

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; amending s. 395.4001, F.S.; providing
 93 definitions; repealing s. 395.4035, F.S., to terminate the
 94 Trauma Services Trust Fund; amending s. 395.4036, F.S.;
 95 revising provisions relating to distribution of funds to
 96 trauma centers and use thereof; creating s. 395.41, F.S.;
 97 establishing a trauma center startup grant program;
 98 providing conditions for the receipt of a startup grant;
 99 providing limitations; making the trauma center startup
 100 grant program subject to an appropriation in the General
 101 Appropriations Act; providing effective dates. providing
 102 an effective date.

103
 104 Be It Enacted by the Legislature of the State of Florida:
 105

106 Section 1. Part I of chapter 408, Florida Statutes,
 107 consisting of sections 408.031, 408.032, 408.033, 408.034,
 108 408.035, 408.036, 408.0361, 408.037, 408.038, 408.039, 408.040,

109 408.041, 408.042, 408.043, 408.044, 408.045, 408.0455, 408.05,
 110 408.061, 408.062, 408.063, 408.07, 408.08, 408.09, 408.10,
 111 408.15, 408.16, 408.18, 408.185, 408.20, 408.301, 408.302,
 112 408.40, 408.50, 408.70, 408.7056, 408.7057, and 408.7071,
 113 Florida Statutes, is created and entitled "Health Facility and
 114 Services Planning."

115 Section 2. Part II of chapter 408, Florida Statutes,
 116 consisting of sections 408.801, 408.802, 408.803, 408.804,
 117 408.805, 408.806, 408.807, 408.808, 408.809, 408.810, 408.811,
 118 408.812, 408.813, 408.814, 408.815, 408.816, 408.817, 408.818,
 119 408.819, 408.820, and 408.831, Florida Statutes, is created and
 120 entitled "Health Care Licensing: General Provisions."

121 Section 3. Part III of chapter 408, Florida Statutes,
 122 consisting of sections 408.90, 408.901, 408.902, 408.903,
 123 408.904, 408.905, 408.906, 408.907, 408.908, and 408.909,
 124 Florida Statutes, is created and entitled "Health Insurance
 125 Access."

126 Section 4. Part IV of chapter 408, Florida Statutes,
 127 consisting of sections 408.911, 408.913, 408.914, 408.915,
 128 408.916, 408.917, and 408.918, Florida Statutes, is created and
 129 entitled "Health and Human Services Eligibility Access System."

130 Section 5. Sections 408.801, 408.802, 408.803, 408.804,
 131 408.805, 408.806, 408.807, 408.808, 408.809, 408.810, 408.811,
 132 408.812, 408.813, 408.814, 408.815, 408.816, 408.817, 408.818,
 133 408.819, and 408.820, Florida Statutes, are created to read:

134 408.801 Short title; purpose.--

135 (1) This part may be cited as the "Health Care Licensing

136 Procedures Act."

137 (2) The Legislature finds that there is unnecessary
138 duplication and variation in the requirements for licensure by
139 the agency. It is the intent of the Legislature to provide a
140 streamlined and consistent set of basic licensing requirements
141 for all such providers in order to minimize confusion,
142 standardize terminology, and include issues that are otherwise
143 not adequately addressed in the Florida Statutes pertaining to
144 specific providers.

145 408.802 Applicability.--The provisions of this part apply
146 to the provision of services that require licensure as defined
147 in this part and to the following entities licensed, registered,
148 or certified by the agency, as described in chapters 112, 383,
149 390, 394, 395, 400, 440, 483, and 765:

150 (1) Laboratories authorized to perform testing under the
151 Drug-Free Workplace Act, as provided under ss. 112.0455 and
152 440.102.

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

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

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

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

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

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

- 163 (8) Hospitals, as provided under part I of chapter 395.
- 164 (9) Ambulatory surgical centers, as provided under part I
165 of chapter 395.
- 166 (10) Mobile surgical facilities, as provided under part I
167 of chapter 395.
- 168 (11) Private review agents, as provided under part I of
169 chapter 395.
- 170 (12) Health care risk managers, as provided under part I
171 of chapter 395.
- 172 (13) Nursing homes, as provided under part II of chapter
173 400.
- 174 (14) Assisted living facilities, as provided under part
175 III of chapter 400.
- 176 (15) Home health agencies, as provided under part IV of
177 chapter 400.
- 178 (16) Nurse registries, as provided under part IV of
179 chapter 400.
- 180 (17) Companion services or homemaker services providers,
181 as provided under part IV of chapter 400.
- 182 (18) Adult day care centers, as provided under part V of
183 chapter 400.
- 184 (19) Hospices, as provided under part VI of chapter 400.
- 185 (20) Adult family-care homes, as provided under part VII
186 of chapter 400.
- 187 (21) Homes for special services, as provided under part
188 VIII of chapter 400.
- 189 (22) Transitional living facilities, as provided under

190 part VIII of chapter 400.

