

1 A bill to be entitled
2 An act relating to the licensure of health care providers;
3 creating pts. I, II, III, and IV of ch. 408, F.S.;
4 creating s. 408.801, F.S.; providing a short title;
5 providing legislative findings and purpose; creating s.
6 408.802, F.S.; providing applicability; creating s.
7 408.803, F.S.; providing definitions; creating s. 408.804,
8 F.S.; requiring providers to have and display a license;
9 providing limitations; creating s. 408.805, F.S.;
10 establishing license fees and conditions for assessment
11 thereof; providing a method for calculating annual
12 adjustment of fees; providing for inspection fees;
13 providing that fees are nonrefundable; creating s.
14 408.806, F.S.; providing a license application process;
15 requiring specified information to be included on the
16 application; requiring payment of late fees under certain
17 circumstances; requiring inspections; providing an
18 exception; authorizing the Agency for Health Care
19 Administration to establish procedures and rules for
20 electronic transmission of required information; creating
21 s. 408.807, F.S.; providing procedures for change of
22 ownership; requiring the transferor to notify the agency
23 in writing within a specified time period; providing for
24 duties and liability of the transferor; providing for
25 maintenance of certain records; creating s. 408.808, F.S.;
26 providing license categories and requirements therefor;
27 creating s. 408.809, F.S.; requiring background screening

28 | of specified employees; providing for submission of proof
29 | of compliance, under certain circumstances; providing
30 | conditions for granting provisional and standard licenses;
31 | providing an exception to screening requirements; creating
32 | s. 408.810, F.S.; providing minimum licensure
33 | requirements; providing procedures for discontinuance of
34 | operation and surrender of license; requiring forwarding
35 | of client records; requiring publication of a notice of
36 | discontinuance of operation of a provider; providing for
37 | statewide toll-free telephone numbers for reporting
38 | complaints and abusive, neglectful, and exploitative
39 | practices; requiring proof of legal right to occupy
40 | property, proof of insurance, and proof of financial
41 | viability, under certain circumstances; requiring
42 | disclosure of information relating to financial
43 | instability; providing a penalty; prohibiting the agency
44 | from licensing a health care provider that does not have a
45 | certificate of need or an exemption; creating s. 408.811,
46 | F.S.; providing for inspections and investigations to
47 | determine compliance; providing that inspection reports
48 | are public records; requiring retention of records for a
49 | specified period of time; creating s. 408.812, F.S.;
50 | prohibiting certain unlicensed activity by a provider;
51 | requiring unlicensed providers to cease activity;
52 | providing penalties; requiring reporting of unlicensed
53 | providers; creating s. 408.813, F.S.; authorizing the
54 | agency to impose administrative fines; creating s.

55 | 408.814, F.S.; providing conditions for the agency to
56 | impose a moratorium or emergency suspension on a provider;
57 | requiring notice; creating s. 408.815, F.S.; providing
58 | grounds for denial or revocation of a license or change-
59 | of-ownership application; providing conditions to continue
60 | operation; exempting renewal applications from provisions
61 | requiring the agency to approve or deny an application
62 | within a specified period of time, under certain
63 | circumstances; creating s. 408.816, F.S.; authorizing the
64 | agency to institute injunction proceedings, under certain
65 | circumstances; creating s. 408.817, F.S.; providing basis
66 | for review of administrative proceedings challenging
67 | agency licensure enforcement action; creating s. 408.818,
68 | F.S.; requiring fees and fines related to health care
69 | licensing to be deposited into the Health Care Trust Fund;
70 | creating s. 408.819, F.S.; authorizing the agency to adopt
71 | rules; providing a timeframe for compliance; creating s.
72 | 408.820, F.S.; providing exemptions from specified
73 | requirements of pt. II of ch. 408, F.S.; amending s.
74 | 400.801, F.S.; providing that the definition of homes for
75 | special services applies to sites licensed by the agency
76 | after a certain date; amending s. 400.9905, F.S.;
77 | excluding certain entities from the definition of
78 | "clinic"; amending s. 408.036, F.S.; exempting a nursing
79 | home created by combining certain licensed beds from
80 | requirements for obtaining a certificate of need from the
81 | agency; providing for future repeal; amending s. 408.831,

82 F.S.; revising provisions relating to agency action to
 83 deny, suspend, or revoke a license, registration,
 84 certificate, or application; conforming cross-references;
 85 providing for priority of application in case of conflict;
 86 authorizing the agency to adjust annual licensure fees to
 87 provide biennial licensure fees; requesting interim
 88 assistance of the Division of Statutory Revision to
 89 prepare conforming legislation for the 2007 Regular
 90 Session; authorizing the agency to issue licenses for less
 91 than a specified time period and providing conditions
 92 therefor; providing an effective date.

