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CHAMBER ACTION

1 The Health & Families Council recommends the following:

2
3 **Council/Committee Substitute**

4 Remove the entire bill and insert:

5 A bill to be entitled

6 An act relating to the licensure of health care providers;
7 creating pts. I, II, III, and IV of ch. 408, F.S.;
8 creating s. 408.801, F.S.; providing a short title;
9 providing legislative findings and purpose; creating s.
10 408.802, F.S.; providing applicability; creating s.
11 408.803, F.S.; providing definitions; creating s. 408.804,
12 F.S.; requiring providers to have and display a license;
13 providing limitations; creating s. 408.805, F.S.;
14 establishing license fees and conditions for assessment
15 thereof; providing a method for calculating annual
16 adjustment of fees; providing for inspection fees;
17 providing that fees are nonrefundable; creating s.
18 408.806, F.S.; providing a license application process;
19 requiring specified information to be included on the
20 application; requiring payment of late fees under certain
21 circumstances; requiring inspections; providing an
22 exception; authorizing the Agency for Health Care
23 Administration to establish procedures and rules for

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24 | electronic transmission of required information; creating
25 | s. 408.807, F.S.; providing procedures for change of
26 | ownership; requiring the transferor to notify the agency
27 | in writing within a specified time period; providing for
28 | duties and liability of the transferor; providing for
29 | maintenance of certain records; creating s. 408.808, F.S.;
30 | providing license categories and requirements therefor;
31 | creating s. 408.809, F.S.; requiring background screening
32 | of specified employees; providing for submission of proof
33 | of compliance, under certain circumstances; providing
34 | conditions for granting provisional and standard licenses;
35 | providing an exception to screening requirements; creating
36 | s. 408.810, F.S.; providing minimum licensure
37 | requirements; providing procedures for discontinuance of
38 | operation and surrender of license; requiring forwarding
39 | of client records; requiring publication of a notice of
40 | discontinuance of operation of a provider; providing for
41 | statewide toll-free telephone numbers for reporting
42 | complaints and abusive, neglectful, and exploitative
43 | practices; requiring proof of legal right to occupy
44 | property, proof of insurance, and proof of financial
45 | viability, under certain circumstances; requiring
46 | disclosure of information relating to financial
47 | instability; providing a penalty; prohibiting the agency
48 | from licensing a health care provider that does not have a
49 | certificate of need or an exemption; creating s. 408.811,
50 | F.S.; providing for inspections and investigations to
51 | determine compliance; providing that inspection reports

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52 are public records; requiring retention of records for a
53 specified period of time; creating s. 408.812, F.S.;
54 prohibiting certain unlicensed activity by a provider;
55 requiring unlicensed providers to cease activity;
56 providing penalties; requiring reporting of unlicensed
57 providers; creating s. 408.813, F.S.; authorizing the
58 agency to impose administrative fines; creating s.
59 408.814, F.S.; providing conditions for the agency to
60 impose a moratorium or emergency suspension on a provider;
61 requiring notice; creating s. 408.815, F.S.; providing
62 grounds for denial or revocation of a license or change-
63 of-ownership application; providing conditions to continue
64 operation; exempting renewal applications from provisions
65 requiring the agency to approve or deny an application
66 within a specified period of time, under certain
67 circumstances; creating s. 408.816, F.S.; authorizing the
68 agency to institute injunction proceedings, under certain
69 circumstances; creating s. 408.817, F.S.; providing basis
70 for review of administrative proceedings challenging
71 agency licensure enforcement action; creating s. 408.818,
72 F.S.; requiring fees and fines related to health care
73 licensing to be deposited into the Health Care Trust Fund;
74 creating s. 408.819, F.S.; authorizing the agency to adopt
75 rules; providing a timeframe for compliance; creating s.
76 408.820, F.S.; providing exemptions from specified
77 requirements of pt. II of ch. 408, F.S.; amending s.
78 400.801, F.S.; providing that the definition of homes for
79 special services applies to sites licensed by the agency

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80 after a certain date; amending s. 400.9905, F.S.;

81 excluding certain entities from the definition of

82 "clinic"; amending s. 408.036, F.S.; exempting a nursing

83 home created by combining certain licensed beds from

84 requirements for obtaining a certificate of need from the

85 agency; providing for future repeal; amending s. 408.831,

86 F.S.; revising provisions relating to agency action to

87 deny, suspend, or revoke a license, registration,

88 certificate, or application; conforming cross-references;

89 providing for priority of application in case of conflict;

90 authorizing the agency to adjust annual licensure fees to

91 provide biennial licensure fees; requesting interim

92 assistance of the Division of Statutory Revision to

93 prepare conforming legislation for the 2007 Regular

94 Session; authorizing the agency to issue licenses for less

95 than a specified time period and providing conditions

96 therefor; providing an effective date.

97

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

99

100 Section 1. Part I of chapter 408, Florida Statutes,

101 consisting of sections 408.031, 408.032, 408.033, 408.034,

102 408.035, 408.036, 408.0361, 408.037, 408.038, 408.039, 408.040,

103 408.041, 408.042, 408.043, 408.044, 408.045, 408.0455, 408.05,

104 408.061, 408.062, 408.063, 408.07, 408.08, 408.09, 408.10,

105 408.15, 408.16, 408.18, 408.185, 408.20, 408.301, 408.302,

106 408.40, 408.50, 408.70, 408.7056, 408.7057, and 408.7071,

107 Florida Statutes, is created and entitled "Health Facility and

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108 Services Planning."

109 Section 2. Part II of chapter 408, Florida Statutes,
110 consisting of sections 408.801, 408.802, 408.803, 408.804,
111 408.805, 408.806, 408.807, 408.808, 408.809, 408.810, 408.811,
112 408.812, 408.813, 408.814, 408.815, 408.816, 408.817, 408.818,
113 408.819, 408.820, and 408.831, Florida Statutes, is created and
114 entitled "Health Care Licensing: General Provisions."

115 Section 3. Part III of chapter 408, Florida Statutes,
116 consisting of sections 408.90, 408.901, 408.902, 408.903,
117 408.904, 408.905, 408.906, 408.907, 408.908, and 408.909,
118 Florida Statutes, is created and entitled "Health Insurance
119 Access."

120 Section 4. Part IV of chapter 408, Florida Statutes,
121 consisting of sections 408.911, 408.913, 408.914, 408.915,
122 408.916, 408.917, and 408.918, Florida Statutes, is created and
123 entitled "Health and Human Services Eligibility Access System."

