

Bill No. SB 2354

Barcode 481236

CHAMBER ACTION

Senate

House

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The Committee on Health Regulation (Lawson) recommended the following amendment:

Senate Amendment (with title amendment)

Delete everything after the enacting clause

and insert:

Section 1. Subsection (4) of section 400.9905, Florida Statutes, is amended to read:

400.9905 Definitions.--

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

(a) Entities licensed or registered by the state under chapter 395; or entities licensed or registered by the state and providing only health care services within the scope of services authorized under their respective licenses granted under ss. 383.30-383.335, chapter 390, chapter 394, chapter

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1 397, this chapter except part X, chapter 429, chapter 463,
 2 chapter 465, chapter 466, chapter 478, part I of chapter 483,
 3 chapter 484, or chapter 651; end-stage renal disease providers
 4 authorized under 42 C.F.R. part 405, subpart U; or providers
 5 certified under 42 C.F.R. part 485, subpart B or subpart H; or
 6 any entity that provides neonatal or pediatric hospital-based
 7 health care services or other health care services by licensed
 8 practitioners solely within a hospital licensed under chapter
 9 395.

10 (b) Entities that own, directly or indirectly,
 11 entities licensed or registered by the state pursuant to
 12 chapter 395; or entities that own, directly or indirectly,
 13 entities licensed or registered by the state and providing
 14 only health care services within the scope of services
 15 authorized pursuant to their respective licenses granted under
 16 ss. 383.30-383.335, chapter 390, chapter 394, chapter 397,
 17 this chapter except part X, chapter 429, chapter 463, chapter
 18 465, chapter 466, chapter 478, part I of chapter 483, chapter
 19 484, chapter 651; end-stage renal disease providers authorized
 20 under 42 C.F.R. part 405, subpart U; or providers certified
 21 under 42 C.F.R. part 485, subpart B or subpart H; or any
 22 entity that provides neonatal or pediatric hospital-based
 23 health care services by licensed practitioners solely within a
 24 hospital licensed under chapter 395.

25 (c) Entities that are owned, directly or indirectly,
 26 by an entity licensed or registered by the state pursuant to
 27 chapter 395; or entities that are owned, directly or
 28 indirectly, by an entity licensed or registered by the state
 29 and providing only health care services within the scope of
 30 services authorized pursuant to their respective licenses
 31 granted under ss. 383.30-383.335, chapter 390, chapter 394,

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1 chapter 397, this chapter except part X, chapter 429, chapter
 2 463, chapter 465, chapter 466, chapter 478, part I of chapter
 3 483, chapter 484, or chapter 651; end-stage renal disease
 4 providers authorized under 42 C.F.R. part 405, subpart U; or
 5 providers certified under 42 C.F.R. part 485, subpart B or
 6 subpart H; or any entity that provides neonatal or pediatric
 7 hospital-based health care services by licensed practitioners
 8 solely within a hospital under chapter 395.

9 (d) Entities that are under common ownership, directly
 10 or indirectly, with an entity licensed or registered by the
 11 state pursuant to chapter 395; or entities that are under
 12 common ownership, directly or indirectly, with an entity
 13 licensed or registered by the state and providing only health
 14 care services within the scope of services authorized pursuant
 15 to their respective licenses granted under ss. 383.30-383.335,
 16 chapter 390, chapter 394, chapter 397, this chapter except
 17 part X, chapter 429, chapter 463, chapter 465, chapter 466,
 18 chapter 478, part I of chapter 483, chapter 484, or chapter
 19 651; end-stage renal disease providers authorized under 42
 20 C.F.R. part 405, subpart U; or providers certified under 42
 21 C.F.R. part 485, subpart B or subpart H; or any entity that
 22 provides neonatal or pediatric hospital-based health care
 23 services by licensed practitioners solely within a hospital
 24 licensed under chapter 395.

