Bill No. CS/SB 484

	Amendment No. (for drafter's use only)
	CHAMBER ACTION
	<u>Senate</u> <u>House</u>
	· ·
1	Representative(s) Grimsley offered the following:
2	
3	Amendment (with title amendment)
4	Remove everything after the enacting clause and insert:
5	Section 1. Subsection (2) of section 400.461, Florida
6	Statutes, is amended to read:
7	400.461 Short title; purpose
8	(2) The purpose of this part is to provide for the
9	licensure of every home health agency <u>and nurse registry</u> and to
10	provide for the development, establishment, and enforcement of
11	basic standards that will ensure the safe and adequate care of
12	persons receiving health services in their own homes.
13	Section 2. Section 400.462, Florida Statutes, is amended
14	to read:
15	400.462 DefinitionsAs used in this part, the term:
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16 (1) "Administrator" means a direct employee, as defined in 17 subsection (9) of the home health agency or a related organization, or of a management company that has a contract to 18 manage the home health agency, to whom the governing body has 19 20 delegated the responsibility for day-to-day administration of 21 the home health agency. The administrator must be a licensed 22 physician, physician assistant, or registered nurse licensed to practice in this state or an individual having at least 1 year 23 24 of supervisory or administrative experience in home health care or in a facility licensed under chapter 395 or under part II or 25 26 part III of this chapter. An administrator may manage a maximum 27 of five licensed home health agencies located within one agency 28 service district or within an immediately contiguous county. If 29 the home health agency is licensed under this chapter and is 30 part of a retirement community that provides multiple levels of 31 care, an employee of the retirement community may administer the home health agency and up to a maximum of four entities licensed 32 33 under this chapter that are owned, operated, or managed by the 34 same corporate entity. An administrator shall designate, in 35 writing, for each licensed entity, a qualified alternate 36 administrator to serve during absences.

37 (2) "Admission" means a decision by the home health 38 agency, during or after an evaluation visit to the patient's 39 home, that there is reasonable expectation that the patient's 40 medical, nursing, and social needs for skilled care can be 41 adequately met by the agency in the patient's place of 42 residence. Admission includes completion of an agreement with

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43 <u>the patient or the patient's legal representative to provide</u>
44 <u>home health services as required in s. 400.487(1).</u>

45 <u>(3) "Advanced registered nurse practitioner" means a</u> 46 person licensed in this state to practice professional nursing 47 <u>and certified in advanced or specialized nursing practice, as</u> 48 defined in s. 464.003.

49 <u>(4)(2)</u> "Agency" means the Agency for Health Care 50 Administration.

51 (5)(3) "Certified nursing assistant" means any person who 52 has been issued a certificate under part II of chapter 464. The 53 licensed home health agency or licensed nurse registry shall 54 ensure that the certified nursing assistant employed by or under 55 contract with the home health agency or licensed nurse registry 56 is adequately trained to perform the tasks of a home health aide 57 in the home setting.

58 <u>(6)</u>(4) "Client" means an elderly, handicapped, or 59 convalescent individual who receives personal care services, 60 companion services, or homemaker services in the individual's 61 home or place of residence.

62 <u>(7)(5)</u> "Companion" or "sitter" means a person who <u>spends</u>
63 <u>time with or</u> cares for an elderly, handicapped, or convalescent
64 individual and accompanies such individual on trips and outings
65 and may prepare and serve meals to such individual. A companion
66 may not provide hands-on personal care to a client.

67 (8)(6) "Department" means the Department of Children and
68 Family Services.

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69 (9) "Direct employee" means an employee for whom one of 70 the following entities pays withholding taxes: a home health 71 agency; a management company that has a contract to manage the 72 home health agency on a day-to-day basis; or an employee leasing 73 company that has a contract with the home health agency to 74 handle the payroll and payroll taxes for the home health agency.

75 (10)(7) "Director of nursing" means a registered nurse who 76 is a and direct employee, as defined in subsection (9), of the agency and or related business entity who is a graduate of an 77 approved school of nursing and is licensed in this state; who 78 79 has at least 1 year of supervisory experience as a registered 80 nurse in a licensed home health agency, a facility licensed under chapter 395, or a facility licensed under part II or part 81 III of this chapter; and who is responsible for overseeing the 82 professional nursing and home health aid delivery of services of 83 84 the agency. A director of nursing An employee may be the director of nursing of a maximum of five licensed home health 85 86 agencies operated by a related business entity and located within one agency service district or within an immediately 87 88 contiguous county. If the home health agency is licensed under 89 this chapter and is part of a retirement community that provides 90 multiple levels of care, an employee of the retirement community 91 may serve as the director of nursing of the home health agency and of up to four entities licensed under this chapter which are 92 93 owned, operated, or managed by the same corporate entity. A director of nursing shall designate, in writing, for each 94

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95 licensed entity, a qualified alternate registered nurse to serve 96 during the absence of the director of nursing.

