2-1051A-05

A bill to be entitled 2 An act relating to hospitals; amending s. 395.002, F.S.; redefining the term "hospital" 3 to exclude designated critical access hospitals 4 5 from certain requirements; amending ss. 395.003 6 and 408.061, F.S.; conforming cross-references; 7 amending s. 408.07, F.S.; defining the term "critical access hospital"; redefining the term 8 "rural hospital" to delete certain requirements 9 10 applicable to the designation of a critical access hospital; amending ss. 458.345 and 11 12 459.021, F.S.; conforming cross-references; 13 providing an effective date. 14 Be It Enacted by the Legislature of the State of Florida: 15 16 17 Section 1. Subsections (13) and (24) of section 395.002, Florida Statutes, are amended to read: 18 395.002 Definitions.--As used in this chapter: 19 (13) "Hospital" means any establishment that: 20 21 (a) Offers services more intensive than those required 22 for room, board, personal services, and general nursing care, 23 and offers facilities and beds for use beyond 24 hours by individuals requiring diagnosis, treatment, or care for 2.4 illness, injury, deformity, infirmity, abnormality, disease, 25 or pregnancy; and 26 27 (b) Regularly makes available at least clinical 2.8 laboratory services, diagnostic X-ray services, and treatment 29 facilities for surgery or obstetrical care, or other definitive medical treatment of similar extent, except that \underline{a} 30 critical access hospital, as defined in s. 408.07, is not

required to make available treatment facilities for surgery, obstetrical care, or similar services as long as it maintains its designation as a critical access hospital, but must make such facilities available if it ceases to be designated as a critical access hospital.

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However, the provisions of this chapter do not apply to any institution conducted by or for the adherents of any well-recognized church or religious denomination that depends exclusively upon prayer or spiritual means to heal, care for, or treat any person. For purposes of local zoning matters, the term "hospital" includes a medical office building located on the same premises as a hospital facility, provided the land on which the medical office building is constructed is zoned for use as a hospital; provided the premises were zoned for hospital purposes on January 1, 1992.

equipment located at the address of the licensed facility and all other buildings, beds, and equipment for the provision of hospital, ambulatory surgical, or mobile surgical care located in such reasonable proximity to the address of the licensed facility as to appear to the public to be under the dominion and control of the licensee. For any licensee that is a teaching hospital as defined in s. 408.07(45) s. 408.07(44), reasonable proximity includes any buildings, beds, services, programs, and equipment under the dominion and control of the licensee that are located at a site with a main address that is within 1 mile of the main address of the licensed facility; and all such buildings, beds, and equipment may, at the request of a licensee or applicant, be included on the facility license as a single premises.

Section 2. Paragraph (e) of subsection (2) of section 395.003, Florida Statutes, is amended to read: 2 3 395.003 Licensure; issuance, renewal, denial, modification, suspension, and revocation. --4 5 (2) 6 The agency shall, at the request of a licensee 7 that is a teaching hospital as defined in $\underline{s. 408.07(45)}$ s. 408.07(44), issue a single license to a licensee for 8 facilities that have been previously licensed as separate 9 premises, provided such separately licensed facilities, taken 10 together, constitute the same premises as defined in s. 11 12 395.002(24). Such license for the single premises shall 13 include all of the beds, services, and programs that were previously included on the licenses for the separate premises. 14 The granting of a single license under this paragraph shall 15 not in any manner reduce the number of beds, services, or 16 17 programs operated by the licensee. Section 3. Subsection (4) of section 408.061, Florida 18 Statutes, is amended to read: 19 408.061 Data collection; uniform systems of financial 20 21 reporting; information relating to physician charges; 22 confidential information; immunity. --23 (4) Within 120 days after the end of its fiscal year, each health care facility, excluding continuing care 2.4 facilities and nursing homes as defined in s. 408.07(14) and 25 $26 \left(\frac{(37)}{(36)} \right)$, shall file with the agency, on forms adopted by the 27 agency and based on the uniform system of financial reporting, 2.8 its actual financial experience for that fiscal year, including expenditures, revenues, and statistical measures. 29 30 Such data may be based on internal financial reports which are certified to be complete and accurate by the provider.

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However, hospitals' actual financial experience shall be their audited actual experience. Every nursing home shall submit to the agency, in a format designated by the agency, a statistical profile of the nursing home residents. The agency, in conjunction with the Department of Elderly Affairs and the Department of Health, shall review these statistical profiles and develop recommendations for the types of residents who might more appropriately be placed in their homes or other noninstitutional settings.