93
 94 Be It Enacted by the Legislature of the State of Florida:
 95

96 Section 1. Part I of chapter 408, Florida Statutes,
 97 consisting of sections 408.031, 408.032, 408.033, 408.034,
 98 408.035, 408.036, 408.0361, 408.037, 408.038, 408.039, 408.040,
 99 408.041, 408.042, 408.043, 408.044, 408.045, 408.0455, 408.05,
 100 408.061, 408.062, 408.063, 408.07, 408.08, 408.09, 408.10,
 101 408.15, 408.16, 408.18, 408.185, 408.20, 408.301, 408.302,
 102 408.40, 408.50, 408.70, 408.7056, 408.7057, and 408.7071,
 103 Florida Statutes, is created and entitled "Health Facility and
 104 Services Planning."

105 Section 2. Part II of chapter 408, Florida Statutes,
 106 consisting of sections 408.801, 408.802, 408.803, 408.804,
 107 408.805, 408.806, 408.807, 408.808, 408.809, 408.810, 408.811,
 108 408.812, 408.813, 408.814, 408.815, 408.816, 408.817, 408.818,

109 408.819, 408.820, and 408.831, Florida Statutes, is created and
110 entitled "Health Care Licensing: General Provisions."

111 Section 3. Part III of chapter 408, Florida Statutes,
112 consisting of sections 408.90, 408.901, 408.902, 408.903,
113 408.904, 408.905, 408.906, 408.907, 408.908, and 408.909,
114 Florida Statutes, is created and entitled "Health Insurance
115 Access."

116 Section 4. Part IV of chapter 408, Florida Statutes,
117 consisting of sections 408.911, 408.913, 408.914, 408.915,
118 408.916, 408.917, and 408.918, Florida Statutes, is created and
119 entitled "Health and Human Services Eligibility Access System."

120 Section 5. Sections 408.801, 408.802, 408.803, 408.804,
121 408.805, 408.806, 408.807, 408.808, 408.809, 408.810, 408.811,
122 408.812, 408.813, 408.814, 408.815, 408.816, 408.817, 408.818,
123 408.819, and 408.820, Florida Statutes, are created to read:

124 408.801 Short title; purpose.--

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

127 (2) The Legislature finds that there is unnecessary
128 duplication and variation in the requirements for licensure by
129 the agency. It is the intent of the Legislature to provide a
130 streamlined and consistent set of basic licensing requirements
131 for all such providers in order to minimize confusion,
132 standardize terminology, and include issues that are otherwise
133 not adequately addressed in the Florida Statutes pertaining to
134 specific providers.

135 408.802 Applicability.--The provisions of this part apply

136 to the provision of services that require licensure as defined
137 in this part and to the following entities licensed, registered,
138 or certified by the agency, as described in chapters 112, 383,
139 390, 394, 395, 400, 440, 483, and 765:

140 (1) Laboratories authorized to perform testing under the
141 Drug-Free Workplace Act, as provided under ss. 112.0455 and
142 440.102.

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

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

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

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

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

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

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

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

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

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

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

162 (13) Nursing homes, as provided under part II of chapter

- 163 400.
- 164 (14) Assisted living facilities, as provided under part
- 165 III of chapter 400.
- 166 (15) Home health agencies, as provided under part IV of
- 167 chapter 400.
- 168 (16) Nurse registries, as provided under part IV of
- 169 chapter 400.
- 170 (17) Companion services or homemaker services providers,
- 171 as provided under part IV of chapter 400.
- 172 (18) Adult day care centers, as provided under part V of
- 173 chapter 400.
- 174 (19) Hospices, as provided under part VI of chapter 400.
- 175 (20) Adult family-care homes, as provided under part VII
- 176 of chapter 400.
- 177 (21) Homes for special services, as provided under part
- 178 VIII of chapter 400.
- 179 (22) Transitional living facilities, as provided under
- 180 part VIII of chapter 400.
- 181 (23) Prescribed pediatric extended care centers, as
- 182 provided under part IX of chapter 400.
- 183 (24) Home medical equipment providers, as provided under
- 184 part X of chapter 400.
- 185 (25) Intermediate care facilities for persons with
- 186 developmental disabilities, as provided under part XI of chapter
- 187 400.
- 188 (26) Health care services pools, as provided under part
- 189 XII of chapter 400.

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

192 (28) Clinical laboratories, as provided under part I of
 193 chapter 483.

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

196 (30) Organ and tissue procurement agencies, as provided
 197 under chapter 765.