124 Section 5. Sections 408.801, 408.802, 408.803, 408.804,
125 408.805, 408.806, 408.807, 408.808, 408.809, 408.810, 408.811,
126 408.812, 408.813, 408.814, 408.815, 408.816, 408.817, 408.818,
127 408.819, and 408.820, Florida Statutes, are created to read:

128 408.801 Short title; purpose.--

129 (1) This part may be cited as the "Health Care Licensing
130 Procedures Act."

131 (2) The Legislature finds that there is unnecessary
132 duplication and variation in the requirements for licensure by
133 the agency. It is the intent of the Legislature to provide a
134 streamlined and consistent set of basic licensing requirements
135 for all such providers in order to minimize confusion,

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136 standardize terminology, and include issues that are otherwise
137 not adequately addressed in the Florida Statutes pertaining to
138 specific providers.

139 408.802 Applicability.--The provisions of this part apply
140 to the provision of services that require licensure as defined
141 in this part and to the following entities licensed, registered,
142 or certified by the agency, as described in chapters 112, 383,
143 390, 394, 395, 400, 440, 483, and 765:

144 (1) Laboratories authorized to perform testing under the
145 Drug-Free Workplace Act, as provided under ss. 112.0455 and
146 440.102.

147 (2) Birth centers, as provided under chapter 383.

148 (3) Abortion clinics, as provided under chapter 390.

149 (4) Crisis stabilization units, as provided under parts I
150 and IV of chapter 394.

151 (5) Short-term residential treatment facilities, as
152 provided under parts I and IV of chapter 394.

153 (6) Residential treatment facilities, as provided under
154 part IV of chapter 394.

155 (7) Residential treatment centers for children and
156 adolescents, as provided under part IV of chapter 394.

157 (8) Hospitals, as provided under part I of chapter 395.

158 (9) Ambulatory surgical centers, as provided under part I
159 of chapter 395.

160 (10) Mobile surgical facilities, as provided under part I
161 of chapter 395.

162 (11) Private review agents, as provided under part I of
163 chapter 395.

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164 (12) Health care risk managers, as provided under part I
165 of chapter 395.

166 (13) Nursing homes, as provided under part II of chapter
167 400.

168 (14) Assisted living facilities, as provided under part
169 III of chapter 400.

170 (15) Home health agencies, as provided under part IV of
171 chapter 400.

172 (16) Nurse registries, as provided under part IV of
173 chapter 400.

174 (17) Companion services or homemaker services providers,
175 as provided under part IV of chapter 400.

176 (18) Adult day care centers, as provided under part V of
177 chapter 400.

178 (19) Hospices, as provided under part VI of chapter 400.

179 (20) Adult family-care homes, as provided under part VII
180 of chapter 400.

181 (21) Homes for special services, as provided under part
182 VIII of chapter 400.

183 (22) Transitional living facilities, as provided under
184 part VIII of chapter 400.

185 (23) Prescribed pediatric extended care centers, as
186 provided under part IX of chapter 400.

187 (24) Home medical equipment providers, as provided under
188 part X of chapter 400.

189 (25) Intermediate care facilities for persons with
190 developmental disabilities, as provided under part XI of chapter
191 400.

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192 (26) Health care services pools, as provided under part
193 XII of chapter 400.

194 (27) Health care clinics, as provided under part XIII of
195 chapter 400.

196 (28) Clinical laboratories, as provided under part I of
197 chapter 483.

198 (29) Multiphasic health testing centers, as provided under
199 part II of chapter 483.

200 (30) Organ and tissue procurement agencies, as provided
201 under chapter 765.

202 408.803 Definitions.--As used in this part, the term:

203 (1) "Agency" means the Agency for Health Care
204 Administration, which is the licensing agency under this part.

205 (2) "Applicant" means an individual, corporation,
206 partnership, firm, association, or governmental entity that
207 submits an application for a license to the agency.

208 (3) "Authorizing statute" means the statute authorizing
209 the licensed operation of a provider listed in s. 408.802 and
210 includes chapters 112, 383, 390, 394, 395, 400, 440, 483, and
211 765.

212 (4) "Certification" means certification as a Medicare or
213 Medicaid provider of the services that require licensure, or
214 certification pursuant to the federal Clinical Laboratory
215 Improvement Amendment (CLIA).

216 (5) "Change of ownership" means an event in which the
217 licensee changes to a different legal entity or in which 45
218 percent or more of the ownership, voting shares, or controlling
219 interest in a corporation whose shares are not publicly traded

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220 on a recognized stock exchange is transferred or assigned,
221 including the final transfer or assignment of multiple transfers
222 or assignments over a 2-year period that cumulatively total 45
223 percent or greater. A change solely in the management company or
224 board of directors is not a change of ownership.

225 (6) "Client" means any person receiving services from a
226 provider listed in s. 408.802.

227 (7) "Controlling interest" means:

228 (a) The applicant or licensee;

229 (b) A person or entity that serves as an officer of, is on
230 the board of directors of, or has a 5-percent or greater
231 ownership interest in the applicant or licensee; or

232 (c) A person or entity that serves as an officer of, is on
233 the board of directors of, or has a 5-percent or greater
234 ownership interest in the management company or other entity,
235 related or unrelated, with which the applicant or licensee
236 contracts to manage the provider.

237

238 The term does not include a voluntary board member.

239 (8) "License" means any permit, registration, certificate,
240 or license issued by the agency.

241 (9) "Licensee" means an individual, corporation,
242 partnership, firm, association, or governmental entity that is
243 issued a permit, registration, certificate, or license by the
244 agency. The licensee is legally responsible for all aspects of
245 the provider operation.

246 (10) "Moratorium" means a prohibition on the acceptance of
247 new clients.

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248 (11) "Provider" means any activity, service, agency, or
249 facility regulated by the agency and listed in s. 408.802.

250 (12) "Services that require licensure" means those
251 services, including residential services, that require a valid
252 license before those services may be provided in accordance with
253 authorizing statutes and agency rules.

254 (13) "Voluntary board member" means a board member of a
255 not-for-profit corporation or organization who serves solely in
256 a voluntary capacity, does not receive any remuneration for his
257 or her services on the board of directors, and has no financial
258 interest in the corporation or organization. The agency shall
259 recognize a person as a voluntary board member following
260 submission of a statement to the agency by the board member and
261 the not-for-profit corporation or organization that affirms that
262 the board member conforms to this definition. The statement
263 affirming the status of the board member must be submitted to
264 the agency on a form provided by the agency.

