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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; providing an exception for direct
36 employees of the home health agency; requiring a home
37 health agency to provide certain services through its
38 employees; authorizing a home health agency to provide
39 additional services with another organization;
40 providing responsibilities of a home health agency
41 when it provides home health aide services through
42 another organization; requiring the home health agency
43 to coordinate personnel who provide home health
44 services; requiring personnel to communicate with the
45 home health agency; amending s. 400.487, F.S.;
46 requiring a home health agency to provide a copy of
47 the agreement between the agency and a patient which
48 specifies the home health services to be provided;
49 providing the rights that are protected by the home
50 health agency; requiring the home health agency to
51 furnish nursing services by or under the supervision
52 of a registered nurse; requiring the home health
53 agency to provide therapy services through a qualified
54 therapist or therapy assistant; requiring physical
55 therapy services to be provided by or under the
56 supervision of a licensed physical therapist or
57 physical therapist assistant; specifying the duties of
58 a physical therapist assistant; requiring occupational

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59 therapy services to be provided by or under the
60 supervision of a licensed occupational therapist or
61 occupational therapy assistant; specifying the duties
62 of an occupational therapy assistant; providing for
63 speech therapy services to be provided by a qualified
64 speech pathologist or audiologist; providing for a
65 plan of care; providing that only the staff of a home
66 health agency may administer drugs and treatments as
67 ordered by certain health professionals; providing
68 requirements for verbal orders; providing duties of a
69 registered nurse, licensed practical nurse, home
70 health aide, and certified nursing assistant who work
71 for a home health agency; providing for supervisory
72 visits of services provided by a home health agency;
73 repealing s. 408.802(11), F.S., relating to the
74 applicability of the Health Care Licensing Procedures
75 Act to private review agents; repealing s.
76 409.912(15)(e), (f), and (g), F.S., relating to a
77 requirement for the Agency for Health Care
78 Administration to submit a report to the Legislature
79 regarding the operations of the CARE program; amending
80 s. 409.91255, F.S.; transferring administrative
81 responsibility for the application procedure for
82 federally qualified health centers from the Department
83 of Health to the Agency for Health Care
84 Administration; requiring the Florida Association of
85 Community Health Centers, Inc., to provide support and
86 assume administrative costs for the program; amending
87 s. 400.9905, F.S.; revising the definition of the term

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88 "clinic" applicable to the Health Care Clinic Act;
89 providing exemptions from licensure requirements for
90 certain legal entities that provide health care
91 services; amending s. 413.615, F.S.; removing a
92 provision that requires the State Board of
93 Administration to invest and reinvest moneys in the
94 endowment fund for the Florida Endowment for
95 Vocational Rehabilitation; requiring that all funds
96 held for investment and reinvestment by the State
97 Board of Administration for the endowment be submitted
98 back to the endowment fund; repealing s. 429.12(2),
99 F.S., relating to the sale or transfer of ownership of
100 an assisted living facility; repealing s. 429.23(5),
101 F.S., relating to each assisted living facility's
102 requirement to submit a report to the agency regarding
103 liability claims filed against it; repealing s.
104 429.911(2)(a), F.S., relating to grounds for which the
105 agency may take action against the owner of an adult
106 day care center or its operator or employee;
107 reenacting s. 465.0251(1), F.S., to require the Board
108 of Pharmacy and the Board of Medicine to remove
109 certain drugs from the negative formulary for generic
110 and brand-name drugs based on current references
111 published by the United States Food and Drug
112 Administration; amending s. 499.01, F.S.; revising the
113 list of exemptions from the requirement that certain
114 persons engaged in the manufacture, repackaging, or
115 assembly of medical devices hold a device manufacturer
116 permit; repealing s. 381.0403(4) and (9), F.S.,

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117 relating to the program for graduate medical education
118 innovations and the graduate medical education
119 committee and report; amending s. 381.4018, F.S.;
120 providing definitions; requiring the Department of
121 Health to coordinate and enhance activities regarding
122 the reentry of retired military and other physicians
123 into the physician workforce; revising the list of
124 governmental stakeholders that the Department of
125 Health is required to work with regarding the state
126 strategic plan and in assessing the state's physician
127 workforce; creating the Physician Workforce Advisory
128 Council; providing membership of the council;
129 providing for appointments to the council; providing
130 terms of membership; providing for removal of a
131 council member; providing for the chair and vice chair
132 of the council; providing that council members are not
133 entitled to receive compensation or reimbursement for
134 per diem or travel expenses; providing the duties of
135 the council; establishing the physician workforce
136 graduate medical education innovation pilot projects
137 under the department; providing the purposes of the
138 pilot projects; providing for the appropriation of
139 state funds for the pilot projects; requiring the
140 pilot projects to meet certain policy needs of the
141 physician workforce in this state; providing criteria
142 for prioritizing proposals for pilot projects;
143 requiring the department to adopt by rule appropriate
144 performance measures; requiring participating pilot
145 projects to submit an annual report to the department;

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146 requiring state funds to be used to supplement funds
147 from other sources; requiring the department to adopt
148 rules; amending ss. 458.3192 and 459.0082, F.S.;
149 requiring the department to determine by geographic
150 area and specialty the number of physicians and
151 osteopathic physicians who plan to relocate outside
152 the state, practice medicine in this state, and reduce
153 or modify the scope of their practice; authorizing the
154 department to report additional information in its
155 findings to the Governor and the Legislature; amending
156 s. 458.315, F.S.; revising the standards for the Board
157 of Medicine to issue a temporary certificate to
158 certain physicians to practice medicine in areas of
159 critical need; authorizing the State Surgeon General
160 to designate areas of critical need; creating s.
161 459.0076, F.S.; authorizing the Board of Osteopathic
162 Medicine to issue temporary certificates to
163 osteopathic physicians who meet certain requirements
164 to practice osteopathic medicine in areas of critical
165 need; providing restrictions for issuance of a
166 temporary certificate; authorizing the State Surgeon
167 General to designate areas of critical need;
168 authorizing the Board of Osteopathic Medicine to waive
169 the application fee and licensure fees for obtaining
170 temporary certificates for certain purposes; requiring
171 the Department of Health, along with the Agency for
172 Health Care Administration, to develop a statewide
173 plan to implement recommendations from the Centers for
174 Disease Control and Prevention for screening for the

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175 human immunodeficiency virus; providing goals;
176 requiring the department to seek input from certain
177 entities; requiring the department to establish a
178 demonstration project to begin implementation of the
179 statewide plan; requiring the department to file an
180 interim report and a final report to the Governor and
181 the Legislature by specified dates; amending s.
182 499.003, F.S.; defining the term "medical convenience
183 kit"; amending s. 499.01212, F.S.; providing that a
184 pedigree paper is not required for wholesale
185 distribution of prescription drugs contained within a
186 medical convenience kit under certain circumstances;
187 providing appropriations from the General Revenue Fund
188 and the Medical Care Trust Fund to the Agency for
189 Health Care Administration; providing for a recurring
190 reduction in appropriations to the Department of
191 Health; providing a contingency; requiring persons who
192 apply for licensure renewal as a dentist or dental
193 hygienist to furnish certain information to the
194 Department of Health in a dental workforce survey;
195 requiring the Board of Dentistry to issue a
196 nondisciplinary citation and a notice for failure to
197 complete the survey within a specified time; providing
198 notification requirements for the citation; requiring
199 the department to serve as the coordinating body for
200 the purpose of collecting, disseminating, and updating
201 dental workforce data; requiring the department to
202 maintain a database regarding the state's dental
203 workforce; requiring the department to develop

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204 strategies to maximize federal and state programs and
205 to work with an advisory body to address matters
206 relating to the state's dental workforce; providing
207 membership of the advisory body; providing for members
208 of the advisory body to serve without compensation;
209 requiring the department to act as a clearinghouse for
210 collecting and disseminating information regarding the
211 dental workforce; requiring the department and the
212 board to adopt rules; providing legislative intent
213 regarding implementation of the act within existing
214 resources; amending s. 499.01, F.S.; authorizing
215 certain business entities to pay for prescription
216 drugs obtained by practitioners licensed under ch.
217 466, F.S.; amending s. 624.91, F.S.; revising the
218 membership of the board of directors of the Florida
219 Healthy Kids Corporation to include a member nominated
220 by the Florida Dental Association and appointed by the
221 Governor; amending s. 381.00315, F.S.; directing the
222 Department of Health to accept funds from counties,
223 municipalities, and certain other entities for the
224 purchase of certain products made available under a
225 contract with the United States Department of Health
226 and Human Services for the manufacture and delivery of
227 such products in response to a public health
228 emergency; providing an effective date.

229
230 Be It Enacted by the Legislature of the State of Florida:

231
232 Section 1. Paragraph (e) of subsection (10) of section

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233 112.0455, Florida Statutes, is repealed.

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

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

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

237 Section 5. Paragraph (g) of subsection (2) of section
238 400.0239, Florida Statutes, is amended to read:

239 400.0239 Quality of Long-Term Care Facility Improvement
240 Trust Fund.—

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

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

248 Section 6. Subsection (10) of section 400.147, Florida
249 Statutes, is repealed.

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

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

252 Section 9. Section 400.476, Florida Statutes, is amended to
253 read:

254 400.476 Staffing requirements; notifications; limitations
255 on staffing services.—

256 (1) ADMINISTRATOR.—

257 (a) An administrator may manage only one home health
258 agency, except that an administrator may manage up to five home
259 health agencies if all five home health agencies have identical
260 controlling interests as defined in s. 408.803 and are located
261 within one agency geographic service area or within an

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262 immediately contiguous county. If the home health agency is
263 licensed under this chapter and is part of a retirement
264 community that provides multiple levels of care, an employee of
265 the retirement community may administer the home health agency
266 and up to a maximum of four entities licensed under this chapter
267 or chapter 429 which all have identical controlling interests as
268 defined in s. 408.803. An administrator shall designate, in
269 writing, for each licensed entity, a qualified alternate
270 administrator to serve during the administrator's absence. An
271 alternate administrator must meet the requirements in this
272 paragraph and s. 400.462(1).

273 (b) An administrator of a home health agency who is a
274 licensed physician, physician assistant, or registered nurse
275 licensed to practice in this state may also be the director of
276 nursing for a home health agency. An administrator may serve as
277 a director of nursing for up to the number of entities
278 authorized in subsection (2) only if there are 10 or fewer full-
279 time equivalent employees and contracted personnel in each home
280 health agency.

