

1 A bill to be entitled
2 An act relating to health care; amending s. 112.0455,
3 F.S., and repealing paragraph (10)(e), relating to a
4 prohibition against applying the Drug-Free Workplace Act
5 retroactively; conforming a cross-reference; amending s.
6 381.00315, F.S.; directing the Department of Health to
7 accept funds from counties, municipalities, and certain
8 other entities for the purchase of certain products made
9 available under a contract with the United States
10 Department of Health and Human Services for the
11 manufacture and delivery of such products in response to a
12 public health emergency; amending s. 381.932, F.S.;
13 revising certain criteria of the breast cancer early
14 detection and treatment referral program by requiring that
15 the public education and outreach initiative and
16 professional education programs use guidelines currently
17 employed by the United States Centers for Disease Control
18 and Prevention rather than the United States Preventive
19 Services Task Force; amending s. 381.06015, F.S.;
20 requiring the State Surgeon General to make certain
21 resources and materials relating to umbilical cord blood
22 available on the Internet website of the Department of
23 Health; requiring the Department of Health to encourage
24 certain health care professionals to make specified
25 information available to patients; repealing s. 383.325,
26 F.S., relating to the requirement of a licensed facility
27 under s. 383.305, F.S., to maintain inspection reports;
28 amending s. 395.1055, F.S., requiring Agency for Health

29 Care Administration rules related to infection control to
30 include a requirement that hospitals establish a
31 comprehensive plan to reduce health care associated
32 infections; establishing components for the plan;
33 repealing s. 395.1046, F.S., relating to the investigation
34 of complaints regarding hospitals; repealing s. 395.3037,
35 F.S.; deleting definitions relating to obsolete provisions
36 governing primary and comprehensive stroke centers;
37 amending s. 400.0239, F.S.; deleting an obsolete
38 provision; repealing s. 400.147(10), F.S., relating to a
39 requirement that a nursing home facility report any notice
40 of a filing of a claim for a violation of a resident's
41 rights or a claim of negligence; repealing s. 400.148,
42 F.S., relating to the Medicaid "Up-or-Out" Quality of Care
43 Contract Management Program; repealing s. 400.195, F.S.,
44 relating to reporting requirements for the Agency for
45 Health Care Administration; amending s. 400.476, F.S.;
46 providing requirements for an alternate administrator of a
47 home health agency; revising the duties of the
48 administrator; revising the requirements for a director of
49 nursing for a specified number of home health agencies;
50 prohibiting a home health agency from using an individual
51 as a home health aide unless the person has completed
52 training and an evaluation program; requiring a home
53 health aide to meet certain standards in order to be
54 competent in performing certain tasks; requiring a home
55 health agency and staff to comply with accepted
56 professional standards; providing certain requirements for

57 | a written contract between certain personnel and the
58 | agency; requiring a home health agency to provide certain
59 | services through its employees; authorizing a home health
60 | agency to provide additional services with another
61 | organization; providing responsibilities of a home health
62 | agency when it provides home health aide services through
63 | another organization; requiring the home health agency to
64 | coordinate personnel who provide home health services;
65 | requiring personnel to communicate with the home health
66 | agency; amending s. 400.487, F.S.; requiring a home health
67 | agency to provide a patient or the patient's legal
68 | representative a copy of the agreement between the agency
69 | and the patient which specifies the home health services
70 | to be provided; providing the rights that are protected by
71 | the home health agency; requiring the home health agency
72 | to furnish nursing services by or under the supervision of
73 | a registered nurse; requiring the home health agency to
74 | provide therapy services through a qualified therapist or
75 | therapy assistant; providing the duties and qualifications
76 | of a therapist and therapy assistant; requiring
77 | supervision by a physical therapist or occupational
78 | therapist of a physical therapist assistant or
79 | occupational therapy assistant; providing duties of a
80 | physical therapist assistant or occupational therapy
81 | assistant; providing for speech therapy services to be
82 | provided by a qualified speech-language pathologist or
83 | audiologist; providing for a plan of care; providing that
84 | only the staff of a home health agency may administer

85 | drugs and treatments as ordered by certain health
86 | professionals; providing requirements for verbal orders;
87 | providing duties of a registered nurse, licensed practical
88 | nurse, home health aide, and certified nursing assistant
89 | who work for a home health agency; providing for
90 | supervisory visits of services provided by a home health
91 | agency; amending s. 400.9905, F.S.; revising the
92 | definition of the term "clinic" applicable to the Health
93 | Care Clinic Act; providing exemptions from licensure
94 | requirements for certain legal entities that provide
95 | health care services; repealing s. 408.802(11), F.S.,
96 | relating to the applicability of the Health Care Licensing
97 | Procedures Act to private review agents; repealing s.
98 | 409.912(15)(e), (f), and (g), F.S., relating to a
99 | requirement for the Agency for Health Care Administration
100 | to submit a report to the Legislature regarding the
101 | operations of the CARE program; repealing s. 409.9122(13),
102 | F.S., relating to Medicaid managed prepaid plan minimum
103 | enrollment levels for plans operating in Miami-Dade
104 | County; amending s. 409.91255, F.S.; transferring
105 | administrative responsibility for the application
106 | procedure for federally qualified health centers from the
107 | Department of Health to the Agency for Health Care
108 | Administration; requiring the Florida Association of
109 | Community Health Centers, Inc., to provide support and
110 | assume administrative costs for the program; amending s.
111 | 429.075, F.S.; requiring certain assisted living
112 | facilities to maintain certain security services;

113 | repealing s. 429.12(2), F.S., relating to the sale or
114 | transfer of ownership of an assisted living facility;
115 | repealing s. 429.23(5), F.S., relating to each assisted
116 | living facility's requirement to submit a report to the
117 | agency regarding liability claims filed against it;
118 | repealing s. 429.911(2)(a), F.S., relating to an
119 | intentional or negligent act materially affecting the
120 | health or safety of center participants as grounds for
121 | which the agency may take action against the owner of an
122 | adult day care center or its operator or employee;
123 | requiring persons who apply for licensure renewal as a
124 | dentist or dental hygienist to furnish certain information
125 | to the Department of Health in a dental workforce survey;
126 | requiring the Board of Dentistry to issue a
127 | nondisciplinary citation and a notice for failure to
128 | complete the survey within a specified time; providing
129 | notification requirements for the citation; requiring the
130 | department to serve as the coordinating body for the
131 | purpose of collecting, disseminating, and updating dental
132 | workforce data; requiring the department to maintain a
133 | database regarding the state's dental workforce; requiring
134 | the department to develop strategies to maximize federal
135 | and state programs and to work with an advisory body to
136 | address matters relating to the state's dental workforce;
137 | providing membership of the advisory body; providing for
138 | members of the advisory body to serve without
139 | compensation; requiring the department to act as a
140 | clearinghouse for collecting and disseminating information

141 regarding the dental workforce; requiring the department
142 and the board to adopt rules; providing legislative intent
143 regarding implementation of the act within existing
144 resources; amending s. 499.01, F.S.; exempting certain
145 persons from requirements for medical device manufacturer
146 permits; authorizing certain business entities to pay for
147 prescription drugs obtained by practitioners licensed
148 under ch. 466, F.S.; amending s. 499.003, F.S.; defining
149 the term "medical convenience kit" for purposes of the
150 Florida Drug and Cosmetic Act; conforming cross-
151 references; amending ss. 409.9201, 465.0265, 499.0121,
152 499.01211, 499.03, 499.05, and 794.075, F.S.; conforming
153 cross-references; amending s. 624.91, F.S.; revising the
154 membership of the board of directors of the Florida
155 Healthy Kids Corporation to include a member nominated by
156 the Florida Dental Association and appointed by the
157 Governor; amending s. 381.0403, F.S.; deleting provisions
158 relating to the program for graduate medical education
159 innovations and the graduate medical education committee
160 and report; conforming cross-references; amending s.
161 381.4018, F.S.; providing definitions; requiring the
162 Department of Health to coordinate and enhance activities
163 regarding the reentry of retired military and other
164 physicians into the physician workforce; revising the list
165 of governmental stakeholders that the department is
166 required to work with regarding the state strategic plan
167 and in assessing the state's physician workforce; creating
168 the Physician Workforce Advisory Council; providing

169 membership of the council; providing for appointments to
170 the council; providing terms of membership; providing for
171 removal of a council member; providing for a chair and
172 vice chair of the council; providing that council members
173 are not entitled to receive compensation or reimbursement
174 for per diem or travel expenses; providing the duties of
175 the council; establishing the physician workforce graduate
176 medical education innovation pilot projects under the
177 department; providing the purposes of the pilot projects;
178 providing for the appropriation of state funds for the
179 pilot projects; requiring the pilot projects to meet
180 certain policy needs of the physician workforce in this
181 state; providing criteria for prioritizing proposals for
182 pilot projects; requiring the department to adopt by rule
183 appropriate performance measures; requiring participating
184 pilot projects to submit an annual report to the
185 department; requiring state funds to be used to supplement
186 funds from other sources; requiring the department to
187 adopt rules; amending s. 400.9905, F.S.; revising the
188 definition of the term "clinic"; amending ss. 458.3192 and
189 459.0082, F.S.; requiring the department to determine by
190 geographic area and specialty the number of physicians and
191 osteopathic physicians who plan to relocate outside the
192 state, practice medicine in this state, and reduce or
193 modify the scope of their practice; authorizing the
194 department to report additional information in its
195 findings to the Governor and the Legislature; amending s.
196 458.315, F.S.; revising the standards for the Board of

197 Medicine to issue a temporary certificate to a certain
198 physicians to practice medicine in areas of critical need;
199 authorizing the State Surgeon General to designate areas
200 of critical need; creating s. 459.0076, F.S.; authorizing
201 the Board of Osteopathic Medicine to issue temporary
202 certificates to osteopathic physicians who meet certain
203 requirements to practice osteopathic medicine in areas of
204 critical need; providing restrictions for issuance of a
205 temporary certificate; authorizing the State Surgeon
206 General to designate areas of critical need; authorizing
207 the Board of Osteopathic Medicine to waive the application
208 fee and licensure fees for obtaining temporary
209 certificates for certain purposes; amending s. 499.01212,
210 F.S.; exempting prescription drugs contained in sealed
211 medical convenience kits from the pedigree paper
212 requirements under specified circumstances; reenacting s.
213 465.0251, F.S., to require the Board of Pharmacy and the
214 Board of Medicine to remove certain drugs from the
215 negative formulary for generic and brand-name drugs based
216 on current references published by the United States Food
217 and Drug Administration; amending s. 626.9541, F.S.;
218 authorizing an insurer offering a group or individual
219 health benefit plan to offer a wellness program;
220 authorizing rewards or incentives; providing that such
221 rewards or incentives are not insurance benefits;
222 providing for verification of a member's inability to
223 participate for medical reasons; providing an effective
224 date.

225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252

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

Section 1. Paragraph (e) of subsection (10) of section 112.0455, Florida Statutes, is repealed, and paragraph (e) of subsection (14) of that section is amended to read:

112.0455 Drug-Free Workplace Act.—

(14) DISCIPLINE REMEDIES.—

(e) Upon resolving an appeal filed pursuant to paragraph (c), and finding a violation of this section, the commission may order the following relief:

1. Rescind the disciplinary action, expunge related records from the personnel file of the employee or job applicant and reinstate the employee.
2. Order compliance with paragraph (10) (f) ~~(g)~~.
3. Award back pay and benefits.
4. Award the prevailing employee or job applicant the necessary costs of the appeal, reasonable attorney's fees, and expert witness fees.

Section 2. Subsection (3) is added to section 381.00315, Florida Statutes, to read:

381.00315 Public health advisories; public health emergencies.—The State Health Officer is responsible for declaring public health emergencies and issuing public health advisories.

(3) To facilitate effective emergency management, when the United States Department of Health and Human Services contracts for the manufacture and delivery of licensable products in

253 response to a public health emergency and the terms of those
 254 contracts are made available to the states, the department shall
 255 accept funds provided by cities, counties, and other entities
 256 designated in the state emergency management plan required under
 257 s. 252.35(2) (a) for the purpose of participation in those
 258 contracts. The department shall deposit those funds in the
 259 Grants and Donations Trust Fund and expend those funds on behalf
 260 of the donor city, county, or other entity for the purchase of
 261 the licensable products made available under the contract.

262 Section 3. Paragraphs (a) and (b) of subsection (3) of
 263 section 381.932, Florida Statutes, are amended to read:

264 381.932 Breast cancer early detection and treatment
 265 referral program.—

266 (3) The program shall include, but not be limited to, the:

267 (a) Establishment of a public education and outreach
 268 initiative to publicize breast cancer early detection services,
 269 the benefits of early detection of breast cancer, and the
 270 recommended frequency for receiving screening services,
 271 including clinical breast examinations and mammography
 272 guidelines currently employed ~~established~~ by the United States
 273 Centers for Disease Control and Prevention ~~Preventive Services~~
 274 ~~Task Force~~.

275 (b) Development of professional education programs that
 276 include information regarding the benefits of the early
 277 detection of breast cancer and the recommended frequency for
 278 receiving a mammogram, as recommended in the most current breast
 279 cancer screening guidelines currently employed ~~established~~ by
 280 the United States Centers for Disease Control and Prevention

281 ~~Preventive Services Task Force.~~

282 Section 4. Subsection (2) of section 381.06015, Florida
 283 Statutes, is amended, and subsection (8) is added to that
 284 section, to read:

285 381.06015 Public Cord Blood Tissue Bank.—

286 (2) (a) The Agency for Health Care Administration and the
 287 Department of Health shall encourage health care providers,
 288 including, but not limited to, hospitals, birthing facilities,
 289 county health departments, physicians, midwives, and nurses, to
 290 disseminate information about the Public Cord Blood Tissue Bank.