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

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

195 (25) Intermediate care facilities for persons with
196 developmental disabilities, as provided under part XI of chapter
197 400.

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

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

202 (28) Clinical laboratories, as provided under part I of
203 chapter 483.

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

206 (30) Organ and tissue procurement agencies, as provided
207 under chapter 765.

208 408.803 Definitions.--As used in this part, the term:

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

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

214 (3) "Authorizing statute" means the statute authorizing
215 the licensed operation of a provider listed in s. 408.802 and
216 includes chapters 112, 383, 390, 394, 395, 400, 440, 483, and

217 765.

218 (4) "Certification" means certification as a Medicare or
 219 Medicaid provider of the services that require licensure, or
 220 certification pursuant to the federal Clinical Laboratory
 221 Improvement Amendment (CLIA).

222 (5) "Change of ownership" means an event in which the
 223 licensee changes to a different legal entity or in which 45
 224 percent or more of the ownership, voting shares, or controlling
 225 interest in a corporation whose shares are not publicly traded
 226 on a recognized stock exchange is transferred or assigned,
 227 including the final transfer or assignment of multiple transfers
 228 or assignments over a 2-year period that cumulatively total 45
 229 percent or greater. A change solely in the management company or
 230 board of directors is not a change of ownership.

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

233 (7) "Controlling interest" means:

234 (a) The applicant or licensee;

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

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

243

244 The term does not include a voluntary board member.

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

247 (9) "Licensee" means an individual, corporation,
248 partnership, firm, association, or governmental entity that is
249 issued a permit, registration, certificate, or license by the
250 agency. The licensee is legally responsible for all aspects of
251 the provider operation.

252 (10) "Moratorium" means a prohibition on the acceptance of
253 new clients.

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

256 (12) "Services that require licensure" means those
257 services, including residential services, that require a valid
258 license before those services may be provided in accordance with
259 authorizing statutes and agency rules.

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

271 408.804 License required; display.--

272 (1) It is unlawful to provide services that require

273 licensure, or operate or maintain a provider that offers or

274 provides services that require licensure, without first

275 obtaining from the agency a license authorizing the provision of

276 such services or the operation or maintenance of such provider.

277 (2) A license must be displayed in a conspicuous place

278 readily visible to clients who enter at the address that appears

279 on the license and is valid only in the hands of the licensee to

280 whom it is issued and may not be sold, assigned, or otherwise

281 transferred, voluntarily or involuntarily. The license is valid

282 only for the licensee, provider, and location for which the

283 license is issued.

284 408.805 Fees required; adjustments.--Unless otherwise

285 limited by authorizing statutes, license fees must be reasonably

286 calculated by the agency to cover its costs in carrying out its

287 responsibilities under this part, authorizing statutes, and

288 applicable rules, including the cost of licensure, inspection,

289 and regulation of providers.

290 (1) Licensure fees shall be adjusted to provide for

291 biennial licensure under agency rules.

292 (2) The agency shall annually adjust licensure fees,

293 including fees paid per bed, by not more than the change in the

294 Consumer Price Index based on the 12 months immediately

295 preceding the increase.

296 (3) An inspection fee must be paid as required in

297 authorizing statutes.

298 (4) Fees are nonrefundable.

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

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

305 (7) Total fees collected may not exceed the cost of
306 administering this part, authorizing statutes, and applicable
307 rules.

308 408.806 License application process.--

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

315 (a) The name, address, and social security number of the
316 applicant and each controlling interest if the applicant or
317 controlling interest is an individual.

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

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

323 (d) The total number of beds or capacity requested, as
324 applicable.

325 (e) The name of the person or persons under whose

326 management or supervision the provider will operate and the name
327 of the administrator, if required.

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

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

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

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

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

352 (d) The agency shall notify the licensee by mail or

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

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

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

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

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

378 (b) Each license issued shall indicate the name of the
379 licensee, the type of provider or service that the licensee is

380 required or authorized to operate or offer, the date the license
381 is effective, the expiration date of the license, the maximum
382 capacity of the licensed premises, if applicable, and any other
383 information required or deemed necessary by the agency.

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

387 (6) The agency may not issue an initial license to a
388 health care provider subject to the certificate-of-need
389 provisions in part I of this chapter if the licensee has not
390 been issued a certificate of need or certificate-of-need
391 exemption, when applicable. Failure to apply for the renewal of
392 a license prior to the expiration date renders the license void.

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

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

401 (c) If an inspection is required by the authorizing
402 statute for a license application other than an initial
403 application, the inspection must be unannounced. This paragraph
404 does not apply to inspections required pursuant to ss. 383.324,
405 395.0161(4), and 483.061(2).

406 (d) If a provider is not available when an inspection is

407 attempted, the application shall be denied.

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

411 (a) Licensure applications.

412 (b) Required signatures.

413 (c) Payment of fees.

414 (d) Notarization of applications.

415

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

418 408.807 Change of ownership.--Whenever a change of
419 ownership occurs:

420 (1) The transferor shall notify the agency in writing at
421 least 60 days before the anticipated date of the change of
422 ownership.

