

By the Policy and Steering Committee on Ways and Means; the Committees on Children, Families, and Elder Affairs; and Health Regulation; and Senator Gardiner

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1 A bill to be entitled
2 An act relating to health care; repealing s.
3 112.0455(10) (e), F.S., relating to a prohibition
4 against applying the Drug-Free Workplace Act
5 retroactively; repealing s. 383.325, F.S., relating to
6 the requirement of a licensed facility under s.
7 383.305, F.S., to maintain inspection reports;
8 repealing s. 395.1046, F.S., relating to the
9 investigation of complaints regarding hospitals;
10 repealing s. 395.3037, F.S.; deleting definitions
11 relating to obsolete provisions governing primary and
12 comprehensive stroke centers; amending s. 400.0239,
13 F.S.; deleting an obsolete provision; repealing s.
14 400.147(10), F.S., relating to a requirement that a
15 nursing home facility report any notice of a filing of
16 a claim for a violation of a resident's rights or a
17 claim of negligence; repealing s. 400.148, F.S.,
18 relating to the Medicaid "Up-or-Out" Quality of Care
19 Contract Management Program; repealing s. 400.195,
20 F.S., relating to reporting requirements for the
21 Agency for Health Care Administration; amending s.
22 400.476, F.S.; providing requirements for an
23 alternative administrator of a home health agency;
24 revising the duties of the administrator; revising the
25 requirements for a director of nursing for a specified
26 number of home health agencies; prohibiting a home
27 health agency from using an individual as a home
28 health aide unless the person has completed training
29 and an evaluation program; requiring a home health

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30 aide to meet certain standards in order to be
31 competent in performing certain tasks; requiring a
32 home health agency and staff to comply with accepted
33 professional standards; providing certain requirements
34 for a written contract between certain personnel and
35 the agency; requiring a home health agency to provide
36 certain services through its employees; authorizing a
37 home health agency to provide additional services with
38 another organization; providing responsibilities of a
39 home health agency when it provides home health aide
40 services through another organization; requiring the
41 home health agency to coordinate personnel who provide
42 home health services; requiring personnel to
43 communicate with the home health agency; amending s.
44 400.487, F.S.; requiring a home health agency to
45 provide a copy of the agreement between the agency and
46 a patient which specifies the home health services to
47 be provided; providing the rights that are protected
48 by the home health agency; requiring the home health
49 agency to furnish nursing services by or under the
50 supervision of a registered nurse; requiring the home
51 health agency to provide therapy services through a
52 qualified therapist or therapy assistant; providing
53 the duties and qualifications of a therapist and
54 therapy assistant; requiring supervision by a physical
55 therapist or occupational therapist of a physical
56 therapist assistant or occupational therapist
57 assistant; providing duties of a physical therapist
58 assistant or occupational therapist assistant;

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59 providing for speech therapy services to be provided
60 by a qualified speech pathologist or audiologist;
61 providing for a plan of care; providing that only the
62 staff of a home health agency may administer drugs and
63 treatments as ordered by certain health professionals;
64 providing requirements for verbal orders; providing
65 duties of a registered nurse, licensed practical
66 nurse, home health aide, and certified nursing
67 assistant who work for a home health agency; providing
68 for supervisory visits of services provided by a home
69 health agency; repealing s. 408.802(11), F.S.,
70 relating to the applicability of the Health Care
71 Licensing Procedures Act to private review agents;
72 repealing s. 409.912(15)(e), (f), and (g), F.S.,
73 relating to a requirement for the Agency for Health
74 Care Administration to submit a report to the
75 Legislature regarding the operations of the CARE
76 program; amending s. 409.91255, F.S.; transferring
77 administrative responsibility for the application
78 procedure for federally qualified health centers from
79 the Department of Health to the Agency for Health Care
80 Administration; requiring the Florida Association of
81 Community Health Centers, Inc., to provide support and
82 assume administrative costs for the program; repealing
83 s. 429.12(2), F.S., relating to the sale or transfer
84 of ownership of an assisted living facility; repealing
85 s. 429.23(5), F.S., relating to each assisted living
86 facility's requirement to submit a report to the
87 agency regarding liability claims filed against it;

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88 repealing s. 429.911(2)(a), F.S., relating to grounds
89 for which the agency may take action against the owner
90 of an adult day care center or its operator or
91 employee; providing appropriations from the General
92 Revenue Fund and the Medical Care Trust Fund to the
93 Agency for Health Care Administration; providing for a
94 recurring reduction in appropriations to the
95 Department of Health; providing a contingency;
96 providing an effective date.