291 (b) The State Surgeon General shall make publicly
 292 available, by posting on the Internet website of the Department
 293 of Health, resources and an Internet website link to materials
 294 relating to umbilical cord blood that have been developed by the
 295 Parent's Guide to Cord Blood Foundation.

296 (8) Beginning October 1, 2010, the Department of Health
 297 shall encourage health care professionals who provide health
 298 care services that are directly related to a woman's pregnancy
 299 to make available to the patient before her third trimester of
 300 pregnancy, or, if later, at the first visit of such pregnant
 301 woman to the provider, information developed under paragraph
 302 (2) (b) relating to the woman's options with respect to umbilical
 303 cord blood banking.

304 Section 5. Section 383.325, Florida Statutes, is repealed.

305 Section 6. Paragraph (b) of subsection (1) of section
 306 395.1055, Florida Statutes, is amended to read:

307 395.1055 Rules and enforcement.—

308 (1) The agency shall adopt rules pursuant to ss.

309 120.536(1) and 120.54 to implement the provisions of this part,
310 which shall include reasonable and fair minimum standards for
311 ensuring that:

312 (b) Infection control, housekeeping, sanitary conditions,
313 and medical record procedures that will adequately protect
314 patient care and safety are established and implemented.
315 Infection control rules shall include a requirement to establish
316 and implement a comprehensive plan to reduce health care
317 associated infections. The plan must include all of the
318 following components:

319 1. A baseline measurement of health care associated
320 infections in the hospital that uses the National Healthcare
321 Safety Network and Centers for Disease Control and Prevention
322 surveillance definitions and reports the number of infections in
323 each category relative to the volume of possible cases in the
324 hospital.

325 2. A goal for reducing the incidence of infections by a
326 specific amount within a defined period of time. The hospital's
327 goal for reduction of infections must be commensurate with the
328 national goal for reducing each type of health care associated
329 infection.

330 3. An action plan for reducing each type of health care
331 associated infection, including the use of real-time infection
332 surveillance technology or automated infection control or
333 prevention technology.

334 4. Methods for making information available to patients
335 and the public regarding baseline measurements and periodic
336 reports on the hospital's progress in improving measures

337 designed to reduce health care associated infections.

338 Section 7. Section 395.1046, Florida Statutes, is
 339 repealed.

340 Section 8. Section 395.3037, Florida Statutes, is
 341 repealed.

342 Section 9. Paragraph (g) of subsection (2) of section
 343 400.0239, Florida Statutes, is amended to read:

344 400.0239 Quality of Long-Term Care Facility Improvement
 345 Trust Fund.—

346 (2) Expenditures from the trust fund shall be allowable
 347 for direct support of the following:

348 (g) Other initiatives authorized by the Centers for
 349 Medicare and Medicaid Services for the use of federal civil
 350 monetary penalties, ~~including projects recommended through the~~
 351 ~~Medicaid "Up or Out" Quality of Care Contract Management Program~~
 352 ~~pursuant to s. 400.148.~~

353 Section 10. Subsection (10) of section 400.147, Florida
 354 Statutes, is repealed.

355 Section 11. Section 400.148, Florida Statutes, is
 356 repealed.

357 Section 12. Section 400.195, Florida Statutes, is
 358 repealed.

359 Section 13. Section 400.476, Florida Statutes, is amended
 360 to read:

361 400.476 Staffing requirements; notifications; limitations
 362 on staffing services.—

363 (1) ADMINISTRATOR.—

364 (a) An administrator may manage only one home health

365 agency, except that an administrator may manage up to five home
366 health agencies if all five home health agencies have identical
367 controlling interests as defined in s. 408.803 and are located
368 within one agency geographic service area or within an
369 immediately contiguous county. If the home health agency is
370 licensed under this chapter and is part of a retirement
371 community that provides multiple levels of care, an employee of
372 the retirement community may administer the home health agency
373 and up to a maximum of four entities licensed under this chapter
374 or chapter 429 which all have identical controlling interests as
375 defined in s. 408.803. An administrator shall designate, in
376 writing, for each licensed entity, a qualified alternate
377 administrator to serve during the administrator's absence. An
378 alternate administrator must meet the requirements in this
379 paragraph and s. 400.462(1).

380 (b) An administrator of a home health agency who is a
381 licensed physician, physician assistant, or registered nurse
382 licensed to practice in this state may also be the director of
383 nursing for a home health agency. An administrator may serve as
384 a director of nursing for up to the number of entities
385 authorized in subsection (2) only if there are 10 or fewer full-
386 time equivalent employees and contracted personnel in each home
387 health agency.

388 (c) The administrator shall organize and direct the
389 agency's ongoing functions, maintain an ongoing liaison with the
390 board members and the staff, employ qualified personnel and
391 ensure adequate staff education and evaluations, ensure the
392 accuracy of public informational materials and activities,

393 implement an effective budgeting and accounting system, and
 394 ensure that the home health agency operates in compliance with
 395 this part and part II of chapter 408 and rules adopted for these
 396 laws.

397 (d) The administrator shall clearly set forth in writing
 398 the organizational chart, services furnished, administrative
 399 control authority, and lines of authority for the delegation of
 400 responsibilities for patient care. These responsibilities must
 401 be readily identifiable. Administrative and supervisory
 402 functions may not be delegated to another agency or
 403 organization, and the primary home health agency shall monitor
 404 and control all services that are not furnished directly,
 405 including services provided through contracts.

406 (2) DIRECTOR OF NURSING.—

407 (a) A director of nursing may be the director of nursing
 408 for:

409 1. Up to two licensed home health agencies if the agencies
 410 have identical controlling interests as defined in s. 408.803
 411 and are located within one agency geographic service area or
 412 within an immediately contiguous county; or

413 2. Up to five licensed home health agencies if:

414 a. All of the home health agencies have identical
 415 controlling interests as defined in s. 408.803;

416 b. All of the home health agencies are located within one
 417 agency geographic service area or within an immediately
 418 contiguous county; ~~and~~

419 c. Each home health agency has a registered nurse who
 420 meets the qualifications of a director of nursing and who has a

421 written delegation from the director of nursing to serve as the
422 director of nursing for that home health agency when the
423 director of nursing is not present; and-

424 d. This person, or a similarly qualified alternate, is
425 available at all times by telecommunications during operating
426 hours and participates.

427
428 If a home health agency licensed under this chapter is part of a
429 retirement community that provides multiple levels of care, an
430 employee of the retirement community may serve as the director
431 of nursing of the home health agency and up to a maximum of four
432 entities, other than home health agencies, licensed under this
433 chapter or chapter 429 which all have identical controlling
434 interests as defined in s. 408.803.

435 (b) A home health agency that provides skilled nursing
436 care may not operate for more than 30 calendar days without a
437 director of nursing. A home health agency that provides skilled
438 nursing care and the director of nursing of a home health agency
439 must notify the agency within 10 business days after termination
440 of the services of the director of nursing for the home health
441 agency. A home health agency that provides skilled nursing care
442 must notify the agency of the identity and qualifications of the
443 new director of nursing within 10 days after the new director is
444 hired. If a home health agency that provides skilled nursing
445 care operates for more than 30 calendar days without a director
446 of nursing, the home health agency commits a class II
447 deficiency. In addition to the fine for a class II deficiency,
448 the agency may issue a moratorium in accordance with s. 408.814

449 or revoke the license. The agency shall fine a home health
 450 agency that fails to notify the agency as required in this
 451 paragraph \$1,000 for the first violation and \$2,000 for a repeat
 452 violation. The agency may not take administrative action against
 453 a home health agency if the director of nursing fails to notify
 454 the department upon termination of services as the director of
 455 nursing for the home health agency.

456 (c) A home health agency that is not Medicare or Medicaid
 457 certified and does not provide skilled care or provides only
 458 physical, occupational, or speech therapy is not required to
 459 have a director of nursing and is exempt from paragraph (b).

460 (3) TRAINING.—A home health agency shall ensure that each
 461 certified nursing assistant employed by or under contract with
 462 the home health agency and each home health aide employed by or
 463 under contract with the home health agency is adequately trained
 464 to perform the tasks of a home health aide in the home setting.

465 (a) The home health agency may not use as a home health
 466 aide on a full-time, temporary, per diem, or other basis any
 467 individual to provide services unless the individual has
 468 completed a training and competency evaluation program, or a
 469 competency evaluation program, as permitted in s. 400.497, which
 470 meets the minimum standards established by the agency in state
 471 rules.

472 (b) A home health aide is not competent in any task for
 473 which he or she is evaluated as "unsatisfactory." The aide must
 474 perform any such task only under direct supervision by a
 475 licensed nurse until he or she receives training in the task and
 476 satisfactorily passes a subsequent evaluation in performing the

477 task. A home health aide has not successfully passed a
478 competency evaluation if the aide does not have a passing score
479 on the test as specified by agency rule.

480 (4) STAFFING.—Staffing services may be provided anywhere
481 within the state.

482 (5) PERSONNEL.—

483 (a) The home health agency and its staff must comply with
484 accepted professional standards and principles that apply to
485 professionals, including, but not limited to, the state practice
486 acts and the home health agency's policies and procedures.

487 (b) Except for direct employees of the home health agency,
488 if personnel under hourly or per-visit contracts are used by the
489 home health agency, there must be a written contract between
490 those personnel and the agency which specifies the following
491 requirements:

492 1. Acceptance for care only of patients by the primary
493 home health agency.

494 2. The services to be furnished.

495 3. The necessity to conform to all applicable agency
496 policies, including personnel qualifications.

497 4. The responsibility for participating in developing
498 plans of care.

499 5. The manner in which services are controlled,
500 coordinated, and evaluated by the primary home health agency.

501 6. The procedures for submitting clinical and progress
502 notes, scheduling visits, and providing periodic patient
503 evaluations.

504 7. The procedures for payment for services furnished under

505 the contract.

506 (c) A home health agency shall directly provide at least
 507 one of the types of authorized services through home health
 508 agency employees, but may provide additional services under
 509 arrangements with another agency or organization. Services
 510 furnished under such arrangements must have a written contract
 511 conforming to the requirements specified in paragraph (b).

512 (d) If home health aide services are provided by an
 513 individual who is not employed directly by the home health
 514 agency, the services of the home health aide must be provided
 515 under arrangements as stated in paragraphs (b) and (c). If the
 516 home health agency chooses to provide home health aide services
 517 under arrangements with another organization, the
 518 responsibilities of the home health agency include, but are not
 519 limited to:

520 1. Ensuring the overall quality of the care provided by
 521 the aide.

522 2. Supervising the aide's services as described in s.
 523 400.487.

524 3. Ensuring that each home health aide providing services
 525 under arrangements with another organization has met the
 526 training requirements or competency evaluation requirements of
 527 s. 400.497.

528 (e) The home health agency shall coordinate the efforts of
 529 all personnel furnishing services, and the personnel shall
 530 maintain communication with the home health agency to ensure
 531 that personnel efforts support the objectives outlined in the
 532 plan of care. The clinical record or minutes of case conferences

533 shall ensure that effective interchange, reporting, and
534 coordination of patient care occurs.

535 Section 14. Section 400.487, Florida Statutes, is amended
536 to read:

537 400.487 Home health service agreements; physician's,
538 physician assistant's, and advanced registered nurse
539 practitioner's treatment orders; patient assessment;
540 establishment and review of plan of care; provision of services;
541 orders not to resuscitate.—

542 (1) Services provided by a home health agency must be
543 covered by an agreement between the home health agency and the
544 patient or the patient's legal representative specifying the
545 home health services to be provided, the rates or charges for
546 services paid with private funds, and the sources of payment,
547 which may include Medicare, Medicaid, private insurance,
548 personal funds, or a combination thereof. The home health agency
549 shall provide a copy of the agreement to the patient or the
550 patient's legal representative. A home health agency providing
551 skilled care must make an assessment of the patient's needs
552 within 48 hours after the start of services.

553 (2) When required by the provisions of chapter 464; part
554 I, part III, or part V of chapter 468; or chapter 486, the
555 attending physician, physician assistant, or advanced registered
556 nurse practitioner, acting within his or her respective scope of
557 practice, shall establish treatment orders for a patient who is
558 to receive skilled care. The treatment orders must be signed by
559 the physician, physician assistant, or advanced registered nurse
560 practitioner before a claim for payment for the skilled services

561 is submitted by the home health agency. If the claim is
 562 submitted to a managed care organization, the treatment orders
 563 must be signed within the time allowed under the provider
 564 agreement. The treatment orders shall be reviewed, as frequently
 565 as the patient's illness requires, by the physician, physician
 566 assistant, or advanced registered nurse practitioner in
 567 consultation with the home health agency.

568 (3) A home health agency shall arrange for supervisory
 569 visits by a registered nurse to the home of a patient receiving
 570 home health aide services as specified in subsection (9) ~~in~~
 571 ~~accordance with the patient's direction, approval, and agreement~~
 572 ~~to pay the charge for the visits.~~

573 (4) The home health agency shall protect and promote the
 574 rights of each individual under its care, including each of the
 575 following rights:

576 (a) Notice of rights.—The home health agency shall provide
 577 the patient with a written notice of the patient's rights in
 578 advance of furnishing care to the patient or during the initial
 579 evaluation visit before the initiation of treatment. The home
 580 health agency must maintain documentation showing that it has
 581 complied with the requirements of this section.

582 (b) Exercise of rights and respect for property and
 583 person.—

584 1. The patient has the right to exercise his or her rights
 585 as a patient of the home health agency.

586 2. The patient has the right to have his or her property
 587 treated with respect.

588 3. The patient has the right to voice grievances regarding

589 treatment or care that is or fails to be furnished, or regarding
590 the lack of respect for property by anyone who is furnishing
591 services on behalf of the home health agency, and not be
592 subjected to discrimination or reprisal for doing so.

