing evidence to revoke or suspend a license and the greater weight of the evidence for other forms of discipline; conforming a cross reference; amending s. 456.073, F.S.; extending the time within which the subject of an investigation may submit a written response to the



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information in the complaint or other documentation; requiring the Department of Health to give 45 days' notice to the Division of Administrative Hearings when a hearing is needed; requiring the division to charge its expenses to the Medical Quality Assurance Trust Fund; providing for certain fees and charges; amending s. 456.077, F.S.; providing that citations for first offenses do not constitute discipline; deleting the required period for issuing a citation; amending s. 456.078, F.S.; requiring designation of certain violations as appropriate for mediation; excluding certain violations from mediation; requiring successful mediation to include a statement of whether of not the resolution constitutes discipline; requiring payment for the administrative costs of mediation; prohibiting mediation more than once involving a breach of the standard of care for health care professionals; providing rulemaking authority; amending s. 458.303, F.S.; conforming cross references; amending s. 458.311, F.S.; consolidating and revising provisions relating to requirements for licensure of physicians; amending s. 458.3124, F.S.; conforming a cross reference; amending s. 458.315, F.S.; consolidating and revising provisions relating to requirements for limited licensure of physicians; amending s. 458.319, F.S.; deleting a cross reference; amending s. 458.320, F.S.; conforming a cross reference; creating s. 458.3215, F.S.; providing for reactivation of a physician's license for clinical research purposes; providing for fees and continuing education; amending s. 458.331, F.S.; increasing the threshold amount of claims against a physician that



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represent repeated malpractice; revising a reporting requirement to conform; reducing the time period for a physician to respond to information contained in a complaint or other documentation; amending ss. 458.345 and 458.347, F.S.; conforming cross references; amending s. 459.008, F.S.; deleting a cross reference; creating s. 459.0091, F.S.; providing for reactivation of an osteopathic physician's license for clinical research purposes; providing for fees and continuing education; amending s. 459.015, F.S.; increasing the threshold amount of claims against an osteopathic physician that represent repeated malpractice; revising a reporting requirement to conform; reducing the time period for an osteopathic physician to respond to information contained in a complaint or other documentation; amending s. 460.406, F.S.; revising an accrediting agency for chiropractic education; amending s. 460.413, F.S.; reducing the time period for a chiropractic physician to respond to information contained in a complaint or other documentation; amending s. 461.013, F.S.; increasing the threshold amount of claims against a podiatric physician that represent repeated malpractice; revising a reporting requirement to conform; reducing the time period for a podiatric physician to respond to information contained in a complaint or other documentation; amending s. 463.006, F.S.; revising an accrediting agency for optometry education; amending s. 464.0205, F.S.; conforming a cross reference; amending s. 464.203, F.S.; clarifying requirements for criminal history checks of certified nursing assistants; reducing the hours of inservice



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training required each year; providing for biennial renewal of certification, including fees; amending s. 464.204, F.S.; revising a ground for disciplinary action for specificity and removal of the requirement of intentionality; amending s. 465.016, F.S.; providing for disciplinary action against a pharmacist for compounding, dispensing, or distributing legend drugs not prescribed in the course of a valid professional relationship; amending s. 467.009, F.S.; revising an accrediting agency for midwifery education and the licensing agency for midwives; amending s. 467.013, F.S.; providing for inactive licensure status for midwives pursuant to rule of the Department of Health and deleting statutory provisions to conform; amending s. 467.0135, F.S.; clarifying language for licensure status and fees for midwives; amending s. 467.017, F.S.; requiring a midwife's emergency care plan to be available upon request of the Department of Health; amending s. 468.302, F.S.; authorizing a nuclear medicine technologist to administer certain X radiation; excluding such technologist from creating or modifying certain tomography protocols and operating certain tomography devices; amending s. 468.352, F.S.; revising definitions applicable to regulation of respiratory therapy; amending s. 468.355, F.S.; revising licensure requirements to practice respiratory therapy; amending s. 468.368, F.S.; revising requirements for exemptions from respiratory care regulation; amending s. 468.509, F.S.; revising an accrediting agency for education of dietitians and nutritionists; amending s. 468.707, F.S.; revising an accrediting agency for education of athletic trainers;



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deleting a provision relating to a continuing education course on HIV/AIDS for initial licensure as an athletic trainer; amending ss. 486.031 and 486.102, F.S.; revising an accrediting agency for education of physical therapists and physical therapist assistants; amending s. 489.553, F.S.; revising registration requirements for master septic tank contractors; amending s. 489.554, F.S.; revising registration renewal requirements for such contractors; providing for inactive status and reactivation of registration; amending ss. 490.005 and 491.005, F.S.; revising an accrediting agency for education of psychologists and psychotherapists; revising requirements for licensure as a clinical social worker; amending s. 491.0145, F.S.; prohibiting the licensure of a certified master social worker if not licensed before a certain date; creating s. 491.0146, F.S.; providing a saving clause for a certified master social worker licensed from a certain date; amending s. 491.0147, F.S.; providing exemption from liability for disclosure of confidential information under certain circumstances; amending s. 499.003, F.S.; redefining the term "compressed medical gas" for purposes of the Florida Drug and Cosmetic Act; amending s. 499.007, F.S.; revising requirements for labeling medicinal drugs; amending s. 499.01, F.S.; authorizing the department to issue a prescription drug manufacturer permit to a nuclear pharmacy that is a health care entity; amending s. 499.0121, F.S.; providing requirements for retaining inventories and records; transferring and renumbering s. 501.122, F.S., relating to the control of nonionizing radiations; amending s.



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627.912, F.S.; requiring insurers to report to the Department of Health final claims in certain amounts for physicians, osteopathic physicians, podiatric physicians, and dentists; amending s. 766.101, F.S.; including certain university committees as medical review committees; amending s. 766.314, F.S.; exempting children born in certain family practice teaching hospitals from fee assessments used to finance the Florida Birth-Related Neurological Injury Compensation Plan; conforming a cross reference; amending s. 784.081, F.S.; providing for the reclassification of the offense of assault or battery if committed on an employee of the Department of Health or upon a direct service contract provider of the department; amending s. 817.567, F.S.; revising an accrediting agency for institutions awarding academic degrees and titles; creating s. 945.6038, F.S.; authorizing the Correctional Medical Authority to contract with other agencies to provide medical quality improvement services; amending s. 1009.992, F.S.; revising the definition of the term "institution" to update a reference to an accrediting agency; amending s. 1012.46, F.S.; revising provisions relating to athletic trainers in school districts; removing a legislative goal; clarifying a cross reference; providing for payments by the Department of Health and the Division of Administrative Hearings with respect to billings for hearings; requiring a joint audit of hearings and billings of the Division of Administrative Hearings; requiring a report to the Legislature on billing practices of the Division of Administrative Hearings; requiring the Department of Health, in consultation with specified



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educational institutions, to conduct a study with respect to using skills of foreign-trained physicians to practice as physician assistants in this state and to report the results and recommendations to the Governor and Legislature; repealing s. 381.0098(9), F.S., relating to obsolete transition provisions concerning biomedical waste; repealing s. 381.85, F.S., relating to biomedical and social research; repealing s. 385.103(2)(f), F.S., relating to rulemaking authority of the department with respect to the operation of community intervention programs; repealing s. 385.205, F.S., relating to programs in kidney disease control; repealing s. 385.209, F.S., relating to dissemination of information on cholesterol health risks; repealing s. 445.033(7), F.S., relating to an exemption from biomedical and social research requirements for evaluations of TANF-funded programs conducted by Workforce Florida, Inc.; repealing s. 456.031, F.S., relating to a requirement for instruction on domestic violence; repealing s. 456.033, F.S., relating to requirement for instruction on HIV and AIDS for certain licensees; repealing s. 456.034, F.S., relating to requirement for instruction on HIV and AIDS for athletic trainers and massage therapists; repealing s. 458.313, F.S., relating to physician licensure by endorsement; repealing s. 458.316, F.S., relating to public health certificates; repealing s. 458.3165, F.S., relating to public psychiatry certificates; repealing s. 458.317, F.S., relating to limited licenses for physicians; repealing s. 468.356, F.S., relating to approval of educational programs for respiratory therapy licensure;



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repealing s. 468.357, F.S., relating to respiratory therapy licensure by examination; repealing s. 468.711(3), F.S., relating to a continuing education course on HIV/AIDS for athletic trainers seeking relicensure; providing for construction of the act in pari materia with laws enacted during the 2003 Regular Session of the Legislature; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

- Section 1. Subsection (5) of section 17.41, Florida Statutes, is amended to read:
- 17.41 Department of Banking and Finance Tobacco Settlement Clearing Trust Fund.--
- (5) The department shall disburse funds, by nonoperating transfer, from the Tobacco Settlement Clearing Trust Fund to the tobacco settlement trust funds of the various agencies or the Biomedical Research Trust Fund within the Department of Health, as appropriate, in amounts equal to the annual appropriations made from those agencies' trust funds in the General Appropriations Act.
- Section 2. Paragraphs (f) and (j) of subsection (3) of section 20.43, Florida Statutes, are amended, paragraph (k) is added to said subsection, subsections (4) through (8) are renumbered as subsections (5) through (9), respectively, and a new subsection (4) is added to said section, to read:
- 20.43 Department of Health.--There is created a Department of Health.
- (3) The following divisions of the Department of Health are established:



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(f) Division of Emergency Medical <u>Operations</u> Services and Community Health Resources.

- (j) Division of Health Access Awareness and Tobacco.
- (k) Division of Disability Determinations.
- (4) There is established within the Department of Health the Office of Minority Health.

Section 3. Paragraph (a) of subsection (2) and subsection (3) of section 154.01, Florida Statutes, are amended to read:

154.01 County health department delivery system.--

- (2) A functional system of county health department services shall be established which shall include the following three levels of service and be funded as follows:
- (a) "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Examples of environmental health services include, but are not limited to, food hygiene, investigations of elevated blood lead levels, safe drinking water supply, sewage and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, occupational health, and entomology.
- (3) The Department of Health shall enter into contracts with the several counties for the purposes of this part. All contracts shall be negotiated and approved by the appropriate local governing bodies and the appropriate district administrators on behalf of the department. In accordance with

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federal guidelines, the state may utilize federal funds for county health department services. A standard contract format shall be developed and used by the department in contract negotiations. The contract shall include the three levels of county health department services outlined in subsection (2) above and shall contain a section which stipulates, for the contract year:

- (a) All revenue sources, including federal, state, and local general revenue, fees, and other cash contributions, which shall be used by the county health department for county health department services. \div
- (b) The types of services to be provided in each level of service. Each participating county may expend funds for federally mandated certification or recertification fees related to investigations of elevated blood lead levels as provided under paragraph (2)(a).÷
- (c) The estimated number of clients, where applicable, who will be served, by type of service. \div
- (d) The estimated number of services, where applicable, that will be provided, by type of service. \div
- (e) The estimated number of staff positions (full-time equivalent positions) who will work in each type of service area. \div and
- (f) The estimated expenditures for each type of service and for each level of service.

The contract shall also provide for financial and service reporting for each type of service according to standard service and reporting procedures established by the department.



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Section 4. Section 216.342, Florida Statutes, is created to read:

- 216.342 Disbursement of funds of the United States Trust
 Fund.--Funds of the United States Trust Fund may be expended by
 the Department of Health in accordance with the budget and plans
 agreed upon by the Social Security Administration and the
 Department of Health for the operation of the Division of
 Disability Determinations. The limitations on appropriations
 provided in s. 216.262(1) do not apply to the United States
 Trust Fund.
- Section 5. Subsection (12) of section 381.0011, Florida Statutes, is amended to read:
- 381.0011 Duties and powers of the Department of Health.--It is the duty of the Department of Health to:
- (12) <u>Maintain</u> Cooperate with other departments, local officials, and private organizations in developing and implementing a statewide injury <u>prevention and</u> control program.
- Section 6. Paragraph (d) of subsection (3) of section 381.004, Florida Statutes, is amended to read:
 - 381.004 HIV testing.--
- (3) HUMAN IMMUNODEFICIENCY VIRUS TESTING; INFORMED CONSENT; RESULTS; COUNSELING; CONFIDENTIALITY.--
- (d) No test result shall be determined as positive, and no positive test result shall be revealed to any person, without corroborating or confirmatory tests being conducted except in the following situations:
- 1. Preliminary test results may be released to licensed physicians or the medical or nonmedical personnel subject to the significant exposure for purposes of subparagraphs (h)10., 11., and 12.

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- Preliminary test results may be released to health care providers and to the person tested when decisions about medical care or treatment of, or recommendation to, the person tested and, in the case of an intrapartum or postpartum woman, when care, treatment, or recommendations regarding her newborn, cannot await the results of confirmatory testing. Positive preliminary HIV test results shall not be characterized to the patient as a diagnosis of HIV infection. Justification for the use of preliminary test results must be documented in the medical record by the health care provider who ordered the test. This subparagraph does not authorize the release of preliminary test results for the purpose of routine identification of HIVinfected individuals or when HIV testing is incidental to the preliminary diagnosis or care of a patient. Corroborating or confirmatory testing must be conducted as followup to a positive preliminary test.
- 3. Positive rapid test results are considered preliminary and may be released in accordance with the manufacturer's instructions as approved by the United States Food and Drug Administration. Positive rapid test results require confirmatory testing for diagnosis and reporting of HIV infection.

Results shall be communicated to the patient according to statute regardless of the outcome. Except as provided in this section, test results are confidential and exempt from the provisions of s. 119.07(1).

Section 7. Paragraph (k) of subsection (2) and paragraph (j) of subsection (4) of section 381.0065, Florida Statutes, are amended to read:



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381.0065 Onsite sewage treatment and disposal systems; regulation.--

- (2) DEFINITIONS.--As used in ss. 381.0065-381.0067, the term:
- "Permanent nontidal surface water body" means a perennial stream, a perennial river, an intermittent stream, a perennial lake, a submerged marsh or swamp, a submerged wooded marsh or swamp, a spring, or a seep, as identified on the most recent quadrangle map, 7.5 minute series (topographic), produced by the United States Geological Survey, or products derived from that series. "Permanent nontidal surface water body" shall also mean an artificial surface water body that does not have an impermeable bottom and side and that is designed to hold, or does hold, visible standing water for at least 180 days of the year. However, a nontidal surface water body that is drained, either naturally or artificially, where the intent or the result is that such drainage be temporary, shall be considered a permanent nontidal surface water body. A nontidal surface water body that is drained of all visible surface water, where the lawful intent or the result of such drainage is that such drainage will be permanent, shall not be considered a permanent nontidal surface water body. The boundary of a permanent nontidal surface water body shall be the mean annual flood line.
- (4) PERMITS; INSTALLATION; AND CONDITIONS.—A person may not construct, repair, modify, abandon, or operate an onsite sewage treatment and disposal system without first obtaining a permit approved by the department. The department may issue permits to carry out this section, but shall not make the issuance of such permits contingent upon prior approval by the Department of Environmental Protection. A construction permit is

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valid for 18 months from the issuance date and may be extended by the department for one 90-day period under rules adopted by the department. A repair permit is valid for 90 days from the date of issuance. An operating permit must be obtained prior to the use of any aerobic treatment unit or if the establishment generates commercial waste. Buildings or establishments that use an aerobic treatment unit or generate commercial waste shall be inspected by the department at least annually to assure compliance with the terms of the operating permit. The operating permit for a commercial wastewater system is valid for 1 year from the date of issuance and must be renewed annually. The operating permit for an aerobic treatment unit is valid for 2 years from the date of issuance and must be renewed every 2 If all information pertaining to the siting, location, and installation conditions or repair of an onsite sewage treatment and disposal system remains the same, a construction or repair permit for the onsite sewage treatment and disposal system may be transferred to another person, if the transferee files, within 60 days after the transfer of ownership, an amended application providing all corrected information and proof of ownership of the property. There is no fee associated with the processing of this supplemental information. may not contract to construct, modify, alter, repair, service, abandon, or maintain any portion of an onsite sewage treatment and disposal system without being registered under part III of chapter 489. A property owner who personally performs construction, maintenance, or repairs to a system serving his or her own owner-occupied single-family residence is exempt from registration requirements for performing such construction, maintenance, or repairs on that residence, but is subject to all



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HB 0121A 2003 permitting requirements. A municipality or political subdivision of the state may not issue a building or plumbing permit for any building that requires the use of an onsite sewage treatment and disposal system unless the owner or builder has received a construction permit for such system from the department. A building or structure may not be occupied and a municipality, political subdivision, or any state or federal agency may not authorize occupancy until the department approves the final installation of the onsite sewage treatment and disposal system. A municipality or political subdivision of the state may not approve any change in occupancy or tenancy of a building that uses an onsite sewage treatment and disposal system until the department has reviewed the use of the system with the proposed change, approved the change, and amended the operating permit.

- (j) An onsite sewage treatment and disposal system for a single-family residence that is designed by a professional engineer registered in the state and certified by such engineer as complying with performance criteria adopted by the department must be approved by the department subject to the following:
- 1. The performance criteria applicable to engineer-designed systems must be limited to those necessary to ensure that such systems do not adversely affect the public health or significantly degrade the groundwater or surface water. Such performance criteria shall include consideration of the quality of system effluent, the proposed total sewage flow per acre, wastewater treatment capabilities of the natural or replaced soil, water quality classification of the potential surface-water-receiving body, and the structural and maintenance viability of the system for the treatment of domestic



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wastewater. However, performance criteria shall address only the performance of a system and not a system's design.

- 2. The technical review and advisory panel shall assist the department in the development of performance criteria applicable to engineer-designed systems. Workshops on the development of the rules delineating such criteria shall commence not later than September 1, 1996, and the department shall advertise such rules for public hearing no later than October 1, 1997.
- 3. A person electing to utilize an engineer-designed system shall, upon completion of the system design, submit such design, certified by a registered professional engineer, to the county health department. The county health department may utilize an outside consultant to review the engineer-designed system, with the actual cost of such review to be borne by the applicant. Within 5 working days after receiving an engineerdesigned system permit application, the county health department shall request additional information if the application is not complete. Within 15 working days after receiving a complete application for an engineer-designed system, the county health department either shall issue the permit or, if it determines that the system does not comply with the performance criteria, shall notify the applicant of that determination and refer the application to the department for a determination as to whether the system should be approved, disapproved, or approved with modification. The department engineer's determination shall prevail over the action of the county health department. applicant shall be notified in writing of the department's determination and of the applicant's rights to pursue a variance or seek review under the provisions of chapter 120.



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- 4. The owner of an engineer-designed performance-based system must maintain a current maintenance service agreement with a maintenance entity permitted by the department. The maintenance entity shall obtain a biennial system operating permit from the department for each system under service contract. The department shall inspect the system at least annually, or on such periodic basis as the fee collected permits, and may collect system-effluent samples if appropriate to determine compliance with the performance criteria. The fee for the biennial operating permit shall be collected beginning with the second year of system operation. The maintenance entity shall inspect each system at least twice each year and shall report quarterly to the department on the number of systems inspected and serviced.
- 5. If an engineer-designed system fails to properly function or fails to meet performance standards, the system shall be re-engineered, if necessary, to bring the system into compliance with the provisions of this section.
- Section 8. Paragraph (a) of subsection (2) of section 381.0072, Florida Statutes, is amended to read:
- 381.0072 Food service protection.—It shall be the duty of the Department of Health to adopt and enforce sanitation rules consistent with law to ensure the protection of the public from food—borne illness. These rules shall provide the standards and requirements for the storage, preparation, serving, or display of food in food service establishments as defined in this section and which are not permitted or licensed under chapter 500 or chapter 509.
 - (2) DUTIES.--



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The department shall adopt rules, including definitions of terms which are consistent with law prescribing minimum sanitation standards and manager certification requirements as prescribed in s. 509.039, and which shall be enforced in food service establishments as defined in this section. The sanitation standards must address the construction, operation, and maintenance of the establishment; lighting, ventilation, laundry rooms, lockers, use and storage of toxic materials and cleaning compounds, and first-aid supplies; plan review; design, construction, installation, location, maintenance, sanitation, and storage of food equipment and utensils; employee training, health, hygiene, and work practices; food supplies, preparation, storage, transportation, and service, including access to the areas where food is stored or prepared; and sanitary facilities and controls, including water supply and sewage disposal; plumbing and toilet facilities; garbage and refuse collection, storage, and disposal; and vermin control. Public and private schools if the food service is operated by school employees, hospitals licensed under chapter 395, nursing homes licensed under part II of chapter 400, child care facilities as defined in s. 402.301, and residential facilities colocated with a nursing home or hospital if all food is prepared in a central kitchen that complies with nursing or hospital regulations, and bars and lounges shall be exempt from the rules developed for manager certification. The department shall administer a comprehensive inspection, monitoring, and sampling program to ensure such standards are maintained. With respect to food service establishments permitted or licensed under chapter 500 or chapter 509, the department shall assist the Division of Hotels and Restaurants



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of the Department of Business and Professional Regulation and the Department of Agriculture and Consumer Services with rulemaking by providing technical information.