25 (e) An entity that is exempt from federal taxation
 26 under 26 U.S.C. s. 501(c)(3) or (4), an employee stock
 27 ownership plan under 26 U.S.C. s. 409 that has a board of
 28 trustees not less than two-thirds of which are
 29 Florida-licensed health care practitioners and provides only
 30 physical therapy services under physician orders, any
 31 community college or university clinic, and any entity owned

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1 or operated by the federal or state government, including
2 agencies, subdivisions, or municipalities thereof.

3 (f) A sole proprietorship, group practice,
4 partnership, ~~or~~ corporation, or other legal entity that
5 provides health care services by physicians licensed under
6 chapter 458, chapter 459, chapter 460, chapter 461, or chapter
7 466 covered by s. 627.419, that is directly supervised by one
8 or more of such physicians, and that is wholly owned by one or
9 more of those physicians or by a physician and the spouse,
10 parent, child, or sibling of that physician.

11 (g) A sole proprietorship, group practice,
12 partnership, ~~or~~ corporation, or other legal entity that
13 provides health care services by licensed health care
14 practitioners under chapter 457, physician assistants under
15 chapter 458, chapter 459, chapter 460, or chapter 461, or
16 practitioners under chapter 462, chapter 463, chapter 466,
17 chapter 467, chapter 480, chapter 484, chapter 486, chapter
18 490, chapter 491, or part I, part III, part X, part XIII, or
19 part XIV of chapter 468, or s. 464.012, which entities are
20 wholly owned by one or more licensed health care
21 practitioners, or the licensed health care practitioners set
22 forth in this paragraph and the spouse, parent, child, or
23 sibling of a licensed health care practitioner, so long as one
24 of the owners who is a licensed health care practitioner is
25 supervising the health care services ~~business activities~~ and
26 is legally responsible for the entity's compliance with all
27 federal and state laws. However, health care services provided
28 may not exceed the scope of the licensed owner's health care ~~a~~
29 ~~health care practitioner may not supervise services beyond the~~
30 ~~scope of the practitioner's~~ license, except that, for the
31 purposes of this part, a clinic owned by a licensee in s.

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1 456.053(3)(b) that provides only services authorized pursuant
2 to s. 456.053(3)(b) may be supervised by a licensee specified
3 in s. 456.053(3)(b).

4 (h) Clinical facilities affiliated with an accredited
5 medical school at which training is provided for medical
6 students, residents, or fellows.

7 (i) Entities that provide only oncology or radiation
8 therapy services by physicians licensed under chapter 458 or
9 chapter 459 or entities that provide oncology or radiation
10 therapy services by physicians licensed under chapter 458 or
11 chapter 459 which are owned by a corporation whose shares are
12 publicly traded on a recognized stock exchange.

13 (j) Clinical facilities affiliated with a college of
14 chiropractic accredited by the Council on Chiropractic
15 Education at which training is provided for chiropractic
16 students.

17 (k) Entities that provide licensed practitioners to
18 staff emergency departments or to deliver anesthesia services
19 in facilities licensed under chapter 395 and that derive at
20 least 90 percent of their gross annual revenues from the
21 provision of such services. Entities claiming an exemption
22 from licensure under this paragraph must provide documentation
23 demonstrating compliance.

24 (l) Clinical facilities that are wholly owned,
25 directly or indirectly, by a publicly traded corporation. As
26 used in this paragraph, the term "publicly traded corporation"
27 means a corporation that issues securities traded on an
28 exchange registered with the United States Securities and
29 Exchange Commission as a national securities exchange.

30 Section 2. Section 400.991, Florida Statutes, is
31 amended to read:

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1 400.991 License requirements; background screenings;
2 prohibitions.--

3 (1)(a) Each clinic, as defined in s. 400.9905, must be
4 licensed and shall at all times maintain a valid license with
5 the agency. Each clinic location shall be licensed separately
6 regardless of whether the clinic is operated under the same
7 business name or management as another clinic.

