



427968

CHAMBER ACTION

<u>Senate</u>	.	<u>House</u>
Comm: RCS	.	
4/22/2008	.	
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1 The Committee on Governmental Operations (Wilson) recommended the  
2 following **amendment**:

3  
4 **Senate Amendment (with title amendment)**

5 Delete everything after the enacting clause  
6 and insert:

7  
8 Section 1. Subsection (4) of section 395.3025, Florida  
9 Statutes, is amended to read:

10 395.3025 Patient and personnel records; copies;  
11 examination.--

12 (4) Patient records are confidential and must not be  
13 disclosed without the consent of the patient or his or her legal  
14 representative person to whom they pertain, but appropriate  
15 disclosure may be made without such consent to:

16 (a) Licensed facility personnel, and attending physicians,  
17 or other health care practitioners and providers currently



427968

18 | involved in the care or treatment of the patient for use only in  
19 | connection with the treatment of the patient.

20 | (b) Licensed facility personnel only for administrative  
21 | purposes or risk management and quality assurance functions.

22 | (c) The agency, for purposes of health care cost  
23 | containment.

24 | (d) In any civil or criminal action, unless otherwise  
25 | prohibited by law, upon the issuance of a subpoena from a court  
26 | of competent jurisdiction and proper notice by the party seeking  
27 | such records to the patient or his or her legal representative.

28 | (e) The department agency upon subpoena issued pursuant to  
29 | s. 456.071, but the records obtained thereby must be used solely  
30 | for the purpose of the department agency and the appropriate  
31 | professional board in its investigation, prosecution, and appeal  
32 | of disciplinary proceedings. If the department agency requests  
33 | copies of the records, the facility shall charge no more than its  
34 | actual copying costs, including reasonable staff time. The  
35 | records must be sealed and must not be available to the public  
36 | pursuant to s. 119.07(1) or any other statute providing access to  
37 | records, nor may they be available to the public as part of the  
38 | record of investigation for and prosecution in disciplinary  
39 | proceedings made available to the public by the department agency  
40 | or the appropriate regulatory board. However, the department  
41 | agency must make available, upon written request by a  
42 | practitioner against whom probable cause has been found, any such  
43 | records that form the basis of the determination of probable  
44 | cause.

45 | (f) The department ~~of Health~~ or its agent, for the purpose  
46 | of establishing and maintaining a trauma registry and for the  
47 | purpose of ensuring that hospitals and trauma centers are in



427968

48 compliance with the standards and rules established under ss.  
49 395.401, 395.4015, 395.4025, 395.404, 395.4045, and 395.405, and  
50 for the purpose of monitoring patient outcome at hospitals and  
51 trauma centers that provide trauma care services.

52 (g) The Department of Children and Family Services or its  
53 agent, for the purpose of investigations of cases of abuse,  
54 neglect, or exploitation of children or vulnerable adults.

55 (h) The State Long-Term Care Ombudsman Council and the  
56 local long-term care ombudsman councils, with respect to the  
57 records of a patient who has been admitted from a nursing home or  
58 long-term care facility, when the councils are conducting an  
59 investigation involving the patient as authorized under part II  
60 of chapter 400, upon presentation of identification as a council  
61 member by the person making the request. Disclosure under this  
62 paragraph shall only be made after a competent patient or the  
63 patient's representative has been advised that disclosure may be  
64 made and the patient has not objected.

65 (i) A local trauma agency or a regional trauma agency that  
66 performs quality assurance activities, or a panel or committee  
67 assembled to assist a local trauma agency or a regional trauma  
68 agency in performing quality assurance activities. Patient  
69 records obtained under this paragraph are confidential and exempt  
70 from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

71 (j) Organ procurement organizations, tissue banks, and eye  
72 banks required to conduct death records reviews pursuant to s.  
73 395.2050.

74 (k) The Medicaid Fraud Control Unit in the Department of  
75 Legal Affairs pursuant to s. 409.920.



427968

76 (1) The Department of Financial Services, or an agent,  
77 employee, or independent contractor of the department who is  
78 auditing for unclaimed property pursuant to chapter 717.

79 (m) A regional poison control center for purposes of  
80 treating a poison episode under evaluation, case management of  
81 poison cases, or compliance with data collection and reporting  
82 requirements of s. 395.1027 and the professional organization  
83 that certifies poison control centers in accordance with federal  
84 law.

85 (n) A health information exchange for the sole purpose of  
86 processing and transmitting electronic medical records among  
87 persons or entities authorized to have access to those records.