593 4. The home health agency must investigate complaints made
594 by a patient or the patient's family or guardian regarding
595 treatment or care that is or fails to be furnished or regarding
596 the lack of respect for the patient's property by anyone
597 furnishing services on behalf of the home health agency. The
598 home health agency shall document the existence of the complaint
599 and its resolution.

600 5. The patient and his or her immediate family or
601 representative must be informed of the right to report
602 complaints via the statewide toll-free telephone number to the
603 agency as required in s. 408.810.

604 (c) Right to be informed and to participate in planning
605 care and treatment.—

606 1. The patient has the right to be informed, in advance,
607 about the care to be furnished and of any changes in the care to
608 be furnished. The home health agency shall advise the patient in
609 advance of which disciplines will furnish care and the frequency
610 of visits proposed to be furnished. The home health agency must
611 advise the patient in advance of any change in the plan of care
612 before the change is made.

613 2. The patient has the right to participate in the
614 planning of the care. The home health agency must advise the
615 patient in advance of the right to participate in planning the
616 care or treatment and in planning changes in the care or

617 treatment. ~~Each patient has the right to be informed of and to~~
618 ~~participate in the planning of his or her care.~~ Each patient
619 must be provided, upon request, a copy of the plan of care
620 established and maintained for that patient by the home health
621 agency.

622 (5) When nursing services are ordered, the home health
623 agency to which a patient has been admitted for care must
624 provide the initial admission visit, all service evaluation
625 visits, and the discharge visit by a direct employee. Services
626 provided by others under contractual arrangements to a home
627 health agency must be monitored and managed by the admitting
628 home health agency. The admitting home health agency is fully
629 responsible for ensuring that all care provided through its
630 employees or contract staff is delivered in accordance with this
631 part and applicable rules.

632 (6) The skilled care services provided by a home health
633 agency, directly or under contract, must be supervised and
634 coordinated in accordance with the plan of care. The home health
635 agency shall furnish skilled nursing services by or under the
636 supervision of a registered nurse and in accordance with the
637 plan of care. Any therapy services offered directly or under
638 arrangement by the home health agency must be provided by a
639 qualified therapist or by a qualified therapy assistant under
640 the supervision of a qualified therapist and in accordance with
641 the plan of care.

642 (a) Physical therapy services.-Physical therapy services
643 shall be furnished only by or under the supervision of a
644 licensed physical therapist or licensed physical therapist

645 assistant as required under chapter 486 and related applicable
646 rules. A physical therapist assistant shall perform services
647 planned, delegated, and supervised by the physical therapist,
648 assist in preparing clinical notes and progress reports,
649 participate in educating the patient and his or her family, and
650 participate in in-service programs. This paragraph does not
651 limit the services provided by a physician licensed under
652 chapter 458 or chapter 459.

653 (b) Occupational therapy services.—Occupational therapy
654 services shall be furnished only by or under the supervision of
655 a licensed occupational therapist or occupational therapy
656 assistant as provided under part III of chapter 468 and related
657 applicable rules. An occupational therapy assistant shall
658 perform any services planned, delegated, and supervised by an
659 occupational therapist, assist in preparing clinical notes and
660 progress reports, participate in educating the patient and his
661 or her family, and participate in in-service programs. This
662 paragraph does not limit the services provided by a physician
663 licensed under chapter 458 or chapter 459.

664 (c) Speech therapy services.—Speech therapy services shall
665 be furnished only by or under supervision of a qualified speech-
666 language pathologist or audiologist as required in part I of
667 chapter 468 and applicable rules.

668 (d) Care follows a written plan of care.—The plan of care
669 shall be reviewed by the physician or health professional who
670 provided the treatment orders pursuant to subsection (2) and
671 home health agency personnel as often as the severity of the
672 patient's condition requires, but at least once every 60 days or

673 more when there is a patient-elected transfer, a significant
 674 change in condition, or a discharge and return to the same home
 675 health agency during the 60-day episode. Professional staff of a
 676 home health agency shall promptly alert the physician or other
 677 health professional who provided the treatment orders of any
 678 change that suggests a need to alter the plan of care.

679 (e) Administration of drugs and treatment.—Only
 680 professional staff of a home health agency may administer drugs
 681 and treatments as ordered by the physician or health
 682 professional pursuant to subsection (2), with the exception of
 683 influenza and pneumococcal polysaccharide vaccines, which may be
 684 administered according to the policy of the home health agency
 685 developed in consultation with a physician and after an
 686 assessment for contraindications. Verbal orders shall be in
 687 writing and signed and dated with the date of receipt by the
 688 registered nurse or qualified therapist who is responsible for
 689 furnishing or supervising the ordered service. A verbal order
 690 may be accepted only by personnel who are authorized to do so by
 691 applicable state laws, rules, and internal policies of the home
 692 health agency.

693 (7) A registered nurse shall conduct the initial
 694 evaluation visit, regularly reevaluate the patient's nursing
 695 needs, initiate the plan of care and necessary revisions,
 696 furnish those services requiring substantial and specialized
 697 nursing skill, initiate appropriate preventive and
 698 rehabilitative nursing procedures, prepare clinical and progress
 699 notes, coordinate services, inform the physician and other
 700 personnel of changes in the patient's condition and needs,

701 counsel the patient and his or her family in meeting nursing and
702 related needs, participate in in-service programs, and supervise
703 and teach other nursing personnel, unless the home health agency
704 providing the home health aide services is not Medicare-
705 certified or Medicaid-certified and does not provide skilled
706 care or the patient is not receiving skilled care.

707 (8) A licensed practical nurse shall furnish services in
708 accordance with agency policies, prepare clinical and progress
709 notes, assist the physician and registered nurse in performing
710 specialized procedures, prepare equipment and materials for
711 treatments observing aseptic technique as required, and assist
712 the patient in learning appropriate self-care techniques.

713 (9) A home health aide and certified nursing assistant
714 shall provide services that are in the service provision plan
715 provided in s. 400.491 and other services that the home health
716 aide or certified nursing assistant is permitted to perform
717 under state law. The duties of a home health aide or certified
718 nursing assistant include the provision of hands-on personal
719 care, performance of simple procedures as an extension of
720 therapy or nursing services, assistance in ambulation or
721 exercises, and assistance in administering medications that are
722 ordinarily self-administered and are specified in agency rules.
723 Any services by a home health aide which are offered by a home
724 health agency must be provided by a qualified home health aide
725 or certified nursing assistant.

726 (a) Assignment and duties.—A home health aide or certified
727 nursing assistant shall be assigned to a specific patient by a
728 registered nurse, unless the home health agency providing the

729 home health aide services is not Medicare-certified or Medicaid-
730 certified and does not provide skilled care or the patient is
731 not receiving skilled care. Written patient care instructions
732 for the home health aide and certified nursing assistant must be
733 prepared by the registered nurse or other appropriate
734 professional who is responsible for the supervision of the home
735 health aide and certified nursing assistant as stated in this
736 section.

737 (b) Supervision.—If a patient receives skilled nursing
738 care, the registered nurse shall perform the supervisory visit.
739 If the patient is not receiving skilled nursing care but is
740 receiving physical therapy, occupational therapy, or speech-
741 language pathology services, the appropriate therapist may
742 provide the supervision. A registered nurse or other
743 professional must make an onsite visit to the patient's home at
744 least once every 2 weeks. The visit is not required while the
745 aide is providing care.

746 (c) Supervisory visits.—If home health aide services are
747 provided to a patient who is not receiving skilled nursing care,
748 physical or occupational therapy, or speech-language pathology
749 services, a registered nurse must make a supervisory visit to
750 the patient's home at least once every 60 days, unless the home
751 health agency providing the home health aide services is not
752 Medicare-certified or Medicaid-certified and does not provide
753 skilled care, either directly or through contracts. The
754 registered nurse shall ensure that the aide is properly caring
755 for the patient and each supervisory visit must occur while the
756 home health aide is providing patient care. In addition to the

757 requirements in this subsection, a home health agency shall
 758 arrange for additional supervisory visits by a registered nurse
 759 to the home of a patient receiving home health aide services in
 760 accordance with the patient's direction, approval, and agreement
 761 to pay the charge for the visits.

762 ~~(10)-(7)~~ Home health agency personnel may withhold or
 763 withdraw cardiopulmonary resuscitation if presented with an
 764 order not to resuscitate executed pursuant to s. 401.45. The
 765 agency shall adopt rules providing for the implementation of
 766 such orders. Home health personnel and agencies shall not be
 767 subject to criminal prosecution or civil liability, nor be
 768 considered to have engaged in negligent or unprofessional
 769 conduct, for withholding or withdrawing cardiopulmonary
 770 resuscitation pursuant to such an order and rules adopted by the
 771 agency.

772 Section 15. Paragraphs (f) and (g) of subsection (4) of
 773 section 400.9905, Florida Statutes, are amended to read:

774 400.9905 Definitions.—

775 (4) "Clinic" means an entity at which health care services
 776 are provided to individuals and which tenders charges for
 777 reimbursement for such services, including a mobile clinic and a
 778 portable equipment provider. For purposes of this part, the term
 779 does not include and the licensure requirements of this part do
 780 not apply to:

781 (f) A sole proprietorship, group practice, partnership, ~~or~~
 782 corporation, or other legal entity that provides health care
 783 services by practitioners licensed under chapter 458, chapter
 784 459, chapter 461, chapter 466, or chapter 460 and subject to the

785 limitations of s. 460.4167 ~~physicians covered by s. 627.419,~~
 786 that is directly supervised by one or more of such physicians or
 787 physician assistants, and that is wholly owned by one or more of
 788 those physicians or physician assistants or by a physician or
 789 physician assistant or ~~and~~ the spouse, parent, child, or sibling
 790 of that physician or physician assistant. A certificate of
 791 exemption is valid only for the entity, persons, and location
 792 for which it was originally issued.

793 1. An individual who is not a medical professional or
 794 family member listed in this paragraph may own up to 30 percent
 795 of a health care clinic entity that is exempt under this
 796 paragraph if the individual obtains prior approval from the
 797 agency for ownership of a percentage of a health care clinic.
 798 Such an individual is considered an "applicant" under s.
 799 400.991(5) and must meet all the requirements of that section
 800 and the level 2 background screening requirements of s. 408.809
 801 before being approved by the agency for ownership of a minority
 802 interest in a health care clinic.

803 2. If an individual who is not a medical professional or
 804 family member listed in this paragraph assumes ownership of an
 805 investment interest in a health care clinic without the prior
 806 approval of the agency, the health care clinic shall lose its
 807 exemption from licensure under this paragraph.

808 3. Ownership of a health care clinic by an individual
 809 other than the physician or physician assistant, or by the
 810 spouse, parent, child, or sibling of the physician or physician
 811 assistant to whom the exemption was granted, may not exceed 30
 812 percent.

813 (g) A sole proprietorship, group practice, partnership, or
 814 corporation that provides health care services by licensed
 815 health care practitioners under chapter 457, chapter 458,
 816 chapter 459, ~~chapter 460, chapter 461,~~ chapter 462, chapter 463,
 817 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,
 818 chapter 490, chapter 491, or part I, part III, part X, part
 819 XIII, or part XIV of chapter 468, or s. 464.012, which are
 820 wholly owned by one or more licensed health care practitioners,
 821 or the licensed health care practitioners set forth in this
 822 paragraph and the spouse, parent, child, or sibling of a
 823 licensed health care practitioner, so long as one of the owners
 824 who is a licensed health care practitioner is supervising the
 825 business activities and is legally responsible for the entity's
 826 compliance with all federal and state laws. However, a health
 827 care practitioner who is a supervising owner may not supervise
 828 services beyond the scope of the practitioner's license, except
 829 that, for the purposes of this part, a clinic owned by a
 830 licensee in s. 456.053(3)(b) that provides only services
 831 authorized pursuant to s. 456.053(3)(b) may be supervised by a
 832 licensee specified in s. 456.053(3)(b). A certificate of
 833 exemption is valid only for the entity, persons, and location
 834 for which it was originally issued.

835 Section 16. Subsection (11) of section 408.802, Florida
 836 Statutes, is repealed.

837 Section 17. Paragraphs (e), (f), and (g) of subsection
 838 (15) of section 409.912, Florida Statutes, are repealed.

839 Section 18. Subsection (13) of section 409.9122, Florida
 840 Statutes, is repealed.

841 Section 19. Section 409.91255, Florida Statutes, is
 842 amended to read:

843 409.91255 Federally qualified health center access
 844 program.—

845 (1) SHORT TITLE.—This section may be cited as the
 846 "Community Health Center Access Program Act."

847 (2) LEGISLATIVE FINDINGS AND INTENT.—

848 (a) The Legislature finds that, despite significant
 849 investments in health care programs, nearly 6 ~~more than 2~~
 850 million low-income Floridians, primarily the working poor and
 851 minority populations, continue to lack access to basic health
 852 care services. Further, the Legislature recognizes that
 853 federally qualified health centers have a proven record of
 854 providing cost-effective, comprehensive primary and preventive
 855 health care and are uniquely qualified to address the lack of
 856 adequate health care services for the uninsured.

857 (b) It is the intent of the Legislature to recognize the
 858 significance of increased federal investments in federally
 859 qualified health centers and to leverage that investment through
 860 the creation of a program to provide for the expansion of the
 861 primary and preventive health care services offered by federally
 862 qualified health centers. Further, such a program will support
 863 the coordination of federal, state, and local resources to
 864 assist such health centers in developing an expanded community-
 865 based primary care delivery system.