Section 9. Section 381.104, Florida Statutes, is created to read:

- 381.104 Employee health and wellness program. --
- (1) Each state agency may allocate, from existing resources, the necessary funding and facilities for the development and maintenance of an employee health and wellness program and may seek additional funding from other sources to support the program for the benefit of the agency's employees.
- (2) Each state agency may dedicate resources to develop and coordinate an employee health and wellness program or arrange to cooperate with other agencies in their geographic proximity for program coordination, including providers of state employee benefits.
- (3) Each state agency may establish an employee health and wellness coordinator and an advisory committee to guide the development of an operational plan, including the collection of data, to plan events and activities, and to oversee program evaluation and the allocation of funds.
- (4) Each state agency may conduct and dedicate resources toward an employee needs assessment to ascertain the health-and-wellness-related needs of its employees.
- (5) Each state agency may establish policies that allow employees no longer than 30 minutes of work time three times each week, as individual workloads allow, which may be used for the purpose of engaging in health and wellness activities, including physical activity, stress-reduction programs, tobacco



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cessation, personal training, nutrition counseling, or weight reduction and control.

- (6) Each state agency participating in the program must use an employee health and wellness activity agreement form, which must be completed and signed by the employee, signed by the employee's immediate supervisor, and kept in the employee's personnel file prior to participating in any activity. This form shall be developed by the Department of Health. It is the responsibility of the employee to complete the form, including the time of the workday the health and wellness activity will be observed and on which days of the week, obtain the signature of his or her supervisor, and submit the form to the personnel office. The employee must submit a revised employee health and wellness activity agreement form prior to any change in the employee's activities.
- (7) Each state agency may designate up to 1 hour each month for the purpose of providing health and wellness training for its employees.
- (8) Each state agency may use e-mail and other communication systems to promote the agency's employee health and wellness activities.
 - (9) Each state agency may, and is encouraged to:
- (a) Enter into an agreement or contract with other state agencies, including a state-supported college or university, or with a local or federal department, institution, commission, agency, or private enterprise to present, collaborate, or participate jointly in health or wellness education or activity programs.
- (b) Implement as a part of the employee health and wellness program health education activities that focus on skill



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development and lifestyle behavior change, along with information dissemination and awareness building, preferably tailored to an employee's interests and needs.

- (c) Review and offer recommendations on environmental and social support policies that pertain to improving the health of employees.
- (d) Link the employee health and wellness program to programs such as the employee assistance program and other related programs to help employees balance work and family.
- (e) Offer free, low-cost, or employee-fee-based employee health and wellness programs.
- (10) Each agency that develops and implements an employee health and wellness program shall include and document an evaluation and improvement process to help enhance the program's efficiency and effectiveness over time.
- (11) The Department of Health shall provide model program guidelines for the employee health and wellness program and shall provide ongoing technical assistance to other state agencies to assist in developing the agency's employee health and wellness program.
- Section 10. Paragraph (e) of subsection (2) and subsection (3) of section 381.7353, Florida Statutes, are amended to read:
- 381.7353 Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program; administration; department duties.--
 - (2) The department shall:
- (e) Coordinate with existing community-based programs, such as chronic disease community intervention programs, cancer prevention and control programs, diabetes control programs, oral health care programs, the Healthy Start program, the Florida

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KidCare Program, the HIV/AIDS program, immunization programs, and other related programs at the state and local levels, to avoid duplication of effort and promote consistency.

- (3) Pursuant to s. 20.43(7)(6), the secretary may appoint an ad hoc advisory committee to: examine areas where public awareness, public education, research, and coordination regarding racial and ethnic health outcome disparities are lacking; consider access and transportation issues which contribute to health status disparities; and make recommendations for closing gaps in health outcomes and increasing the public's awareness and understanding of health disparities that exist between racial and ethnic populations.
- Section 11. Paragraph (a) of subsection (2) of section 381.7355, Florida Statutes, is amended to read:
 - 381.7355 Project requirements; review criteria.--
- (2) A proposal must include each of the following elements:
- (a) The purpose and objectives of the proposal, including identification of the particular racial or ethnic disparity the project will address. The proposal must address one or more of the following priority areas:
- 1. Decreasing racial and ethnic disparities in maternal and infant mortality rates.
- 2. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cancer.
- 3. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to HIV/AIDS.
- 4. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cardiovascular disease.
 - 5. Decreasing racial and ethnic disparities in morbidity

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and mortality rates relating to diabetes.

- 6. Increasing adult and child immunization rates in certain racial and ethnic populations.
- 7. Decreasing racial and ethnic disparities in oral health care.
- Section 12. Section 381.86, Florida Statutes, is created to read:
 - 381.86 Review Council for Human Subjects. --
- (1) The Review Council for Human Subjects is created within the Department of Health to comply with federal requirements under 45 C.F.R. part 46 and 21 C.F.R. parts 50 and 56 for an institutional review board to review all biomedical and behavioral research on human subjects which is funded by the department or supported by the department in any manner, including the permitting of access to department data or department resources.
- (2) Consistent with federal requirements, the Secretary of Health shall determine and appoint the membership on the council and designate the chair.
- (3) The council may serve as an institutional review board for other agencies at the discretion of the secretary.
- (4) Each council member is entitled to reimbursement for per diem and travel expenses as provided in s. 112.061 while carrying out the official business of the council.
- (5) The department shall charge for costs incurred by the council for research oversight according to a fee schedule, except that fees shall be waived for any student who is a candidate for a degree at a university located in this state. The fee schedule shall provide for fees for initial review, amendments, and continuing review. The department shall adopt

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rules necessary to comply with federal requirements and this section. Such rules shall also prescribe procedures for requesting council review.

(6) Fees collected pursuant to this section shall be deposited into the department's Administrative Trust Fund and used solely for the purpose of administering the program authorized by this section.

Section 13. Paragraphs (b) and (c) of subsection (3) of section 381.89, Florida Statutes, are amended to read:

381.89 Regulation of tanning facilities .--

(3)

- (b) The department shall establish procedures for the issuance and annual renewal of licenses and shall establish annual license and renewal fees and late payment fees in an amount necessary to cover the expenses of administering this section. Annual license and renewal fees may not shall be not less than \$125 nor more than \$250 per tanning device and a maximum total fee per individual tanning facility may be set by rule. Effective October 1, 1991, the fee amount shall be the minimum fee proscribed in this paragraph and such fee amount shall remain in effect until the effective date of a fee schedule adopted by the department.
- (c) The department may adopt a system under which licenses expire on staggered dates and the annual renewal fees are prorated <u>quarterly</u> monthly to reflect the actual number of months the license is valid.
- Section 14. Subsection (3) and paragraph (a) of subsection (7) of section 381.90, Florida Statutes, are amended to read:
- 381.90 Health Information Systems Council; legislative intent; creation, appointment, duties.--



HB 0121A 2003 The council shall be composed of the following members 836 (3) or their senior executive-level designees: 837 The Secretary of the Department of Health. 838 The Executive Director secretary of the Department of 839 (b) Veterans' Affairs. Business and Professional Regulation; 840 (C) The Secretary of the Department of Children and Family 841 Services.÷ 842 (d) The Secretary of Health Care Administration.÷ 843 The Secretary of the Department of Corrections. (e) 844 (f) The Attorney General.÷ 845 846 (q)The Executive Director of the Correctional Medical Authority. + 847 (h) Two members representing county health departments, 848 one from a small county and one from a large county, appointed 849 by the Governor.÷ 850 A representative from the Florida Association of (i) 851 Counties. + 852 The Chief Financial Officer. State Treasurer and (j) 853 Insurance Commissioner; 854 A representative from the Florida Healthy Kids (k) 855 856 Corporation. + A representative from a school of public health chosen 857 by the Commissioner of Education. Board of Regents; 858 (m) The Commissioner of Education. ÷ 859 The Secretary of the Department of Elderly Affairs. (n) 860 861 and The Secretary of the Department of Juvenile Justice. (0) 862 863 864 Representatives of the Federal Government may serve without

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

voting rights.

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(7) The council's duties and responsibilities include, but are not limited to, the following:

- (a) By June March 1 of each year, to develop and approve a strategic plan pursuant to the requirements set forth in s. 186.022(9). Copies of the plan shall be transmitted electronically or in writing to the Executive Office of the Governor, the Speaker of the House of Representatives, and the President of the Senate.
- Section 15. Subsections (1) and (2), paragraphs (f) and (g) of subsection (3), and subsection (5) of section 383.14, Florida Statutes, are amended to read:
- 383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.--
- SCREENING REQUIREMENTS. -- To help ensure access to the maternal and child health care system, the Department of Health shall promote the screening of all newborns infants born in Florida for phenylketonuria and other metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, as screening programs accepted by current medical practice become available and practical in the judgment of the department. The department shall also promote the identification and screening of all newborns infants born in this state and their families for environmental risk factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services, including, but not limited to, parent support and training programs, home visitation, and case management. Identification, perinatal screening, and



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intervention efforts shall begin prior to and immediately following the birth of the child by the attending health care provider. Such efforts shall be conducted in hospitals, perinatal centers, county health departments, school health programs that provide prenatal care, and birthing centers, and reported to the Office of Vital Statistics.

- (a) Prenatal screening. -- The department shall develop a multilevel screening process that includes a risk assessment instrument to identify women at risk for a preterm birth or other high-risk condition. The primary health care provider shall complete the risk assessment instrument and report the results to the Office of Vital Statistics so that the woman may immediately be notified and referred to appropriate health, education, and social services.
- Postnatal screening. -- A risk factor analysis using the department's designated risk assessment instrument shall also be conducted as part of the medical screening process upon the birth of a child and submitted to the department's Office of Vital Statistics for recording and other purposes provided for in this chapter. The department's screening process for risk assessment shall include a scoring mechanism and procedures that establish thresholds for notification, further assessment, referral, and eligibility for services by professionals or paraprofessionals consistent with the level of risk. Procedures for developing and using the screening instrument, notification, referral, and care coordination services, reporting requirements, management information, and maintenance of a computer-driven registry in the Office of Vital Statistics which ensures privacy safequards must be consistent with the provisions and plans established under chapter 411, Pub. L. No.



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99-457, and this chapter. Procedures established for reporting information and maintaining a confidential registry must include a mechanism for a centralized information depository at the state and county levels. The department shall coordinate with existing risk assessment systems and information registries. The department must ensure, to the maximum extent possible, that the screening information registry is integrated with the department's automated data systems, including the Florida Online Recipient Integrated Data Access (FLORIDA) system. Tests and screenings must be performed by the State Public Health Laboratory, in coordination with Children's Medical Services, at such times and in such manner as is prescribed by the department after consultation with the Genetics and Newborn Infant Screening Advisory Council and the State Coordinating Council for School Readiness Programs.

Newborn Infant Screening Advisory Council, the department shall adopt and enforce rules requiring that every newborn infant born in this state shall, prior to becoming 2 weeks of age, be subjected to a test for phenylketonuria and, at the appropriate age, be tested for such other metabolic diseases and hereditary or congenital disorders as the department may deem necessary from time to time. After consultation with the State Coordinating Council for School Readiness Programs, the department shall also adopt and enforce rules requiring every newborn infant born in this state to be screened for environmental risk factors that place children and their families at risk for increased morbidity, mortality, and other negative outcomes. The department shall adopt such additional rules as are found necessary for the administration of this



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section, including rules providing definitions of terms, rules relating to the methods used and time or times for testing as accepted medical practice indicates, rules relating to charging and collecting fees for screenings authorized by this section, and rules requiring mandatory reporting of the results of tests and screenings for these conditions to the department.

- (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.--The department shall administer and provide certain services to implement the provisions of this section and shall:
- (f) Promote the availability of genetic studies and counseling in order that the parents, siblings, and affected newborns infants may benefit from available knowledge of the condition.
- (g) Have the authority to charge and collect fees for screenings authorized in this section, as follows:
- 1. A fee of \$20 will be charged for each live birth, as recorded by the Office of Vital Statistics, occurring in a hospital licensed under part I of chapter 395 or a birth center licensed under s. 383.305, up to 3,000 live births per licensed hospital per year or over 60 births per birth center per year. The department shall calculate the annual assessment for each hospital and birth center, and this assessment must be paid in equal amounts quarterly. Quarterly, the department shall generate and mail to each hospital and birth center a statement of the amount due.
- 2. As part of the department's legislative budget request prepared pursuant to chapter 216, the department shall submit a certification by the department's inspector general, or the director of auditing within the inspector general's office, of the annual costs of the uniform testing and reporting procedures



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of the newborn infant screening program. In certifying the annual costs, the department's inspector general or the director of auditing within the inspector general's office shall calculate the direct costs of the uniform testing and reporting procedures, including applicable administrative costs.

Administrative costs shall be limited to those department costs which are reasonably and directly associated with the administration of the uniform testing and reporting procedures of the newborn infant screening program.

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All provisions of this subsection must be coordinated with the provisions and plans established under this chapter, chapter 411, and Pub. L. No. 99-457.

(5) ADVISORY COUNCIL. -- There is established a Genetics and Newborn Infant Screening Advisory Council made up of 12 members appointed by the Secretary of Health. The council shall be composed of two consumer members, three practicing pediatricians, at least one of whom must be a pediatric hematologist, one representative from each of the four medical schools in the state, the Secretary of Health or his or her designee, one representative from the Department of Health representing Children's Medical Services, and one representative from the Developmental Disabilities Program Office of the Department of Children and Family Services. All appointments shall be for a term of 4 years. The chairperson of the council shall be elected from the membership of the council and shall serve for a period of 2 years. The council shall meet at least semiannually or upon the call of the chairperson. The council may establish ad hoc or temporary technical advisory groups to

assist the council with specific topics which come before the



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council. Council members shall serve without pay. Pursuant to the provisions of s. 112.061, the council members are entitled to be reimbursed for per diem and travel expenses. It is the purpose of the council to advise the department about:

- (a) Conditions for which testing should be included under the screening program and the genetics program. \div
- (b) Procedures for collection and transmission of specimens and recording of results. ; and
- (c) Methods whereby screening programs and genetics services for children now provided or proposed to be offered in the state may be more effectively evaluated, coordinated, and consolidated.

Section 16. Section 384.25, Florida Statutes, is amended to read:

384.25 Reporting required.--

- (1) Each person who makes a diagnosis of or treats a person with a sexually transmissible disease and each laboratory that performs a test for a sexually transmissible disease which concludes with a positive result shall report such facts as may be required by the department by rule, within a time period as specified by rule of the department, but in no case to exceed 2 weeks.
- $\underline{(a)(2)}$ The department shall adopt rules specifying the information required in and a minimum time period for reporting a sexually transmissible disease. In adopting such rules, the department shall consider the need for information, protections for the privacy and confidentiality of the patient, and the practical ability of persons and laboratories to report in a reasonable fashion. To ensure the confidentiality of persons infected with the human immunodeficiency virus (HIV), reporting



of HIV infection and acquired immune deficiency syndrome (AIDS) must be conducted using a system the HIV/AIDS Reporting System (HARS) developed by the Centers for Disease Control and Prevention of the United States Public Health Service or an equivalent system.

- (b)(3) The department shall require reporting of physician diagnosed cases of AIDS and HIV infection consistent with based upon diagnostic criteria for surveillance-case definition for HIV/AIDS reporting from the Centers for Disease Control and Prevention.
- (c)(4) The department shall may require physician and laboratory reporting of HIV infection. However, only reports of HIV infection identified on or after the effective date of the rule developed by the department pursuant to this subsection shall be accepted. The Reporting may not affect or relate to anonymous HIV testing programs conducted pursuant to s.

 381.004(4) or to university-based medical research protocols as determined by the department.
- (2)(5) After notification of the test subject under subsection (4), the department may, with the consent of the test subject, notify school superintendents of students and school personnel whose HIV tests are positive.
- (3) The department shall adopt rules requiring each physician and laboratory to report any newborn or infant up to 18 months of age who has been exposed to HIV. The rules may include the method and time period for reporting, information to be included in the report, requirements for enforcement, and followup activities by the department.



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 $\underline{(4)}$ (6) The department shall by February 1 of each year submit to the Legislature an annual report relating to all information obtained pursuant to this section.

(5)(7) Each person who violates the provisions of this section or the rules adopted hereunder may be fined by the department up to \$500 for each offense. The department shall report each violation of this section to the regulatory agency responsible for licensing each health care professional and each laboratory to which these provisions apply.

Section 17. Subsection (1) of section 385.204, Florida Statutes, is amended to read:

385.204 Insulin; purchase, distribution; penalty for fraudulent application for and obtaining of insulin.--

available, shall purchase and distribute insulin through its agents or other appropriate agent of the state or Federal Government in any county or municipality in the state to any bona fide resident of this state suffering from diabetes or a kindred disease requiring insulin in its treatment who makes application for insulin and furnishes proof of his or her financial inability to purchase in accordance with the rules adopted promulgated by the department concerning the distribution of insulin.

Section 18. Subsection (2) of section 391.021, Florida Statutes, is amended to read:

- 391.021 Definitions.--When used in this act, unless the context clearly indicates otherwise:
- (2) "Children with special health care needs" means those children under the age of 21 years who have, or are at increased risk for, chronic physical, developmental, behavioral, or



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2003 emotional conditions and who also require health care and related services of a type or amount beyond that which is generally required by children whose serious or chronic physical or developmental conditions require extensive preventive and maintenance care beyond that required by typically healthy children. Health care utilization by these children exceeds the statistically expected usage of the normal child adjusted for chronological age. These children often need complex care requiring multiple providers, rehabilitation services, and specialized equipment in a number of different settings.

Section 19. Section 391.025, Florida Statutes, is amended to read:

- 391.025 Applicability and scope. --
- (1) This act applies to health services provided to 1117 1118 eligible individuals who are:
 - (a) Enrolled in the Medicaid program;
 - (b) Enrolled in the Florida Kidcare program; and
 - (c) Uninsured or underinsured, provided that they meet the financial eligibility requirements established in this act, and to the extent that resources are appropriated for their care.
 - (1)(2) The Children's Medical Services program consists of the following components:
 - The newborn infant metabolic screening program established in s. 383.14.
 - The regional perinatal intensive care centers program established in ss. 383.15-383.21.
 - (c) A federal or state program authorized by the Legislature.

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- (d) The developmental evaluation and intervention program.

 including the Florida Infants and Toddlers Early Intervention

 Program.
 - (e) The Children's Medical Services network.
- (2)(3) The Children's Medical Services program shall not be deemed an insurer and is not subject to the licensing requirements of the Florida Insurance Code or the rules of the Department of Insurance, when providing services to children who receive Medicaid benefits, other Medicaid-eligible children with special health care needs, and children participating in the Florida Kidcare program.
- Section 20. Section 391.029, Florida Statutes, is amended to read:
 - 391.029 Program eligibility.--
- (1) The department shall establish the medical criteria to determine if an applicant for the Children's Medical Services program is an eligible individual.
- (2) The following individuals are financially eligible \underline{to} receive services through \underline{for} the program:
- (a) A high-risk pregnant female who is eligible for Medicaid.
- (b) <u>Children A child</u> with special health care needs from birth to age 21 years of age who are is eligible for Medicaid.
- (c) <u>Children A child</u> with special health care needs from birth to age 19 years of age who are is eligible for a program under Title XXI of the Social Security Act.
- (3) Subject to the availability of funds, the following individuals may receive services through the program:
- 1160 <u>(a)(d)</u> Children A child with special health care needs

 1161 from birth to age 21 years of age whose family income is above

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financial eligibility requirements under Title XXI of the Social Security Act and whose projected annual cost of care adjusts the family income to Medicaid financial criteria. In cases where the family income is adjusted based on a projected annual cost of care, the family shall participate financially in the cost of

(b)(e) Children A child with special health care needs from birth to 21 years of age, as provided defined in Title V of the Social Security Act relating to children with special health care needs.

care based on criteria established by the department.

The department may continue to serve certain children with special health care needs who are 21 years of age or older and who were receiving services from the program prior to April 1, 1998. Such children may be served by the department until July 1, 2000.

(4)(3) The department shall determine the financial and medical eligibility of children for the program. The department shall also determine the financial ability of the parents, or persons or other agencies having legal custody over such individuals, to pay the costs of health services under the program. The department may pay reasonable travel expenses related to the determination of eligibility for or the provision of health services.

(5)(4) Any child who has been provided with surgical or medical care or treatment under this act prior to being adopted shall continue to be eligible to be provided with such care or treatment after his or her adoption, regardless of the financial ability of the persons adopting the child.