198 408.803 Definitions.--As used in this part, the term:

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

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

204 (3) "Authorizing statute" means the statute authorizing
 205 the licensed operation of a provider listed in s. 408.802 and
 206 includes chapters 112, 383, 390, 394, 395, 400, 440, 483, and
 207 765.

208 (4) "Certification" means certification as a Medicare or
 209 Medicaid provider of the services that require licensure, or
 210 certification pursuant to the federal Clinical Laboratory
 211 Improvement Amendment (CLIA).

212 (5) "Change of ownership" means an event in which the
 213 licensee changes to a different legal entity or in which 45
 214 percent or more of the ownership, voting shares, or controlling
 215 interest in a corporation whose shares are not publicly traded
 216 on a recognized stock exchange is transferred or assigned,

217 including the final transfer or assignment of multiple transfers
218 or assignments over a 2-year period that cumulatively total 45
219 percent or greater. A change solely in the management company or
220 board of directors is not a change of ownership.

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

223 (7) "Controlling interest" means:

224 (a) The applicant or licensee;

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

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

233

234 The term does not include a voluntary board member.

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

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

242 (10) "Moratorium" means a prohibition on the acceptance of
243 new clients.

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

246 (12) "Services that require licensure" means those
247 services, including residential services, that require a valid
248 license before those services may be provided in accordance with
249 authorizing statutes and agency rules.

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

261 408.804 License required; display.--

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

267 (2) A license must be displayed in a conspicuous place
268 readily visible to clients who enter at the address that appears
269 on the license and is valid only in the hands of the licensee to
270 whom it is issued and may not be sold, assigned, or otherwise

271 transferred, voluntarily or involuntarily. The license is valid
272 only for the licensee, provider, and location for which the
273 license is issued.

274 408.805 Fees required; adjustments.--Unless otherwise
275 limited by authorizing statutes, license fees must be reasonably
276 calculated by the agency to cover its costs in carrying out its
277 responsibilities under this part, authorizing statutes, and
278 applicable rules, including the cost of licensure, inspection,
279 and regulation of providers.

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

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

286 (3) An inspection fee must be paid as required in
287 authorizing statutes.

288 (4) Fees are nonrefundable.

289 (5) When a change is reported that requires issuance of a
290 license, a fee may be assessed. The fee must be based on the
291 actual cost of processing and issuing the license.

292 (6) A fee may be charged to a licensee requesting a
293 duplicate license. The fee may not exceed the actual cost of
294 duplication and postage.

295 (7) Total fees collected may not exceed the cost of
296 administering this part, authorizing statutes, and applicable
297 rules.

298 408.806 License application process.--

299 (1) An application for licensure must be made to the
300 agency on forms furnished by the agency, submitted under oath,
301 and accompanied by the appropriate fee in order to be accepted
302 and considered timely. The application must contain information
303 required by authorizing statutes and applicable rules and must
304 include:

305 (a) The name, address, and social security number of the
306 applicant and each controlling interest if the applicant or
307 controlling interest is an individual.

308 (b) The name, address, and federal employer identification
309 number or taxpayer identification number of the applicant and
310 each controlling interest if the applicant or controlling
311 interest is not an individual.

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

313 (d) The total number of beds or capacity requested, as
314 applicable.

315 (e) The name of the person or persons under whose
316 management or supervision the provider will operate and the name
317 of the administrator, if required.

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

322 (g) Other information, including satisfactory inspection
323 results, that the agency finds necessary to determine the
324 ability of the applicant to carry out its responsibilities under
325 this part, authorizing statutes, and applicable rules.

326 (2) (a) The applicant for a renewal license must submit an
327 application that must be received by the agency at least 60 days
328 prior to the expiration of the current license. If the renewal
329 application and fee are received prior to the license expiration
330 date, the license shall not be deemed to have expired if the
331 license expiration date occurs during the agency's review of the
332 renewal application.

333 (b) The applicant for initial licensure due to a change of
334 ownership must submit an application that must be received by
335 the agency at least 60 days prior to the date of change of
336 ownership.

337 (c) For any other application or request, the applicant
338 must submit an application or request that must be received by
339 the agency at least 60 days prior to the requested effective
340 date, unless otherwise specified in authorizing statutes or
341 applicable rules.

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

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

357 (b) Requested information omitted from an application for
358 licensure, license renewal, or change of ownership, other than
359 an inspection, must be filed with the agency within 21 days
360 after the agency's request for omitted information or the
361 application shall be deemed incomplete and shall be withdrawn
362 from further consideration and the fees shall be forfeited.

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

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

368 (b) Each license issued shall indicate the name of the
369 licensee, the type of provider or service that the licensee is
370 required or authorized to operate or offer, the date the license
371 is effective, the expiration date of the license, the maximum
372 capacity of the licensed premises, if applicable, and any other
373 information required or deemed necessary by the agency.