265 408.804 License required; display.--

266 (1) It is unlawful to provide services that require
267 licensure, or operate or maintain a provider that offers or
268 provides services that require licensure, without first
269 obtaining from the agency a license authorizing the provision of
270 such services or the operation or maintenance of such provider.

271 (2) A license must be displayed in a conspicuous place
272 readily visible to clients who enter at the address that appears
273 on the license and is valid only in the hands of the licensee to
274 whom it is issued and may not be sold, assigned, or otherwise
275 transferred, voluntarily or involuntarily. The license is valid

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276 only for the licensee, provider, and location for which the
277 license is issued.

278 408.805 Fees required; adjustments.--Unless otherwise
279 limited by authorizing statutes, license fees must be reasonably
280 calculated by the agency to cover its costs in carrying out its
281 responsibilities under this part, authorizing statutes, and
282 applicable rules, including the cost of licensure, inspection,
283 and regulation of providers.

284 (1) Licensure fees shall be adjusted to provide for
285 biennial licensure under agency rules.

286 (2) The agency shall annually adjust licensure fees,
287 including fees paid per bed, by not more than the change in the
288 Consumer Price Index based on the 12 months immediately
289 preceding the increase.

290 (3) The agency may, by rule, adjust licensure fees to
291 cover the cost of administering this part, authorizing statutes,
292 and applicable rules.

293 (4) An inspection fee must be paid as required in
294 authorizing statutes.

295 (5) Fees are nonrefundable.

296 (6) When a change is reported that requires issuance of a
297 license, a fee may be assessed. The fee must be based on the
298 actual cost of processing and issuing the license.

299 (7) A fee may be charged to a licensee requesting a
300 duplicate license. The fee may not exceed the actual cost of
301 duplication and postage.

302 (8) Total fees collected may not exceed the cost of
303 administering this part, authorizing statutes, and applicable

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304 rules.

305 408.806 License application process.--

306 (1) An application for licensure must be made to the
307 agency on forms furnished by the agency, submitted under oath,
308 and accompanied by the appropriate fee in order to be accepted
309 and considered timely. The application must contain information
310 required by authorizing statutes and applicable rules and must
311 include:

312 (a) The name, address, and social security number of the
313 applicant and each controlling interest if the applicant or
314 controlling interest is an individual.

315 (b) The name, address, and federal employer identification
316 number or taxpayer identification number of the applicant and
317 each controlling interest if the applicant or controlling
318 interest is not an individual.

319 (c) The name by which the provider is to be known.

320 (d) The total number of beds or capacity requested, as
321 applicable.

322 (e) The name of the person or persons under whose
323 management or supervision the provider will operate and the name
324 of the administrator, if required.

325 (f) If the applicant offers continuing care agreements as
326 defined in chapter 651, proof shall be furnished that the
327 applicant has obtained a certificate of authority as required
328 for operation under chapter 651.

329 (g) Other information, including satisfactory inspection
330 results, that the agency finds necessary to determine the
331 ability of the applicant to carry out its responsibilities under

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332 this part, authorizing statutes, and applicable rules.

333 (2) (a) The applicant for a renewal license must submit an
334 application that must be received by the agency at least 60 days
335 prior to the expiration of the current license. If the renewal
336 application and fee are received prior to the license expiration
337 date, the license shall not be deemed to have expired if the
338 license expiration date occurs during the agency's review of the
339 renewal application.

340 (b) The applicant for initial licensure due to a change of
341 ownership must submit an application that must be received by
342 the agency at least 60 days prior to the date of change of
343 ownership.

344 (c) For any other application or request, the applicant
345 must submit an application or request that must be received by
346 the agency at least 60 days prior to the requested effective
347 date, unless otherwise specified in authorizing statutes or
348 applicable rules.

349 (d) The agency shall notify the licensee by mail or
350 electronically at least 90 days prior to the expiration of a
351 license that a renewal license is necessary to continue
352 operation. The failure to timely submit a renewal application
353 and license fee shall result in a \$50 per day late fee charged
354 to the licensee by the agency; however, the aggregate amount of
355 the late fee may not exceed 50 percent of the licensure fee or
356 \$500, whichever is less. If an application is received after the
357 required filing date and exhibits a hand-canceled postmark
358 obtained from a United States post office dated on or before the
359 required filing date, no fine will be levied.

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360 (3) (a) Upon receipt of an application for a license, the
361 agency shall examine the application and, within 30 days after
362 receipt, notify the applicant in writing of any apparent errors
363 or omissions and request any additional information required.

364 (b) Requested information omitted from an application for
365 licensure, license renewal, or change of ownership, other than
366 an inspection, must be filed with the agency within 21 days
367 after the agency's request for omitted information or the
368 application shall be deemed incomplete and shall be withdrawn
369 from further consideration and the fees shall be forfeited.

370 (c) Within 60 days after the receipt of a complete
371 application, the agency shall approve or deny the application.

372 (4) (a) Licensees subject to the provisions of this part
373 shall be issued biennial licenses unless conditions of the
374 license category specify a shorter license period.

375 (b) Each license issued shall indicate the name of the
376 licensee, the type of provider or service that the licensee is
377 required or authorized to operate or offer, the date the license
378 is effective, the expiration date of the license, the maximum
379 capacity of the licensed premises, if applicable, and any other
380 information required or deemed necessary by the agency.

381 (5) In accordance with authorizing statutes and applicable
382 rules, proof of compliance with s. 408.810 must be submitted
383 with an application for licensure.

384 (6) The agency may not issue an initial license to a
385 health care provider subject to the certificate-of-need
386 provisions in part I of this chapter if the licensee has not
387 been issued a certificate of need or certificate-of-need

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388 exemption, when applicable. Failure to apply for the renewal of
389 a license prior to the expiration date renders the license void.

390 (7) (a) An applicant must demonstrate compliance with the
391 requirements in this part, authorizing statutes, and applicable
392 rules during an inspection pursuant to s. 408.811, as required
393 by authorizing statutes.

394 (b) An initial inspection is not required for companion
395 services or homemaker services providers, as provided under part
396 IV of chapter 400, or for health care services pools, as
397 provided under part XII of chapter 400.

398 (c) If an inspection is required by the authorizing
399 statute for a license application other than an initial
400 application, the inspection must be unannounced. This paragraph
401 does not apply to inspections required pursuant to ss. 383.324,
402 395.0161(4), and 483.061(2).