97

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

99

100 Section 1. Paragraph (e) of subsection (10) of section
101 112.0455, Florida Statutes, is repealed.

102 Section 2. Section 383.325, Florida Statutes, is repealed.

103 Section 3. Section 395.1046, Florida Statutes, is repealed.

104 Section 4. Section 395.3037, Florida Statutes, is repealed.

105 Section 5. Paragraph (g) of subsection (2) of section

106 400.0239, Florida Statutes, is amended to read:

107 400.0239 Quality of Long-Term Care Facility Improvement
108 Trust Fund.—

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

111 (g) Other initiatives authorized by the Centers for
112 Medicare and Medicaid Services for the use of federal civil
113 monetary penalties, ~~including projects recommended through the~~
114 ~~Medicaid "Up-or-Out" Quality of Care Contract Management Program~~
115 ~~pursuant to s. 400.148.~~

116 Section 6. Subsection (10) of section 400.147, Florida

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117 Statutes, is repealed.

118 Section 7. Section 400.148, Florida Statutes, is repealed.

119 Section 8. Section 400.195, Florida Statutes, is repealed.

120 Section 9. Section 400.476, Florida Statutes, is amended to
121 read:

122 400.476 Staffing requirements; notifications; limitations
123 on staffing services.—

124 (1) ADMINISTRATOR.—

125 (a) An administrator may manage only one home health
126 agency, except that an administrator may manage up to five home
127 health agencies if all five home health agencies have identical
128 controlling interests as defined in s. 408.803 and are located
129 within one agency geographic service area or within an
130 immediately contiguous county. If the home health agency is
131 licensed under this chapter and is part of a retirement
132 community that provides multiple levels of care, an employee of
133 the retirement community may administer the home health agency
134 and up to a maximum of four entities licensed under this chapter
135 or chapter 429 which all have identical controlling interests as
136 defined in s. 408.803. An administrator shall designate, in
137 writing, for each licensed entity, a qualified alternate
138 administrator to serve during the administrator's absence. An
139 alternate administrator must meet the requirements in this
140 paragraph and s. 400.462(1).

141 (b) An administrator of a home health agency who is a
142 licensed physician, physician assistant, or registered nurse
143 licensed to practice in this state may also be the director of
144 nursing for a home health agency. An administrator may serve as
145 a director of nursing for up to the number of entities

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146 authorized in subsection (2) only if there are 10 or fewer full-
147 time equivalent employees and contracted personnel in each home
148 health agency.

149 (c) The administrator shall organize and direct the
150 agency's ongoing functions, maintain an ongoing liaison with the
151 board members and the staff, employ qualified personnel and
152 ensure adequate staff education and evaluations, ensure the
153 accuracy of public informational materials and activities,
154 implement an effective budgeting and accounting system, and
155 ensure that the home health agency operates in compliance with
156 this part and part II of chapter 408 and rules adopted for these
157 laws.

158 (d) The administrator shall clearly set forth in writing
159 the organizational chart, services furnished, administrative
160 control, and lines of authority for the delegation of
161 responsibilities for patient care. These responsibilities must
162 be readily identifiable. Administrative and supervisory
163 functions may not be delegated to another agency or
164 organization, and the primary home health agency shall monitor
165 and control all services that are not furnished directly,
166 including services provided through contracts.

167 (2) DIRECTOR OF NURSING.—

168 (a) A director of nursing may be the director of nursing
169 for:

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

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

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- 175 a. All of the home health agencies have identical
176 controlling interests as defined in s. 408.803;
- 177 b. All of the home health agencies are located within one
178 agency geographic service area or within an immediately
179 contiguous county; ~~and~~
- 180 c. Each home health agency has a registered nurse who meets
181 the qualifications of a director of nursing and who has a
182 written delegation from the director of nursing to serve as the
183 director of nursing for that home health agency when the
184 director of nursing is not present; and-
- 185 d. This person, or similarly qualified alternate, is
186 available at all times during operating hours and participates
187 in all activities relevant to the professional services
188 furnished, including, but not limited to, the oversight of
189 nursing services, home health aides, and certified nursing
190 assistants, and assignment of personnel.