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

377 (6) The agency may not issue an initial license to a
378 health care provider subject to the certificate-of-need
379 provisions in part I of this chapter if the licensee has not

380 been issued a certificate of need or certificate-of-need
381 exemption, when applicable. Failure to apply for the renewal of
382 a license prior to the expiration date renders the license void.

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

387 (b) An initial inspection is not required for companion
388 services or homemaker services providers, as provided under part
389 IV of chapter 400, or for health care services pools, as
390 provided under part XII of chapter 400.

391 (c) If an inspection is required by the authorizing
392 statute for a license application other than an initial
393 application, the inspection must be unannounced. This paragraph
394 does not apply to inspections required pursuant to ss. 383.324,
395 395.0161(4), and 483.061(2).

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

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

401 (a) Licensure applications.

402 (b) Required signatures.

403 (c) Payment of fees.

404 (d) Notarization of applications.

405

406 Requirements for electronic submission of any documents required

407 by this part or authorizing statutes may be established by rule.

408 408.807 Change of ownership.--Whenever a change of
409 ownership occurs:

410 (1) The transferor shall notify the agency in writing at
411 least 60 days before the anticipated date of the change of
412 ownership.

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

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

416 (a) The lawful operation of the provider and the welfare
417 of the clients served until the date the transferee is licensed
418 by the agency.

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

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

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

428 (a) All client records.

429 (b) Inspection reports.

430 (c) All records required to be maintained pursuant to s.
431 409.913, if applicable.

432 408.808 License categories.--

433 (1) STANDARD LICENSE.--A standard license may be issued to

434 an applicant at the time of initial licensure, license renewal,
435 or change of ownership. A standard license shall be issued when
436 the applicant is in compliance with all statutory requirements
437 and agency rules. Unless sooner revoked, a standard license
438 expires 2 years after the date of issue.

439 (2) PROVISIONAL LICENSE.--A provisional license may be
440 issued to an applicant pursuant to s. 408.809(3). An applicant
441 against whom a proceeding denying or revoking a license is
442 pending at the time of license renewal may be issued a
443 provisional license effective until final action not subject to
444 further appeal.

445 (3) INACTIVE LICENSE.--An inactive license may be issued
446 to a health care provider subject to the certificate-of-need
447 provisions in part I of this chapter when the provider is
448 currently licensed, does not have a provisional license, and
449 will be temporarily unable to provide services but is reasonably
450 expected to resume services within 12 months. Such designation
451 may be made for a period not to exceed 12 months but may be
452 renewed by the agency for up to 12 additional months upon
453 demonstration by the licensee of the provider's progress toward
454 reopening. A request by a licensee for an inactive license or to
455 extend the previously approved inactive period must be submitted
456 to the agency and must include a written justification for the
457 inactive license with the beginning and ending dates of
458 inactivity specified, a plan for the transfer of any clients to
459 other providers, and the appropriate licensure fees. The agency
460 may not accept a request that is submitted after initiating

461 closure, after any suspension of service, or after notifying
 462 clients of closure or suspension of service, unless the action
 463 is a result of a disaster at the licensed premises. For the
 464 purposes of this section, the term "disaster" means a sudden
 465 emergency occurrence beyond the control of the licensee, whether
 466 natural, technological, or manmade, which renders the provider
 467 inoperable at the premises. Upon agency approval, the provider
 468 shall notify clients of any necessary discharge or transfer as
 469 required by authorizing statutes or applicable rules. The
 470 beginning of the inactive license period is the date the
 471 provider ceases operations. The end of the inactive license
 472 period shall become the license expiration date. All licensure
 473 fees must be current, must be paid in full, and may be prorated.
 474 Reactivation of an inactive license requires the approval of a
 475 renewal application, including payment of licensure fees and
 476 agency inspections indicating compliance with all requirements
 477 of this part, authorizing statutes, and applicable rules.

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

480 408.809 Background screening; prohibited offenses.--

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

485 (a) The licensee, if an individual.

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

488 (c) The financial officer or similarly titled individual
489 who is responsible for the financial operation of the licensee
490 or provider.

491 (d) Any person who is a controlling interest if the agency
492 has reason to believe that such person has been convicted of any
493 offense prohibited by s. 435.04. For each controlling interest
494 who has been convicted of any such offense, the licensee shall
495 submit to the agency a description and explanation of the
496 conviction at the time of license application.

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

512 (3) A provisional license may be granted to an applicant
513 when each individual required by this section to undergo
514 background screening has met the standards for the Department of

515 Law Enforcement background check but the agency has not yet
516 received background screening results from the Federal Bureau of
517 Investigation. A standard license may be granted to the licensee
518 upon the agency's receipt of a report of the results of the
519 Federal Bureau of Investigation background screening for each
520 individual required by this section to undergo background
521 screening that confirms that all standards have been met or upon
522 the granting of an exemption from disqualification by the agency
523 as set forth in chapter 435.

