

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Legg offered the following:

2

3 **Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

5 Section 1. Subsection (5) of section 456.037, Florida

6 Statutes, is amended to read:

7 456.037 Business establishments; requirements for active
8 status licenses; delinquency; discipline; applicability.-

9 (5) This section applies to any business establishment
10 registered, permitted, or licensed by the department to do
11 business. Business establishments include, but are not limited
12 to, dental laboratories, electrology facilities, massage
13 establishments, ~~and~~ pharmacies, and pain-management clinics
14 required to be registered under s. 458.3265 or s. 459.0137.

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16 Section 2. Paragraph (a) of subsection (9) of section
17 456.057, Florida Statutes, is amended to read:

18 456.057 Ownership and control of patient records; report
19 or copies of records to be furnished.—

20 (9) (a) 1. The department may obtain patient records
21 pursuant to a subpoena without written authorization from the
22 patient if the department and the probable cause panel of the
23 appropriate board, if any, find reasonable cause to believe that
24 a health care practitioner has excessively or inappropriately
25 prescribed any controlled substance specified in chapter 893 in
26 violation of this chapter or any professional practice act or
27 that a health care practitioner has practiced his or her
28 profession below that level of care, skill, and treatment
29 required as defined by this chapter or any professional practice
30 act and also find that appropriate, reasonable attempts were
31 made to obtain a patient release. Notwithstanding the foregoing,
32 the department need not attempt to obtain a patient release when
33 investigating an offense involving the inappropriate
34 prescribing, overprescribing, or diversion of controlled
35 substances and the offense involves a pain-management clinic.
36 The department may obtain patient records without patient
37 authorization or subpoena from any pain-management clinic
38 required to be registered if the department has probable cause
39 to believe that a violation of any provision of s. 458.3265 or
40 s. 459.0137 is occurring or has occurred and reasonably believes
41 that obtaining such authorization is not feasible due to the
42 volume of the dispensing and prescribing activity involving
43 controlled substances and that obtaining patient authorization

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44 or the issuance of a subpoena would jeopardize the
45 investigation.

46 2. The department may obtain patient records and insurance
47 information pursuant to a subpoena without written authorization
48 from the patient if the department and the probable cause panel
49 of the appropriate board, if any, find reasonable cause to
50 believe that a health care practitioner has provided inadequate
51 medical care based on termination of insurance and also find
52 that appropriate, reasonable attempts were made to obtain a
53 patient release.

54 3. The department may obtain patient records, billing
55 records, insurance information, provider contracts, and all
56 attachments thereto pursuant to a subpoena without written
57 authorization from the patient if the department and probable
58 cause panel of the appropriate board, if any, find reasonable
59 cause to believe that a health care practitioner has submitted a
60 claim, statement, or bill using a billing code that would result
61 in payment greater in amount than would be paid using a billing
62 code that accurately describes the services performed, requested
63 payment for services that were not performed by that health care
64 practitioner, used information derived from a written report of
65 an automobile accident generated pursuant to chapter 316 to
66 solicit or obtain patients personally or through an agent
67 regardless of whether the information is derived directly from
68 the report or a summary of that report or from another person,
69 solicited patients fraudulently, received a kickback as defined
70 in s. 456.054, violated the patient brokering provisions of s.
71 817.505, or presented or caused to be presented a false or
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72 fraudulent insurance claim within the meaning of s.
73 817.234(1)(a), and also find that, within the meaning of s.
74 817.234(1)(a), patient authorization cannot be obtained because
75 the patient cannot be located or is deceased, incapacitated, or
76 suspected of being a participant in the fraud or scheme, and if
77 the subpoena is issued for specific and relevant records.

78 4. Notwithstanding subparagraphs 1.-3., when the
79 department investigates a professional liability claim or
80 undertakes action pursuant to s. 456.049 or s. 627.912, the
81 department may obtain patient records pursuant to a subpoena
82 without written authorization from the patient if the patient
83 refuses to cooperate or if the department attempts to obtain a
84 patient release and the failure to obtain the patient records
85 would be detrimental to the investigation.

