CHAMBER ACTION

1 The Committee on Health Care recommends the following:
2
3 **Committee Substitute**
4 Remove the entire bill and insert:
5 A bill to be entitled
6 An act relating to radiologists performing mammograms;
7 providing licensed radiologists with immunity from
8 tort liability under certain circumstances; providing
9 criteria and requirements; providing exceptions;
10 providing for future repeal unless reviewed and
11 reenacted by the Legislature; creating the Workgroup
12 on Mammography Accessibility in the Department of
13 Health; requiring the workgroup to conduct a study;
14 providing for membership; requiring a report to the
15 Governor and the Legislature; providing an effective
16 date.
17
18 Be It Enacted by the Legislature of the State of Florida:
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20 Section 1. Radiologist immunity.--
21 (1) A radiologist licensed in this state is immune from
22 liability in tort for any actions arising from the performance

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23 of his or her duties relating to mammograms, provided the
24 licensee complies with the following criteria:
25 (a) The licensee must meet and continuously maintain the
26 requirements governing radiologists performing mammography
27 adopted by the Federal Government pursuant to the Mammography
28 Quality Standards Act of 1992.
29 (b) The licensee must be certified in diagnostic radiology
30 by the American Board of Radiology, the American Osteopathic
31 Board of Radiology, or the Royal College of Physicians and
32 Surgeons of Canada or have at least 3 months documented training
33 in mammography interpretation, radiation physics, radiation
34 effects, and radiation protection.
35 (c) The licensee must have 60 hours documented category I
36 continuing medical education in mammography or 40 hours if
37 initially qualified before April 28, 1999, at least 15 hours of
38 which shall be acquired in the 3 years immediately prior to the
39 physician's meeting his or her requirements, and earn at least
40 15 hours category I continuing medical education in a 36-month
41 period, at least 6 hours of which shall be related to each
42 mammographic modality used.
43 (d) The licensee must have interpreted mammograms from
44 exams of 240 patients within the 6 months immediately prior to
45 the physician’s qualifying date or in any 6 months within the
46 last 2 years of residency if the physician becomes board
47 certified at his or her first possible opportunity and shall
48 continue to interpret or multi-read at least 960 mammographic
49 examinations over a 24-month period.

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50 (e) The interpreting physician must receive at least 8
51 hours of training in any mammographic modality for which he or
52 she was not previously trained before beginning to use that
53 modality.
54 (f) The licensee must meet the most current guidelines of
55 the American College of Radiology for mammography procedures.
56 (g) The licensee operates from a facility which has
57 established and implemented policies and procedures to provide
58 for the safety of patients and personnel, which shall include:
59 1. Attention to the physical environment.
60 2. The proper use, storage, and disposal of medications
61 and hazardous materials and their attendant equipment.
62 3. Methods for addressing medical and other emergencies.
63 (h) The licensee operates from a facility which has
64 established and implemented policies and procedures for
65 educating and informing patients about procedures and
66 interventions to be performed and facility processes for such
67 procedures and interventions, which shall include appropriate
68 instructions for patient preparation and aftercare, if any. This
69 information shall be provided in an appropriate form to the
70 patient. Such communication policies shall include provisions
71 that provide direct communication, accomplished in person or by
72 telephone, to the referring physician or an appropriate
73 representative. Documentation of direct communication is
74 recommended. In those situations in which the interpreting
75 physician feels that immediate patient treatment is indicated,
76 which may include, but are not limited to, tension pneumothorax,
77 the interpreting physician should communicate directly with the

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78 referring physician, other health care provider, or an
79 appropriate representative. If that individual cannot be
80 reached, the interpreting physician should directly communicate
81 the need for emergency care to the patient or responsible
82 guardian, if possible.
83 1. Under some circumstances, practice constraints may
84 dictate the necessity of a preliminary report before the final
85 report is prepared. A significant change between the preliminary
86 and final interpretation shall be reported directly to the
87 referring physician.
88 2. In those situations in which the interpreting physician
89 feels that the findings do not warrant immediate treatment but
90 constitute significant unexpected findings, the interpreting
91 physician or his or her designee shall communicate the findings
92 to the referring physician, other health care provider, or an
93 appropriate individual in a manner that reasonably insures
94 receipt of the findings.
95 (i) The licensee's patient examinations shall be
96 systematically reviewed and evaluated as part of the overall
97 quality improvement program at the facility. Monitoring shall
98 include evaluation of the accuracy of interpretation as well as
99 the appropriateness of the examination. Complications and
100 adverse events or activities that may have the potential for
101 sentinel events should be monitored, analyzed, and reported as
102 required by law and periodically reviewed in order to identify
103 opportunities to improve patient care. This data shall be
104 collected in a manner that complies with statutory and

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105 regulatory peer-review procedures in order to ensure the
106 confidentiality of the peer-review process.
107 (j) The licensee operates from a facility which has
108 established and implemented policies and procedures to control
109 the spread of infection among patients and personnel and shall
110 include adherence to universal precautions and the use of clean
111 or aseptic techniques as warranted by the procedure or
112 intervention being performed.
113 (2) Immunity is not provided if all the provisions within
114 this section are not met and for instances in which the
115 radiologist is found to be grossly negligent.
116 (3) This section is repealed July 1, 2007, unless reviewed
117 and reenacted by the Legislature.
118 Section 2. Workgroup on Mammography Accessibility.--
119 (1) The Workgroup on Mammography Accessibility is created
120 within the Department of Health. The workgroup shall study:
121 (a) The availability, quality of care, and accessibility
122 of mammography in this state.
123 (b) The need for research and educational facilities,
124 including, but not limited to, facilities with institutional
125 training programs and community training programs for doctors of
126 radiological medicine at the student, internship, and residency
127 training levels.
128 (c) The availability of resources, including health
129 personnel and management personnel for mammography programs.
130 (2) The workgroup shall consist of 13 members and be
131 staffed by the Department of Health and chaired by the Secretary

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132 of Health or his or her designee. The Secretary of Health shall
133 appoint the remaining 12 members.
134 (3) By January 15, 2009, the department shall submit a
135 report to the Governor, the President of the Senate, the Speaker
136 of the House of Representatives, and the substantive legislative
137 committees regarding the findings of the workgroup and
138 recommendations for legislative action.
139 Section 3. This act shall take effect upon becoming a law.