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

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

540 408.810 Minimum licensure requirements.--In addition to
541 the licensure requirements specified in this part, authorizing

542 statutes, and applicable rules, each applicant and licensee must
543 comply with the requirements of this section in order to obtain
544 and maintain a license.

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

547 (2) An applicant for licensure must provide a description
548 and explanation of any exclusions, suspensions, or terminations
549 of the applicant from the Medicare, Medicaid, or federal
550 Clinical Laboratory Improvement Amendment (CLIA) programs.

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

555 (4) Whenever a licensee discontinues operation of a
556 provider:

557 (a) The licensee must inform the agency not less than 30
558 days prior to the discontinuance of operation and inform clients
559 of such discontinuance as required by authorizing statutes.
560 Immediately upon discontinuance of operation by a provider, the
561 licensee shall surrender the license to the agency and the
562 license shall be canceled.

563 (b) The licensee shall remain responsible for retaining
564 and appropriately distributing all records within the timeframes
565 prescribed in authorizing statutes and applicable rules. In
566 addition, the licensee or, in the event of death or dissolution
567 of a licensee, the estate or agent of the licensee shall:

568 1. Make arrangements to forward records for each client to

569 one of the following, based upon the client's choice: the client
570 or the client's legal representative, the client's attending
571 physician, or the health care provider where the client
572 currently receives services; or

573 2. Cause a notice to be published in the newspaper of
574 greatest general circulation in the county in which the provider
575 was located that advises clients of the discontinuance of the
576 provider operation. The notice must inform clients that they may
577 obtain copies of their records and specify the name, address,
578 and telephone number of the person from whom the copies of
579 records may be obtained. The notice must appear at least once a
580 week for 4 consecutive weeks.

581 (5) (a) On or before the first day services are provided to
582 a client, a licensee must inform the client and his or her
583 immediate family or representative, if appropriate, of the right
584 to report:

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

590 2. Abusive, neglectful, or exploitative practices. The
591 statewide toll-free telephone number for the central abuse
592 hotline must be provided to clients in a manner that is clearly
593 legible and must include the words: "To report abuse, neglect,
594 or exploitation, please call toll-free (phone number)." The
595 agency shall publish a minimum of a 90-day advance notice of a

596 change in the toll-free telephone numbers.

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

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

604 (7) If proof of insurance is required by the authorizing
605 statute, that insurance must be in compliance with chapter 624,
606 chapter 626, chapter 627, or chapter 628 and with agency rules.

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

623 to, unpaid expenses necessary for the basic operations of the
 624 provider.

625 (9) A controlling interest may not withhold from the
 626 agency any evidence of financial instability, including, but not
 627 limited to, checks returned due to insufficient funds,
 628 delinquent accounts, nonpayment of withholding taxes, unpaid
 629 utility expenses, nonpayment for essential services, or adverse
 630 court action concerning the financial viability of the provider
 631 or any other provider licensed under this part that is under the
 632 control of the controlling interest. Any person who violates
 633 this subsection commits a misdemeanor of the second degree,
 634 punishable as provided in s. 775.082 or s. 775.083. Each day of
 635 continuing violation is a separate offense.

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

644 408.811 Right of inspection; copies; inspection reports.--

645 (1) An authorized officer or employee of the agency may
 646 make or cause to be made any inspection or investigation deemed
 647 necessary by the agency to determine the state of compliance
 648 with this part, authorizing statutes, and applicable rules. The
 649 right of inspection extends to any business that the agency has

650 reason to believe is being operated as a provider without a
 651 license, but inspection of any business suspected of being
 652 operated without the appropriate license may not be made without
 653 the permission of the owner or person in charge unless a warrant
 654 is first obtained from a circuit court. Any application for a
 655 license issued under this part, authorizing statutes, or
 656 applicable rules constitutes permission for an appropriate
 657 inspection to verify the information submitted on or in
 658 connection with the application.

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

661 (b) Inspections for relicensure shall be conducted
 662 biennially unless otherwise specified by authorizing statutes or
 663 applicable rules.

664 (2) Inspections conducted in conjunction with
 665 certification may be accepted in lieu of a complete licensure
 666 inspection. However, a licensure inspection may also be
 667 conducted to review any licensure requirements that are not also
 668 requirements for certification.