403 (d) If a provider is not available when an inspection is
404 attempted, the application shall be denied.

405 (8) The agency may establish procedures for the electronic
406 notification and submission of required information, including,
407 but not limited to:

408 (a) Licensure applications.

409 (b) Required signatures.

410 (c) Payment of fees.

411 (d) Notarization of applications.

412

413 Requirements for electronic submission of any documents required
414 by this part or authorizing statutes may be established by rule.

415 408.807 Change of ownership.--Whenever a change of

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416 ownership occurs:

417 (1) The transferor shall notify the agency in writing at
418 least 60 days before the anticipated date of the change of
419 ownership.

420 (2) The transferee shall make application to the agency
421 for a license within the timeframes required in s. 408.806.

422 (3) The transferor shall be responsible and liable for:

423 (a) The lawful operation of the provider and the welfare
424 of the clients served until the date the transferee is licensed
425 by the agency.

426 (b) Any and all penalties imposed against the transferor
427 for violations occurring before the date of change of ownership.

428 (4) Any restriction on licensure, including a conditional
429 license existing at the time of a change of ownership, shall
430 remain in effect until the agency determines that the grounds
431 for the restriction are corrected.

432 (5) The transferee shall maintain records of the
433 transferor as required in this part, authorizing statutes, and
434 applicable rules, including:

435 (a) All client records.

436 (b) Inspection reports.

437 (c) All records required to be maintained pursuant to s.
438 409.913, if applicable.

439 408.808 License categories.--

440 (1) STANDARD LICENSE.--A standard license may be issued to
441 an applicant at the time of initial licensure, license renewal,
442 or change of ownership. A standard license shall be issued when
443 the applicant is in compliance with all statutory requirements

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444 and agency rules. Unless sooner revoked, a standard license
445 expires 2 years after the date of issue.

446 (2) PROVISIONAL LICENSE.--A provisional license may be
447 issued to an applicant pursuant to s. 408.809(3). An applicant
448 against whom a proceeding denying or revoking a license is
449 pending at the time of license renewal may be issued a
450 provisional license effective until final action not subject to
451 further appeal.

452 (3) INACTIVE LICENSE.--An inactive license may be issued
453 to a health care provider subject to the certificate-of-need
454 provisions in part I of this chapter when the provider is
455 currently licensed, does not have a provisional license, and
456 will be temporarily unable to provide services but is reasonably
457 expected to resume services within 12 months. Such designation
458 may be made for a period not to exceed 12 months but may be
459 renewed by the agency for up to 12 additional months upon
460 demonstration by the licensee of the provider's progress toward
461 reopening. A request by a licensee for an inactive license or to
462 extend the previously approved inactive period must be submitted
463 to the agency and must include a written justification for the
464 inactive license with the beginning and ending dates of
465 inactivity specified, a plan for the transfer of any clients to
466 other providers, and the appropriate licensure fees. The agency
467 may not accept a request that is submitted after initiating
468 closure, after any suspension of service, or after notifying
469 clients of closure or suspension of service, unless the action
470 is a result of a disaster at the licensed premises. For the
471 purposes of this section, the term "disaster" means a sudden

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472 emergency occurrence beyond the control of the licensee, whether
473 natural, technological, or manmade, which renders the provider
474 inoperable at the premises. Upon agency approval, the provider
475 shall notify clients of any necessary discharge or transfer as
476 required by authorizing statutes or applicable rules. The
477 beginning of the inactive license period is the date the
478 provider ceases operations. The end of the inactive license
479 period shall become the license expiration date. All licensure
480 fees must be current, must be paid in full, and may be prorated.
481 Reactivation of an inactive license requires the approval of a
482 renewal application, including payment of licensure fees and
483 agency inspections indicating compliance with all requirements
484 of this part, authorizing statutes, and applicable rules.

485 (4) OTHER LICENSES.--Other types of license categories may
486 be issued pursuant to authorizing statutes or applicable rules.

487 408.809 Background screening; prohibited offenses.--

488 (1) Level 2 background screening pursuant to chapter 435
489 must be conducted through the agency on each of the following
490 persons, who shall be considered an employee for the purposes of
491 conducting screening under chapter 435:

492 (a) The licensee, if an individual.

493 (b) The administrator or a similarly titled person who is
494 responsible for the day-to-day operation of the provider.

495 (c) The financial officer or similarly titled individual
496 who is responsible for the financial operation of the licensee
497 or provider.

498 (d) Any person who is a controlling interest if the agency
499 has reason to believe that such person has been convicted of any

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500 offense prohibited by s. 435.04. For each controlling interest
501 who has been convicted of any such offense, the licensee shall
502 submit to the agency a description and explanation of the
503 conviction at the time of license application.

504 (2) Proof of compliance with level 2 screening standards
505 submitted within the previous 5 years to meet any provider or
506 professional licensure requirements of the agency, the
507 Department of Health, the Agency for Persons with Disabilities,
508 or the Department of Children and Family Services satisfies the
509 requirements of this section, provided that such proof is
510 accompanied, under penalty of perjury, by an affidavit of
511 compliance with the provisions of chapter 435 using forms
512 provided by the agency. Proof of compliance with the background
513 screening requirements of the Department of Financial Services
514 submitted within the previous 5 years for an applicant for a
515 certificate of authority to operate a continuing care retirement
516 community under chapter 651 satisfies the Department of Law
517 Enforcement and Federal Bureau of Investigation portions of a
518 level 2 background check.

519 (3) A provisional license may be granted to an applicant
520 when each individual required by this section to undergo
521 background screening has met the standards for the Department of
522 Law Enforcement background check but the agency has not yet
523 received background screening results from the Federal Bureau of
524 Investigation. A standard license may be granted to the licensee
525 upon the agency's receipt of a report of the results of the
526 Federal Bureau of Investigation background screening for each
527 individual required by this section to undergo background

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528 screening that confirms that all standards have been met or upon
529 the granting of an exemption from disqualification by the agency
530 as set forth in chapter 435.

531 (4) When a person is newly employed in a capacity that
532 requires screening under this section, the licensee must notify
533 the agency of the change within the time period specified in the
534 authorizing statute or rules and must submit to the agency
535 information necessary to conduct level 2 screening or provide
536 evidence of compliance with background screening requirements of
537 this section. The person may serve in his or her capacity
538 pending the agency's receipt of the report from the Federal
539 Bureau of Investigation if he or she has met the standards for
540 the Department of Law Enforcement background check. However, the
541 person may not continue to serve in his or her capacity if the
542 report indicates any violation of background screening standards
543 unless an exemption from disqualification has been granted by
544 the agency as set forth in chapter 435.