97 (11)(8) "Home health agency" means an organization that
 98 provides home health services and staffing services.

99 <u>(12)(9)</u> "Home health agency personnel" means persons who 100 are employed by or under contract with a home health agency and 101 enter the home or place of residence of patients at any time in 102 the course of their employment or contract.

103 <u>(13)(10)</u> "Home health services" means health and medical 104 services and medical supplies furnished by an organization to an 105 individual in the individual's home or place of residence. The 106 term includes organizations that provide one or more of the 107 following:

108

(a) Nursing care.

109 (b) Physical, occupational, respiratory, or speech110 therapy.

111 (c) Home health aide services.

(d) Dietetics and nutrition practice and nutrition counseling.

(e) Medical supplies, restricted to drugs and biologicals prescribed by a physician.

116 <u>(14)(11)</u> "Home health aide" means a person who is trained 117 <u>or qualified, as provided by rule, and</u> who provides hands-on 118 personal care, performs simple procedures as an extension of 119 therapy or nursing services, assists in ambulation or exercises, 120 or assists in administering medications as permitted in rule and 121 for which the person has received training established by the

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agency under s. 400.497(1). <u>The licensed home health agency or</u> licensed nurse registry shall ensure that the home health aide employed by or under contract with the home health agency or licensed nurse registry is adequately trained to perform the tasks of a home health aide in the home setting.

127 <u>(15)(12)</u> "Homemaker" means a person who performs household 128 chores that include housekeeping, meal planning and preparation, 129 shopping assistance, and routine household activities for an 130 elderly, handicapped, or convalescent individual. A homemaker 131 may not provide hands-on personal care to a client.

132 (16)(13) "Home infusion therapy provider" means an 133 organization that employs, contracts with, or refers a licensed 134 professional who has received advanced training and experience 135 in intravenous infusion therapy and who administers infusion 136 therapy to a patient in the patient's home or place of 137 residence.

138 <u>(17)(14)</u> "Home infusion therapy" means the administration 139 of intravenous pharmacological or nutritional products to a 140 patient in his or her home.

141 (18)(15) "Nurse registry" means any person that procures, 142 offers, promises, or attempts to secure health-care-related 143 contracts for registered nurses, licensed practical nurses, 144 certified nursing assistants, home health aides, companions, or 145 homemakers, who are compensated by fees as independent 146 contractors, including, but not limited to, contracts for the 147 provision of services to patients and contracts to provide 148 private duty or staffing services to health care facilities

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149 licensed under chapter 395 or this chapter or other business 150 entities.

(19) (16) "Organization" means a corporation, government or 151 152 governmental subdivision or agency, partnership or association, 153 or any other legal or commercial entity, any of which involve 154 more than one health care professional discipline; or a health 155 care professional and a home health aide or certified nursing 156 assistant; more than one home health aide; more than one 157 certified nursing assistant; or a home health aide and a 158 certified nursing assistant. The term does not include an entity 159 that provides services using only volunteers or only individuals 160 related by blood or marriage to the patient or client.

161 (20)(17) "Patient" means any person who receives home
 162 health services in his or her home or place of residence.

163 (21)(18) "Personal care" means assistance to a patient in 164 the activities of daily living, such as dressing, bathing, 165 eating, or personal hygiene, and assistance in physical 166 transfer, ambulation, and in administering medications as 167 permitted by rule.

168 (22)(19) "Physician" means a person licensed under chapter 169 458, chapter 459, chapter 460, or chapter 461.

170 (23) "Physician assistant" means a person who is a 171 graduate of an approved program or its equivalent, or meets 172 standards approved by the boards, and is licensed to perform 173 medical services delegated by the supervising physician, as 174 defined in s. 458.347 or s. 459.022.

