By Senator Peaden

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A bill to be entitled

An act relating to clinical perfusionists; amending s. 456.048, F.S.; specifying financial responsibility requirements for clinical perfusionists; creating s. 468.901, F.S.; providing definitions; requiring a supervising physician to be qualified in the medical area in which the clinical perfusionist performs; prescribing duties of a clinical perfusionist; requiring a clinical perfusionist to convey that he or she is a clinical perfusionist to a patient; authorizing a clinical perfusionist to perform medical tasks and services within a certain protocol; prohibiting a clinical perfusionist from prescribing, ordering, compounding, or dispensing certain drugs or a medical device; providing that a clinical perfusionist may administer certain drugs, fluids, and blood products under the supervision of a physician; exempting a perfusionist in training from requirements of a clinical perfusionist; requiring board approval of training programs for clinical perfusionists; providing certification requirements; providing provisional certifying requirements; providing for a temporary certificate as a clinical perfusionist; authorizing the Board of Medicine and the Board of Osteopathic Medicine to impose a penalty against a clinical perfusionist found guilty of or investigated for violating ch. 456, ch. 457, or ch. 458, F.S.; authorizing the chairpersons of the Board of Medicine and the Board of Osteopathic Medicine to appoint

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certain persons to advise the boards regarding rules for the certification of clinical perfusionists; providing duties of the boards; providing for the denial, suspension, or revocation of a certificate; requiring the boards to adopt rules; requiring the Department of Health to allocate fees collected to the boards; providing exemptions from certification requirements for clinical perfusionists; excluding hospitals from payment of certain costs; providing an effective date.

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

Section 1. Section 456.048, Florida Statutes, is amended to read:

 $456.048\ {\rm Financial}\ {\rm responsibility}\ {\rm requirements}\ {\rm for}\ {\rm certain}$  health care practitioners.—

(1) As a prerequisite for licensure or license renewal, the Board of Acupuncture, the Board of Chiropractic Medicine, the Board of Podiatric Medicine, and the Board of Dentistry shall, by rule, require that all health care practitioners licensed under the respective board, and the Board of Medicine and the Board of Osteopathic Medicine shall, by rule, require that all anesthesiologist assistants licensed pursuant to s. 458.3475 or s. 459.023, and clinical perfusionists certified pursuant to s. s. 468.901, and the Board of Nursing shall, by rule, require that advanced registered nurse practitioners certified under s. 464.012, and the department shall, by rule, require that midwives maintain medical malpractice insurance or provide proof

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of financial responsibility in an amount and in a manner determined by the board or department to be sufficient to cover claims arising out of the rendering of or failure to render professional care and services in this state.

- (2) The board or department may grant exemptions upon application by practitioners meeting any of the following criteria:
- (a) Any person licensed under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, chapter 466, er chapter 467, or certified under s. 468.901 who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(16) or who is a volunteer under s. 110.501(1).
- (b) Any person whose license or certification has become inactive under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, part I of chapter 464, chapter 466, or chapter 467, or s. 468.901 and who is not practicing in this state. Any person applying for reactivation of a license must show either that such licensee maintained tail insurance coverage which provided liability coverage for incidents that occurred on or after October 1, 1993, or the initial date of licensure in this state, whichever is later, and incidents that occurred before the date on which the license became inactive; or such licensee must submit an affidavit stating that such licensee has no unsatisfied medical malpractice judgments or settlements at the

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time of application for reactivation.

- (c) Any person holding a limited license pursuant to s. 456.015, and practicing under the scope of such limited license.
- (d) Any person licensed or certified under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, chapter 466, or chapter 467, or s. 468.901 who practices only in conjunction with his or her teaching duties at an accredited school or in its main teaching hospitals. Such person may engage in the practice of medicine to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the school.
- (e) Any person holding an active license or certification under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, chapter 466, or chapter 467, or s. 468.901 who is not practicing in this state. If such person initiates or resumes practice in this state, he or she must notify the department of such activity.
- (f) Any person who can demonstrate to the board or department that he or she has no malpractice exposure in the state.
- (3) Notwithstanding the provisions of this section, the financial responsibility requirements of ss. 458.320 and 459.0085 shall continue to apply to practitioners licensed under those chapters, except for anesthesiologist assistants licensed pursuant to s. 458.3475 or s. 459.023 who must meet the requirements of this section.
- Section 2. Section 468.901, Florida Statutes, is created to read:
  - 468.901 Clinical perfusionist.-

