

By the Committee on Health Regulation; and Senator Ring

588-06444-08

20081998c1

1 A bill to be entitled

2 An act relating to electronic health records; amending s.  
3 395.3025, F.S.; expanding access to a patient's medical  
4 records to facilitate electronic exchange of data between  
5 certain health care facilities, practitioners, and  
6 providers and attending physicians; revising provisions  
7 relating to the disclosure of patient records to conform  
8 to changes made by the act; amending s. 408.05, F.S.;  
9 removing responsibility of the Agency for Health Care  
10 Administration for monitoring certain grants; creating s.  
11 408.051, F.S.; creating the "Florida eHealth Initiative  
12 Act"; providing legislative intent; providing definitions;  
13 requiring the agency to award and monitor grants to  
14 certain health information organizations; providing  
15 rulemaking authority regarding establishment of  
16 eligibility criteria; establishing the Electronic Medical  
17 Records System Adoption Loan Program; providing  
18 eligibility criteria; providing rulemaking authority  
19 regarding terms and conditions for the granting of loans;  
20 creating the Florida Health Information Exchange Advisory  
21 Council; providing for purpose, membership, terms of  
22 office, and duties of the council; requiring the Florida  
23 Center for Health Information and Policy Analysis to  
24 provide staff support; requiring reports to the Governor  
25 and Legislature; providing for future repeal of s.  
26 408.051, F.S., and abolition of the council; providing  
27 duties of the agency with regard to availability of  
28 specified information on the agency's Internet website;  
29 requiring the agency to develop and implement a plan to

588-06444-08

20081998c1

30 promote participation in regional and statewide health  
31 information exchanges; requiring the Office of Program  
32 Policy Analysis and Government Accountability to complete  
33 an independent evaluation of the grants program  
34 administered by the agency and submit the report to the  
35 Governor and Legislature by a certain date; amending s.  
36 408.062, F.S.; removing responsibility of the agency for  
37 developing an electronic health information network;  
38 amending s. 483.181, F.S.; expanding access to laboratory  
39 reports to facilitate electronic exchange of data between  
40 certain health care practitioners and providers; providing  
41 an effective date.

42  
43 Be It Enacted by the Legislature of the State of Florida:

44  
45 Section 1. Subsection (4) of section 395.3025, Florida  
46 Statutes, is amended to read:

47 395.3025 Patient and personnel records; copies;  
48 examination.--

49 (4) Patient records are confidential and must not be  
50 disclosed without the consent of the patient or his or her legal  
51 representative ~~person to whom they pertain~~, but appropriate  
52 disclosure may be made without such consent to:

53 (a) Licensed facility personnel, ~~and~~ attending physicians,  
54 or other health care practitioners and providers currently  
55 involved in the care or treatment of the patient for use only in  
56 connection with the treatment of the patient.

57 (b) Licensed facility personnel only for administrative  
58 purposes or risk management and quality assurance functions.

588-06444-08

20081998c1

59 (c) The agency, for purposes of health care cost  
60 containment.

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

65 (e) The department ~~agency~~ upon subpoena issued pursuant to  
66 s. 456.071, but the records obtained thereby must be used solely  
67 for the purpose of the department ~~agency~~ and the appropriate  
68 professional board in its investigation, prosecution, and appeal  
69 of disciplinary proceedings. If the department ~~agency~~ requests  
70 copies of the records, the facility shall charge no more than its  
71 actual copying costs, including reasonable staff time. The  
72 records must be sealed and must not be available to the public  
73 pursuant to s. 119.07(1) or any other statute providing access to  
74 records, nor may they be available to the public as part of the  
75 record of investigation for and prosecution in disciplinary  
76 proceedings made available to the public by the department ~~agency~~  
77 or the appropriate regulatory board. However, the department  
78 ~~agency~~ must make available, upon written request by a  
79 practitioner against whom probable cause has been found, any such  
80 records that form the basis of the determination of probable  
81 cause.

82 (f) The department ~~of Health~~ or its agent, for the purpose  
83 of establishing and maintaining a trauma registry and for the  
84 purpose of ensuring that hospitals and trauma centers are in  
85 compliance with the standards and rules established under ss.  
86 395.401, 395.4015, 395.4025, 395.404, 395.4045, and 395.405, and  
87 for the purpose of monitoring patient outcome at hospitals and

588-06444-08

20081998c1

88 | trauma centers that provide trauma care services.

89 |       (g) The Department of Children and Family Services or its  
90 | agent, for the purpose of investigations of cases of abuse,  
91 | neglect, or exploitation of children or vulnerable adults.

