

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 terminology  
7           regarding disclosure of patient records to conform to  
8           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 and health  
11          care data; creating s. 408.051, F.S.; creating the  
12          "Florida eHealth Initiative Act"; providing legislative  
13          intent; providing definitions; requiring the agency to  
14          award and monitor grants to certain health information  
15          organizations; providing rulemaking authority regarding  
16          establishment of eligibility criteria; authorizing the  
17          agency to operate an Electronic Medical Records System  
18          Adoption Loan Program, subject to a specific  
19          appropriation; providing eligibility criteria; providing  
20          rulemaking authority regarding terms and conditions for  
21          the granting of loans; creating the Florida Health  
22          Information Exchange Advisory Council; providing for  
23          purpose, membership, terms of office, and duties of the  
24          council; requiring the council to consult with certain  
25          experts regarding the use of health information in medical  
26          research to conform with provisions in the Health  
27          Insurance Portability and Accountability Act; requiring  
28          the Florida Center for Health Information and Policy

29 Analysis to provide staff support; requiring reports to  
 30 the Governor and Legislature; providing for future  
 31 abolition of the council; providing duties of the agency  
 32 with regard to availability of specified information on  
 33 the agency's Internet website; requiring the agency to  
 34 develop and implement a plan to promote participation in  
 35 regional and statewide health information exchanges;  
 36 requiring the Office of Program Policy Analysis and  
 37 Government Accountability to complete an independent  
 38 evaluation of the grants program administered by the  
 39 agency and submit the report to the Governor and  
 40 Legislature; amending s. 408.062, F.S.; removing  
 41 responsibility of the agency for developing an electronic  
 42 health information network; amending s. 483.181, F.S.;  
 43 expanding access to laboratory reports to facilitate  
 44 exchange of data between certain health care practitioners  
 45 and providers; providing an effective date.

46  
 47 Be It Enacted by the Legislature of the State of Florida:

48  
 49 Section 1. Subsection (4) of section 395.3025, Florida  
 50 Statutes, is amended to read:

51 395.3025 Patient and personnel records; copies;  
 52 examination.--

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

57 (a) Licensed facility personnel, ~~and~~ attending physicians,  
 58 or other health care practitioners and providers currently  
 59 involved in the care or treatment of the patient for use only in  
 60 connection with the treatment of the patient.

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

63 (c) The agency, for purposes of health care cost  
 64 containment.

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

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

84 such records that form the basis of the determination of  
85 probable cause.

86 (f) The department ~~of Health~~ or its agent, for the purpose  
87 of establishing and maintaining a trauma registry and for the  
88 purpose of ensuring that hospitals and trauma centers are in  
89 compliance with the standards and rules established under ss.  
90 395.401, 395.4015, 395.4025, 395.404, 395.4045, and 395.405, and  
91 for the purpose of monitoring patient outcome at hospitals and  
92 trauma centers that provide trauma care services.

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

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

106 (i) A local trauma agency or a regional trauma agency that  
107 performs quality assurance activities, or a panel or committee  
108 assembled to assist a local trauma agency or a regional trauma  
109 agency in performing quality assurance activities. Patient  
110 records obtained under this paragraph are confidential and

111 exempt from s. 119.07(1) and s. 24(a), Art. I of the State  
 112 Constitution.

113 (j) Organ procurement organizations, tissue banks, and eye  
 114 banks required to conduct death records reviews pursuant to s.  
 115 395.2050.

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

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

121 (m) A regional poison control center for purposes of  
 122 treating a poison episode under evaluation, case management of  
 123 poison cases, or compliance with data collection and reporting  
 124 requirements of s. 395.1027 and the professional organization  
 125 that certifies poison control centers in accordance with federal  
 126 law.