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

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

426 (a) The lawful operation of the provider and the welfare
427 of the clients served until the date the transferee is licensed
428 by the agency.

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

431 (4) Any restriction on licensure, including a conditional
432 license existing at the time of a change of ownership, shall
433 remain in effect until the agency determines that the grounds

434 for the restriction are corrected.

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

438 (a) All client records.

439 (b) Inspection reports.

440 (c) All records required to be maintained pursuant to s.
 441 409.913, if applicable.

442 408.808 License categories.--

443 (1) STANDARD LICENSE.--A standard license may be issued to
 444 an applicant at the time of initial licensure, license renewal,
 445 or change of ownership. A standard license shall be issued when
 446 the applicant is in compliance with all statutory requirements
 447 and agency rules. Unless sooner revoked, a standard license
 448 expires 2 years after the date of issue.

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

455 (3) INACTIVE LICENSE.--An inactive license may be issued
 456 to a health care provider subject to the certificate-of-need
 457 provisions in part I of this chapter when the provider is
 458 currently licensed, does not have a provisional license, and
 459 will be temporarily unable to provide services but is reasonably
 460 expected to resume services within 12 months. Such designation

461 may be made for a period not to exceed 12 months but may be
462 renewed by the agency for up to 12 additional months upon
463 demonstration by the licensee of the provider's progress toward
464 reopening. A request by a licensee for an inactive license or to
465 extend the previously approved inactive period must be submitted
466 to the agency and must include a written justification for the
467 inactive license with the beginning and ending dates of
468 inactivity specified, a plan for the transfer of any clients to
469 other providers, and the appropriate licensure fees. The agency
470 may not accept a request that is submitted after initiating
471 closure, after any suspension of service, or after notifying
472 clients of closure or suspension of service, unless the action
473 is a result of a disaster at the licensed premises. For the
474 purposes of this section, the term "disaster" means a sudden
475 emergency occurrence beyond the control of the licensee, whether
476 natural, technological, or manmade, which renders the provider
477 inoperable at the premises. Upon agency approval, the provider
478 shall notify clients of any necessary discharge or transfer as
479 required by authorizing statutes or applicable rules. The
480 beginning of the inactive license period is the date the
481 provider ceases operations. The end of the inactive license
482 period shall become the license expiration date. All licensure
483 fees must be current, must be paid in full, and may be prorated.
484 Reactivation of an inactive license requires the approval of a
485 renewal application, including payment of licensure fees and
486 agency inspections indicating compliance with all requirements
487 of this part, authorizing statutes, and applicable rules.

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

490 408.809 Background screening; prohibited offenses.--

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

495 (a) The licensee, if an individual.

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

498 (c) The financial officer or similarly titled individual
 499 who is responsible for the financial operation of the licensee
 500 or provider.

501 (d) Any person who is a controlling interest if the agency
 502 has reason to believe that such person has been convicted of any
 503 offense prohibited by s. 435.04. For each controlling interest
 504 who has been convicted of any such offense, the licensee shall
 505 submit to the agency a description and explanation of the
 506 conviction at the time of license application.

507 (2) Proof of compliance with level 2 screening standards
 508 submitted within the previous 5 years to meet any provider or
 509 professional licensure requirements of the agency, the
 510 Department of Health, the Agency for Persons with Disabilities,
 511 or the Department of Children and Family Services satisfies the
 512 requirements of this section, provided that such proof is
 513 accompanied, under penalty of perjury, by an affidavit of
 514 compliance with the provisions of chapter 435 using forms

515 provided by the agency. Proof of compliance with the background
516 screening requirements of the Department of Financial Services
517 submitted within the previous 5 years for an applicant for a
518 certificate of authority to operate a continuing care retirement
519 community under chapter 651 satisfies the Department of Law
520 Enforcement and Federal Bureau of Investigation portions of a
521 level 2 background check.

522 (3) A provisional license may be granted to an applicant
523 when each individual required by this section to undergo
524 background screening has met the standards for the Department of
525 Law Enforcement background check but the agency has not yet
526 received background screening results from the Federal Bureau of
527 Investigation. A standard license may be granted to the licensee
528 upon the agency's receipt of a report of the results of the
529 Federal Bureau of Investigation background screening for each
530 individual required by this section to undergo background
531 screening that confirms that all standards have been met or upon
532 the granting of an exemption from disqualification by the agency
533 as set forth in chapter 435.

534 (4) When a person is newly employed in a capacity that
535 requires screening under this section, the licensee must notify
536 the agency of the change within the time period specified in the
537 authorizing statute or rules and must submit to the agency
538 information necessary to conduct level 2 screening or provide
539 evidence of compliance with background screening requirements of
540 this section. The person may serve in his or her capacity
541 pending the agency's receipt of the report from the Federal

542 Bureau of Investigation if he or she has met the standards for
543 the Department of Law Enforcement background check. However, the
544 person may not continue to serve in his or her capacity if the
545 report indicates any violation of background screening standards
546 unless an exemption from disqualification has been granted by
547 the agency as set forth in chapter 435.