281 (c) The administrator shall organize and direct the
282 agency's ongoing functions, maintain an ongoing liaison with the
283 board members and the staff, employ qualified personnel and
284 ensure adequate staff education and evaluations, ensure the
285 accuracy of public informational materials and activities,
286 implement an effective budgeting and accounting system, and
287 ensure that the home health agency operates in compliance with
288 this part and part II of chapter 408 and rules adopted for these
289 laws.

290 (d) The administrator shall clearly set forth in writing

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291 the organizational chart, services furnished, administrative
292 control, and lines of authority for the delegation of
293 responsibilities for patient care. These responsibilities must
294 be readily identifiable. Administrative and supervisory
295 functions may not be delegated to another agency or
296 organization, and the primary home health agency shall monitor
297 and control all services that are not furnished directly,
298 including services provided through contracts.

299 (2) DIRECTOR OF NURSING.—

300 (a) A director of nursing may be the director of nursing
301 for:

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

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

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

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

312 c. Each home health agency has a registered nurse who meets
313 the qualifications of a director of nursing and who has a
314 written delegation from the director of nursing to serve as the
315 director of nursing for that home health agency when the
316 director of nursing is not present; ~~and~~.

317 d. This person, or similarly qualified alternate, is
318 available at all times by telecommunications during operating
319 hours and participates in all activities relevant to the

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320 professional services furnished, including, but not limited to,
321 the oversight of nursing services, home health aides, and
322 certified nursing assistants, and assignment of personnel.
323

324 If a home health agency licensed under this chapter is part of a
325 retirement community that provides multiple levels of care, an
326 employee of the retirement community may serve as the director
327 of nursing of the home health agency and up to a maximum of four
328 entities, other than home health agencies, licensed under this
329 chapter or chapter 429 which all have identical controlling
330 interests as defined in s. 408.803.

331 (b) A home health agency that provides skilled nursing care
332 may not operate for more than 30 calendar days without a
333 director of nursing. A home health agency that provides skilled
334 nursing care and the director of nursing of a home health agency
335 must notify the agency within 10 business days after termination
336 of the services of the director of nursing for the home health
337 agency. A home health agency that provides skilled nursing care
338 must notify the agency of the identity and qualifications of the
339 new director of nursing within 10 days after the new director is
340 hired. If a home health agency that provides skilled nursing
341 care operates for more than 30 calendar days without a director
342 of nursing, the home health agency commits a class II
343 deficiency. In addition to the fine for a class II deficiency,
344 the agency may issue a moratorium in accordance with s. 408.814
345 or revoke the license. The agency shall fine a home health
346 agency that fails to notify the agency as required in this
347 paragraph \$1,000 for the first violation and \$2,000 for a repeat
348 violation. The agency may not take administrative action against

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349 a home health agency if the director of nursing fails to notify
350 the department upon termination of services as the director of
351 nursing for the home health agency.

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

356 (3) TRAINING.—A home health agency shall ensure that each
357 certified nursing assistant employed by or under contract with
358 the home health agency and each home health aide employed by or
359 under contract with the home health agency is adequately trained
360 to perform the tasks of a home health aide in the home setting.

361 (a) The home health agency may not use as a home health
362 aide on a full-time, temporary, per diem, or other basis, any
363 individual to provide services unless the individual has
364 completed a training and competency evaluation program, or a
365 competency evaluation program, as permitted in s. 400.497, which
366 meets the minimum standards established by the agency in state
367 rules.

368 (b) A home health aide is not competent in any task for
369 which he or she is evaluated as "unsatisfactory." The aide must
370 perform any such task only under direct supervision by a
371 licensed nurse until he or she receives training in the task and
372 satisfactorily passes a subsequent evaluation in performing the
373 task. A home health aide has not successfully passed a
374 competency evaluation if the aide does not have a passing score
375 on the test as specified by agency rule.

376 (4) STAFFING.—Staffing services may be provided anywhere
377 within the state.

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378 (5) PERSONNEL.—

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

383 (b) Except for direct employees of the home health agency,
384 if personnel under hourly or per-visit contracts are used by the
385 home health agency, there must be a written contract between
386 those personnel and the agency which specifies the following
387 requirements:

388 1. Acceptance for care only of patients by the primary home
389 health agency.

390 2. The services to be furnished.

391 3. The necessity to conform to all applicable agency
392 policies, including personnel qualifications.

393 4. The responsibility for participating in developing plans
394 of care.

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

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

399 7. The procedures for payment for services furnished under
400 the contract.

401 (c) A home health agency shall directly provide at least
402 one of the types of services through home health agency
403 employees, but may provide additional services under
404 arrangements with another agency or organization. Services
405 furnished under such arrangements must have a written contract
406 conforming to the requirements specified in paragraph (b).

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407 (d) If home health aide services are provided by an
408 individual who is not employed directly by the home health
409 agency, the services of the home health aide must be provided
410 under arrangements as stated in paragraphs (b) and (c). If the
411 home health agency chooses to provide home health aide services
412 under arrangements with another organization, the
413 responsibilities of the home health agency include, but are not
414 limited to:

415 1. Ensuring the overall quality of the care provided by the
416 aide;

417 2. Supervising the aide's services as described in s.
418 400.487; and

419 3. Ensuring that each home health aide providing services
420 under arrangements with another organization has met the
421 training requirements or competency evaluation requirements of
422 s. 400.497.

423 (e) The home health agency shall coordinate the efforts of
424 all personnel furnishing services, and the personnel shall
425 maintain communication with the home health agency to ensure
426 that personnel efforts support the objectives outlined in the
427 plan of care. The clinical record or minutes of case conferences
428 shall ensure that effective interchange, reporting, and
429 coordination of patient care occurs.

430 Section 10. Section 400.487, Florida Statutes, is amended
431 to read:

432 400.487 Home health service agreements; physician's,
433 physician assistant's, and advanced registered nurse
434 practitioner's treatment orders; patient assessment;
435 establishment and review of plan of care; provision of services;

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436 orders not to resuscitate.—

437 (1) Services provided by a home health agency must be
438 covered by an agreement between the home health agency and the
439 patient or the patient's legal representative specifying the
440 home health services to be provided, the rates or charges for
441 services paid with private funds, and the sources of payment,
442 which may include Medicare, Medicaid, private insurance,
443 personal funds, or a combination thereof. The home health agency
444 shall provide a copy of the agreement to the patient or the
445 patient's legal representative. A home health agency providing
446 skilled care must make an assessment of the patient's needs
447 within 48 hours after the start of services.

448 (2) When required by the provisions of chapter 464; part I,
449 part III, or part V of chapter 468; or chapter 486, the
450 attending physician, physician assistant, or advanced registered
451 nurse practitioner, acting within his or her respective scope of
452 practice, shall establish treatment orders for a patient who is
453 to receive skilled care. The treatment orders must be signed by
454 the physician, physician assistant, or advanced registered nurse
455 practitioner before a claim for payment for the skilled services
456 is submitted by the home health agency. If the claim is
457 submitted to a managed care organization, the treatment orders
458 must be signed within the time allowed under the provider
459 agreement. The treatment orders shall be reviewed, as frequently
460 as the patient's illness requires, by the physician, physician
461 assistant, or advanced registered nurse practitioner in
462 consultation with the home health agency.

463 (3) A home health agency shall arrange for supervisory
464 visits by a registered nurse to the home of a patient receiving

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465 home health aide services as specified in subsection (9) ~~in~~
466 ~~accordance with the patient's direction, approval, and agreement~~
467 ~~to pay the charge for the visits.~~

468 (4) The home health agency shall protect and promote the
469 rights of each individual under its care, including each of the
470 following rights:

471 (a) Notice of rights.—The home health agency shall provide
472 the patient with a written notice of the patient's rights in
473 advance of furnishing care to the patient or during the initial
474 evaluation visit before the initiation of treatment. The home
475 health agency must maintain documentation showing that it has
476 complied with the requirements of this section.

477 (b) Exercise of rights and respect for property and
478 person.—

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

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

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

488 4. The home health agency must investigate complaints made
489 by a patient or the patient's family or guardian regarding
490 treatment or care that is or fails to be furnished, or regarding
491 the lack of respect for the patient's property by anyone
492 furnishing services on behalf of the home health agency. The
493 home health agency shall document the existence of the complaint

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494 and its resolution.

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

499 (c) Right to be informed and to participate in planning
500 care and treatment.-

501 1. The patient has the right to be informed, in advance,
502 about the care to be furnished and of any changes in the care to
503 be furnished. The home health agency shall advise the patient in
504 advance of which disciplines will furnish care and the frequency
505 of visits proposed to be furnished. The home health agency must
506 advise the patient in advance of any change in the plan of care
507 before the change is made.

508 2. The patient has the right to participate in the planning
509 of the care. The home health agency must advise the patient in
510 advance of the right to participate in planning the care or
511 treatment and in planning changes in the care or treatment. Each
512 ~~patient has the right to be informed of and to participate in~~
513 ~~the planning of his or her care.~~ Each patient must be provided,
514 upon request, a copy of the plan of care established and
515 maintained for that patient by the home health agency.

516 (5) When nursing services are ordered, the home health
517 agency to which a patient has been admitted for care must
518 provide the initial admission visit, all service evaluation
519 visits, and the discharge visit by a direct employee. Services
520 provided by others under contractual arrangements to a home
521 health agency must be monitored and managed by the admitting
522 home health agency. The admitting home health agency is fully

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523 responsible for ensuring that all care provided through its
524 employees or contract staff is delivered in accordance with this
525 part and applicable rules.

526 (6) The skilled care services provided by a home health
527 agency, directly or under contract, must be supervised and
528 coordinated in accordance with the plan of care. The home health
529 agency shall furnish skilled nursing services by or under the
530 supervision of a registered nurse and in accordance with the
531 plan of care. Any therapy services offered directly or under
532 arrangement by the home health agency must be provided by a
533 qualified therapist or by a qualified therapy assistant under
534 the supervision of a qualified therapist and in accordance with
535 the plan of care.

536 (a) Physical therapy services.—Physical therapy services
537 shall be furnished only by, or under the supervision of, a
538 licensed physical therapist or licensed physical therapist
539 assistant as required under chapter 486 and related rules. A
540 physical therapist assistant shall perform services planned,
541 delegated, and supervised by the physical therapist, assist in
542 preparing clinical notes and progress reports, participate in
543 educating the patient and his or her family, and participate in
544 in-service programs. This paragraph does not limit the services
545 provided by a physician licensed under chapter 458 or chapter
546 459.