191

192 If a home health agency licensed under this chapter is part of a
193 retirement community that provides multiple levels of care, an
194 employee of the retirement community may serve as the director
195 of nursing of the home health agency and up to a maximum of four
196 entities, other than home health agencies, licensed under this
197 chapter or chapter 429 which all have identical controlling
198 interests as defined in s. 408.803.

199 (b) A home health agency that provides skilled nursing care
200 may not operate for more than 30 calendar days without a
201 director of nursing. A home health agency that provides skilled
202 nursing care and the director of nursing of a home health agency
203 must notify the agency within 10 business days after termination

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204 of the services of the director of nursing for the home health
205 agency. A home health agency that provides skilled nursing care
206 must notify the agency of the identity and qualifications of the
207 new director of nursing within 10 days after the new director is
208 hired. If a home health agency that provides skilled nursing
209 care operates for more than 30 calendar days without a director
210 of nursing, the home health agency commits a class II
211 deficiency. In addition to the fine for a class II deficiency,
212 the agency may issue a moratorium in accordance with s. 408.814
213 or revoke the license. The agency shall fine a home health
214 agency that fails to notify the agency as required in this
215 paragraph \$1,000 for the first violation and \$2,000 for a repeat
216 violation. The agency may not take administrative action against
217 a home health agency if the director of nursing fails to notify
218 the department upon termination of services as the director of
219 nursing for the home health agency.

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

224 (3) TRAINING.—A home health agency shall ensure that each
225 certified nursing assistant employed by or under contract with
226 the home health agency and each home health aide employed by or
227 under contract with the home health agency is adequately trained
228 to perform the tasks of a home health aide in the home setting.

229 (a) The home health agency may not use as a home health
230 aide on a full-time, temporary, per diem, or other basis, any
231 individual to provide services unless the individual has
232 completed a training and competency evaluation program, or a

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233 competency evaluation program, as permitted in s. 400.497, which
234 meets the minimum standards established by the agency in state
235 rules.

236 (b) A home health aide is not competent in any task for
237 which he or she is evaluated as "unsatisfactory." The aide must
238 perform any such task only under direct supervision by a
239 licensed nurse until he or she receives training in the task and
240 satisfactorily passes a subsequent evaluation in performing the
241 task. A home health aide has not successfully passed a
242 competency evaluation if the aide does not have a passing score
243 on the test as specified by agency rule.

244 (4) STAFFING.—Staffing services may be provided anywhere
245 within the state.

246 (5) PERSONNEL.—

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

251 (b) If personnel under hourly or per-visit contracts are
252 used by the home health agency, there must be a written contract
253 between those personnel and the agency which specifies the
254 following requirements:

255 1. Acceptance for care only of patients by the primary home
256 health agency.

257 2. The services to be furnished.

258 3. The necessity to conform to all applicable agency
259 policies, including personnel qualifications.

260 4. The responsibility for participating in developing plans
261 of care.

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

264 6. The procedures for submitting clinical and progress
265 notes, scheduling of visits, and periodic patient evaluation.

266 7. The procedures for payment for services furnished under
267 the contract.

268 (c) A home health agency shall directly provide at least
269 one of the types of services through home health agency
270 employees, but may provide additional services under
271 arrangements with another agency or organization. Services
272 furnished under such arrangements must have a written contract
273 conforming to the requirements specified in paragraph (b).

274 (d) If home health aide services are provided by an
275 individual who is not employed directly by the home health
276 agency, the services of the home health aide must be provided
277 under arrangements as stated in paragraphs (b) and (c). If the
278 home health agency chooses to provide home health aide services
279 under arrangements with another organization, the
280 responsibilities of the home health agency include, but are not
281 limited to:

282 1. Ensuring the overall quality of the care provided by the
283 aide;

284 2. Supervising the aide's services as described in s.
285 400.487; and

286 3. Ensuring that each home health aide providing services
287 under arrangements with another organization has met the
288 training requirements or competency evaluation requirements of
289 s. 400.497.

290 (e) The home health agency shall coordinate the efforts of

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291 all personnel furnishing services, and the personnel shall
292 maintain communication with the home health agency to ensure
293 that personnel efforts support the objectives outlined in the
294 plan of care. The clinical record or minutes of case conferences
295 shall ensure that effective interchange, reporting, and
296 coordination of patient care occurs.