88 Section 2. Subsection (4) of section 408.05, Florida  
89 Statutes, is amended to read:

90 408.05 Florida Center for Health Information and Policy  
91 Analysis.--

92 (4) TECHNICAL ASSISTANCE.--

93 (a) The center shall provide technical assistance to  
94 persons or organizations engaged in health planning activities in  
95 the effective use of statistics collected and compiled by the  
96 center. The center shall also provide the following additional  
97 technical assistance services:

98 1. Establish procedures identifying the circumstances under  
99 which, the places at which, the persons from whom, and the  
100 methods by which a person may secure data from the center,  
101 including procedures governing requests, the ordering of  
102 requests, timeframes for handling requests, and other procedures  
103 necessary to facilitate the use of the center's data. To the  
104 extent possible, the center should provide current data timely in  
105 response to requests from public or private agencies.



427968

106           2. Provide assistance to data sources and users in the  
107 areas of database design, survey design, sampling procedures,  
108 statistical interpretation, and data access to promote improved  
109 health-care-related data sets.

110           3. Identify health care data gaps and provide technical  
111 assistance to other public or private organizations for meeting  
112 documented health care data needs.

113           4. Assist other organizations in developing statistical  
114 abstracts of their data sets that could be used by the center.

115           5. Provide statistical support to state agencies with  
116 regard to the use of databases maintained by the center.

117           6. To the extent possible, respond to multiple requests for  
118 information not currently collected by the center or available  
119 from other sources by initiating data collection.

120           7. Maintain detailed information on data maintained by  
121 other local, state, federal, and private agencies in order to  
122 advise those who use the center of potential sources of data  
123 which are requested but which are not available from the center.

124           8. Respond to requests for data which are not available in  
125 published form by initiating special computer runs on data sets  
126 available to the center.

127           9. Monitor innovations in health information technology,  
128 informatics, and the exchange of health information and maintain  
129 a repository of technical resources to support the development of  
130 a statewide health information exchange network.

131           ~~(b) The agency shall administer, manage, and monitor grants~~  
132 ~~to not for profit organizations, regional health information~~  
133 ~~organizations, public health departments, or state agencies that~~  
134 ~~submit proposals for planning, implementation, or training~~  
135 ~~projects to advance the development of a health information~~



427968

136 ~~network. Any grant contract shall be evaluated to ensure the~~  
137 ~~effective outcome of the health information project.~~

138 (b) (e) The agency shall initiate, oversee, manage, and  
139 evaluate the integration of health care data from each state  
140 agency that collects, stores, and reports on health care issues  
141 and make that data available to any health care practitioner  
142 through a statewide state health information exchange network.

143 Section 3. Section 408.051, Florida Statutes, is created to  
144 read:

145 408.051 Florida eHealth Initiative Act.--

146 (1) SHORT TITLE.--This section may be cited as the "Florida  
147 eHealth Initiative Act."

148 (2) LEGISLATIVE INTENT.--The Legislature recognizes that  
149 the exchange of electronic medical records will benefit consumers  
150 by increasing the quality and efficiency of health care  
151 throughout the state. It is the intent of the Legislature that  
152 the state promote and coordinate the establishment of a secure,  
153 privacy-protected, and interconnected statewide health  
154 information exchange.

155 (3) DEFINITIONS.--As used in this section, the term:

156 (a) "Electronic medical record" means a record of a  
157 person's medical treatment created by a licensed health care  
158 provider and stored in an interoperable and accessible digital  
159 format.

160 (b) "Electronic medical records system" means an  
161 application environment composed of at least two of the following  
162 systems: a clinical data repository; clinical decision support;  
163 controlled medical vocabulary; computerized provider order entry;  
164 pharmacy; or clinical documentation. The application must be used  
165 by health care practitioners to document, monitor, and manage



427968

166 health care delivery within a health care delivery system and  
167 must be capable of interoperability within a health information  
168 exchange.

169 (c) "Health information exchange" means an electronic  
170 system used to process or transmit electronic medical records  
171 that can be shared in real time among authorized health care  
172 providers, health care facilities, health insurers, and other  
173 recipients, as authorized by law, to facilitate the provision of  
174 health care services.

175 (d) "Health information organization" means an entity that  
176 has a formal structure and established policies and procedures  
177 and that serves as a neutral convener of local stakeholders to  
178 enable the secure and reliable exchange of electronic medical  
179 records among authorized health care stakeholders within a  
180 defined geographic region to facilitate improvements in health  
181 care quality, safety, and coordination of care.