545 (5) Background screening is not required to obtain a
546 certificate of exemption issued under s. 483.106.

547 408.810 Minimum licensure requirements.--In addition to
548 the licensure requirements specified in this part, authorizing
549 statutes, and applicable rules, each applicant and licensee must
550 comply with the requirements of this section in order to obtain
551 and maintain a license.

552 (1) An applicant for licensure must comply with the
553 background screening requirements of s. 408.809.

554 (2) An applicant for licensure must provide a description
555 and explanation of any exclusions, suspensions, or terminations

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556 of the applicant from the Medicare, Medicaid, or federal
557 Clinical Laboratory Improvement Amendment (CLIA) programs.

558 (3) Unless otherwise specified in this part, authorizing
559 statutes, or applicable rules, any information required to be
560 reported to the agency must be submitted within 21 calendar days
561 after the report period or effective date of the information.

562 (4) Whenever a licensee discontinues operation of a
563 provider:

564 (a) The licensee must inform the agency not less than 30
565 days prior to the discontinuance of operation and inform clients
566 of such discontinuance as required by authorizing statutes.

567 Immediately upon discontinuance of operation by a provider, the
568 licensee shall surrender the license to the agency and the
569 license shall be canceled.

570 (b) The licensee shall remain responsible for retaining
571 and appropriately distributing all records within the timeframes
572 prescribed in authorizing statutes and applicable rules. In
573 addition, the licensee or, in the event of death or dissolution
574 of a licensee, the estate or agent of the licensee shall:

575 1. Make arrangements to forward records for each client to
576 one of the following, based upon the client's choice: the client
577 or the client's legal representative, the client's attending
578 physician, or the health care provider where the client
579 currently receives services; or

580 2. Cause a notice to be published in the newspaper of
581 greatest general circulation in the county in which the provider
582 was located that advises clients of the discontinuance of the
583 provider operation. The notice must inform clients that they may

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584 obtain copies of their records and specify the name, address,
585 and telephone number of the person from whom the copies of
586 records may be obtained. The notice must appear at least once a
587 week for 4 consecutive weeks.

588 (5) (a) On or before the first day services are provided to
589 a client, a licensee must inform the client and his or her
590 immediate family or representative, if appropriate, of the right
591 to report:

592 1. Complaints. The statewide toll-free telephone number
593 for reporting complaints to the agency must be provided to
594 clients in a manner that is clearly legible and must include the
595 words: "To report a complaint regarding the services you
596 receive, please call toll-free (phone number)."

597 2. Abusive, neglectful, or exploitative practices. The
598 statewide toll-free telephone number for the central abuse
599 hotline must be provided to clients in a manner that is clearly
600 legible and must include the words: "To report abuse, neglect,
601 or exploitation, please call toll-free (phone number)." The
602 agency shall publish a minimum of a 90-day advance notice of a
603 change in the toll-free telephone numbers.

604 (b) Each licensee shall establish appropriate policies and
605 procedures for providing such notice to clients.

606 (6) An applicant must provide the agency with proof of the
607 applicant's legal right to occupy the property before a license
608 may be issued. Proof may include, but need not be limited to,
609 copies of warranty deeds, lease or rental agreements, contracts
610 for deeds, quitclaim deeds, or other such documentation.

611 (7) If proof of insurance is required by the authorizing

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612 statute, that insurance must be in compliance with chapter 624,
613 chapter 626, chapter 627, or chapter 628 and with agency rules.

614 (8) Upon application for initial licensure or change of
615 ownership licensure, the applicant shall furnish satisfactory
616 proof of the applicant's financial ability to operate in
617 accordance with the requirements of this part, authorizing
618 statutes, and applicable rules. The agency shall establish
619 standards for this purpose, including information concerning the
620 applicant's controlling interests. The agency shall also
621 establish documentation requirements, to be completed by each
622 applicant, that show anticipated provider revenues and
623 expenditures, the basis for financing the anticipated cash-flow
624 requirements of the provider, and an applicant's access to
625 contingency financing. A current certificate of authority,
626 pursuant to chapter 651, may be provided as proof of financial
627 ability to operate. The agency may require a licensee to provide
628 proof of financial ability to operate at any time if there is
629 evidence of financial instability, including, but not limited
630 to, unpaid expenses necessary for the basic operations of the
631 provider.

632 (9) A controlling interest may not withhold from the
633 agency any evidence of financial instability, including, but not
634 limited to, checks returned due to insufficient funds,
635 delinquent accounts, nonpayment of withholding taxes, unpaid
636 utility expenses, nonpayment for essential services, or adverse
637 court action concerning the financial viability of the provider
638 or any other provider licensed under this part that is under the
639 control of the controlling interest. Any person who violates

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640 this subsection commits a misdemeanor of the second degree,
641 punishable as provided in s. 775.082 or s. 775.083. Each day of
642 continuing violation is a separate offense.

643 (10) The agency may not issue a license to a health care
644 provider subject to the certificate-of-need provisions in part I
645 of this chapter if the health care provider has not been issued
646 a certificate of need or an exemption. Upon initial licensure of
647 any such provider, the authorization contained in the
648 certificate of need shall be considered fully implemented and
649 merged into the license and shall have no force and effect upon
650 termination of the license for any reason.

651 408.811 Right of inspection; copies; inspection reports.--

652 (1) An authorized officer or employee of the agency may
653 make or cause to be made any inspection or investigation deemed
654 necessary by the agency to determine the state of compliance
655 with this part, authorizing statutes, and applicable rules. The
656 right of inspection extends to any business that the agency has
657 reason to believe is being operated as a provider without a
658 license, but inspection of any business suspected of being
659 operated without the appropriate license may not be made without
660 the permission of the owner or person in charge unless a warrant
661 is first obtained from a circuit court. Any application for a
662 license issued under this part, authorizing statutes, or
663 applicable rules constitutes permission for an appropriate
664 inspection to verify the information submitted on or in
665 connection with the application.

666 (a) All inspections shall be unannounced, except as
667 specified in s. 408.806.

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668 (b) Inspections for relicensure shall be conducted
669 biennially unless otherwise specified by authorizing statutes or
670 applicable rules.