8 (b) Each mobile clinic must obtain a separate health
9 care clinic license and must provide to the agency, at least
10 quarterly, its projected street location to enable the agency
11 to locate and inspect such clinic. A portable equipment
12 provider must obtain a health care clinic license for a single
13 administrative office and is not required to submit quarterly
14 projected street locations.

15 (2) The initial clinic license application shall be
16 filed with the agency by all clinics, as defined in s.
17 400.9905, on or before July 1, 2004. A clinic license must be
18 renewed biennially.

19 (3) Applicants that submit an application on or before
20 July 1, 2004, which meets all requirements for initial
21 licensure as specified in this section shall receive a
22 temporary license until the completion of an initial
23 inspection verifying that the applicant meets all requirements
24 in rules authorized in s. 400.9925. However, a clinic engaged
25 in magnetic resonance imaging services may not receive a
26 temporary license unless it presents evidence satisfactory to
27 the agency that such clinic is making a good faith effort and
28 substantial progress in seeking accreditation required under
29 s. 400.9935.

30 (4) Application for an initial clinic license or for
31 renewal of an existing license shall be notarized on forms

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1 furnished by the agency and must be accompanied by the
2 appropriate license fee as provided in s. 400.9925. The agency
3 shall take final action on an initial license application
4 within 60 days after receipt of all required documentation.

5 (5)(a) The application shall contain information that
6 includes, but need not be limited to, information pertaining
7 to the name, residence and business address, phone number,
8 social security number, and license number of the medical or
9 clinic director, of the licensed medical providers employed or
10 under contract with the clinic, and of each person who,
11 directly or indirectly, owns or controls 5 percent or more of
12 an interest in the clinic, or general partners in limited
13 liability partnerships.

14 (b) Any person having a financial interest in a
15 clinic, directly or indirectly, as set forth in this paragraph
16 is subject to background screening requirements under this
17 part. This includes any person who may or may not own stock or
18 an equivalent interest in the clinic, but nonetheless has
19 control over or the authority to approve, directly or
20 indirectly, clinic billing, policy, business activities, or
21 personnel decisions, including, but not limited to, contracted
22 or employed persons or entities, managers, and management
23 companies performing third-party billing services and persons
24 and entities, directly or indirectly, which lend, give, or
25 gift money of any denomination or any thing of value exceeding
26 an aggregate of \$5,000 for clinic use, with or without an
27 expectation of a return of the money or thing of value, and
28 regardless of profit motive.

29 (c) The agency may adopt rules to administer this
30 subsection.

31 (6) The applicant must file with the application

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1 satisfactory proof that the clinic is in compliance with this
2 part and applicable rules, including:

3 (a) A listing of services to be provided either
4 directly by the applicant or through contractual arrangements
5 with existing providers;

6 (b) The number and discipline of each professional
7 staff member to be employed; and

8 (c) Proof of financial ability to operate. An
9 applicant must demonstrate financial ability to operate a
10 clinic by submitting a balance sheet and an income and expense
11 statement for the first year of operation which provide
12 evidence of the applicant's having sufficient assets, credit,
13 and projected revenues to cover liabilities and expenses. The
14 applicant shall have demonstrated financial ability to operate
15 if the applicant's assets, credit, and projected revenues meet
16 or exceed projected liabilities and expenses. All documents
17 required under this subsection must be prepared in accordance
18 with generally accepted accounting principles, may be in a
19 compilation form, and the financial statement must be signed
20 by a certified public accountant. As an alternative to
21 submitting a balance sheet and an income and expense statement
22 for the first year of operation, the applicant may file a
23 surety bond of at least \$500,000 which guarantees that the
24 clinic will act in full conformity with all legal requirements
25 for operating a clinic, payable to the agency. The agency may
26 adopt rules to specify related requirements for such surety
27 bond.