866 (3) ASSISTANCE TO FEDERALLY QUALIFIED HEALTH CENTERS.—The
 867 agency shall administer ~~Department of Health shall develop~~ a
 868 program for the expansion of federally qualified health centers

869 for the purpose of providing comprehensive primary and
 870 preventive health care and urgent care services that may reduce
 871 the morbidity, mortality, and cost of care among the uninsured
 872 population of the state. The program shall provide for
 873 distribution of financial assistance to federally qualified
 874 health centers that apply and demonstrate a need for such
 875 assistance in order to sustain or expand the delivery of primary
 876 and preventive health care services. In selecting centers to
 877 receive this financial assistance, the program:

878 (a) Shall give preference to communities that have few or
 879 no community-based primary care services or in which the current
 880 services are unable to meet the community's needs. To assist in
 881 the assessment and identification of areas of critical need, a
 882 federally qualified health-center-based statewide assessment and
 883 strategic plan shall be developed by the Florida Association of
 884 Community Health Centers, Inc., every 5 years, beginning January
 885 1, 2011.

886 (b) Shall require that primary care services be provided
 887 to the medically indigent using a sliding fee schedule based on
 888 income.

889 (c) Shall promote ~~allow~~ innovative and creative uses of
 890 federal, state, and local health care resources.

891 (d) Shall require that the funds provided be used to pay
 892 for operating costs of a projected expansion in patient
 893 caseloads or services or for capital improvement projects.
 894 Capital improvement projects may include renovations to existing
 895 facilities or construction of new facilities, provided that an
 896 expansion in patient caseloads or services to a new patient

897 population will occur as a result of the capital expenditures.
 898 The agency ~~department~~ shall include in its standard contract
 899 document a requirement that any state funds provided for the
 900 purchase of or improvements to real property are contingent upon
 901 the contractor granting to the state a security interest in the
 902 property at least to the amount of the state funds provided for
 903 at least 5 years from the date of purchase or the completion of
 904 the improvements or as further required by law. The contract
 905 must include a provision that, as a condition of receipt of
 906 state funding for this purpose, the contractor agrees that, if
 907 it disposes of the property before the agency's ~~department's~~
 908 interest is vacated, the contractor will refund the
 909 proportionate share of the state's initial investment, as
 910 adjusted by depreciation.

911 (e) Shall ~~May~~ require in-kind support from other sources.

912 (f) Shall promote ~~May encourage~~ coordination among
 913 federally qualified health centers, other private sector
 914 providers, and publicly supported programs.

915 (g) Shall promote ~~allow~~ the development of community
 916 emergency room diversion programs in conjunction with local
 917 resources, providing extended hours of operation to urgent care
 918 patients. Diversion programs shall include case management for
 919 emergency room followup care.

920 (4) EVALUATION OF APPLICATIONS.—A review panel shall be
 921 established, consisting of four persons appointed by the
 922 Secretary of Health Care Administration ~~State Surgeon General~~
 923 and three persons appointed by the chief executive officer of
 924 the Florida Association of Community Health Centers, Inc., to

925 review all applications for financial assistance under the
 926 program. Applicants shall specify in the application whether the
 927 program funds will be used for the expansion of patient
 928 caseloads or services or for capital improvement projects to
 929 expand and improve patient facilities. The panel shall use the
 930 following elements in reviewing application proposals and shall
 931 determine the relative weight for scoring and evaluating these
 932 elements:

- 933 (a) The target population to be served.
- 934 (b) The health benefits to be provided.
- 935 (c) The methods that will be used to measure cost-
 936 effectiveness.
- 937 (d) How patient satisfaction will be measured.
- 938 (e) The proposed internal quality assurance process.
- 939 (f) Projected health status outcomes.
- 940 (g) How data will be collected to measure cost-
 941 effectiveness, health status outcomes, and overall achievement
 942 of the goals of the proposal.
- 943 (h) All resources, including cash, in-kind, voluntary, or
 944 other resources that will be dedicated to the proposal.

945 (5) ADMINISTRATION AND TECHNICAL ASSISTANCE.—The agency
 946 shall ~~Department of Health may~~ contract with the Florida
 947 Association of Community Health Centers, Inc., to develop and
 948 coordinate ~~administer~~ the program and provide technical
 949 assistance to the federally qualified health centers selected to
 950 receive financial assistance. The contracted entity shall be
 951 responsible for program support and assume all costs related to
 952 administration of this program.

953 Section 20. Subsection (2) of section 429.075, Florida
 954 Statutes, is amended to read:

955 429.075 Limited mental health license.—An assisted living
 956 facility that serves three or more mental health residents must
 957 obtain a limited mental health license.

958 (2) Facilities licensed to provide services to mental
 959 health residents shall provide appropriate supervision and
 960 staffing to provide for the health, safety, and welfare of such
 961 residents. Assisted living facilities within an area zoned for
 962 residential use in a municipality having a population of more
 963 than 400,000, which house persons identified as being part of a
 964 priority population that includes adult and adolescent residents
 965 who have severe and persistent mental illness, as described in
 966 s. 394.674, must maintain 24-hour security services provided by
 967 uniformed security personnel licensed under part III of chapter
 968 493.

969 Section 21. Subsection (2) of section 429.12, Florida
 970 Statutes, is repealed.

971 Section 22. Subsection (5) of section 429.23, Florida
 972 Statutes, is repealed.

973 Section 23. Paragraph (a) of subsection (2) of section
 974 429.911, Florida Statutes, is repealed.

975 Section 24. Dental workforce survey.—

976 (1) Beginning in 2012, each person who applies for
 977 licensure renewal as a dentist or dental hygienist under chapter
 978 466, Florida Statutes, must, in conjunction with the renewal of
 979 such license under procedures and forms adopted by the Board of
 980 Dentistry and in addition to any other information that may be

981 required from the applicant, furnish the following information
 982 to the Department of Health, working in conjunction with the
 983 board, in a dental workforce survey:

984 (a) Licensee information, including, but not limited to:

985 1. The name of the dental school or dental hygiene program
 986 that the dentist or dental hygienist graduated from and the year
 987 of graduation.

988 2. The year that the dentist or dental hygienist began
 989 practicing or working in this state.

990 3. The geographic location of the dentist's or dental
 991 hygienist's practice or address within the state.

992 4. For a dentist in private practice:

993 a. The number of full-time dental hygienists employed by
 994 the dentist during the reporting period.

995 b. The number of full-time dental assistants employed by
 996 the dentist during the reporting period.

997 c. The average number of patients treated per week by the
 998 dentist during the reporting period.

999 d. The settings where the dental care was delivered.

1000 5. Anticipated plans of the dentist to change the status
 1001 of his or her license or practice.

1002 6. The dentist's areas of specialty or certification.

1003 7. The year that the dentist completed a specialty program
 1004 recognized by the American Dental Association.

1005 8. For a hygienist:

1006 a. The average number of patients treated per week by the
 1007 hygienist during the reporting period.

1008 b. The settings where the dental care was delivered.

1009
1010
1011
1012
1013
1014
1015
1016
1017
1018
1019
1020
1021
1022
1023
1024
1025
1026
1027
1028
1029
1030
1031
1032
1033
1034
1035
1036

9. The dentist's memberships in professional organizations.

10. The number of pro bono hours provided by the dentist or dental hygienist during the last biennium.

(b) Information concerning the availability and trends relating to critically needed services, including, but not limited to, the following types of care provided by the dentist or dental hygienist:

1. Dental care to children having special needs.
2. Geriatric dental care.
3. Dental services in emergency departments.
4. Medicaid services.
5. Other critically needed specialty areas, as determined by the advisory body.

(2) In addition to the completed survey, the dentist or dental hygienist must submit a statement that the information provided is true and accurate to the best of his or her knowledge and belief.

(3) Beginning in 2012, renewal of a license by a dentist or dental hygienist licensed under chapter 466, Florida Statutes, is not contingent upon the completion and submission of the dental workforce survey; however, for any subsequent license renewal, the board may not renew the license of any dentist or dental hygienist until the survey required under this section is completed and submitted by the licensee.

(4) (a) Beginning in 2012, the Board of Dentistry shall issue a nondisciplinary citation to any dentist or dental hygienist licensed under chapter 466, Florida Statutes, who

1037 fails to complete the survey within 90 days after the renewal of
 1038 his or her license to practice as a dentist or dental hygienist.

1039 (b) The citation must notify a dentist or dental hygienist
 1040 who fails to complete the survey required by this section that
 1041 his or her license will not be renewed for any subsequent
 1042 license renewal unless the dentist or dental hygienist completes
 1043 the survey.

1044 (c) In conjunction with issuing the license renewal notice
 1045 required by s. 456.038, Florida Statutes, the board shall notify
 1046 each dentist or dental hygienist licensed under chapter 466,
 1047 Florida Statutes, who fails to complete the survey that the
 1048 survey must be completed before the subsequent license renewal.

1049 Section 25. (1) The Department of Health shall serve as
 1050 the coordinating body for the purpose of collecting and
 1051 regularly updating and disseminating dental workforce data. The
 1052 department shall work with multiple stakeholders, including the
 1053 Florida Dental Association and the Florida Dental Hygiene
 1054 Association, to assess and share with all communities of
 1055 interest all data collected in a timely fashion.

1056 (2) The Department of Health shall maintain a current
 1057 database to serve as a statewide source of data concerning the
 1058 dental workforce. The department, in conjunction with the Board
 1059 of Dentistry, shall also:

1060 (a) Develop strategies to maximize federal and state
 1061 programs that provide incentives for dentists to practice in
 1062 shortage areas that are federally designated. Strategies shall
 1063 include programs such as the Florida Health Services Corps
 1064 established under s. 381.0302, Florida Statutes.

1065 (b) Work in conjunction with an advisory body to address
 1066 matters relating to the state's dental workforce. The advisory
 1067 body shall provide input on developing questions for the dentist
 1068 workforce survey. The advisory body shall include, but need not
 1069 be limited to, the State Surgeon General or his or her designee,
 1070 the dean of each dental school accredited in the United States
 1071 and based in this state or his or her designee, a representative
 1072 from the Florida Dental Association, a representative from the
 1073 Florida Dental Hygiene Association, a representative from the
 1074 Board of Dentistry, and a dentist from each of the dental
 1075 specialties recognized by the American Dental Association's
 1076 Commission on Dental Accreditation. Members of the advisory body
 1077 shall serve without compensation.

1078 (c) Act as a clearinghouse for collecting and
 1079 disseminating information concerning the dental workforce.

1080 (3) The Department of Health and the Board of Dentistry
 1081 shall adopt rules necessary to administer this section.

1082 Section 26. It is the intent of the Legislature that the
 1083 Department of Health and the Board of Dentistry implement the
 1084 provisions of sections 16 through 20 of this act within existing
 1085 resources.

1086 Section 27. Paragraphs (q) and (t) of subsection (2) of
 1087 section 499.01, Florida Statutes, are amended to read:

1088 499.01 Permits.—

1089 (2) The following permits are established:

1090 (q) Device manufacturer permit.—

1091 1. A device manufacturer permit is required for any person
 1092 that engages in the manufacture, repackaging, or assembly of

1093 | medical devices for human use in this state, except that a
 1094 | permit is not required if:

1095 | a. The person manufactures, repackages, or assembles only
 1096 | those medical devices or components for such devices which are
 1097 | exempt from registration pursuant to s. 499.015(8); or

1098 | b. The person is engaged only in manufacturing,
 1099 | repackaging, or assembling a medical device pursuant to a
 1100 | practitioner's order for a specific patient.

1101 | ~~2.1.~~ A manufacturer or repackager of medical devices in
 1102 | this state must comply with all appropriate state and federal
 1103 | good manufacturing practices and quality system rules.

1104 | ~~3.2.~~ The department shall adopt rules related to storage,
 1105 | handling, and recordkeeping requirements for manufacturers of
 1106 | medical devices for human use.

1107 | (t) Health care clinic establishment permit.—Effective
 1108 | January 1, 2009, a health care clinic establishment permit is
 1109 | required for the purchase of a prescription drug by a place of
 1110 | business at one general physical location that provides health
 1111 | care or veterinary services, which is owned and operated by a
 1112 | business entity that has been issued a federal employer tax
 1113 | identification number. For the purpose of this paragraph, the
 1114 | term "qualifying practitioner" means a licensed health care
 1115 | practitioner defined in s. 456.001, or a veterinarian licensed
 1116 | under chapter 474, who is authorized under the appropriate
 1117 | practice act to prescribe and administer a prescription drug.

1118 | 1. An establishment must provide, as part of the
 1119 | application required under s. 499.012, designation of a
 1120 | qualifying practitioner who will be responsible for complying

1121 with all legal and regulatory requirements related to the
1122 purchase, recordkeeping, storage, and handling of the
1123 prescription drugs. In addition, the designated qualifying
1124 practitioner shall be the practitioner whose name, establishment
1125 address, and license number is used on all distribution
1126 documents for prescription drugs purchased or returned by the
1127 health care clinic establishment. Upon initial appointment of a
1128 qualifying practitioner, the qualifying practitioner and the
1129 health care clinic establishment shall notify the department on
1130 a form furnished by the department within 10 days after such
1131 employment. In addition, the qualifying practitioner and health
1132 care clinic establishment shall notify the department within 10
1133 days after any subsequent change.

1134 2. The health care clinic establishment must employ a
1135 qualifying practitioner at each establishment.

1136 3. In addition to the remedies and penalties provided in
1137 this part, a violation of this chapter by the health care clinic
1138 establishment or qualifying practitioner constitutes grounds for
1139 discipline of the qualifying practitioner by the appropriate
1140 regulatory board.

1141 4. The purchase of prescription drugs by the health care
1142 clinic establishment is prohibited during any period of time
1143 when the establishment does not comply with this paragraph.

1144 5. A health care clinic establishment permit is not a
1145 pharmacy permit or otherwise subject to chapter 465. A health
1146 care clinic establishment that meets the criteria of a modified
1147 Class II institutional pharmacy under s. 465.019 is not eligible
1148 to be permitted under this paragraph.

1149 6. This paragraph does not apply to the purchase of a
 1150 prescription drug by a licensed practitioner under his or her
 1151 license. A professional corporation or limited liability company
 1152 composed of dentists and operating as authorized in s. 466.0285
 1153 may pay for prescription drugs obtained by a practitioner
 1154 licensed under chapter 466, and the licensed practitioner is
 1155 deemed the purchaser and owner of the prescription drugs.