92 |       (h) The State Long-Term Care Ombudsman Council and the  
93 | local long-term care ombudsman councils, with respect to the  
94 | records of a patient who has been admitted from a nursing home or  
95 | long-term care facility, when the councils are conducting an  
96 | investigation involving the patient as authorized under part II  
97 | of chapter 400, upon presentation of identification as a council  
98 | member by the person making the request. Disclosure under this  
99 | paragraph shall only be made after a competent patient or the  
100 | patient's representative has been advised that disclosure may be  
101 | made and the patient has not objected.

102 |       (i) A local trauma agency or a regional trauma agency that  
103 | performs quality assurance activities, or a panel or committee  
104 | assembled to assist a local trauma agency or a regional trauma  
105 | agency in performing quality assurance activities. Patient  
106 | records obtained under this paragraph are confidential and exempt  
107 | from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

108 |       (j) Organ procurement organizations, tissue banks, and eye  
109 | banks required to conduct death records reviews pursuant to s.  
110 | 395.2050.

111 |       (k) The Medicaid Fraud Control Unit in the Department of  
112 | Legal Affairs pursuant to s. 409.920.

113 |       (l) The Department of Financial Services, or an agent,  
114 | employee, or independent contractor of the department who is  
115 | auditing for unclaimed property pursuant to chapter 717.

116 |       (m) A regional poison control center for purposes of

588-06444-08

20081998c1

117 | treating a poison episode under evaluation, case management of  
118 | poison cases, or compliance with data collection and reporting  
119 | requirements of s. 395.1027 and the professional organization  
120 | that certifies poison control centers in accordance with federal  
121 | law.

122 |       Section 2. Subsection (4) of section 408.05, Florida  
123 | Statutes, is amended to read:

124 |       408.05 Florida Center for Health Information and Policy  
125 | Analysis.--

126 |       (4) TECHNICAL ASSISTANCE.--

127 |       (a) The center shall provide technical assistance to  
128 | persons or organizations engaged in health planning activities in  
129 | the effective use of statistics collected and compiled by the  
130 | center. The center shall also provide the following additional  
131 | technical assistance services:

132 |       1. Establish procedures identifying the circumstances under  
133 | which, the places at which, the persons from whom, and the  
134 | methods by which a person may secure data from the center,  
135 | including procedures governing requests, the ordering of  
136 | requests, timeframes for handling requests, and other procedures  
137 | necessary to facilitate the use of the center's data. To the  
138 | extent possible, the center should provide current data timely in  
139 | response to requests from public or private agencies.

140 |       2. Provide assistance to data sources and users in the  
141 | areas of database design, survey design, sampling procedures,  
142 | statistical interpretation, and data access to promote improved  
143 | health-care-related data sets.

144 |       3. Identify health care data gaps and provide technical  
145 | assistance to other public or private organizations for meeting

588-06444-08

20081998c1

146 documented health care data needs.

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

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

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

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

158 8. Respond to requests for data which are not available in  
159 published form by initiating special computer runs on data sets  
160 available to the center.

161 9. Monitor innovations in health information technology,  
162 informatics, and the exchange of health information and maintain  
163 a repository of technical resources to support the development of  
164 a statewide health information exchange network.

165 ~~(b) The agency shall administer, manage, and monitor grants~~  
166 ~~to not-for-profit organizations, regional health information~~  
167 ~~organizations, public health departments, or state agencies that~~  
168 ~~submit proposals for planning, implementation, or training~~  
169 ~~projects to advance the development of a health information~~  
170 ~~network. Any grant contract shall be evaluated to ensure the~~  
171 ~~effective outcome of the health information project.~~

172 (b)(e) The agency shall initiate, oversee, manage, and  
173 evaluate the integration of health care data from each state  
174 agency that collects, stores, and reports on health care issues

588-06444-08

20081998c1

175 and make that data available to any health care practitioner  
176 through a statewide state health information exchange network.

177 Section 3. Section 408.051, Florida Statutes, is created to  
178 read:

179 408.051 Florida eHealth Initiative Act.--

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

182 (2) LEGISLATIVE INTENT.--The Legislature recognizes that  
183 the exchange of electronic medical records will benefit consumers  
184 by increasing the quality and efficiency of health care  
185 throughout the state. It is the intent of the Legislature that  
186 the state promote and coordinate the establishment of a secure,  
187 privacy-protected, and interconnected statewide health  
188 information exchange.