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Section 21. Subsection (4) is added to section 391.055, Florida Statutes, to read:

- 391.055 Service delivery systems.--
- (4) If a newborn has a presumptively abnormal screening result for metabolic or other hereditary and congenital disorders which is identified through the newborn screening program pursuant to s. 383.14, the newborn shall be referred to the Children's Medical Services network for confirmatory testing, medical management, or medical referral.

Section 22. Section 391.309, Florida Statutes, is created to read:

- 391.309 Florida Infants and Toddlers Early Intervention

 Program. -- The Department of Health may implement and administer

 Part C of the federal Individuals with Disabilities Education

 Act (IDEA), which shall be known as the Florida Infants and

 Toddlers Early Intervention Program.
- (1) The department, jointly with the Department of Education, shall annually prepare a grant application to the United States Department of Education for funding early intervention services for infants and toddlers with disabilities, ages birth through 36 months, and their families pursuant to Part C of the federal Individuals with Disabilities Education Act.
- (2) The department shall ensure that no early intervention provider participating in the program provides both core and required services without a waiver from the Deputy Secretary for Children's Medical Services, or his or her designee, as expressed in the contract between the department and the provider. For purposes of this section, core services are limited to child find and referral services, family support



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planning, service coordination, and multidisciplinary evaluation.

Section 23. Subsection (5) of section 393.064, Florida Statutes, is amended to read:

393.064 Prevention.--

(5) The Department of <u>Health</u> Children and Family Services shall have the authority, within available resources, to contract for the supervision and management of the Raymond C. Philips Research and Education Unit, and such contract shall include specific program objectives.

Section 24. Subsection (10) of section 394.4615, Florida Statutes, is amended to read:

394.4615 Clinical records; confidentiality.--

(10) Patients shall have reasonable access to their clinical records, unless such access is determined by the patient's physician to be a danger to the patient's life or safety harmful to the patient. If the patient's right to inspect his or her clinical record is restricted by the facility, written notice of such restriction shall be given to the patient and the patient's guardian, guardian advocate, attorney, and representative. In addition, the restriction shall be recorded in the clinical record, together with the reasons for it. The restriction of a patient's right to inspect his or her clinical record shall expire after 7 days but may be renewed, after review, for subsequent 7-day periods.

Section 25. Section 394.9151, Florida Statutes, is amended to read:

394.9151 Contract authority.--The Department of Children and Family Services may contract with a private entity or state agency for use of and operation of facilities to comply with the

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requirements of this act. The department of Children and Family Services may also contract with the Correctional Privatization Commission as defined in chapter 957 to issue a request for proposals and monitor contract compliance for these services.

The department may enter an agreement or may contract with the Correctional Medical Authority as defined in chapter 945 to conduct surveys of medical services and to provide medical quality assurance and improvement assistance at secure confinement and treatment facilities for persons confined under this part.

Section 26. Paragraphs (a) and (e) of subsection (4) and paragraph (b) of subsection (7) of section 395.3025, Florida Statutes, are amended, and a new paragraph (1) is added to subsection (4) of said section, to read:

395.3025 Patient and personnel records; copies; examination.--

- (4) Patient records are confidential and must not be disclosed without the consent of the person to whom they pertain, but appropriate disclosure may be made without such consent to:
- (a) Licensed Facility personnel and all other licensed health care practitioners attending physicians for use in connection with the treatment of the patient.
- (e) The <u>Department of Health</u> agency upon subpoena issued pursuant to s. 456.071, but the records obtained thereby must be used solely for the purpose of the <u>department</u> agency and the appropriate professional board in its investigation, prosecution, and appeal of disciplinary proceedings. <u>The administrator or records custodian in a facility licensed under this chapter shall certify that a true and complete copy of the</u>

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records requested pursuant to a subpoena or patient release have been provided to the department or otherwise identify those documents that have not been provided. If the department agency requests copies of the records, the facility shall charge no more than its actual copying costs, including reasonable staff time. The records must be sealed and must not be available to the public pursuant to s. 119.07(1) or any other statute providing access to records, nor may they be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department agency or the appropriate regulatory board. However, the department agency must make available, upon written request by a practitioner against whom probable cause has been found, any such records that form the basis of the determination of probable cause.

(1) Researchers or facility personnel for research purposes, provided that the researchers or facility personnel demonstrate compliance with the requirements of 45 C.F.R. s. 164.512(i).

(7)

(b) Absent a specific written release or authorization permitting utilization of patient information for solicitation or marketing the sale of goods or services, any use of such that information for that purpose those purposes is prohibited. For purposes of this paragraph, the term "marketing" is defined as set forth in 45 C.F.R. s. 164.501.

Section 27. Subsection (2) of section 395.404, Florida Statutes, is amended to read:

395.404 Review of trauma registry data; confidentiality and limited release.--

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Notwithstanding the provisions of s. 381.74, each trauma center and acute care hospital shall submit severe disability and head-injury registry data to the department as provided by rule. Each trauma center and acute care hospital shall continue to provide initial notification of any person who has a moderate-to-severe brain or spinal cord injury persons who have severe disabilities and head injuries to the brain and spinal cord injury central registry of the Department of Health within timeframes provided in s. 381.74 chapter 413. Such initial notification shall be made in the manner prescribed by the Department of Health for the purpose of providing timely vocational rehabilitation and transitional services to an individual who sustains traumatic moderate-to-severe brain or spinal cord injury to enable such individual to return to his or her community services to the severely disabled or head-injured person.

Section 28. Paragraph (b) of subsection (2) of section 395.7015, Florida Statutes, is amended to read:

395.7015 Annual assessment on health care entities.--

- (2) There is imposed an annual assessment against certain health care entities as described in this section:
- (b) For the purpose of this section, "health care entities" include the following:
- 1. Ambulatory surgical centers and mobile surgical facilities licensed under s. 395.003. This subsection shall only apply to mobile surgical facilities operating under contracts entered into on or after July 1, 1998.
- 2. Clinical laboratories licensed under s. 483.091, excluding any hospital laboratory defined under s. 483.041(6), any clinical laboratory operated by the state or a political

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subdivision of the state, any clinical laboratory which qualifies as an exempt organization under s. 501(c)(3) of the Internal Revenue Code of 1986, as amended, and which receives 70 percent or more of its gross revenues from services to charity patients or Medicaid patients, and any blood, plasma, or tissue bank procuring, storing, or distributing blood, plasma, or tissue either for future manufacture or research or distributed on a nonprofit basis, and further excluding any clinical laboratory which is wholly owned and operated by 6 or fewer physicians who are licensed pursuant to chapter 458 or chapter 459 and who practice in the same group practice, and at which no clinical laboratory work is performed for patients referred by any health care provider who is not a member of the same group.

Diagnostic-imaging centers that are freestanding outpatient facilities that provide specialized services for the identification or determination of a disease through examination and also provide sophisticated radiological services, and in which services are rendered by a physician licensed by the Board of Medicine under s. 458.311, s. 458.313, or s. 458.315 458.317, or by an osteopathic physician licensed by the Board of Osteopathic Medicine under s. 459.006, s. 459.007, or s. 459.0075. For purposes of this paragraph, "sophisticated radiological services" means the following: magnetic resonance imaging; nuclear medicine; angiography; arteriography; computed tomography; positron emission tomography; digital vascular imaging; bronchography; lymphangiography; splenography; ultrasound, excluding ultrasound providers that are part of a private physician's office practice or when ultrasound is provided by two or more physicians licensed under chapter 458 or chapter 459 who are members of the same professional association



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and who practice in the same medical specialties; and such other sophisticated radiological services, excluding mammography, as adopted in rule by the board.

Section 29. Subsection (10) of section 400.141, Florida Statutes, is amended to read:

- 400.141 Administration and management of nursing home facilities.--Every licensed facility shall comply with all applicable standards and rules of the agency and shall:
- (10) Keep full records of resident admissions and discharges; medical and general health status, including medical records, personal and social history, and identity and address of next of kin or other persons who may have responsibility for the affairs of the residents; and individual resident care plans including, but not limited to, prescribed services, service frequency and duration, and service goals. The records shall be open to inspection by the agency. A certified complete copy of the records shall be provided to the Department of Health upon subpoena issued pursuant to ss. 456.057 and 456.071. The provisions of chapter 456 shall apply to the records obtained pursuant to this section.
- Section 30. Subsection (3) is added to section 400.145, Florida Statutes, to read:
- 400.145 Records of care and treatment of resident; copies to be furnished.--
- (3) The administrator or records custodian in a facility licensed under this chapter shall certify that a true and complete copy of the records requested pursuant to a subpoena or patient release have been provided to the department or otherwise identify those documents that have not been provided.



1428

follows:

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1400	Section 31. Paragraph (a) of subsection (4) of section
1401	400.211, Florida Statutes, is amended to read:
1402	400.211 Persons employed as nursing assistants;
1403	certification requirement
1404	(4) When employed by a nursing home facility for a 12-
1405	month period or longer, a nursing assistant, to maintain
1406	certification, shall submit to a performance review every 12
1407	months and must receive regular inservice education based on the
1408	outcome of such reviews. The inservice training must:
1409	(a) Be sufficient to ensure the continuing competence of
1410	nursing assistants, must be at least $\underline{12}$ $\underline{18}$ hours per year, and
1411	may include hours accrued under s. 464.203(7)(8);
1412	
1413	Costs associated with this training may not be reimbursed from
1414	additional Medicaid funding through interim rate adjustments.
1415	Section 32. Section 400.455, Florida Statutes, is created
1416	to read:
1417	400.455 Certified copy of subpoenaed recordsUpon a
1418	subpoena issued by the Department of Health pursuant to s.
1419	456.057 or s. 456.071, a certified complete copy of the
1420	requested records shall be provided. The provisions of chapter
1421	456 shall apply to the records obtained pursuant to this
1422	section.
1423	Section 33. Subsection (2) of section 401.113, Florida
1424	Statutes, is amended to read:
1425	401.113 Department; powers and duties
1426	(2)(a) The department shall annually dispense funds

contained in the Emergency Medical Services Trust Fund as



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1.(a) Forty-five percent of such moneys must be divided among the counties according to the proportion of the combined amount deposited in the trust fund from the county. These funds may not be used to match grant funds as identified in subparagraph 2. paragraph(b). An individual board of county commissioners may distribute these funds to emergency medical service organizations within the county, as it deems appropriate.

2.(b) Forty percent of such moneys must be used by the department for making matching grants to local agencies, municipalities, and emergency medical services organizations for the purpose of conducting research, increasing existing levels of emergency medical services, evaluation, community education, injury prevention programs, and training in cardiopulmonary resuscitation and other lifesaving and first aid techniques.

<u>a.l.</u> At least 90 percent of these moneys must be made available on a cash matching basis. A grant made under this <u>sub-subparagraph</u> subparagraph must be contingent upon the recipient providing a cash sum equal to 25 percent of the total department-approved grant amount.

<u>b.2.</u> No more than 10 percent of these moneys must be made available to rural emergency medical services, and notwithstanding the restrictions specified in subsection (1), these moneys may be used for improvement, expansion, or continuation of services provided. A grant made under this <u>subsubparagraph</u> subparagraph must be contingent upon the recipient providing a cash sum equal to no more than 10 percent of the total department-approved grant amount.



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The department shall develop procedures and standards for grant disbursement under this <u>subparagraph</u> paragraph based on the need for emergency medical services, the requirements of the population to be served, and the objectives of the state emergency medical services plan.

- 3.(e) Fifteen percent of such moneys must be used by the department for capital equipment outlay, personnel, community education, evaluation, and other costs associated with the administration of this chapter. Any moneys not annually used for this purpose must be used for making additional rural grant funds available.
- (b) Notwithstanding any other provision of law to the contrary, any interest generated from grant funds may be expended by the grantee on the budget items approved by the department. Grantees receiving funds that require a match may not expend interest funds until all match requirements have been satisfied. Such grantees shall return to the department any interest and grant funds not expended at the conclusion of the grant period. All such returned funds shall be used by the department for additional matching grant awards.

Section 34. Section 401.211, Florida Statutes, is amended to read:

401.211 Legislative intent.--The Legislature recognizes that the systematic provision of emergency medical services saves lives and reduces disability associated with illness and injury. In addition, that system of care must be equally capable of assessing, treating, and transporting children, adults, and frail elderly persons. Further, it is the intent of the Legislature to encourage the development and maintenance of emergency medical services because such services are essential



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to the health and well-being of all citizens of the state. The Legislature also recognizes that the establishment of a comprehensive statewide injury prevention and control program supports state and community health systems by further enhancing the total delivery system of emergency medical services and reduces injuries for all persons. The purpose of this part is to protect and enhance the public health, welfare, and safety through the establishment of an emergency medical services state plan, an advisory council, a comprehensive statewide injury prevention and control program, minimum standards for emergency medical services personnel, vehicles, services and medical direction, and the establishment of a statewide inspection program created to monitor the quality of patient care delivered by each licensed service and appropriately certified personnel.

Section 35. Section 401.243, Florida Statutes, is created to read:

- 401.243 Injury prevention and control.--The injury prevention and control program is responsible for the statewide coordination and expansion of injury prevention and control activities. The duties of the department may include, but are not limited to, data collection, surveillance, education, and the promotion of interventions. The department may:
- (1) Assist county health departments and community and other state agencies by serving as a focal point for injury prevention expertise and guidance.
- (2) Seek, receive, and expend any funds received through appropriations, grants, donations, or contributions from public or private sources for program purposes.
- (3) Adopt rules related to the activities of the program, including, but not limited to, those needed for implementation



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of injury prevention and control activities, data collection,
surveillance, education, promotion of interventions, and
assistance to other entities.

(4) Develop, and revise as necessary, a comprehensive state plan for injury prevention and control.

Section 36. Subsections (3), (4), (5), and (13) of section 401.27, Florida Statutes, are amended, and subsection (14) is added to said section, to read:

- 401.27 Personnel; standards and certification. --
- (3) Any person who desires to be certified or recertified as an emergency medical technician or paramedic must apply to the department under oath on forms provided by the department which shall contain such information as the department reasonably requires, which may include affirmative evidence of ability to comply with applicable laws and rules. The department may accept electronically submitted applications. If an application is submitted electronically, the department may require supplemental materials, including an original signature of the applicant and documentation verifying eligibility for certification to be submitted in a nonelectronic format. The department shall determine whether the applicant meets the requirements specified in this section and in rules of the department and shall issue a certificate to any person who meets such requirements.
- (4) An applicant for certification or recertification as an emergency medical technician or paramedic must:
- (a) Have completed an appropriate training course as follows:
- 1. For an emergency medical technician, an emergency medical technician training course equivalent to the most recent



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emergency medical technician basic training course of the United States Department of Transportation as approved by the department. \div

- 2. For a paramedic, a paramedic training program equivalent to the most recent paramedic course of the United States Department of Transportation as approved by the department. \div
- (b) Certify $\frac{\text{under oath}}{\text{oath}}$ that he or she is not addicted to alcohol or any controlled substance.
- (c) Certify under oath that he or she is free from any physical or mental defect or disease that might impair the applicant's ability to perform his or her duties. \div
- (d) Within 1 year after course completion have passed an examination developed or required by the department. \div
- (e)1. For an emergency medical technician, hold either a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent as defined by department rule. \div
- 2. For a paramedic, hold a certificate of successful course completion in advanced cardiac life support from the American Heart Association or its equivalent as defined by department rule $\cdot \div$
- (f) Submit the certification fee and the nonrefundable examination fee prescribed in s. 401.34, which examination fee will be required for each examination administered to an applicant.; and
- (g) Submit a completed application to the department,which application documents compliance with paragraphs (a), (b),(c), (e), (f), (g), and, if applicable, (d). The application

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must be submitted so as to be received by the department at least 30 calendar days before the next regularly scheduled examination for which the applicant desires to be scheduled.

- The certification examination must be offered monthly. The department shall issue an examination admission notice to the applicant advising him or her of the time and place of the examination for which he or she is scheduled. Individuals achieving a passing score on the certification examination may be issued a temporary certificate with their examination grade report. The department must issue an original certification within 45 days after the examination. Examination questions and answers are not subject to discovery but may be introduced into evidence and considered only in camera in any administrative proceeding under chapter 120. If an administrative hearing is held, the department shall provide challenged examination questions and answers to the administrative law judge. The department shall establish by rule the procedure by which an applicant, and the applicant's attorney, may review examination questions and answers in accordance with s. 119.07(3)(a).
- for emergency medical technicians and paramedics. The department shall establish by rule the requirements to display the state emergency medical technician and paramedic insignia. The rules may not require a person to wear the standard insignia but must require that If a person wears any insignia that identifies the person as a certified emergency medical technician or paramedic in this state, the insignia must be the standard state insignia adopted under this section. The insignia must denote the individual's level of certification at which he or she is functioning.



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(14)(a) An applicant for initial certification under this section must submit information and a set of fingerprints to the department on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the department for a statewide and a national criminal history check of the applicant.

(b) An applicant for renewal of certification who has not previously submitted a set of fingerprints to the department must submit information required to perform a statewide and a national criminal history check and a set of fingerprints to the department as a condition of the initial renewal of his or her certificate after the effective date of this section. The applicant must submit the fingerprints on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the department. For subsequent renewals, the department shall, by rule, adopt an application form that includes a sworn oath or affirmation attesting to the existence of any criminal convictions, regardless of plea or adjudication, which have occurred since the previous certification. If there has been a criminal conviction, the provisions of this subsection shall apply. The department shall notify current certificateholders of their requirement to undergo a criminal history check sufficiently in advance of the 2004 biennial expiration for the certificateholder to provide the required information prior to submission of the renewal certification application. Eliqibility for renewal may not be denied by the department for the first renewal application subsequent to enactment of this subsection for delays created in obtaining the criminal history from the Department of Law Enforcement, the Federal Bureau of



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Investigation, or the Division of State Fire Marshal if the applicant has submitted the required criminal history screening information or affidavit and fees with the renewal certification application.

- (c) Pursuant to the requirements of s. 120.60, applications for certification must be processed within 90 days after receipt of a completed application. Applications for certification shall not be complete until the criminal history information and certified copies of all court documents for those applications with prior criminal convictions, pursuant to this section, have been received by the department.
- information required for a statewide criminal history check to the Department of Law Enforcement for such check, and the Department of Law Enforcement shall forward the fingerprints and information to the Federal Bureau of Investigation for a national criminal history check of the applicant.
- (e) If an applicant has undergone a criminal history check as a condition of employment or certification as a firefighter under s. 633.34, the Division of State Fire Marshal of the Department of Financial Services shall provide the criminal history information regarding the applicant seeking certification or renewal of certification under this section to the department. Any applicant for initial certification or renewal of certification who has already submitted a set of fingerprints and information to the Division of State Fire Marshal of the Department of Financial Services for the criminal history check required for employment and certification of firefighters under s. 633.34 within 2 years prior to application under this section is not required to provide to the department



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years.

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a subsequent set of fingerprints or other duplicate information
required for a criminal history check if the applicant submits
an affidavit in a form prescribed by the department attesting
that he or she has been a state resident for the previous 2

- (f) Notwithstanding the grounds for certification denial outlined in s. 401.411, an applicant must not have:
- 1. Been found guilty of, regardless of plea or adjudication, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:
- a. Section 415.111, relating to abuse, neglect, or exploitation of a vulnerable adult.
 - b. Section 782.04, relating to murder.
- c. Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, aggravated manslaughter of a child, or aggravated manslaughter of an officer, a firefighter, an emergency medical technician, or a paramedic.
 - d. Section 782.071, relating to vehicular homicide.
- e. Section 782.09, relating to killing of an unborn child by injury to the mother.
- $\underline{\text{f. Section 784.011, relating to assault, if the victim of}}$ the offense was a minor.
 - g. Section 784.021, relating to aggravated assault.
- h. Section 784.03, relating to battery, if the victim of the offense was a minor.
 - i. Section 784.045, relating to aggravated battery.
 - j. Section 787.01, relating to kidnapping.
 - k. Section 787.02, relating to false imprisonment.