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

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

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

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

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

565 (4) Whenever a licensee discontinues operation of a
566 provider:

567 (a) The licensee must inform the agency not less than 30
568 days prior to the discontinuance of operation and inform clients

569 of such discontinuance as required by authorizing statutes.
570 Immediately upon discontinuance of operation by a provider, the
571 licensee shall surrender the license to the agency and the
572 license shall be canceled.

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

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

583 2. Cause a notice to be published in the newspaper of
584 greatest general circulation in the county in which the provider
585 was located that advises clients of the discontinuance of the
586 provider operation. The notice must inform clients that they may
587 obtain copies of their records and specify the name, address,
588 and telephone number of the person from whom the copies of
589 records may be obtained. The notice must appear at least once a
590 week for 4 consecutive weeks.

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

595 1. Complaints. The statewide toll-free telephone number

596 for reporting complaints to the agency must be provided to
597 clients in a manner that is clearly legible and must include the
598 words: "To report a complaint regarding the services you
599 receive, please call toll-free (phone number)."

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

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

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

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

617 (8) Upon application for initial licensure or change of
618 ownership licensure, the applicant shall furnish satisfactory
619 proof of the applicant's financial ability to operate in
620 accordance with the requirements of this part, authorizing
621 statutes, and applicable rules. The agency shall establish
622 standards for this purpose, including information concerning the

623 applicant's controlling interests. The agency shall also
624 establish documentation requirements, to be completed by each
625 applicant, that show anticipated provider revenues and
626 expenditures, the basis for financing the anticipated cash-flow
627 requirements of the provider, and an applicant's access to
628 contingency financing. A current certificate of authority,
629 pursuant to chapter 651, may be provided as proof of financial
630 ability to operate. The agency may require a licensee to provide
631 proof of financial ability to operate at any time if there is
632 evidence of financial instability, including, but not limited
633 to, unpaid expenses necessary for the basic operations of the
634 provider.

635 (9) A controlling interest may not withhold from the
636 agency any evidence of financial instability, including, but not
637 limited to, checks returned due to insufficient funds,
638 delinquent accounts, nonpayment of withholding taxes, unpaid
639 utility expenses, nonpayment for essential services, or adverse
640 court action concerning the financial viability of the provider
641 or any other provider licensed under this part that is under the
642 control of the controlling interest. Any person who violates
643 this subsection commits a misdemeanor of the second degree,
644 punishable as provided in s. 775.082 or s. 775.083. Each day of
645 continuing violation is a separate offense.

646 (10) The agency may not issue a license to a health care
647 provider subject to the certificate-of-need provisions in part I
648 of this chapter if the health care provider has not been issued
649 a certificate of need or an exemption. Upon initial licensure of

650 any such provider, the authorization contained in the
651 certificate of need shall be considered fully implemented and
652 merged into the license and shall have no force and effect upon
653 termination of the license for any reason.

654 408.811 Right of inspection; copies; inspection reports.--

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

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

671 (b) Inspections for relicensure shall be conducted
672 biennially unless otherwise specified by authorizing statutes or
673 applicable rules.

674 (2) Inspections conducted in conjunction with
675 certification may be accepted in lieu of a complete licensure
676 inspection. However, a licensure inspection may also be

677 conducted to review any licensure requirements that are not also
678 requirements for certification.

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

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

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

700 408.812 Unlicensed activity.--

701 (1) A person or entity may not offer or advertise services
702 that require licensure as defined by this part, authorizing
703 statutes, or applicable rules to the public without obtaining a

704 valid license from the agency. A licenseholder may not advertise
705 or hold out to the public that he or she holds a license for
706 other than that for which he or she actually holds the license.

707 (2) The operation or maintenance of an unlicensed provider
708 or the performance of any services that require licensure
709 without proper licensure is a violation of this part and
710 authorizing statutes. Unlicensed activity constitutes harm that
711 materially affects the health, safety, and welfare of clients.
712 The agency or any state attorney may, in addition to other
713 remedies provided in this part, bring an action for an
714 injunction to restrain such violation, or to enjoin the future
715 operation or maintenance of the unlicensed provider or the
716 performance of any services in violation of this part and
717 authorizing statutes, until compliance with this part,
718 authorizing statutes, and agency rules has been demonstrated to
719 the satisfaction of the agency.

720 (3) It is unlawful for any person or entity to own,
721 operate, or maintain an unlicensed provider. If after receiving
722 notification from the agency, such person or entity fails to
723 cease operation and apply for a license under this part and
724 authorizing statutes, the person or entity shall be subject to
725 penalties as prescribed by authorizing statutes and applicable
726 rules. Each day of continued operation is a separate offense.