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

190 (a) "Electronic medical record" means a record of a  
191 person's medical treatment created by a licensed health care  
192 provider and stored in an interoperable and accessible digital  
193 format.

194 (b) "Electronic medical records system" means an  
195 application environment composed of at least two of the following  
196 systems: a clinical data repository; clinical decision support;  
197 controlled medical vocabulary; computerized provider order entry;  
198 pharmacy; or clinical documentation. The application must be used  
199 by health care practitioners to document, monitor, and manage  
200 health care delivery within a health care delivery system and  
201 must be capable of interoperability within a health information  
202 exchange.

203 (c) "Health information exchange" means an electronic

588-06444-08

20081998c1

204 system used to acquire, process, and transmit electronic medical  
205 records that can be shared in real time among authorized health  
206 care providers, health care facilities, health insurers, and  
207 other recipients, as authorized by law, to facilitate the  
208 provision of health care services.

209 (d) "Health information organization" means an entity that  
210 has a formal structure and established policies and procedures  
211 and that serves as a neutral convener of local stakeholders to  
212 enable the secure and reliable exchange of electronic medical  
213 records among authorized health care stakeholders within a  
214 defined geographic region to facilitate improvements in health  
215 care quality, safety, and coordination of care.

216 (4) MATCHING GRANTS.--

217 (a) Subject to a specific appropriation, the agency shall  
218 award and monitor matching grants to health information  
219 organizations that submit proposals that advance the development  
220 of a statewide health information exchange. Funds awarded under  
221 this subsection shall be awarded on the basis of matching each \$1  
222 of state funds with \$1 of local or private funds. Local or  
223 private funds may be provided in the form of cash or in-kind  
224 support or services. Grants may be awarded within the following  
225 categories: development, operation, and collaboration.

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

230 1. For development grants, the proposed organizational  
231 structure, the level of community support, including a list of  
232 key participants, a demonstration of available local or private



588-06444-08

20081998c1

233 matching funds, a timeline for development of the health  
234 information exchange, and proposed goals and metrics.

235 2. For operation grants, a demonstration of available local  
236 or private matching funds and a detailed business plan, which  
237 shall include a timeline for implementation of the health  
238 information exchange, policies and procedures to protect the  
239 privacy and security of electronic medical records, and proposed  
240 goals and metrics.

241 3. For collaboration grants, a demonstration of available  
242 local or private matching funds, memoranda of understanding  
243 between at least two health information organizations for the  
244 exchange of electronic medical records, a demonstration of  
245 consistent utilization of the health information exchange by  
246 members within each participating health information  
247 organization, and a detailed business plan, which shall include a  
248 timeline for the implementation of the exchange of electronic  
249 medical records between participating health information  
250 organizations, policies and procedures to protect the privacy and  
251 security of electronic medical records, and proposed goals and  
252 metrics.

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

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

258 (5) ELECTRONIC MEDICAL RECORDS SYSTEM ADOPTION LOAN  
259 PROGRAM.--

260 (a) Subject to a specific appropriation, the agency shall  
261 operate an Electronic Medical Records System Adoption Loan

588-06444-08

20081998c1

262 Program for the purpose of providing a one-time, no-interest loan  
263 to eligible physicians licensed under chapter 458 or chapter 459,  
264 to an eligible business entity whose shareholders are licensed  
265 under chapter 458 or chapter 459, or to an eligible faculty  
266 practice plan of a state university for the initial costs of  
267 implementing an electronic medical records system.

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

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

274 1. Been found guilty of violating s. 456.072(1) or been  
275 disciplined under the applicable licensing chapter in the  
276 previous 5 years.

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

279 3. Been sanctioned pursuant to s. 409.913 for fraud or  
280 abuse.

281 (d) A loan may be provided to an eligible physician,  
282 business entity, or faculty practice plan in a lump-sum amount to  
283 pay for the costs of purchasing hardware and software,  
284 subscription services, professional consultation, and staff  
285 training. The agency shall provide guidance to loan recipients by  
286 providing, at a minimum, a list of electronic medical record  
287 systems recognized or certified by national standards-setting  
288 entities as capable of being used to communicate with a health  
289 information exchange.

290 (e) The agency shall distribute a minimum of 25 percent of

588-06444-08

20081998c1

291 funds appropriated to this program to physicians or business  
292 entities operating within a rural county as defined in s.  
293 288.106(1)(r).

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

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

300 2. Equal periodic payments that commence within 3 months  
301 after the funding of the loan.