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175 <u>(24)(20)</u> "Skilled care" means nursing services or 176 therapeutic services <u>required by law to be</u> delivered by a health 177 care professional who is licensed under part I of chapter 464; 178 part I, part III, or part V of chapter 468; or chapter 486 and 179 who is employed by or under contract with a licensed home health 180 agency or is referred by a licensed nurse registry.

181 (25)(21) "Staffing services" means services provided to a 182 health care facility or other business entity on a temporary 183 basis by licensed health care personnel and by, including certified nursing assistants and home heath aides who are 184 185 employed by, or work under the auspices of, a licensed home 186 health agency or who are registered with a licensed nurse registry. Staffing services may be provided anywhere within the 187 188 state.

Section 3. Subsections (1) and (4) of section 400.464,Florida Statutes, are amended to read:

400.464 Home health agencies to be licensed; expiration of
license; exemptions; unlawful acts; penalties.--

(1) Any home health agency must be licensed by the agency to operate in this state. A license issued to a home health agency, unless sooner suspended or revoked, expires <u>2 years</u> 1 year after its date of issuance.

(4)(a) An organization may not provide, offer, or advertise home health services to the public unless the organization has a valid license or is specifically exempted under this part. An organization that offers or advertises to the public any service for which licensure or registration is

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202 required under this part must include in the advertisement the 203 license number or registration regulation number issued to the organization by the agency. The agency shall assess a fine of 204 205 not less than \$100 to any licensee or registrant who fails to 206 include the license or registration number when submitting the advertisement for publication, broadcast, or printing. The fine 207 208 for a second or subsequent offense is \$500. The holder of a 209 license issued under this part may not advertise or indicate to 210 the public that it holds a home health agency or nurse registry license other than the one it has been issued. 211

212 (b) The operation or maintenance of an unlicensed home 213 health agency or the performance of any home health services in violation of this part is declared a nuisance, inimical to the 214 215 public health, welfare, and safety. The agency or any state 216 attorney may, in addition to other remedies provided in this 217 part, bring an action for an injunction to restrain such 218 violation, or to enjoin the future operation or maintenance of 219 the home health agency or the provision of home health services in violation of this part, until compliance with this part or 220 the rules adopted under this part has been demonstrated to the 221 222 satisfaction of the agency.

223 (c)(b) A person who violates paragraph (a) is subject to 224 an injunctive proceeding under s. 400.515. A violation of 225 paragraph (a) is a deceptive and unfair trade practice and 226 constitutes a violation of the Florida Deceptive and Unfair 227 Trade Practices Act under part II of chapter 501.

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(d)(c) A person who violates the provisions of paragraph (a) commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Any person who commits a second or subsequent violation commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. Each day of continuing violation constitutes a separate offense.

(e) Any person who owns, operates, or maintains an
unlicensed home health agency and who, within 10 working days
after receiving notification from the agency, fails to cease
operation and apply for a license under this part commits a
misdemeanor of the second degree, punishable as provided in s.
775.082 or s. 775.083. Each day of continued operation is a
separate offense.

242 (f) Any home health agency that fails to cease operation 243 after agency notification may be fined \$500 for each day of 244 <u>noncompliance.</u>

245 Section 4. Section 400.471, Florida Statutes, is amended 246 to read:

247 400.471 Application for license; fee; provisional license; 248 temporary permit.--

(1) Application for an initial license or for renewal of
an existing license must be made under oath to the agency on
forms furnished by it and must be accompanied by the appropriate
license fee as provided in subsection (10) (8). The agency must
take final action on an initial licensure application within 60
days after receipt of all required documentation.

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Amendment No. (for drafter's use only) 255 (2) The initial applicant must file with the application 256 satisfactory proof that the home health agency is in compliance 257 with this part and applicable rules, including: 258 A listing of services to be provided, either directly (a) 259 by the applicant or through contractual arrangements with existing providers.+ 260 261 (b) The number and discipline of professional staff to be 262 employed. ; and 263 (c) Proof of financial ability to operate. (d) Completion of questions concerning volume data on the 264 renewal application as determined by rule. 265 266 (3) An applicant for initial licensure must demonstrate 267 financial ability to operate by submitting a balance sheet and income and expense statement for the first 2 years of operation 268 which provide evidence of having sufficient assets, credit, and 269 270 projected revenues to cover liabilities and expenses. The applicant shall have demonstrated financial ability to operate 271 272 if the applicant's assets, credit, and projected revenues meet or exceed projected liabilities and expenses. All documents 273 274 required under this subsection must be prepared in accordance 275 with generally accepted accounting principles τ and must be 276 compiled the financial statement must be signed by a certified 277 public accountant. Each applicant for licensure must comply with the 278 (4) 279 following requirements: (a) Upon receipt of a completed, signed, and dated 280

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application, the agency shall require background screening of

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the applicant, in accordance with the level 2 standards for screening set forth in chapter 435. As used in this subsection, the term "applicant" means the administrator, or a similarly titled person who is responsible for the day-to-day operation of the licensed home health agency, and the financial officer, or similarly titled individual who is responsible for the financial operation of the licensed home health agency.