86 Section 3. Subsections (4), (5), and (6) of section
87 458.309, Florida Statutes, are repealed.

88 Section 4. Section 458.3265, Florida Statutes, is created
89 to read:

90 458.3265 Pain-management clinics.-

91 (1) REGISTRATION.-

92 (a) All privately owned pain-management clinics,
93 facilities, or offices, hereinafter referred to as "clinics,"
94 which advertise in any medium for any type of pain-management
95 services, or employ a physician who is primarily engaged in the
96 treatment of pain by prescribing or dispensing controlled
97 substance medications, must register with the department unless:

98 1. That clinic is licensed as a facility pursuant to
99 chapter 395;

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100 2. The majority of the physicians who provide services in
101 the clinic primarily provide surgical services;

102 3. The physicians who provide services in the clinic
103 primarily provide chiropractic services and do not dispense
104 controlled substances.

105 4. The clinic is owned by a publicly held corporation
106 whose shares are traded on a national exchange or on the over-
107 the-counter market and whose total assets at the end of the
108 corporation's most recent fiscal quarter exceeded \$50 million;

109 5. The clinic is affiliated with an accredited medical
110 school at which training is provided for medical students,
111 residents, or fellows;

112 6. The clinic does not prescribe or dispense controlled
113 substances for the treatment of pain; or

114 7. The clinic is owned by a corporate entity exempt from
115 federal taxation under 26 U.S.C. s. 501(c)(3).

116 (b) Each clinic location shall be registered separately
117 regardless of whether the clinic is operated under the same
118 business name or management as another clinic.

119 (c) As a part of registration, a clinic must designate a
120 physician who is responsible for complying with all requirements
121 related to registration and operation of the clinic in
122 compliance with this section. Within 10 days after termination
123 of a designated physician, the clinic must notify the department
124 of the identity of another designated physician for that clinic.
125 The designated physician shall have a full, active, and
126 unencumbered license under this chapter or chapter 459 and shall
127 practice at the clinic location for which the physician has

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128 assumed responsibility. Failing to have a licensed designated
129 physician practicing at the location of the registered clinic
130 may be the basis for a summary suspension of the clinic
131 registration certificate as described in s. 456.073(8) for a
132 license or s. 120.60(6).

133 (d) The department shall deny registration to any clinic
134 that is not fully owned by a physician licensed under this
135 chapter or chapter 459 or a group of physicians, each of whom is
136 licensed under this chapter or chapter 459; or that is not a
137 health care clinic licensed under part X of chapter 400.

138 (e) The department shall deny registration to any pain-
139 management clinic owned by or with any contractual or employment
140 relationship with a physician:

141 1. Whose Drug Enforcement Administration number has ever
142 been revoked.

143 2. Whose application for a license to prescribe, dispense,
144 or administer a controlled substance has been denied by any
145 jurisdiction.

146 3. Who has been convicted of or plead guilty or nolo
147 contendere to, regardless of adjudication, an offense that
148 constitutes a felony for receipt of illicit and diverted drugs,
149 including a controlled substance listed in Schedule I, Schedule
150 II, Schedule III, Schedule IV, or Schedule V of s. 893.03, in
151 this state, any other state, or the United States.

152 (f) If the department finds that a pain-management clinic
153 does not meet the requirement of paragraph (d) or is owned,
154 directly or indirectly, by a person meeting any criteria listed
155 in paragraph (e), the department shall revoke the certificate of
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156 registration previously issued by the department. As determined
157 by rule, the department may grant an exemption to denying a
158 registration or revoking a previously issued registration if
159 more than 10 years have elapsed since adjudication. As used in
160 this subsection, the term "convicted" includes an adjudication
161 of guilt following a plea of guilty or nolo contendere or the
162 forfeiture of a bond when charged with a crime.

163 (g) The department may revoke the clinic's certificate of
164 registration and prohibit all physicians associated with that
165 pain-management clinic from practicing at that clinic location
166 based upon an annual inspection and evaluation of the factors
167 described in subsection (3).

168 (h) If the registration of a pain-management clinic is
169 revoked or suspended, the designated physician of the pain-
170 management clinic, the owner or lessor of the pain-management
171 clinic property, the manager, and the proprietor shall cease to
172 operate the facility as a pain-management clinic as of the
173 effective date of the suspension or revocation.