28 (7) Each applicant for licensure shall comply with the
29 following requirements:

30 (a) As used in this subsection, the term "applicant"
31 means an individual ~~individuals~~ owning or controlling,

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1 directly or indirectly, 5 percent or more of an interest in a
2 clinic; the medical or clinic director, or a similarly titled
3 person who is responsible for the day-to-day operation of the
4 licensed clinic; the financial officer or similarly titled
5 individual who is responsible for the financial operation of
6 the clinic; ~~and~~ licensed health care practitioners at the
7 clinic; and any person who has a controlling interest as
8 defined in s. 408.803(7).

9 (b) Upon receipt of a completed, signed, and dated
10 application, the agency shall require background screening of
11 the applicant, in accordance with the level 2 standards for
12 screening set forth in paragraph (d) ~~chapter 435~~. Proof of
13 compliance with the level 2 background screening requirements
14 of paragraph (d) ~~chapter 435~~ which has been submitted within
15 the previous 5 years in compliance with the ~~any other~~ health
16 care clinic licensure requirements of this part ~~state~~ is
17 acceptable in fulfillment of this paragraph. Applicants who
18 own less than 10 percent of a health care clinic are not
19 required to submit fingerprints under this section.

20 (c) Each applicant must submit to the agency, with the
21 application, a description and explanation of any exclusions,
22 permanent suspensions, or terminations of an applicant from
23 the Medicare or Medicaid programs. Proof of compliance with
24 the requirements for disclosure of ownership and control
25 interest under the Medicaid or Medicare programs may be
26 accepted in lieu of this submission. The description and
27 explanation may indicate whether such exclusions, suspensions,
28 or terminations were voluntary or not voluntary on the part of
29 the applicant. The agency may deny or revoke licensure based
30 on information received under this paragraph for exclusions,
31 permanent suspensions, or terminations of an applicant or

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1 persons or entities identified in paragraph (5)(b) from the
2 Medicare or Medicaid programs.

3 (d) A license may not be granted to a clinic if the
4 applicant, or a person or entity identified in paragraph
5 (5)(b), has been found guilty of, regardless of adjudication,
6 or has entered a plea of nolo contendere or guilty to, any
7 offense prohibited under the level 2 standards for screening
8 set forth in chapter 435 or this section. In addition to the
9 process and procedures set forth in s. 408.809 which are
10 specifically required, all persons who must meet level 2
11 standards of chapter 435 must also undergo level 2 background
12 screening for any felony committed within the past 10 years
13 under chapter 400, chapter 408, chapter 409, chapter 440,
14 chapter 456, chapter 624, chapter 626, chapter 627, chapter
15 812, chapter 817, chapter 831, chapter 837, chapter 838,
16 chapter 895, or chapter 896, or any substantially comparable
17 offense or crime of another state or of the United States if
18 such offense is a felony in that jurisdiction. The agency may
19 require each person who must undergo background screening to
20 disclose, on forms provided by the agency, his or her name,
21 address, social security number, and date of birth and any
22 arrest for any crime for which any court disposition other
23 than dismissal has been rendered within the past 10 years
24 prior to an affiliation with an applicant or licensee under
25 this part. Failure to provide such information may be
26 considered by the agency as a material omission in the
27 application or licensure process. Notwithstanding the time
28 provisions of chapter 120 for granting or denying an
29 application for a license, the agency may not approve an
30 initial, renewal, or change-of-ownership application for any
31 applicant whose background screening process is not complete

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1 and all persons required to undergo such screening demonstrate
2 compliance with this paragraph. The agency shall deny a
3 pending application or revoke or suspend a license and assess
4 an administrative penalty in accordance with s. 400.995(1)
5 against a licensee if the agency substantiates that a person
6 who is required to meet background screening standards has
7 failed or refused to submit to background screening as set
8 forth in this part or does not meet the minimum requirements
9 of such screening after the timely submission of fingerprint
10 cards to the agency., or a violation of insurance fraud under
11 s. 817.234, within the past 5 years. If the applicant has been
12 convicted of an offense prohibited under the level 2 standards
13 or insurance fraud in any jurisdiction, the applicant must
14 show that his or her civil rights have been restored prior to
15 submitting an application.