(b) The agency may require background screening for a member of the board of directors of the licensee or an officer or an individual owning 5 percent or more of the licensee if the agency reasonably suspects that such individual has been convicted of an offense prohibited under the level 2 standards for screening set forth in chapter 435.

295 (c) Proof of compliance with the level 2 background 296 screening requirements of chapter 435 which has been submitted 297 within the previous 5 years in compliance with any other health 298 care or assisted living licensure requirements of this state is 299 acceptable in fulfillment of paragraph (a). Proof of compliance with background screening which has been submitted within the 300 301 previous 5 years to fulfill the requirements of the Financial Services Commission and the Office of Insurance Regulation 302 303 pursuant to chapter 651 as part of an application for a 304 certificate of authority to operate a continuing care retirement 305 community is acceptable in fulfillment of the Department of Law 306 Enforcement and Federal Bureau of Investigation background 307 check.

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308 (d) A provisional license may be granted to an applicant 309 when each individual required by this section to undergo background screening has met the standards for the Department of 310 311 Law Enforcement background check, but the agency has not yet 312 received background screening results from the Federal Bureau of 313 Investigation. A standard license may be granted to the licensee 314 upon the agency's receipt of a report of the results of the 315 Federal Bureau of Investigation background screening for each 316 individual required by this section to undergo background screening which confirms that all standards have been met, or 317 318 upon the granting of a disqualification exemption by the agency 319 as set forth in chapter 435. Any other person who is required to 320 undergo level 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the 321 322 Federal Bureau of Investigation. However, the person may not 323 continue to serve if the report indicates any violation of 324 background screening standards and a disqualification exemption 325 has not been requested of and granted by the agency as set forth 326 in chapter 435.

(e) Each applicant must submit to the agency, with its
application, a description and explanation of any exclusions,
permanent suspensions, or terminations of the licensee or
potential licensee from the Medicare or Medicaid programs. Proof
of compliance with the requirements for disclosure of ownership
and control interest under the Medicaid or Medicare programs may
be accepted in lieu of this submission.

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334 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense prohibited under 335 the level 2 standards of chapter 435 by a member of the board of 336 337 directors of the applicant, its officers, or any individual 338 owning 5 percent or more of the applicant. This requirement does 339 not apply to a director of a not-for-profit corporation or 340 organization if the director serves solely in a voluntary 341 capacity for the corporation or organization, does not regularly 342 take part in the day-to-day operational decisions of the corporation or organization, receives no remuneration for his or 343 344 her services on the corporation or organization's board of 345 directors, and has no financial interest and has no family 346 members with a financial interest in the corporation or organization, provided that the director and the not-for-profit 347 348 corporation or organization include in the application a 349 statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. 350

(g) A license may not be granted to an applicant if the applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435.

358 (h) The agency may deny or revoke licensure if the 359 applicant÷

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360 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has 361 omitted any material fact from the application required by 362 363 paragraph (e) or paragraph (f); or 364 2. has been or is currently excluded, suspended, 365 terminated from, or has involuntarily withdrawn from 366 participation in this state's Medicaid program, or the Medicaid 367 program of any other state, or from participation in the 368 Medicare program or any other governmental or private health care or health insurance program. 369 370 (i) An application for license renewal must contain the 371 information required under paragraphs (e) and (f). (5) The agency may deny or revoke licensure if the 372 applicant has falsely represented a material fact, or has 373 374 omitted any material fact, from the application required by this 375 section. (6) (5) The home health agency must also obtain and 376 maintain the following insurance coverage coverages in an amount 377 of not less than \$250,000 per claim, and the home health agency 378 must submit proof of coverage with an initial application for 379 licensure and with each annual application for license renewal: 380 381 Malpractice insurance as defined in s. 624.605(1)(k). (a) 382 (b) Liability insurance as defined in s. 624.605(1)(b). (7) (6) Sixty Ninety days before the expiration date, an 383 384 application for renewal must be submitted to the agency under oath on forms furnished by it, and a license must be renewed if 385 386 the applicant has met the requirements established under this 141867 5/2/2005 8:21:30 AM