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

672 (4) (a) Each licensee shall maintain as public information,
 673 available upon request, records of all inspection reports
 674 pertaining to that provider that have been filed by the agency
 675 unless those reports are exempt from or contain information that
 676 is exempt from s. 119.07(1) and s. 24(a), Art. I of the State

677 Constitution or is otherwise made confidential by law. Effective
678 October 1, 2006, copies of such reports shall be retained in the
679 records of the provider for at least 3 years following the date
680 the reports are filed and issued, regardless of a change of
681 ownership.

682 (b) A licensee shall, upon the request of any person who
683 has completed a written application with intent to be admitted
684 by such provider, any person who is a client of such provider,
685 or any relative, spouse, or guardian of any such person, furnish
686 to the requester a copy of the last inspection report pertaining
687 to the licensed provider that was issued by the agency or by an
688 accrediting organization if such report is used in lieu of a
689 licensure inspection.

690 408.812 Unlicensed activity.--

691 (1) A person or entity may not offer or advertise services
692 that require licensure as defined by this part, authorizing
693 statutes, or applicable rules to the public without obtaining a
694 valid license from the agency. A licenseholder may not advertise
695 or hold out to the public that he or she holds a license for
696 other than that for which he or she actually holds the license.

697 (2) The operation or maintenance of an unlicensed provider
698 or the performance of any services that require licensure
699 without proper licensure is a violation of this part and
700 authorizing statutes. Unlicensed activity constitutes harm that
701 materially affects the health, safety, and welfare of clients.
702 The agency or any state attorney may, in addition to other
703 remedies provided in this part, bring an action for an

704 injunction to restrain such violation, or to enjoin the future
705 operation or maintenance of the unlicensed provider or the
706 performance of any services in violation of this part and
707 authorizing statutes, until compliance with this part,
708 authorizing statutes, and agency rules has been demonstrated to
709 the satisfaction of the agency.

710 (3) It is unlawful for any person or entity to own,
711 operate, or maintain an unlicensed provider. If after receiving
712 notification from the agency, such person or entity fails to
713 cease operation and apply for a license under this part and
714 authorizing statutes, the person or entity shall be subject to
715 penalties as prescribed by authorizing statutes and applicable
716 rules. Each day of continued operation is a separate offense.

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

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

728 (6) In addition to granting injunctive relief pursuant to
729 subsection (2), if the agency determines that a person or entity
730 is operating or maintaining a provider without obtaining a

731 license and determines that a condition exists that poses a
732 threat to the health, safety, or welfare of a client of the
733 provider, the person or entity is subject to the same actions
734 and fines imposed against a licensee as specified in this part,
735 authorizing statutes, and agency rules.

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

738 408.813 Administrative fines.--As a penalty for any
739 violation of this part, authorizing statutes, or applicable
740 rules, the agency may impose an administrative fine. Unless the
741 amount or aggregate limitation of the fine is prescribed by
742 authorizing statutes or applicable rules, the agency may
743 establish criteria by rule for the amount or aggregate
744 limitation of administrative fines applicable to this part,
745 authorizing statutes, and applicable rules. Each day of
746 violation constitutes a separate violation and is subject to a
747 separate fine. For fines imposed by final order of the agency
748 and not subject to further appeal, the violator shall pay the
749 fine plus interest at the rate specified in s. 55.03 for each
750 day beyond the date set by the agency for payment of the fine.

751 408.814 Moratorium; emergency suspension.--

752 (1) The agency may impose an immediate moratorium or
753 emergency suspension as defined in s. 120.60 on any provider if
754 the agency determines that any condition related to the provider
755 or licensee presents a threat to the health, safety, or welfare
756 of a client.

757 (2) A provider or licensee, the license of which is denied

758 or revoked, may be subject to immediate imposition of a
759 moratorium or emergency suspension to run concurrently with
760 licensure denial, revocation, or injunction.

761 (3) A moratorium or emergency suspension remains in effect
762 after a change of ownership, unless the agency has determined
763 that the conditions that created the moratorium, emergency
764 suspension, or denial of licensure have been corrected.

765 (4) When a moratorium or emergency suspension is placed on
766 a provider or licensee, notice of the action shall be posted and
767 visible to the public at the location of the provider until the
768 action is lifted.

769 408.815 License or application denial; revocation.--

770 (1) In addition to the grounds provided in authorizing
771 statutes, grounds that may be used by the agency for denying and
772 revoking a license or change of ownership application include
773 any of the following actions by a controlling interest:

774 (a) False representation of a material fact in the license
775 application or omission of any material fact from the
776 application.

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

779 (c) A violation of this part, authorizing statutes, or
780 applicable rules.

781 (d) A demonstrated pattern of deficient performance.

782 (e) The applicant, licensee, or controlling interest has
783 been or is currently excluded, suspended, or terminated from
784 participation in the state Medicaid program, the Medicaid

785 program of any other state, or the Medicare program.