16 (e) The agency may deny or revoke licensure or declare
17 loss of an exempt status, effective on the date that the
18 requirements for exempt status are not met, if the applicant
19 has falsely represented any material fact or omitted any
20 material fact from the application required by this part or by
21 agency rule. An exempt status under this part ceases to exist
22 on the date that a business fails to qualify for an exemption
23 under this part or the Health Care Licensing Procedures Act.

24 (f) Each applicant that performs the technical
25 component of magnetic resonance imaging, static radiographs,
26 computed tomography, or positron emission tomography, and also
27 provides the professional components of such services through
28 an employee or independent contractor must provide to the
29 agency on a form provided by the agency, the name and address
30 of the clinic, the serial or operating number of each magnetic
31 resonance imaging, static radiograph, computed tomography, and

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1 positron emission tomography machine, the name of the
 2 manufacturer of the machine, and such other information as
 3 required by the agency to identify the machine. The
 4 information must be provided to the agency upon renewal of the
 5 clinic's license and within 30 days after a clinic begins
 6 using a machine for which it has not provided the information
 7 to the agency.

8 (8) Requested information omitted from an application
 9 for licensure, license renewal, or transfer of ownership must
 10 be filed with the agency within 21 days after receipt of the
 11 agency's request for omitted information, or the application
 12 shall be deemed incomplete and shall be withdrawn from further
 13 consideration.

14 (9) The failure to file a timely renewal application
 15 shall result in a late fee charged to the facility in an
 16 amount equal to 50 percent of the current license fee.

17 (10) Any person or entity that submits an application
 18 for a license which contains fraudulent or material and
 19 misleading information commits a felony of the third degree,
 20 punishable as provided in s. 775.082, s. 775.083, or s.
 21 775.084.

22 Section 3. Section 400.9935, Florida Statutes, is
 23 amended to read:

24 400.9935 Clinic responsibilities.--

25 (1) Each clinic shall appoint a medical director or
 26 clinic director who shall agree in writing to accept legal
 27 responsibility for the following activities on behalf of the
 28 clinic. The medical director or the clinic director shall:

29 (a) Have signs identifying the medical director or
 30 clinic director posted in a conspicuous location within the
 31 clinic readily visible to all patients.

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1 (b) Ensure that all practitioners providing health
2 care services or supplies to patients maintain a current
3 active and unencumbered Florida license and do not provide
4 health care services or supplies outside the scope of that
5 license or as otherwise prohibited by law.

6 (c) Review any patient referral contracts or
7 agreements executed by the clinic.

8 (d) Ensure that all health care practitioners at the
9 clinic have active appropriate certification or licensure for
10 the level of care being provided.

11 (e) Serve as the clinic records owner as defined in s.
12 456.057.

13 (f) Ensure compliance with the recordkeeping, office
14 surgery, and adverse incident reporting requirements of
15 chapter 456, the respective practice acts, and rules adopted
16 under this part.

17 (g) Conduct systematic reviews of clinic billings to
18 ensure that the billings are not fraudulent or unlawful. Upon
19 discovery of an unlawful charge, the medical director or
20 clinic director shall take immediate corrective action. If the
21 clinic performs only the technical component of magnetic
22 resonance imaging, static radiographs, computed tomography, or
23 positron emission tomography, and provides the professional
24 interpretation of such services, in a fixed facility that is
25 accredited by the Joint Commission on Accreditation of
26 Healthcare Organizations or the Accreditation Association for
27 Ambulatory Health Care, and the American College of Radiology;
28 and if, in the preceding quarter, the percentage of scans
29 performed by that clinic which was billed to all personal
30 injury protection insurance carriers was less than 15 percent,
31 the chief financial officer of the clinic may, in a written

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1 acknowledgment provided to the agency, assume the
2 responsibility for the conduct of the systematic reviews of
3 clinic billings to ensure that the billings are not fraudulent
4 or unlawful.