1156 Section 28. Subsections (32) through (54) of section
 1157 499.003, Florida Statutes, are renumbered as subsections (33)
 1158 through (55), respectively, present subsection (42) is amended,
 1159 and a new subsection (32) is added to that section, to read:

1160 499.003 Definitions of terms used in this part.—As used in
 1161 this part, the term:

1162 (32) "Medical convenience kit" means a package or unit
 1163 that contains combination products as described in 21 C.F.R. s.
 1164 3.2(e) (2).

1165 (43)~~(42)~~ "Prescription drug" means a prescription,
 1166 medicinal, or legend drug, including, but not limited to,
 1167 finished dosage forms or active ingredients subject to, defined
 1168 by, or described by s. 503(b) of the Federal Food, Drug, and
 1169 Cosmetic Act or s. 465.003(8), s. 499.007(13), or subsection
 1170 (11), subsection (46) ~~(45)~~, or subsection (53) ~~(52)~~.

1171 Section 29. Paragraph (a) of subsection (1) of section
 1172 409.9201, Florida Statutes, is amended to read:

1173 409.9201 Medicaid fraud.—

1174 (1) As used in this section, the term:

1175 (a) "Prescription drug" means any drug, including, but not
 1176 limited to, finished dosage forms or active ingredients that are

1177 subject to, defined by, or described by s. 503(b) of the Federal
 1178 Food, Drug, and Cosmetic Act or by s. 465.003(8), s.
 1179 499.003 (45) ~~(45)~~ or (53) ~~(52)~~, or s. 499.007(13).

1180
 1181 The value of individual items of the legend drugs or goods or
 1182 services involved in distinct transactions committed during a
 1183 single scheme or course of conduct, whether involving a single
 1184 person or several persons, may be aggregated when determining
 1185 the punishment for the offense.

1186 Section 30. Subsection (3) of section 465.0265, Florida
 1187 Statutes, is amended to read:

1188 465.0265 Centralized prescription filling.—

1189 (3) The filling, delivery, and return of a prescription by
 1190 one pharmacy for another pursuant to this section shall not be
 1191 construed as the filling of a transferred prescription as set
 1192 forth in s. 465.026 or as a wholesale distribution as set forth
 1193 in s. 499.003 (54) ~~(53)~~.

1194 Section 31. Paragraph (d) of subsection (4) of section
 1195 499.0121, Florida Statutes, is amended to read:

1196 499.0121 Storage and handling of prescription drugs;
 1197 recordkeeping.—The department shall adopt rules to implement
 1198 this section as necessary to protect the public health, safety,
 1199 and welfare. Such rules shall include, but not be limited to,
 1200 requirements for the storage and handling of prescription drugs
 1201 and for the establishment and maintenance of prescription drug
 1202 distribution records.

1203 (4) EXAMINATION OF MATERIALS AND RECORDS.—

1204 (d) Upon receipt, a wholesale distributor must review

1205 records required under this section for the acquisition of
 1206 prescription drugs for accuracy and completeness, considering
 1207 the total facts and circumstances surrounding the transactions
 1208 and the wholesale distributors involved. This includes
 1209 authenticating each transaction listed on a pedigree paper, as
 1210 defined in s. 499.003 (37) ~~(36)~~.

1211 Section 32. Paragraphs (a) and (b) of subsection (2) of
 1212 section 499.01211, Florida Statutes, are amended to read:

1213 499.01211 Drug Wholesale Distributor Advisory Council.—

1214 (2) The State Surgeon General, or his or her designee, and
 1215 the Secretary of Health Care Administration, or her or his
 1216 designee, shall be members of the council. The State Surgeon
 1217 General shall appoint nine additional members to the council who
 1218 shall be appointed to a term of 4 years each, as follows:

1219 (a) Three different persons each of whom is employed by a
 1220 different prescription drug wholesale distributor licensed under
 1221 this part which operates nationally and is a primary wholesale
 1222 distributor, as defined in s. 499.003 (47) ~~(46)~~.

1223 (b) One person employed by a prescription drug wholesale
 1224 distributor licensed under this part which is a secondary
 1225 wholesale distributor, as defined in s. 499.003 (52) ~~(51)~~.

1226 Section 33. Subsection (1) of section 499.03, Florida
 1227 Statutes, is amended to read:

1228 499.03 Possession of certain drugs without prescriptions
 1229 unlawful; exemptions and exceptions.—

1230 (1) A person may not possess, or possess with intent to
 1231 sell, dispense, or deliver, any habit-forming, toxic, harmful,
 1232 or new drug subject to s. 499.003 (33) ~~(32)~~, or prescription drug

1233 as defined in s. 499.003 (43) ~~(42)~~, unless the possession of the
 1234 drug has been obtained by a valid prescription of a practitioner
 1235 licensed by law to prescribe the drug. However, this section
 1236 does not apply to the delivery of such drugs to persons included
 1237 in any of the classes named in this subsection, or to the agents
 1238 or employees of such persons, for use in the usual course of
 1239 their businesses or practices or in the performance of their
 1240 official duties, as the case may be; nor does this section apply
 1241 to the possession of such drugs by those persons or their agents
 1242 or employees for such use:

1243 (a) A licensed pharmacist or any person under the licensed
 1244 pharmacist's supervision while acting within the scope of the
 1245 licensed pharmacist's practice;

1246 (b) A licensed practitioner authorized by law to prescribe
 1247 prescription drugs or any person under the licensed
 1248 practitioner's supervision while acting within the scope of the
 1249 licensed practitioner's practice;

1250 (c) A qualified person who uses prescription drugs for
 1251 lawful research, teaching, or testing, and not for resale;

1252 (d) A licensed hospital or other institution that procures
 1253 such drugs for lawful administration or dispensing by
 1254 practitioners;

1255 (e) An officer or employee of a federal, state, or local
 1256 government; or

1257 (f) A person that holds a valid permit issued by the
 1258 department pursuant to this part which authorizes that person to
 1259 possess prescription drugs.

1260 Section 34. Paragraphs (i) and (m) of subsection (1) of

1261 section 499.05, Florida Statutes, are amended to read:

1262 499.05 Rules.—

1263 (1) The department shall adopt rules to implement and
1264 enforce this part with respect to:

1265 (i) Additional conditions that qualify as an emergency
1266 medical reason under s. 499.003 (54) ~~(53)~~ (b) 2.

1267 (m) The recordkeeping, storage, and handling with respect
1268 to each of the distributions of prescription drugs specified in
1269 s. 499.003 (54) ~~(53)~~ (a) - (d) .

1270 Section 35. Subsection (1) of section 794.075, Florida
1271 Statutes, is amended to read:

1272 794.075 Sexual predators; erectile dysfunction drugs.—

1273 (1) A person may not possess a prescription drug, as
1274 defined in s. 499.003 (43) ~~(42)~~, for the purpose of treating
1275 erectile dysfunction if the person is designated as a sexual
1276 predator under s. 775.21.

1277 Section 36. Paragraph (a) of subsection (6) of section
1278 624.91, Florida Statutes, is amended to read:

1279 624.91 The Florida Healthy Kids Corporation Act.—

1280 (6) BOARD OF DIRECTORS.—

1281 (a) The Florida Healthy Kids Corporation shall operate
1282 subject to the supervision and approval of a board of directors
1283 chaired by the Chief Financial Officer or her or his designee,
1284 and composed of 12 ~~11~~ other members selected for 3-year terms of
1285 office as follows:

1286 1. The Secretary of Health Care Administration, or his or
1287 her designee.

1288 2. One member appointed by the Commissioner of Education

1289 from the Office of School Health Programs of the Florida
 1290 Department of Education.

1291 3. One member appointed by the Chief Financial Officer
 1292 from among three members nominated by the Florida Pediatric
 1293 Society.

1294 4. One member, appointed by the Governor, who represents
 1295 the Children's Medical Services Program.

1296 5. One member appointed by the Chief Financial Officer
 1297 from among three members nominated by the Florida Hospital
 1298 Association.

1299 6. One member, appointed by the Governor, who is an expert
 1300 on child health policy.

1301 7. One member, appointed by the Chief Financial Officer,
 1302 from among three members nominated by the Florida Academy of
 1303 Family Physicians.

1304 8. One member, appointed by the Governor, who represents
 1305 the state Medicaid program.

1306 9. One member, appointed by the Chief Financial Officer,
 1307 from among three members nominated by the Florida Association of
 1308 Counties.

1309 10. The State Health Officer or her or his designee.

1310 11. The Secretary of Children and Family Services, or his
 1311 or her designee.

1312 12. One member, appointed by the Governor, from among
 1313 three members nominated by the Florida Dental Association.

1314 Section 37. Section 381.0403, Florida Statutes, is amended
 1315 to read:

1316 381.0403 The Community Hospital Education Act.—

1317 (1) SHORT TITLE.—This section shall be known and cited as
 1318 "The Community Hospital Education Act."

1319 (2) LEGISLATIVE INTENT.—

1320 (a) It is the intent of the Legislature that health care
 1321 services for the citizens of this state be upgraded and that a
 1322 program for continuing these services be maintained through a
 1323 plan for community medical education. The program is intended to
 1324 provide additional outpatient and inpatient services, a
 1325 continuing supply of highly trained physicians, and graduate
 1326 medical education.

1327 (b) The Legislature further acknowledges the critical need
 1328 for increased numbers of primary care physicians to provide the
 1329 necessary current and projected health and medical services. In
 1330 order to meet both present and anticipated needs, the
 1331 Legislature supports an expansion in the number of family
 1332 practice residency positions. The Legislature intends that the
 1333 funding for graduate education in family practice be maintained
 1334 and that funding for all primary care specialties be provided at
 1335 a minimum of \$10,000 per resident per year. Should funding for
 1336 this act remain constant or be reduced, it is intended that all
 1337 programs funded by this act be maintained or reduced
 1338 proportionately.

1339 (3) PROGRAM FOR COMMUNITY HOSPITAL EDUCATION; STATE AND
 1340 LOCAL PLANNING.—

1341 (a) There is established under the Department of Health a
 1342 program for statewide graduate medical education. It is intended
 1343 that continuing graduate medical education programs for interns
 1344 and residents be established on a statewide basis. The program

1345 shall provide financial support for primary care specialty
 1346 interns and residents based on policies recommended and approved
 1347 by the Community Hospital Education Council, herein established,
 1348 and the Department of Health. Only those programs with at least
 1349 three residents or interns in each year of the training program
 1350 are qualified to apply for financial support. Programs with
 1351 fewer than three residents or interns per training year are
 1352 qualified to apply for financial support, but only if the
 1353 appropriate accrediting entity for the particular specialty has
 1354 approved the program for fewer positions. Programs added after
 1355 fiscal year 1997-1998 shall have 5 years to attain the requisite
 1356 number of residents or interns. When feasible and to the extent
 1357 allowed through the General Appropriations Act, state funds
 1358 shall be used to generate federal matching funds under Medicaid,
 1359 or other federal programs, and the resulting combined state and
 1360 federal funds shall be allocated to participating hospitals for
 1361 the support of graduate medical education. ~~The department may~~
 1362 ~~spend up to \$75,000 of the state appropriation for~~
 1363 ~~administrative costs associated with the production of the~~
 1364 ~~annual report as specified in subsection (9), and for~~
 1365 ~~administration of the program.~~

1366 (b) For the purposes of this section, primary care
 1367 specialties include emergency medicine, family practice,
 1368 internal medicine, pediatrics, psychiatry,
 1369 obstetrics/gynecology, and combined pediatrics and internal
 1370 medicine, and other primary care specialties as may be included
 1371 by the council and Department of Health.

1372 (c) Medical institutions throughout the state may apply to

1373 the Community Hospital Education Council for grants-in-aid for
 1374 financial support of their approved programs. Recommendations
 1375 for funding of approved programs shall be forwarded to the
 1376 Department of Health.

1377 (d) The program shall provide a plan for community
 1378 clinical teaching and training with the cooperation of the
 1379 medical profession, hospitals, and clinics. The plan shall also
 1380 include formal teaching opportunities for intern and resident
 1381 training. In addition, the plan shall establish an off-campus
 1382 medical faculty with university faculty review to be located
 1383 throughout the state in local communities.