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387 part and applicable rules. The home health agency must file with the application satisfactory proof that it is in compliance with 388 this part and applicable rules. If there is evidence of 389 390 financial instability, the home health agency must submit 391 satisfactory proof of its financial ability to comply with the 392 requirements of this part. The agency shall impose an 393 administrative fine of \$50 per day for each day the home health 394 agency fails to file an application within the timeframe 395 specified in this subsection. Each day of continuing violation 396 is a separate violation; however, the aggregate of such fines may not exceed \$500. 397

398 (8) (7) When transferring the ownership of a home health 399 agency, the transferee must submit an application for a license at least 60 days before the effective date of the transfer. If 400 the application is filed late, an administrative fine shall be 401 402 imposed in the amount of \$50 per day. Each day of continuing 403 violation is a separate violation; however, the aggregate of 404 such fines may not exceed \$500. If the home health agency is 405 being leased, a copy of the lease agreement must be filed with 406 the application.

407 (9) The agency shall accept, in lieu of its own periodic 408 licensure survey, submission of the survey of an accrediting 409 organization that is recognized by the agency if the 410 accreditation of the licensed home health agency is not 411 provisional and if the licensed home health agency authorizes 412 release of, and the agency receives the report of, the 413 accrediting organization.

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414 (10)(8) The license fee and annual renewal fee required of 415 a home health agency are nonrefundable. The agency shall set the license fees in an amount that is sufficient to cover its costs 416 417 in carrying out its responsibilities under this part, but not to 418 exceed \$2,000 \$1,000. However, state, county, or municipal 419 governments applying for licenses under this part are exempt 420 from the payment of license fees. All fees collected under this 421 part must be deposited in the Health Care Trust Fund for the 422 administration of this part.

423 (11)(9) The license must be displayed in a conspicuous 424 place in the administrative office of the home health agency and 425 is valid only while in the possession of the person to which it 426 is issued. The license may not be sold, assigned, or otherwise 427 transferred, voluntarily or involuntarily, and is valid only for 428 the home health agency and location for which originally issued.

429 (12)(10) A home health agency against whom a revocation or 430 suspension proceeding is pending at the time of license renewal 431 may be issued a provisional license effective until final 432 disposition by the agency of such proceedings. If judicial 433 relief is sought from the final disposition, the court that has 434 jurisdiction may issue a temporary permit for the duration of 435 the judicial proceeding.

436 (13)(11) The agency may not issue a license designated as
437 certified to a home health agency that fails to satisfy the
438 requirements of a Medicare certification survey from the agency.

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439 <u>(14)</u> (12) The agency may not issue a license to a home 440 health agency that has any unpaid fines assessed under this 441 part.

442 Section 5. Section 400.487, Florida Statutes, is amended 443 to read:

444 400.487 Home health service agreements; physician's,
445 physician assistant's, and advanced registered nurse
446 practitioner's treatment orders; patient assessment;
447 establishment and review of plan of care; provision of services;
448 orders not to resuscitate.--

449 (1) Services provided by a home health agency must be 450 covered by an agreement between the home health agency and the 451 patient or the patient's legal representative specifying the home health services to be provided, the rates or charges for 452 453 services paid with private funds, and the sources method of 454 payment, which may include Medicare, Medicaid, private insurance, personal funds, or a combination thereof. A home 455 456 health agency providing skilled care must make an assessment of the patient's needs within 48 hours after the start of services. 457

458 (2) When required by the provisions of chapter 464; part I, part III, or part V of chapter 468; or chapter 486, the 459 460 attending physician, physician assistant, or advanced registered 461 nurse practitioner, acting within his or her respective scope of practice, shall for a patient who is to receive skilled care 462 463 must establish treatment orders for a patient who is to receive skilled care. The treatment orders must be signed by the 464 physician, physician assistant, or advanced registered nurse 465

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(5) When nursing services are ordered, the home health agency to which a patient has been admitted for care must provide the initial admission visit, all service evaluation visits, and the discharge visit by <u>a direct employee</u> qualified personnel who are on the payroll of, and to whom an IRS payroll form W-2 will be issued by, the home health agency. Services provided by others under contractual arrangements to a home

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agency.

