By the Committee on Health Regulation; and Senator Lawson

588-2559-07

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A bill to be entitled An act relating to the Health Care Clinic Act; amending s. 400.9905, F.S.; specifying certain types of sole proprietorships, group practices, partnerships, corporations, and other legal entities that are not subject to the licensure requirements of the act; amending s. 400.991, F.S.; requiring certain persons having a financial interest in a clinic, or having control over certain activities relating to the operations of a clinic, to undergo background screening; authorizing the Agency for Health Care Administration to adopt rules; authorizing the agency to deny or revoke a license if an applicant, licensee, or person having an interest in a clinic has been excluded, suspended, or terminated from the Medicare or Medicaid programs or has committed certain offenses prohibited under level 2 screening standards; providing additional requirements for background screening with respect to offenses committed within the past 10 years; providing that failure to provide such information is a material omission; authorizing the agency to deny, revoke, or suspend a license or assess an administrative penalty if a person fails to comply with the requirements for background screening; authorizing the agency to declare a loss of exempt status under certain conditions; requiring an applicant that performs magnetic resonance imaging, static

1 radiographs, computed tomography, or positron 2 emission tomography to provide certain information to the agency; providing that the 3 4 submission of fraudulent or misleading 5 information on an application for licensure is 6 a third-degree felony; amending s. 400.9935, 7 F.S.; specifying additional duties of a medical director or clinic director; limiting the 8 9 number of clinics and employees for which a 10 medical or clinic director may be responsible; requiring that multiple clinics under the 11 12 control of the same medical or clinic director 13 must be within a specified proximity; authorizing the agency to waive such 14 limitations upon a showing of good cause; 15 creating s. 400.9936, F.S.; providing for the 16 17 regulation of diagnostic testing facilities; providing a definition; providing for the 18 background screening of certain persons; 19 providing limitations and guidelines for the 20 21 medical director or clinic director of such 22 facilities; providing for the waiver of certain 23 requirements and providing for past waivers or variances; amending s. 456.072, F.S.; providing 24 that intentionally providing false information 25 on an application for a certificate of 26 27 exemption from clinic licensure is grounds for 2.8 discipline under provisions regulating medical professionals; providing an effective date. 29 30 Be It Enacted by the Legislature of the State of Florida:

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

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

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

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chapter 478, part I of chapter 483, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; or providers certified under 42 C.F.R. part 485, subpart B or subpart H; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital licensed under chapter 395.

- (e) An entity that is exempt from federal taxation under 26 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan under 26 U.S.C. s. 409 that has a board of trustees not less than two-thirds of which are Florida-licensed health care practitioners and provides only physical therapy services under physician orders, any community college or university clinic, and any entity owned or operated by the federal or state government, including agencies, subdivisions, or municipalities thereof.
- (f) A sole proprietorship, group practice, partnership, or corporation, or other legal entity that provides health care services by physicians <u>licensed under chapter 458</u>, chapter 459, chapter 460, chapter 461, or chapter 466 covered by s. 627.419, that is directly supervised by one or more of such physicians, and that is wholly owned by one or more of those physicians or by a physician and the spouse, parent, child, or sibling of that physician.
- (g) A sole proprietorship, group practice, partnership, or corporation, or other legal entity that provides health care services by licensed health care practitioners under chapter 457, physician assistants under chapter 458, chapter 459, chapter 460, or chapter 461, or practitioners under chapter 462, chapter 463, chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, chapter

490, chapter 491, or part I, part III, part X, part XIII, or 2 part XIV of chapter 468, or s. 464.012, which entities are wholly owned by one or more licensed health care 3 practitioners, or the licensed health care practitioners set 4 5 forth in this paragraph and the spouse, parent, child, or sibling of a licensed health care practitioner, so long as one 7 of the owners who is a licensed health care practitioner is 8 supervising the health care services business activities and is legally responsible for the entity's compliance with all 9 federal and state laws. However, health care services provided 10 may not exceed the scope of the licensed owner's health care a 11 12 health care practitioner may not supervise services beyond the 13 scope of the practitioner's license, except that, for the purposes of this part, a clinic owned by a licensee in s. 14 456.053(3)(b) that provides only services authorized pursuant 15 to s. 456.053(3)(b) may be supervised by a licensee specified 16 17 in s. 456.053(3)(b).