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

129 408.05 Florida Center for Health Information and Policy  
 130 Analysis.--

131 (4) TECHNICAL ASSISTANCE.--

132 (a) The center shall provide technical assistance to  
 133 persons or organizations engaged in health planning activities  
 134 in the effective use of statistics collected and compiled by the  
 135 center. The center shall also provide the following additional  
 136 technical assistance services:

137 1. Establish procedures identifying the circumstances  
 138 under which, the places at which, the persons from whom, and the

139 methods by which a person may secure data from the center,  
140 including procedures governing requests, the ordering of  
141 requests, timeframes for handling requests, and other procedures  
142 necessary to facilitate the use of the center's data. To the  
143 extent possible, the center should provide current data timely  
144 in response to requests from public or private agencies.

145 2. Provide assistance to data sources and users in the  
146 areas of database design, survey design, sampling procedures,  
147 statistical interpretation, and data access to promote improved  
148 health-care-related data sets.

149 3. Identify health care data gaps and provide technical  
150 assistance to other public or private organizations for meeting  
151 documented health care data needs.

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

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

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

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

163 8. Respond to requests for data which are not available in  
164 published form by initiating special computer runs on data sets  
165 available to the center.

166 9. Monitor innovations in health information technology,  
167 informatics, and the exchange of health information and maintain  
168 a repository of technical resources to support the development  
169 of a statewide health information exchange network.

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

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

182 Section 3. Section 408.051, Florida Statutes, is created  
183 to read:

184 408.051 Florida eHealth Initiative Act.--

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

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

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

195 (a) "Electronic medical record" means a record of a  
 196 person's medical treatment created by a licensed health care  
 197 provider and stored in an interoperable and accessible digital  
 198 format.

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

208 (c) "Health information exchange" means an electronic  
 209 system used to acquire, process, and transmit electronic medical  
 210 records that can be shared in real time among authorized health  
 211 care providers, health care facilities, health insurers, and  
 212 other recipients, as authorized by law, to facilitate the  
 213 provision of health care services.

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

221 (4) MATCHING GRANTS.--



222        (a) Subject to a specific appropriation, the agency shall  
223 award and monitor matching grants to health information  
224 organizations that submit proposals that advance the development  
225 of a statewide health information exchange. Funds awarded under  
226 this subsection shall be awarded on the basis of matching each  
227 \$1 of state funds with \$1 of local or private funds. Local or  
228 private funds may be provided in the form of cash or in-kind  
229 support or services. Grants may be awarded within the following  
230 categories: development, operation, and collaboration.

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

235            1. For development grants, the proposed organizational  
236 structure, the level of community support, including a list of  
237 key participants, a demonstration of available local or private  
238 matching funds, a timeline for development of the health  
239 information exchange, and proposed goals and metrics.

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

246            3. For collaboration grants, a demonstration of available  
247 local or private matching funds, memoranda of understanding  
248 between at least two health information organizations for the  
249 exchange of electronic medical records, a demonstration of

250 consistent utilization of the health information exchange by  
251 members within each participating health information  
252 organization, and a detailed business plan, which shall include  
253 a timeline for the implementation of the exchange of electronic  
254 medical records between participating health information  
255 organizations, policies and procedures to protect the privacy  
256 and security of electronic medical records, and proposed goals  
257 and metrics.

258 (c) Beginning July 1, 2008, the agency shall not award a  
259 health information organization more than 6 aggregate years of  
260 funding.

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

263 (5) ELECTRONIC MEDICAL RECORDS SYSTEM ADOPTION LOAN  
264 PROGRAM.--

265 (a) Subject to a specific appropriation, the agency shall  
266 operate an Electronic Medical Records System Adoption Loan  
267 Program for the purpose of providing a one-time, no-interest  
268 loan to eligible physicians licensed under chapter 458 or  
269 chapter 459 or to an eligible business entity whose shareholders  
270 are licensed under chapter 458 or chapter 459 for the initial  
271 costs of implementing an electronic medical records system.

272 (b) In order to be eligible for a loan under this  
273 subsection, each physician must demonstrate that he or she has  
274 practiced continuously within the state for the previous 3  
275 years.