5 (h) Not refer a patient to the clinic if the clinic
6 performs magnetic resonance imaging, static radiographs,
7 computed tomography, or positron emission tomography. The term
8 "refer a patient" means the referral of one or more patients
9 of the medical or clinical director or a member of the medical
10 or clinical director's group practice to the clinic for
11 magnetic resonance imaging, static radiographs, computed
12 tomography, or positron emission tomography. A medical
13 director who is found to violate this paragraph commits a
14 felony of the third degree, punishable as provided in s.
15 775.082, s. 775.083, or s. 775.084.

16 (i) Serve in that capacity for no more than a maximum
17 of three health care clinics that have a cumulative total of
18 no more than 100 employees and persons under contract with the
19 health care clinic at a given time. A medical or clinic
20 director may not supervise a health care clinic more than 200
21 miles away from any other health care clinic supervised by the
22 same medical or clinic director. The agency may allow for
23 waivers to the limitations of this paragraph upon a showing of
24 good cause and a determination by the agency that the medical
25 director will be able to adequately perform the requirements
26 of this subsection.

27 (2) Any business that becomes a clinic after
28 commencing operations must, within 5 days after becoming a
29 clinic, file a license application under this part and shall
30 be subject to all provisions of this part applicable to a
31 clinic.

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1 (3) Any contract to serve as a medical director or a
 2 clinic director entered into or renewed by a physician or a
 3 licensed health care practitioner in violation of this part is
 4 void as contrary to public policy. This subsection shall apply
 5 to contracts entered into or renewed on or after March 1,
 6 2004.

7 (4) All charges or reimbursement claims made by or on
 8 behalf of a clinic that is required to be licensed or to
 9 obtain a certificate of exemption under this part, but that is
 10 not so licensed or exempt, or that is otherwise operating in
 11 violation of this part, part II of chapter 408, or rules
 12 adopted pursuant to either part, are unlawful charges, and
 13 therefore are noncompensable and unenforceable.

14 (5) Any person establishing, operating, or managing an
 15 unlicensed clinic otherwise required to be licensed under this
 16 part, or any person who knowingly files a false or misleading
 17 license application or license renewal application, or false
 18 or misleading information related to such application or
 19 department rule, commits a felony of the third degree,
 20 punishable as provided in s. 775.082, s. 775.083, or s.
 21 775.084, part II of chapter 408, or rules adopted pursuant to
 22 either part.

23 (6) Any licensed health care provider who violates
 24 this part is subject to discipline in accordance with this
 25 chapter and his or her respective practice act.

26 (7) The agency may fine, or suspend or revoke the
 27 license of, any clinic licensed under this part for operating
 28 in violation of the requirements of this part or the rules
 29 adopted by the agency.

30 (8) The agency shall investigate allegations of
 31 noncompliance with this part and the rules adopted under this

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1 part.

2 (9)(a) Any person or entity providing health care
3 services which is not a clinic, as defined under s. 400.9905,
4 may voluntarily apply for a certificate of exemption from
5 licensure under its exempt status. A certificate of exemption
6 is valid for 2 years and may be renewed.

7 (b) However, an entity that is exempt from licensure
8 as a clinic pursuant to s. 400.9905(4)(f) or (4)(g) and that
9 provides health care services for which payment is made
10 pursuant to s. 627.736 must apply for a certificate of
11 exemption from licensure under its exempt status if the entity
12 is located in any of the three counties certified by the
13 Division of Insurance Fraud as having the greatest number of
14 arrests by the division during the previous 2 years. However,
15 a health care provider listed in s. 400.9905(4)(f) or (4)(g)
16 need not apply for a certificate of exemption if the health
17 care provider's practice act prohibits an individual who is
18 not licensed under the same practice act from employing a
19 person licensed under the practice act, controlling the use of
20 any equipment or material while such equipment or material is
21 being used for the provision of the licensed health care
22 service, and from interfering with the health care provider's
23 clinical judgment. An entity that is required to apply for a
24 certificate of exemption must renew its certificate every 2
25 years as a condition of maintaining an exemption from
26 licensure.