182 (4) MATCHING GRANTS.--

183 (a) Subject to a specific appropriation, the agency shall  
184 award and monitor matching grants to health information  
185 organizations that submit proposals that advance the development  
186 of a statewide health information exchange. Funds awarded under  
187 this subsection shall be awarded on the basis of matching each \$1  
188 of state funds with \$1 of local or private funds. Local or  
189 private funds may be provided in the form of cash or in-kind  
190 support or services. Grants may be awarded within the following  
191 categories: development, operation, and collaboration.

192 (b) The agency shall, by rule, establish specific  
193 eligibility criteria for a health information organization to  
194 qualify for a grant under this subsection. These criteria shall  
195 include, at a minimum, documentation of the following:



427968

196       1. For development grants, the proposed organizational  
197 structure, the level of community support, including a list of  
198 key participants, a demonstration of available local or private  
199 matching funds, a timeline for development of the health  
200 information exchange, and proposed goals and metrics.

201       2. For operation grants, a demonstration of available local  
202 or private matching funds and a detailed business plan, which  
203 shall include a timeline for implementation of the health  
204 information exchange, policies and procedures to protect the  
205 privacy and security of electronic medical records, and proposed  
206 goals and metrics.

207       3. For collaboration grants, a demonstration of available  
208 local or private matching funds, memoranda of understanding  
209 between at least two health information organizations for the  
210 exchange of electronic medical records, a demonstration of  
211 consistent utilization of the health information exchange by  
212 members within each participating health information  
213 organization, and a detailed business plan, which shall include a  
214 timeline for the implementation of the exchange of electronic  
215 medical records between participating health information  
216 organizations, policies and procedures to protect the privacy and  
217 security of electronic medical records, and proposed goals and  
218 metrics.

219       (c) Beginning July 1, 2008, the agency may not award a  
220 health information organization more than 6 aggregate years of  
221 funding.

222       (d) The agency shall award grants in consultation with the  
223 Florida Health Information Exchange Advisory Council.

224       (5) ELECTRONIC MEDICAL RECORDS SYSTEM ADOPTION LOAN  
225 PROGRAM.--





427968

226       (a) Subject to a specific appropriation, the agency shall  
227 operate an Electronic Medical Records System Adoption Loan  
228 Program for the purpose of providing a one-time, no-interest loan  
229 to eligible physicians licensed under chapter 458 or chapter 459,  
230 to an eligible business entity whose shareholders are licensed  
231 under chapter 458 or chapter 459, or to an eligible faculty  
232 practice plan of a state university for the initial costs of  
233 implementing an electronic medical records system.

234       (b) In order to be eligible for a loan under this  
235 subsection, each physician must demonstrate that he or she has  
236 practiced continuously within the state for the previous 3 years  
237 or that the faculty practice plan has been established.

238       (c) The agency may not provide a loan to a physician who  
239 has or a business entity whose physician shareholder has:

240       1. Been found guilty of violating s. 456.072(1) or been  
241 disciplined under the applicable licensing chapter in the  
242 previous 5 years.

243       2. Been found guilty of or entered a plea of guilty or nolo  
244 contendere to a violation of s. 409.920 or s. 409.9201.

245       3. Been sanctioned pursuant to s. 409.913 for fraud or  
246 abuse.

247       (d) A loan may be provided to an eligible physician,  
248 business entity, or faculty practice plan in a lump-sum amount to  
249 pay for the costs of purchasing hardware and software,  
250 subscription services, professional consultation, and staff  
251 training. The agency shall provide guidance to loan recipients by  
252 providing, at a minimum, a list of electronic medical record  
253 systems recognized or certified by national standards-setting  
254 entities as capable of being used to communicate with a health  
255 information exchange.



427968

256       (e) The agency shall distribute a minimum of 25 percent of  
257 funds appropriated to this program to physicians or business  
258 entities operating within a rural county as defined in s.  
259 288.106(1)(r).

260       (f) The agency shall, by rule, develop standard terms and  
261 conditions for use in this program. At a minimum, these terms and  
262 conditions shall require:

263           1. Loan repayment by the physician, business entity, or  
264 faculty practice plan within a reasonable period of time, which  
265 may not be longer than 72 months after the funding of the loan.

266           2. Equal periodic payments that commence within 3 months  
267 after the funding of the loan.