276 (c) The agency shall not provide a loan to a physician who  
277 has or a business entity whose physician has:

278 1. Been found guilty of violating s. 456.072(1) or been  
279 disciplined under the applicable licensing chapter in the  
280 previous 5 years.

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

283 3. Been sanctioned pursuant to s. 409.913 for fraud or  
284 abuse.

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

293 (e) The agency shall distribute a minimum of 25 percent of  
294 funds appropriated to this program to physicians or business  
295 entities operating within a rural county as defined in s.  
296 288.106(1)(r).

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

300 1. Loan repayment by the physician or business entity  
301 within a reasonable period of time, which may not be longer than  
302 72 months after the funding of the loan.

303 2. Equal periodic payments that commence within 3 months  
304 after the funding of the loan.

305 3. The eligible physician or business entity to execute a

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

316 (g) The agency shall further require the physician or  
317 business entity to provide additional security under one of the  
318 following subparagraphs:

319 1. An irrevocable letter of credit, as defined in chapter  
320 675, in an amount equal to the amount of the loan.

321 2. An escrow account consisting of cash or assets eligible  
322 for deposit in accordance with s. 625.52 in an amount equal to  
323 the amount of the loan. If the escrow agent is responsible for  
324 making the periodic payments on the loan, the required escrow  
325 balance may be diminished as payments are made.

326 3. A pledge of the accounts receivables of the physician  
327 or business entity. This pledge shall be reflected on the  
328 financing statement.

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

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

342        (j) If a physician defaults in any payment and if the  
343 default continues for 30 days, the default shall constitute  
344 grounds for disciplinary action under chapter 458 or chapter 459  
345 and s. 456.072(1)(k).

346        (6) FLORIDA HEALTH INFORMATION EXCHANGE ADVISORY  
347 COUNCIL.--

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

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

354        1. Promote participation in regional and statewide health  
355 information exchanges and adoption of health information  
356 technology to support the infrastructure capacity for regional  
357 and statewide health information exchanges.

358        2. Conduct outreach and convene forums to educate  
359 stakeholders regarding the benefits of utilizing a health  
360 information exchange.

361           3. Provide guidance to stakeholders regarding the  
362 effective use of health information exchanges and standards for  
363 protecting the privacy and security of electronic medical  
364 records.

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

366           1. The Secretary of Health Care Administration, or his or  
367 her designee.

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

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

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

372           b. One member must be a consumer who is a resident of the  
373 state.

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

376           a. One member must be from a hospital utilizing an  
377 electronic medical records system.

378           b. One member must be a physician utilizing an electronic  
379 medical records system in his or her practice.

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

382           d. One member must be from a federally qualified health  
383 center or other rural health organization utilizing an  
384 electronic medical records system.

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

387           a. One member must be from a hospital utilizing an  
388 electronic medical records system.

389 b. One member must be a physician utilizing an electronic  
 390 medical records system in his or her practice.

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

393 d. One member must be from a federally qualified health  
 394 center or other rural health organization utilizing an  
 395 electronic medical records system.

396 (d) A member who is a representative of an operating  
 397 health information organization in the state must recuse himself  
 398 or herself during discussion, evaluation, or recommendation of a  
 399 grant application.

400 (e) Each member of the council subject to appointment  
 401 shall be appointed to serve for a term of 4 years following the  
 402 date of appointment. A vacancy shall be filled by appointment  
 403 for the remainder of the term. Appointments shall be made within  
 404 45 days after the effective date of this section.

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

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

410 (h) A majority of the members constitutes a quorum and the  
 411 affirmative vote of a majority of a quorum is necessary to take  
 412 action.

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

415 1. Establish standards for all state-funded health  
 416 information exchange efforts. Such standards shall include, but

417 are not limited to, policies and procedures to protect the  
 418 privacy and security of electronic medical records.