1384 ~~(4) PROGRAM FOR GRADUATE MEDICAL EDUCATION INNOVATIONS.~~

1385 ~~(a) There is established under the Department of Health a~~
 1386 ~~program for fostering graduate medical education innovations.~~
 1387 ~~Funds appropriated annually by the Legislature for this purpose~~
 1388 ~~shall be distributed to participating hospitals or consortia of~~
 1389 ~~participating hospitals and Florida medical schools or to a~~
 1390 ~~Florida medical school for the direct costs of providing~~
 1391 ~~graduate medical education in community-based clinical settings~~
 1392 ~~on a competitive grant or formula basis to achieve state health~~
 1393 ~~care workforce policy objectives, including, but not limited to:~~

1394 ~~1. Increasing the number of residents in primary care and~~
 1395 ~~other high demand specialties or fellowships;~~

1396 ~~2. Enhancing retention of primary care physicians in~~
 1397 ~~Florida practice;~~

1398 ~~3. Promoting practice in medically underserved areas of~~
 1399 ~~the state;~~

1400 ~~4. Encouraging racial and ethnic diversity within the~~

1401 ~~state's physician workforce; and~~
 1402 ~~5. Encouraging increased production of geriatricians.~~
 1403 ~~(b) Participating hospitals or consortia of participating~~
 1404 ~~hospitals and Florida medical schools or a Florida medical~~
 1405 ~~school providing graduate medical education in community-based~~
 1406 ~~elinical settings may apply to the Community Hospital Education~~
 1407 ~~Council for funding under this innovations program, except when~~
 1408 ~~such innovations directly compete with services or programs~~
 1409 ~~provided by participating hospitals or consortia of~~
 1410 ~~participating hospitals, or by both hospitals and consortia.~~
 1411 ~~Innovations program funding shall provide funding based on~~
 1412 ~~policies recommended and approved by the Community Hospital~~
 1413 ~~Education Council and the Department of Health.~~
 1414 ~~(c) Participating hospitals or consortia of participating~~
 1415 ~~hospitals and Florida medical schools or Florida medical schools~~
 1416 ~~awarded an innovations grant shall provide the Community~~
 1417 ~~Hospital Education Council and Department of Health with an~~
 1418 ~~annual report on their project.~~
 1419 (4)~~(5)~~ FAMILY PRACTICE RESIDENCIES.—In addition to the
 1420 programs established in subsection (3), the Community Hospital
 1421 Education Council and the Department of Health shall establish
 1422 an ongoing statewide program of family practice residencies. The
 1423 administration of this program shall be in the manner described
 1424 in this section.
 1425 (5)~~(6)~~ COUNCIL AND DIRECTOR.—
 1426 (a) There is established the Community Hospital Education
 1427 Council, hereinafter referred to as the council, which shall
 1428 consist of 11 members, as follows:

1429 1. Seven members must be program directors of accredited
 1430 graduate medical education programs or practicing physicians who
 1431 have faculty appointments in accredited graduate medical
 1432 education programs. Six of these members must be board certified
 1433 or board eligible in family practice, internal medicine,
 1434 pediatrics, emergency medicine, obstetrics-gynecology, and
 1435 psychiatry, respectively, and licensed pursuant to chapter 458.
 1436 No more than one of these members may be appointed from any one
 1437 specialty. One member must be licensed pursuant to chapter 459.

1438 2. One member must be a representative of the
 1439 administration of a hospital with an approved community hospital
 1440 medical education program;

1441 3. One member must be the dean of a medical school in this
 1442 state; and

1443 4. Two members must be consumer representatives.

1444
 1445 All of the members shall be appointed by the Governor for terms
 1446 of 4 years each.

1447 (b) Council membership shall cease when a member's
 1448 representative status no longer exists. Members of similar
 1449 representative status shall be appointed to replace retiring or
 1450 resigning members of the council.

1451 (c) The State Surgeon General shall designate an
 1452 administrator to serve as staff director. The council shall
 1453 elect a chair from among its membership. Such other personnel as
 1454 may be necessary to carry out the program shall be employed as
 1455 authorized by the Department of Health.

1456 (6)~~(7)~~ DEPARTMENT OF HEALTH; STANDARDS.—

1457 (a) The Department of Health, with recommendations from
 1458 the council, shall establish standards and policies for the use
 1459 and expenditure of graduate medical education funds appropriated
 1460 pursuant to subsection (7) ~~(8)~~ for a program of community
 1461 hospital education. The Department of Health shall establish
 1462 requirements for hospitals to be qualified for participation in
 1463 the program which shall include, but not be limited to:

1464 1. Submission of an educational plan and a training
 1465 schedule.

1466 2. A determination by the council to ascertain that each
 1467 portion of the program of the hospital provides a high degree of
 1468 academic excellence and is accredited by the Accreditation
 1469 Council for Graduate Medical Education of the American Medical
 1470 Association or is accredited by the American Osteopathic
 1471 Association.

1472 3. Supervision of the educational program of the hospital
 1473 by a physician who is not the hospital administrator.

1474 (b) The Department of Health shall periodically review the
 1475 educational program provided by a participating hospital to
 1476 assure that the program includes a reasonable amount of both
 1477 formal and practical training and that the formal sessions are
 1478 presented as scheduled in the plan submitted by each hospital.

1479 (c) In years that funds are transferred to the Agency for
 1480 Health Care Administration, the Department of Health shall
 1481 certify to the Agency for Health Care Administration on a
 1482 quarterly basis the number of primary care specialty residents
 1483 and interns at each of the participating hospitals for which the
 1484 Community Hospital Education Council and the department

1485 recommends funding.

1486 (7)~~(8)~~ MATCHING FUNDS.—State funds shall be used to match
 1487 funds from any local governmental or hospital source. The state
 1488 shall provide up to 50 percent of the funds, and the community
 1489 hospital medical education program shall provide the remainder.
 1490 However, except for fixed capital outlay, the provisions of this
 1491 subsection shall not apply to any program authorized under the
 1492 provisions of subsection (5) for the first 3 years after such
 1493 program is in operation.

1494 ~~(9) ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION;
 1495 COMMITTEE.—The Executive Office of the Governor, the Department
 1496 of Health, and the Agency for Health Care Administration shall
 1497 collaborate to establish a committee that shall produce an
 1498 annual report on graduate medical education. The committee shall
 1499 be comprised of 11 members: five members shall be deans of the
 1500 medical schools or their designees; the Governor shall appoint
 1501 two members, one of whom must be a representative of the Florida
 1502 Medical Association who has supervised or currently supervises
 1503 residents or interns and one of whom must be a representative of
 1504 the Florida Hospital Association; the Secretary of Health Care
 1505 Administration shall appoint two members, one of whom must be a
 1506 representative of a statutory teaching hospital and one of whom
 1507 must be a physician who has supervised or is currently
 1508 supervising residents or interns; and the State Surgeon General
 1509 shall appoint two members, one of whom must be a representative
 1510 of a statutory family practice teaching hospital and one of whom
 1511 must be a physician who has supervised or is currently
 1512 supervising residents or interns. With the exception of the~~

1513 ~~deans, members shall serve 4-year terms. In order to stagger the~~
1514 ~~terms, the Governor's appointees shall serve initial terms of 4~~
1515 ~~years, the State Surgeon General's appointees shall serve~~
1516 ~~initial terms of 3 years, and the Secretary of Health Care~~
1517 ~~Administration's appointees shall serve initial terms of 2~~
1518 ~~years. A member's term shall be deemed terminated when the~~
1519 ~~member's representative status no longer exists. Once the~~
1520 ~~committee is appointed, it shall elect a chair to serve for a 1-~~
1521 ~~year term. The report shall be provided to the Governor, the~~
1522 ~~President of the Senate, and the Speaker of the House of~~
1523 ~~Representatives by January 15 annually. Committee members shall~~
1524 ~~serve without compensation. The report shall address the~~
1525 ~~following:~~

1526 ~~(a) The role of residents and medical faculty in the~~
1527 ~~provision of health care.~~

1528 ~~(b) The relationship of graduate medical education to the~~
1529 ~~state's physician workforce.~~

1530 ~~(c) The costs of training medical residents for hospitals,~~
1531 ~~medical schools, teaching hospitals, including all hospital-~~
1532 ~~medical affiliations, practice plans at all of the medical~~
1533 ~~schools, and municipalities.~~

1534 ~~(d) The availability and adequacy of all sources of~~
1535 ~~revenue to support graduate medical education and recommend~~
1536 ~~alternative sources of funding for graduate medical education.~~

1537 ~~(e) The use of state and federal appropriated funds for~~
1538 ~~graduate medical education by hospitals receiving such funds.~~

1539 ~~(9) (10) RULEMAKING.—The department has authority to adopt~~
1540 ~~rules pursuant to ss. 120.536(1) and 120.54 to implement the~~

1541 provisions of this section.

1542 Section 38. Section 381.4018, Florida Statutes, is amended
 1543 to read:

1544 381.4018 Physician workforce assessment and development.—

1545 (1) DEFINITIONS.—As used in this section, the term:

1546 (a) "Consortium" or "consortia" means a combination of
 1547 statutory teaching hospitals, specialty children's hospitals,
 1548 statutory rural hospitals, other hospitals, accredited medical
 1549 schools, clinics operated by the department, clinics operated by
 1550 the Department of Veterans' Affairs, area health education
 1551 centers, community health centers, federally qualified health
 1552 centers, prison clinics, local community clinics, or other
 1553 programs. At least one member of the consortium shall be a
 1554 sponsoring institution accredited or currently seeking
 1555 accreditation by the Accreditation Council for Graduate Medical
 1556 Education or the American Osteopathic Association.

1557 (b) "Council" means the Physician Workforce Advisory
 1558 Council.

1559 (c) "Department" means the Department of Health.

1560 (d) "Graduate medical education program" means a program
 1561 accredited by the Accreditation Council for Graduate Medical
 1562 Education or the American Osteopathic Association.

1563 (e) "Primary care specialty" means emergency medicine,
 1564 family practice, internal medicine, pediatrics, psychiatry,
 1565 geriatrics, general surgery, obstetrics and gynecology, and
 1566 combined pediatrics and internal medicine and other specialties
 1567 as determined by the Physician Workforce Advisory Council or the
 1568 Department of Health.

1569 (2)~~(1)~~ LEGISLATIVE INTENT.—The Legislature recognizes that
1570 physician workforce planning is an essential component of
1571 ensuring that there is an adequate and appropriate supply of
1572 well-trained physicians to meet this state's future health care
1573 service needs as the general population and elderly population
1574 of the state increase. The Legislature finds that items to
1575 consider relative to assessing the physician workforce may
1576 include physician practice status; specialty mix; geographic
1577 distribution; demographic information, including, but not
1578 limited to, age, gender, race, and cultural considerations; and
1579 needs of current or projected medically underserved areas in the
1580 state. Long-term strategic planning is essential as the period
1581 from the time a medical student enters medical school to
1582 completion of graduate medical education may range from 7 to 10
1583 years or longer. The Legislature recognizes that strategies to
1584 provide for a well-trained supply of physicians must include
1585 ensuring the availability and capacity of quality ~~graduate~~
1586 medical schools and graduate medical education programs in this
1587 state, as well as using new or existing state and federal
1588 programs providing incentives for physicians to practice in
1589 needed specialties and in underserved areas in a manner that
1590 addresses projected needs for physician manpower.

1591 (3)~~(2)~~ PURPOSE.—The department ~~of Health~~ shall serve as a
1592 coordinating and strategic planning body to actively assess the
1593 state's current and future physician workforce needs and work
1594 with multiple stakeholders to develop strategies and
1595 alternatives to address current and projected physician
1596 workforce needs.

1597 (4)~~(3)~~ GENERAL FUNCTIONS.—The department shall maximize
 1598 the use of existing programs under the jurisdiction of the
 1599 department and other state agencies and coordinate governmental
 1600 and nongovernmental stakeholders and resources in order to
 1601 develop a state strategic plan and assess the implementation of
 1602 such strategic plan. In developing the state strategic plan, the
 1603 department shall:

1604 (a) Monitor, evaluate, and report on the supply and
 1605 distribution of physicians licensed under chapter 458 or chapter
 1606 459. The department shall maintain a database to serve as a
 1607 statewide source of data concerning the physician workforce.

1608 (b) Develop a model and quantify, on an ongoing basis, the
 1609 adequacy of the state's current and future physician workforce
 1610 as reliable data becomes available. Such model must take into
 1611 account demographics, physician practice status, place of
 1612 education and training, generational changes, population growth,
 1613 economic indicators, and issues concerning the "pipeline" into
 1614 medical education.

1615 (c) Develop and recommend strategies to determine whether
 1616 the number of qualified medical school applicants who might
 1617 become competent, practicing physicians in this state will be
 1618 sufficient to meet the capacity of the state's medical schools.
 1619 If appropriate, the department shall, working with
 1620 representatives of appropriate governmental and nongovernmental
 1621 entities, develop strategies and recommendations and identify
 1622 best practice programs that introduce health care as a
 1623 profession and strengthen skills needed for medical school
 1624 admission for elementary, middle, and high school students, and

1625 improve premedical education at the precollege and college level
1626 in order to increase this state's potential pool of medical
1627 students.

1628 (d) Develop strategies to ensure that the number of
1629 graduates from the state's public and private allopathic and
1630 osteopathic medical schools is ~~are~~ adequate to meet physician
1631 workforce needs, based on the analysis of the physician
1632 workforce data, so as to provide a high-quality medical
1633 education to students in a manner that recognizes the uniqueness
1634 of each new and existing medical school in this state.

1635 (e) Pursue strategies and policies to create, expand, and
1636 maintain graduate medical education positions in the state based
1637 on the analysis of the physician workforce data. Such strategies
1638 and policies must take into account the effect of federal
1639 funding limitations on the expansion and creation of positions
1640 in graduate medical education. The department shall develop
1641 options to address such federal funding limitations. The
1642 department shall consider options to provide direct state
1643 funding for graduate medical education positions in a manner
1644 that addresses requirements and needs relative to accreditation
1645 of graduate medical education programs. The department shall
1646 consider funding residency positions as a means of addressing
1647 needed physician specialty areas, rural areas having a shortage
1648 of physicians, and areas of ongoing critical need, and as a
1649 means of addressing the state's physician workforce needs based
1650 on an ongoing analysis of physician workforce data.

1651 (f) Develop strategies to maximize federal and state
1652 programs that provide for the use of incentives to attract

1653 physicians to this state or retain physicians within the state.
1654 Such strategies should explore and maximize federal-state
1655 partnerships that provide incentives for physicians to practice
1656 in federally designated shortage areas. Strategies shall also
1657 consider the use of state programs, such as the Florida Health
1658 Service Corps established pursuant to s. 381.0302 and the
1659 Medical Education Reimbursement and Loan Repayment Program
1660 pursuant to s. 1009.65, which provide for education loan
1661 repayment or loan forgiveness and provide monetary incentives
1662 for physicians to relocate to underserved areas of the state.

1663 (g) Coordinate and enhance activities relative to
1664 physician workforce needs, undergraduate medical education, ~~and~~
1665 graduate medical education, and reentry of retired military and
1666 other physicians into the physician workforce provided by the
1667 Division of Medical Quality Assurance, ~~the Community Hospital~~
1668 ~~Education Program and the Graduate Medical Education Committee~~
1669 ~~established pursuant to s. 381.0403,~~ area health education
1670 center networks established pursuant to s. 381.0402, and other
1671 offices and programs within the department ~~of Health~~ as
1672 designated by the State Surgeon General.