Section 4. Section 408.07, Florida Statutes, is amended to read:

408.07 Definitions.--As used in this chapter, with the exception of ss. 408.031-408.045, the term:

- (1) "Accepted" means that the agency has found that a report or data submitted by a health care facility or a health care provider contains all schedules and data required by the agency and has been prepared in the format specified by the agency, and otherwise conforms to applicable rule or Florida Hospital Uniform Reporting System manual requirements regarding reports in effect at the time such report was submitted, and the data are mathematically reasonable and accurate.
- (2) "Adjusted admission" means the sum of acute and intensive care admissions divided by the ratio of inpatient revenues generated from acute, intensive, ambulatory, and ancillary patient services to gross revenues. If a hospital reports only subacute admissions, then "adjusted admission" means the sum of subacute admissions divided by the ratio of total inpatient revenues to gross revenues.
- (3) "Agency" means the Agency for Health Care Administration.

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- (4) "Alcohol or chemical dependency treatment center" means an organization licensed under chapter 397.
- which employs or contracts with licensed health care professionals to provide diagnosis or treatment services predominantly on a walk-in basis and the organization holds itself out as providing care on a walk-in basis. Such an organization is not an ambulatory care center if it is wholly owned and operated by five or fewer health care providers.
- (6) "Ambulatory surgical center" means a facility licensed as an ambulatory surgical center under chapter 395.
- (7) "Audited actual data" means information contained within financial statements examined by an independent, Florida-licensed, certified public accountant in accordance with generally accepted auditing standards, but does not include data within a financial statement about which the certified public accountant does not express an opinion or issues a disclaimer.
- (8) "Birth center" means an organization licensed under s. 383.305.
- (9) "Cardiac catheterization laboratory" means a freestanding facility that employs or contracts with licensed health care professionals to provide diagnostic or therapeutic services for cardiac conditions such as cardiac catheterization or balloon angioplasty.
- (10) "Case mix" means a calculated index for each health care facility or health care provider, based on patient data, reflecting the relative costliness of the mix of cases to that facility or provider compared to a state or national mix of cases.

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- (11) "Clinical laboratory" means a facility 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 subdivision of the state; any blood or tissue bank where the majority of revenues are received from the sale of blood or tissue and where blood, plasma, or tissue is procured from volunteer donors and donated, processed, stored, or distributed on a nonprofit basis; and any clinical laboratory which is wholly owned and operated by 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 that same group practice.
- "rehabilitative hospital" means a hospital licensed by the agency as a specialty hospital as defined in s. 395.002; provided that the hospital provides a program of comprehensive medical rehabilitative services and is designed, equipped, organized, and operated solely to deliver comprehensive medical rehabilitative services, and further provided that all licensed beds in the hospital are classified as "comprehensive rehabilitative beds" pursuant to s. 395.003(4), and are not classified as "general beds."
- (13) "Consumer" means any person other than a person who administers health activities, is a member of the governing body of a health care facility, provides health services, has a fiduciary interest in a health facility or other health agency or its affiliated entities, or has a material financial interest in the rendering of health services.

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(14) "Continuing care facility" means a facility licensed under chapter 651.

(15) "Critical access hospital" means a hospital that meets the definition of the term "critical access hospital" in 42 U.S.C. s. 1395i-4(e) under the Social Security Act and is certified by the Secretary of the United States Department of Health and Human Services as a critical access hospital.

(16)(15) "Cross-subsidization" means that the revenues from one type of hospital service are sufficiently higher than the costs of providing such service as to offset some of the costs of providing another type of service in the hospital. Cross-subsidization results from the lack of a direct relationship between charges and the costs of providing a particular hospital service or type of service.

(17)(16) "Deductions from gross revenue" or "deductions from revenue" means reductions from gross revenue resulting from inability to collect payment of charges. For hospitals, such reductions include contractual adjustments; uncompensated care; administrative, courtesy, and policy discounts and adjustments; and other such revenue deductions, but also includes the offset of restricted donations and grants for indigent care.

(18)(17) "Diagnostic-imaging center" means a freestanding outpatient facility that provides specialized services for the diagnosis of a disease by examination and also provides radiological services. Such a facility is not a diagnostic-imaging center if it is wholly owned and operated by physicians who are licensed pursuant to chapter 458 or chapter 459 and who practice in the same group practice and no diagnostic-imaging work is performed at such facility for

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patients referred by any health care provider who is not a member of that same group practice.