547 (b) Occupational therapy services.—Occupational therapy
548 services shall be furnished only by, or under the supervision
549 of, a licensed occupational therapist or occupational therapy
550 assistant as provided under part III of chapter 468 and related
551 rules. An occupational therapy assistant shall perform any

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552 services planned, delegated, and supervised by an occupational
553 therapist, assist in preparing clinical notes and progress
554 reports, participate in educating the patient and his or her
555 family, and participate in in-service programs. This paragraph
556 does not limit the services provided by a physician licensed
557 under chapter 458 or chapter 459.

558 (c) *Speech therapy services.*—Speech therapy services shall
559 be furnished only by or under supervision of a qualified speech
560 pathologist or audiologist as required in part I of chapter 468
561 and related applicable rules.

562 (d) *Care follows a written plan of care.*—The plan of care
563 shall be reviewed by the physician or health professional who
564 provided the treatment orders pursuant to subsection (2) and
565 home health agency personnel as often as the severity of the
566 patient's condition requires, but at least once every 60 days or
567 more when there is a patient-elected transfer, a significant
568 change in condition, or a discharge and return to the same home
569 health agency during the 60-day episode. Professional staff of a
570 home health agency shall promptly alert the physician or other
571 health professional who provided the treatment orders of any
572 change that suggests a need to alter the plan of care.

573 (e) *Administration of drugs and treatment.*—Only
574 professional staff of a home health agency may administer drugs
575 and treatments as ordered by the physician or health
576 professional pursuant to subsection (2), with the exception of
577 influenza and pneumococcal polysaccharide vaccines, which may be
578 administered according to the policy of the home health agency
579 developed in consultation with a physician and after an
580 assessment for contraindications. Verbal orders shall be in

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581 writing and signed and dated with the date of receipt by the
582 registered nurse or qualified therapist who is responsible for
583 furnishing or supervising the ordered service. A verbal order
584 may be accepted only by personnel who are authorized to do so by
585 applicable state laws, rules, and internal policies of the home
586 health agency.

587 (7) A registered nurse shall conduct the initial evaluation
588 visit, regularly reevaluate the patient's nursing needs,
589 initiate the plan of care and necessary revisions, furnish those
590 services requiring substantial and specialized nursing skill,
591 initiate appropriate preventive and rehabilitative nursing
592 procedures, prepare clinical and progress notes, coordinate
593 services, inform the physician and other personnel of changes in
594 the patient's condition and needs, counsel the patient and his
595 or her family in meeting nursing and related needs, participate
596 in in-service programs, and supervise and teach other nursing
597 personnel, unless the home health agency providing the home
598 health aide services is not Medicare-certified or Medicaid-
599 certified, does not provide skilled care, or the patient is not
600 receiving skilled care.

601 (8) A licensed practical nurse shall furnish services in
602 accordance with agency policies, prepare clinical and progress
603 notes, assist the physician and registered nurse in performing
604 specialized procedures, prepare equipment and materials for
605 treatments observing aseptic technique as required, and assist
606 the patient in learning appropriate self-care techniques.

607 (9) A home health aide and certified nursing assistant
608 shall provide services that are in the service provision plan
609 provided in s. 400.491 and other services that the home health

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610 aide or certified nursing assistant is permitted to perform
611 under state law. The duties of a home health aide or certified
612 nursing assistant include the provision of hands-on personal
613 care, performance of simple procedures as an extension of
614 therapy or nursing services, assistance in ambulation or
615 exercises, and assistance in administering medications that are
616 ordinarily self-administered and are specified in agency rules.
617 Any services by a home health aide which are offered by a home
618 health agency must be provided by a qualified home health aide
619 or certified nursing assistant.

620 (a) Assignment and duties.—A home health aide or certified
621 nursing assistant shall be assigned to a specific patient by a
622 registered nurse, unless the home health agency providing the
623 home health aide services is not Medicare-certified or Medicaid-
624 certified, does not provide skilled care, or the patient is not
625 receiving skilled care. Written patient care instructions for
626 the home health aide and certified nursing assistant must be
627 prepared by the registered nurse or other appropriate
628 professional who is responsible for the supervision of the home
629 health aide and certified nursing assistant as stated in this
630 section.

631 (b) Supervision.—If a patient receives skilled nursing
632 care, the registered nurse shall perform the supervisory visit.
633 If the patient is not receiving skilled nursing care but is
634 receiving physical therapy, occupational therapy, or speech-
635 language pathology services, the appropriate therapist may
636 provide the supervision. A registered nurse or other
637 professional must make an onsite visit to the patient's home at
638 least once every 2 weeks. The visit is not required while the

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639 aide is providing care.

640 (c) *Supervising visits.*—If home health aide services are
641 provided to a patient who is not receiving skilled nursing care,
642 physical or occupational therapy, or speech-language pathology
643 services, a registered nurse must make a supervisory visit to
644 the patient's home at least once every 60 days, unless the home
645 health agency providing the home health aide services is not
646 Medicare or Medicaid certified and does not provide skilled
647 care, either directly or through contracts. The registered nurse
648 shall ensure that the aide is properly caring for the patient
649 and each supervisory visit must occur while the home health aide
650 is providing patient care. In addition to the requirements in
651 this subsection, a home health agency shall arrange for
652 additional supervisory visits by a registered nurse to the home
653 of a patient receiving home health aide services in accordance
654 with the patient's direction, approval, and agreement to pay the
655 charge for the visits.

656 (10)~~(7)~~ Home health agency personnel may withhold or
657 withdraw cardiopulmonary resuscitation if presented with an
658 order not to resuscitate executed pursuant to s. 401.45. The
659 agency shall adopt rules providing for the implementation of
660 such orders. Home health personnel and agencies shall not be
661 subject to criminal prosecution or civil liability, nor be
662 considered to have engaged in negligent or unprofessional
663 conduct, for withholding or withdrawing cardiopulmonary
664 resuscitation pursuant to such an order and rules adopted by the
665 agency.

666 Section 11. Subsection (11) of section 408.802, Florida
667 Statutes, is repealed.

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

670 Section 13. Section 409.91255, Florida Statutes, is amended
671 to read:

672 409.91255 Federally qualified health center access
673 program.—

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

676 (2) LEGISLATIVE FINDINGS AND INTENT.—

677 (a) The Legislature finds that, despite significant
678 investments in health care programs, nearly 6 ~~more than 2~~
679 million low-income Floridians, primarily the working poor and
680 minority populations, continue to lack access to basic health
681 care services. Further, the Legislature recognizes that
682 federally qualified health centers have a proven record of
683 providing cost-effective, comprehensive primary and preventive
684 health care and are uniquely qualified to address the lack of
685 adequate health care services for the uninsured.

686 (b) It is the intent of the Legislature to recognize the
687 significance of increased federal investments in federally
688 qualified health centers and to leverage that investment through
689 the creation of a program to provide for the expansion of the
690 primary and preventive health care services offered by federally
691 qualified health centers. Further, such a program will support
692 the coordination of federal, state, and local resources to
693 assist such health centers in developing an expanded community-
694 based primary care delivery system.

695 (3) ASSISTANCE TO FEDERALLY QUALIFIED HEALTH CENTERS.—The
696 agency shall administer ~~Department of Health shall develop a~~

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697 program for the expansion of federally qualified health centers
698 for the purpose of providing comprehensive primary and
699 preventive health care and urgent care services that may reduce
700 the morbidity, mortality, and cost of care among the uninsured
701 population of the state. The program shall provide for
702 distribution of financial assistance to federally qualified
703 health centers that apply and demonstrate a need for such
704 assistance in order to sustain or expand the delivery of primary
705 and preventive health care services. In selecting centers to
706 receive this financial assistance, the program:

707 (a) Shall give preference to communities that have few or
708 no community-based primary care services or in which the current
709 services are unable to meet the community's needs. To assist in
710 the assessment and identification of areas of critical need, a
711 federally qualified health-center-based statewide assessment and
712 strategic plan shall be developed by the Florida Association of
713 Community Health Centers, Inc., every 5 years, beginning January
714 1, 2011.

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

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

720 (d) Shall require that the funds provided be used to pay
721 for operating costs of a projected expansion in patient
722 caseloads or services or for capital improvement projects.
723 Capital improvement projects may include renovations to existing
724 facilities or construction of new facilities, provided that an
725 expansion in patient caseloads or services to a new patient

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726 population will occur as a result of the capital expenditures.
727 The agency ~~department~~ shall include in its standard contract
728 document a requirement that any state funds provided for the
729 purchase of or improvements to real property are contingent upon
730 the contractor granting to the state a security interest in the
731 property at least to the amount of the state funds provided for
732 at least 5 years from the date of purchase or the completion of
733 the improvements or as further required by law. The contract
734 must include a provision that, as a condition of receipt of
735 state funding for this purpose, the contractor agrees that, if
736 it disposes of the property before the agency's ~~department's~~
737 interest is vacated, the contractor will refund the
738 proportionate share of the state's initial investment, as
739 adjusted by depreciation.

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

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

744 (g) Shall promote ~~allow~~ the development of community
745 emergency room diversion programs in conjunction with local
746 resources, providing extended hours of operation to urgent care
747 patients. Diversion programs shall include case management for
748 emergency room followup care.

749 (4) EVALUATION OF APPLICATIONS.—A review panel shall be
750 established, consisting of four persons appointed by the
751 Secretary of Health Care Administration ~~State Surgeon General~~
752 and three persons appointed by the chief executive officer of
753 the Florida Association of Community Health Centers, Inc., to
754 review all applications for financial assistance under the

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755 program. Applicants shall specify in the application whether the
756 program funds will be used for the expansion of patient
757 caseloads or services or for capital improvement projects to
758 expand and improve patient facilities. The panel shall use the
759 following elements in reviewing application proposals and shall
760 determine the relative weight for scoring and evaluating these
761 elements:

762 (a) The target population to be served.

763 (b) The health benefits to be provided.

764 (c) The methods that will be used to measure cost-
765 effectiveness.

766 (d) How patient satisfaction will be measured.

767 (e) The proposed internal quality assurance process.

768 (f) Projected health status outcomes.