1673 (h) Work in conjunction with and act as a coordinating
1674 body for governmental and nongovernmental stakeholders to
1675 address matters relating to the state's physician workforce
1676 assessment and development for the purpose of ensuring an
1677 adequate supply of well-trained physicians to meet the state's
1678 future needs. Such governmental stakeholders shall include, but
1679 need not be limited to, the State Surgeon General or his or her
1680 designee, the Commissioner of Education or his or her designee,

1681 the Secretary of Health Care Administration or his or her
 1682 designee, and the Chancellor of the State University System or
 1683 his or her designee ~~from the Board of Governors of the State~~
 1684 ~~University System~~, and, at the discretion of the department,
 1685 other representatives of state and local agencies that are
 1686 involved in assessing, educating, or training the state's
 1687 current or future physicians. Other stakeholders shall include,
 1688 but need not be limited to, organizations representing the
 1689 state's public and private allopathic and osteopathic medical
 1690 schools; organizations representing hospitals and other
 1691 institutions providing health care, particularly those that
 1692 currently provide or have an interest in providing accredited
 1693 medical education and graduate medical education to medical
 1694 students and medical residents; organizations representing
 1695 allopathic and osteopathic practicing physicians; and, at the
 1696 discretion of the department, representatives of other
 1697 organizations or entities involved in assessing, educating, or
 1698 training the state's current or future physicians.

1699 (i) Serve as a liaison with other states and federal
 1700 agencies and programs in order to enhance resources available to
 1701 the state's physician workforce and medical education continuum.

1702 (j) Act as a clearinghouse for collecting and
 1703 disseminating information concerning the physician workforce and
 1704 medical education continuum in this state.

1705 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created
 1706 in the department the Physician Workforce Advisory Council, an
 1707 advisory council as defined in s. 20.03. The council shall
 1708 comply with the requirements of s. 20.052, except as otherwise

1709 provided in this section.

1710 (a) The council shall consist of 19 members. Members
1711 appointed by the State Surgeon General shall include:

1712 1. A designee from the department who is a physician
1713 licensed under chapter 458 or chapter 459 and recommended by the
1714 State Surgeon General.

1715 2. An individual who is affiliated with the Science
1716 Students Together Reaching Instructional Diversity and
1717 Excellence program and recommended by the area health education
1718 center network.

1719 3. Two individuals who are recommended by the Council of
1720 Florida Medical School Deans, one who represents a college of
1721 allopathic medicine and one who represents a college of
1722 osteopathic medicine.

1723 4. One individual who is recommended by the Florida
1724 Hospital Association and represents a hospital that is licensed
1725 under chapter 395, has an accredited graduate medical education
1726 program, and is not a statutory teaching hospital.

1727 5. One individual who represents a statutory teaching
1728 hospital as defined in s. 408.07 and is recommended by the
1729 Safety Net Hospital Alliance.

1730 6. One individual who represents a family practice
1731 teaching hospital as defined in s. 395.805 and is recommended by
1732 the Council of Family Medicine and Community Teaching Hospitals.

1733 7. Two individuals who are recommended by the Florida
1734 Medical Association, one who represents a primary care specialty
1735 and one who represents a nonprimary care specialty.

1736 8. Two individuals who are recommended by the Florida

1737 Osteopathic Medical Association, one who represents a primary
1738 care specialty and one who represents a nonprimary care
1739 specialty.

1740 9. Two individuals who are program directors of accredited
1741 graduate medical education programs, one who represents a
1742 program that is accredited by the Accreditation Council for
1743 Graduate Medical Education and one who represents a program that
1744 is accredited by the American Osteopathic Association.

1745 10. An individual who is recommended by the Florida
1746 Association of Community Health Centers and represents a
1747 federally qualified health center located in a rural area as
1748 defined in s. 381.0406(2) (a).

1749 11. An individual who is recommended by the Florida
1750 Academy of Family Physicians.

1751 12. An individual who is recommended by the Florida
1752 Alliance for Health Professions Diversity.

1753 13. The Chancellor of the State University System or his
1754 or her designee.

1755 14. A layperson member as determined by the State Surgeon
1756 General.

1757
1758 Each entity authorized to make recommendations under this
1759 subsection shall make at least two recommendations to the State
1760 Surgeon General for each appointment to the council. The State
1761 Surgeon General shall name one appointee for each position from
1762 the recommendations made by each authorized entity.

1763 (b) Each council member shall be appointed to a 4-year
1764 term. An individual may not serve more than two terms. Any

1765 council member may be removed from office for malfeasance,
1766 misfeasance, neglect of duty, incompetence, permanent inability
1767 to perform official duties, or pleading guilty or nolo
1768 contendere to, or being found guilty of, a felony. Any council
1769 member who meets the criteria for removal, or who is otherwise
1770 unwilling or unable to properly fulfill the duties of the
1771 office, shall be succeeded by an individual chosen by the State
1772 Surgeon General to serve out the remainder of the council
1773 member's term. If the remainder of the replaced council member's
1774 term is less than 18 months, notwithstanding the provisions of
1775 this paragraph, the succeeding council member may be reappointed
1776 twice by the State Surgeon General.

1777 (c) The chair of the council is the State Surgeon General,
1778 who shall designate a vice chair from the membership of the
1779 council to serve in the absence of the State Surgeon General. A
1780 vacancy shall be filled for the remainder of the unexpired term
1781 in the same manner as the original appointment.

1782 (d) Council members are not entitled to receive
1783 compensation or reimbursement for per diem or travel expenses.

1784 (e) The council shall meet at least twice a year in person
1785 or by teleconference.

1786 (f) The council shall:

1787 1. Advise the State Surgeon General and the department on
1788 matters concerning current and future physician workforce needs
1789 in this state;

1790 2. Review survey materials and the compilation of survey
1791 information;

1792 3. Annually review the number, location, cost, and

1793 reimbursement of graduate medical education programs and
 1794 positions;
 1795 4. Provide recommendations to the department regarding the
 1796 survey completed by physicians licensed under chapter 458 or
 1797 chapter 459;
 1798 5. Assist the department in preparing the annual report to
 1799 the Legislature pursuant to ss. 458.3192 and 459.0082;
 1800 6. Assist the department in preparing an initial strategic
 1801 plan, conduct ongoing strategic planning in accordance with this
 1802 section, and provide ongoing advice on implementing the
 1803 recommendations;
 1804 7. Monitor and provide recommendations regarding the need
 1805 for an increased number of primary care or other physician
 1806 specialties to provide the necessary current and projected
 1807 health and medical services for the state; and
 1808 8. Monitor and make recommendations regarding the status
 1809 of the needs relating to graduate medical education in this
 1810 state.
 1811 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION
 1812 INNOVATION PILOT PROJECTS.—
 1813 (a) The Legislature finds that:
 1814 1. In order to ensure a physician workforce that is
 1815 adequate to meet the needs of this state's residents and its
 1816 health care system, policymakers must consider the education and
 1817 training of future generations of well-trained health care
 1818 providers.
 1819 2. Physicians are likely to practice in the state where
 1820 they complete their graduate medical education.

1821 3. It can directly affect the makeup of the physician
 1822 workforce by selectively funding graduate medical education
 1823 programs to provide needed specialists in geographic areas of
 1824 the state that have a deficient number of such specialists.

1825 4. Developing additional positions in graduate medical
 1826 education programs is essential to the future of this state's
 1827 health care system.

1828 5. It was necessary in 2007 to pass legislation that
 1829 provided for an assessment of the status of this state's current
 1830 and future physician workforce. The department is collecting and
 1831 analyzing information on an ongoing basis to assess this state's
 1832 physician workforce needs, and such assessment may facilitate
 1833 the determination of graduate medical education needs and
 1834 strategies for the state.

1835 (b) There is established under the department a program to
 1836 foster innovative graduate medical education pilot projects that
 1837 are designed to promote the expansion of graduate medical
 1838 education programs or positions to prepare physicians to
 1839 practice in needed specialties and underserved areas or settings
 1840 and to provide demographic and cultural representation in a
 1841 manner that addresses current and projected needs for this
 1842 state's physician workforce. Funds appropriated annually by the
 1843 Legislature for this purpose shall be distributed to
 1844 participating hospitals, medical schools, other sponsors of
 1845 graduate medical education programs, consortia engaged in
 1846 developing new graduate medical education programs or positions
 1847 in those programs, or pilot projects providing innovative
 1848 graduate medical education in community-based clinical settings.

1849 Pilot projects shall be selected on a competitive grant basis,
 1850 subject to available funds.

1851 (c) Pilot projects shall be designed to meet one or more
 1852 of this state's physician workforce needs, as determined
 1853 pursuant to this section, including, but not limited to:

1854 1. Increasing the number of residencies or fellowships in
 1855 primary care or other needed specialties.

1856 2. Enhancing the retention of primary care physicians or
 1857 other needed specialties in this state.

1858 3. Promoting practice in rural or medically underserved
 1859 areas of the state.

1860 4. Encouraging racial and ethnic diversity within the
 1861 state's physician workforce.

1862 5. Encouraging practice in community health care or other
 1863 ambulatory care settings.

1864 6. Encouraging practice in clinics operated by the
 1865 department, including, but not limited to, county health
 1866 departments, clinics operated by the Department of Veterans'
 1867 Affairs, prison clinics, or similar settings of need.

1868 7. Encouraging the increased production of geriatricians.

1869 (d) Priority shall be given to a proposal for a pilot
 1870 project that:

1871 1. Demonstrates a collaboration of federal, state, and
 1872 local entities that are public or private.

1873 2. Obtains funding from multiple sources.

1874 3. Focuses on enhancing graduate medical education in
 1875 rural or underserved areas.

1876 4. Focuses on enhancing graduate medical education in

1877 ambulatory or community-based settings other than a hospital
 1878 environment.

1879 5. Includes the use of technology, such as electronic
 1880 medical records, distance consultation, and telemedicine, to
 1881 ensure that residents are better prepared to care for patients
 1882 in this state, regardless of the community in which the
 1883 residents practice.

1884 6. Is designed to meet multiple policy needs as enumerated
 1885 in subsection (4).

1886 7. Uses a consortium to provide for graduate medical
 1887 education experiences.

1888 (e) The department shall adopt by rule appropriate
 1889 performance measures to use in order to consistently evaluate
 1890 the effectiveness, safety, and quality of the programs, as well
 1891 as the impact of each program on meeting this state's physician
 1892 workforce needs.

1893 (f) Participating pilot projects shall submit to the
 1894 department an annual report on the project in a manner required
 1895 by the department.

1896 (g) Funding provided to a pilot project may be used only
 1897 for the direct costs of providing graduate medical education.
 1898 Accounting of such costs and expenditures shall be documented in
 1899 the annual report.

1900 (h) State funds shall be used to supplement funds from any
 1901 local government, community, or private source. The state may
 1902 provide up to 50 percent of the funds, and local governmental
 1903 grants or community or private sources shall provide the
 1904 remainder of the funds.

1905 (7) RULEMAKING.—The department shall adopt rules as
 1906 necessary to administer this section.

1907 Section 39. Paragraph (1) of subsection (4) of section
 1908 400.9905, Florida Statutes, is amended to read:

1909 400.9905 Definitions.—

1910 (4) "Clinic" means an entity at which health care services
 1911 are provided to individuals and which tenders charges for
 1912 reimbursement for such services, including a mobile clinic and a
 1913 portable equipment provider. For purposes of this part, the term
 1914 does not include and the licensure requirements of this part do
 1915 not apply to:

1916 (1) Orthotic, ~~or~~ prosthetic, pediatric cardiology, or
 1917 perinatology clinical facilities that are a publicly traded
 1918 corporation or that are wholly owned, directly or indirectly, by
 1919 a publicly traded corporation. As used in this paragraph, a
 1920 publicly traded corporation is a corporation that issues
 1921 securities traded on an exchange registered with the United
 1922 States Securities and Exchange Commission as a national
 1923 securities exchange.

1924 Section 40. Section 458.3192, Florida Statutes, is amended
 1925 to read:

1926 458.3192 Analysis of survey results; report.—

1927 (1) Each year, the Department of Health shall analyze the
 1928 results of the physician survey required by s. 458.3191 and
 1929 determine by geographic area and specialty the number of
 1930 physicians who:

- 1931 (a) Perform deliveries of children in this state Florida.
- 1932 (b) Read mammograms and perform breast-imaging-guided

1933 | procedures in this state Florida.

1934 | (c) Perform emergency care on an on-call basis for a
1935 | hospital emergency department.

1936 | (d) Plan to reduce or increase emergency on-call hours in
1937 | a hospital emergency department.

1938 | (e) Plan to relocate ~~their allopathic or osteopathic~~
1939 | ~~practice~~ outside the state.

1940 | (f) Practice medicine in this state.

1941 | (g) Plan to reduce or modify the scope of their practice.

1942 | (2) The Department of Health must report its findings to
1943 | the Governor, the President of the Senate, and the Speaker of
1944 | the House of Representatives by November 1 each year. The
1945 | department shall also include in its report findings,
1946 | recommendations, and strategic planning activities as provided
1947 | in s. 381.4018. The department may also include other
1948 | information requested by the Physician Workforce Advisory
1949 | Council.

1950 | Section 41. Section 459.0082, Florida Statutes, is amended
1951 | to read:

1952 | 459.0082 Analysis of survey results; report.—

1953 | (1) Each year, the Department of Health shall analyze the
1954 | results of the physician survey required by s. 459.0081 and
1955 | determine by geographic area and specialty the number of
1956 | physicians who:

1957 | (a) Perform deliveries of children in this state Florida.