297 Section 10. Section 400.487, Florida Statutes, is amended
298 to read:

299 400.487 Home health service agreements; physician's,
300 physician assistant's, and advanced registered nurse
301 practitioner's treatment orders; patient assessment;
302 establishment and review of plan of care; provision of services;
303 orders not to resuscitate.—

304 (1) Services provided by a home health agency must be
305 covered by an agreement between the home health agency and the
306 patient or the patient's legal representative specifying the
307 home health services to be provided, the rates or charges for
308 services paid with private funds, and the sources of payment,
309 which may include Medicare, Medicaid, private insurance,
310 personal funds, or a combination thereof. The home health agency
311 shall provide a copy of the agreement to the patient or the
312 patient's legal representative. A home health agency providing
313 skilled care must make an assessment of the patient's needs
314 within 48 hours after the start of services.

315 (2) When required by the provisions of chapter 464; part I,
316 part III, or part V of chapter 468; or chapter 486, the
317 attending physician, physician assistant, or advanced registered
318 nurse practitioner, acting within his or her respective scope of
319 practice, shall establish treatment orders for a patient who is

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320 to receive skilled care. The treatment orders must be signed by
321 the physician, physician assistant, or advanced registered nurse
322 practitioner before a claim for payment for the skilled services
323 is submitted by the home health agency. If the claim is
324 submitted to a managed care organization, the treatment orders
325 must be signed within the time allowed under the provider
326 agreement. The treatment orders shall be reviewed, as frequently
327 as the patient's illness requires, by the physician, physician
328 assistant, or advanced registered nurse practitioner in
329 consultation with the home health agency.

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

335 (4) The home health agency shall protect and promote the
336 rights of each individual under its care, including each of the
337 following rights:

338 (a) Notice of rights.—The home health agency shall provide
339 the patient with a written notice of the patient's rights in
340 advance of furnishing care to the patient or during the initial
341 evaluation visit before the initiation of treatment. The home
342 health agency must maintain documentation showing that it has
343 complied with the requirements of this section.

344 (b) Exercise of rights and respect for property and
345 person.—

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

348 2. The patient has the right to have his or her property

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349 treated with respect.

350 3. The patient has the right to voice grievances regarding
351 treatment or care that is or fails to be furnished, or regarding
352 the lack of respect for property by anyone who is furnishing
353 services on behalf of the home health agency, and not be
354 subjected to discrimination or reprisal for doing so.

355 4. The home health agency must investigate complaints made
356 by a patient or the patient's family or guardian regarding
357 treatment or care that is or fails to be furnished, or regarding
358 the lack of respect for the patient's property by anyone
359 furnishing services on behalf of the home health agency. The
360 home health agency shall document the existence of the complaint
361 and its resolution.

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

366 (c) Right to be informed and to participate in planning
367 care and treatment.—

368 1. The patient has the right to be informed, in advance,
369 about the care to be furnished and of any changes in the care to
370 be furnished. The home health agency shall advise the patient in
371 advance of which disciplines will furnish care and the frequency
372 of visits proposed to be furnished. The home health agency must
373 advise the patient in advance of any change in the plan of care
374 before the change is made.

375 2. The patient has the right to participate in the planning
376 of the care. The home health agency must advise the patient in
377 advance of the right to participate in planning the care or

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378 treatment and in planning changes in the care or treatment. Each
379 ~~patient has the right to be informed of and to participate in~~
380 ~~the planning of his or her care.~~ Each patient must be provided,
381 upon request, a copy of the plan of care established and
382 maintained for that patient by the home health agency.

383 (5) When nursing services are ordered, the home health
384 agency to which a patient has been admitted for care must
385 provide the initial admission visit, all service evaluation
386 visits, and the discharge visit by a direct employee. Services
387 provided by others under contractual arrangements to a home
388 health agency must be monitored and managed by the admitting
389 home health agency. The admitting home health agency is fully
390 responsible for ensuring that all care provided through its
391 employees or contract staff is delivered in accordance with this
392 part and applicable rules.