174 (i) If a pain-management clinic registration is revoked or
175 suspended, the designated physician of the pain-management
176 clinic, the owner or lessor of the clinic property, the manager,
177 or the proprietor is responsible for removing all signs and
178 symbols identifying the premises as a pain-management clinic.

179 (j) Upon the effective date of the suspension or
180 revocation, the designated physician of the pain-management
181 clinic shall advise the department of the disposition of the
182 medicinal drugs located on the premises. The disposition is
183 subject to the supervision and approval of the department.

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184 Medicinal drugs that are purchased or held by a pain-management
185 clinic that is not registered may be deemed adulterated pursuant
186 to s. 499.006.

187 (k) If the clinic's registration is revoked, any person
188 named in the registration documents of the pain-management
189 clinic, including persons owning or operating the pain-
190 management clinic, may not, as an individual or as a part of a
191 group, apply to operate a pain-management clinic for 5 years
192 after the date the registration is revoked.

193 (l) The period of suspension for the registration of a
194 pain management clinic shall be prescribed by the department,
195 but may not exceed 1 year.

196 (m) A change of ownership of a registered pain-management
197 clinic requires submission of a new registration application.

198 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
199 apply to any physician who provides professional services in a
200 pain-management clinic that is required to be registered in
201 subsection (1).

202 (a) A physician may not practice medicine in a pain-
203 management clinic, as described in subsection (4), if:

204 1. The pain-management clinic is not registered with the
205 department as required by this section; or

206 2. Effective July 1, 2012, the physician has not
207 successfully completed a pain medicine fellowship that is
208 accredited by the Accreditation Council for Graduate Medical
209 Education or a pain medicine residency that is accredited by the
210 Accreditation Council for Graduate Medical Education or does not
211 comply with rules adopted by the Board of Medicine.

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A physician who violates this paragraph is subject to disciplinary action by his or her appropriate medical regulatory board.

(b) A person may not dispense any medication, including a controlled substance, on the premises of a registered pain-management clinic unless he or she is a physician licensed under this chapter or chapter 459.

(c) A physician must perform a physical examination of a patient on the same day that he or she dispenses or prescribes a controlled substance to a patient at a pain-management clinic. If the physician prescribes or dispenses more than a 72-hour dose of controlled substances for the treatment of chronic nonmalignant pain, the physician must document in the patient's record the reason for prescribing or dispensing that quantity.

(d) A physician authorized to prescribe controlled substances who practices at a pain-management clinic is responsible for maintaining the control and security of his or her prescription blanks and any other method used for prescribing controlled substance pain medication. The physician shall comply with the requirements for counterfeit-resistant prescription blanks in s. 893.065 and the rules adopted pursuant to that section. The physician shall notify in writing the department within 24 hours following any theft or loss of a prescription blank or breach of any other method for prescribing pain medication.

(e) The designated physician of a pain-management clinic shall notify the applicable board in writing of the date of

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240 termination of employment within 10 days after terminating his
241 or her employment with a pain-management clinic that is required
242 to be registered under subsection (1).

243 (3) INSPECTION.—

244 (a) The department shall inspect the pain-management
245 clinic annually, including a review of the patient records, to
246 ensure that it complies with this section and the rules of the
247 Board of Medicine adopted pursuant to subsection (4) unless the
248 clinic is accredited by a nationally recognized accrediting
249 agency approved by the Board of Medicine.

250 (b) During an onsite inspection, the department shall make
251 a reasonable attempt to discuss each violation with the owner or
252 designated physician of the pain-management clinic before
253 issuing a formal written notification.

254 (c) Any action taken to correct a violation shall be
255 documented in writing by the owner or designated physician of
256 the pain-management clinic and verified by followup visits by
257 departmental personnel.

258 (4) RULEMAKING.—

259 (a) The department shall adopt rules necessary to
260 administer the registration and inspection of pain-management
261 clinics which establish the specific requirements, procedures,
262 forms, and fees.

263 (b) The department shall adopt a rule defining what
264 constitutes practice by a designated physician at the clinic
265 location for which the physician has assumed responsibility, as
266 set forth in subsection (1). When adopting the rule, the
267 department shall consider the number of clinic employees, the

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268 location of the pain-management clinic, the clinic's hours of
269 operation, and the amount of controlled substances being
270 prescribed, dispensed, or administered at the pain-management
271 clinic.