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1698	1. Section 794.011, relating to sexual battery.
1699	m. Former s. 794.041, relating to prohibited acts of
1700	persons in familial or custodial authority.
1701	n. Chapter 796, relating to prostitution.
1702	o. Section 798.02, relating to lewd and lascivious
1703	behavior.
1704	p. Chapter 800, relating to lewdness and indecent
1705	exposure.
1706	q. Section 806.01, relating to arson.
1707	r. Chapter 812, relating to theft, robbery, and related
1708	crimes, if the offense was a felony.
1709	s. Section 817.563, relating to fraudulent sale of
1710	controlled substances, only if the offense was a felony.
1711	t. Section 825.102, relating to abuse, aggravated abuse,
1712	or neglect of an elderly person or disabled adult.
1713	u. Section 825.1025, relating to lewd or lascivious
1714	offenses committed upon or in the presence of an elderly person
1715	or disabled person.
1716	v. Section 825.103, relating to exploitation of an elderly
1717	person or disabled adult, if the offense was a felony.
1718	w. Section 826.04, relating to incest.
1719	x. Section 827.03, relating to child abuse, aggravated
1720	child abuse, or neglect of a child.
1721	y. Section 827.04, relating to contributing to the
1722	delinquency or dependency of a child.
1723	z. Former s. 827.05, relating to negligent treatment of
1724	<pre>children.</pre>
1725	aa. Section 827.071, relating to sexual performance by a
1726	child.

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Chapter 847, relating to obscenity.



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- <u>cc.</u> Chapter 893, relating to drug abuse prevention and <u>control</u>, only if the offense was a felony or if any other person involved in the offense was a minor.
- 2. Committed an act that constitutes domestic violence as defined in s. 741.28.
- (g) The department may grant to any applicant who would otherwise be denied certification or recertification under this subsection an exemption from that denial for:
- 1. Felonies committed more than 3 years prior to the date of disqualification;
- 2. Misdemeanors prohibited under any of the Florida

 Statutes cited in this subsection or under similar statutes of other jurisdictions;
- 3. Offenses that were felonies when committed but are now misdemeanors;
 - 4. Findings of delinquency; or
- 5. Commissions of acts of domestic violence as defined in s. 741.28.
- (h) For the department to grant an exemption to any applicant under this section, the applicant must demonstrate by clear and convincing evidence that the applicant should not be disqualified from certification or renewal of certification.

 Applicants seeking an exemption have the burden of setting forth sufficient evidence of rehabilitation, including, but not limited to, the circumstances surrounding the criminal incident for which an exemption is sought, the time period that has elapsed since the incident, the nature of the harm caused to the victim, and the history of the applicant since the incident, or any other evidence or circumstances indicating that the applicant will not present a danger if certification or renewal



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of certification is granted. To do so the applicant must request an exemption and submit the required information supporting that request at the time of application so that the department may make a determination in accordance with this section.

- (i) Denial of certification or renewal of certification under paragraph (f) may not be removed from, nor may an exemption be granted to, any applicant who is found guilty of, regardless of plea or adjudication, any felony covered by paragraph (f) solely by reason of any pardon, executive clemency, or restoration of civil rights.
- (j) If an applicant has undergone a criminal history check as a condition of employment or licensing under any Florida

 Statute within 2 years prior to application under this section, the applicant may submit a copy of the official Florida Criminal History Record or National Criminal History Record produced under that requirement in lieu of the fingerprint card required in paragraph (a) or paragraph (b). The department shall determine if the submission meets its requirements and, if not, the applicant shall be required to comply with the provisions of this subsection. The department is authorized to share criminal history information with local, state, and federal agencies for purposes of licensing or employment background checks.

Section 37. Subsection (6) is added to section 401.2701, Florida Statutes, to read:

- 401.2701 Emergency medical services training programs. --
- (6) Training programs approved by the department shall at initiation of an emergency medical technician or paramedic course advise students of the certification and regulatory requirements of this chapter, including, but not limited to, the criminal history screening requirement for initial and renewal



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certification under s. 401.27. The department shall prescribe, by rule, the required content of this component of the course.

Section 38. Subsection (2) of section 401.2715, Florida Statutes, is amended to read:

- 401.2715 Recertification training of emergency medical technicians and paramedics.--
- (2) Any individual, institution, school, corporation, or governmental entity may conduct emergency medical technician or paramedic recertification training upon application to the department and payment of a nonrefundable fee to be deposited into the Emergency Medical Services Trust Fund. Institutions conducting department-approved educational programs as provided in this chapter and licensed ambulance services are exempt from the application process and payment of fees. Upon application, the department shall recognize any entity in this state that has approval from the Continuing Education Coordinating Board for Emergency Medical Services for courses in cardiopulmonary resuscitation or advanced life support for equivalency. The department shall adopt rules for the application and payment of a fee not to exceed the actual cost of administering this approval process.

Section 39. Section 401.272, Florida Statutes, is amended to read:

- 401.272 Emergency medical services community health care.--
- (1)(a) The purpose of this section is to encourage more effective utilization of the skills of emergency medical technicians and paramedics by enabling them to perform, in partnership with local county health departments, specific

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health and welfare.

HB 0121A 2003 additional health care tasks that are consistent with the public

 $\underline{\text{(b)}(2)}$ Notwithstanding any other provision of law to the contrary:

- 1.(a) Paramedics or emergency medical technicians may perform health promotion and wellness activities and blood pressure screenings in a nonemergency environment, within the scope of their training, and under the direction of a medical director. As used in this <u>subparagraph</u> paragraph, the term "health promotion and wellness" means the provision of public health programs pertaining to the prevention of illness and injury.
- 2.(b) Paramedics may administer immunizations in a nonemergency environment, within the scope of their training, and under the direction of a medical director. There must be a written agreement between the paramedic's medical director and the county health department located in each county in which the paramedic administers immunizations. This agreement must establish the protocols, policies, and procedures under which the paramedic must operate.
- (c)(3) Each medical director under whose direction a paramedic administers immunizations must verify and document that the paramedic has received sufficient training and experience to administer immunizations. The verification must be documented on forms developed by the department, and the completed forms must be maintained at the service location of the licensee and made available to the department upon request.
- $\underline{(d)}(4)$ The department may adopt and enforce all rules necessary to enforce the provisions relating to a paramedic's administration of immunizations and the performance of health



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promotion and wellness activities and blood pressure screenings by a paramedic or emergency medical technician in a nonemergency environment.

- (2) Notwithstanding any other provision of law to the contrary, paramedics may provide basic life support and advanced life support in a hospital emergency department. Such services provided by paramedics must be under the direction of the manager or nursing director of the emergency department. Where the management and provision of emergency medical services is contracted by the hospital, paramedics providing services in the emergency department must be employees of the medical group contracted to provide emergency medical services to the hospital and the services provided by paramedics must be under the direct supervision of a physician.
- Section 40. Subsection (4) of section 404.056, Florida Statutes, is amended to read:
- 404.056 Environmental radiation standards and projects; certification of persons performing measurement or mitigation services; mandatory testing; notification on real estate documents; rules.--
- (4) MANDATORY TESTING.--All public and private school buildings or school sites housing students in kindergarten through grade 12; all state-owned, state-operated, state-regulated, or state-licensed 24-hour care facilities; and all state-licensed day care centers for children or minors which are located in counties designated within the Department of Community Affairs' Florida Radon Protection Map Categories as "Intermediate" or "Elevated Radon Potential" shall be measured to determine the level of indoor radon, using measurement procedures established by the department. Initial measurements



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Testing shall be performed completed within the first year of construction in 20 percent of the habitable first floor spaces within any of the regulated buildings. Initial measurements shall be completed and reported to the department within 1 by July 1 of the year after the date the building is opened for occupancy or within 1 year after license approval for an entity residing in an existing building. Followup testing must be completed in 5 percent of the habitable first floor spaces within any of the regulated buildings after the building has been occupied for 5 years, and results must be reported to the department by the first day July 1 of the 6th 5th year of occupancy. After radon measurements have been made twice, regulated buildings need not undergo further testing unless significant structural changes occur. No funds collected pursuant to s. 553.721 shall be used to carry out the provisions of this subsection.

Section 41. Subsection (5) of section 409.814, Florida Statutes, is amended to read:

409.814 Eligibility.--A child whose family income is equal to or below 200 percent of the federal poverty level is eligible for the Florida Kidcare program as provided in this section. In determining the eligibility of such a child, an assets test is not required. An applicant under 19 years of age who, based on a complete application, appears to be eligible for the Medicaid component of the Florida Kidcare program is presumed eligible for coverage under Medicaid, subject to federal rules. A child who has been deemed presumptively eligible for Medicaid shall not be enrolled in a managed care plan until the child's full eligibility determination for Medicaid has been completed. The Florida Healthy Kids Corporation may, subject to compliance with



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applicable requirements of the Agency for Health Care Administration and the Department of Children and Family Services, be designated as an entity to conduct presumptive eligibility determinations. An applicant under 19 years of age who, based on a complete application, appears to be eligible for the Medikids, Florida Healthy Kids, or Children's Medical Services network program component, who is screened as ineligible for Medicaid and prior to the monthly verification of the applicant's enrollment in Medicaid or of eligibility for coverage under the state employee health benefit plan, may be enrolled in and begin receiving coverage from the appropriate program component on the first day of the month following the receipt of a completed application. For enrollment in the Children's Medical Services network, a complete application includes the medical or behavioral health screening. If, after verification, an individual is determined to be ineligible for coverage, he or she must be disenrolled from the respective Title XXI-funded Kidcare program component.

- (5) A child whose family income is above 200 percent of the federal poverty level or a child who is excluded under the provisions of subsection (4) may participate in the Florida

 Healthy Kids program or the Medikids program, Kidcare program, excluding the Medicaid program, but is subject to the following provisions:
- (a) The family is not eligible for premium assistance payments and must pay the full cost of the premium, including any administrative costs.
- (b) The agency is authorized to place limits on enrollment in Medikids by these children in order to avoid adverse selection. The number of children participating in Medikids



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whose family income exceeds 200 percent of the federal poverty level must not exceed 10 percent of total enrollees in the Medikids program.

- (c) The board of directors of the Florida Healthy Kids Corporation is authorized to place limits on enrollment of these children in order to avoid adverse selection. In addition, the board is authorized to offer a reduced benefit package to these children in order to limit program costs for such families. The number of children participating in the Florida Healthy Kids program whose family income exceeds 200 percent of the federal poverty level must not exceed 10 percent of total enrollees in the Florida Healthy Kids program.
- (d) Children described in this subsection are not counted in the annual enrollment ceiling for the Florida Kidcare program.
- Section 42. Paragraph (d) of subsection (1) of section 455.227, Florida Statutes, is amended to read:
 - 455.227 Grounds for discipline; penalties; enforcement.--
- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (d) Using a Class III or a Class IV laser device or product, as defined by federal regulations, without having complied with the rules adopted pursuant to s. $\underline{404.24(2)}$ $\underline{501.122(2)}$ governing the registration of such devices.
- Section 43. Subsection (7) is added to section 456.017, Florida Statutes, to read:
 - 456.017 Examinations.--
- 1965 (7) The department may post examination scores

 1966 electronically on the Internet in lieu of mailing the scores to

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each applicant. Such electronic posting of the examination scores meets the requirements of chapter 120 if the department also posts with the examination scores a notification of rights as set forth in chapter 120. The date of receipt for purposes of chapter 120 shall be the date the examination scores are posted electronically. The department shall also notify the examinee when scores are posted electronically of the availability of a postexamination review, if applicable.

Section 44. Subsection (7) of section 456.025, Florida Statutes, is amended to read:

456.025 Fees; receipts; disposition. --

Each board, or the department if there is no board, shall establish, by rule, a fee not to exceed \$250 for anyone seeking approval to provide continuing education courses or programs and shall establish by rule a biennial renewal fee not to exceed \$250 for the renewal of providership of such courses. The fees collected from continuing education providers shall be used for the purposes of reviewing course provider applications, monitoring the integrity of the courses provided, and covering legal expenses incurred as a result of not granting or renewing a providership, and developing and maintaining an electronic continuing education tracking system. The department shall implement an electronic continuing education tracking system for each new biennial renewal cycle for which electronic renewals are implemented after the effective date of this act and shall integrate such system into the licensure and renewal system. All approved continuing education providers shall provide information on course attendance to the department necessary to implement the electronic tracking system. The department shall,



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by rule, specify the form and procedures by which the information is to be submitted.

Section 45. Paragraph (b) of subsection (1) of section 456.0375, Florida Statutes, is amended to read:

456.0375 Registration of certain clinics; requirements; discipline; exemptions.--

(1)

- (b) For purposes of this section, the term "clinic" does not include and the registration requirements herein do not apply to:
- 1. Entities licensed or registered by the state pursuant to chapter 390, chapter 394, chapter 395, chapter 397, chapter 400, chapter 463, chapter 465, chapter 466, chapter 478, chapter 480, or chapter 484.
- Entities exempt from federal taxation under 26 U.S.C.
 501(c)(3) and community college and university clinics.
- 3. Sole proprietorships, group practices, partnerships, or corporations that provide health care services by licensed health care practitioners pursuant to chapters 457, 458, 459, 460, 461, 462, 463, 466, 467, 484, 486, 490, 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, which are wholly owned by licensed health care practitioners or the licensed health care practitioner and the spouse, parent, or child of a licensed health care practitioner, so long as one of the owners who is a licensed health care practitioner is supervising the <u>administrative</u> services performed therein and is legally responsible for the entity's compliance with all federal and state laws. However, no health care practitioner may supervise <u>the health care delivery</u> services beyond the scope of the practitioner's license.



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Supervision of the administrative services for compliance with federal and state laws is different and distinct from supervision of the delivery of health care services. Health care delivery is the sole responsibility of the physician delivering health care services.

- 4. Clinical facilities affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.
- Section 46. Paragraph (a) of subsection (4) of section 456.039, Florida Statutes, is amended to read:
- 456.039 Designated health care professionals; information required for licensure.--
- (4)(a) An applicant for initial licensure must submit a set of fingerprints to the Department of Health in accordance with s. 458.311, s. 458.3115, s. 458.3124, s. 458.313, s. 459.0055, s. 460.406, or s. 461.006.
- Section 47. Subsection (1) of section 456.049, Florida Statutes, is amended to read:
- 456.049 Health care practitioners; reports on professional liability claims and actions.--
- (1) Any practitioner of medicine licensed pursuant to the provisions of chapter 458, practitioner of osteopathic medicine licensed pursuant to the provisions of chapter 459, podiatric physician licensed pursuant to the provisions of chapter 461, or dentist licensed pursuant to the provisions of chapter 466 shall report to the department any claim or action for damages for personal injury alleged to have been caused by error, omission, or negligence in the performance of such licensee's professional services or based on a claimed performance of professional services without consent if the claim was not covered by an



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insurer required to report under s. 627.912 and the claim resulted in:

- (a) A final judgment of \$50,000 or more, or of \$25,000 or more for a dentist licensed pursuant to the provisions of chapter 466 in any amount.
- (b) A settlement of \$50,000 or more, or of \$25,000 or more for a dentist licensed pursuant to the provisions of chapter 466 in any amount.
- (c) A final disposition not resulting in payment on behalf of the licensee.

Reports shall be filed with the department no later than 60 days following the occurrence of any event listed in paragraph (a), paragraph (b), or paragraph (c).

Section 48. Subsection (3) of section 456.063, Florida Statutes, is amended to read:

456.063 Sexual misconduct; disqualification for license, certificate, or registration.--

(3) Licensed health care practitioners shall report allegations of sexual misconduct to the department, regardless of the practice setting in which the alleged sexual misconduct occurred. Each board, or the department if there is no board, may adopt rules to implement the requirements for reporting allegations of sexual misconduct, including rules to determine the sufficiency of the allegations.

Section 49. Paragraphs (d), (aa), and (bb) of subsection (1) and subsection (4) of section 456.072, Florida Statutes, are amended, paragraph (dd) is added to subsection (1), and subsection (7) is added to said section, to read:

456.072 Grounds for discipline; penalties; enforcement.--



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

- (d) Using a Class III or a Class IV laser device or product, as defined by federal regulations, without having complied with the rules adopted pursuant to s. $\underline{404.24(2)}$ $\underline{501.122(2)}$ governing the registration of such devices.
- (aa) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition. For the purposes of this paragraph, performing or attempting to perform health care services includes <u>invasive actions taken in furtherance of</u> the preparation of the patient, but does not include those <u>preparations that are noninvasive</u>.
- (bb) Leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, examination, or other diagnostic procedures, unless leaving the foreign body is medically indicated and documented in the patient record. For the purposes of this paragraph, it shall be legally presumed that retention of a foreign body is not in the best interest of the patient and is not within the standard of care of the profession, unless medically indicated and documented in the patient record regardless of the intent of the professional.
- (dd) Prescribing, administering, dispensing, or distributing a legend drug, including a controlled substance, when the practitioner knows or reasonably should know that the receiving patient has not established a valid professional



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relationship with the prescribing practitioner. A medical questionnaire completed by Internet, telephone, electronic transfer, or mail does not establish a valid professional relationship.

- In any addition to any other discipline imposed (4)through final order, or citation, entered on or after July 1, 2001, that imposes a penalty or other form of discipline pursuant to this section or discipline imposed through final order, or citation, entered on or after July 1, 2001, for a violation of any practice act, the board, or the department when there is no board, shall assess costs related to the investigation and prosecution of the case, including costs associated with an attorney's time. The amount of costs to be assessed shall be determined by the board, or the department when there is no board, following its consideration of an affidavit of itemized costs and any written objections thereto. In any case where the board or the department imposes a fine or assessment of costs imposed by the board or department and the fine or assessment is not paid within a reasonable time, such reasonable time to be prescribed in the rules of the board, or the department when there is no board, or in the order assessing such fines or costs, the department or the Department of Legal Affairs may contract for the collection of, or bring a civil action to recover, the fine or assessment.
- (7) In any formal administrative hearing conducted under s. 120.57(1), the department shall establish grounds for revocation or suspension of a license by clear and convincing evidence. Any other forms of discipline shall be established by the greater weight of the evidence.



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Section 50. Subsections (1) and (5) of section 456.073, Florida Statutes, are amended to read:

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

The department, for the boards under its jurisdiction, (1)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 is legally sufficient if it contains ultimate facts that show that a violation of this chapter, of any of the practice acts relating to the professions regulated by the department, or of any rule adopted by the department or a regulatory board in the department has occurred. In order to determine legal sufficiency, the department may require supporting information or documentation. The department may investigate, and the department or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion. The department may investigate an anonymous complaint if the complaint is in writing and is legally sufficient, if the alleged violation of law or rules is substantial, and if the department has reason to believe, after preliminary inquiry, that the violations alleged in the complaint are true. The department may investigate a complaint made by a confidential informant if the complaint is legally sufficient, if the alleged violation of law or rule is substantial, and if the department has reason to believe, after preliminary inquiry, that the allegations of the complainant are true. The department may



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offense.

HB 0121A 2003 initiate an investigation if it has reasonable cause to believe that a licensee or a group of licensees has violated a Florida statute, a rule of the department, or a rule of a board. Except as provided in ss. 458.331(9), 459.015(9), 460.413(5), and 461.013(6), When an investigation of any subject is undertaken, the department shall promptly furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation. The subject may submit a written response to the information contained in such complaint or document within 30 20 days after service to the subject of the complaint or document. The subject's written response shall be considered by the probable cause panel. The right to respond does not prohibit the issuance of a summary emergency order if necessary to protect the public. However, if the secretary, or the secretary's designee, and the chair of the respective board or the chair of its probable cause panel agree in writing that such notification would be detrimental to the investigation, the department may withhold notification. The department may conduct an investigation without notification to any subject if the act under investigation is a criminal

(5)(a) A formal hearing before an administrative law judge from the Division of Administrative Hearings shall be requested held pursuant to chapter 120 if there are any disputed issues of material fact raised within 45 days after service of the administrative complaint. The administrative law judge shall issue a recommended order pursuant to chapter 120. If any party raises an issue of disputed fact during an informal hearing, the hearing shall be terminated and a formal hearing pursuant to chapter 120 shall be held.



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

- (c) The division shall maintain time records for each case it receives. The division shall charge its expenses to the Medical Quality Assurance Trust Fund based on an hourly rate set forth in this paragraph. The costs charged shall include actual travel and copying expenses plus a \$100 hourly fee for the actual time spent on the case by the administrative law judge or hearing officer. There shall be a one-time filing fee per case of \$50. There shall be no charge for hearings canceled more than 21 days in advance. Hearings canceled between 3 and 21 days in advance shall be billed for actual expenses incurred. For any formal hearing canceled less than 72 hours before the start of the hearing, actual expenses incurred and a cancellation fee of \$250 shall be billed.
- Section 51. Section 456.077, Florida Statutes, is amended to read:

456.077 Authority to issue citations.--

(1) Notwithstanding s. 456.073, the board, or the department if there is no board, shall adopt rules to permit the issuance of citations. The citation shall be issued to the subject and shall contain the subject's name and address, the subject's license number if applicable, a brief factual statement, the sections of the law allegedly violated, and the penalty imposed. The citation must clearly state that the subject may choose, in lieu of accepting the citation, to follow the procedure under s. 456.073. If the subject disputes the matter in the citation, the procedures set forth in s. 456.073

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must be followed. However, if the subject does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a <u>public</u> final order and <u>does not constitute</u> constitutes discipline for a first offense. The penalty shall be a fine or other conditions as established by rule.