268           3. The eligible physician, business entity, or faculty  
269 practice plan to execute a promissory note and a security  
270 agreement in favor of the state. The security agreement shall be  
271 a purchase-money security interest pledging as collateral for the  
272 loan the specific hardware and software purchased with the loan  
273 proceeds. The agency shall prepare and record a financing  
274 statement under chapter 679. The physician or business entity  
275 shall pay the cost of recording the financing statement. The  
276 security agreement shall further require that the physician or  
277 business entity pay all collection costs, including attorney's  
278 fees.

279       (g) The agency shall require the physician or business  
280 entity to provide additional security under one of the following  
281 subparagraphs:

282           1. An irrevocable letter of credit, as defined in chapter  
283 675, in an amount equal to the amount of the loan.

284           2. An escrow account consisting of cash or assets eligible  
285 for deposit in accordance with s. 625.52 in an amount equal to



427968

286 the amount of the loan. If the escrow agent is responsible for  
287 making the periodic payments on the loan, the required escrow  
288 balance may be diminished as payments are made.

289 3. A pledge of the accounts receivables of the physician or  
290 business entity. This pledge shall be reflected on the financing  
291 statement.

292 (h) All payments received from or on behalf of a physician  
293 or business entity under this program shall be deposited into the  
294 agency's Administrative Trust Fund to be used to fund new loans.

295 (i) If a physician, business entity, or university whose  
296 faculty practice plan has received a loan under this section  
297 ceases to provide care or services to patients, or if the  
298 physician, business entity, or faculty practice plan defaults in  
299 any payment and the default continues for 30 days, the entire  
300 loan balance shall be immediately due and payable and shall bear  
301 interest from that point forward at the rate of 18 percent  
302 annually. Upon default, the agency may offset any moneys owed to  
303 the physician, business entity, or faculty practice plan from the  
304 state and apply the offset against the outstanding balance.

305 (j) If a physician defaults in any payment and if the  
306 default continues for 30 days, the default constitutes grounds  
307 for disciplinary action under chapter 458 or chapter 459 and s.  
308 456.072(1)(k).

309 (6) FLORIDA HEALTH INFORMATION EXCHANGE ADVISORY COUNCIL.--

310 (a) The Florida Health Information Exchange Advisory  
311 Council is an advisory council as defined in s. 20.03 and is  
312 created adjunct to the agency. The council is subject to the  
313 requirements of s. 20.052, except that only state officers and  
314 employees shall be reimbursed for per diem and travel expenses  
315 pursuant to s. 112.061.



427968

- 316       (b) The purpose of the council is to:
- 317       1. Promote participation in regional and statewide health
- 318 information exchanges and adoption of health information
- 319 technology to support the infrastructure capacity for regional
- 320 and statewide health information exchanges.
- 321       2. Conduct outreach and convene forums to educate
- 322 stakeholders regarding the benefits of using a health information
- 323 exchange.
- 324       3. Provide guidance to stakeholders regarding the effective
- 325 use of health information exchanges and standards for protecting
- 326 the privacy and security of electronic medical records.
- 327       (c) The council shall consist of the following members:
- 328       1. The Secretary of Health Care Administration, or his or
- 329 her designee.
- 330       2. The State Surgeon General, or his or her designee.
- 331       3. Two members appointed by and serving at the pleasure of
- 332 the Governor, of which:
- 333       a. One member must be from the health insurance industry.
- 334       b. One member must be a consumer who is a resident of the
- 335 state.
- 336       4. Four members appointed by and serving at the pleasure of
- 337 the President of the Senate, of which:
- 338       a. One member must be from a hospital using an electronic
- 339 medical records system.
- 340       b. One member must be a physician using an electronic
- 341 medical records system in his or her practice.
- 342       c. One member must be a representative of an operating
- 343 health information organization in the state.



427968

344 d. One member must be from a federally qualified health  
345 center or other rural health organization utilizing an electronic  
346 medical records system.

347 5. Four members appointed by and serving at the pleasure of  
348 the Speaker of the House of Representatives, of which:

349 a. One member must be from a hospital using an electronic  
350 medical records system.

351 b. One member must be a physician using an electronic  
352 medical records system in his or her practice.

353 c. One member must be a representative of an operating  
354 health information organization in the state.

355 d. One member must be from a federally qualified health  
356 center or other rural health organization utilizing an electronic  
357 medical records system.

358 (d) A member who is a representative of an operating health  
359 information organization in the state must recuse himself or  
360 herself during discussion, evaluation, or recommendation of a  
361 grant application.