272 (c) The Board of Medicine shall adopt a rule establishing
273 the maximum number of prescriptions for Schedule II or Schedule
274 III controlled substances or the controlled substance Alprazolam
275 which may be written at any one registered pain-management
276 clinic during any 24-hour period.

277 (d) The Board of Medicine shall adopt rules setting forth
278 standards of practice for physicians practicing in privately
279 owned pain-management clinics that primarily engage in the
280 treatment of pain by prescribing or dispensing controlled
281 substance medications. Such rules shall address, but need not be
282 limited to:

- 283 1. Facility operations;
- 284 2. Physical operations;
- 285 3. Infection control requirements;
- 286 4. Health and safety requirements;
- 287 5. Quality assurance requirements;
- 288 6. Patient records;
- 289 7. Training requirements for all facility health care
290 practitioners who are not regulated by another board;
- 291 8. Inspections; and
- 292 9. Data collection and reporting requirements.

294 A physician is primarily engaged in the treatment of pain by
295 prescribing or dispensing controlled substance medications when

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296 the majority of the patients seen are prescribed or dispensed
297 controlled substance medications for the treatment of chronic
298 nonmalignant pain. Chronic nonmalignant pain is pain unrelated
299 to cancer which persists beyond the usual course of the disease
300 or the injury that is the cause of the pain or more than 90 days
301 after surgery.

302 (5) PENALTIES; ENFORCEMENT.—

303 (a) The department may impose an administrative fine on
304 the clinic of up to \$5,000 per violation for violating the
305 requirements of this section; chapter 499, the Florida Drug and
306 Cosmetic Act; 21 U.S.C. ss. 301-392, the Federal Food, Drug, and
307 Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Comprehensive Drug
308 Abuse Prevention and Control Act; chapter 893, the Florida
309 Comprehensive Drug Abuse Prevention and Control Act; or the
310 rules of the department. In determining whether a penalty is to
311 be imposed, and in fixing the amount of the fine, the department
312 shall consider the following factors:

313 1. The gravity of the violation, including the probability
314 that death or serious physical or emotional harm to a patient
315 has resulted, or could have resulted, from the pain-management
316 clinic's actions or the actions of the physician, the severity
317 of the action or potential harm, and the extent to which the
318 provisions of the applicable laws or rules were violated.

319 2. What actions, if any, the owner or designated physician
320 took to correct the violations.

321 3. Whether there were any previous violations at the pain-
322 management clinic.

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323 4. The financial benefits that the pain-management clinic
324 derived from committing or continuing to commit the violation.

325 (b) Each day a violation continues after the date fixed
326 for termination of the violation as ordered by the department
327 constitutes an additional, separate, and distinct violation.

328 (c) The department may impose a fine and, in the case of
329 an owner-operated pain-management clinic, revoke or deny a pain-
330 management clinic's registration, if the clinic's designated
331 physician knowingly and intentionally misrepresents actions
332 taken to correct a violation.

333 (d) An owner or designated physician of a pain-management
334 clinic who concurrently operates an unregistered pain-management
335 clinic is subject to an administrative fine of \$5,000 per day.

336 (e) If the owner of a pain-management clinic that requires
337 registration fails to apply to register the clinic upon a
338 change-of-ownership and operates the clinic under the new
339 ownership, the owner is subject to a fine of \$5,000.

340 Section 5. Section 458.327, Florida Statutes, is amended
341 to read:

342 458.327 Penalty for violations.-

343 (1) Each of the following acts constitutes a felony of the
344 third degree, punishable as provided in s. 775.082, s. 775.083,
345 or s. 775.084:

346 (a) The practice of medicine or an attempt to practice
347 medicine without a license to practice in Florida.

348 (b) The use or attempted use of a license which is
349 suspended or revoked to practice medicine.

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350 (c) Attempting to obtain or obtaining a license to
351 practice medicine by knowing misrepresentation.

352 (d) Attempting to obtain or obtaining a position as a
353 medical practitioner or medical resident in a clinic or hospital
354 through knowing misrepresentation of education, training, or
355 experience.