671 (2) Inspections conducted in conjunction with
672 certification may be accepted in lieu of a complete licensure
673 inspection. However, a licensure inspection may also be
674 conducted to review any licensure requirements that are not also
675 requirements for certification.

676 (3) The agency shall have access to and the licensee shall
677 provide copies of all provider records required during an
678 inspection at no cost to the agency.

679 (4) (a) Each licensee shall maintain as public information,
680 available upon request, records of all inspection reports
681 pertaining to that provider that have been filed by the agency
682 unless those reports are exempt from or contain information that
683 is exempt from s. 119.07(1) and s. 24(a), Art. I of the State
684 Constitution or is otherwise made confidential by law. Effective
685 October 1, 2006, copies of such reports shall be retained in the
686 records of the provider for at least 3 years following the date
687 the reports are filed and issued, regardless of a change of
688 ownership.

689 (b) A licensee shall, upon the request of any person who
690 has completed a written application with intent to be admitted
691 by such provider, any person who is a client of such provider,
692 or any relative, spouse, or guardian of any such person, furnish
693 to the requester a copy of the last inspection report pertaining
694 to the licensed provider that was issued by the agency or by an
695 accrediting organization if such report is used in lieu of a

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696 | licensure inspection.
 697 | 408.812 Unlicensed activity.--
 698 | (1) A person or entity may not offer or advertise services
 699 | that require licensure as defined by this part, authorizing
 700 | statutes, or applicable rules to the public without obtaining a
 701 | valid license from the agency. A licenseholder may not advertise
 702 | or hold out to the public that he or she holds a license for
 703 | other than that for which he or she actually holds the license.
 704 | (2) The operation or maintenance of an unlicensed provider
 705 | or the performance of any services that require licensure
 706 | without proper licensure is a violation of this part and
 707 | authorizing statutes. Unlicensed activity constitutes harm that
 708 | materially affects the health, safety, and welfare of clients.
 709 | The agency or any state attorney may, in addition to other
 710 | remedies provided in this part, bring an action for an
 711 | injunction to restrain such violation, or to enjoin the future
 712 | operation or maintenance of the unlicensed provider or the
 713 | performance of any services in violation of this part and
 714 | authorizing statutes, until compliance with this part,
 715 | authorizing statutes, and agency rules has been demonstrated to
 716 | the satisfaction of the agency.
 717 | (3) It is unlawful for any person or entity to own,
 718 | operate, or maintain an unlicensed provider. If after receiving
 719 | notification from the agency, such person or entity fails to
 720 | cease operation and apply for a license under this part and
 721 | authorizing statutes, the person or entity shall be subject to
 722 | penalties as prescribed by authorizing statutes and applicable
 723 | rules. Each day of continued operation is a separate offense.

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724 (4) Any person or entity that fails to cease operation
725 after agency notification may be fined \$1,000 for each day of
726 noncompliance.

727 (5) When a controlling interest or licensee has an
728 interest in more than one provider and fails to license a
729 provider rendering services that require licensure, the agency
730 may revoke all licenses and impose actions under s. 408.814 and
731 a fine of \$1,000 per day, unless otherwise specified by
732 authorizing statutes, against each licensee until such time as
733 the appropriate license is obtained for the unlicensed
734 operation.

735 (6) In addition to granting injunctive relief pursuant to
736 subsection (2), if the agency determines that a person or entity
737 is operating or maintaining a provider without obtaining a
738 license and determines that a condition exists that poses a
739 threat to the health, safety, or welfare of a client of the
740 provider, the person or entity is subject to the same actions
741 and fines imposed against a licensee as specified in this part,
742 authorizing statutes, and agency rules.

743 (7) Any person aware of the operation of an unlicensed
744 provider must report that provider to the agency.

745 408.813 Administrative fines.--As a penalty for any
746 violation of this part, authorizing statutes, or applicable
747 rules, the agency may impose an administrative fine. Unless the
748 amount or aggregate limitation of the fine is prescribed by
749 authorizing statutes or applicable rules, the agency may
750 establish criteria by rule for the amount or aggregate
751 limitation of administrative fines applicable to this part,

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752 authorizing statutes, and applicable rules. Each day of
753 violation constitutes a separate violation and is subject to a
754 separate fine. For fines imposed by final order of the agency
755 and not subject to further appeal, the violator shall pay the
756 fine plus interest at the rate specified in s. 55.03 for each
757 day beyond the date set by the agency for payment of the fine.

758 408.814 Moratorium; emergency suspension.--

759 (1) The agency may impose an immediate moratorium or
760 emergency suspension as defined in s. 120.60 on any provider if
761 the agency determines that any condition related to the provider
762 or licensee presents a threat to the health, safety, or welfare
763 of a client.

764 (2) A provider or licensee, the license of which is denied
765 or revoked, may be subject to immediate imposition of a
766 moratorium or emergency suspension to run concurrently with
767 licensure denial, revocation, or injunction.

768 (3) A moratorium or emergency suspension remains in effect
769 after a change of ownership, unless the agency has determined
770 that the conditions that created the moratorium, emergency
771 suspension, or denial of licensure have been corrected.

772 (4) When a moratorium or emergency suspension is placed on
773 a provider or licensee, notice of the action shall be posted and
774 visible to the public at the location of the provider until the
775 action is lifted.

776 408.815 License or application denial; revocation.--

777 (1) In addition to the grounds provided in authorizing
778 statutes, grounds that may be used by the agency for denying and
779 revoking a license or change of ownership application include

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780 any of the following actions by a controlling interest:

781 (a) False representation of a material fact in the license
782 application or omission of any material fact from the
783 application.

784 (b) An intentional or negligent act materially affecting
785 the health or safety of a client of the provider.

786 (c) A violation of this part, authorizing statutes, or
787 applicable rules.

788 (d) A demonstrated pattern of deficient performance.

789 (e) The applicant, licensee, or controlling interest has
790 been or is currently excluded, suspended, or terminated from
791 participation in the state Medicaid program, the Medicaid
792 program of any other state, or the Medicare program.

793 (2) If a licensee lawfully continues to operate while a
794 denial or revocation is pending in litigation, the licensee must
795 continue to meet all other requirements of this part,
796 authorizing statutes, and applicable rules and must file
797 subsequent renewal applications for licensure and pay all
798 licensure fees. The provisions of ss. 120.60(1) and
799 408.806(3)(c) shall not apply to renewal applications filed
800 during the time period in which the litigation of the denial or
801 revocation is pending until that litigation is final.