362 (e) Each member of the council subject to appointment shall  
363 be appointed to a term of 4 years following the date of  
364 appointment. A vacancy shall be filled by appointment for the  
365 remainder of the term. Appointments shall be made within 45 days  
366 after the effective date of this section.

367 (f) The council may meet at the call of the chair or at the  
368 request of a majority of its membership, but the council must  
369 meet at least quarterly. Meetings of the council may be held via  
370 teleconference or other electronic means.

371 (g) Members shall elect a chair and vice chair annually.



427968

372       (h) A majority of the members constitutes a quorum and the  
373 affirmative vote of a majority of a quorum is necessary to take  
374 action.

375       (i) The council shall develop recommendations to:

376       1. Establish standards for all state-funded health  
377 information exchange efforts. Such standards shall include, but  
378 are not limited to, policies and procedures to protect the  
379 privacy and security of electronic medical records.

380       2. Remove barriers, including, but not limited to,  
381 technological, regulatory, and financial barriers, which limit  
382 participation by health care providers, health care facilities,  
383 and health insurers in a health information exchange.

384       3. Remove barriers that prevent consumers from having  
385 access to their electronic medical records.

386       4. Provide incentives to promote participation by health  
387 care providers, health care facilities, and health insurers in  
388 health information exchanges.

389       5. Identify health care data held by state agencies and  
390 remove barriers to making that data available to authorized  
391 recipients through health information exchanges in a private and  
392 secure manner.

393       6. Increase state agency participation in health  
394 information exchanges.

395       7. Enter into partnerships with other state, regional, and  
396 federal entities to promote and coordinate health information  
397 exchange efforts.

398       8. Create a long-term plan for an interoperable statewide  
399 network of health information organizations.

400       9. Consult with experts regarding the use of health  
401 information in medical research to ensure that all



427968

402 recommendations take into account the legitimate uses of health  
403 care information for biomedical research, drug development,  
404 clinical trials, post-approval surveillance, and public health  
405 and public agency reporting requirements.

406  
407 The council shall establish ad hoc issue-oriented technical  
408 workgroups on an as-needed basis to make recommendations to the  
409 council.

410 (j) The Florida Center for Health Information and Policy  
411 Analysis within the agency shall provide, within existing  
412 resources, staff support to enable the council to carry out its  
413 responsibilities under this section.

414 (k) Beginning July 1, 2009, the council shall annually  
415 provide a report to the Governor, the President of the Senate,  
416 the Speaker of the House of Representatives, and the chairs of  
417 the appropriate substantive committees of the Senate and the  
418 House of Representatives which includes, but is not limited to,  
419 the recommendations regarding the council's duties and  
420 responsibilities. In addition, by July 1, 2010, the council shall  
421 recommend a long-term plan to create an interoperable statewide  
422 network of health information organizations to the Governor, the  
423 President of the Senate, the Speaker of the House of  
424 Representatives, and the chairs of the appropriate substantive  
425 committees of the Senate and the House of Representatives.

426 (l) This section is repealed and the council shall stand  
427 abolished July 1, 2012, unless reviewed and saved from repeal  
428 through reenactment by the Legislature.

429 (7) AGENCY FOR HEALTH CARE ADMINISTRATION; DUTIES.--

430 (a) The agency shall develop and maintain on its Internet  
431 website the following information:



427968

432       1. Federal and private-sector health information exchange  
433 funding programs, including analyses of successful local and  
434 state recipients of the programs, as well as unsuccessful local  
435 and state applicants of the programs.

436       2. A clearinghouse of state and national legislative,  
437 regulatory, and public awareness activities related to health  
438 information exchanges.

439       (b) The agency shall develop and implement a plan that  
440 promotes, at a minimum, participation in regional and statewide  
441 health information exchanges and the adoption of electronic  
442 medical record systems by physicians through the Electronic  
443 Medical Records System Adoption Loan Program, in consultation  
444 with the Florida Health Information Exchange Advisory Council,  
445 organizations representing allopathic and osteopathic practicing  
446 physicians, the Board of Medicine, and the Board of Osteopathic  
447 Medicine.