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- (1) DEFINITIONS.—As used in this section, the term:
- (a) "Approved program" means a program for the education and training of clinical perfusion which has been approved by the boards as provided in subsection (5).
- (b) "Boards" means the Board of Medicine and the Board of Osteopathic Medicine.
- (c) "Clinical perfusionist" means a person who has graduated from an approved program, who is certified to perform medical services, and who is prescribed, delegated, or supervised by a licensed physician.
- (d) "Clinical perfusion" means the functions necessary for the support, treatment, measurement, or supplementation of the cardiovascular, circulatory, or respiratory systems or other organs, or a combination of those activities, and the safe management of physiologic functions by monitoring and analyzing the parameters of the systems under an order and the supervision of a physician licensed under chapter 458 or chapter 459, through extracorporeal circulation, long-term clinical support techniques, including extracorporeal carbon-dioxide removal and extracorporeal membrane oxygenation, and associated therapeutic and diagnostic technologies, such as counter pulsation, ventricular assistance, auto transfusion, blood conservation techniques, myocardial and organ preservation, extracorporeal life support, isolated limb perfusion, therapeutic aphaeresis, and platelet rich plasma sequestration.
- (e) "Clinical perfusionists' certifying committee" means the clinical perfusion certifying committee appointed by the boards.
  - (f) "Continuing medical education" means courses recognized

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and approved by the boards, the American Academy of Physician

Assistants, the American Medical Association, the American

Osteopathic Association, the American Board of Cardiovascular

Perfusion, or the Accreditation Council on Continuing Medical

Education.

- (g) "Department" means the Department of Health.
- (h) "Direct supervision" means the onsite, personal supervision by a certified clinical perfusionist who is present when a procedure is being performed and who is in all instances immediately available to provide assistance and direction to the clinical perfusionist while clinical perfusion services are being performed.
- (i) "Extracorporeal circulation" means the diversion of a patient's blood through a heart-lung machine or a similar device that assumes the functions of the patient's heart, lungs, kidney, liver, or other organs.
- (j) "Perfusionist in training" means a student enrolled in an approved program who has not yet passed the proficiency examination and works under the direct supervision of a certified clinical perfusionist.
- (k) "Perfusion protocols" means perfusion-related policies and protocols developed or approved by a licensed health facility or a physician through collaboration with administrators, certified clinical perfusionists, and other health care professionals.
- (1) "Proficiency examination" means an entry-level examination administered by the American Board of Cardiovascular Perfusion.
  - (m) "Provisional clinical perfusionist" means a person

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20092196 2-01527A-09 provisionally certified under this section. (n) "Supervising physician" means a physician licensed under chapter 458 or chapter 459 who holds an active license. (o) "Temporarily clinical perfusionist" means a person granted a temporary certificate under this section. (2) PERFORMANCE OF A SUPERVISING PHYSICIAN.—A physician who supervises a clinical perfusionist must be qualified in the medical areas in which the clinical perfusionist performs. (3) (a) PERFORMANCE OF CLINICAL PERFUSIONISTS.—A clinical perfusionist may perform duties established by rule by the boards, including the following duties that are included in the clinical perfusionist's protocol, if prescribed by a physician or under the supervision of a physician: 1. Perform extracorporeal circulation and its clinical support; 2. Perform or administer counter pulsation; 3. Perform circulatory support and ventricular assistance; 4. Perform extracorporeal membrane oxygenation and extracorporeal life support; 5. Perform blood conservation techniques, autotransfusion, and blood component sequestration; 6. Perform myocardial preservation; 7. Perform coagulation and hematologic monitoring; 8. Perform physiological monitoring; 9. Perform blood gas and blood chemistry monitoring; 10. Perform induction of hypothermia or hyperthermia with reversal; 11. Perform hemodilution;

12. Perform hemofiltration;

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204 <u>13. Administer blood, blood products, supportive fluids,</u> 205 <u>and anesthetic agents via the extracorporeal circuit;</u>