393 (6) The skilled care services provided by a home health
394 agency, directly or under contract, must be supervised and
395 coordinated in accordance with the plan of care. The home health
396 agency shall furnish skilled nursing services by or under the
397 supervision of a registered nurse and in accordance with the
398 plan of care. Any therapy services offered directly or under
399 arrangement by the home health agency must be provided by a
400 qualified therapist or by a qualified therapy assistant under
401 the supervision of a qualified therapist and in accordance with
402 the plan of care.

403 (a) Duties and qualifications.—A qualified therapist shall
404 assist the physician in evaluating the level of function, help
405 develop or revise the plan of care, prepare clinical and
406 progress notes, advise and consult with the family and other

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407 agency personnel, and participate in in-service programs. The
408 therapist or therapy assistant must meet the qualifications in
409 the state practice acts and related applicable rules.

410 (b) Physical therapy assistants and occupational therapy
411 assistants.—Services provided by a physical therapy assistant or
412 occupational therapy assistant must be under the supervision of
413 a qualified physical therapist or occupational therapist as
414 required in chapter 486 and part III of chapter 468,
415 respectively, and related applicable rules. A physical therapy
416 assistant or occupational therapy assistant shall perform
417 services planned, delegated, and supervised by the therapist,
418 assist in preparing clinical notes and progress reports,
419 participate in educating the patient and his or her family, and
420 participate in in-service programs.

421 (c) Speech therapy services.—Speech therapy services shall
422 be furnished only by or under supervision of a qualified speech
423 pathologist or audiologist as required in part I of chapter 468
424 and related applicable rules.

425 (d) Care follows a written plan of care.—The plan of care
426 shall be reviewed by the physician or health professional who
427 provided the treatment orders pursuant to subsection (2) and
428 home health agency personnel as often as the severity of the
429 patient's condition requires, but at least once every 60 days or
430 more when there is a patient-elected transfer, a significant
431 change in condition, or a discharge and return to the same home
432 health agency during the 60-day episode. Professional staff of a
433 home health agency shall promptly alert the physician or other
434 health professional who provided the treatment orders of any
435 change that suggests a need to alter the plan of care.

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436 (e) Administration of drugs and treatment.—Only
437 professional staff of a home health agency may administer drugs
438 and treatments as ordered by the physician or health
439 professional pursuant to subsection (2), with the exception of
440 influenza and pneumococcal polysaccharide vaccines, which may be
441 administered according to the policy of the home health agency
442 developed in consultation with a physician and after an
443 assessment for contraindications. Verbal orders shall be in
444 writing and signed and dated with the date of receipt by the
445 registered nurse or qualified therapist who is responsible for
446 furnishing or supervising the ordered service. A verbal order
447 may be accepted only by personnel who are authorized to do so by
448 applicable state laws, rules, and internal policies of the home
449 health agency.

450 (7) A registered nurse shall conduct the initial evaluation
451 visit, regularly reevaluate the patient's nursing needs,
452 initiate the plan of care and necessary revisions, furnish those
453 services requiring substantial and specialized nursing skill,
454 initiate appropriate preventive and rehabilitative nursing
455 procedures, prepare clinical and progress notes, coordinate
456 services, inform the physician and other personnel of changes in
457 the patient's condition and needs, counsel the patient and his
458 or her family in meeting nursing and related needs, participate
459 in in-service programs, and supervise and teach other nursing
460 personnel, unless the home health agency providing the home
461 health aide services is not Medicare-certified or Medicaid-
462 certified and does not provide skilled care.

463 (8) A licensed practical nurse shall furnish services in
464 accordance with agency policies, prepare clinical and progress

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465 notes, assist the physician and registered nurse in performing
466 specialized procedures, prepare equipment and materials for
467 treatments observing aseptic technique as required, and assist
468 the patient in learning appropriate self-care techniques.

469 (9) A home health aide and certified nursing assistant
470 shall provide services that are in the service provision plan
471 provided in s. 400.491 and other services that the home health
472 aide or certified nursing assistant is permitted to perform
473 under state law. The duties of a home health aide or certified
474 nursing assistant include the provision of hands-on personal
475 care, performance of simple procedures as an extension of
476 therapy or nursing services, assistance in ambulation or
477 exercises, and assistance in administering medications that are
478 ordinarily self-administered and are specified in agency rules.
479 Any services by a home health aide which are offered by a home
480 health agency must be provided by a qualified home health aide
481 or certified nursing assistant.