802 (3) An action under s. 408.814 or denial of the license of
803 the transferor may be grounds for denial of a change of
804 ownership application of the transferee.

805 408.816 Injunctions.--

806 (1) In addition to the other powers provided by this part,
807 authorizing statutes, and applicable rules, the agency may

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808 institute injunction proceedings in a court of competent
809 jurisdiction to:

810 (a) Restrain or prevent the establishment or operation of
811 a provider that does not have a license or is in violation of
812 any provision of this part, authorizing statutes, or applicable
813 rules. The agency may also institute injunction proceedings in a
814 court of competent jurisdiction when a violation of this part,
815 authorizing statutes, or applicable rules constitutes an
816 emergency affecting the immediate health and safety of a client.

817 (b) Enforce the provisions of this part, authorizing
818 statutes, or any minimum standard, rule, or order issued or
819 entered into pursuant thereto when the attempt by the agency to
820 correct a violation through administrative sanctions has failed
821 or when the violation materially affects the health, safety, or
822 welfare of clients or involves any operation of an unlicensed
823 provider.

824 (c) Terminate the operation of a provider when a violation
825 of any provision of this part, authorizing statutes, or any
826 standard or rule adopted pursuant thereto exists that materially
827 affects the health, safety, or welfare of a client.

828
829 Such injunctive relief may be temporary or permanent.

830 (2) If action is necessary to protect clients of providers
831 from immediate, life-threatening situations, the court may allow
832 a temporary injunction without bond upon proper proofs being
833 made. If it appears by competent evidence or a sworn,
834 substantiated affidavit that a temporary injunction should be
835 issued, the court, pending the determination on final hearing,

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836 | shall enjoin the operation of the provider.

837 | 408.817 Administrative proceedings.--Administrative
838 | proceedings challenging agency licensure enforcement action
839 | shall be reviewed on the basis of the facts and conditions that
840 | resulted in the agency action.

841 | 408.818 Health Care Trust Fund.--Unless otherwise
842 | prescribed by authorizing statutes, all fees and fines collected
843 | under this part, authorizing statutes, and applicable rules
844 | shall be deposited into the Health Care Trust Fund, created in
845 | s. 408.16, and used to pay the costs of the agency in
846 | administering the provider program paying the fees or fines.

847 | 408.819 Rules.--The agency is authorized to adopt rules as
848 | necessary to administer this part. Any licensed provider that is
849 | in operation at the time of adoption of any applicable rule
850 | under this part or authorizing statutes shall be given a
851 | reasonable time under the particular circumstances, not to
852 | exceed 6 months after the date of such adoption, within which to
853 | comply with such rule, unless otherwise specified by rule.

854 | 408.820 Exemptions.--Except as prescribed in authorizing
855 | statutes, the following exemptions shall apply to specified
856 | requirements of this part:

857 | (1) Laboratories authorized to perform testing under the
858 | Drug-Free Workplace Act, as provided under ss. 112.0455 and
859 | 440.102, are exempt from s. 408.810(5)-(10).

860 | (2) Birth centers, as provided under chapter 383, are
861 | exempt from s. 408.810(7)-(10).

862 | (3) Abortion clinics, as provided under chapter 390, are
863 | exempt from s. 408.810(7)-(10).

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864 (4) Crisis stabilization units, as provided under parts I
865 and IV of chapter 394, are exempt from s. 408.810(8)-(10).

866 (5) Short-term residential treatment facilities, as
867 provided under parts I and IV of chapter 394, are exempt from s.
868 408.810(8)-(10).

869 (6) Residential treatment facilities, as provided under
870 part IV of chapter 394, are exempt from s. 408.810(8)-(10).

871 (7) Residential treatment centers for children and
872 adolescents, as provided under part IV of chapter 394, are
873 exempt from s. 408.810(8)-(10).

874 (8) Hospitals, as provided under part I of chapter 395,
875 are exempt from s. 408.810(7)-(9).

876 (9) Ambulatory surgical centers, as provided under part I
877 of chapter 395, are exempt from s. 408.810(7)-(10).

878 (10) Mobile surgical facilities, as provided under part I
879 of chapter 395, are exempt from s. 408.810(7)-(10).

880 (11) Private review agents, as provided under part I of
881 chapter 395, are exempt from ss. 408.806(7), 408.810, and
882 408.811.

883 (12) Health care risk managers, as provided under part I
884 of chapter 395, are exempt from ss. 408.806(7), 408.810, and
885 408.811.

886 (13) Nursing homes, as provided under part II of chapter
887 400, are exempt from s. 408.810(7).

888 (14) Assisted living facilities, as provided under part
889 III of chapter 400, are exempt from s. 408.810(10).

890 (15) Home health agencies, as provided under part IV of
891 chapter 400, are exempt from s. 408.810(10).

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892 (16) Nurse registries, as provided under part IV of
893 chapter 400, are exempt from s. 408.810(6) and (10).

894 (17) Companion services or homemaker services providers,
895 as provided under part IV of chapter 400, are exempt from s.
896 408.810(6)-(10).

897 (18) Adult day care centers, as provided under part V of
898 chapter 400, are exempt from s. 408.810(10).

899 (19) Adult family-care homes, as provided under part VII
900 of chapter 400, are exempt from s. 408.810(7)-(10).

901 (20) Homes for special services, as provided under part
902 VIII of chapter 400, are exempt from s. 408.810(7)-(10).

903 (21) Transitional living facilities, as provided under
904 part VIII of chapter 400, are exempt from s. 408.810(7)-(10).

905 (22) Prescribed pediatric extended care centers, as
906 provided under part IX of chapter 400, are exempt from s.
907 408.810(10).

908 (23) Home medical equipment providers, as provided under
909 part X of chapter 400, are exempt from s. 408.810(10).

910 (24) Intermediate care facilities for persons with
911 developmental disabilities, as provided under part XI of chapter
912 400, are exempt from s. 408.810(7).

913 (25) Health care services pools, as provided under part
914 XII of chapter 400, are exempt from s. 408.810(6)-(10).

915 (26) Health care clinics, as provided under part XIII of
916 chapter 400, are exempt from ss. 408.809 and 408.810(1), (6),
917 (7), and (10).

918 (27) Clinical laboratories, as provided under part I of
919 chapter 483, are exempt from s. 408.810(5)-(10).

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920 (28) Multiphasic health testing centers, as provided under
921 part II of chapter 483, are exempt from s. 408.810(5)-(10).