302 3. The eligible physician, business entity, or faculty  
303 practice plan to execute a promissory note and a security  
304 agreement in favor of the state. The security agreement shall be  
305 a purchase-money security interest pledging as collateral for the  
306 loan the specific hardware and software purchased with the loan  
307 proceeds. The agency shall prepare and record a financing  
308 statement under chapter 679. The physician or business entity  
309 shall pay the cost of recording the financing statement. The  
310 security agreement shall further require that the physician or  
311 business entity pay all collection costs, including attorney's  
312 fees.

313 (g) The agency shall require the physician or business  
314 entity to provide additional security under one of the following  
315 subparagraphs:

316 1. An irrevocable letter of credit, as defined in chapter  
317 675, in an amount equal to the amount of the loan.

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

588-06444-08

20081998c1

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

323 3. A pledge of the accounts receivables of the physician or  
324 business entity. This pledge shall be reflected on the financing  
325 statement.

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

329 (i) If a physician, business entity, or university whose  
330 faculty practice plan has received a loan under this section  
331 ceases to provide care or services to patients, or if the  
332 physician, business entity, or faculty practice plan defaults in  
333 any payment and the default continues for 30 days, the entire  
334 loan balance shall be immediately due and payable and shall bear  
335 interest from that point forward at the rate of 18 percent  
336 annually. Upon default, the agency may offset any moneys owed to  
337 the physician, business entity, or faculty practice plan from the  
338 state and apply the offset against the outstanding balance.

339 (j) If a physician defaults in any payment and if the  
340 default continues for 30 days, the default constitutes grounds  
341 for disciplinary action under chapter 458 or chapter 459 and s.  
342 456.072 (1) (k).

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

344 (a) The Florida Health Information Exchange Advisory  
345 Council is created as an adjunct to the agency. The council is  
346 subject to the requirements of s. 20.052, except that only state  
347 officers and employees shall be reimbursed for per diem and  
348 travel expenses pursuant to s. 112.061.

588-06444-08

20081998c1

349 (b) The purpose of the council is to:

350 1. Promote participation in regional and statewide health  
351 information exchanges and adoption of health information  
352 technology to support the infrastructure capacity for regional  
353 and statewide health information exchanges.

354 2. Conduct outreach and convene forums to educate  
355 stakeholders regarding the benefits of using a health information  
356 exchange.

357 3. Provide guidance to stakeholders regarding the effective  
358 use of health information exchanges and standards for protecting  
359 the privacy and security of electronic medical records.

360 (c) The council shall consist of the following members:

361 1. The Secretary of Health Care Administration, or his or  
362 her designee.

363 2. The State Surgeon General, or his or her designee.

364 3. Two members appointed by and serving at the pleasure of  
365 the Governor, of which:

366 a. One member must be from the health insurance industry.

367 b. One member must be a consumer who is a resident of the  
368 state.

369 4. Four members appointed by and serving at the pleasure of  
370 the President of the Senate, of which:

371 a. One member must be from a hospital using an electronic  
372 medical records system.

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

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

377 d. One member must be from a federally qualified health

588-06444-08

20081998c1

378 center or other rural health organization utilizing an electronic  
379 medical records system.

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

382 a. One member must be from a hospital using an electronic  
383 medical records system.

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

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

388 d. One member must be from a federally qualified health  
389 center or other rural health organization utilizing an electronic  
390 medical records system.

391 (d) A member who is a representative of an operating health  
392 information organization in the state must recuse himself or  
393 herself during discussion, evaluation, or recommendation of a  
394 grant application.

395 (e) Each member of the council subject to appointment shall  
396 be appointed to a term of 4 years following the date of  
397 appointment. A vacancy shall be filled by appointment for the  
398 remainder of the term. Appointments shall be made within 45 days  
399 after the effective date of this section.

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

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

405 (h) A majority of the members constitutes a quorum and the  
406 affirmative vote of a majority of a quorum is necessary to take

588-06444-08

20081998c1

407 action.

408 (i) The council's duties and responsibilities include, but  
409 are not limited to, developing recommendations to:

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

414 2. Remove barriers, including, but not limited to,  
415 technological, regulatory, and financial barriers, which limit  
416 participation by health care providers, health care facilities,  
417 and health insurers in a health information exchange.

418 3. Remove barriers that prevent consumers from having  
419 access to their electronic medical records.

420 4. Provide incentives to promote participation by health  
421 care providers, health care facilities, and health insurers in  
422 health information exchanges.

423 5. Identify health care data held by state agencies and  
424 remove barriers to making that data available to authorized  
425 recipients through health information exchanges in a private and  
426 secure manner.