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

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

774 (5) ADMINISTRATION AND TECHNICAL ASSISTANCE.—The agency
775 shall ~~Department of Health may~~ contract with the Florida
776 Association of Community Health Centers, Inc., to develop and
777 coordinate ~~administer~~ the program and provide technical
778 assistance to the federally qualified health centers selected to
779 receive financial assistance. The contracted entity shall be
780 responsible for program support and assume all costs related to
781 administration of this program.

782 Section 14. Paragraphs (f) and (g) of subsection (4) of
783 section 400.9905, Florida Statutes, are amended to read:

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784 400.9905 Definitions.—

785 (4) "Clinic" means an entity at which health care services
786 are provided to individuals and which tenders charges for
787 reimbursement for such services, including a mobile clinic and a
788 portable equipment provider. For purposes of this part, the term
789 does not include and the licensure requirements of this part do
790 not apply to:

791 (f) A sole proprietorship, group practice, partnership, ~~or~~
792 corporation, or other legal entity that provides health care
793 services by practitioners licensed under chapter 458, chapter
794 459, chapter 461, chapter 466, or chapter 460 and subject to the
795 limitations of s. 460.4167 ~~physicians covered by s. 627.419,~~
796 that is directly supervised by one or more of such physicians or
797 physician assistants, and that is wholly owned by one or more of
798 those physicians or physician assistants or by a physician or
799 physician assistant ~~and~~ the spouse, parent, child, or sibling
800 of that physician or physician assistant. A certificate of
801 exemption is valid only for the entity, persons, and location
802 for which it was originally issued.

803 1. An individual who is not a medical professional or
804 family member listed in this paragraph may own up to 30 percent
805 of a health care clinic entity that is exempt under this
806 paragraph if the individual obtains prior approval from the
807 agency for ownership of a percentage of a health care clinic.
808 Such an individual is considered an "applicant" under s.
809 400.991(5) and must meet all the requirements of that section
810 and the level 2 background screening requirements of s. 408.809
811 before being approved by the agency for ownership of a minority
812 interest in a health care clinic.

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813 2. If an individual who is not a medical professional or
814 family member listed in this paragraph assumes ownership of an
815 investment interest in a health care clinic without the prior
816 approval of the agency, the health care clinic shall lose its
817 exemption from licensure under this paragraph.

818 3. Ownership of a health care clinic by an individual other
819 than the physician or physician assistant, or by the spouse,
820 parent, child, or sibling of the physician or physician
821 assistant to whom the exemption was granted, may not exceed 30
822 percent.

823 (g) A sole proprietorship, group practice, partnership, or
824 corporation that provides health care services by licensed
825 health care practitioners under chapter 457, chapter 458,
826 chapter 459, ~~chapter 460~~, chapter 461, chapter 462, chapter 463,
827 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,
828 chapter 490, chapter 491, or part I, part III, part X, part
829 XIII, or part XIV of chapter 468, or s. 464.012, which are
830 wholly owned by one or more licensed health care practitioners,
831 or the licensed health care practitioners set forth in this
832 paragraph and the spouse, parent, child, or sibling of a
833 licensed health care practitioner, so long as one of the owners
834 who is a licensed health care practitioner is directly
835 supervising health care services ~~the business activities~~ and is
836 legally responsible for the entity's compliance with all federal
837 and state laws. However, a health care practitioner who is a
838 supervising owner may not supervise services beyond the scope of
839 the practitioner's license, except that, for the purposes of
840 this part, a clinic owned by a licensee in s. 456.053(3)(b) that
841 provides only services authorized pursuant to s. 456.053(3)(b)

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842 may be supervised by a licensee specified in s. 456.053(3)(b). A
843 certificate of exemption is valid only for the entity, persons,
844 and location for which it was originally issued.

845 Section 15. Subsection (4) of section 413.615, Florida
846 Statutes, is amended to read:

847 413.615 Florida Endowment for Vocational Rehabilitation.—

848 (4) REVENUE FOR THE ENDOWMENT FUND.—

849 (a) The endowment fund of the Florida Endowment for
850 Vocational Rehabilitation is created as a long-term, stable, and
851 growing source of revenue to be administered, in accordance with
852 rules promulgated by the division, by the foundation as a
853 direct-support organization of the division.

854 (b) The principal of the endowment fund shall derive from
855 the deposits made pursuant to s. 318.21(2)(e), together with any
856 legislative appropriations which may be made to the endowment,
857 and such bequests, gifts, grants, and donations as may be
858 solicited for such purpose by the foundation from public or
859 private sources.

860 (c) All funds currently held for investment and
861 reinvestment by the State Board of Administration for the
862 endowment shall be submitted back to the endowment fund within a
863 reasonable time. Additional revenues received pursuant to s.
864 318.21(2)(e), shall be transferred to the endowment fund. ~~The~~
865 ~~State Board of Administration shall invest and reinvest moneys~~
866 ~~of the endowment fund in accordance with the provisions of ss.~~
867 ~~215.44-215.53. Moneys in the endowment fund in excess of the~~
868 ~~endowment fund principal, or such lesser amount as may be~~
869 ~~requested in writing by the foundation, shall be annually~~
870 ~~transmitted to the foundation, based upon a fiscal year which~~

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871 ~~shall run from July 1 through June 30, and shall be deposited in~~
872 ~~the foundation's operating account, for distribution as provided~~
873 ~~in subsection (10). The endowment fund principal shall be \$1~~
874 ~~million for the 2000-2001 fiscal year and shall be increased by~~
875 ~~5 percent in each subsequent fiscal year.~~

876 (d) The board of directors of the foundation shall
877 establish the operating account and shall deposit therein the
878 moneys transmitted pursuant to paragraph (c). Moneys in the
879 operating account shall be available to carry out the purposes
880 of subsection (10).

881 Section 16. Subsection (2) of section 429.12, Florida
882 Statutes, is repealed.

883 Section 17. Subsection (5) of section 429.23, Florida
884 Statutes, is repealed.

885 Section 18. Paragraph (a) of subsection (2) of section
886 429.911, Florida Statutes, is repealed.

887 Section 19. Subsection (1) of section 465.0251, Florida
888 Statutes, is reenacted to read:

889 465.0251 Generic drugs; removal from formulary under
890 specified circumstances.—

891 (1) The Board of Pharmacy and the Board of Medicine shall
892 remove any generic named drug product from the formulary
893 established by s. 465.025(6), if every commercially marketed
894 equivalent of that drug product is "A" rated as therapeutically
895 equivalent to a reference listed drug or is a reference listed
896 drug as referred to in "Approved Drug Products with Therapeutic
897 Equivalence Evaluations" (Orange Book) published by the United
898 States Food and Drug Administration.

899 Section 20. Paragraph (q) of subsection (2) of section

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900 499.01, Florida Statutes, is amended to read:

901 499.01 Permits.—

902 (2) The following permits are established:

903 (q) *Device manufacturer permit*.—

904 1. A device manufacturer permit is required for any person
905 that engages in the manufacture, repackaging, or assembly of
906 medical devices for human use in this state, except that a
907 permit is not required if:

908 a. The person is engaged only in manufacturing,
909 repackaging, or assembling a medical device pursuant to a
910 practitioner's order for a specific patient; or—

911 b. The person does not manufacture, repackage, or assemble
912 medical devices or components for such devices, except for
913 devices or components that are exempt from registration under s.
914 499.015(8).

915 2.1— A manufacturer or repackager of medical devices in
916 this state must comply with all appropriate state and federal
917 good manufacturing practices and quality system rules.

918 3.2— The department shall adopt rules related to storage,
919 handling, and recordkeeping requirements for manufacturers of
920 medical devices for human use.

921 Section 21. Subsections (4) and (9) of section 381.0403,
922 Florida Statutes, are repealed.

923 Section 22. Section 381.4018, Florida Statutes, is amended
924 to read:

925 381.4018 Physician workforce assessment and development.—

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

927 (a) "Consortium" or "consortia" means a combination of
928 statutory teaching hospitals, statutory rural hospitals,

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929 specialty children's hospitals, other hospitals, accredited
930 medical schools, clinics operated by the Department of Health,
931 clinics operated by the Department of Veterans' Affairs, area
932 health education centers, community health centers, federally
933 qualified health centers, prison clinics, local community
934 clinics, or other programs. At least one member of the
935 consortium shall be a sponsoring institution accredited or
936 currently seeking accreditation by the Accreditation Council for
937 Graduate Medical Education or the American Osteopathic
938 Association.

939 (b) "Council" means the Physician Workforce Advisory
940 Council.

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

942 (d) "Graduate medical education program" means a program
943 accredited by the Accreditation Council for Graduate Medical
944 Education or the American Osteopathic Association.

945 (e) "Primary care specialty" means emergency medicine,
946 family practice, internal medicine, pediatrics, psychiatry,
947 geriatrics, general surgery, obstetrics and gynecology, and
948 combined pediatrics and internal medicine and other specialties
949 as determined by the Physician Workforce Advisory Council or the
950 Department of Health.

951 (2) ~~(1)~~ LEGISLATIVE INTENT.—The Legislature recognizes that
952 physician workforce planning is an essential component of
953 ensuring that there is an adequate and appropriate supply of
954 well-trained physicians to meet this state's future health care
955 service needs as the general population and elderly population
956 of the state increase. The Legislature finds that items to
957 consider relative to assessing the physician workforce may

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958 include physician practice status; specialty mix; geographic
959 distribution; demographic information, including, but not
960 limited to, age, gender, race, and cultural considerations; and
961 needs of current or projected medically underserved areas in the
962 state. Long-term strategic planning is essential as the period
963 from the time a medical student enters medical school to
964 completion of graduate medical education may range from 7 to 10
965 years or longer. The Legislature recognizes that strategies to
966 provide for a well-trained supply of physicians must include
967 ensuring the availability and capacity of quality ~~graduate~~
968 medical schools and graduate medical education programs in this
969 state, as well as using new or existing state and federal
970 programs providing incentives for physicians to practice in
971 needed specialties and in underserved areas in a manner that
972 addresses projected needs for physician manpower.

973 (3)~~(2)~~ PURPOSE.—The department ~~of Health~~ shall serve as a
974 coordinating and strategic planning body to actively assess the
975 state's current and future physician workforce needs and work
976 with multiple stakeholders to develop strategies and
977 alternatives to address current and projected physician
978 workforce needs.