- (h) Clinical facilities affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.
- (i) Entities that provide only oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 or entities that provide oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 which are owned by a corporation whose shares are publicly traded on a recognized stock exchange.
- (j) Clinical facilities affiliated with a college of chiropractic accredited by the Council on Chiropractic Education at which training is provided for chiropractic students.

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- (k) Entities that provide licensed practitioners to staff emergency departments or to deliver anesthesia services in facilities licensed under chapter 395 and that derive at least 90 percent of their gross annual revenues from the provision of such services. Entities claiming an exemption from licensure under this paragraph must provide documentation demonstrating compliance.
- (1) Clinical facilities that are wholly owned, directly or indirectly, by a publicly traded corporation. As used in this paragraph, the term "publicly traded corporation" means a corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange.
- Section 2. Section 400.991, Florida Statutes, is amended to read:
- 400.991 License requirements; background screenings; prohibitions.--
- (1)(a) Each clinic, as defined in s. 400.9905, must be licensed and shall at all times maintain a valid license with the agency. Each clinic location shall be licensed separately regardless of whether the clinic is operated under the same business name or management as another clinic.
- (b) Each mobile clinic must obtain a separate health care clinic license and must provide to the agency, at least quarterly, its projected street location to enable the agency to locate and inspect such clinic. A portable equipment provider must obtain a health care clinic license for a single administrative office and is not required to submit quarterly projected street locations.
- (2) The initial clinic license application shall be filed with the agency by all clinics, as defined in s.

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400.9905, on or before July 1, 2004. A clinic license must be renewed biennially.

- (3) Applicants that submit an application on or before July 1, 2004, which meets all requirements for initial licensure as specified in this section shall receive a temporary license until the completion of an initial inspection verifying that the applicant meets all requirements in rules authorized in s. 400.9925. However, a clinic engaged in magnetic resonance imaging services may not receive a temporary license unless it presents evidence satisfactory to the agency that such clinic is making a good faith effort and substantial progress in seeking accreditation required under s. 400.9935.
- (4) Application for an initial clinic license or for renewal of an existing license shall be notarized on forms furnished by the agency and must be accompanied by the appropriate license fee as provided in s. 400.9925. The agency shall take final action on an initial license application within 60 days after receipt of all required documentation.
- (5)(a) The application shall contain information that includes, but need not be limited to, information pertaining to the name, residence and business address, phone number, social security number, and license number of the medical or clinic director, of the licensed medical providers employed or under contract with the clinic, and of each person who, directly or indirectly, owns or controls 5 percent or more of an interest in the clinic, or general partners in limited liability partnerships.
- (b) Any person having a financial interest in a clinic, directly or indirectly, as set forth in this paragraph is subject to background screening requirements under this

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part. This includes any person who may or may not own stock or 2 an equivalent interest in the clinic, but nonetheless has control over or the authority to approve, directly or 3 indirectly, clinic billing, policy, business activities, or 4 personnel decisions, including, but not limited to, contracted 5 or employed persons or entities, managers, and management 7 companies performing third-party billing services and persons and entities, directly or indirectly, which lend, give, or 8 gift money of any denomination or any thing of value exceeding 9 an aggregate of \$5,000 for clinic use, with or without an 10 expectation of a return of the money or thing of value, and 11 12 regardless of profit motive.