419 2. Remove barriers, including, but not limited to,  
 420 technological, regulatory, and financial barriers, that limit  
 421 participation by health care providers, health care facilities,  
 422 and health insurers in a health information exchange.

423 3. Remove barriers that prevent consumers from having  
 424 access to their electronic medical records.

425 4. Provide incentives to promote participation by health  
 426 care providers, health care facilities, and health insurers in  
 427 health information exchanges.

428 5. Identify health care data held by state agencies and  
 429 remove barriers to making that data available to authorized  
 430 recipients through health information exchanges in a private and  
 431 secure manner.

432 6. Increase state agency participation in health  
 433 information exchanges.

434 7. Partner with other state, regional, and federal  
 435 entities to promote and coordinate health information exchange  
 436 efforts.

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

439  
 440 The council shall establish ad hoc issue-oriented technical  
 441 workgroups on an as-needed basis to make recommendations to the  
 442 council. The council shall consult with experts in the use of  
 443 health information in medical research to ensure that all  
 444 recommendations are consistent with the Health Insurance



445 Portability and Accountability Act of 1996, Pub. L. No. 104-199,  
446 42 U.S.C. ss. 1301 et seq., and take into account the legitimate  
447 uses of health information for medical research, drug  
448 development, clinical trials, postapproval surveillance, and  
449 public health and public agency reporting requirements.

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

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

467 (l) This subsection is repealed and the council shall  
468 stand abolished July 1, 2012, unless reviewed and saved from  
469 repeal through reenactment by the Legislature.

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

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

473 1. Federal and private sector health information exchange  
474 funding programs, including analyses of successful local and  
475 state recipients of the programs, as well as unsuccessful local  
476 and state applicants of the programs.

477 2. A clearinghouse of state and national legislative,  
478 regulatory, and public awareness activities related to health  
479 information exchanges.

480 (b) The agency shall develop and implement a plan that  
481 promotes, at a minimum, participation in regional and statewide  
482 health information exchanges and the adoption of electronic  
483 medical records systems by physicians through the Electronic  
484 Medical Records System Adoption Loan Program, in consultation  
485 with the Florida Health Information Exchange Advisory Council,  
486 organizations representing allopathic and osteopathic practicing  
487 physicians, the Board of Medicine, and the Board of Osteopathic  
488 Medicine.

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

501 statewide health information exchange and recommend other  
 502 programs that may accomplish the same goal. The report shall be  
 503 submitted to the Governor, the President of the Senate, the  
 504 Speaker of the House of Representatives, and the chairs of the  
 505 relevant committees in the Senate and the House of  
 506 Representatives no later than July 1, 2009.

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

509 408.062 Research, analyses, studies, and reports.--

510 ~~(5) The agency shall develop and implement a strategy for~~  
 511 ~~the adoption and use of electronic health records, including the~~  
 512 ~~development of an electronic health information network for the~~  
 513 ~~sharing of electronic health records among health care~~  
 514 ~~facilities, health care providers, and health insurers. The~~  
 515 ~~agency may develop rules to facilitate the functionality and~~  
 516 ~~protect the confidentiality of electronic health records. The~~  
 517 ~~agency shall report to the Governor, the Speaker of the House of~~  
 518 ~~Representatives, and the President of the Senate on legislative~~  
 519 ~~recommendations to protect the confidentiality of electronic~~  
 520 ~~health records.~~

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

523 483.181 Acceptance, collection, identification, and  
 524 examination of specimens.--

525 (2) The results of a test must be reported directly to the  
 526 licensed practitioner or other authorized person who requested  
 527 it, and appropriate disclosure may be made by the clinical  
 528 laboratory without a patient's consent to other health care

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529 | practitioners and providers involved in the care or treatment of  
530 | the patient for use in connection with the treatment of the  
531 | patient. The report must include the name and address of the  
532 | clinical laboratory in which the test was actually performed,  
533 | unless the test was performed in a hospital laboratory and the  
534 | report becomes an integral part of the hospital record.

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