27 (c) The agency shall provide a form that requires the
28 name or names and addresses, a statement of the reasons why
29 the applicant is exempt from licensure as a health care
30 clinic, and other information considered necessary by the
31 agency. The signature on an application for a certificate of

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1 exemption must be notarized and signed under oath, subject to
2 penalty for perjury, by persons having knowledge of the truth
3 of its contents. An exemption is not transferable and is valid
4 only for the reasons, location, persons, and entity set forth
5 on the application form. A person or entity claiming an
6 exemption under this part or issued a current certificate of
7 exemption must be exempt from the licensing provisions of this
8 part at all times, or such claim or certificate is invalid
9 from the date that such person or entity is not exempt.

10 (d) The agency shall charge an applicant for a
11 certificate of exemption a fee of \$100 to cover the cost of
12 processing the certificate or the actual cost of processing
13 the certificate, whichever is less.

14 (e) An application for the renewal of a certificate of
15 exemption must be submitted to the agency 60 days prior to the
16 expiration of the certificate of exemption. The agency may
17 investigate any applicant, person, or entity claiming an
18 exemption for purposes of determining compliance when a
19 certificate of exemption is sought. Authorized personnel of
20 the agency shall have access to the premises of any
21 certificateholder or applicant for the sole purpose of
22 determining compliance with an exemption under this part. The
23 agency shall have access to all billings and records indicated
24 in s. 400.9915(2) and agency rules. The agency may deny or
25 withdraw a certificate of exemption when a person or entity
26 does not qualify under this part.

27 (f) A certificate of exemption is considered withdrawn
28 when the agency determines that an exempt status cannot be
29 confirmed. The provisions applicable to the unlicensed
30 operation of a health care clinic apply to any health care
31 provider that self-determines or claims an exemption or that

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1 is issued a certificate of exemption if, in fact, such clinic
2 does not meet the exemption claimed.

3 (g) Any person or entity that submits an application
4 for a certificate of exemption which contains fraudulent or
5 material and misleading information commits a felony of the
6 third degree, punishable as provided in s. 775.082, s.
7 775.083, or s. 775.084.

8 (h) A response to a request in writing for additional
9 information or clarification must be filed with the agency no
10 later than 21 days after receipt of the request or the
11 application shall be denied.

12 (i) The agency shall grant or deny an application for
13 a certificate of exemption in accordance with s. 120.60(1).

14 (j) A person or entity that qualifies as a health care
15 clinic and has been denied a certificate of exemption must
16 file an initial application and pay the fee. A certificate of
17 exemption is valid only when issued and current.

18 (k) The agency shall issue an emergency order of
19 suspension of a certificate of exemption if the agency finds
20 that the applicant has provided false or misleading material
21 information or omitted any material fact from the application
22 for a certificate of exemption which is permitted or required
23 by this part, or has submitted false or misleading information
24 to the agency when self-determining an exempt status and
25 materially misleading the agency as to such status. with the
26 agency on a form that sets forth its name or names and
27 addresses, a statement of the reasons why it cannot be defined
28 as a clinic, and other information deemed necessary by the
29 agency. An exemption is not transferable. The agency may
30 charge an applicant for a certificate of exemption in an
31 amount equal to \$100 or the actual cost of processing the

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1 ~~certificate, whichever is less.~~

2 (10) The clinic shall display its license in a
3 conspicuous location within the clinic readily visible to all
4 patients.