979 (4)~~(3)~~ GENERAL FUNCTIONS.—The department shall maximize the
980 use of existing programs under the jurisdiction of the
981 department and other state agencies and coordinate governmental
982 and nongovernmental stakeholders and resources in order to
983 develop a state strategic plan and assess the implementation of
984 such strategic plan. In developing the state strategic plan, the
985 department shall:

986 (a) Monitor, evaluate, and report on the supply and

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987 distribution of physicians licensed under chapter 458 or chapter
988 459. The department shall maintain a database to serve as a
989 statewide source of data concerning the physician workforce.

990 (b) Develop a model and quantify, on an ongoing basis, the
991 adequacy of the state's current and future physician workforce
992 as reliable data becomes available. Such model must take into
993 account demographics, physician practice status, place of
994 education and training, generational changes, population growth,
995 economic indicators, and issues concerning the "pipeline" into
996 medical education.

997 (c) Develop and recommend strategies to determine whether
998 the number of qualified medical school applicants who might
999 become competent, practicing physicians in this state will be
1000 sufficient to meet the capacity of the state's medical schools.
1001 If appropriate, the department shall, working with
1002 representatives of appropriate governmental and nongovernmental
1003 entities, develop strategies and recommendations and identify
1004 best practice programs that introduce health care as a
1005 profession and strengthen skills needed for medical school
1006 admission for elementary, middle, and high school students, and
1007 improve premedical education at the precollege and college level
1008 in order to increase this state's potential pool of medical
1009 students.

1010 (d) Develop strategies to ensure that the number of
1011 graduates from the state's public and private allopathic and
1012 osteopathic medical schools is ~~are~~ adequate to meet physician
1013 workforce needs, based on the analysis of the physician
1014 workforce data, so as to provide a high-quality medical
1015 education to students in a manner that recognizes the uniqueness

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1016 of each new and existing medical school in this state.

1017 (e) Pursue strategies and policies to create, expand, and
1018 maintain graduate medical education positions in the state based
1019 on the analysis of the physician workforce data. Such strategies
1020 and policies must take into account the effect of federal
1021 funding limitations on the expansion and creation of positions
1022 in graduate medical education. The department shall develop
1023 options to address such federal funding limitations. The
1024 department shall consider options to provide direct state
1025 funding for graduate medical education positions in a manner
1026 that addresses requirements and needs relative to accreditation
1027 of graduate medical education programs. The department shall
1028 consider funding residency positions as a means of addressing
1029 needed physician specialty areas, rural areas having a shortage
1030 of physicians, and areas of ongoing critical need, and as a
1031 means of addressing the state's physician workforce needs based
1032 on an ongoing analysis of physician workforce data.

1033 (f) Develop strategies to maximize federal and state
1034 programs that provide for the use of incentives to attract
1035 physicians to this state or retain physicians within the state.
1036 Such strategies should explore and maximize federal-state
1037 partnerships that provide incentives for physicians to practice
1038 in federally designated shortage areas. Strategies shall also
1039 consider the use of state programs, such as the Florida Health
1040 Service Corps established pursuant to s. 381.0302 and the
1041 Medical Education Reimbursement and Loan Repayment Program
1042 pursuant to s. 1009.65, which provide for education loan
1043 repayment or loan forgiveness and provide monetary incentives
1044 for physicians to relocate to underserved areas of the state.

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1045 (g) Coordinate and enhance activities relative to physician
1046 workforce needs, undergraduate medical education, ~~and~~ graduate
1047 medical education, and reentry of retired military and other
1048 physicians into the physician workforce provided by the Division
1049 of Medical Quality Assurance, ~~the Community Hospital Education~~
1050 ~~Program and the Graduate Medical Education Committee established~~
1051 ~~pursuant to s. 381.0403,~~ area health education center networks
1052 established pursuant to s. 381.0402, and other offices and
1053 programs within the department ~~of Health~~ as designated by the
1054 State Surgeon General.

1055 (h) Work in conjunction with and act as a coordinating body
1056 for governmental and nongovernmental stakeholders to address
1057 matters relating to the state's physician workforce assessment
1058 and development for the purpose of ensuring an adequate supply
1059 of well-trained physicians to meet the state's future needs.
1060 Such governmental stakeholders shall include, but need not be
1061 limited to, the State Surgeon General or his or her designee,
1062 the Commissioner of Education or his or her designee, the
1063 Secretary of Health Care Administration or his or her designee,
1064 and the Chancellor of the State University System or his or her
1065 designee ~~from the Board of Governors of the State University~~
1066 ~~System,~~ and, at the discretion of the department, other
1067 representatives of state and local agencies that are involved in
1068 assessing, educating, or training the state's current or future
1069 physicians. Other stakeholders shall include, but need not be
1070 limited to, organizations representing the state's public and
1071 private allopathic and osteopathic medical schools;
1072 organizations representing hospitals and other institutions
1073 providing health care, particularly those that currently provide

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1074 or have an interest in providing accredited medical education
1075 and graduate medical education to medical students and medical
1076 residents; organizations representing allopathic and osteopathic
1077 practicing physicians; and, at the discretion of the department,
1078 representatives of other organizations or entities involved in
1079 assessing, educating, or training the state's current or future
1080 physicians.

1081 (i) Serve as a liaison with other states and federal
1082 agencies and programs in order to enhance resources available to
1083 the state's physician workforce and medical education continuum.

1084 (j) Act as a clearinghouse for collecting and disseminating
1085 information concerning the physician workforce and medical
1086 education continuum in this state.

1087 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created
1088 in the department the Physician Workforce Advisory Council, an
1089 advisory council as defined in s. 20.03. The council shall
1090 comply with the requirements of s. 20.052, except as otherwise
1091 provided in this section.

1092 (a) The council shall consist of 19 members. Members
1093 appointed by the State Surgeon General shall include:

1094 1. A designee from the department who is a physician
1095 licensed under chapter 458 or chapter 459 and recommended by the
1096 State Surgeon General.

1097 2. An individual who is affiliated with the Science
1098 Students Together Reaching Instructional Diversity and
1099 Excellence program and recommended by the area health education
1100 center network.

1101 3. Two individuals recommended by the Council of Florida
1102 Medical School Deans, one representing a college of allopathic

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1103 medicine and one representing a college of osteopathic medicine.

1104 4. One individual recommended by the Florida Hospital
1105 Association, representing a hospital that is licensed under
1106 chapter 395, has an accredited graduate medical education
1107 program, and is not a statutory teaching hospital.

1108 5. One individual representing a statutory teaching
1109 hospital as defined in s. 408.07 and recommended by the Safety
1110 Net Hospital Alliance.

1111 6. One individual representing a family practice teaching
1112 hospital as defined in s. 395.805 and recommended by the Council
1113 of Family Medicine and Community Teaching Hospitals.

1114 7. Two individuals recommended by the Florida Medical
1115 Association, one representing a primary care specialty and one
1116 representing a nonprimary care specialty.

1117 8. Two individuals recommended by the Florida Osteopathic
1118 Medical Association, one representing a primary care specialty
1119 and one representing a nonprimary care specialty.

1120 9. Two individuals who are program directors of accredited
1121 graduate medical education programs, one representing a program
1122 that is accredited by the Accreditation Council for Graduate
1123 Medical Education and one representing a program that is
1124 accredited by the American Osteopathic Association.

1125 10. An individual recommended by the Florida Association of
1126 Community Health Centers representing a federally qualified
1127 health center located in a rural area as defined in s.
1128 381.0406(2) (a).

1129 11. An individual recommended by the Florida Academy of
1130 Family Physicians.

1131 12. An individual recommended by the Florida Alliance for

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1132 Health Professions Diversity.

1133 13. The Chancellor of the State University System or his or
1134 her designee.

1135 14. A layperson member as determined by the State Surgeon
1136 General.

1137
1138 Appointments to the council shall be made by the State Surgeon
1139 General. Each entity authorized to make recommendations under
1140 this subsection shall make at least two recommendations to the
1141 State Surgeon General for each appointment to the council. The
1142 State Surgeon General shall name one appointee for each position
1143 from the recommendations made by each authorized entity.

1144 (b) Each council member shall be appointed to a 4-year
1145 term. An individual may not serve more than two terms. Any
1146 council member may be removed from office for malfeasance;
1147 misfeasance; neglect of duty; incompetence; permanent inability
1148 to perform official duties; or pleading guilty or nolo
1149 contendere to, or being found guilty of, a felony. Any council
1150 member who meets the criteria for removal, or who is otherwise
1151 unwilling or unable to properly fulfill the duties of the
1152 office, shall be succeeded by an individual chosen by the State
1153 Surgeon General to serve out the remainder of the council
1154 member's term. If the remainder of the replaced council member's
1155 term is less than 18 months, notwithstanding the provisions of
1156 this paragraph, the succeeding council member may be reappointed
1157 twice by the State Surgeon General.

1158 (c) The chair of the council is the State Surgeon General,
1159 who shall designate a vice chair from the membership of the
1160 council to serve in the absence of the State Surgeon General. A

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1161 vacancy shall be filled for the remainder of the unexpired term
1162 in the same manner as the original appointment.

1163 (d) Council members are not entitled to receive
1164 compensation or reimbursement for per diem or travel expenses.

1165 (e) The council shall meet at least twice a year in person
1166 or by teleconference.

1167 (f) The council shall:

1168 1. Advise the State Surgeon General and the department on
1169 matters concerning current and future physician workforce needs
1170 in this state;

1171 2. Review survey materials and the compilation of survey
1172 information;

1173 3. Annually review the number, location, cost, and
1174 reimbursement of graduate medical education programs and
1175 positions;

1176 4. Provide recommendations to the department regarding the
1177 survey completed by physicians licensed under chapter 458 or
1178 chapter 459;

1179 5. Assist the department in preparing the annual report to
1180 the Legislature pursuant to ss. 458.3192 and 459.0082;

1181 6. Assist the department in preparing an initial strategic
1182 plan, conduct ongoing strategic planning in accordance with this
1183 section, and provide ongoing advice on implementing the
1184 recommendations;

1185 7. Monitor and provide recommendations regarding the need
1186 for an increased number of primary care or other physician
1187 specialties to provide the necessary current and projected
1188 health and medical services for the state; and

1189 8. Monitor and make recommendations regarding the status of

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1190 the needs relating to graduate medical education in this state.

1191 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION
1192 INNOVATION PILOT PROJECTS.—

1193 (a) The Legislature finds that:

1194 1. In order to ensure a physician workforce that is
1195 adequate to meet the needs of this state's residents and its
1196 health care system, policymakers must consider the education and
1197 training of future generations of well-trained health care
1198 providers.