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

730 (5) When a controlling interest or licensee has an

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

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

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

748 408.813 Administrative fines.--As a penalty for any
749 violation of this part, authorizing statutes, or applicable
750 rules, the agency may impose an administrative fine. Unless the
751 amount or aggregate limitation of the fine is prescribed by
752 authorizing statutes or applicable rules, the agency may
753 establish criteria by rule for the amount or aggregate
754 limitation of administrative fines applicable to this part,
755 authorizing statutes, and applicable rules. Each day of
756 violation constitutes a separate violation and is subject to a
757 separate fine. For fines imposed by final order of the agency

758 and not subject to further appeal, the violator shall pay the
759 fine plus interest at the rate specified in s. 55.03 for each
760 day beyond the date set by the agency for payment of the fine.

761 408.814 Moratorium; emergency suspension.--

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

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

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

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

779 408.815 License or application denial; revocation.--

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

784 (a) False representation of a material fact in the license

785 application or omission of any material fact from the
786 application.

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

789 (c) A violation of this part, authorizing statutes, or
790 applicable rules.

791 (d) A demonstrated pattern of deficient performance.

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

796 (2) If a licensee lawfully continues to operate while a
797 denial or revocation is pending in litigation, the licensee must
798 continue to meet all other requirements of this part,
799 authorizing statutes, and applicable rules and must file
800 subsequent renewal applications for licensure and pay all
801 licensure fees. The provisions of ss. 120.60(1) and
802 408.806(3)(c) shall not apply to renewal applications filed
803 during the time period in which the litigation of the denial or
804 revocation is pending until that litigation is final.

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

808 408.816 Injunctions.--

809 (1) In addition to the other powers provided by this part,
810 authorizing statutes, and applicable rules, the agency may
811 institute injunction proceedings in a court of competent

812 jurisdiction to:

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

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

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

831
832 Such injunctive relief may be temporary or permanent.

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

839 shall enjoin the operation of the provider.

840 408.817 Administrative proceedings.--Administrative
841 proceedings challenging agency licensure enforcement action
842 shall be reviewed on the basis of the facts and conditions that
843 resulted in the agency action.

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

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

857 408.820 Exemptions.--Except as prescribed in authorizing
858 statutes, the following exemptions shall apply to specified
859 requirements of this part:

860 (1) Laboratories authorized to perform testing under the
861 Drug-Free Workplace Act, as provided under ss. 112.0455 and
862 440.102, are exempt from s. 408.810(5)-(10).

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

865 (3) Abortion clinics, as provided under chapter 390, are

866 exempt from s. 408.810(7)-(10).

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

869 (5) Short-term residential treatment facilities, as
870 provided under parts I and IV of chapter 394, are exempt from s.
871 408.810(8)-(10).

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

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

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

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

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

883 (11) Private review agents, as provided under part I of
884 chapter 395, are exempt from ss. 408.806(7), 408.810, and
885 408.811.

886 (12) Health care risk managers, as provided under part I
887 of chapter 395, are exempt from ss. 408.806(7), 408.810, and
888 408.811.

889 (13) Nursing homes, as provided under part II of chapter
890 400, are exempt from s. 408.810(7).

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

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

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

897 (17) Companion services or homemaker services providers,
 898 as provided under part IV of chapter 400, are exempt from s.
 899 408.810(6)-(10).

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

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

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

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

908 (22) Prescribed pediatric extended care centers, as
 909 provided under part IX of chapter 400, are exempt from s.
 910 408.810(10).

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

913 (24) Intermediate care facilities for persons with
 914 developmental disabilities, as provided under part XI of chapter
 915 400, are exempt from s. 408.810(7).

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

918 (26) Health care clinics, as provided under part XIII of
 919 chapter 400, are exempt from ss. 408.809 and 408.810(1), (6),

920 (7), and (10).

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

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

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

927 Section 6. Paragraph (b) of subsection (1) of section
 928 400.801, Florida Statutes, is amended to read:

929 400.801 Homes for special services.--

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

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

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

938 400.9905 Definitions.--

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

945 (e) An entity that is exempt from federal taxation under
 946 26 U.S.C. s. 501(c)(3) or s. 501(c)(4), an employee stock

947 ownership plan under 26 U.S.C. s. 409 that has a board of
948 trustees not less than two-thirds of which are Florida-licensed
949 health care practitioners and provides only physical therapy
950 services under physician orders, any community college or
951 university clinic, and any entity owned or operated by the
952 federal or state government, including agencies, subdivisions,
953 or municipalities thereof.

954 (i) Entities that provide only oncology or radiation
955 therapy services by physicians licensed under chapter 458 or
956 chapter 459 or entities that provide oncology or radiation
957 therapy services by physicians licensed under chapter 458 or
958 chapter 459 which are owned by a corporation whose shares are
959 publicly traded on a recognized stock exchange.

960 (k) Entities that provide licensed practitioners to staff
961 emergency departments or to deliver anesthesia services in
962 facilities licensed under chapter 395 and that derive at least
963 90 percent of their gross annual revenues from the provision of
964 such services. Entities claiming an exemption from licensure
965 under this paragraph must provide documentation demonstrating
966 compliance.