922 (29) Organ and tissue procurement agencies, as provided
923 under chapter 765, are exempt from s. 408.810(5)-(10).

924 Section 6. Paragraph (b) of subsection (1) of section
925 400.801, Florida Statutes, is amended to read:

926 400.801 Homes for special services.--

927 (1) As used in this section, the term:

928 (b) "Home for special services" means a site licensed by
929 the agency prior to January 1, 2006, where specialized health
930 care services are provided, including personal and custodial
931 care, but not continuous nursing services.

932 Section 7. Paragraphs (e) and (i) of subsection (4) of
933 section 400.9905, Florida Statutes, are amended, and paragraph
934 (k) is added to that subsection, to read:

935 400.9905 Definitions.--

936 (4) "Clinic" means an entity at which health care services
937 are provided to individuals and which tenders charges for
938 reimbursement for such services, including a mobile clinic and a
939 portable equipment provider. For purposes of this part, the term
940 does not include and the licensure requirements of this part do
941 not apply to:

942 (e) An entity that is exempt from federal taxation under
943 26 U.S.C. s. 501(c)(3) or s. 501(c)(4), an employee stock
944 ownership plan under 26 U.S.C. s. 409 that has a board of
945 trustees not less than two-thirds of which are Florida-licensed
946 health care practitioners and provides only physical therapy
947 services under physician orders, any community college or

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948 university clinic, and any entity owned or operated by the
949 federal or state government, including agencies, subdivisions,
950 or municipalities thereof.

951 (i) Entities that provide ~~only~~ oncology or radiation
952 therapy services by physicians licensed under chapter 458 or
953 chapter 459 which are owned by a corporation whose shares are
954 publicly traded on a recognized stock exchange.

955 (k) Entities that provide licensed practitioners to staff
956 emergency departments or to deliver anesthesia services in
957 facilities licensed under chapter 395 and that derive at least
958 90 percent of their gross annual revenues from the provision of
959 such services. Entities claiming an exemption from licensure
960 under this paragraph must provide documentation demonstrating
961 compliance.

962 Section 8. Paragraphs (f) through (s) of subsection (3) of
963 section 408.036, Florida Statutes, are redesignated as
964 paragraphs (g) through (t), respectively, and a new paragraph
965 (f) is added to that subsection to read:

966 408.036 Projects subject to review; exemptions.--

967 (3) EXEMPTIONS.--Upon request, the following projects are
968 subject to exemption from the provisions of subsection (1):

969 (f) For the creation of a single nursing home within a
970 district by combining licensed beds from two or more licensed
971 nursing homes within such district, regardless of subdistrict
972 boundaries, if 50 percent of the beds in the created nursing
973 home are transferred from the only nursing home in a county and
974 its utilization data demonstrate that it had an occupancy rate
975 of less than 75 percent for the 12-month period ending 90 days

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976 | before the request for the exemption. This paragraph is repealed
 977 | upon the expiration of the moratorium established in s.
 978 | 651.1185(1).

979 | Section 9. Subsections (1) and (3) of section 408.831,
 980 | Florida Statutes, are amended to read:

981 | 408.831 Denial, suspension, or revocation of a license,
 982 | registration, certificate, or application.--

983 | (1) In addition to any other remedies provided by law, the
 984 | agency may deny each application or suspend or revoke each
 985 | license, registration, or certificate of entities regulated or
 986 | licensed by it:

987 | (a) If the applicant, licensee, or a licensee subject to
 988 | this part which shares a common controlling interest with the
 989 | applicant registrant, or certificateholder, or, in the case of a
 990 | corporation, partnership, or other business entity, if any
 991 | officer, director, agent, or managing employee of that business
 992 | entity or any affiliated person, partner, or shareholder having
 993 | an ownership interest equal to 5 percent or greater in that
 994 | business entity, has failed to pay all outstanding fines, liens,
 995 | or overpayments assessed by final order of the agency or final
 996 | order of the Centers for Medicare and Medicaid Services, not
 997 | subject to further appeal, unless a repayment plan is approved
 998 | by the agency; or

999 | (b) For failure to comply with any repayment plan.

1000 | (3) This section provides standards of enforcement
 1001 | applicable to all entities licensed or regulated by the Agency
 1002 | for Health Care Administration. This section controls over any
 1003 | conflicting provisions of chapters 39, ~~381,~~ 383, 390, 391, ~~393,~~

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1004 394, 395, 400, 408, 468, 483, and 765 ~~641~~ or rules adopted
1005 pursuant to those chapters.

1006 Section 10. In case of conflict between the provisions of
1007 part II of chapter 408, Florida Statutes, and the authorizing
1008 statutes governing the licensure of health care providers by the
1009 Agency for Health Care Administration found in s. 112.0455 and
1010 chapters 383, 390, 394, 395, 400, 440, 483, and 765, Florida
1011 Statutes, the provisions of part II of chapter 408, Florida
1012 Statutes, shall prevail.

1013 Section 11. All provisions that apply to the entities
1014 specified in s. 408.802, Florida Statutes, as created by this
1015 act, in effect on October 1, 2006, that provide for annual
1016 licensure fees are hereby adjusted to provide for biennial
1017 licensure fees with a corresponding doubling of the amount.

1018 Section 12. The Legislature recognizes that there is a
1019 need to conform the Florida Statutes to the policy decisions
1020 reflected in this act and that there may be a need to resolve
1021 apparent conflicts between any changes or additions to the
1022 authorizing statutes, as defined in s. 408.803, Florida
1023 Statutes, or any other legislation that has been or may be
1024 enacted during 2006 and this chapter 408, Florida Statutes, as
1025 amended by this act. Therefore, in the interim between this act
1026 becoming a law and the 2007 Regular Session of the Legislature
1027 or an earlier special session addressing this issue, the
1028 Division of Statutory Revision shall provide the relevant
1029 substantive committees of the Senate and the House of
1030 Representatives with assistance, upon request, to enable such
1031 committees to prepare draft legislation to conform the Florida

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1032 Statutes and any legislation enacted during 2006 to the
 1033 provisions of this act.

1034 Section 13. For the purpose of staggering license
 1035 expiration dates, the Agency for Health Care Administration may
 1036 issue a license for less than a 2-year period to those providers
 1037 making the transition from annual to biennial licensure as
 1038 authorized in this act. The agency shall charge a prorated
 1039 licensure fee for this shortened period. This authority shall
 1040 expire September 30, 2008.

1041 Section 14. This act shall take effect October 1, 2006.