- 14. Perform isolated limb and organ perfusion;
- 15 Provide surgical assistance;
- 16. Perform organ preservation;
- 17. Perform dialysis while on clinical bypass;
- 18. Perform therapeutic apheresis;
- 19. Administer blood, blood products, and supportive fluids via the therapeutic apheresis circuit; and
  - 20. Perform pacemaker lead and battery analysis.
- (b) This section does not prevent third-party payors from reimbursing employers of clinical perfusionists for covered services rendered by such clinical perfusionists.
- (c) A clinical perfusionist shall clearly convey to a patient that he or she is a clinical perfusionist.
- (d) A clinical perfusionist may perform medical tasks and services within the framework of a written practice protocol developed between the supervising physician and the clinical perfusionist.
- (e) A clinical perfusionist may not prescribe, order, compound, or dispense any controlled substance, legend drug, or medical device to any patient. This paragraph does not prohibit a clinical perfusionist from administering legend drugs, controlled substances, intravenous drugs, fluids, or blood products that are ordered by the physician and administered to a patient while under the orders of such physician.
- (4) PERFORMANCE BY PERFUSIONISTS IN TRAINING.—The practice of a perfusionist in training is exempt from the requirements of this section while the perfusionist in training is performing

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assigned tasks as a perfusionist in training in conjunction with an approved program. Before providing clinical perfusion in conjunction with the requirements of an approved program, the perfusionist in training shall clearly convey to the patient that he or she is a perfusionist in training and is under direct supervision.

- (5) PROGRAM APPROVAL.—The boards shall approve programs for the education and training of clinical perfusionists which hold full accreditation or provisional accreditation from the Commission on Accreditation of Allied Health Education Programs or a successor organization, as approved by the boards.
  - (6) CLINICAL PERFUSIONIST CERTIFICATION.—
- (a) Any person seeking to be certified as a clinical perfusionist must apply to the department. The department shall issue a certificate to any person certified by the boards to:
  - 1. Be at least 21 years of age.
- 2. Have satisfactorily passed a proficiency examination approved by the boards. The boards, on receipt of an application and application fee, shall waive the examination requirement for an applicant who at the time of application holds a current certificate issued by a certifying agency approved by the boards.
  - 3. Be certified in basic cardiac life support.
- 4. Have completed the application form and remitted an application fee, not to exceed \$1,000, as set by the department. An application must include:
- <u>a. A certificate of completion of an approved program or</u> its equivalent;
  - b. A sworn statement of any prior felony convictions;

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c. A sworn statement of any prior discipline or denial of certification or license in any state;

- d. Two letters of recommendation, one from a physician and one from a certified clinical perfusionist; and
- e. A set of fingerprints on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the department for a national criminal history check of the applicant.

Before January 1, 2010, a person is eligible to apply to the boards and receive a certification notwithstanding the requirements of this subsection if the person was actively engaged in the practice of perfusion consistent with applicable law, and if the person was operating cardiopulmonary bypass systems during cardiac surgical cases in a licensed health care facility in this state as the person's primary function and had been operating the system for at least 9 of the 10 years preceding application for certification.

- (b) Between July 1, 2009, and June 30, 2010, an applicant who was not a graduate of an accredited program before 1981, but met the then-current eligibility requirements for certification as a certified clinical perfusionist and subsequently was certified, shall be certified as a perfusionist if the application otherwise complies with this section.
- (c) A certificate must be renewed biennially. Each renewal must include:
- 1. A renewal fee, not to exceed \$1,000, as set by the department; and
  - 2. A sworn statement of no felony convictions in the

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291 immediately preceding 2 years.

(d) Each certified clinical perfusionist shall biennially complete continuing medical education as required by the boards.

- (e)1. A certificate as a provisional certified clinical perfusionist may be issued by the boards to a person who has successfully completed an approved perfusion education program, completed an application and remitted an application fee, and submitted evidence satisfactory to the boards of the successful completion of the requisite education requirements.
- 2. A provisional certified clinical perfusionist is under the supervision and direction of a certified clinical perfusionist at all times during which the provisional certified perfusionist performs the prescribed duties. The boards shall adopt rules governing supervisory requirements between clinical perfusionists and provisional clinical perfusionists, temporarily clinical perfusionists, and clinical perfusionists in training.
- 3. A provisional certificate is valid for 2 years from the date it is issued and may be extended subject to rule by the boards. The application for extension must be signed by a supervising certified clinical perfusionist. Upon notification by the approved testing service, or the boards, that any portion of the certifying examination has been failed after the 2-year provisional certificate term, the provisional certificate must be surrendered to the boards.
- (f) A certificate as a temporarily clinical perfusionist may be issued by the department to a person who has successfully completed the perfusion certification application and met other requirements as established by the boards.

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(g) The Board of Medicine may impose upon a clinical perfusionist any penalty specified in s. 456.072 or s.

458.331(2) if the clinical perfusionist is found guilty of or is investigated for an act that constitutes a violation of chapter 456, chapter 457, or chapter 458.