448       (8) PROGRAM EVALUATION; REPORT.--The Office of Program  
449 Policy Analysis and Government Accountability shall complete an  
450 independent evaluation of the grants program administered by the  
451 agency. The evaluation must include, at a minimum, assessments of  
452 the grant evaluation and distribution process; the way in which  
453 grant dollars are spent; the level of participation by entities  
454 within each grantee's project; the extent of clinical data  
455 exchange among entities within each grantee's project; the  
456 sources of funding for each grantee; and the feasibility of each  
457 grantee achieving long-term sustainability without state grant  
458 funding. The evaluation must assess the level at which the  
459 current grants program is advancing the development of a  
460 statewide health information exchange and recommend other  
461 programs that may accomplish the same goal. The report shall be





427968

462 submitted to the Governor, the President of the Senate, the  
463 Speaker of the House of Representatives, and the chairs of the  
464 relevant committees in the Senate and the House of  
465 Representatives no later than July 1, 2009.

466 Section 4. Subsection (5) of section 408.062, Florida  
467 Statutes, is amended to read:

468 408.062 Research, analyses, studies, and reports.--

469 (5) ~~The agency shall develop and implement a strategy for~~  
470 ~~the adoption and use of electronic health records, including the~~  
471 ~~development of an electronic health information network for the~~  
472 ~~sharing of electronic health records among health care~~  
473 ~~facilities, health care providers, and health insurers. The~~  
474 agency may develop rules to facilitate the functionality and  
475 protect the confidentiality of electronic health records. ~~The~~  
476 ~~agency shall report to the Governor, the Speaker of the House of~~  
477 ~~Representatives, and the President of the Senate on legislative~~  
478 ~~recommendations to protect the confidentiality of electronic~~  
479 ~~health records.~~

480 Section 5. Subsection (2) of section 483.181, Florida  
481 Statutes, is amended to read:

482 483.181 Acceptance, collection, identification, and  
483 examination of specimens.--

484 (2) The results of a test must be reported directly to the  
485 licensed practitioner or other authorized person who requested it  
486 and appropriate disclosure may be made by the clinical laboratory  
487 without a patient's consent to other health care practitioners  
488 and providers involved in the care or treatment of the patient  
489 for use in connection with the treatment of the patient. The  
490 report must include the name and address of the clinical  
491 laboratory in which the test was actually performed, unless the



427968

492 test was performed in a hospital laboratory and the report  
493 becomes an integral part of the hospital record.

494 Section 6. This act shall take effect upon becoming a law.

495

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

497 And the title is amended as follows:

498 Delete everything before the enacting clause

499 and insert:

500

A bill to be entitled

501 An act relating to electronic health records; amending

502 s. 395.3025, F.S.; expanding access to a patient's

503 medical records to facilitate electronic exchange of

504 data between certain health care facilities,

505 practitioners, and providers and attending physicians;

506 revising provisions relating to the disclosure of

507 patient records to conform to changes made by the act;

508 authorizing a health information exchange to receive

509 patient medical records without patient consent for

510 processing and transmission of electronic medical

511 records; amending s. 408.05, F.S.; removing the

512 responsibility of the Agency for Health Care

513 Administration for monitoring certain grants; creating

514 s. 408.051, F.S.; creating the "Florida eHealth

515 Initiative Act"; providing legislative intent;

516 providing definitions; requiring the agency to award

517 and monitor grants to certain health information

518 organizations; providing rulemaking authority regarding

519 establishment of eligibility criteria; establishing the

520 Electronic Medical Records System Adoption Loan

521 Program; providing eligibility criteria; providing



427968

522 rulemaking authority regarding terms and conditions for  
523 the granting of loans; creating the Florida Health  
524 Information Exchange Advisory Council; providing for  
525 purpose, membership, terms of office, and duties of the  
526 council; requiring the Florida Center for Health  
527 Information and Policy Analysis to provide staff  
528 support; requiring reports to the Governor and  
529 Legislature; providing for future repeal of s. 408.051,  
530 F.S., and abolition of the council; providing duties of  
531 the agency with regard to availability of specified  
532 information on the agency's Internet website; requiring  
533 the agency to develop and implement a plan to promote  
534 participation in regional and statewide health  
535 information exchanges; requiring the Office of Program  
536 Policy Analysis and Government Accountability to  
537 complete an independent evaluation of the grants  
538 program administered by the agency and submit the  
539 report to the Governor and Legislature by a certain  
540 date; amending s. 408.062, F.S.; removing the  
541 responsibility of the agency for developing an  
542 electronic health information network; amending s.  
543 483.181, F.S.; expanding access to laboratory reports  
544 to facilitate electronic exchange of data between  
545 certain health care practitioners and providers;  
546 providing an effective date.