- shall adopt rules designating violations for which a citation may be issued. Such rules shall designate as citation violations those violations for which there is no substantial threat to the public health, safety, and welfare. Violations for which a citation may be issued shall include violations of continuing education requirements; failure to timely pay required fees and fines; failure to comply with the requirements of ss. 381.026 and 381.0261 regarding the dissemination of information regarding patient rights; failure to comply with advertising requirements; failure to timely update practitioner profile and credentialing files; failure to display signs, licenses, and permits; failure to have required reference books available; and all other violations that do not pose a direct and serious threat to the health and safety of the patient.
- (3) The department shall be entitled to recover the costs of investigation, in addition to any penalty provided according to board or department rule, as part of the penalty levied pursuant to the citation.
- (4) A citation must be issued within 6 months after the filing of the complaint that is the basis for the citation.
- $\underline{(4)}$ (5) Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the subject's last known address.



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(5)(6) A board has 6 months in which to enact rules designating violations and penalties appropriate for citation offenses. Failure to enact such rules gives the department exclusive authority to adopt rules as required for implementing this section. A board has continuous authority to amend its rules adopted pursuant to this section.

Section 52. Section 456.078, Florida Statutes, is amended to read:

456.078 Mediation.--

- (1) Notwithstanding the provisions of s. 456.073, the board, or the department when there is no board, shall adopt rules to designate which violations of the applicable professional practice act are appropriate for mediation. The board, or the department when there is no board, shall may designate as mediation offenses those complaints where harm caused by the licensee is economic in nature, except complaints involving fraud, or can be remedied by the licensee, or does not result in an adverse incident. For the purposes of this section, an adverse incident is defined as an event that results in:
 - (a) The death of a patient;
 - (b) Brain or spinal damage to a patient;
- (c) The performance of a surgical procedure on the wrong patient;
 - (d) The performance of a wrong-site surgical procedure;
 - (e) The performance of a wrong surgical procedure;
- (f) The performance of a surgical procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition;
- (g) The surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage is not a

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recognized specific risk, as disclosed to the patient and documented through the informed-consent process; or

- (h) The performance of procedures to remove unplanned foreign objects remaining from a surgical procedure.
- After the department determines a complaint is legally sufficient and the alleged violations are defined as mediation offenses, the department or any agent of the department may conduct informal mediation to resolve the complaint. If the complainant and the subject of the complaint agree to a resolution of a complaint within 14 days after contact by the mediator, the mediator shall notify the department of the terms of the resolution. The department or board shall take no further action unless the complainant and the subject each fail to record with the department an acknowledgment of satisfaction of the terms of mediation within 60 days of the mediator's notification to the department. A successful mediation shall include a statement of whether or not the resolution constitutes discipline. However, in the event the complainant and subject fail to reach settlement terms or to record the required acknowledgment, the department shall process the complaint according to the provisions of s. 456.073.
- (3) Conduct or statements made during mediation are inadmissible in any proceeding pursuant to s. 456.073. Further, any information relating to the mediation of a case shall be subject to the confidentiality provisions of s. 456.073.
- (4) Any licensee who completes a successful mediation shall pay the department's administrative costs for the mediation. No licensee shall go through the mediation process more than once if the allegation relates to the breach of the standard of care for that health care professional. In any

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event, no licensee shall go through the mediation process more than three times without approval of the department. The department may consider the subject and dates of the earlier complaints in rendering its decision. Such decision shall not be considered a final agency action for purposes of chapter 120.

- designating violations appropriate for mediation. Failure to adopt such rules gives the department exclusive authority to adopt rules as required for implementing this section Any board created on or after January 1, 1995, shall have 6 months to adopt rules designating which violations are appropriate for mediation, after which time the department shall have exclusive authority to adopt rules pursuant to this section. A board shall have continuing authority to amend its rules adopted pursuant to this section.
- Section 53. Section 458.303, Florida Statutes, is amended to read:
- 458.303 Provisions not applicable to other practitioners; exceptions, etc.--
- (1) The provisions of ss. 458.301, 458.303, 458.305, 458.307, 458.309, 458.311, 458.313, 458.315, 458.317, 458.319, 458.321, 458.327, 458.329, 458.331, 458.337, 458.339, 458.341, 458.343, 458.345, and 458.347 shall have no application to:
- (a) Other duly licensed health care practitioners acting within their scope of practice authorized by statute.
- (b) Any physician lawfully licensed in another state or territory or foreign country, when meeting duly licensed physicians of this state in consultation.
- (c) Commissioned medical officers of the Armed Forces of the United States and of the Public Health Service of the United

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States while on active duty and while acting within the scope of their military or public health responsibilities.

- (d) Any person while actually serving without salary or professional fees on the resident medical staff of a hospital in this state, subject to the provisions of s. 458.321.
- (e) Any person furnishing medical assistance in case of an emergency.
- (f) The domestic administration of recognized family remedies.
- (g) The practice of the religious tenets of any church in this state.
- (h) Any person or manufacturer who, without the use of drugs or medicine, mechanically fits or sells lenses, artificial eyes or limbs, or other apparatus or appliances or is engaged in the mechanical examination of eyes for the purpose of constructing or adjusting spectacles, eyeglasses, or lenses.
- (2) Nothing in s. 458.301, s. 458.303, s. 458.305, s. 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 shall be construed to prohibit any service rendered by a registered nurse or a licensed practical nurse, if such service is rendered under the direct supervision and control of a licensed physician who provides specific direction for any service to be performed and gives final approval to all services performed. Further, nothing in this or any other chapter shall be construed to prohibit any service rendered by a medical assistant in accordance with the provisions of s. 458.3485.

Section 54. Section 458.311, Florida Statutes, is amended to read:



HB 0121A 2003 2385 (Substantial rewording of section. See s. 458.311, F.S., for present text.) 2386 458.311 Licensure; requirements; fees.--2387 (1) Any person desiring to be licensed as a physician 2388 shall apply to the department on forms furnished by the 2389 2390 department. The department shall license each applicant who the board certifies has met the provisions of this section. 2391 (2) Each applicant must demonstrate compliance with the 2392 following: 2393 (a) Has completed the application form and remitted a 2394 nonrefundable application fee not to exceed \$500. 2395 (b) Is at least 21 years of age. 2396 2397 (c) Is of good moral character. 2398 (d) Has not committed any act or offense in this or any 2399 other jurisdiction which would constitute the basis for disciplining a physician pursuant to s. 458.331. 2400 (e) Has submitted to the department a set of fingerprints 2401 on a form and under procedures specified by the department, 2402 along with a payment in an amount equal to the costs incurred by 2403 the department for the criminal history check of the applicant. 2404 (f) Has caused to be submitted to the department core 2405 2406 credentials verified by the Federation Credentials Verification Service of the Federation of State Medical Boards. 2407 (g) For an applicant holding a valid active license in 2408 another state, has submitted evidence of the active licensed 2409 practice of medicine in another jurisdiction for at least 2 of 2410 the immediately preceding 4 years or evidence of successful 2411 completion of either a board-approved postgraduate training 2412 2413 program within 2 years preceding filing of an application or a

board-approved clinical competency examination within the year



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preceding the filing of an application for licensure. For purposes of this paragraph, the term "active licensed practice of medicine" means that practice of medicine by physicians, including those employed by any governmental entity in community or public health, as defined by this chapter, those designated as medical directors under s. 641.495(11) who are practicing medicine, and those on the active teaching faculty of an accredited medical school. If the applicant fails to meet the requirements of this paragraph, the board may impose conditions on the license, including, but not limited to, supervision of practice.

- (3) Each applicant must demonstrate that he or she has complied with one of the following:
- (a) Is a graduate of an allopathic medical school or allopathic college recognized and approved by an accrediting agency recognized by the United States Department of Education or is a graduate of an allopathic medical school or allopathic college within a territorial jurisdiction of the United States recognized by the accrediting agency of the governmental body of that jurisdiction; or
- (b) Is a graduate of an allopathic international medical school registered with the World Health Organization and has had his or her medical credentials evaluated by the Educational Commission for Foreign Medical Graduates, holds an active, valid certificate issued by that commission, and has passed the examination utilized by that commission. However, a graduate of an international medical school need not present the certificate issued by the Educational Commission for Foreign Medical Graduates or pass the examination utilized by that commission if the graduate has:



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1. Received a bachelor's degree from an accredited United States college or university.

- 2. Studied at a medical school which is recognized by the World Health Organization.
- 3. Completed all of the formal requirements of the international medical school, except the internship or social service requirements, and passed part I of the National Board of Medical Examiners examination or the Educational Commission for Foreign Medical Graduates examination equivalent.
- 4. Completed an academic year of supervised clinical training in a hospital affiliated with a medical school approved by the Council on Medical Education of the American Medical Association and, upon completion, passed part II of the National Board of Medical Examiners examination or the Educational Commission for Foreign Medical Graduates examination equivalent.
- (4) Each applicant must demonstrate that he or she has completed an Accreditation Council for Graduate Medical

 Education (ACGME) approved residency, as defined by board rule, of at least 2 years, or a fellowship of at least 2 years in one specialty area which is counted toward regular or subspecialty certification by a board recognized and certified by the American Board of Medical Specialties. However, applicants who meet the requirements of paragraph (3)(a) who completed their training prior to October 1, 2003, must demonstrate completion of at least 1 year of an approved residency.
- (5)(a) Each applicant must demonstrate that he or she has complied with one of the following examination requirements:
- 1. Prior to January 1, 2000, has obtained a passing score, as established by rule of the board, on the licensure examination of the National Board of Medical Examiners (NBME),



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the licensure examination of the Federation of State Medical

Boards of the United States, Inc. (FLEX), the United States

Medical Licensing Examination (USMLE), or a combination thereof;

- 2. On or after January 1, 2000, has obtained a passing score on all three steps of the United States Medical Licensing Examination (USMLE); or
- 3. Has obtained a passing score on a state board examination or the Canadian licensing examination (LLMCC) if the applicant has a current active license in at least one other jurisdiction of the United States or Canada and has practiced pursuant to such licensure continuously for the immediately preceding 10 years without encumbrance on the license.
- (b) As prescribed by board rule, the board may require an applicant who does not pass any step of the national licensing examination after five attempts to complete additional remedial education or training.
- (c) As prescribed by board rule, the board may require an applicant who does not pass all steps of the United States

 Medical Licensing Examination (USMLE) within 7 years to complete additional remedial education or training or to retake the step of the examination which the applicant passed first.
- (6) The department and the board shall ensure that applicants for licensure meet the criteria of this section through an investigative process.
- (7) The board may not certify to the department for licensure any applicant who is under investigation in another jurisdiction for an offense which would constitute a violation of this chapter until such investigation is completed. Upon completion of the investigation, the provisions of s. 458.331 shall apply. Furthermore, the department may not issue an



unrestricted license to any individual who has committed any act or offense in any jurisdiction which would constitute the basis for disciplining a physician pursuant to s. 458.331. When the board finds that an individual has committed an act or offense in any jurisdiction which would constitute the basis for disciplining a physician pursuant to s. 458.331, the board may enter an order imposing one or more of the terms set forth in s. 456.072(2).

- (8) The board may adopt rules pursuant to ss. 120.536(1) and 120.54 necessary to carry out the provisions of this section, which shall be applied on a uniform and consistent basis.
- (9) When the board determines that any applicant for licensure has failed to meet, to the board's satisfaction, each of the appropriate requirements set forth in this section, it may enter an order requiring one or more of the following terms:
- (a) Refusal to certify to the department an application for licensure, certification, or registration;
- (b) Certification to the department of an application for licensure, certification, or registration with restrictions on the scope of practice of the licensee; or
- (c) Certification to the department of an application for licensure, certification, or registration with placement of the physician on probation for a period of time and subject to such conditions as the board may specify, including, but not limited to, requiring the physician to submit to treatment, attend continuing education courses, submit to reexamination, or work under the supervision of another physician.
- Section 55. Subsection (5) of section 458.3124, Florida Statutes, is amended to read:



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458.3124 Restricted license; certain experienced foreign-trained physicians.--

(5) Notwithstanding s. 458.311(3) and (4)(1)(f), a person who successfully meets the requirements of this section and who successfully passes Step III of the United States Medical Licensing Examination is eligible for full licensure as a physician.

Section 56. Section 458.315, Florida Statutes, is amended to read:

(Substantial rewording of section. See

s. 458.315, F.S., for present text.)

458.315 Limited licenses.--

- (1) Any person desiring to obtain a limited license shall apply to the department on forms furnished by the department.

 The department shall license each applicant who the board certifies:
- (a) Has submitted to the department, with an application and fee not to exceed \$300, a statement stating that he or she has been licensed to practice medicine in any jurisdiction or territory of the United States or Canada for at least 2 years and intends to practice only pursuant to the restrictions of a limited license granted pursuant to this section. However, if the physician will only use the limited license for noncompensated practice, and submits a statement from the employing agency or institution stating that he or she will not receive compensation for any service involving the practice of medicine, the application fee and all licensure fees shall be waived.
- (b) Has submitted evidence of the active licensed practice of medicine in any jurisdiction or territory of the United



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HB 0121A 2003 States or Canada for at least 2 of the immediately preceding 4 years. For purposes of this paragraph, the term "active licensed practice of medicine" means that practice of medicine by physicians, including those employed by any government entity in community or public health, as defined by this chapter, those designated as medical directors under s. 641.495(11) who are practicing medicine, and those on the active teaching faculty of an accredited medical school. If it has been more than 3 years since active practice was conducted by the applicant, a licensed physician approved by the board shall supervise the applicant for a period of 6 months after he or she is granted a limited license for practice, unless the board determines that a shorter period of supervision will be sufficient to ensure that the applicant is qualified for licensure. Procedures for such supervision shall be established by the board.

- (c) Has submitted to the department a set of fingerprints on a form and under procedures by the department for the criminal history check of the applicant.
- (d) Has not committed any act or offense in this or any other jurisdiction which would constitute the basis for disciplining a physician pursuant to s. 458.331.
- (2) After approval of an application under this section, a limited license may not be issued until the applicant provides to the board an affidavit that there have been no substantial changes in his or her status since initial application.
- (3) The recipient of a limited license used for noncompensated practice shall only practice in the employ of programs or facilities that provide uncompensated health care services by volunteer licensed health care professionals to low-income persons whose family income does not exceed 120 percent



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of the federal poverty level or to uninsured persons. These facilities shall include, but not be limited to, the department, community and migrant health centers funded under s. 330 of the Public Health Service Act, and volunteer health care provider programs contracted with the department to provide uncompensated care under the provisions of s. 766.1115.

- compensated practice shall only practice in the employ of certain programs and facilities that provide health care services and are located within federally designated primary care health professional shortage areas, unless otherwise approved by the Secretary of Health. These programs and facilities shall include, but not be limited to, the department, the Department of Corrections, county or municipal correctional facilities, the Department of Juvenile Justice, the Department of Children and Family Services, and those programs and facilities funded under s. 330 of the Public Health Service Act.
- (5) The recipient of a limited license shall, within 30 days after accepting employment, notify the board of all approved institutions in which the licensee practices and all approved institutions in which the licensee's practice privileges have been denied. Evidence of noncompensated employment shall be required for the fee waiver under paragraph (1)(a).
- (6) Upon renewal, a limited licenseholder shall, in addition to complying with other applicable provisions of this chapter, document compliance with the restrictions prescribed in this section.
- (7) Any person holding an active or inactive license to practice medicine in the state may convert that license to a



HB 0121A 2003 2625 limited license for the purpose of providing volunteer, uncompensated care for low-income Floridians. The licensee must 2626 submit a statement from the employing agency or institution 2627 stating that he or she will not receive compensation for any 2628 service involving the practice of medicine. All licensure fees, 2629 including neurological injury compensation assessments, shall be 2630 waived. 2631 (8) Nothing in this section limits in any way any policy 2632 by the board otherwise authorized by law to grant licenses to 2633 physicians duly licensed in other states under conditions less 2634 restrictive than the requirements of this section. 2635 Notwithstanding any other provision of this section, the board 2636 2637 may refuse to authorize a physician otherwise qualified to practice in the employ of any agency or institution otherwise 2638 2639 qualified if the agency or institution has caused or permitted violations of the provisions of this chapter which it knew or 2640 should have known were occurring. 2641 Section 57. Subsection (4) of section 458.319, Florida 2642 Statutes, is amended to read: 2643 458.319 Renewal of license.--2644 Notwithstanding the provisions of s. 456.033, A 2645 physician may complete continuing education on end-of-life care 2646 and palliative care in lieu of continuing education in AIDS/HIV, 2647 if that physician has completed the AIDS/HIV continuing 2648 education in the immediately preceding biennium. 2649 Section 58. Paragraph (c) of subsection (5) of section 2650 458.320, Florida Statutes, is amended to read: 2651 458.320 Financial responsibility.--2652 2653 The requirements of subsections (1), (2), and (3)

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shall not apply to:

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(c) Any person holding a limited license pursuant to s. $\underline{458.315}$ $\underline{458.317}$ and practicing under the scope of such limited license.

Section 59. Section 458.3215, Florida Statutes, is created to read:

458.3215 Reactivation of license for clinical research purposes.--

- (1) Any person who left the practice of medicine for purposes of retirement and who, at the time of retirement, was in good standing with the board may apply to the board to have his or her license reactivated, without examination, for purposes of seeing patients solely in a clinical research setting. Such person may not have been out of the practice of medicine for more than 10 years at the time of applying for reactivation of a license under this section.
- (2) The board shall by rule set the reactivation fee, not to exceed \$300, and develop criteria for reactivation of a license under this section, including appropriate continuing education requirements, not to exceed those prescribed in s. 458.321 for reactivation of a license.
- Section 60. Paragraph (t) of subsection (1) and subsections (6) and (9) of section 458.331, Florida Statutes, are amended to read:
- 458.331 Grounds for disciplinary action; action by the board and department.--
- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (t) Gross or repeated malpractice or the failure to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as

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

(6) Upon the department's receipt from an insurer or self-insurer of a report of a closed claim against a physician pursuant to s. 627.912 or from a health care practitioner of a report pursuant to s. 456.049, or upon the receipt from a claimant of a presuit notice against a physician pursuant to s. 766.106, the department shall review each report and determine whether it potentially involved conduct by a licensee that is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply. However, if it is reported that a physician has had three or more claims with indemnities exceeding \$50,000 \$25,000 each within the previous 5-year period, the department shall investigate the occurrences upon which the claims were based and determine if action by the department against the physician is warranted.



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When an investigation of a physician is undertaken, the department shall promptly furnish to the physician or the physician's attorney a copy of the complaint or document which resulted in the initiation of the investigation. For purposes of this subsection, such documents include, but are not limited to: the pertinent portions of an annual report submitted to the department pursuant to s. 395.0197(6); a report of an adverse incident which is provided to the department pursuant to s. 395.0197; a report of peer review disciplinary action submitted to the department pursuant to s. 395.0193(4) or s. 458.337, providing that the investigations, proceedings, and records relating to such peer review disciplinary action shall continue to retain their privileged status even as to the licensee who is the subject of the investigation, as provided by ss. 395.0193(8) and 458.337(3); a report of a closed claim submitted pursuant to s. 627.912; a presuit notice submitted pursuant to s. 766.106(2); and a petition brought under the Florida Birth-Related Neurological Injury Compensation Plan, pursuant to s. 766.305(2). The physician may submit a written response to the information contained in the complaint or document which resulted in the initiation of the investigation within 30 45 days after service to the physician of the complaint or document. The physician's written response shall be considered by the probable cause panel.