- (c) The agency may adopt rules to administer this subsection.
- (6) The applicant must file with the application satisfactory proof that the clinic is in compliance with this part and applicable rules, including:
- (a) A listing of services to be provided either directly by the applicant or through contractual arrangements with existing providers;
- (b) The number and discipline of each professional staff member to be employed; and
- applicant must demonstrate financial ability to operate a clinic by submitting a balance sheet and an income and expense statement for the first year of operation which provide evidence of the applicant's having sufficient assets, credit, and projected revenues to cover liabilities and expenses. The applicant shall have demonstrated financial ability to operate if the applicant's assets, credit, and projected revenues meet or exceed projected liabilities and expenses. All documents

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required under this subsection must be prepared in accordance with generally accepted accounting principles, may be in a compilation form, and the financial statement must be signed by a certified public accountant. As an alternative to submitting a balance sheet and an income and expense statement for the first year of operation, the applicant may file a surety bond of at least \$500,000 which guarantees that the clinic will act in full conformity with all legal requirements for operating a clinic, payable to the agency. The agency may adopt rules to specify related requirements for such surety bond.

- (7) Each applicant for licensure shall comply with the following requirements:
- (a) As used in this subsection, the term "applicant" means an individual individuals owning or controlling, directly or indirectly, 5 percent or more of an interest in a clinic; the medical or clinic director, or a similarly titled person who is responsible for the day-to-day operation of the licensed clinic; the financial officer or similarly titled individual who is responsible for the financial operation of the clinic; and licensed health care practitioners at the clinic; and any person who has a controlling interest as defined in s. 408.803(7).
- (b) Upon receipt of a completed, signed, and dated application, the agency shall require background screening of the applicant, in accordance with the level 2 standards for screening set forth in paragraph (d) chapter 435. Proof of compliance with the level 2 background screening requirements of paragraph (d) chapter 435 which has been submitted within the previous 5 years in compliance with the any other health care clinic licensure requirements of this part state is

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acceptable in fulfillment of this paragraph. Applicants who own less than 10 percent of a health care clinic are not required to submit fingerprints under this section.

- (c) Each applicant must submit to the agency, with the application, a description and explanation of any exclusions, permanent suspensions, or terminations of an applicant from the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of ownership and control interest under the Medicaid or Medicare programs may be accepted in lieu of this submission. The description and explanation may indicate whether such exclusions, suspensions, or terminations were voluntary or not voluntary on the part of the applicant. The agency may deny or revoke licensure based on information received under this paragraph for exclusions, permanent suspensions, or terminations of an applicant or persons or entities identified in paragraph (5)(b) from the Medicare or Medicaid programs.
- (d) A license may not be granted to a clinic if the applicant, or a person or entity identified in paragraph (5)(b), has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435 or this section. In addition to the process and procedures set forth in s. 408.809 which are specifically required, all persons who must meet level 2 standards of chapter 435 must also undergo level 2 background screening for any felony committed within the past 10 years under chapter 400, chapter 408, chapter 409, chapter 440, chapter 456, chapter 624, chapter 626, chapter 627, chapter 812, chapter 817, chapter 831, chapter 837, chapter 838, chapter 895, or chapter 896, or any substantially comparable

offense or crime of another state or of the United States if 2 such offense is a felony in that jurisdiction. The agency may require each person who must undergo background screening to 3 4 disclose, on forms provided by the agency, his or her name, address, social security number, and date of birth and any 5 6 arrest for any crime for which any court disposition other 7 than dismissal has been rendered within the past 10 years 8 prior to an affiliation with an applicant or licensee under this part. Failure to provide such information may be 9 10 considered by the agency as a material omission in the application or licensure process. Notwithstanding the time 11 12 provisions of chapter 120 for granting or denying an 13 application for a license, the agency may not approve an initial, renewal, or change-of-ownership application for any 14 applicant whose background screening process is not complete 15 and all persons required to undergo such screening demonstrate 16 17 compliance with this paragraph. The agency shall deny a 18 pending application or revoke or suspend a license and assess an administrative penalty in accordance with s. 400.995(1) 19 against a licensee if the agency substantiates that a person 2.0 21 who is required to meet background screening standards has failed or refused to submit to background screening as set 2.2 23 forth in this part or does not meet the minimum requirements of such screening after the timely submission of fingerprint 2.4 cards to the agency., or a violation of insurance fraud under 2.5 s. 817.234, within the past 5 years. If the applicant has been 2.6 2.7 convicted of an offense prohibited under the level 2 standards 2.8 or insurance fraud in any jurisdiction, the applicant must 29 show that his or her civil rights have been restored prior 30 submitting an application.