482 (a) Assignment and duties.—A home health aide or certified
483 nursing assistant shall be assigned to a specific patient by a
484 registered nurse, unless the home health agency providing the
485 home health aide services is not Medicare-certified or Medicaid-
486 certified and does not provide skilled care. Written patient
487 care instructions for the home health aide and certified nursing
488 assistant must be prepared by the registered nurse or other
489 appropriate professional who is responsible for the supervision
490 of the home health aide and certified nursing assistant as
491 stated in this section.

492 (b) Supervision.—If a patient receives skilled nursing
493 care, the registered nurse shall perform the supervisory visit.

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494 If the patient is not receiving skilled nursing care but is
495 receiving physical therapy, occupational therapy, or speech-
496 language pathology services, the appropriate therapist may
497 provide the supervision. A registered nurse or other
498 professional must make an onsite visit to the patient's home at
499 least once every 2 weeks. The visit is not required while the
500 aide is providing care.

501 (c) *Supervising visits.*-If home health aide services are
502 provided to a patient who is not receiving skilled nursing care,
503 physical or occupational therapy, or speech-language pathology
504 services, a registered nurse must make a supervisory visit to
505 the patient's home at least once every 60 days, unless the home
506 health agency providing the home health aide services is not
507 Medicare or Medicaid certified and does not provide skilled
508 care, either directly or through contracts. The registered nurse
509 shall ensure that the aide is properly caring for the patient
510 and each supervisory visit must occur while the home health aide
511 is providing patient care. In addition to the requirements in
512 this subsection, a home health agency shall arrange for
513 additional supervisory visits by a registered nurse to the home
514 of a patient receiving home health aide services in accordance
515 with the patient's direction, approval, and agreement to pay the
516 charge for the visits.

517 (10)~~(7)~~ Home health agency personnel may withhold or
518 withdraw cardiopulmonary resuscitation if presented with an
519 order not to resuscitate executed pursuant to s. 401.45. The
520 agency shall adopt rules providing for the implementation of
521 such orders. Home health personnel and agencies shall not be
522 subject to criminal prosecution or civil liability, nor be

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523 considered to have engaged in negligent or unprofessional
524 conduct, for withholding or withdrawing cardiopulmonary
525 resuscitation pursuant to such an order and rules adopted by the
526 agency.

527 Section 11. Subsection (11) of section 408.802, Florida
528 Statutes, is repealed.

529 Section 12. Paragraphs (e), (f), and (g) of subsection (15)
530 of section 409.912, Florida Statutes, are repealed.

531 Section 13. Section 409.91255, Florida Statutes, is amended
532 to read:

533 409.91255 Federally qualified health center access
534 program.—

535 (1) SHORT TITLE.—This section may be cited as the
536 “Community Health Center Access Program Act.”

537 (2) LEGISLATIVE FINDINGS AND INTENT.—

538 (a) The Legislature finds that, despite significant
539 investments in health care programs, nearly 6 ~~more than 2~~
540 million low-income Floridians, primarily the working poor and
541 minority populations, continue to lack access to basic health
542 care services. Further, the Legislature recognizes that
543 federally qualified health centers have a proven record of
544 providing cost-effective, comprehensive primary and preventive
545 health care and are uniquely qualified to address the lack of
546 adequate health care services for the uninsured.

547 (b) It is the intent of the Legislature to recognize the
548 significance of increased federal investments in federally
549 qualified health centers and to leverage that investment through
550 the creation of a program to provide for the expansion of the
551 primary and preventive health care services offered by federally

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552 qualified health centers. Further, such a program will support
553 the coordination of federal, state, and local resources to
554 assist such health centers in developing an expanded community-
555 based primary care delivery system.

556 (3) ASSISTANCE TO FEDERALLY QUALIFIED HEALTH CENTERS.—The
557 agency shall administer ~~Department of Health shall develop~~ a
558 program for the expansion of federally qualified health centers
559 for the purpose of providing comprehensive primary and
560 preventive health care and urgent care services that may reduce
561 the morbidity, mortality, and cost of care among the uninsured
562 population of the state. The program shall provide for
563 distribution of financial assistance to federally qualified
564 health centers that apply and demonstrate a need for such
565 assistance in order to sustain or expand the delivery of primary
566 and preventive health care services. In selecting centers to
567 receive this financial assistance, the program:

568 (a) Shall give preference to communities that have few or
569 no community-based primary care services or in which the current
570 services are unable to meet the community's needs. To assist in
571 the assessment and identification of areas of critical need, a
572 federally qualified health-center-based statewide assessment and
573 strategic plan shall be developed by the Florida Association of
574 Community Health Centers, Inc., every 5 years, beginning January
575 1, 2011.