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

971 408.036 Projects subject to review; exemptions.--

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

974 (f) For the creation of a single nursing home within a
975 district by combining licensed beds from two or more licensed
976 nursing homes within such district, regardless of subdistrict
977 boundaries, if 50 percent of the beds in the created nursing
978 home are transferred from the only nursing home in a county and
979 its utilization data demonstrate that it had an occupancy rate
980 of less than 75 percent for the 12-month period ending 90 days
981 before the request for the exemption. This paragraph is repealed
982 upon the expiration of the moratorium established in s.
983 651.1185(1).

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

986 408.831 Denial, suspension, or revocation of a license,
987 registration, certificate, or application.--

988 (1) In addition to any other remedies provided by law, the
989 agency may deny each application or suspend or revoke each
990 license, registration, or certificate of entities regulated or
991 licensed by it:

992 (a) If the applicant, licensee, or a licensee subject to
993 this part which shares a common controlling interest with the
994 applicant registrant, or certificateholder, or, in the case of a
995 corporation, partnership, or other business entity, if any
996 officer, director, agent, or managing employee of that business
997 entity or any affiliated person, partner, or shareholder having
998 an ownership interest equal to 5 percent or greater in that
999 business entity, has failed to pay all outstanding fines, liens,
1000 or overpayments assessed by final order of the agency or final

1001 order of the Centers for Medicare and Medicaid Services, not
 1002 subject to further appeal, unless a repayment plan is approved
 1003 by the agency; or

1004 (b) For failure to comply with any repayment plan.

1005 (3) This section provides standards of enforcement
 1006 applicable to all entities licensed or regulated by the Agency
 1007 for Health Care Administration. This section controls over any
 1008 conflicting provisions of chapters 39, ~~381~~, 383, 390, 391, ~~393~~,
 1009 394, 395, 400, 408, 468, 483, and 765 ~~641~~ or rules adopted
 1010 pursuant to those chapters.

1011 Section 10. In case of conflict between the provisions of
 1012 part II of chapter 408, Florida Statutes, and the authorizing
 1013 statutes governing the licensure of health care providers by the
 1014 Agency for Health Care Administration found in s. 112.0455 and
 1015 chapters 383, 390, 394, 395, 400, 440, 483, and 765, Florida
 1016 Statutes, the provisions of part II of chapter 408, Florida
 1017 Statutes, shall prevail.

1018 Section 11. All provisions that apply to the entities
 1019 specified in s. 408.802, Florida Statutes, as created by this
 1020 act, in effect on October 1, 2006, that provide for annual
 1021 licensure fees are hereby adjusted to provide for biennial
 1022 licensure fees with a corresponding doubling of the amount.

1023 Section 12. The Legislature recognizes that there is a
 1024 need to conform the Florida Statutes to the policy decisions
 1025 reflected in this act and that there may be a need to resolve
 1026 apparent conflicts between any changes or additions to the
 1027 authorizing statutes, as defined in s. 408.803, Florida

1028 Statutes, or any other legislation that has been or may be
 1029 enacted during 2006 and this chapter 408, Florida Statutes, as
 1030 amended by this act. Therefore, in the interim between this act
 1031 becoming a law and the 2007 Regular Session of the Legislature
 1032 or an earlier special session addressing this issue, the
 1033 Division of Statutory Revision shall provide the relevant
 1034 substantive committees of the Senate and the House of
 1035 Representatives with assistance, upon request, to enable such
 1036 committees to prepare draft legislation to conform the Florida
 1037 Statutes and any legislation enacted during 2006 to the
 1038 provisions of this act.

1039 Section 13. For the purpose of staggering license
 1040 expiration dates, the Agency for Health Care Administration may
 1041 issue a license for less than a 2-year period to those providers
 1042 making the transition from annual to biennial licensure as
 1043 authorized in this act. The agency shall charge a prorated
 1044 licensure fee for this shortened period. This authority shall
 1045 expire September 30, 2008.

1046 Section 14. Section 395.4001, Florida Statutes, is amended
 1047 to read:

1048 395.4001 Definitions.--As used in this part, the term:

1049 (1) "Agency" means the Agency for Health Care
 1050 Administration.

1051 (2) "Charity care" or "uncompensated trauma care" means
 1052 that portion of hospital charges reported to the agency for
 1053 which there is no compensation, other than restricted or
 1054 unrestricted revenues provided to a hospital by local

1055 governments or tax districts regardless of method of payment,
1056 for care provided to a patient whose family income for the 12
1057 months preceding the determination is less than or equal to 200
1058 percent of the federal poverty level, unless the amount of
1059 hospital charges due from the patient exceeds 25 percent of the
1060 annual family income. However, in no case shall the hospital
1061 charges for a patient whose family income exceeds four times the
1062 federal poverty level for a family of four be considered
1063 charity.

1064 (3) "Department" means the Department of Health.