Section 61. Paragraph (c) of subsection (1) of section 458.345, Florida Statutes, is amended to read:

458.345 Registration of resident physicians, interns, and fellows; list of hospital employees; prescribing of medicinal drugs; penalty.--



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(1) Any person desiring to practice as a resident physician, assistant resident physician, house physician, intern, or fellow in fellowship training which leads to subspecialty board certification in this state, or any person desiring to practice as a resident physician, assistant resident physician, house physician, intern, or fellow in fellowship training in a teaching hospital in this state as defined in s. 408.07(44) or s. 395.805(2), who does not hold a valid, active license issued under this chapter shall apply to the department to be registered and shall remit a fee not to exceed \$300 as set by the board. The department shall register any applicant the board certifies has met the following requirements:

- (c) Is a graduate of a medical school or college as specified in s. 458.311(3)(1)(f).
- Section 62. Paragraph (b) of subsection (7) of section 458.347, Florida Statutes, is amended to read:
 - 458.347 Physician assistants.--
 - (7) PHYSICIAN ASSISTANT LICENSURE. --
- (b)1. Notwithstanding subparagraph (a)2. and subsubparagraph (a)3.a., the department shall examine each applicant who the Board of Medicine certifies:
- a. Has completed the application form and remitted a nonrefundable application fee not to exceed \$500 and an examination fee not to exceed \$300, plus the actual cost to the department to provide the examination. The examination fee is refundable if the applicant is found to be ineligible to take the examination. The department shall not require the applicant to pass a separate practical component of the examination. For examinations given after July 1, 1998, competencies measured through practical examinations shall be incorporated into the

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written examination through a multiple-choice format. The department shall translate the examination into the native language of any applicant who requests and agrees to pay all costs of such translation, provided that the translation request is filed with the board office no later than 9 months before the scheduled examination and the applicant remits translation fees as specified by the department no later than 6 months before the scheduled examination, and provided that the applicant demonstrates to the department the ability to communicate orally in basic English. If the applicant is unable to pay translation costs, the applicant may take the next available examination in English if the applicant submits a request in writing by the application deadline and if the applicant is otherwise eligible under this section. To demonstrate the ability to communicate orally in basic English, a passing score or grade is required, as determined by the department or organization that developed it, on the test for spoken English (TSE) by the Educational Testing Service (ETS), the test of English as a foreign language (TOEFL) by ETS, a high school or college level English course, or the English examination for citizenship, Immigration and Naturalization Service. A notarized copy of an Educational Commission for Foreign Medical Graduates (ECFMG) certificate may also be used to demonstrate the ability to communicate in basic English; and

b.(I) Is an unlicensed physician who graduated from a foreign medical school listed with the World Health Organization who has not previously taken and failed the examination of the National Commission on Certification of Physician Assistants and who has been certified by the Board of Medicine as having met the requirements for licensure as a medical doctor by



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examination as set forth in s. 458.311(2)-(7)(1), (3), (4), and (5), with the exception that the applicant is not required to have completed an approved residency of at least 1 year and the applicant is not required to have passed the licensing examination specified under s. 458.311 or hold a valid, active certificate issued by the Educational Commission for Foreign Medical Graduates; was eligible and made initial application for certification as a physician assistant in this state between July 1, 1990, and June 30, 1991; and was a resident of this state on July 1, 1990, or was licensed or certified in any state in the United States as a physician assistant on July 1, 1990; or

- (II)Completed all coursework requirements of the Master of Medical Science Physician Assistant Program offered through the Florida College of Physician's Assistants prior to its closure in August of 1996. Prior to taking the examination, such applicant must successfully complete any clinical rotations that were not completed under such program prior to its termination and any additional clinical rotations with an appropriate physician assistant preceptor, not to exceed 6 months, that are determined necessary by the council. The boards shall determine, based on recommendations from the council, the facilities under which such incomplete or additional clinical rotations may be completed and shall also determine what constitutes successful completion thereof, provided such requirements are comparable to those established by accredited physician assistant programs. This sub-sub-subparagraph is repealed July 1, 2001.
- 2. The department may grant temporary licensure to an applicant who meets the requirements of subparagraph 1. Between meetings of the council, the department may grant temporary



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licensure to practice based on the completion of all temporary licensure requirements. All such administratively issued licenses shall be reviewed and acted on at the next regular meeting of the council. A temporary license expires 30 days after receipt and notice of scores to the licenseholder from the first available examination specified in subparagraph 1. following licensure by the department. An applicant who fails the proficiency examination is no longer temporarily licensed, but may apply for a one-time extension of temporary licensure after reapplying for the next available examination. Extended licensure shall expire upon failure of the licenseholder to sit for the next available examination or upon receipt and notice of scores to the licenseholder from such examination.

Notwithstanding any other provision of law, the examination specified pursuant to subparagraph 1. shall be administered by the department only five times. Applicants certified by the board for examination shall receive at least 6 months' notice of eligibility prior to the administration of the initial examination. Subsequent examinations shall be administered at 1-year intervals following the reporting of the scores of the first and subsequent examinations. For the purposes of this paragraph, the department may develop, contract for the development of, purchase, or approve an examination that adequately measures an applicant's ability to practice with reasonable skill and safety. The minimum passing score on the examination shall be established by the department, with the advice of the board. Those applicants failing to pass that examination or any subsequent examination shall receive notice of the administration of the next examination with the notice of scores following such examination. Any applicant who passes the



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Section 63. Subsection (5) of section 459.008, Florida Statutes, is amended to read:

459.008 Renewal of licenses and certificates.--

(5) Notwithstanding the provisions of s. 456.033, An osteopathic physician may complete continuing education on end-of-life and palliative care in lieu of continuing education in AIDS/HIV, if that physician has completed the AIDS/HIV continuing education in the immediately preceding biennium.

Section 64. Section 459.0091, Florida Statutes, is created to read:

459.0091 Reactivation of license for clinical research purposes.--

- (1) Any person who left the practice of osteopathic medicine for purposes of retirement and who, at the time of retirement, was in good standing with the board may apply to the board to have his or her license reactivated, without examination, for purposes of seeing patients solely in a clinical research setting. Such person may not have been out of the practice of medicine for more than 10 years at the time of applying for reactivation of a license under this section.
- (2) The board shall by rule set the reactivation fee, not to exceed \$300, and develop criteria for reactivation of a license under this section, including appropriate continuing education requirements, not to exceed those prescribed in s. 459.009 for reactivation of a license.

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Section 65. Paragraph (x) of subsection (1) and subsections (6) and (9) of section 459.015, Florida Statutes, are amended to read:

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

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

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committed "gross malpractice," "repeated malpractice," or "failure to practice osteopathic medicine with that level of care, skill, and treatment which is recognized as being acceptable under similar conditions and circumstances," or any combination thereof, and any publication by the board shall so specify.

- insurer of a report of a closed claim against an osteopathic physician pursuant to s. 627.912 or from a health care practitioner of a report pursuant to s. 456.049, or upon the receipt from a claimant of a presuit notice against an osteopathic physician pursuant to s. 766.106, the department shall review each report and determine whether it potentially involved conduct by a licensee that is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply. However, if it is reported that an osteopathic physician has had three or more claims with indemnities exceeding \$50,000 \$25,000 each within the previous 5-year period, the department shall investigate the occurrences upon which the claims were based and determine if action by the department against the osteopathic physician is warranted.
- (9) When an investigation of an osteopathic physician is undertaken, the department shall promptly furnish to the osteopathic physician or his or her attorney a copy of the complaint or document which resulted in the initiation of the investigation. For purposes of this subsection, such documents include, but are not limited to: the pertinent portions of an annual report submitted to the department pursuant to s. 395.0197(6); a report of an adverse incident which is provided to the department pursuant to s. 395.0197; a report of peer



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HB 0121A 2003 review disciplinary action submitted to the department pursuant to s. 395.0193(4) or s. 459.016, provided that the investigations, proceedings, and records relating to such peer review disciplinary action shall continue to retain their privileged status even as to the licensee who is the subject of the investigation, as provided by ss. 395.0193(8) and 459.016(3); a report of a closed claim submitted pursuant to s. 627.912; a presuit notice submitted pursuant to s. 766.106(2); and a petition brought under the Florida Birth-Related Neurological Injury Compensation Plan, pursuant to s. 766.305(2). The osteopathic physician may submit a written response to the information contained in the complaint or document which resulted in the initiation of the investigation within 30 45 days after service to the osteopathic physician of the complaint or document. The osteopathic physician's written response shall be considered by the probable cause panel.

Section 66. Paragraph (d) of subsection (1) of section 460.406, Florida Statutes, is amended to read:

460.406 Licensure by examination. --

(1) Any person desiring to be licensed as a chiropractic physician shall apply to the department to take the licensure examination. There shall be an application fee set by the board not to exceed \$100 which shall be nonrefundable. There shall also be an examination fee not to exceed \$500 plus the actual per applicant cost to the department for purchase of portions of the examination from the National Board of Chiropractic Examiners or a similar national organization, which may be refundable if the applicant is found ineligible to take the examination. The department shall examine each applicant who the board certifies has:

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(d)1. For an applicant who has matriculated in a chiropractic college prior to July 2, 1990, completed at least 2 years of residence college work, consisting of a minimum of one-half the work acceptable for a bachelor's degree granted on the basis of a 4-year period of study, in a college or university accredited by an accrediting agency recognized and approved by the United States Department of Education. However, prior to being certified by the board to sit for the examination, each applicant who has matriculated in a chiropractic college after July 1, 1990, shall have been granted a bachelor's degree, based upon 4 academic years of study, by a college or university accredited by a regional accrediting agency which is a member of the Council for Higher Education Accreditation or the United States Department of Education Commission on Recognition of Postsecondary Accreditation.

Effective July 1, 2000, completed, prior to matriculation in a chiropractic college, at least 3 years of residence college work, consisting of a minimum of 90 semester hours leading to a bachelor's degree in a liberal arts college or university accredited by an accrediting agency recognized and approved by the United States Department of Education. However, prior to being certified by the board to sit for the examination, each applicant who has matriculated in a chiropractic college after July 1, 2000, shall have been granted a bachelor's degree from an institution holding accreditation for that degree from a regional accrediting agency which is recognized by the United States Department of Education. applicant's chiropractic degree must consist of credits earned in the chiropractic program and may not include academic credit for courses from the bachelor's degree.



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Section 67. Subsection (5) of section 460.413, Florida Statutes, is amended to read:

- 460.413 Grounds for disciplinary action; action by board or department.--
- (5) When an investigation of a chiropractic physician is undertaken, the department shall promptly furnish to the chiropractic physician or her or his attorney a copy of the complaint or document which resulted in the initiation of the investigation. The chiropractic physician may submit a written response to the information contained in such complaint or document within 30 45 days after service to the chiropractic physician of the complaint or document. The chiropractic physician's written response shall be considered by the probable cause panel.
- Section 68. Paragraph (s) of subsection (1), paragraph (a) of subsection (5), and subsection (6) of section 461.013, Florida Statutes, are amended to read:
- 461.013 Grounds for disciplinary action; action by the board; investigations by department.--
- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (s) Gross or repeated malpractice or the failure to practice podiatric medicine at a level of care, skill, and treatment which is recognized by a reasonably prudent podiatric physician as being acceptable under similar conditions and circumstances. The board shall give great weight to the standards for malpractice in s. 766.102 in interpreting this section. As used in this paragraph, "repeated malpractice" includes, but is not limited to, three or more claims for medical malpractice within the previous 5-year period resulting

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in indemnities being paid in excess of \$50,000 \$10,000 each to the claimant in a judgment or settlement and which incidents involved negligent conduct by the podiatric physicians. As used in this paragraph, "gross malpractice" or "the failure to practice podiatric medicine with the level of care, skill, and treatment which is recognized by a reasonably prudent similar podiatric physician as being acceptable under similar conditions and circumstances" shall not be construed so as to require more than one instance, event, or act.

- (5)(a) Upon the department's receipt from an insurer or self-insurer of a report of a closed claim against a podiatric physician pursuant to s. 627.912, or upon the receipt from a claimant of a presuit notice against a podiatric physician pursuant to s. 766.106, the department shall review each report and determine whether it potentially involved conduct by a licensee that is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply. However, if it is reported that a podiatric physician has had three or more claims with indemnities exceeding \$50,000 \$25,000 each within the previous 5-year period, the department shall investigate the occurrences upon which the claims were based and determine if action by the department against the podiatric physician is warranted.
- (6) When an investigation of a podiatric physician is undertaken, the department shall promptly furnish to the podiatric physician or her or his attorney a copy of the complaint or document which resulted in the initiation of the investigation. The podiatric physician may submit a written response to the information contained in such complaint or document within 30 45 days after service to the podiatric

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physician of the complaint or document. The podiatric physician's written response shall be considered by the probable cause panel.

Section 69. Paragraph (b) of subsection (1) of section 463.006, Florida Statutes, is amended to read:

463.006 Licensure and certification by examination .--

- (1) Any person desiring to be a licensed practitioner pursuant to this chapter shall apply to the department to take the licensure and certification examinations. The department shall examine each applicant who the board determines has:
- (b) Submitted proof satisfactory to the department that she or he:
 - 1. Is at least 18 years of age.
- 2. Has graduated from an accredited school or college of optometry approved by rule of the board.
 - 3. Is of good moral character.
- 4. Has successfully completed at least 110 hours of transcript-quality coursework and clinical training in general and ocular pharmacology as determined by the board, at an institution that:
- a. Has facilities for both didactic and clinical instructions in pharmacology. ; and
- b. Is accredited by a regional or professional accrediting organization that is recognized and approved by the <u>Council for Higher Education Commission on Recognition of Postsecondary</u>
 Accreditation or the United States Department of Education.
- 5. Has completed at least 1 year of supervised experience in differential diagnosis of eye disease or disorders as part of the optometric training or in a clinical setting as part of the optometric experience.

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Section 70. Paragraph (a) of subsection (4) of section 464.0205, Florida Statutes, is amended to read:

464.0205 Retired volunteer nurse certificate.--

- (4) A retired volunteer nurse receiving certification from the board shall:
- (a) Work under the direct supervision of the director of a county health department, a physician working under a limited license issued pursuant to s. <u>458.315</u> <u>458.317</u> or s. 459.0075, a physician licensed under chapter 458 or chapter 459, an advanced registered nurse practitioner certified under s. 464.012, or a registered nurse licensed under s. 464.008 or s. 464.009.

Section 71. Subsections (1), (5), and (7) of section 464.203, Florida Statutes, are amended, and subsection (8) is added to said section, to read:

464.203 Certified nursing assistants; certification requirement.--

- (1) The board shall issue a certificate to practice as a certified nursing assistant to any person who demonstrates a minimum competency to read and write and successfully passes the required statewide criminal history check through the Department of Law Enforcement or, if the applicant has not maintained continuous residency within the state for the 5 years immediately preceding the date of application, a federal criminal history check through the Federal Bureau of Investigation Level I or Level II screening pursuant to s. 400.215 and meets one of the following requirements:
- (a) Has successfully completed an approved training program and achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion

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approved by the board and administered at a site and by personnel approved by the department.

- (b) Has achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion, approved by the board and administered at a site and by personnel approved by the department and:
 - 1. Has a high school diploma, or its equivalent; or
 - 2. Is at least 18 years of age.
- (c) Is currently certified in another state; is listed on that state's certified nursing assistant registry; and has not been found to have committed abuse, neglect, or exploitation in that state.
- (d) Has completed the curriculum developed under the Enterprise Florida Jobs and Education Partnership Grant and achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion, approved by the board and administered at a site and by personnel approved by the department.
- (5) Certification as a nursing assistant, in accordance with this part, <u>may be renewed</u> continues in effect until such time as the nursing assistant allows a period of 24 consecutive months to pass during which period the nursing assistant fails to perform any nursing-related services for monetary compensation. When a nursing assistant fails to perform any nursing-related services for monetary compensation for a period of 24 consecutive months, the nursing assistant must complete a new training and competency evaluation program or a new competency evaluation program.



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(7) A certified nursing assistant shall complete $\underline{12}$ $\underline{18}$ hours of inservice training during each calendar year. The certified nursing assistant shall be responsible for maintaining documentation demonstrating compliance with these provisions. The Council on Certified Nursing Assistants, in accordance with s. 464.2085(2)(b), shall propose rules to implement this subsection.

- (8) The department shall renew a certificate upon receipt of the renewal application and a fee not to exceed \$50 biennially. The department shall adopt rules establishing a procedure for the biennial renewal of certificates. Any certificate not renewed by July 1, 2005, shall be void.
- Section 72. Paragraph (b) of subsection (1) of section 464.204, Florida Statutes, is amended to read:
- 464.204 Denial, suspension, or revocation of certification; disciplinary actions.--
- (1) The following acts constitute grounds for which the board may impose disciplinary sanctions as specified in subsection (2):
- (b) Intentionally Violating any provision of parts I and II of this chapter, chapter 456, or the rules adopted by the board.
- Section 73. Paragraph (i) of subsection (1) of section 465.016, Florida Statutes, is amended to read:
 - 465.016 Disciplinary actions. --
- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (i) Compounding, dispensing, or distributing a legend drug, including any controlled substance, other than in the course of the professional practice of pharmacy. For purposes of

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relationship.

this paragraph, it shall be legally presumed that the compounding, dispensing, or distributing of legend drugs in excessive or inappropriate quantities is not in the best interests of the patient and is not in the course of the professional practice of pharmacy. A quantity of legend drug which the licensee knows or reasonably should know was not prescribed in the course of a valid professional relationship is presumed to be an excessive or inappropriate quantity. A medical questionnaire completed by Internet, telephone, electronic

Section 74. Subsection (8) of section 467.009, Florida Statutes, is amended to read:

transfer, or mail does not establish a valid professional

467.009 Midwifery programs; education and training requirements.--

(8) Nonpublic educational institutions that conduct approved midwifery programs shall be accredited by <u>an</u>

accrediting agency recognized and approved by the Council for
Higher Education Accreditation or the United States Department
of Education a member of the Commission on Recognition of
Postsecondary Accreditation and shall be licensed by the
Commission for Independent State Board of Nonpublic Career
Education.

Section 75. Section 467.013, Florida Statutes, is amended to read:

467.013 Inactive status. -- A licensee may request that his or her license be placed in an inactive status by making application to the department <u>pursuant to department rule</u> and paying a fee.

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(1) An inactive license may be renewed for one additional biennium upon application to the department and payment of the applicable biennium renewal fee. The department shall establish by rule procedures and fees for applying to place a license on inactive status, renewing an inactive license, and reactivating an inactive license. The fee for any of these procedures may not exceed the biennial renewal fee established by the department.

- (2) Any license that is not renewed by the end of the biennium established by the department automatically reverts to involuntary inactive status unless the licensee has applied for voluntary inactive status. Such license may be reactivated only if the licensee meets the requirements for reactivating the license established by department rule.
- (3) A midwife who desires to reactivate an inactive license shall apply to the department, complete the reactivation application, remit the applicable fees, and submit proof of compliance with the requirements for continuing education established by department rule.
- (4) Each licensed midwife whose license has been placed on inactive status for more than 1 year must complete continuing education hours as a condition of reactivating the inactive license.
- (5) The licensee shall submit to the department evidence of participation in 10 hours of continuing education, approved by the department and clinically related to the practice of midwifery, for each year of the biennium in which the license was inactive. This requirement is in addition to submitting evidence of completing the continuing education required for the most recent biennium in which the licensee held an active license.



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Section 76. Section 467.0135, Florida Statutes, is amended to read:

467.0135 Fees.--The department shall establish fees for application, examination, initial licensure, renewal of active status licensure, licensure by endorsement, inactive status, delinquent status, and reactivation of an inactive status license. The appropriate fee must be paid at the time of application and is payable to the Department of Health, in accordance with rules adopted by the department. A fee is nonrefundable, unless otherwise provided by rule. A fee may not exceed:

- (1) Five hundred dollars for examination.
- (1) Five hundred dollars for initial licensure.
- (2)(3) Five hundred dollars for renewal of <u>an active</u> status license licensure.
- (3)(4) Two hundred dollars for application, which fee is nonrefundable.
- $\underline{(4)(5)}$ Five hundred dollars for <u>renewal</u> <u>reactivation</u> of an inactive status license.
 - (5) Five hundred dollars for licensure by endorsement.

A fee for inactive status, reactivation of an inactive <u>status</u> license, or delinquency may not exceed the fee established by the department for biennial renewal of an active <u>status</u> license. All fees collected under this section shall be deposited in the Medical Quality Assurance Trust Fund.

Section 77. Subsection (1) of section 467.017, Florida Statutes, is amended to read:

467.017 Emergency care plan; immunity.--



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(1) Every licensed midwife shall develop a written plan for the appropriate delivery of emergency care. A copy of the plan shall accompany any application for license issuance and must be made available upon request of the department or renewal. The plan shall address the following:

- (a) Consultation with other health care providers.
- (b) Emergency transfer.
- (c) Access to neonatal intensive care units and obstetrical units or other patient care areas.

Section 78. Paragraph (g) of subsection (3) of section 468.302, Florida Statutes, is amended to read:

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

(3)

- (g)1. A person holding a certificate as a nuclear medicine technologist may only:
- <u>a.</u> Conduct in vivo and in vitro measurements of radioactivity and administer radiopharmaceuticals to human beings for diagnostic and therapeutic purposes.
- b. Administer X radiation from a combination nuclear medicine-computed tomography device if that radiation is administered as an integral part of a nuclear medicine procedure that uses an automated computed tomography protocol for the purposes of attenuation correction and anatomical localization and the person has received device-specific training on the combination device.
- $\underline{2.}$ However, The authority of a nuclear medicine technologist under this paragraph excludes:
- 3308 <u>a.</u> Radioimmunoassay and other clinical laboratory testing regulated pursuant to chapter 483.