786 (2) If a licensee lawfully continues to operate while a
787 denial or revocation is pending in litigation, the licensee must
788 continue to meet all other requirements of this part,
789 authorizing statutes, and applicable rules and must file
790 subsequent renewal applications for licensure and pay all
791 licensure fees. The provisions of ss. 120.60(1) and
792 408.806(3)(c) shall not apply to renewal applications filed
793 during the time period in which the litigation of the denial or
794 revocation is pending until that litigation is final.

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

798 408.816 Injunctions.--

799 (1) In addition to the other powers provided by this part,
800 authorizing statutes, and applicable rules, the agency may
801 institute injunction proceedings in a court of competent
802 jurisdiction to:

803 (a) Restrain or prevent the establishment or operation of
804 a provider that does not have a license or is in violation of
805 any provision of this part, authorizing statutes, or applicable
806 rules. The agency may also institute injunction proceedings in a
807 court of competent jurisdiction when a violation of this part,
808 authorizing statutes, or applicable rules constitutes an
809 emergency affecting the immediate health and safety of a client.

810 (b) Enforce the provisions of this part, authorizing
811 statutes, or any minimum standard, rule, or order issued or

812 entered into pursuant thereto when the attempt by the agency to
813 correct a violation through administrative sanctions has failed
814 or when the violation materially affects the health, safety, or
815 welfare of clients or involves any operation of an unlicensed
816 provider.

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

821
822 Such injunctive relief may be temporary or permanent.

823 (2) If action is necessary to protect clients of providers
824 from immediate, life-threatening situations, the court may allow
825 a temporary injunction without bond upon proper proofs being
826 made. If it appears by competent evidence or a sworn,
827 substantiated affidavit that a temporary injunction should be
828 issued, the court, pending the determination on final hearing,
829 shall enjoin the operation of the provider.

830 408.817 Administrative proceedings.--Administrative
831 proceedings challenging agency licensure enforcement action
832 shall be reviewed on the basis of the facts and conditions that
833 resulted in the agency action.

834 408.818 Health Care Trust Fund.--Unless otherwise
835 prescribed by authorizing statutes, all fees and fines collected
836 under this part, authorizing statutes, and applicable rules
837 shall be deposited into the Health Care Trust Fund, created in
838 s. 408.16, and used to pay the costs of the agency in

839 administering the provider program paying the fees or fines.

840 408.819 Rules.--The agency is authorized to adopt rules as
841 necessary to administer this part. Any licensed provider that is
842 in operation at the time of adoption of any applicable rule
843 under this part or authorizing statutes shall be given a
844 reasonable time under the particular circumstances, not to
845 exceed 6 months after the date of such adoption, within which to
846 comply with such rule, unless otherwise specified by rule.

847 408.820 Exemptions.--Except as prescribed in authorizing
848 statutes, the following exemptions shall apply to specified
849 requirements of this part:

850 (1) Laboratories authorized to perform testing under the
851 Drug-Free Workplace Act, as provided under ss. 112.0455 and
852 440.102, are exempt from s. 408.810(5)-(10).

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

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

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

859 (5) Short-term residential treatment facilities, as
860 provided under parts I and IV of chapter 394, are exempt from s.
861 408.810(8)-(10).

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

864 (7) Residential treatment centers for children and
865 adolescents, as provided under part IV of chapter 394, are

866 exempt from s. 408.810(8)-(10).

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

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

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

873 (11) Private review agents, as provided under part I of
874 chapter 395, are exempt from ss. 408.806(7), 408.810, and
875 408.811.

876 (12) Health care risk managers, as provided under part I
877 of chapter 395, are exempt from ss. 408.806(7), 408.810, and
878 408.811.

879 (13) Nursing homes, as provided under part II of chapter
880 400, are exempt from s. 408.810(7).

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

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

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

887 (17) Companion services or homemaker services providers,
888 as provided under part IV of chapter 400, are exempt from s.
889 408.810(6)-(10).

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

892 (19) Adult family-care homes, as provided under part VII

893 of chapter 400, are exempt from s. 408.810(7)-(10).

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

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

898 (22) Prescribed pediatric extended care centers, as
899 provided under part IX of chapter 400, are exempt from s.
900 408.810(10).

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

903 (24) Intermediate care facilities for persons with
904 developmental disabilities, as provided under part XI of chapter
905 400, are exempt from s. 408.810(7).