1199 2. Physicians are likely to practice in the state where
1200 they complete their graduate medical education.

1201 3. It can directly affect the makeup of the physician
1202 workforce by selectively funding graduate medical education
1203 programs to provide needed specialists in geographic areas of
1204 the state which have a deficient number of such specialists.

1205 4. Developing additional positions in graduate medical
1206 education programs is essential to the future of this state's
1207 health care system.

1208 5. It was necessary in 2007 to pass legislation that
1209 provided for an assessment of the status of this state's current
1210 and future physician workforce. The department is collecting and
1211 analyzing information on an ongoing basis to assess this state's
1212 physician workforce needs, and such assessment may facilitate
1213 the determination of graduate medical education needs and
1214 strategies for the state.

1215 (b) There is established under the department a program to
1216 foster innovative graduate medical education pilot projects that
1217 are designed to promote the expansion of graduate medical
1218 education programs or positions to prepare physicians to

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1219 practice in needed specialties and underserved areas or settings
1220 and to provide demographic and cultural representation in a
1221 manner that addresses current and projected needs for this
1222 state's physician workforce. Funds appropriated annually by the
1223 Legislature for this purpose shall be distributed to
1224 participating hospitals, medical schools, other sponsors of
1225 graduate medical education programs, consortia engaged in
1226 developing new graduate medical education programs or positions
1227 in those programs, or pilot projects providing innovative
1228 graduate medical education in community-based clinical settings.
1229 Pilot projects shall be selected on a competitive grant basis,
1230 subject to available funds.

1231 (c) Pilot projects shall be designed to meet one or more of
1232 this state's physician workforce needs, as determined pursuant
1233 to this section, including, but not limited to:

1234 1. Increasing the number of residencies or fellowships in
1235 primary care or other needed specialties.

1236 2. Enhancing the retention of primary care physicians or
1237 other needed specialties in this state.

1238 3. Promoting practice in rural or medically underserved
1239 areas of the state.

1240 4. Encouraging racial and ethnic diversity within the
1241 state's physician workforce.

1242 5. Encouraging practice in community health care or other
1243 ambulatory care settings.

1244 6. Encouraging practice in clinics operated by the
1245 department, including, but not limited to, county health
1246 departments, clinics operated by the Department of Veterans'
1247 Affairs, prison clinics, or similar settings of need.

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1248 7. Encouraging the increased production of geriatricians.

1249 (d) Priority shall be given to a proposal for a pilot
1250 project that:

1251 1. Demonstrates a collaboration of federal, state, and
1252 local entities that are public or private.

1253 2. Obtains funding from multiple sources.

1254 3. Focuses on enhancing graduate medical education in rural
1255 or underserved areas.

1256 4. Focuses on enhancing graduate medical education in
1257 ambulatory or community-based settings other than a hospital
1258 environment.

1259 5. Includes the use of technology, such as electronic
1260 medical records, distance consultation, and telemedicine, to
1261 ensure that residents are better prepared to care for patients
1262 in this state, regardless of the community in which the
1263 residents practice.

1264 6. Is designed to meet multiple policy needs as enumerated
1265 in subsection (3).

1266 7. Uses a consortium to provide for graduate medical
1267 education experiences.

1268 (e) The department shall adopt by rule appropriate
1269 performance measures to use in order to consistently evaluate
1270 the effectiveness, safety, and quality of the programs, as well
1271 as the impact of each program on meeting this state's physician
1272 workforce needs.

1273 (f) Participating pilot projects shall submit to the
1274 department an annual report on the project in a manner required
1275 by the department.

1276 (g) Funding provided to a pilot project may be used only

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1277 for the direct costs of providing graduate medical education.
1278 Accounting of such costs and expenditures shall be documented in
1279 the annual report.

1280 (h) State funds shall be used to supplement funds from any
1281 local government, community, or private source. The state may
1282 provide up to 50 percent of the funds, and local governmental
1283 grants or community or private sources shall provide the
1284 remainder of the funds.

1285 (7) RULEMAKING.—The department shall adopt rules as
1286 necessary to administer this section.

1287 Section 23. Section 458.3192, Florida Statutes, is amended
1288 to read:

1289 458.3192 Analysis of survey results; report.—

1290 (1) Each year, the Department of Health shall analyze the
1291 results of the physician survey required by s. 458.3191 and
1292 determine by geographic area and specialty the number of
1293 physicians who:

1294 (a) Perform deliveries of children in this state ~~Florida~~.

1295 (b) Read mammograms and perform breast-imaging-guided
1296 procedures in this state ~~Florida~~.

1297 (c) Perform emergency care on an on-call basis for a
1298 hospital emergency department.

1299 (d) Plan to reduce or increase emergency on-call hours in a
1300 hospital emergency department.

1301 (e) Plan to relocate ~~their allopathic or osteopathic~~
1302 ~~practice~~ outside the state.

1303 (f) Practice medicine in this state.

1304 (g) Plan to reduce or modify the scope of their practice.

1305 (2) The Department of Health must report its findings to

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1306 the Governor, the President of the Senate, and the Speaker of
1307 the House of Representatives by November 1 each year. The
1308 department shall also include in its report findings,
1309 recommendations, and strategic planning activities as provided
1310 in s. 381.4018. The department may also include other
1311 information requested by the Physician Workforce Advisory
1312 Council.

1313 Section 24. Section 459.0082, Florida Statutes, is amended
1314 to read:

1315 459.0082 Analysis of survey results; report.—

1316 (1) Each year, the Department of Health shall analyze the
1317 results of the physician survey required by s. 459.0081 and
1318 determine by geographic area and specialty the number of
1319 physicians who:

1320 (a) Perform deliveries of children in this state ~~Florida~~.

1321 (b) Read mammograms and perform breast-imaging-guided
1322 procedures in this state ~~Florida~~.

1323 (c) Perform emergency care on an on-call basis for a
1324 hospital emergency department.

1325 (d) Plan to reduce or increase emergency on-call hours in a
1326 hospital emergency department.

1327 (e) Plan to relocate ~~their allopathic or osteopathic~~
1328 ~~practice~~ outside the state.

1329 (f) Practice medicine in this state.

1330 (g) Plan to reduce or modify the scope of their practice.

1331 (2) The Department of Health must report its findings to
1332 the Governor, the President of the Senate, and the Speaker of
1333 the House of Representatives by November 1 each year. The
1334 department shall also include in its report findings,

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1335 recommendations, and strategic planning activities as provided
1336 in s. 381.4018. The department may also include other
1337 information requested by the Physician Workforce Advisory
1338 Council.

1339 Section 25. Section 458.315, Florida Statutes, is amended
1340 to read:

1341 458.315 Temporary certificate for practice in areas of
1342 critical need.—

1343 (1) Any physician who:

1344 (a) Is licensed to practice in any jurisdiction in the
1345 United States and ~~other state,~~ whose license is currently valid;
1346 or

1347 (b) Has served as a physician in the United States Armed
1348 Forces for at least 10 years and received an honorable discharge
1349 from the military;

1350
1351 and who pays an application fee of \$300 may be issued a
1352 temporary certificate for to practice in areas of ~~communities of~~
1353 ~~Florida where there is a~~ critical need ~~for physicians.~~

1354 (2) A certificate may be issued to a physician who:

1355 (a) Practices in an area of critical need;

1356 (b) Will be employed by or practice in a county health
1357 department, correctional facility, Department of Veterans'
1358 Affairs clinic, community health center funded by s. 329, s.
1359 330, or s. 340 of the United States Public Health Services Act,
1360 or other agency or institution that is approved by the State
1361 Surgeon General and provides health care to meet the needs of
1362 underserved populations in this state; or

1363 (c) Will practice for a limited time to address critical

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1364 physician-specialty, demographic, or geographic needs for this
1365 state's physician workforce as determined by the State Surgeon
1366 General entity that provides health care to indigents and that
1367 is approved by the State Health Officer.

1368 (3) The Board of Medicine may issue this temporary
1369 certificate with the following restrictions:

1370 (a) ~~(1)~~ The State Surgeon General board shall determine the
1371 areas of critical need, ~~and the physician so certified may~~
1372 ~~practice in any of those areas for a time to be determined by~~
1373 ~~the board.~~ Such areas shall include, but are not ~~be~~ limited to,
1374 health professional shortage areas designated by the United
1375 States Department of Health and Human Services.

1376 1. ~~(a)~~ A recipient of a temporary certificate for practice
1377 in areas of critical need may use the certificate license to
1378 work for any approved entity employer in any area of critical
1379 need or as authorized by the State Surgeon General approved by
1380 the board.

1381 2. ~~(b)~~ The recipient of a temporary certificate for practice
1382 in areas of critical need shall, within 30 days after accepting
1383 employment, notify the board of all approved institutions in
1384 which the licensee practices and of all approved institutions
1385 where practice privileges have been denied.

1386 (b) ~~(2)~~ The board may administer an abbreviated oral
1387 examination to determine the physician's competency, but a ~~no~~
1388 written regular examination is not required ~~necessary~~. Within 60
1389 days after receipt of an application for a temporary
1390 certificate, the board shall review the application and issue
1391 the temporary certificate, or ~~or~~ notify the applicant of denial, or
1392 notify the applicant that the board recommends additional

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1393 assessment, training, education, or other requirements as a
1394 condition of certification. If the applicant has not actively
1395 practiced during the prior 3 years and the board determines that
1396 the applicant may lack clinical competency, possess diminished
1397 or inadequate skills, lack necessary medical knowledge, or
1398 exhibit patterns of deficits in clinical decisionmaking, the
1399 board may:

1400 1. Deny the application;

1401 2. Issue a temporary certificate having reasonable
1402 restrictions that may include, but are not limited to, a
1403 requirement for the applicant to practice under the supervision
1404 of a physician approved by the board; or

1405 3. Issue a temporary certificate upon receipt of
1406 documentation confirming that the applicant has met any
1407 reasonable conditions of the board which may include, but are
1408 not limited to, completing continuing education or undergoing an
1409 assessment of skills and training.

1410 (c) ~~(3)~~ Any certificate issued under this section ~~is shall~~
1411 ~~be~~ valid only so long as the State Surgeon General determines
1412 that the reason ~~area~~ for which it ~~was is~~ issued remains a an
1413 ~~area of~~ critical need to the state. The Board of Medicine shall
1414 review each temporary certificateholder not the service within
1415 ~~said area not~~ less than annually to ascertain that the minimum
1416 requirements of the Medical Practice Act and its adopted the
1417 ~~rules and regulations promulgated thereunder~~ are being complied
1418 with. If it is determined that such minimum requirements are not
1419 being met, the board shall ~~forthwith~~ revoke such certificate or
1420 shall impose restrictions or conditions, or both, as a condition
1421 of continued practice under the certificate.