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3310	HB 0121A 2003 b. Creating or modifying automated computed tomography
3311	protocols.
3312	c. Any other operation of a computed tomography device,
3313	especially for the purposes of stand-alone diagnostic imaging
3314	which is regulated pursuant to the general radiographic scope in
3315	this part.
3316	Section 79. Section 468.352, Florida Statutes, is amended
3317	to read:
3318	(Substantial rewording of section. See
3319	s. 468.352, F.S., for present text.)
3320	468.352 DefinitionsAs used in this part, the term:
3321	(1) "Board" means the Board of Respiratory Care.
3322	(2) "Certified respiratory therapist" means any person
3323	licensed under this part who is certified by the National Board
3324	for Respiratory Care, or its successor, who is employed to
3325	deliver respiratory care services under the order of a physician
3326	licensed pursuant to chapter 458 or chapter 459 in accordance
3327	with protocols established by a hospital or other health care
3328	provider or the board and who functions in situations of
3329	unsupervised contact requiring individual judgment.
3330	(3) "Critical care" means care given to a patient in any
3331	setting involving a life-threatening emergency.
3332	(4) "Department" means the Department of Health.
3333	(5) "Direct supervision" means practicing under the
3334	direction of a licensed, registered, or certified respiratory
3335	therapist who is physically on the premises and readily
3336	available, as defined by the board.
3337	(6) "Physician supervision" means supervision and control
2220	by a physician ligensed under chapter 458 or chapter 450 who

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assumes the legal liability for the services rendered by the

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personnel employed in his or her office. Except in the case of an emergency, physician supervision requires the easy availability of the physician within the office or the physical presence of the physician for consultation and direction of the actions of the persons who deliver respiratory care services.

- (7) "Practice of respiratory care" or "respiratory therapy" means the allied health specialty associated with the cardiopulmonary system that is practiced under the orders of a physician licensed under chapter 458 or chapter 459 and in accordance with protocols, policies, and procedures established by a hospital or other health care provider or the board, including the assessment, diagnostic evaluation, treatment, management, control, rehabilitation, education, and care of patients in all health care settings.
- (8) "Registered respiratory therapist" means any person licensed under this part who is registered by the National Board for Respiratory Care, or its successor, who is employed to deliver respiratory care services under the order of a physician licensed under chapter 458 or chapter 459 in accordance with protocols established by a hospital or other health care provider or the board, and who functions in situations of unsupervised contact requiring individual judgment.
- (9) "Respiratory care practitioner" means any person licensed under this part who is employed to deliver respiratory care services under direct supervision pursuant to the order of a physician licensed under chapter 458 or chapter 459.
 - (10) "Respiratory care services" includes:
 - (a) Evaluation and disease management.
- (b) Diagnostic and therapeutic use of respiratory equipment, devices, or medical gas.



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

- (d) Initiation, management, and maintenance of equipment to assist and support ventilation and respiration.
- (e) Diagnostic procedures, research, and therapeutic treatment and procedures, including measurement of ventilatory volumes, pressures, and flows; specimen collection and analysis of blood for gas transport and acid/base determinations; pulmonary-function testing; and other related physiological monitoring of cardiopulmonary systems.
 - (f) Cardiopulmonary rehabilitation.
- (g) Cardiopulmonary resuscitation, advanced cardiac life support, neonatal resuscitation, and pediatric advanced life support, or equivalent functions.
- (h) Insertion and maintenance of artificial airways and intravascular catheters.
 - (i) Performing sleep disorder studies.
- (j) Education of patients, families, the public, or other health care providers, including disease process and management programs and smoking prevention and cessation programs.
 - (k) Initiation and management of hyperbaric oxygen.
- Section 80. Section 468.355, Florida Statutes, is amended to read:
 - (Substantial rewording of section. See
- 3396 s. 468.355, F.S., for present text.)
- 3397 <u>468.355 Licensure requirements.--To be eligible for</u> 3398 licensure by the board, an applicant must be an active certified
- respiratory therapist or an active registered respiratory



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3400	HB 0121A 2003 therapist credentialed by the National Board for Respiratory
3401	Care or its successor.
3402	Section 81. Section 468.368, Florida Statutes, is amended
3403	to read:
3404	(Substantial rewording of section. See
3405	s. 468.368, F.S., for present text.)
3406	468.368 Exemptions This part may not be construed to
3407	prevent or restrict the practice, services, or activities of:
3408	(1) Any person licensed in this state by any other
3409	provision of law when engaging in the profession or occupation
3410	for which he or she is licensed.
3411	(2) Any legally qualified person in the state or another
3412	state or territory who is employed by the United States
3413	Government or any agency thereof while such person is
3414	discharging his or her official duties.
3415	(3) A friend or family member who is providing respiratory
3416	care services to an ill person and who does not represent
3417	himself or herself as a respiratory care practitioner or
3418	respiratory therapist.
3419	(4) An individual providing respiratory care services in
3420	an emergency who does not represent himself or herself as a
3421	respiratory care practitioner or respiratory therapist.
3422	(5) Any individual employed to deliver, assemble, set up,
3423	or test equipment for use in a home, upon the order of a
3424	physician licensed pursuant to chapter 458 or chapter 459. This
3425	subsection does not, however, authorize the practice of
3426	respiratory care without a license.
3427	(6) Any individual performing polysomnography under
3428	medical direction, as related to the diagnosis and evaluation of

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treatment for sleep disorders.



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

- (8) Any student who is enrolled in an accredited respiratory care program approved by the board while performing respiratory care as an integral part of a required course.
- (9) The delivery of incidental respiratory care to noninstitutionalized persons by surrogate family members who do not represent themselves as registered or certified respiratory care therapists.
- (10) Any individual credentialed by the Underseas

 Hyperbaric Society in hyperbaric medicine, or its equivalent as

 determined by the board, while performing related duties. This

 subsection does not, however, authorize the practice of

 respiratory care without a license.
- Section 82. Subsection (2) of section 468.509, Florida Statutes, is amended to read:
- 468.509 Dietitian/nutritionist; requirements for licensure.--
- (2) The agency shall examine any applicant who the board certifies has completed the application form and remitted the application and examination fees specified in s. 468.508 and who:
- (a)1. Possesses a baccalaureate or postbaccalaureate degree with a major course of study in human nutrition, food and nutrition, dietetics, or food management, or an equivalent major course of study, from a school or program accredited, at the time of the applicant's graduation, by the appropriate accrediting agency recognized by the <u>Council for Higher</u>

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Education Accreditation or Commission on Recognition of

Postsecondary Accreditation and the United States Department of
Education; and

- 2. Has completed a preprofessional experience component of not less than 900 hours or has education or experience determined to be equivalent by the board; or
- (b)1. Has an academic degree, from a foreign country, that has been validated by an accrediting agency approved by the United States Department of Education as equivalent to the baccalaureate or postbaccalaureate degree conferred by a regionally accredited college or university in the United States;
- 2. Has completed a major course of study in human nutrition, food and nutrition, dietetics, or food management; and
- 3. Has completed a preprofessional experience component of not less than 900 hours or has education or experience determined to be equivalent by the board.
- Section 83. Section 468.707, Florida Statutes, is amended to read:
 - 468.707 Licensure by examination; requirements.--
- (1) Any person desiring to be licensed as an athletic trainer shall apply to the department on a form approved by the department.
 - (1) The department shall license each applicant who:
- (a)1. Has completed the application form and remitted the required fees.
 - (b)2. Is at least 21 years of age.
- $\underline{(c)}_{3+}$ Has obtained a baccalaureate degree from a college or university accredited by an accrediting agency recognized and

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approved by the United States Department of Education or the Council for Higher Education Commission on Recognition of Postsecondary Accreditation, or approved by the board.

- (d)4. Has completed coursework from a college or university accredited by an accrediting agency recognized and approved by the United States Department of Education or the Council for Higher Education Commission on Recognition of Postsecondary Accreditation, or approved by the board, in each of the following areas, as provided by rule: health, human anatomy, kinesiology/biomechanics, human physiology, physiology of exercise, basic athletic training, and advanced athletic training.
- $(e)_{5}$. Has current certification in standard first aid and cardiovascular pulmonary resuscitation from the American Red Cross or an equivalent certification as determined by the board.
- (f)6. Has, within 2 of the preceding 5 years, attained a minimum of 800 hours of athletic training experience under the direct supervision of a licensed athletic trainer or an athletic trainer certified by the National Athletic Trainers' Association or a comparable national athletic standards organization.
- $(g)^{7}$. Has passed an examination administered or approved by the board.
- $\underline{(2)}$ (b) The department shall also license each applicant who:
- (a)1. Has completed the application form and remitted the required fees no later than October 1, 1996.
 - (b)2. Is at least 21 years of age.
- $(c)_3$. Has current certification in standard first aid and cardiovascular pulmonary resuscitation from the American Red Cross or an equivalent certification as determined by the board.



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(d)1.4.a. Has practiced athletic training for at least 3 of the 5 years preceding application; or

- $\underline{2.b.}$ Is currently certified by the National Athletic Trainers' Association or a comparable national athletic standards organization.
- (2) Pursuant to the requirements of s. 456.034, each applicant shall complete a continuing education course on human immunodeficiency virus and acquired immune deficiency syndrome as part of initial licensure.

Section 84. Section 486.031, Florida Statutes, is amended to read:

486.031 Physical therapist; licensing requirements.--To be eligible for licensing as a physical therapist, an applicant must:

- (1) Be at least 18 years old.÷
- (2) Be of good moral character. ; and
- therapy which has been approved for the educational preparation of physical therapists by the appropriate accrediting agency recognized by the <u>Council for Higher Education Commission on Recognition of Postsecondary Accreditation or the United States Department of Education at the time of her or his graduation and have passed, to the satisfaction of the board, the American Registry Examination prior to 1971 or a national examination approved by the board to determine her or his fitness for practice as a physical therapist as hereinafter provided;</u>
- (b) Have received a diploma from a program in physical therapy in a foreign country and have educational credentials deemed equivalent to those required for the educational preparation of physical therapists in this country, as

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recognized by the appropriate agency as identified by the board, and have passed to the satisfaction of the board an examination to determine her or his fitness for practice as a physical therapist as hereinafter provided; or

(c) Be entitled to licensure without examination as provided in s. 486.081.

Section 85. Section 486.102, Florida Statutes, is amended to read:

486.102 Physical therapist assistant; licensing requirements.--To be eligible for licensing by the board as a physical therapist assistant, an applicant must:

- (1) Be at least 18 years old. \div
- (2) Be of good moral character. ; and
- (3)(a) Have been graduated from a school giving a course of not less than 2 years for physical therapist assistants, which has been approved for the educational preparation of physical therapist assistants by the appropriate accrediting agency recognized by the <u>Council for Higher Education Commission on Recognition of Postsecondary Accreditation or the United States Department of Education at the time of her or his graduation and have passed to the satisfaction of the board an examination to determine her or his fitness for practice as a physical therapist assistant as hereinafter provided;</u>
- (b) Have been graduated from a school giving a course for physical therapist assistants in a foreign country and have educational credentials deemed equivalent to those required for the educational preparation of physical therapist assistants in this country, as recognized by the appropriate agency as identified by the board, and passed to the satisfaction of the board an examination to determine her or his fitness for



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practice as a physical therapist assistant as hereinafter provided; or

(c) Be entitled to licensure without examination as provided in s. 486.107.

Section 86. Paragraph (a) of subsection (5) of section 489.553, Florida Statutes, is amended to read:

489.553 Administration of part; registration qualifications; examination.--

- (5) To be eligible for registration by the department as a master septic tank contractor, the applicant must:
- (a) Have been a registered septic tank contractor in Florida for at least 3 years or a plumbing contractor certified under part I of this chapter who has provided septic tank contracting services for at least 3 years. The 3 years must immediately precede the date of application and may not be interrupted by any probation, suspension, or revocation imposed by the licensing agency.

Section 87. Section 489.554, Florida Statutes, is amended to read:

489.554 Registration renewal. --

- (1) The department shall prescribe by rule the method for approval of continuing education courses, and for renewal of annual registration, inactive status for late filing of a renewal application, allowing a contractor to hold his or her registration in inactive status for a specified period, and reactivating a license.
- (2) At a minimum, annual renewal shall include continuing education requirements of not less than 6 classroom hours annually for septic tank contractors and not less than 12 classroom hours annually for master septic tank contractors. The

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12 classroom hours of continuing education required for master septic tank contractors may include the 6 classroom hours required for septic tank contractors, but at a minimum must include 6 classroom hours of approved master septic tank contractor coursework.

- (3) A certificate of registration shall become inactive if a renewal application is not filed in a timely manner. A certificate that has become inactive may be reactivated under this section by application to the department. A registered contractor may apply to the department for voluntary inactive status at any time during the period of registration.
- (4) A master septic tank contractor may elect to revert to registered septic tank contractor status at any time during the period of registration. The department shall prescribe by rule the method for a master septic tank contractor whose registration has reverted to registered septic tank contractor status to apply for master septic tank contractor status.
- (5) The department shall deny an application for renewal if there is any outstanding administrative penalty against the applicant which is final agency action and all judicial reviews are exhausted.

Section 88. Paragraph (b) of subsection (2) of section 490.005, Florida Statutes, is amended to read:

490.005 Licensure by examination.--

- (2) Any person desiring to be licensed as a school psychologist shall apply to the department to take the licensure examination. The department shall license each applicant who the department certifies has:
- (b) Submitted satisfactory proof to the department that the applicant:

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1. Has received a doctorate, specialist, or equivalent degree from a program primarily psychological in nature and has completed 60 semester hours or 90 quarter hours of graduate study, in areas related to school psychology as defined by rule of the department, from a college or university which at the time the applicant was enrolled and graduated was accredited by an accrediting agency recognized and approved by the Council for Higher Education Accreditation or the United States Department of Education Commission on Recognition of Postsecondary Accreditation or from an institution which is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada.

- 2. Has had a minimum of 3 years of experience in school psychology, 2 years of which must be supervised by an individual who is a licensed school psychologist or who has otherwise qualified as a school psychologist supervisor, by education and experience, as set forth by rule of the department. A doctoral internship may be applied toward the supervision requirement.
- 3. Has passed an examination provided by the department.

 Section 89. Paragraph (d) of subsection (1), paragraph (b) of subsection (3), and paragraph (b) of subsection (4) of section 491.005, Florida Statutes, are amended, and paragraph (f) is added to subsection (1) of said section, to read:
- (1) CLINICAL SOCIAL WORK.--Upon verification of documentation and payment of a fee not to exceed \$200, as set by board rule, plus the actual per applicant cost to the department for purchase of the examination from the American Association of State Social Worker's Boards or a similar national organization,

491.005 Licensure by examination .--



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the department shall issue a license as a clinical social worker to an applicant who the board certifies:

- (d) Has passed a theory and practice examination <u>approved</u> provided by the <u>board</u> department for this purpose, which shall only be taken following completion of the clinical experience requirement.
- (f) Has satisfied all coursework requirements in this section by successfully completing the required course as a student or by teaching the required graduate course as an instructor or professor in an accredited institution.
- (3) MARRIAGE AND FAMILY THERAPY.--Upon verification of documentation and payment of a fee not to exceed \$200, as set by board rule, plus the actual cost to the department for the purchase of the examination from the Association of Marital and Family Therapy Regulatory Board, or similar national organization, the department shall issue a license as a marriage and family therapist to an applicant who the board certifies:
- (b)1. Has a minimum of a master's degree with major emphasis in marriage and family therapy, or a closely related field, and has completed all of the following requirements:
- a. Thirty-six semester hours or 48 quarter hours of graduate coursework, which must include a minimum of 3 semester hours or 4 quarter hours of graduate-level course credits in each of the following nine areas: dynamics of marriage and family systems; marriage therapy and counseling theory and techniques; family therapy and counseling theory and techniques; individual human development theories throughout the life cycle; personality theory or general counseling theory and techniques; psychopathology; human sexuality theory and counseling techniques; psychosocial theory; and substance abuse theory and

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counseling techniques. Courses in research, evaluation, appraisal, assessment, or testing theories and procedures; thesis or dissertation work; or practicums, internships, or fieldwork may not be applied toward this requirement.

- b. A minimum of one graduate-level course of 3 semester hours or 4 quarter hours in legal, ethical, and professional standards issues in the practice of marriage and family therapy or a course determined by the board to be equivalent.
- c. A minimum of one graduate-level course of 3 semester hours or 4 quarter hours in diagnosis, appraisal, assessment, and testing for individual or interpersonal disorder or dysfunction; and a minimum of one 3-semester-hour or 4-quarter-hour graduate-level course in behavioral research which focuses on the interpretation and application of research data as it applies to clinical practice. Credit for thesis or dissertation work, practicums, internships, or fieldwork may not be applied toward this requirement.
- d. A minimum of one supervised clinical practicum, internship, or field experience in a marriage and family counseling setting, during which the student provided 180 direct client contact hours of marriage and family therapy services under the supervision of an individual who met the requirements for supervision under paragraph (c). This requirement may be met by a supervised practice experience which took place outside the academic arena, but which is certified as equivalent to a graduate-level practicum or internship program which required a minimum of 180 direct client contact hours of marriage and family therapy services currently offered within an academic program of a college or university accredited by an accrediting agency approved by the United States Department of Education, or



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an institution which is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada or a training institution accredited by the Commission on Accreditation for Marriage and Family Therapy Education recognized by the United States Department of Education.

Certification shall be required from an official of such college, university, or training institution.

2. If the course title which appears on the applicant's transcript does not clearly identify the content of the coursework, the applicant shall be required to provide additional documentation, including, but not limited to, a syllabus or catalog description published for the course.

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The required master's degree must have been received in an institution of higher education which at the time the applicant graduated was: fully accredited by a regional accrediting body recognized by the Council for Higher Education Accreditation or the United States Department of Education Commission on Recognition of Postsecondary Accreditation; publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada; or an institution of higher education located outside the United States and Canada, which at the time the applicant was enrolled and at the time the applicant graduated maintained a standard of training substantially equivalent to the standards of training of those institutions in the United States which are accredited by a regional accrediting body recognized by the Council for Higher Education Accreditation or the United States Department of Education Commission on Recognition of Postsecondary Accreditation. Such foreign education and training must have



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been received in an institution or program of higher education officially recognized by the government of the country in which it is located as an institution or program to train students to practice as professional marriage and family therapists or psychotherapists. The burden of establishing that the requirements of this provision have been met shall be upon the applicant, and the board shall require documentation, such as, but not limited to, an evaluation by a foreign equivalency determination service, as evidence that the applicant's graduate degree program and education were equivalent to an accredited program in this country. An applicant with a master's degree from a program which did not emphasize marriage and family therapy may complete the coursework requirement in a training institution fully accredited by the Commission on Accreditation for Marriage and Family Therapy Education recognized by the United States Department of Education.

- (4) MENTAL HEALTH COUNSELING. -- Upon verification of documentation and payment of a fee not to exceed \$200, as set by board rule, plus the actual per applicant cost to the department for purchase of the examination from the Professional Examination Service for the National Academy of Certified Clinical Mental Health Counselors or a similar national organization, the department shall issue a license as a mental health counselor to an applicant who the board certifies:
- (b)1. Has a minimum of an earned master's degree from a mental health counseling program accredited by the Council for the Accreditation of Counseling and Related Educational Programs that consists of at least 60 semester hours or 80 quarter hours of clinical and didactic instruction, including a course in human sexuality and a course in substance abuse. If the master's



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degree is earned from a program related to the practice of mental health counseling that is not accredited by the Council for the Accreditation of Counseling and Related Educational Programs, then the coursework and practicum, internship, or fieldwork must consist of at least 60 semester hours or 80 quarter hours and meet the following requirements:

- a. Thirty-three semester hours or 44 quarter hours of graduate coursework, which must include a minimum of 3 semester hours or 4 quarter hours of graduate-level coursework in each of the following 11 content areas: counseling theories and practice; human growth and development; diagnosis and treatment of psychopathology; human sexuality; group theories and practice; individual evaluation and assessment; career and lifestyle assessment; research and program evaluation; social and cultural foundations; counseling in community settings; and substance abuse. Courses in research, thesis or dissertation work, practicums, internships, or fieldwork may not be applied toward this requirement.
- b. A minimum of 3 semester hours or 4 quarter hours of graduate-level coursework in legal, ethical, and professional standards issues in the practice of mental health counseling, which includes goals, objectives, and practices of professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certifications and licensing, and the role identity and professional obligations of mental health counselors. Courses in research, thesis or dissertation work, practicums, internships, or fieldwork may not be applied toward this requirement.
- c. The equivalent, as determined by the board, of at least 1,000 hours of university-sponsored supervised clinical

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practicum, internship, or field experience as required in the accrediting standards of the Council for Accreditation of Counseling and Related Educational Programs for mental health counseling programs. This experience may not be used to satisfy the post-master's clinical experience requirement.