1065 (4) "Interfacility trauma transfer" means the transfer of
1066 a trauma victim between two facilities licensed under this
1067 chapter, pursuant to this part.

1068 (5) "International Classification Injury Severity Score"
1069 means the statistical method for computing the severity of
1070 injuries sustained by trauma patients. The International
1071 Classification Injury Severity Score shall be the methodology
1072 used by the department and trauma centers to report the severity
1073 of an injury.

1074 (6)~~(5)~~ "Level I trauma center" means a trauma center that:

1075 (a) Has formal research and education programs for the
1076 enhancement of trauma care; is verified by the department to be
1077 in substantial compliance with Level I trauma center and
1078 pediatric trauma center standards; and has been approved by the
1079 department to operate as a Level I trauma center.

1080 (b) Serves as a resource facility to Level II trauma
 1081 centers, pediatric trauma centers, and general hospitals through
 1082 shared outreach, education, and quality improvement activities.

1083 (c) Participates in an inclusive system of trauma care,
 1084 including providing leadership, system evaluation, and quality
 1085 improvement activities.

1086 (7)~~(6)~~ "Level II trauma center" means a trauma center
 1087 that:

1088 (a) Is verified by the department to be in substantial
 1089 compliance with Level II trauma center standards and has been
 1090 approved by the department to operate as a Level II trauma
 1091 center.

1092 (b) Serves as a resource facility to general hospitals
 1093 through shared outreach, education, and quality improvement
 1094 activities.

1095 (c) Participates in an inclusive system of trauma care.

1096 (8) "Local funding contribution" means local municipal,
 1097 county, or tax district funding exclusive of any patient-
 1098 specific funds received pursuant to ss. 154.301-154.316, private
 1099 foundation funding, or public or private grant funding of at
 1100 least \$150,000 received by a hospital or health care system that
 1101 operates a trauma center.

1102 (9)~~(7)~~ "Pediatric trauma center" means a hospital that is
 1103 verified by the department to be in substantial compliance with
 1104 pediatric trauma center standards as established by rule of the
 1105 department and has been approved by the department to operate as
 1106 a pediatric trauma center.

1107 | ~~(10)(8)~~ "Provisional trauma center" means a hospital that
 1108 | has been verified by the department to be in substantial
 1109 | compliance with the requirements in s. 395.4025 and has been
 1110 | approved by the department to operate as a provisional Level I
 1111 | trauma center, Level II trauma center, or pediatric trauma
 1112 | center.

1113 | ~~(11)(9)~~ "Trauma agency" means a department-approved agency
 1114 | established and operated by one or more counties, or a
 1115 | department-approved entity with which one or more counties
 1116 | contract, for the purpose of administering an inclusive regional
 1117 | trauma system.

1118 | ~~(12)(10)~~ "Trauma alert victim" means a person who has
 1119 | incurred a single or multisystem injury due to blunt or
 1120 | penetrating means or burns, who requires immediate medical
 1121 | intervention or treatment, and who meets one or more of the
 1122 | adult or pediatric scorecard criteria established by the
 1123 | department by rule.

1124 | (13) "Trauma caseload volume" means the number of trauma
 1125 | patients reported by individual trauma centers to the Trauma
 1126 | Registry and validated by the department.

1127 | ~~(14)(11)~~ "Trauma center" means a hospital that has been
 1128 | verified by the department to be in substantial compliance with
 1129 | the requirements in s. 395.4025 and has been approved by the
 1130 | department to operate as a Level I trauma center, Level II
 1131 | trauma center, or pediatric trauma center.

1132 (15) "Trauma patient" means a person who has incurred a
1133 physical injury or wound caused by trauma and has accessed a
1134 trauma center.

1135 ~~(16)-(12)~~ "Trauma scorecard" means a statewide methodology
1136 adopted by the department by rule under which a person who has
1137 incurred a traumatic injury is graded as to the severity of his
1138 or her injuries or illness and which methodology is used as the
1139 basis for making destination decisions.

1140 ~~(17)-(13)~~ "Trauma transport protocol" means a document
1141 which describes the policies, processes, and procedures
1142 governing the dispatch of vehicles, the triage, prehospital
1143 transport, and interfacility trauma transfer of trauma victims.

1144 ~~(18)-(14)~~ "Trauma victim" means any person who has incurred
1145 a single or multisystem injury due to blunt or penetrating means
1146 or burns and who requires immediate medical intervention or
1147 treatment.

1148 Section 15. Section 395.4035, Florida Statutes, is
1149 repealed.

1150 Section 16. Subsection (1) of section 395.4036, Florida
1151 Statutes, is amended to read:

1152 395.4036 Trauma payments.--

1153 (1) Recognizing the Legislature's stated intent to provide
1154 financial support to the current verified trauma centers and to
1155 provide incentives for the establishment of additional trauma
1156 centers as part of a system of state-sponsored trauma centers,
1157 the department shall utilize funds collected under s.