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1422 (d)~~(4)~~ The board may ~~shall~~ not issue a temporary
1423 certificate for practice in an area of critical need to any
1424 physician who is under investigation in any jurisdiction in the
1425 United States ~~another state~~ for an act that ~~which~~ would
1426 constitute a violation of this chapter until such time as the
1427 investigation is complete, at which time the provisions of s.
1428 458.331 ~~shall~~ apply.

1429 (4)~~(5)~~ The application fee and all licensure fees,
1430 including neurological injury compensation assessments, shall be
1431 waived for those persons obtaining a temporary certificate to
1432 practice in areas of critical need for the purpose of providing
1433 volunteer, uncompensated care for low-income residents
1434 Floridians. The applicant must submit an affidavit from the
1435 employing agency or institution stating that the physician will
1436 not receive any compensation for any service involving the
1437 practice of medicine.

1438 Section 26. Section 459.0076, Florida Statutes, is created
1439 to read:

1440 459.0076 Temporary certificate for practice in areas of
1441 critical need.—

1442 (1) Any physician who:

1443 (a) Is licensed to practice in any jurisdiction in the
1444 United States and whose license is currently valid; or

1445 (b) Has served as a physician in the United States Armed
1446 Forces for at least 10 years and received an honorable discharge
1447 from the military;

1448
1449 and who pays an application fee of \$300 may be issued a
1450 temporary certificate for practice in areas of critical need.

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1451 (2) A certificate may be issued to a physician who:

1452 (a) Will practice in an area of critical need;

1453 (b) Will be employed by or practice in a county health
1454 department, correctional facility, Department of Veterans'
1455 Affairs clinic, community health center funded by s. 329, s.
1456 330, or s. 340 of the United States Public Health Services Act,
1457 or other agency or institution that is approved by the State
1458 Surgeon General and provides health care to meet the needs of
1459 underserved populations in this state; or

1460 (c) Will practice for a limited time to address critical
1461 physician-specialty, demographic, or geographic needs for this
1462 state's physician workforce as determined by the State Surgeon
1463 General.

1464 (3) The Board of Osteopathic Medicine may issue this
1465 temporary certificate with the following restrictions:

1466 (a) The State Surgeon General shall determine the areas of
1467 critical need. Such areas include, but are not limited to,
1468 health professional shortage areas designated by the United
1469 States Department of Health and Human Services.

1470 1. A recipient of a temporary certificate for practice in
1471 areas of critical need may use the certificate to work for any
1472 approved entity in any area of critical need or as authorized by
1473 the State Surgeon General.

1474 2. The recipient of a temporary certificate for practice in
1475 areas of critical need shall, within 30 days after accepting
1476 employment, notify the board of all approved institutions in
1477 which the licensee practices and of all approved institutions
1478 where practice privileges have been denied.

1479 (b) The board may administer an abbreviated oral

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1480 examination to determine the physician's competency, but a
1481 written regular examination is not required. Within 60 days
1482 after receipt of an application for a temporary certificate, the
1483 board shall review the application and issue the temporary
1484 certificate, notify the applicant of denial, or notify the
1485 applicant that the board recommends additional assessment,
1486 training, education, or other requirements as a condition of
1487 certification. If the applicant has not actively practiced
1488 during the prior 3 years and the board determines that the
1489 applicant may lack clinical competency, possess diminished or
1490 inadequate skills, lack necessary medical knowledge, or exhibit
1491 patterns of deficits in clinical decisionmaking, the board may:

- 1492 1. Deny the application;
- 1493 2. Issue a temporary certificate having reasonable
1494 restrictions that may include, but are not limited to, a
1495 requirement for the applicant to practice under the supervision
1496 of a physician approved by the board; or
- 1497 3. Issue a temporary certificate upon receipt of
1498 documentation confirming that the applicant has met any
1499 reasonable conditions of the board which may include, but are
1500 not limited to, completing continuing education or undergoing an
1501 assessment of skills and training.

1502 (c) Any certificate issued under this section is valid only
1503 so long as the State Surgeon General determines that the reason
1504 for which it was issued remains a critical need to the state.
1505 The Board of Osteopathic Medicine shall review each temporary
1506 certificateholder not less than annually to ascertain that the
1507 minimum requirements of the Osteopathic Medical Practice Act and
1508 its adopted rules are being complied with. If it is determined

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1509 that such minimum requirements are not being met, the board
1510 shall revoke such certificate or shall impose restrictions or
1511 conditions, or both, as a condition of continued practice under
1512 the certificate.

1513 (d) The board may not issue a temporary certificate for
1514 practice in an area of critical need to any physician who is
1515 under investigation in any jurisdiction in the United States for
1516 an act that would constitute a violation of this chapter until
1517 such time as the investigation is complete, at which time the
1518 provisions of s. 459.015 apply.

1519 (4) The application fee and all licensure fees, including
1520 neurological injury compensation assessments, shall be waived
1521 for those persons obtaining a temporary certificate to practice
1522 in areas of critical need for the purpose of providing
1523 volunteer, uncompensated care for low-income residents. The
1524 applicant must submit an affidavit from the employing agency or
1525 institution stating that the physician will not receive any
1526 compensation for any service involving the practice of medicine.

1527 Section 27. (1) The Department of Health shall develop, in
1528 collaboration with the Agency for Health Care Administration, a
1529 statewide plan aimed at implementing the recommendations from
1530 the Centers for Disease Control and Prevention for screening for
1531 the human immunodeficiency virus (HIV) in adults and adolescents
1532 in public and private health care settings. The goals of the
1533 plan shall include, but not be limited to, increasing awareness
1534 of HIV infection rates and causes, increasing voluntary HIV
1535 screening rates in health care settings, identifying previously
1536 unrecognized HIV infection, linking HIV-positive clients to
1537 clinical and prevention services to reduce future infections,

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1538 reducing the transmission of HIV to fetuses, and establishing
1539 early treatment for those persons infected with HIV. To the
1540 extent possible, the plan shall integrate with existing HIV
1541 screening and testing programs that are funded by the Centers
1542 for Disease Control and Prevention or other organizations. As
1543 used in this section, the term "department" means the Department
1544 of Health.

1545 (2) In developing the plan, the department shall seek the
1546 input of and collaborate with, at a minimum, representatives of
1547 the following entities: hospital emergency departments; urgent
1548 care clinics; inpatient settings, including labor and delivery;
1549 substance abuse treatment clinics; public health clinics;
1550 community clinics; federally qualified health clinics; rural
1551 health clinics; correctional health care facilities; pediatric
1552 and adolescent care clinics; prenatal care clinics; local health
1553 departments; and other public and private primary care settings.

1554 (3) The department shall establish a demonstration project
1555 as current funds allow in an area of the state with a high
1556 incidence of HIV infection to begin implementation of the
1557 statewide plan. The demonstration project shall seek to
1558 collaborate with the public and private health care settings in
1559 subsection (2) and be consistent with the department's current
1560 "Test Miami" initiative.

1561 (4) The department shall file an interim report on the
1562 status of the development of the statewide plan, which includes
1563 any funding needs for the expansion of the demonstration project
1564 to other areas of the state, with the Governor, President of the
1565 Senate, and the Speaker of the House of Representatives by
1566 December 31, 2010. The Department shall file a final report on

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1567 the statewide plan and implementation and status of the
1568 demonstration project with the Governor, President of the
1569 Senate, and the Speaker of the House of Representatives by
1570 December 31, 2011.

1571 Section 28. Present subsections (32) through (54) of
1572 section 499.003, Florida Statutes, are renumbered as subsections
1573 (33) through (55), respectively, and a new subsection (32) is
1574 added to that section, to read:

1575 499.003 Definitions of terms used in this part.—As used in
1576 this part, the term:

1577 (32) "Medical convenience kit" means packages or units that
1578 contain combination products as defined in 21 C.F.R. s.
1579 3.2(e) (2).

1580 Section 29. Paragraph (i) is added to subsection (3) of
1581 section 499.01212, Florida Statutes, to read:

1582 499.01212 Pedigree paper.—

1583 (3) EXCEPTIONS.—A pedigree paper is not required for:

1584 (i) The wholesale distribution of prescription drugs
1585 contained within a medical convenience kit if:

1586 1. The medical convenience kit is assembled in an
1587 establishment that is registered as a medical device
1588 manufacturer with the United States Food and Drug
1589 Administration;

1590 2. The medical convenience kit manufacturer purchased the
1591 prescription drug directly from the manufacturer or from a
1592 wholesaler that purchased the prescription drug directly from
1593 the manufacturer;

1594 3. The medical convenience kit manufacturer complies with
1595 federal law for the distribution of the prescription drugs

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1596 within the kit; and

1597 4. The drugs contained in the medical convenience kit are:

1598 a. Intravenous solutions intended for the replenishment of
1599 fluids and electrolytes;

1600 b. Products intended to maintain the equilibrium of water
1601 and minerals in the body;

1602 c. Products intended for irrigation or reconstitution;

1603 d. Anesthetics; or

1604 e. Anticoagulants.

1605 Section 30. (1) In addition to the appropriations contained
1606 in the General Appropriations Act for the 2010-2011 fiscal year,
1607 one full-time equivalent position and salary rate of 52,554 are
1608 authorized for and the sums of \$75,000 from the General Revenue
1609 Fund and \$75,000 from the Medical Care Trust Fund are
1610 appropriated to the Agency for Health Care Administration.

1611 (2) Notwithstanding the appropriations authorized in the
1612 General Appropriations Act for the 2010-2011 fiscal year for the
1613 Department of Health, one full-time equivalent position is
1614 abolished, salary rate is reduced by 52,554, and appropriations
1615 from the General Revenue Fund are reduced on a recurring basis
1616 by \$75,000.

1617 (3) The appropriations made in subsection (1) are
1618 contingent upon the adjustments to appropriations made in
1619 subsection (2) becoming law.