- (7) CARDIOVASCULAR SURGEON AND CLINICAL PERFUSIONIST TO ADVISE THE BOARDS.—
- (a) The chairpersons of the Board of Medicine and the Board of Osteopathic Medicine may appoint a cardiovascular surgeon and a certified clinical perfusionist to advise the boards as to the adoption of rules for the certification of clinical perfusionists. The boards may use a committee structure that is most practicable in order to receive any recommendations to the boards regarding rules and all matters relating to clinical perfusionists, including, but not limited to, recommendations to improve safety in the clinical practices of certified clinical perfusionists.
- (b) In addition to its other duties and responsibilities as prescribed by law, the boards shall:
- $\underline{\mbox{1. Recommend to the department the certification of}}$  clinical perfusionists.
- 2. Develop rules regulating the use of clinical perfusionists under chapter 458 or chapter 459, except for rules relating to the formulary developed under s. 458.347(4). The boards shall also develop rules to ensure that the continuity of supervision is maintained in each practice setting. The boards shall consider adopting a proposed rule at the regularly scheduled meeting immediately following the submission of the proposed rule. A proposed rule may not be adopted by either

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board unless both boards have accepted and approved the

identical language contained in the proposed rule. The

provisions of all the proposed rules must be approved by both

boards pursuant to each respective board's guidelines and

standards regarding the adoption of proposed rules.

- 3. Address concerns and problems of clinical perfusionists to improve safety in the clinical practices of certified clinical perfusionists.
- (c) When the boards find that an applicant for certification has failed to meet, to the boards' satisfaction, any of the requirements for certification set forth in this section, the boards may enter an order to:
  - 1. Refuse to certify the applicant;
- 2. Approve the applicant for certification with restrictions on the scope of practice; or
- 3. Approve the applicant for provisional or temporary certification. Such conditions may include placement of the applicant on probation for a period of time and subject to such conditions as the boards specify, including, but not limited to, requiring the applicant to undergo treatment, to attend continuing medical education courses, or to take corrective action.
- (8) DENIAL, SUSPENSION, OR REVOCATION OF CERTIFICATION.—The boards may deny, suspend, or revoke the certification of a clinical perfusionist whom the boards determine have violated any provision of this section, chapter 456, chapter 458, or chapter 459 or any rule adopted pursuant thereto.
- (9) RULES.—The boards shall adopt rules to administer this section.

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(10) FEES.—The department shall allocate the fees collected under this section to the boards for the sole purpose of administering the provisions of this section.

## (11) EXEMPTIONS.—

- (a) This section does not limit the practice of a physician licensed under chapter 458 or chapter 459 or a respiratory therapist licensed under chapter 468, so long as that person does not hold himself or herself out to the public as possessing a certificate or provisional certificate issued under this section or use a professional title protected by this section.
- (b) This section does not limit the practice of nursing or prevent qualified members of other regulated health professions from doing work of a nature consistent with the state laws and rules that govern their respective health professions, so long as those persons do not hold themselves out to the public as possessing a certificate or provisional certificate issued under this section or use a professional title protected by this section.
  - (c) A person need not be certified under this section who:
- 1. Is a qualified person in this state or another state or territory who is employed by the United States Government or an agency thereof while discharging his or her official duties.
- 2. Is a student providing services regulated under this chapter who is:
- a. Pursuing a course of study that leads to a degree in a profession regulated by this chapter;
- b. Providing services in a training setting, as long as such services and associated activities constitute part of a supervised course of study; and

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c. Designated by the title "perfusionist in training."

- (d) The boards shall establish by rule the qualifications necessary for a clinical perfusionist who is not a resident of this state and is licensed or certified by any other state or territory of the United States. Such clinical perfusionist may not offer services in this state for more than 30 days in any calendar year.
- (e) Except as stipulated by the boards, the exemptions in this subsection do not apply to any person certified under this section whose certificate has been revoked or suspended by either of the boards or whose license or certification in another jurisdiction has been revoked or suspended by the licensing or certifying authority in that jurisdiction.
- (f) This subsection does not exempt a person from meeting the minimum standards of performance in professional activities when measured against generally prevailing peer performance, including the undertaking of activities for which the person is not qualified by training or experience.
- (12) PAYMENT OR REIMBURSEMENT BY HOSPITALS OF COSTS OF COMPLIANCE WITH PART.—A hospital is not required to pay for, or reimburse any person for, the costs of compliance with any requirement of this section, including costs of continuing medical education.
  - Section 3. This act shall take effect October 1, 2009.