(e) The agency may deny or revoke licensure or declare 2 loss of an exempt status, effective on the date that the requirements for exempt status are not met, if the applicant 3 has falsely represented any material fact or omitted any 4 5 material fact from the application required by this part or by 6 agency rule. An exempt status under this part ceases to exist 7 on the date that a business fails to qualify for an exemption 8 under this part or the Health Care Licensing Procedures Act. (f) Each applicant that performs the technical 9 10 component of magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography, and also 11 12 provides the professional components of such services through 13 an employee or independent contractor must provide to the agency on a form provided by the agency, the name and address 14 of the clinic, the serial or operating number of each magnetic 15 resonance imaging, static radiograph, computed tomography, and 16 17 positron emission tomography machine, the name of the 18 manufacturer of the machine, and such other information as required by the agency to identify the machine. The 19 information must be provided to the agency upon renewal of the 2.0 21 clinic's license and within 30 days after a clinic begins 2.2 using a machine for which it has not provided the information 23 to the agency. (8) Requested information omitted from an application 2.4 for licensure, license renewal, or transfer of ownership must 2.5 26 be filed with the agency within 21 days after receipt of the

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consideration.

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agency's request for omitted information, or the application

shall be deemed incomplete and shall be withdrawn from further

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- (9) The failure to file a timely renewal application shall result in a late fee charged to the facility in an amount equal to 50 percent of the current license fee.
- (10) Any person or entity that submits an application for a license which contains fraudulent or material and misleading information commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

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

400.9935 Clinic responsibilities .--

- (1) Each clinic shall appoint a medical director or clinic director who shall agree in writing to accept legal responsibility for the following activities on behalf of the clinic. The medical director or the clinic director shall:
- (a) Have signs identifying the medical director or clinic director posted in a conspicuous location within the clinic readily visible to all patients.
- (b) Ensure that all practitioners providing health care services or supplies to patients maintain a current active and unencumbered Florida license and do not provide health care services or supplies outside the scope of that license or as otherwise prohibited by law.
- (c) Review any patient referral contracts or agreements executed by the clinic.
- (d) Ensure that all health care practitioners at the clinic have active appropriate certification or licensure for the level of care being provided.
- (e) Serve as the clinic records owner as defined in s.456.057.

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- (f) Ensure compliance with the recordkeeping, office surgery, and adverse incident reporting requirements of chapter 456, the respective practice acts, and rules adopted under this part.
- (q) Conduct systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful. Upon discovery of an unlawful charge, the medical director or clinic director shall take immediate corrective action. If the clinic performs only the technical component of magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography, and provides the professional interpretation of such services, in a fixed facility that is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Accreditation Association for Ambulatory Health Care, and the American College of Radiology; and if, in the preceding quarter, the percentage of scans performed by that clinic which was billed to all personal injury protection insurance carriers was less than 15 percent, the chief financial officer of the clinic may, in a written acknowledgment provided to the agency, assume the responsibility for the conduct of the systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful.
- (h) Not refer a patient to the clinic if the clinic performs magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography. The term "refer a patient" means the referral of one or more patients of the medical or clinical director or a member of the medical or clinical director's group practice to the clinic for magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography. A medical

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director who is found to violate this paragraph commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