1620 Section 31. Dental workforce survey.-

1621 (1) Beginning in 2012, each person who applies for
1622 licensure renewal as a dentist or dental hygienist under chapter
1623 466, Florida Statutes, must, in conjunction with the renewal of
1624 such license under procedures and forms adopted by the Board of

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1625 Dentistry and in addition to any other information that may be
1626 required from the applicant, furnish the following information
1627 to the Department of Health, working in conjunction with the
1628 board, in a dental workforce survey:

1629 (a) Licensee information, including, but not limited to:

1630 1. The name of the dental school or dental hygiene program
1631 that the dentist or dental hygienist graduated from and the year
1632 of graduation.

1633 2. The year that the dentist or dental hygienist began
1634 practicing or working in this state.

1635 3. The geographic location of the dentist's or dental
1636 hygienist's practice or address within the state.

1637 4. For a dentist in private practice:

1638 a. The number of full-time dental hygienists employed by
1639 the dentist during the reporting period.

1640 b. The number of full-time dental assistants employed by
1641 the dentist during the reporting period.

1642 c. The average number of patients treated per week by the
1643 dentist during the reporting period.

1644 d. The settings where the dental care was delivered.

1645 5. Anticipated plans of the dentist to change the status of
1646 his or her license or practice.

1647 6. The dentist's areas of specialty or certification.

1648 7. The year that the dentist completed a specialty program
1649 recognized by the American Dental Association.

1650 8. For a hygienist:

1651 a. The average number of patients treated per week by the
1652 hygienist during the reporting period.

1653 b. The settings where the dental care was delivered.

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1654 9. The dentist's memberships in professional organizations.

1655 10. The number of pro bono hours provided by the dentist or
1656 dental hygienist during the last biennium.

1657 (b) Information concerning the availability and trends
1658 relating to critically needed services, including, but not
1659 limited to, the following types of care provided by the dentist
1660 or dental hygienist:

1661 1. Dental care to children having special needs.

1662 2. Geriatric dental care.

1663 3. Dental services in emergency departments.

1664 4. Medicaid services.

1665 5. Other critically needed specialty areas, as determined
1666 by the advisory body.

1667 (2) In addition to the completed survey, the dentist or
1668 dental hygienist must submit a statement that the information
1669 provided is true and accurate to the best of his or her
1670 knowledge and belief.

1671 (3) Beginning in 2012, renewal of a license by a dentist or
1672 dental hygienist licensed under chapter 466, Florida Statutes,
1673 is not contingent upon the completion and submission of the
1674 dental workforce survey; however, for any subsequent license
1675 renewal, the board may not renew the license of any dentist or
1676 dental hygienist until the survey required under this section is
1677 completed and submitted by the licensee.

1678 (4) (a) Beginning in 2012, the Board of Dentistry shall
1679 issue a nondisciplinary citation to any dentist or dental
1680 hygienist licensed under chapter 466, Florida Statutes, who
1681 fails to complete the survey within 90 days after the renewal of
1682 his or her license to practice as a dentist or dental hygienist.

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1683 (b) The citation must notify a dentist or dental hygienist
1684 who fails to complete the survey required by this section that
1685 his or her license will not be renewed for any subsequent
1686 license renewal unless the dentist or dental hygienist completes
1687 the survey.

1688 (c) In conjunction with issuing the license renewal notice
1689 required by s. 456.038, Florida Statutes, the board shall notify
1690 each dentist or dental hygienist licensed under chapter 466,
1691 Florida Statutes, who fails to complete the survey that the
1692 survey must be completed before the subsequent license renewal.

1693 Section 32. (1) The Department of Health shall serve as the
1694 coordinating body for the purpose of collecting and regularly
1695 updating and disseminating dental workforce data. The department
1696 shall work with multiple stakeholders, including the Florida
1697 Dental Association and the Florida Dental Hygiene Association,
1698 to assess and share with all communities of interest all data
1699 collected in a timely fashion.

1700 (2) The Department of Health shall maintain a current
1701 database to serve as a statewide source of data concerning the
1702 dental workforce. The department, in conjunction with the board,
1703 shall also:

1704 (a) Develop strategies to maximize federal and state
1705 programs that provide incentives for dentists to practice in
1706 shortage areas that are federally designated. Strategies shall
1707 include programs such as the Florida Health Services Corps
1708 established under s. 381.0302, Florida Statutes.

1709 (b) Work in conjunction with an advisory body to address
1710 matters relating to the state's dental workforce. The advisory
1711 body shall provide input on developing questions for the dentist

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1712 workforce survey. An advisory body shall include, but need not
1713 be limited to, the State Surgeon General or his or her designee,
1714 the dean of each dental school accredited in the United States
1715 and based in this state or his or her designee, a representative
1716 from the Florida Dental Association, a representative from the
1717 Florida Dental Hygiene Association, a representative from the
1718 Florida Board of Dentistry, and a dentist from each of the
1719 dental specialties recognized by the American Dental
1720 Association's Commission on Dental Accreditation. Members of the
1721 advisory body shall serve without compensation.

1722 (c) Act as a clearinghouse for collecting and disseminating
1723 information concerning the dental workforce.

1724 (3) The Department of Health and the Board of Dentistry
1725 shall adopt rules necessary to administer this section.

1726 Section 33. It is the intent of the Legislature that the
1727 Department of Health and the Board of Dentistry implement the
1728 provisions of this act within existing resources.

1729 Section 34. Paragraph (t) of subsection (2) of section
1730 499.01, Florida Statutes, is amended to read:

1731 499.01 Permits.—

1732 (2) The following permits are established:

1733 (t) *Health care clinic establishment permit.*—Effective
1734 January 1, 2009, a health care clinic establishment permit is
1735 required for the purchase of a prescription drug by a place of
1736 business at one general physical location that provides health
1737 care or veterinary services, which is owned and operated by a
1738 business entity that has been issued a federal employer tax
1739 identification number. For the purpose of this paragraph, the
1740 term "qualifying practitioner" means a licensed health care

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1741 practitioner defined in s. 456.001, or a veterinarian licensed
1742 under chapter 474, who is authorized under the appropriate
1743 practice act to prescribe and administer a prescription drug.

1744 1. An establishment must provide, as part of the
1745 application required under s. 499.012, designation of a
1746 qualifying practitioner who will be responsible for complying
1747 with all legal and regulatory requirements related to the
1748 purchase, recordkeeping, storage, and handling of the
1749 prescription drugs. In addition, the designated qualifying
1750 practitioner shall be the practitioner whose name, establishment
1751 address, and license number is used on all distribution
1752 documents for prescription drugs purchased or returned by the
1753 health care clinic establishment. Upon initial appointment of a
1754 qualifying practitioner, the qualifying practitioner and the
1755 health care clinic establishment shall notify the department on
1756 a form furnished by the department within 10 days after such
1757 employment. In addition, the qualifying practitioner and health
1758 care clinic establishment shall notify the department within 10
1759 days after any subsequent change.

1760 2. The health care clinic establishment must employ a
1761 qualifying practitioner at each establishment.

1762 3. In addition to the remedies and penalties provided in
1763 this part, a violation of this chapter by the health care clinic
1764 establishment or qualifying practitioner constitutes grounds for
1765 discipline of the qualifying practitioner by the appropriate
1766 regulatory board.

1767 4. The purchase of prescription drugs by the health care
1768 clinic establishment is prohibited during any period of time
1769 when the establishment does not comply with this paragraph.

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1770 5. A health care clinic establishment permit is not a
1771 pharmacy permit or otherwise subject to chapter 465. A health
1772 care clinic establishment that meets the criteria of a modified
1773 Class II institutional pharmacy under s. 465.019 is not eligible
1774 to be permitted under this paragraph.

1775 6. This paragraph does not apply to the purchase of a
1776 prescription drug by a licensed practitioner under his or her
1777 license. A professional corporation or limited liability company
1778 composed of dentists and operating as authorized in s. 466.0285
1779 may pay for prescription drugs obtained by a practitioner
1780 licensed under chapter 466, and the licensed practitioner is
1781 deemed the purchaser and owner of the prescription drugs.

1782 Section 35. Paragraph (a) of subsection (6) of section
1783 624.91, Florida Statutes, is amended to read:

1784 624.91 The Florida Healthy Kids Corporation Act.—

1785 (6) BOARD OF DIRECTORS.—

1786 (a) The Florida Healthy Kids Corporation shall operate
1787 subject to the supervision and approval of a board of directors
1788 chaired by the Chief Financial Officer or her or his designee,
1789 and composed of 12 ~~11~~ other members selected for 3-year terms of
1790 office as follows:

1791 1. The Secretary of Health Care Administration, or his or
1792 her designee.

1793 2. One member appointed by the Commissioner of Education
1794 from the Office of School Health Programs of the Florida
1795 Department of Education.

1796 3. One member appointed by the Chief Financial Officer from
1797 among three members nominated by the Florida Pediatric Society.

1798 4. One member, appointed by the Governor, who represents

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1799 the Children's Medical Services Program.

1800 5. One member appointed by the Chief Financial Officer from
1801 among three members nominated by the Florida Hospital
1802 Association.

1803 6. One member, appointed by the Governor, who is an expert
1804 on child health policy.

1805 7. One member, appointed by the Chief Financial Officer,
1806 from among three members nominated by the Florida Academy of
1807 Family Physicians.

1808 8. One member, appointed by the Governor, who represents
1809 the state Medicaid program.

1810 9. One member, appointed by the Chief Financial Officer,
1811 from among three members nominated by the Florida Association of
1812 Counties.

1813 10. The State Health Officer or her or his designee.

1814 11. The Secretary of Children and Family Services, or his
1815 or her designee.

1816 12. One member, appointed by the Governor, from among three
1817 members nominated by the Florida Dental Association.

1818 Section 36. Subsection (3) is added to section 381.00315,
1819 Florida Statutes, to read:

1820 381.00315 Public health advisories; public health
1821 emergencies.—The State Health Officer is responsible for
1822 declaring public health emergencies and issuing public health
1823 advisories.

1824 (3) To facilitate effective emergency management, when the
1825 United States Department of Health and Human Services contracts
1826 for the manufacture and delivery of licensable products in
1827 response to a public health emergency and the terms of those

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1828 contracts are made available to the states, the department shall
1829 accept funds provided by cities, counties, and other entities
1830 designated in the state emergency management plan required under
1831 s. 252.35(2) (a) for the purpose of participation in those
1832 contracts. The department shall deposit those funds in the
1833 Grants and Donations Trust Fund and expend those funds on behalf
1834 of the donor city, county, or other entity for the purchase of
1835 the licensable products made available under the contract.

1836 Section 37. This act shall take effect July 1, 2010.