2. If the course title which appears on the applicant's transcript does not clearly identify the content of the coursework, the applicant shall be required to provide additional documentation, including, but not limited to, a syllabus or catalog description published for the course.

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Education and training in mental health counseling must have been received in an institution of higher education which at the time the applicant graduated was: fully accredited by a regional accrediting body recognized by the Council for Higher Education Accreditation or the United States Department of Education Commission on Recognition of Postsecondary Accreditation; publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada; or an institution of higher education located outside the United States and Canada, which at the time the applicant was enrolled and at the time the applicant graduated maintained a standard of training substantially equivalent to the standards of training of those institutions in the United States which are accredited by a regional accrediting body recognized by the Council for Higher Education Accreditation or the United States Department of Education Commission on Recognition of Postsecondary Accreditation. Such foreign education and training must have been received in an institution or program of higher education officially recognized by the government of the country in which



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it is located as an institution or program to train students to practice as mental health counselors. The burden of establishing that the requirements of this provision have been met shall be upon the applicant, and the board shall require documentation, such as, but not limited to, an evaluation by a foreign equivalency determination service, as evidence that the applicant's graduate degree program and education were equivalent to an accredited program in this country.

Section 90. Section 491.0145, Florida Statutes, is amended to read:

491.0145 Certified master social worker.--The department may not adopt any rules that would cause any person who was not licensed as a certified master social worker in accordance with this chapter on January 1, 1990, to become licensed. The department may certify an applicant for a designation as a certified master social worker upon the following conditions:

- (1) The applicant completes an application to be provided by the department and pays a nonrefundable fee not to exceed \$250 to be established by rule of the department. The completed application must be received by the department at least 60 days before the date of the examination in order for the applicant to qualify to take the scheduled exam.
- (2) The applicant submits proof satisfactory to the department that the applicant has received a doctoral degree in social work, or a master's degree with a major emphasis or specialty in clinical practice or administration, including, but not limited to, agency administration and supervision, program planning and evaluation, staff development, research, community organization, community services, social planning, and human service advocacy. Doctoral degrees must have been received from



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a graduate school of social work which at the time the applicant was enrolled and graduated was accredited by an accrediting agency approved by the United States Department of Education.

Master's degrees must have been received from a graduate school of social work which at the time the applicant was enrolled and graduated was accredited by the Council on Social Work Education or the Canadian Association of Schools of Social Work or by one that meets comparable standards.

- (3) The applicant has had at least 3 years' experience, as defined by rule, including, but not limited to, clinical services or administrative activities as defined in subsection (2), 2 years of which must be at the post-master's level under the supervision of a person who meets the education and experience requirements for certification as a certified master social worker, as defined by rule, or licensure as a clinical social worker under this chapter. A doctoral internship may be applied toward the supervision requirement.
- (4) Any person who holds a master's degree in social work from institutions outside the United States may apply to the department for certification if the academic training in social work has been evaluated as equivalent to a degree from a school accredited by the Council on Social Work Education. Any such person shall submit a copy of the academic training from the Foreign Equivalency Determination Service of the Council on Social Work Education.
- (5) The applicant has passed an examination required by the department for this purpose. The nonrefundable fee for such examination may not exceed \$250 as set by department rule.



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(6) Nothing in this chapter shall be construed to authorize a certified master social worker to provide clinical social work services.

Section 91. Section 491.0146, Florida Statutes, is created to read:

- 491.0146 Saving clause.--All licenses to practice as a certified master social worker issued pursuant to this chapter and valid on October 1, 2002, shall remain in full force and effect.
- Section 92. Subsection (3) of section 491.0147, Florida Statutes, is amended to read:
- 491.0147 Confidentiality and privileged communications.—Any communication between any person licensed or certified under this chapter and her or his patient or client shall be confidential. This secrecy may be waived under the following conditions:
- (3)(a) When there is a clear and immediate probability of physical harm to the patient or client, to other individuals, or to society and the person licensed or certified under this chapter communicates the information only to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.
- (b) There shall be no civil or criminal liability arising from the disclosure of otherwise confidential communications by a person licensed or certified under this chapter when the disclosure is made pursuant to paragraph (a).
- Section 93. Subsection (6) of section 499.003, Florida Statutes, is amended to read:
- 3935 499.003 Definitions of terms used in ss. 499.001-3936 499.081.--As used in ss. 499.001-499.081, the term:

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(6) "Compressed medical gas" means any liquefied or vaporized gas that is <u>classified as</u> a prescription drug <u>or medical device</u>, whether it is alone or in combination with other gases.

Section 94. Subsection (2) of section 499.007, Florida Statutes, is amended to read:

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

- (2) Unless, if in package form, it bears a label containing:
- (a) The name and place of business of the manufacturer or distributor; in addition, for a medicinal drug, as defined in s. 499.003, the label must contain the name and place of business of the manufacturer of the finished dosage form of the drug. For the purpose of this paragraph, the finished dosage form of a medicinal drug is that form of the drug which is, or is intended to be, dispensed or administered to the patient and requires no further manufacturing or processing other than packaging, reconstitution, and labeling.; and
- (b) An accurate statement of the quantity of the contents in terms of weight, measure, or numerical count; however, under this section, reasonable variations are permitted, and the department shall establish by rule exemptions for small packages.

A drug dispensed by filling or refilling a written or oral prescription of a practitioner licensed by law to prescribe such drug is exempt from the requirements of this section, except subsections (1), (8), (10), and (11) and the packaging requirements of subsections (6) and (7), if the drug bears a

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label that contains the name and address of the dispenser or seller, the prescription number and the date the prescription was written or filled, the name of the prescriber and the name of the patient, and the directions for use and cautionary statements. This exemption does not apply to any drug dispensed in the course of the conduct of a business of dispensing drugs pursuant to diagnosis by mail or to any drug dispensed in violation of subsection (12). The department may, by rule, exempt drugs subject to ss. 499.062-499.064 from subsection (12) if compliance with that subsection is not necessary to protect the public health, safety, and welfare.

Section 95. Paragraph (e) of subsection (1) of section 499.01, Florida Statutes, is amended to read:

- 499.01 Permits; applications; renewal; general requirements.--
- (1) Any person that is required under ss. 499.001-499.081 to have a permit must apply to the department on forms furnished by the department.
- (e) The department may not issue a permit for a prescription drug manufacturer, prescription drug wholesaler, or retail pharmacy wholesaler may not be issued to the address of a health care entity, except as provided in this paragraph. The department may issue a prescription drug manufacturer permit to an applicant at the same address as a licensed nuclear pharmacy that is a health care entity for the purpose of manufacturing prescription drugs used in positron emission tomography or other radiopharmaceuticals, as listed in a rule adopted by the department pursuant to this paragraph. The purpose of this exemption is to ensure availability of state-of-the-art pharmaceuticals that would pose a significant danger to the

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public health if manufactured at a separate establishment
address other than the nuclear pharmacy from which the
prescription drugs are dispensed.

Section 96. Paragraph (b) of subsection (6) of section 499.0121, Florida Statutes, is amended to read:

499.0121 Storage and handling of prescription drugs; recordkeeping.—The department shall adopt rules to implement this section as necessary to protect the public health, safety, and welfare. Such rules shall include, but not be limited to, requirements for the storage and handling of prescription drugs and for the establishment and maintenance of prescription drug distribution records.

- (6) RECORDKEEPING. -- The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.
- (b) Inventories and records must be made available for inspection and photocopying by authorized federal, state, or local officials for a period of 2 years following disposition of the drugs or 3 years after the date the inventory or record was created, whichever is longer.

For the purposes of this subsection, the term "authorized distributors of record" means those distributors with whom a manufacturer has established an ongoing relationship to distribute the manufacturer's products.

Section 97. <u>Section 501.122</u>, <u>Florida Statutes</u>, <u>is</u> transferred and renumbered as section 404.24, Florida Statutes.

Section 98. Subsection (1) of section 627.912, Florida Statutes, is amended to read:



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

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

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Reports shall be filed with the department and, if the insured party is licensed under chapter 458, chapter 459, or chapter 461 and the final judgment or settlement amount was \$50,000 or more, or if the insured party is licensed under chapter 466 and the final judgment or settlement amount was \$25,000 or more, or chapter 466, with the Department of Health, no later than 30 days following the occurrence of any event listed in paragraph (a) or paragraph (b). The Department of Health shall review each

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report and determine whether any of the incidents that resulted in the claim potentially involved conduct by the licensee that is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply. The Department of Health, as part of the annual report required by s. 456.026, shall publish annual statistics, without identifying licensees, on the reports it receives, including final action taken on such reports by the Department of Health or the appropriate regulatory board.

Section 99. Paragraph (a) of subsection (1) of section 766.101, Florida Statutes, is amended to read:

766.101 Medical review committee, immunity from liability.--

- (1) As used in this section:
- (a) The term "medical review committee" or "committee"
 means:
- 1.a. A committee of a hospital or ambulatory surgical center licensed under chapter 395 or a health maintenance organization certificated under part I of chapter 641,
- b. A committee of a physician-hospital organization, a provider-sponsored organization, or an integrated delivery system,
- c. A committee of a state or local professional society of health care providers,
- d. A committee of a medical staff of a licensed hospital or nursing home, provided the medical staff operates pursuant to written bylaws that have been approved by the governing board of the hospital or nursing home,
- e. A committee of the Department of Corrections or the Correctional Medical Authority as created under s. 945.602, or



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employees, agents, or consultants of either the department or the authority or both,

- f. A committee of a professional service corporation formed under chapter 621 or a corporation organized under chapter 607 or chapter 617, which is formed and operated for the practice of medicine as defined in s. 458.305(3), and which has at least 25 health care providers who routinely provide health care services directly to patients,
- g. A committee of a mental health treatment facility licensed under chapter 394 or a community mental health center as defined in s. 394.907, provided the quality assurance program operates pursuant to the guidelines which have been approved by the governing board of the agency,
- h. A committee of a substance abuse treatment and education prevention program licensed under chapter 397 provided the quality assurance program operates pursuant to the guidelines which have been approved by the governing board of the agency,
- i. A peer review or utilization review committee organized under chapter 440,
- j. A committee of the Department of Health, a county health department, healthy start coalition, or certified rural health network, when reviewing quality of care, or employees of these entities when reviewing mortality records, or
- k. A continuous quality improvement committee of a pharmacy licensed pursuant to chapter 465,
- 1. A committee established by a university board of trustees, or

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

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

2. A committee of an insurer, self-insurer, or joint underwriting association of medical malpractice insurance, or other persons conducting review under s. 766.106.

Section 100. Paragraphs (a) and (b) of subsection (4) of section 766.314, Florida Statutes, are amended to read:

766.314 Assessments; plan of operation. --

- (4) The following persons and entities shall pay into the association an initial assessment in accordance with the plan of operation:
- (a) On or before October 1, 1988, each hospital licensed under chapter 395 shall pay an initial assessment of \$50 per infant delivered in the hospital during the prior calendar year, as reported to the Agency for Health Care Administration; provided, however, that a hospital owned or operated by the state or a county, special taxing district, or other political subdivision of the state shall not be required to pay the initial assessment or any assessment required by subsection (5). The term "infant delivered" includes live births and not stillbirths, but the term does not include infants delivered by

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HB 0121A 2003 employees or agents of the Board of Regents, or those born in a teaching hospital as defined in s. 408.07, or those born in a family practice teaching hospital designated pursuant to s. 395.806 that had been deemed by the association as being exempt from assessments for fiscal years 1997-1998 through 2001-2002. The initial assessment and any assessment imposed pursuant to subsection (5) may not include any infant born to a charity patient (as defined by rule of the Agency for Health Care Administration) or born to a patient for whom the hospital receives Medicaid reimbursement, if the sum of the annual charges for charity patients plus the annual Medicaid contractuals of the hospital exceeds 10 percent of the total annual gross operating revenues of the hospital. The hospital is responsible for documenting, to the satisfaction of the association, the exclusion of any birth from the computation of the assessment. Upon demonstration of financial need by a hospital, the association may provide for installment payments of assessments.

- (b)1. On or before October 15, 1988, all physicians licensed pursuant to chapter 458 or chapter 459 as of October 1, 1988, other than participating physicians, shall be assessed an initial assessment of \$250, which must be paid no later than December 1, 1988.
- 2. Any such physician who becomes licensed after September 30, 1988, and before January 1, 1989, shall pay into the association an initial assessment of \$250 upon licensure.
- 3. Any such physician who becomes licensed on or after January 1, 1989, shall pay an initial assessment equal to the most recent assessment made pursuant to this paragraph, paragraph (5)(a), or paragraph (7)(b).

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- 4. However, if the physician is a physician specified in this subparagraph, the assessment is not applicable:
- a. A resident physician, assistant resident physician, or intern in an approved postgraduate training program, as defined by the Board of Medicine or the Board of Osteopathic Medicine by rule;
- b. A retired physician who has withdrawn from the practice of medicine but who maintains an active license as evidenced by an affidavit filed with the Department of Health. Prior to reentering the practice of medicine in this state, a retired physician as herein defined must notify the Board of Medicine or the Board of Osteopathic Medicine and pay the appropriate assessments pursuant to this section;
- c. A physician who holds a limited license pursuant to s. $\frac{458.315}{5}$ 458.317 and who is not being compensated for medical services;
- d. A physician who is employed full time by the United States Department of Veterans Affairs and whose practice is confined to United States Department of Veterans Affairs hospitals; or
- e. A physician who is a member of the Armed Forces of the United States and who meets the requirements of s. 456.024.
- f. A physician who is employed full time by the State of Florida and whose practice is confined to state-owned correctional institutions, a county health department, or state-owned mental health or developmental services facilities, or who is employed full time by the Department of Health.
- Section 101. Section 784.081, Florida Statutes, is amended to read:



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Assault or battery on specified officials or employees; reclassification of offenses. -- Whenever a person is charged with committing an assault or aggravated assault or a battery or aggravated battery upon any elected official or employee of: a school district; a private school; the Florida School for the Deaf and the Blind; a university developmental research school; a state university or any other entity of the state system of public education, as defined in s. 1000.04; an employee or protective investigator of the Department of Children and Family Services; or an employee of a lead community-based provider and its direct service contract providers; or an employee of the Department of Health or its direct service contract providers, when the person committing the offense knows or has reason to know the identity or position or employment of the victim, the offense for which the person is charged shall be reclassified as follows:

- (1) In the case of aggravated battery, from a felony of the second degree to a felony of the first degree.
- (2) In the case of aggravated assault, from a felony of the third degree to a felony of the second degree.
- (3) In the case of battery, from a misdemeanor of the first degree to a felony of the third degree.
- (4) In the case of assault, from a misdemeanor of the second degree to a misdemeanor of the first degree.

Section 102. Paragraph (a) of subsection (1) of section 817.567, Florida Statutes, is amended to read:

- 817.567 Making false claims of academic degree or title.--
- (1) No person in the state may claim, either orally or in writing, to possess an academic degree, as defined in s.
- 1005.02, or the title associated with said degree, unless the

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person has, in fact, been awarded said degree from an institution that is:

(a) Accredited by a regional or professional accrediting agency recognized by the United States Department of Education or the <u>Council for Higher Education</u> Commission on Recognition of <u>Postsecondary</u> Accreditation;

Section 103. Section 945.6038, Florida Statutes, is created to read:

945.6038 Additional services.--The authority is authorized to enter into an agreement or contract with the Department of Children and Family Services, subject to the availability of funding, to conduct surveys of medical services and to provide medical quality assurance and improvement assistance at secure confinement and treatment facilities for persons confined under part V of chapter 394. The authority is authorized to enter into similar agreements with other state agencies, subject to the availability of funds. The authority may not enter any such agreement if it would impair the authority's ability to fulfill its obligations with regard to the Department of Corrections as set forth in this chapter.

Section 104. Subsection (13) of section 1009.992, Florida Statutes, is amended to read:

1009.992 Definitions. -- As used in this act:

(13) "Institution" means any college or university which, by virtue of law or charter, is accredited by and holds membership in the <u>Council for Higher Education</u> Commission on Recognition of Postsecondary Accreditation; which grants baccalaureate or associate degrees; which is not a pervasively sectarian institution; and which does not discriminate in the

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admission of students on the basis of race, color, religion, sex, or creed.

Section 105. Section 1012.46, Florida Statutes, is amended to read:

1012.46 Athletic trainers.--

- (1) School districts may establish and implement an athletic injuries prevention and treatment program. Central to this program should be the employment and availability of persons trained in the prevention and treatment of physical injuries which may occur during athletic activities. The program should reflect opportunities for progressive advancement and compensation in employment as provided in subsection (2) and meet certain other minimum standards developed by the Department of Education. The goal of the Legislature is to have school districts employ and have available a full-time teacher athletic trainer in each high school in the state.
- (2) To the extent practicable, a school district program should include the following employment classification and advancement scheme:
- (a) First responder.--To qualify as a first responder, a person must possess a professional, temporary, part-time, adjunct, or substitute certificate pursuant to s. 1012.56, be certified in cardiopulmonary resuscitation, first aid, and have 15 semester hours in courses such as care and prevention of athletic injuries, anatomy, physiology, nutrition, counseling, and other similar courses approved by the Commissioner of Education. This person may only administer first aid and similar care, and shall not hold himself or herself out to the school district or public as an athletic trainer pursuant to part XIII of chapter 468.

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(b) Teacher Athletic trainer.--To qualify as <u>an</u> a teacher athletic trainer, a person must <u>be licensed as required by part XIII of chapter 468 and may be utilized by the school district <u>as possess</u> a professional, temporary, part-time, adjunct, or substitute <u>teacher certificate</u> pursuant to s. 1012.35, s. 1012.56, or s. 1012.57, and be licensed as required by part XIII of chapter 468.</u>

Section 106. (1) All payments made after July 1, 2003, by the Department of Health to the Division of Administrative

Hearings which are based on a formula in effect prior to that date shall revert to the Department of Health. Effective July 1, 2004, the Division of Administrative Hearings shall bill the Department of Health in accordance with s. 456.073(5), Florida Statutes.

Accountability and the Auditor General shall conduct a joint audit of all hearings and billings therefor conducted by the Division of Administrative Hearings for all state agencies and nonstate agencies and shall present a report to the President of the Senate and the Speaker of the House of Representatives on or before January 1, 2004, which contains findings and recommendations regarding the manner in which the division charges for its services. The report shall recommend alternative billing formulas.

Section 107. (1) The Department of Health, in consultation with the Miami-Dade Community College Physician

Assistant Program, the University of Florida Physician Assistant Program, the Nova Southeastern University Physician Assistant Program, the Florida Academy of Physician Assistants, and the Barry University Physician Assistant Program, shall conduct a



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HB 0121A 2003 4321 study to establish the most advantageous methods to utilize the medical skills of foreign-trained physicians to practice as 4322 physician assistants in this state. Such study shall indicate: 4323 The existing pathways or methods for a foreign-trained 4324 physician to receive a license to practice as a physician 4325 4326 assistant in Florida. (b) National standards, national examinations, and 4327 credentialing requirements for a foreign-trained physician to be 4328 licensed to practice as a physician assistant in other states in 4329 the United States. 4330 (c) Training, education requirements, remedial courses, 4331 and supervisory needs of a foreign-trained physician desiring to 4332 4333 become eligible to practice as a physician assistant. 4334 (d) The scope of practice of a foreign-trained physician 4335 assistant. (e) Any other areas of study that the department and 4336 educational institutions deem appropriate to further the intent 4337 of this section. 4338 (2) A copy of the study, including results and 4339 recommendations, shall be presented to the Governor, the 4340 President of the Senate, and the Speaker of the House of 4341 4342 Representatives no later than January 1, 2004. Section 108. Subsection (9) of section 381.0098, section 4343 381.85, paragraph (f) of subsection (2) of section 385.103, 4344 sections 385.205 and 385.209, subsection (7) of section 445.033, 4345 sections 456.031, 456.033, 456.034, 458.313, 458.316, 458.3165, 4346 458.317, 468.356, and 468.357, and subsection (3) of section 4347 468.711, Florida Statutes, are repealed. 4348

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amended by a law enacted at the 2003 Regular Session of the

If any law amended by this act was also

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

Section 109.



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Legislature, such laws shall be construed as if they had been				
enacted at the same session of the Legislature, and full effect	<u>:t</u>			
shall be given to each if possible.				
Section 110. Except as otherwise provided herein, this a	ct			
shall take effect July 1, 2003.				

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