427 6. Increase state agency participation in health  
428 information exchanges.

429 7. Enter into partnerships with other state, regional, and  
430 federal entities to promote and coordinate health information  
431 exchange efforts.

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

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

588-06444-08

20081998c1

436 recommendations take into account the legitimate uses of health  
437 care information for biomedical research, drug development,  
438 clinical trials, post-approval surveillance, and public health  
439 and public agency reporting requirements.

440  
441 The council shall establish ad hoc issue-oriented technical  
442 workgroups on an as-needed basis to make recommendations to the  
443 council.

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

448 (k) Beginning July 1, 2009, the council shall annually  
449 provide a report to the Governor, the President of the Senate,  
450 the Speaker of the House of Representatives, and the chairs of  
451 the appropriate substantive committees of the Senate and the  
452 House of Representatives which includes, but is not limited to,  
453 the recommendations regarding the council's duties and  
454 responsibilities. In addition, by July 1, 2010, the council shall  
455 recommend a long-term plan to create an interoperable statewide  
456 network of health information organizations to the Governor, the  
457 President of the Senate, the Speaker of the House of  
458 Representatives, and the chairs of the appropriate substantive  
459 committees of the Senate and the House of Representatives.

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

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

464 (a) The agency shall develop and maintain on its Internet



588-06444-08

20081998c1

465 website the following information:

466 1. Federal and private-sector health information exchange  
467 funding programs, including analyses of successful local and  
468 state recipients of the programs, as well as unsuccessful local  
469 and state applicants of the programs.

470 2. A clearinghouse of state and national legislative,  
471 regulatory, and public awareness activities related to health  
472 information exchanges.

473 (b) The agency shall develop and implement a plan that  
474 promotes, at a minimum, participation in regional and statewide  
475 health information exchanges and the adoption of electronic  
476 medical record systems by physicians through the Electronic  
477 Medical Records System Adoption Loan Program, in consultation  
478 with the Florida Health Information Exchange Advisory Council,  
479 organizations representing allopathic and osteopathic practicing  
480 physicians, the Board of Medicine, and the Board of Osteopathic  
481 Medicine.

482 (8) PROGRAM EVALUATION; REPORT.--The Office of Program  
483 Policy Analysis and Government Accountability shall complete an  
484 independent evaluation of the grants program administered by the  
485 agency. The evaluation must include, at a minimum, assessments of  
486 the grant evaluation and distribution process; the way in which  
487 grant dollars are spent; the level of participation by entities  
488 within each grantee's project; the extent of clinical data  
489 exchange among entities within each grantee's project; the  
490 sources of funding for each grantee; and the feasibility of each  
491 grantee achieving long-term sustainability without state grant  
492 funding. The evaluation must assess the level at which the  
493 current grants program is advancing the development of a

588-06444-08

20081998c1

494 statewide health information exchange and recommend other  
495 programs that may accomplish the same goal. The report shall be  
496 submitted to the Governor, the President of the Senate, the  
497 Speaker of the House of Representatives, and the chairs of the  
498 relevant committees in the Senate and the House of  
499 Representatives no later than July 1, 2009.

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

502 408.062 Research, analyses, studies, and reports.--

503 ~~(5) The agency shall develop and implement a strategy for~~  
504 ~~the adoption and use of electronic health records, including the~~  
505 ~~development of an electronic health information network for the~~  
506 ~~sharing of electronic health records among health care~~  
507 ~~facilities, health care providers, and health insurers. The~~  
508 ~~agency may develop rules to facilitate the functionality and~~  
509 ~~protect the confidentiality of electronic health records. The~~  
510 ~~agency shall report to the Governor, the Speaker of the House of~~  
511 ~~Representatives, and the President of the Senate on legislative~~  
512 ~~recommendations to protect the confidentiality of electronic~~  
513 ~~health records.~~

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

516 483.181 Acceptance, collection, identification, and  
517 examination of specimens.--

518 (2) The results of a test must be reported directly to the  
519 licensed practitioner or other authorized person who requested it  
520 and appropriate disclosure may be made by the clinical laboratory  
521 without a patient's consent to other health care practitioners  
522 and providers involved in the care or treatment of the patient

588-06444-08

20081998c1

523 | for use in connection with the treatment of the patient. The  
524 | report must include the name and address of the clinical  
525 | laboratory in which the test was actually performed, unless the  
526 | test was performed in a hospital laboratory and the report  
527 | becomes an integral part of the hospital record.

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