- (i) Serve in that capacity for no more than a maximum of three health care clinics that have a cumulative total of no more than 100 employees and persons under contract with the health care clinic at a given time. A medical or clinic director may not supervise a health care clinic more than 200 miles away from any other health care clinic supervised by the same medical or clinic director. The agency may allow for waivers to the limitations of this paragraph upon a showing of good cause and a determination by the agency that the medical director will be able to adequately perform the requirements of this subsection.
- (2) Any business that becomes a clinic after commencing operations must, within 5 days after becoming a clinic, file a license application under this part and shall be subject to all provisions of this part applicable to a clinic.
- (3) Any contract to serve as a medical director or a clinic director entered into or renewed by a physician or a licensed health care practitioner in violation of this part is void as contrary to public policy. This subsection shall apply to contracts entered into or renewed on or after March 1, 2004.
- (4) All charges or reimbursement claims made by or on behalf of a clinic that is required to be licensed or to obtain a certificate of exemption under this part, but that is not so licensed or exempt, or that is otherwise operating in violation of this part, part II of chapter 408, or rules

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adopted pursuant to either part, are unlawful charges, and therefore are noncompensable and unenforceable.

- (5) Any person establishing, operating, or managing an unlicensed clinic otherwise required to be licensed under this part, or any person who knowingly files a false or misleading license application or license renewal application, or false or misleading information related to such application or department rule, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, part II of chapter 408, or rules adopted pursuant to either part.
- (6) Any licensed health care provider who violates this part is subject to discipline in accordance with this chapter and his or her respective practice act.
- (7) The agency may fine, or suspend or revoke the license of, any clinic licensed under this part for operating in violation of the requirements of this part or the rules adopted by the agency.
- (8) The agency shall investigate allegations of noncompliance with this part and the rules adopted under this part.
- (9) Any person or entity providing health care services which is not a clinic, as defined under s. 400.9905, may voluntarily apply for a certificate of exemption from licensure under its exempt status with the agency on a form that sets forth its name or names and addresses, a statement of the reasons why it cannot be defined as a clinic, and other information deemed necessary by the agency. An exemption is not transferable. The agency may charge an applicant for a certificate of exemption in an amount equal to \$100 or the actual cost of processing the certificate, whichever is less.

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A certificate of exemption is valid for 2 years and may be renewed.

- (10) The clinic shall display its license in a conspicuous location within the clinic readily visible to all patients.
- (11)(a) Each clinic engaged in magnetic resonance imaging services must be accredited by the Joint Commission on Accreditation of Healthcare Organizations, the American College of Radiology, or the Accreditation Association for Ambulatory Health Care, within 1 year after licensure. However, a clinic may request a single, 6-month extension if it provides evidence to the agency establishing that, for good cause shown, such clinic can not be accredited within 1 year after licensure, and that such accreditation will be completed within the 6-month extension. After obtaining accreditation as required by this subsection, each such clinic must maintain accreditation as a condition of renewal of its license.
- (b) The agency may deny the application or revoke the license of any entity formed for the purpose of avoiding compliance with the accreditation provisions of this subsection and whose principals were previously principals of an entity that was unable to meet the accreditation requirements within the specified timeframes. The agency may adopt rules as to the accreditation of magnetic resonance imaging clinics.
- (12) The agency shall give full faith and credit pertaining to any past variance and waiver granted to a magnetic resonance imaging clinic from rule 64-2002, Florida Administrative Code, by the Department of Health, until September 2004. After that date, such clinic must request a variance and waiver from the agency under s. 120.542.