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493 health agency must be monitored and managed by the admitting 494 home health agency. The admitting home health agency is fully 495 responsible for ensuring that all care provided through its 496 employees or contract staff is delivered in accordance with this 497 part and applicable rules.

498 (6) The skilled care services provided by a home health
499 agency, directly or under contract, must be supervised and
500 coordinated in accordance with the plan of care.

501 (7) Home health agency personnel may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to 502 503 resuscitate executed pursuant to s. 401.45. The agency shall 504 adopt rules providing for the implementation of such orders. 505 Home health personnel and agencies shall not be subject to 506 criminal prosecution or civil liability, nor be considered to 507 have engaged in negligent or unprofessional conduct, for 508 withholding or withdrawing cardiopulmonary resuscitation 509 pursuant to such an order and rules adopted by the agency.

510 Section 6. Subsection (1) of section 400.491, Florida 511 Statutes, is amended to read:

512

400.491 Clinical records.--

(1) The home health agency must maintain for each patient who receives skilled care a clinical record that includes pertinent past and current medical, nursing, social and other therapeutic information, the treatment orders, and other such information as is necessary for the safe and adequate care of the patient. When home health services are terminated, the record must show the date and reason for termination. Such

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520 records are considered patient records under <u>s. 400.494</u> s.
521 456.057, and must be maintained by the home health agency for <u>6</u>
522 5 years following termination of services. If a patient
523 transfers to another home health agency, a copy of his or her
524 record must be provided to the other home health agency upon
525 request.

526 Section 7. Section 400.494, Florida Statutes, is amended 527 to read:

528

400.494 Information about patients confidential.--

(1) Information about patients received by persons 529 530 employed by, or providing services to, a home health agency or 531 received by the licensing agency through reports or inspection 532 shall be confidential and exempt from the provisions of s. 119.07(1) and shall only not be disclosed to any person, other 533 534 than the patient, as permitted under the provisions of 45 C.F.R. 535 ss. 160.102, 160.103, and 164, subpart A, commonly referred to 536 as the HIPAA Privacy Regulation; except that clinical records 537 described in ss. 381.004, 384.29, 385.202, 392.65, 394.4615, 395.404, 397.501, and 760.40 shall be disclosed as authorized in 538 539 those sections without the written consent of that patient or 540 the patient's guardian.

541 (2) This section does not apply to information lawfully
542 requested by the Medicaid Fraud Control Unit of the Department
543 of Legal Affairs.

544 Section 8. Subsections (3), (5), (7), (8), (10), (13), 545 (14), and (17) of section 400.506, Florida Statutes, are amended 546 to read:

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547 400.506 Licensure of nurse registries; requirements; 548 penalties.--

(3) Application for license must be made to the Agency for Health Care Administration on forms furnished by it and must be accompanied by the appropriate licensure fee, as established by rule and not to exceed the cost of regulation under this part. The licensure fee for nurse registries may not exceed \$2,000 \$1,000 and must be deposited in the Health Care Trust Fund.

555 A license issued for the operation of a nurse (5) registry, unless sooner suspended or revoked, expires 2 years 1 556 557 year after its date of issuance. Sixty days before the 558 expiration date, an application for renewal must be submitted to 559 the Agency for Health Care Administration on forms furnished by 560 it. The Agency for Health Care Administration shall renew the 561 license if the applicant has met the requirements of this 562 section and applicable rules. A nurse registry against which a 563 revocation or suspension proceeding is pending at the time of 564 license renewal may be issued a conditional license effective until final disposition by the Agency for Health Care 565 Administration of such proceedings. If judicial relief is sought 566 from the final disposition, the court having jurisdiction may 567 568 issue a conditional license for the duration of the judicial 569 proceeding.

570 (7) A person that <u>provides</u>, offers, or advertises to the 571 public that it provides any service for which licensure is 572 required under this section must include in such advertisement 573 the license number issued to it by the Agency for Health Care

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Administration. <u>The agency shall assess a fine of not less than</u> <u>\$100 against any licensee who fails to include the license</u> <u>number when submitting the advertisement for publication,</u> <u>broadcast, or printing. The fine for a second or subsequent</u> offense is \$500.