(19)(18) "FHURS" means the Florida Hospital Uniform Reporting System developed by the agency.

(20)(19) "Freestanding" means that a health facility bills and receives revenue which is not directly subject to the hospital assessment for the Public Medical Assistance Trust Fund as described in s. 395.701.

(21)(20) "Freestanding radiation therapy center" means a facility where treatment is provided through the use of radiation therapy machines that are registered under s. 404.22 and the provisions of the Florida Administrative Code implementing s. 404.22. Such a facility is not a freestanding radiation therapy center if it is wholly owned and operated by physicians licensed pursuant to chapter 458 or chapter 459 who practice within the specialty of diagnostic or therapeutic radiology.

 $\underline{(22)(21)}$ "GRAA" means gross revenue per adjusted admission.

(23)(22) "Gross revenue" means the sum of daily hospital service charges, ambulatory service charges, ancillary service charges, and other operating revenue. Gross revenues do not include contributions, donations, legacies, or bequests made to a hospital without restriction by the donors.

(24)(23) "Health care facility" means an ambulatory surgical center, a hospice, a nursing home, a hospital, a diagnostic-imaging center, a freestanding or hospital-based therapy center, a clinical laboratory, a home health agency, a cardiac catheterization laboratory, a medical equipment supplier, an alcohol or chemical dependency treatment center, a physical rehabilitation center, a lithotripsy center, an

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ambulatory care center, a birth center, or a nursing home component licensed under chapter 400 within a continuing care facility licensed under chapter 651.

(25)(24) "Health care provider" means a health care professional licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 463, chapter 464, chapter 465, chapter 466, part I, part III, part IV, part V, or part X of chapter 468, chapter 483, chapter 484, chapter 486, chapter 490, or chapter 491.

(26)(25) "Health care purchaser" means an employer in the state, other than a health care facility, health insurer, or health care provider, who provides health care coverage for her or his employees.

(27)(26) "Health insurer" means any insurance company authorized to transact health insurance in the state, any insurance company authorized to transact health insurance or casualty insurance in the state that is offering a minimum premium plan or stop-loss coverage for any person or entity providing health care benefits, any self-insurance plan as defined in s. 624.031, any health maintenance organization authorized to transact business in the state pursuant to part I of chapter 641, any prepaid health clinic authorized to transact business in the state pursuant to part II of chapter 641, any multiple-employer welfare arrangement authorized to transact business in the state pursuant to ss. 624.436-624.45, or any fraternal benefit society providing health benefits to its members as authorized pursuant to chapter 632.

(28)(27) "Home health agency" means an organization licensed under part IV of chapter 400.

(29)(28) "Hospice" means an organization licensed under part VI of chapter 400.

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(30)(29) "Hospital" means a health care institution licensed by the Agency for Health Care Administration as a hospital under chapter 395.

(31)(30) "Lithotripsy center" means a freestanding facility that employs or contracts with licensed health care professionals to provide diagnosis or treatment services using electro-hydraulic shock waves.

(32)(31) "Local health council" means the agency defined in s. 408.033.

(33)(32) "Market basket index" means the Florida hospital input price index (FHIPI), which is a statewide market basket index used to measure inflation in hospital input prices weighted for the Florida-specific experience which uses multistate regional and state-specific price measures, when available. The index shall be constructed in the same manner as the index employed by the Secretary of the United States Department of Health and Human Services for determining the inflation in hospital input prices for purposes of Medicare reimbursement.

(34)(33) "Medical equipment supplier" means an organization that provides medical equipment and supplies used by health care providers and health care facilities in the diagnosis or treatment of disease.

(35)(34) "Net revenue" means gross revenue minus deductions from revenue.

(36)(35) "New hospital" means a hospital in its initial year of operation as a licensed hospital and does not include any facility which has been in existence as a licensed hospital, regardless of changes in ownership, for over 1 calendar year.

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(37)(36) "Nursing home" means a facility licensed under s. 400.062 or, for resident level and financial data collection purposes only, any institution licensed under chapter 395 and which has a Medicare or Medicaid certified distinct part used for skilled nursing home care, but does not include a facility licensed under chapter 651.

(38)(37) "Operating expenses" means total expenses excluding income taxes.

(39)(38) "Other operating revenue" means all revenue generated from hospital operations other than revenue directly associated with patient care.

(40)(39) "Physical rehabilitation center" means an organization that employs or contracts with health care professionals licensed under part I or part III of chapter 468 or chapter 486 to provide speech, occupational, or physical therapy services on an outpatient or ambulatory basis.