1158 318.18 ~~(15)-(14)~~ and deposited into the Administrative Trust Fund

1159 of the department to ensure the availability and accessibility
 1160 of trauma services throughout the state as provided in this
 1161 subsection.

1162 (a) Twenty percent of the total funds collected under this
 1163 subsection during the state fiscal year shall be distributed to
 1164 verified trauma centers ~~located in a region~~ that have ~~has~~ a
 1165 local funding contribution as of December 31. Distribution of
 1166 funds under this paragraph shall be based on trauma caseload
 1167 volume for the most recent calendar year available.

1168 (b) Forty percent of the total funds collected under this
 1169 subsection shall be distributed to verified trauma centers based
 1170 on trauma caseload volume for ~~of~~ the most recent ~~previous~~
 1171 calendar year available. The determination of caseload volume
 1172 for distribution of funds under this paragraph shall be based on
 1173 the department's Trauma Registry data.

1174 (c) Forty percent of the total funds collected under this
 1175 subsection shall be distributed to verified trauma centers based
 1176 on severity of trauma patients for the most recent calendar year
 1177 available. The determination of severity for distribution of
 1178 funds under this paragraph shall be based on the department's
 1179 International Classification Injury Severity Scores or another
 1180 statistically valid and scientifically accepted method of
 1181 stratifying a trauma patient's severity of injury, risk of
 1182 mortality, and resource consumption as adopted by the department
 1183 by rule, weighted based on the costs associated with and
 1184 incurred by the trauma center in treating trauma patients. The

1185 weighting of scores shall be established by the department by
1186 rule scores of 1 14 and 15 plus.
1187
1188 Funds deposited in the department's Administrative Trust Fund
1189 for verified trauma centers may be used to maximize the receipt
1190 of federal funds that may be available for such trauma centers.
1191 Notwithstanding this section and s. 318.14, distributions to
1192 trauma centers may be adjusted in a manner to ensure that total
1193 payments to trauma centers represent the same proportional
1194 allocation as set forth in this section and s. 318.14. For
1195 purposes of this section and s. 318.14, total funds distributed
1196 to trauma centers may include revenue from the Administrative
1197 Trust Fund and federal funds for which revenue from the
1198 Administrative Trust Fund is used to meet state or local
1199 matching requirements. Funds collected under ss. 318.14 and
1200 318.18(15) and deposited in the Administrative Trust Fund of the
1201 department shall be distributed to trauma centers on a quarterly
1202 basis using the most recent calendar year data available. Such
1203 data shall not be used for more than four quarterly
1204 distributions unless there are extenuating circumstances as
1205 determined by the department, in which case the most recent
1206 calendar year data available shall continue to be used and
1207 appropriate adjustments shall be made as soon as the more recent
1208 data becomes available. Trauma centers may request that their
1209 distributions from the Administrative Trust Fund be used as
1210 intergovernmental transfer funds in the Medicaid program.

1211 Section 17. Section 395.41, Florida Statutes, is created
 1212 to read:

1213 395.41 Trauma center startup grant program.--There is
 1214 established a trauma center startup grant program.

1215 (1) The Legislature recognizes the need for a statewide,
 1216 cohesive, uniform, and integrated trauma system, and the
 1217 Legislature acknowledges that the state has been divided into
 1218 trauma service areas. Each of the trauma service areas should
 1219 have at least one trauma center; however, some trauma service
 1220 areas do not have a trauma center because of the significant up-
 1221 front investment of capital required for hospitals to develop
 1222 the physical space, equipment, and qualified personnel necessary
 1223 to provide quality trauma services.

1224 (2) An acute care general hospital that has submitted a
 1225 letter of intent and an application to become a trauma center
 1226 pursuant to s. 395.4025 may apply to the department for a
 1227 startup grant. The grant applicant must demonstrate that:

1228 (a) There are currently no other trauma centers in the
 1229 hospital's trauma service area as established under s. 395.402.

1230 (b) There is not a trauma center within a 100-mile radius
 1231 of the proposed trauma center.

1232 (c) The hospital has received a local funding contribution
 1233 as defined under s. 395.4001.

1234 (d) The hospital has incurred startup costs in excess of
 1235 the amount of grant funding requested.

1236 (e) The hospital is pursuing the establishment of a
 1237 residency program in internal medicine or emergency medicine.

1238 (3) A hospital receiving startup grant funding that does
1239 not become a provisional trauma center within 24 months after
1240 submitting an application to become a trauma center must forfeit
1241 any state grant funds received pursuant to this section.

1242 (4) A hospital that receives startup grant funding may not
1243 receive more than \$500,000, must ensure that the startup grant
1244 funding is matched on a dollar-for-dollar basis with a local
1245 funding contribution, and shall receive startup grant funding
1246 only one time.

1247 Section 18. This act shall take effect October 1, 2006,
1248 except that section 395.41, Florida Statutes, as created by this
1249 act, shall take effect subject to an appropriation for the
1250 trauma center startup grant program in the 2006-2007 General
1251 Appropriations Act.