356 (e) Knowingly operating, owning, or managing a
357 nonregistered pain-management clinic that is required to be
358 registered with the Department of Health pursuant to s.
359 458.3265(1).

360 (2) Each of the following acts constitutes a misdemeanor
361 of the first degree, punishable as provided in s. 775.082 or s.
362 775.083:

363 (a) Knowingly concealing information relating to
364 violations of this chapter.

365 (b) Making any willfully false oath or affirmation
366 whenever an oath or affirmation is required by this chapter.

367 (c) Referring any patient, for health care goods or
368 services, to a partnership, firm, corporation, or other business
369 entity in which the physician or the physician's employer has an
370 equity interest of 10 percent or more unless, prior to such
371 referral, the physician notifies the patient of his or her
372 financial interest and of the patient's right to obtain such
373 goods or services at the location of the patient's choice. This
374 section does not apply to the following types of equity
375 interest:

376 1. The ownership of registered securities issued by a
377 publicly held corporation or the ownership of securities issued
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378 by a publicly held corporation, the shares of which are traded
379 on a national exchange or the over-the-counter market;

380 2. A physician's own practice, whether he or she is a sole
381 practitioner or part of a group, when the health care good or
382 service is prescribed or provided solely for the physician's own
383 patients and is provided or performed by the physician or under
384 the physician's supervision; or

385 3. An interest in real property resulting in a landlord-
386 tenant relationship between the physician and the entity in
387 which the equity interest is held, unless the rent is
388 determined, in whole or in part, by the business volume or
389 profitability of the tenant or is otherwise unrelated to fair
390 market value.

391 (d) Leading the public to believe that one is licensed as
392 a medical doctor, or is engaged in the licensed practice of
393 medicine, without holding a valid, active license.

394 (e) Practicing medicine or attempting to practice medicine
395 with an inactive or delinquent license.

396 (f) Knowingly prescribing or dispensing, or causing to be
397 prescribed or dispensed, controlled substances in a
398 nonregistered pain-management clinic that is required to be
399 registered with the Department of Health pursuant to s.
400 458.3265(1).

401 Section 6. Paragraphs (oo), (pp), (qq), (rr), and (ss) are
402 added to subsection (1) of section 458.331, Florida Statutes, to
403 read:

404 458.331 Grounds for disciplinary action; action by the
405 board and department.-

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406 (1) The following acts constitute grounds for denial of a
407 license or disciplinary action, as specified in s. 456.072(2):

408 (oo) Practicing medicine in a clinic that is required to
409 register but has not registered with the department pursuant to
410 s. 458.3265.

411 (pp) Promoting or advertising through any communication
412 media the use, sale, or dispensing of any controlled substance
413 appearing on any schedule in chapter 893.

414 (qq) Dispensing a controlled substance listed in Schedule
415 II, Schedule III, Schedule IV, or Schedule V of s. 893.03
416 without being registered with the Board of Pharmacy as a
417 controlled substance dispensing practitioner under s.
418 465.0276(3).

419 (rr) For a licensee who serves as the designated physician
420 of a pain-management clinic as provided in s. 458.3265(1)(c):

421 1. Registering a pain-management clinic through
422 misrepresentation or fraud;

423 2. Procuring, or attempting to procure, the registration
424 of a pain-management clinic for any other person by making, or
425 causing to be made, any false representation;

426 3. Failing to comply with any requirement of chapter 499,
427 the Florida Drug and Cosmetic Act; 21 U.S.C. ss. 301-392, the
428 Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq.,
429 the Comprehensive Drug Abuse Prevention and Control Act; or
430 chapter 893, the Florida Comprehensive Drug Abuse Prevention and
431 Control Act;

432 4. Being convicted or found guilty of, regardless of
433 adjudication to, a felony or any other crime involving moral

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434 turpitude, fraud, dishonesty, or deceit in any jurisdiction of
435 the courts of this state, of any other state, or of the United
436 States;

437 5. Being convicted of, or disciplined by a regulatory
438 agency of the Federal Government or a regulatory agency of
439 another state for, any offense that would constitute a violation
440 of this chapter;