(41)(40) "Prospective payment arrangement" means a financial agreement negotiated between a hospital and an insurer, health maintenance organization, preferred provider organization, or other third-party payor which contains, at a minimum, the elements provided for in s. 408.50.

(42)(41) "Rate of return" means the financial indicators used to determine or demonstrate reasonableness of the financial requirements of a hospital. Such indicators shall include, but not be limited to: return on assets, return on equity, total margin, and debt service coverage.

(43)(42) "Rural hospital" means an acute care hospital licensed under chapter 395, having 100 or fewer licensed beds and an emergency room, and which is:

- (a) The sole provider within a county with a population density of no greater than 100 persons per square mile;
- (b) An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from another acute care hospital within the same county;
- (c) A hospital supported by a tax district or subdistrict whose boundaries encompass a population of 100 persons or fewer per square mile;
- (d) A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this paragraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the State Center for Health Statistics at the Agency for Health Care Administration; or
- (e) A hospital designated as A critical access hospital by the Department of Health in accordance with federal regulations and state requirements.

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Population densities used in this subsection must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2012, if the hospital continues to have 100 or fewer licensed beds and an emergency room, or meets the criteria of s. 395.602(2)(e)4. An acute care hospital that has

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meets the criteria of this subsection shall be granted such designation upon application, including supporting 3 documentation, to the Agency for Health Care Administration. 4 (44)(43) "Special study" means a nonrecurring 5 data-gathering and analysis effort designed to aid the agency 7 in meeting its responsibilities pursuant to this chapter. 8 (45)(44) "Teaching hospital" means any Florida hospital officially affiliated with an accredited Florida 9 medical school which exhibits activity in the area of graduate 10 medical education as reflected by at least seven different 11 12 graduate medical education programs accredited by the 13 Accreditation Council for Graduate Medical Education or the Council on Postdoctoral Training of the American Osteopathic 14 Association and the presence of 100 or more full-time 15 equivalent resident physicians. The Director of the Agency for 16 Health Care Administration shall be responsible for 18 determining which hospitals meet this definition. Section 5. Subsection (1) of section 458.345, Florida 19 Statutes, is amended to read: 20 21 458.345 Registration of resident physicians, interns, 22 and fellows; list of hospital employees; prescribing of 23 medicinal drugs; penalty. --

not previously been designated as a rural hospital and that

fellowship training in a teaching hospital in this state as

defined in <u>s. 408.07(45)</u> s. 408.07(44) or s. 395.805(2), who

subspecialty board certification in this state, or any person

(1) Any person desiring to practice as a resident

physician, assistant resident physician, house physician,

intern, or fellow in fellowship training which leads to

desiring to practice as a resident physician, assistant resident physician, house physician, intern, or fellow in

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does not hold a valid, active license issued under this 2 chapter shall apply to the department to be registered and shall remit a fee not to exceed \$300 as set by the board. The 3 department shall register any applicant the board certifies 4 has met the following requirements: 5

- (a) Is at least 21 years of age.
- (b) Has not committed any act or offense within or without the state which would constitute the basis for refusal to certify an application for licensure pursuant to s. 458.331.
- (c) Is a graduate of a medical school or college as 11 12 specified in s. 458.311(1)(f).
 - Section 6. Subsection (1) of section 459.021, Florida Statutes, is amended to read:
 - 459.021 Registration of resident physicians, interns, and fellows; list of hospital employees; penalty. --
- (1) Any person who holds a degree of Doctor of Osteopathic Medicine from a college of osteopathic medicine 18 recognized and approved by the American Osteopathic 19 Association who desires to practice as a resident physician, 20 21 assistant resident physician, house physician, intern, or 22 fellow in fellowship training which leads to subspecialty 23 board certification in this state, or any person desiring to practice as a resident physician, assistant resident 2.4 physician, house physician, intern, or fellow in fellowship 25 training in a teaching hospital in this state as defined in s. 26 408.07(45) s. 408.07(44) or s. 395.805(2), who does not hold 2.8 an active license issued under this chapter shall apply to the department to be registered, on an application provided by the 29

department, within 30 days of commencing such a training

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program and shall remit a fee not to exceed $300 as set by the
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    board.
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              Section 7. This act shall take effect upon becoming a
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                                   SENATE SUMMARY
       Redefines the term "hospital" to exclude designated critical access hospitals from certain requirements. Defines the term "critical access hospital."
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