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

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

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

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

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

917 Section 6. Paragraph (b) of subsection (1) of section
918 400.801, Florida Statutes, is amended to read:

919 400.801 Homes for special services.--

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

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

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

928 400.9905 Definitions.--

929 (4) "Clinic" means an entity at which health care services
 930 are provided to individuals and which tenders charges for
 931 reimbursement for such services, including a mobile clinic and a
 932 portable equipment provider. For purposes of this part, the term
 933 does not include and the licensure requirements of this part do
 934 not apply to:

935 (e) An entity that is exempt from federal taxation under
 936 26 U.S.C. s. 501(c)(3) or s. 501(c)(4), an employee stock
 937 ownership plan under 26 U.S.C. s. 409 that has a board of
 938 trustees not less than two-thirds of which are Florida-licensed
 939 health care practitioners and provides only physical therapy
 940 services under physician orders, any community college or
 941 university clinic, and any entity owned or operated by the
 942 federal or state government, including agencies, subdivisions,
 943 or municipalities thereof.

944 (i) Entities that provide only oncology or radiation
 945 therapy services by physicians licensed under chapter 458 or
 946 chapter 459 or entities that provide oncology or radiation

947 therapy services by physicians licensed under chapter 458 or
948 chapter 459 which are owned by a corporation whose shares are
949 publicly traded on a recognized stock exchange.

950 (k) Entities that provide licensed practitioners to staff
951 emergency departments or to deliver anesthesia services in
952 facilities licensed under chapter 395 and that derive at least
953 90 percent of their gross annual revenues from the provision of
954 such services. Entities claiming an exemption from licensure
955 under this paragraph must provide documentation demonstrating
956 compliance.

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

961 408.036 Projects subject to review; exemptions.--

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

964 (f) For the creation of a single nursing home within a
965 district by combining licensed beds from two or more licensed
966 nursing homes within such district, regardless of subdistrict
967 boundaries, if 50 percent of the beds in the created nursing
968 home are transferred from the only nursing home in a county and
969 its utilization data demonstrate that it had an occupancy rate
970 of less than 75 percent for the 12-month period ending 90 days
971 before the request for the exemption. This paragraph is repealed
972 upon the expiration of the moratorium established in s.
973 651.1185(1).

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

976 408.831 Denial, suspension, or revocation of a license,
 977 registration, certificate, or application.--

978 (1) In addition to any other remedies provided by law, the
 979 agency may deny each application or suspend or revoke each
 980 license, registration, or certificate of entities regulated or
 981 licensed by it:

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

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

995 (3) This section provides standards of enforcement
 996 applicable to all entities licensed or regulated by the Agency
 997 for Health Care Administration. This section controls over any
 998 conflicting provisions of chapters 39, ~~381,~~ 383, 390, 391, ~~393,~~
 999 394, 395, 400, 408, 468, 483, and 765 ~~641~~ or rules adopted
 1000 pursuant to those chapters.

1001 Section 10. In case of conflict between the provisions of
 1002 part II of chapter 408, Florida Statutes, and the authorizing
 1003 statutes governing the licensure of health care providers by the
 1004 Agency for Health Care Administration found in s. 112.0455 and
 1005 chapters 383, 390, 394, 395, 400, 440, 483, and 765, Florida
 1006 Statutes, the provisions of part II of chapter 408, Florida
 1007 Statutes, shall prevail.

1008 Section 11. All provisions that apply to the entities
 1009 specified in s. 408.802, Florida Statutes, as created by this
 1010 act, in effect on October 1, 2006, that provide for annual
 1011 licensure fees are hereby adjusted to provide for biennial
 1012 licensure fees with a corresponding doubling of the amount.

1013 Section 12. The Legislature recognizes that there is a
 1014 need to conform the Florida Statutes to the policy decisions
 1015 reflected in this act and that there may be a need to resolve
 1016 apparent conflicts between any changes or additions to the
 1017 authorizing statutes, as defined in s. 408.803, Florida
 1018 Statutes, or any other legislation that has been or may be
 1019 enacted during 2006 and this chapter 408, Florida Statutes, as
 1020 amended by this act. Therefore, in the interim between this act
 1021 becoming a law and the 2007 Regular Session of the Legislature
 1022 or an earlier special session addressing this issue, the
 1023 Division of Statutory Revision shall provide the relevant
 1024 substantive committees of the Senate and the House of
 1025 Representatives with assistance, upon request, to enable such
 1026 committees to prepare draft legislation to conform the Florida

1027 Statutes and any legislation enacted during 2006 to the
1028 provisions of this act.

1029 Section 13. For the purpose of staggering license
1030 expiration dates, the Agency for Health Care Administration may
1031 issue a license for less than a 2-year period to those providers
1032 making the transition from annual to biennial licensure as
1033 authorized in this act. The agency shall charge a prorated
1034 licensure fee for this shortened period. This authority shall
1035 expire September 30, 2008.

1036 Section 14. This act shall take effect October 1, 2006.