5 (11)(a) Each clinic engaged in magnetic resonance
6 imaging services must be accredited by the Joint Commission on
7 Accreditation of Healthcare Organizations, the American
8 College of Radiology, or the Accreditation Association for
9 Ambulatory Health Care, within 1 year after licensure.
10 However, a clinic may request a single, 6-month extension if
11 it provides evidence to the agency establishing that, for good
12 cause shown, such clinic can not be accredited within 1 year
13 after licensure, and that such accreditation will be completed
14 within the 6-month extension. After obtaining accreditation as
15 required by this subsection, each such clinic must maintain
16 accreditation as a condition of renewal of its license.

17 (b) The agency may deny the application or revoke the
18 license of any entity formed for the purpose of avoiding
19 compliance with the accreditation provisions of this
20 subsection and whose principals were previously principals of
21 an entity that was unable to meet the accreditation
22 requirements within the specified timeframes. The agency may
23 adopt rules as to the accreditation of magnetic resonance
24 imaging clinics.

25 (12) The agency shall give full faith and credit
26 pertaining to any past variance and waiver granted to a
27 magnetic resonance imaging clinic from rule 64-2002, Florida
28 Administrative Code, by the Department of Health, until
29 September 2004. After that date, such clinic must request a
30 variance and waiver from the agency under s. 120.542.

31 (13) The clinic shall display a sign in a conspicuous

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1 location within the clinic readily visible to all patients
 2 indicating that, pursuant to s. 626.9892, the Department of
 3 Financial Services may pay rewards of up to \$25,000 to persons
 4 providing information leading to the arrest and conviction of
 5 persons committing crimes investigated by the Division of
 6 Insurance Fraud arising from violations of s. 440.105, s.
 7 624.15, s. 626.9541, s. 626.989, or s. 817.234. An authorized
 8 employee of the Division of Insurance Fraud may make
 9 unannounced inspections of a clinic licensed under this part
 10 as necessary to determine whether the clinic is in compliance
 11 with this subsection. A licensed clinic shall allow full and
 12 complete access to the premises to such authorized employee of
 13 the division who makes an inspection to determine compliance
 14 with this subsection.

15 Section 4. Paragraph (ii) is added to subsection (1)
 16 of section 456.072, Florida Statutes, to read:

17 456.072 Grounds for discipline; penalties;
 18 enforcement.--

19 (1) The following acts shall constitute grounds for
 20 which the disciplinary actions specified in subsection (2) may
 21 be taken:

22 (ii) Intentionally providing false information on an
 23 application for a certificate of exemption from clinic
 24 licensure under part XIII of chapter 400.

25 Section 5. This act shall take effect October 1, 2007.

26
 27

28 ===== T I T L E A M E N D M E N T =====

29 And the title is amended as follows:

30 Delete everything before the enacting clause

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1 performs magnetic resonance imaging, static
2 radiographs, computed tomography, or positron
3 emission tomography to provide certain
4 information to the agency; providing that the
5 submission of fraudulent or misleading
6 information on an application for licensure is
7 a third-degree felony; amending s. 400.9935,
8 F.S.; specifying additional duties of a medical
9 director or clinic director; limiting the
10 number of clinics and employees for which a
11 medical or clinic director may be responsible;
12 requiring that multiple clinics under the
13 control of the same medical or clinic director
14 must be within a specified proximity;
15 authorizing the agency to waive such
16 limitations upon a showing of good cause;
17 requiring clinics that are exempt from
18 licensure and located within certain counties
19 to obtain a certificate of exemption; requiring
20 that the application be notarized and subject
21 to penalty for perjury; providing for an
22 application fee; providing requirements for
23 renewal of an exemption from licensure;
24 providing a penalty for submitting fraudulent
25 or misleading information in an application for
26 exemption; requiring that the agency issue an
27 emergency order of suspension upon a finding
28 that an applicant has provided false or
29 misleading information or omitted a material
30 fact from an application for a certificate of
31 exemption; amending s. 456.072, F.S.; providing

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1 that intentionally providing false information
2 on an application for a certificate of
3 exemption from clinic licensure is grounds for
4 discipline under provisions regulating medical
5 professionals; providing an effective date.

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