1	(13) The clinic shall display a sign in a conspicuous
2	location within the clinic readily visible to all patients
3	indicating that, pursuant to s. 626.9892, the Department of
4	Financial Services may pay rewards of up to \$25,000 to persons
5	providing information leading to the arrest and conviction of
6	persons committing crimes investigated by the Division of
7	Insurance Fraud arising from violations of s. 440.105, s.
8	624.15, s. 626.9541, s. 626.989, or s. 817.234. An authorized
9	employee of the Division of Insurance Fraud may make
10	unannounced inspections of a clinic licensed under this part
11	as necessary to determine whether the clinic is in compliance
12	with this subsection. A licensed clinic shall allow full and
13	complete access to the premises to such authorized employee of
14	the division who makes an inspection to determine compliance
15	with this subsection.
16	Section 4. Section 400.9936, Florida Statutes, is
17	created to read:
18	400.9936 Diagnostic testing facility
19	(1) As used in this section, the term "diagnostic
20	testing facility" means a clinic licensed under s. 400.991
21	which:
22	(a) Performs the technical component of magnetic
23	resonance imaging, computed tomography, or positron emission
24	tomography;
25	(b) Provides the professional component of such
26	services through an employee or independent contractor;
27	(c) Is located in a fixed facility;
28	(d) Is accredited by the Joint Commission on
29	Accreditation of Healthcare Organizations and the American
30	College of Radiology; and
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1	(e) Does not directly or indirectly provide any
2	services to patients other than magnetic resonance imaging,
3	computed tomography, or positron emission tomography.
4	(2) Only a person having a financial interest in a
5	diagnostic testing facility, including the chief executive
6	officer, president, chief operations officer, vice president,
7	or other corporate officer, is subject to the background
8	screening requirements of part X of chapter 400.
9	(3)(a) The medical director or clinic director of a
10	clinic, in addition to the requirements of s. 400.9935, may
11	serve in that capacity only for a maximum of five clinics in a
12	diagnostic testing facility. In addition, a medical director
13	or clinic director in a diagnostic testing facility may not
14	supervise a clinic that is located more than 300 miles from
15	any other clinic supervised by that medical director or clinic
16	director.
17	(b) The agency may waive the requirements of this
18	subsection upon a showing of good cause if it determines that
19	the medical director or clinic director can adequately satisfy
20	the other requirements of s. 400.9935.
21	(c) Any variance approved by the agency for a
22	diagnostic testing facility as of May 1, 2007, remains in
23	effect for the term of the approved variance.
24	Section 5. Paragraph (ii) is added to subsection (1)
25	of section 456.072, Florida Statutes, to read:
26	456.072 Grounds for discipline; penalties;
27	enforcement
28	(1) The following acts shall constitute grounds for
29	which the disciplinary actions specified in subsection (2) may
30	be taken:
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1	(ii) Intentionally providing false information on an
2	application for a certificate of exemption from clinic
3	licensure under part XIII of chapter 400.
4	Section 6. This act shall take effect October 1, 2007.
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6 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN	STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR
7	Senate Bill 2354
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9	The committee substitute:
10	 Modifies the criteria under which certain health care providers and practitioners are exempt from licensure
under the Health Care Clinic Act (ss. 400.990 - 400.	under the Health Care Clinic Act (ss. 400.990 - 400.995, F.S.);
12	- Expands the exemptions from clinic licensure;
13	- Requires certain additional clinic personnel to undergo
14	background screening;
15	 Adds additional offenses for which a license may be denied;
16 17	 Requires serial or operating numbers for certain equipment;
18	 Limits the medical or clinic director to a maximum of three clinics with a total of no more than 100 employees;
19	- Specifies that all charges made by a clinic that is
20	required to obtain a certificate of exemption, but that is not exempt, or that is operating in violation of part II of chapter 408 are unlawful charges;
22	- Provides 2-year expiration date on each certificate of
23	exemption and allows renewal;
24	 Provides penalties for submitting an application for licensure containing fraudulent or material and misleading information;
25	- Provides disciplinary action for intentionally giving
26	false information on an application for a certificate of exemption; and
27	- Creates s. 400.9936, F.S., establishing separate
28	requirements under the Health Care Clinic Act for diagnostic testing facilities.
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