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

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

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581 (d) Shall require that the funds provided be used to pay
582 for operating costs of a projected expansion in patient
583 caseloads or services or for capital improvement projects.
584 Capital improvement projects may include renovations to existing
585 facilities or construction of new facilities, provided that an
586 expansion in patient caseloads or services to a new patient
587 population will occur as a result of the capital expenditures.
588 The agency ~~department~~ shall include in its standard contract
589 document a requirement that any state funds provided for the
590 purchase of or improvements to real property are contingent upon
591 the contractor granting to the state a security interest in the
592 property at least to the amount of the state funds provided for
593 at least 5 years from the date of purchase or the completion of
594 the improvements or as further required by law. The contract
595 must include a provision that, as a condition of receipt of
596 state funding for this purpose, the contractor agrees that, if
597 it disposes of the property before the agency's ~~department's~~
598 interest is vacated, the contractor will refund the
599 proportionate share of the state's initial investment, as
600 adjusted by depreciation.

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

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

605 (g) Shall promote ~~allow~~ the development of community
606 emergency room diversion programs in conjunction with local
607 resources, providing extended hours of operation to urgent care
608 patients. Diversion programs shall include case management for
609 emergency room followup care.

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610 (4) EVALUATION OF APPLICATIONS.—A review panel shall be
611 established, consisting of four persons appointed by the
612 Secretary of Health Care Administration ~~State Surgeon General~~
613 and three persons appointed by the chief executive officer of
614 the Florida Association of Community Health Centers, Inc., to
615 review all applications for financial assistance under the
616 program. Applicants shall specify in the application whether the
617 program funds will be used for the expansion of patient
618 caseloads or services or for capital improvement projects to
619 expand and improve patient facilities. The panel shall use the
620 following elements in reviewing application proposals and shall
621 determine the relative weight for scoring and evaluating these
622 elements:

623 (a) The target population to be served.

624 (b) The health benefits to be provided.

625 (c) The methods that will be used to measure cost-
626 effectiveness.

627 (d) How patient satisfaction will be measured.

628 (e) The proposed internal quality assurance process.

629 (f) Projected health status outcomes.

630 (g) How data will be collected to measure cost-
631 effectiveness, health status outcomes, and overall achievement
632 of the goals of the proposal.

633 (h) All resources, including cash, in-kind, voluntary, or
634 other resources that will be dedicated to the proposal.

635 (5) ADMINISTRATION AND TECHNICAL ASSISTANCE.—The agency
636 shall ~~Department of Health may~~ contract with the Florida
637 Association of Community Health Centers, Inc., to develop and
638 coordinate ~~administer~~ the program and provide technical

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639 assistance to the federally qualified health centers selected to
640 receive financial assistance. The contracted entity shall be
641 responsible for program support and assume all costs related to
642 administration of this program.

643 Section 14. Subsection (2) of section 429.12, Florida
644 Statutes, is repealed.

645 Section 15. Subsection (5) of section 429.23, Florida
646 Statutes, is repealed.

647 Section 16. Paragraph (a) of subsection (2) of section
648 429.911, Florida Statutes, is repealed.

649 Section 17. (1) In addition to the appropriations contained
650 in the General Appropriations Act for the 2010-2011 fiscal year,
651 one full-time equivalent position and salary rate of 52,554 are
652 authorized for and the sums of \$75,000 from the General Revenue
653 Fund and \$75,000 from the Medical Care Trust Fund are
654 appropriated to the Agency for Health Care Administration.

655 (2) Notwithstanding the appropriations authorized in the
656 General Appropriations Act for the 2010-2011 fiscal year for the
657 Department of Health, one full-time equivalent position is
658 abolished, salary rate is reduced by 52,554, and appropriations
659 from the General Revenue Fund are reduced on a recurring basis
660 by \$75,000.

661 (3) The appropriations made in subsection (1) are
662 contingent upon the adjustments to appropriations made in
663 subsection (2) becoming law.

664 Section 18. This act shall take effect July 1, 2010.