(8)(a) It is unlawful for a person to provide, offer, or 579 580 advertise to the public services as defined by rule without 581 obtaining a valid license from the Agency for Health Care 582 Administration. It is unlawful for any holder of a license to advertise or hold out to the public that he or she holds a 583 584 license for other than that for which he or she actually holds a 585 license. A person who violates this subsection is subject to injunctive proceedings under s. 400.515. 586

587 (b) A person who violates the provisions of paragraph (a) 588 commits a misdemeanor of the second degree, punishable as 589 provided in s. 775.082 or s. 775.083. Each day of continuing 590 violation is a separate offense.

(c) Any person who owns, operates, or maintains an 591 unlicensed nurse registry and who, within 10 working days after 592 receiving notification from the agency, fails to cease operation 593 594 and apply for a license under this part commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 595 596 775.083. Each day of continued operation is a separate offense. 597 (d) If a nurse registry fails to cease operation after 598 agency notification, the agency may impose a fine of \$500 for 599 each day of noncompliance.

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600 (10)(a) A nurse registry may refer for contract in private 601 residences registered nurses and licensed practical nurses registered and licensed under part I of chapter 464, certified 602 603 nursing assistants certified under part II of chapter 464, home 604 health aides who present documented proof of successful 605 completion of the training required by rule of the agency, and 606 companions or homemakers for the purposes of providing those 607 services authorized under s. 400.509(1). Each person referred by 608 a nurse registry must provide current documentation that he or she is free from communicable diseases. 609

610 (b) A certified nursing assistant or home health aide may 611 be referred for a contract to provide care to a patient in his 612 or her home only if that patient is under a physician's care. A certified nursing assistant or home health aide referred for 613 614 contract in a private residence shall be limited to assisting a 615 patient with bathing, dressing, toileting, grooming, eating, 616 physical transfer, and those normal daily routines the patient 617 could perform for himself or herself were he or she physically 618 capable. A certified nursing assistant or home health aide may 619 not provide medical or other health care services that require 620 specialized training and that may be performed only by licensed 621 health care professionals. The nurse registry shall obtain the 622 name and address of the attending physician and send written 623 notification to the physician within 48 hours after a contract 624 is concluded that a certified nursing assistant or home health 625 aide will be providing care for that patient.

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626 (C) When a certified nursing assistant or home health aide 627 is referred to a patient's home by a nurse registry, the nurse registry shall advise the patient, the patient's family, or any 628 629 other person acting on behalf of the patient at the time the 630 contract for services is made that registered nurses are available to make visits to the patient's home for an additional 631 632 cost. A registered nurse shall make monthly visits to the 633 patient's home to assess the patient's condition and quality of 634 care being provided by the certified nursing assistant or home health aide. Any condition which, in the professional judgment 635 636 of the nurse, requires further medical attention shall be 637 reported to the attending physician and the nurse registry. A 638 record of the nurse's visit The assessment shall become a part 639 of the patient's file with the nurse registry and may be 640 reviewed by the agency during their survey procedure.

(13) Each nurse registry must comply with the procedures
set forth in s. 400.512 for maintaining records of the work
employment history of all persons referred for contract and is
subject to the standards and conditions set forth in that
section. However, an initial screening may not be required for
persons who have been continuously registered with the nurse
registry since October 1, 2000 September 30, 1990.

648 (14) The nurse registry must maintain the application on 649 file, and that file must be open to the inspection of the Agency 650 for Health Care Administration. The nurse registry must maintain 651 on file the name and address of the <u>patient or</u> client to whom 652 the nurse or other nurse registry personnel are referred is sent

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653 for contract and the amount of the fee received by the nurse 654 registry. A nurse registry must maintain the file that includes 655 the application and other applicable documentation for 3 years 656 after the date of the last file entry of <u>patient-related or</u> 657 client-related information.

658 (17) All persons referred for contract in private
659 residences by a nurse registry must comply with the following
660 requirements for a plan of treatment:

661 When, in accordance with the privileges and (a) 662 restrictions imposed upon a nurse under part I of chapter 464, 663 the delivery of care to a patient is under the direction or 664 supervision of a physician or when a physician is responsible 665 for the medical care of the patient, a medical plan of treatment must be established for each patient receiving care or treatment 666 667 provided by a licensed nurse in the home. The original medical 668 plan of treatment must be timely signed by the physician, physician assistant, or advanced registered nurse practitioner, 669 670 acting within his or her respective scope of practice, and reviewed by him or her in consultation with the licensed nurse 671 672 at least every 2 months. Any additional order or change in orders must be obtained from the physician, physician assistant, 673 674 or advanced registered nurse practitioner and reduced to writing 675 and timely signed by the physician, physician assistant, or 676 advanced registered nurse practitioner. The delivery of care 677 under a medical plan of treatment must be substantiated by the 678 appropriate nursing notes or documentation made by the nurse in

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679 compliance with nursing practices established under part I of680 chapter 464.