1958 | (b) Read mammograms and perform breast-imaging-guided
1959 | procedures in this state Florida.

1960 | (c) Perform emergency care on an on-call basis for a

1961 hospital emergency department.

1962 (d) Plan to reduce or increase emergency on-call hours in
1963 a hospital emergency department.

1964 (e) Plan to relocate ~~their allopathic or osteopathic~~
1965 ~~practice~~ outside the state.

1966 (f) Practice medicine in this state.

1967 (g) Plan to reduce or modify the scope of their practice.

1968 (2) The Department of Health must report its findings to
1969 the Governor, the President of the Senate, and the Speaker of
1970 the House of Representatives by November 1 each year. The
1971 department shall also include in its report findings,
1972 recommendations, and strategic planning activities as provided
1973 in s. 381.4018. The department may also include other
1974 information requested by the Physician Workforce Advisory
1975 Council.

1976 Section 42. Section 458.315, Florida Statutes, is amended
1977 to read:

1978 458.315 Temporary certificate for practice in areas of
1979 critical need.—

1980 (1) Any physician who:

1981 (a) Is licensed to practice in any jurisdiction in the
1982 United States and ~~other state,~~ whose license is currently valid;
1983 or

1984 (b) Has served as a physician in the United States Armed
1985 Forces for at least 10 years and received an honorable discharge
1986 from the military;

1987
1988 and who pays an application fee of \$300 may be issued a

1989 temporary certificate for ~~to~~ practice in areas of ~~communities of~~
 1990 ~~Florida where there is a~~ critical need ~~for physicians.~~

1991 (2) A certificate may be issued to a physician who:

1992 (a) Practices in an area of critical need;

1993 (b) Will be employed by or practice in a county health
 1994 department, correctional facility, Department of Veterans'
 1995 Affairs clinic, community health center funded by s. 329, s.
 1996 330, or s. 340 of the United States Public Health Services Act,
 1997 or other agency or institution that is approved by the State
 1998 Surgeon General and provides health care to meet the needs of
 1999 underserved populations in this state; or

2000 (c) Will practice for a limited time to address critical
 2001 physician-specialty, demographic, or geographic needs for this
 2002 state's physician workforce as determined by the State Surgeon
 2003 General entity that provides health care to indigents and that
 2004 is approved by the State Health Officer.

2005 (3) The Board of Medicine may issue this temporary
 2006 certificate with the following restrictions:

2007 (a) ~~(1)~~ The State Surgeon General ~~board~~ shall determine the
 2008 areas of critical need, ~~and the physician so certified may~~
 2009 ~~practice in any of these areas for a time to be determined by~~
 2010 ~~the board.~~ Such areas shall include, but are not ~~be~~ limited to,
 2011 health professional shortage areas designated by the United
 2012 States Department of Health and Human Services.

2013 1.(a) A recipient of a temporary certificate for practice
 2014 in areas of critical need may use the certificate license to
 2015 work for any approved entity ~~employer~~ in any area of critical
 2016 need or as authorized by the State Surgeon General ~~approved by~~

2017 ~~the board.~~

2018 2.~~(b)~~ The recipient of a temporary certificate for
 2019 practice in areas of critical need shall, within 30 days after
 2020 accepting employment, notify the board of all approved
 2021 institutions in which the licensee practices and of all approved
 2022 institutions where practice privileges have been denied.

2023 (b)~~(2)~~ The board may administer an abbreviated oral
 2024 examination to determine the physician's competency, but a ~~no~~
 2025 written regular examination is not required ~~necessary~~. Within 60
 2026 days after receipt of an application for a temporary
 2027 certificate, the board shall review the application and issue
 2028 the temporary certificate, ~~or~~ notify the applicant of denial, or
 2029 notify the applicant that the board recommends additional
 2030 assessment, training, education, or other requirements as a
 2031 condition of certification. If the applicant has not actively
 2032 practiced during the prior 3 years and the board determines that
 2033 the applicant may lack clinical competency, possess diminished
 2034 or inadequate skills, lack necessary medical knowledge, or
 2035 exhibit patterns of deficits in clinical decisionmaking, the
 2036 board may:

2037 1. Deny the application;

2038 2. Issue a temporary certificate with reasonable
 2039 restrictions that may include, but are not limited to, a
 2040 requirement for the applicant to practice under the supervision
 2041 of a physician approved by the board; or

2042 3. Issue a temporary certificate upon receipt of
 2043 documentation confirming that the applicant has met any
 2044 reasonable conditions of the board which may include, but are

2045 not limited to, completing continuing education or undergoing an
 2046 assessment of skills and training.

2047 (c)(3) Any certificate issued under this section is shall
 2048 be valid only so long as the State Surgeon General determines
 2049 that the reason area for which it was is issued remains a an
 2050 area of critical need to the state. The Board of Medicine shall
 2051 review each temporary certificateholder the service within said
 2052 area not less than annually to ascertain that the minimum
 2053 requirements of the Medical Practice Act and its adopted the
 2054 rules and regulations promulgated thereunder are being complied
 2055 with. If it is determined that such minimum requirements are not
 2056 being met, the board shall forthwith revoke such certificate or
 2057 shall impose restrictions or conditions, or both, as a condition
 2058 of continued practice under the certificate.

2059 (d)(4) The board may shall not issue a temporary
 2060 certificate for practice in an area of critical need to any
 2061 physician who is under investigation in any jurisdiction in the
 2062 United States another state for an act that which would
 2063 constitute a violation of this chapter until such time as the
 2064 investigation is complete, at which time the provisions of s.
 2065 458.331 shall apply.

2066 (4)(5) The application fee and all licensure fees,
 2067 including neurological injury compensation assessments, shall be
 2068 waived for those persons obtaining a temporary certificate to
 2069 practice in areas of critical need for the purpose of providing
 2070 volunteer, uncompensated care for low-income residents
 2071 Floridians. The applicant must submit an affidavit from the
 2072 employing agency or institution stating that the physician will

2073 | not receive any compensation for any service involving the
 2074 | practice of medicine.

2075 | Section 43. Section 459.0076, Florida Statutes, is created
 2076 | to read:

2077 | 459.0076 Temporary certificate for practice in areas of
 2078 | critical need.-

2079 | (1) Any physician who:

2080 | (a) Is licensed to practice in any jurisdiction in the
 2081 | United States and whose license is currently valid; or

2082 | (b) Has served as a physician in the United States Armed
 2083 | Forces for at least 10 years and received an honorable discharge
 2084 | from the military;

2085 |
 2086 | and who pays an application fee of \$300 may be issued a
 2087 | temporary certificate for practice in areas of critical need.

2088 | (2) A certificate may be issued to a physician who:

2089 | (a) Will practice in an area of critical need;

2090 | (b) Will be employed by or practice in a county health
 2091 | department, correctional facility, Department of Veterans'
 2092 | Affairs clinic, community health center funded by s. 329, s.
 2093 | 330, or s. 340 of the United States Public Health Services Act,
 2094 | or other agency or institution that is approved by the State
 2095 | Surgeon General and provides health care to meet the needs of
 2096 | underserved populations in this state; or

2097 | (c) Will practice for a limited time to address critical
 2098 | physician-specialty, demographic, or geographic needs for this
 2099 | state's physician workforce as determined by the State Surgeon
 2100 | General.

2101 (3) The Board of Osteopathic Medicine may issue this
 2102 temporary certificate with the following restrictions:

2103 (a) The State Surgeon General shall determine the areas of
 2104 critical need. Such areas include, but are not limited to,
 2105 health professional shortage areas designated by the United
 2106 States Department of Health and Human Services.

2107 1. A recipient of a temporary certificate for practice in
 2108 areas of critical need may use the certificate to work for any
 2109 approved entity in any area of critical need or as authorized by
 2110 the State Surgeon General.

2111 2. The recipient of a temporary certificate for practice
 2112 in areas of critical need shall, within 30 days after accepting
 2113 employment, notify the board of all approved institutions in
 2114 which the licensee practices and of all approved institutions
 2115 where practice privileges have been denied.

2116 (b) The board may administer an abbreviated oral
 2117 examination to determine the physician's competency, but a
 2118 written regular examination is not required. Within 60 days
 2119 after receipt of an application for a temporary certificate, the
 2120 board shall review the application and issue the temporary
 2121 certificate, notify the applicant of denial, or notify the
 2122 applicant that the board recommends additional assessment,
 2123 training, education, or other requirements as a condition of
 2124 certification. If the applicant has not actively practiced
 2125 during the prior 3 years and the board determines that the
 2126 applicant may lack clinical competency, possess diminished or
 2127 inadequate skills, lack necessary medical knowledge, or exhibit
 2128 patterns of deficits in clinical decisionmaking, the board may:

2129 1. Deny the application;
 2130 2. Issue a temporary certificate having reasonable
 2131 restrictions that may include, but are not limited to, a
 2132 requirement for the applicant to practice under the supervision
 2133 of a physician approved by the board; or
 2134 3. Issue a temporary certificate upon receipt of
 2135 documentation confirming that the applicant has met any
 2136 reasonable conditions of the board, which may include, but are
 2137 not limited to, completing continuing education or undergoing an
 2138 assessment of skills and training.

2139 (c) Any certificate issued under this section is valid
 2140 only so long as the State Surgeon General determines that the
 2141 reason for which it was issued remains a critical need to the
 2142 state. The Board of Osteopathic Medicine shall review each
 2143 temporary certificateholder not less than annually to ascertain
 2144 that the minimum requirements of the Osteopathic Medical
 2145 Practice Act and its adopted rules are being complied with. If
 2146 it is determined that such minimum requirements are not being
 2147 met, the board shall revoke such certificate or shall impose
 2148 restrictions or conditions, or both, as a condition of continued
 2149 practice under the certificate.

2150 (d) The board may not issue a temporary certificate for
 2151 practice in an area of critical need to any physician who is
 2152 under investigation in any jurisdiction in the United States for
 2153 an act that would constitute a violation of this chapter until
 2154 such time as the investigation is complete, at which time the
 2155 provisions of s. 459.015 apply.

2156 (4) The application fee and all licensure fees, including
 2157 neurological injury compensation assessments, shall be waived
 2158 for those persons obtaining a temporary certificate to practice
 2159 in areas of critical need for the purpose of providing
 2160 volunteer, uncompensated care for low-income residents. The
 2161 applicant must submit an affidavit from the employing agency or
 2162 institution stating that the physician will not receive any
 2163 compensation for any service involving the practice of medicine.

2164 Section 44. Paragraph (i) is added to subsection (3) of
 2165 section 499.01212, Florida Statutes, to read:

2166 499.01212 Pedigree paper.—

2167 (3) EXCEPTIONS.—A pedigree paper is not required for:

2168 (i) The wholesale distribution of prescription drugs
 2169 within a medical convenience kit if:

2170 1. The medical convenience kit is assembled in an
 2171 establishment that is registered with the United States Food and
 2172 Drug Administration as a medical device manufacturer;

2173 2. The medical convenience kit manufacturer is an
 2174 authorized distributor of record, as defined by 21 C.F.R. s.
 2175 203.3, for the manufacturer of the specific drugs contained
 2176 within the kit; and

2177 3. The drugs contained in the medical convenience kit are:

2178 a. Intravenous solutions intended for the replenishment of
 2179 fluids and electrolytes;

2180 b. Products intended to maintain the equilibrium of water
 2181 and minerals in the body;

2182 c. Products intended for irrigation or reconstitution;

2183 d. Anesthetics; or

2184 e. Anticoagulants.

2185
 2186 This paragraph does not apply to a medical convenience kit
 2187 containing any controlled substance that appears in any schedule
 2188 contained in or subject to chapter 893 or the Federal
 2189 Comprehensive Drug Abuse Prevention and Control Act of 1970.

2190 Section 45. Subsection (1) of section 465.0251, Florida
 2191 Statutes, is reenacted to read:

2192 465.0251 Generic drugs; removal from formulary under
 2193 specified circumstances.—

2194 (1) The Board of Pharmacy and the Board of Medicine shall
 2195 remove any generic named drug product from the formulary
 2196 established by s. 465.025(6), if every commercially marketed
 2197 equivalent of that drug product is "A" rated as therapeutically
 2198 equivalent to a reference listed drug or is a reference listed
 2199 drug as referred to in "Approved Drug Products with Therapeutic
 2200 Equivalence Evaluations" (Orange Book) published by the United
 2201 States Food and Drug Administration.

2202 Section 46. Subsection (3) is added to section 626.9541,
 2203 Florida Statutes, to read:

2204 626.9541 Unfair methods of competition and unfair or
 2205 deceptive acts or practices defined; alternative rates of
 2206 payment; wellness programs.—

2207 (3) WELLNESS PROGRAMS.—An insurer issuing a group or
 2208 individual health benefit plan may offer a voluntary wellness or
 2209 health-improvement program that allows for rewards or
 2210 incentives, including, but not limited to, merchandise, gift
 2211 cards, debit cards, premium discounts or rebates, contributions

CS/CS/HB 1503, Engrossed 2

2010

2212 towards a member's health savings account, modifications to
2213 copayment, deductible, or coinsurance amounts, or any
2214 combination of these incentives, to encourage or reward
2215 participation in the program. The health plan member may be
2216 required to provide verification, such as a statement from his
2217 or her physician, that a medical condition makes it unreasonably
2218 difficult or medically inadvisable for the individual to
2219 participate in the wellness program. Any reward or incentive
2220 established under this subsection is not an insurance benefit
2221 and does not violate this section. This subsection does not
2222 prohibit an insurer from offering incentives or rewards to
2223 members for adherence to wellness or health improvement programs
2224 if otherwise allowed by state or federal law. Notwithstanding
2225 any provision of this subsection, no insurer, nor its agent, may
2226 use any incentive authorized by this subsection for the purpose
2227 of redirecting patients from one health care insurance plan to
2228 another.

2229 Section 47. This act shall take effect July 1, 2010.