(b) Whenever a medical plan of treatment is established
for a patient, the initial medical plan of treatment, any
amendment to the plan, additional order or change in orders, and
copy of nursing notes must be filed in the office of the nurse
registry.

686 Section 9. Subsection (2) of section 400.512, Florida687 Statutes, is amended to read:

688 400.512 Screening of home health agency personnel; nurse 689 registry personnel; and companions and homemakers. -- The agency 690 shall require employment or contractor screening as provided in 691 chapter 435, using the level 1 standards for screening set forth 692 in that chapter, for home health agency personnel; persons 693 referred for employment by nurse registries; and persons 694 employed by companion or homemaker services registered under s. 695 400.509.

696 (2) The administrator of each home health agency, the 697 managing employee of each nurse registry, and the managing 698 employee of each companion or homemaker service registered under 699 s. 400.509 must sign an affidavit annually, under penalty of 700 perjury, stating that all personnel hired or τ contracted with τ 701 or registered on or after October 1, 2000 October 1, 1994, who 702 enter the home of a patient or client in their service capacity 703 have been screened and that its remaining personnel have worked 704 for the home health agency or registrant continuously since 705 before October 1, 1994.

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706 Section 10. Section 400.515, Florida Statutes, is amended 707 to read:

708 400.515 Injunction proceedings. -- In addition to the other 709 powers provided under this chapter, the agency may institute 710 injunction proceedings in a court of competent jurisdiction to 711 restrain or prevent the establishment or operation of a home 712 health agency or nurse registry that does not have a license or 713 that is in violation of any provision of this part or any rule 714 adopted pursuant to this part. The agency for Health Care Administration may also institute injunction proceedings in a 715 716 court of competent jurisdiction when violation of this part or 717 of applicable rules constitutes an emergency affecting the 718 immediate health and safety of a patient or client.

Section 11. This act shall take effect July 1, 2005.

A bill to be entitled

725 An act relating to health care; amending s. 400.461, F.S.; revising the purpose of part IV of ch. 400, F.S., to 726 727 include the licensure of nurse registries; amending s. 728 400.462, F.S.; revising definitions; defining the terms 729 "admission," "advanced registered nurse practitioner," 730 "direct employee," and "physician assistant" for purposes 731 of part IV of ch. 400, F.S.; amending s. 400.464, F.S., 732 relating to licensure of home health agencies; revising

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733 the licensure period; revising and providing additional 734 administrative, civil, and criminal penalties, sanctions, and fines; amending s. 400.471, F.S.; revising 735 736 requirements for license application by a home health 737 agency; authorizing the Agency for Health Care Administration to revoke a license under certain 738 739 circumstances; authorizing administrative fines; amending 740 s. 400.487, F.S.; revising requirements for home health 741 agency service agreements and treatment orders; amending 742 s. 400.491, F.S., relating to clinical records; changing 743 the timeframe for a home health agency to retain patient 744 records; changing a reference; amending s. 400.494, F.S.; 745 providing for the continued confidentiality of patient information in compliance with federal law; providing for 746 747 disclosure in accordance with certain specified state 748 laws; deleting a requirement for written consent of the 749 patient or the patient's quardian for disclosure of 750 confidential patient information; deleting an exemption provided for the Medicaid Fraud Control Unit of the 751 Department of Legal Affairs; amending s. 400.506, F.S.; 752 753 revising requirements governing nurse registries; 754 increasing license fee; increasing the period of 755 licensure; authorizing administrative penalties; revising 756 criminal penalties and sanctions; revising certain 757 requirements pertaining to health care professionals that 758 provide services on behalf of a nurse registry; amending 759 s. 400.512, F.S., relating to employment screening;

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760	revising the date on which an annual affidavit must be
761	signed which verifies that certain personnel of a home
762	health agency, a nurse registry, or homemaker service have
763	been screened; amending s. 400.515, F.S.; providing
764	additional circumstances under which the agency may
765	petition for an injunction; providing an effective date.

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