441 6. Being convicted of, or entering a plea of guilty or
442 nolo contendere to, regardless of adjudication, a crime in any
443 jurisdiction of the courts of this state, of any other state, or
444 of the United States which relates to the practice of, or the
445 ability to practice, a licensed health care profession;

446 7. Being convicted of, or entering a plea of guilty or
447 nolo contendere to, regardless of adjudication, a crime in any
448 jurisdiction of the courts of this state, of any other state, or
449 of the United States which relates to health care fraud;

450 8. Dispensing any medicinal drug based upon a
451 communication that purports to be a prescription as defined in
452 s. 465.003(14) or s. 893.02(21) if the dispensing practitioner
453 knows or has reason to believe that the purported prescription
454 is not based upon a valid practitioner-patient relationship; or

455 9. Failing to timely notify the board of the date of his
456 or her termination from a pain-management clinic within 10 days
457 as required by s. 458.3265(2).

458 (ss) Failing to timely notify the department of the theft
459 of prescription blanks from a pain-management clinic or a breach
460 of other methods for prescribing within 24 hours as required by
461 s. 458.3265(2).

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462 Section 7. Subsections (3), (4), and (5) of section
463 459.005, Florida Statutes, are repealed.

464 Section 8. Section 459.0137, Florida Statutes, is created
465 to read:

466 459.0137 Pain-management clinics.—

467 (1) REGISTRATION.—

468 (a) All privately owned pain-management clinics,
469 facilities, or offices, hereinafter referred to as "clinics,"
470 which advertise in any medium for any type of pain-management
471 services, or employ an osteopathic physician who is primarily
472 engaged in the treatment of pain by prescribing or dispensing
473 controlled substance medications, must register with the
474 department unless:

475 1. That clinic is licensed as a facility pursuant to
476 chapter 395;

477 2. The majority of the physicians who provide services in
478 the clinic primarily provide surgical services;

479 3. The physicians who provide services in the clinic
480 primarily provide chiropractic services and do not dispense
481 controlled substances.

482 4. The clinic is owned by a publicly held corporation
483 whose shares are traded on a national exchange or on the over-
484 the-counter market and whose total assets at the end of
485 corporation's most recent fiscal quarter exceeded \$50 million;

486 5. The clinic is affiliated with an accredited medical
487 school at which training is provided for medical students,
488 residents, or fellows;

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489 6. The clinic does not prescribe or dispense controlled
490 substances for the treatment of pain; or

491 7. The clinic is owned by a corporate entity exempt from
492 federal taxation under 26 U.S.C. s. 501(c)(3).

493 (b) Each clinic location shall be registered separately
494 regardless of whether the clinic is operated under the same
495 business name or management as another clinic.

496 (c) As a part of registration, a clinic must designate an
497 osteopathic physician who is responsible for complying with all
498 requirements related to registration and operation of the clinic
499 in compliance with this section. Within 10 days after
500 termination of a designated osteopathic physician, the clinic
501 must notify the department of the identity of another designated
502 physician for that clinic. The designated physician shall have a
503 full, active, and unencumbered license under chapter 458 or this
504 chapter and shall practice at the clinic location for which the
505 physician has assumed responsibility. Failing to have a licensed
506 designated osteopathic physician practicing at the location of
507 the registered clinic may be the basis for a summary suspension
508 of the clinic registration certificate as described in s.
509 456.073(8) for a license or s. 120.60(6).

510 (d) The department shall deny registration to any clinic
511 that is not fully owned by a physician licensed under chapter
512 458 or this chapter or a group of physicians, each of whom is
513 licensed under chapter 458 or this chapter; or that is not a
514 health care clinic licensed under part X of chapter 400.

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515 (e) The department shall deny registration to any pain-
516 management clinic owned by or with any contractual or employment
517 relationship with a physician:

518 1. Whose Drug Enforcement Administration number has ever
519 been revoked.

520 2. Whose application for a license to prescribe, dispense,
521 or administer a controlled substance has been denied by any
522 jurisdiction.

523 3. Who has been convicted of or plead guilty or nolo
524 contendere to, regardless of adjudication, an offense that
525 constitutes a felony for receipt of illicit and diverted drugs,
526 including a controlled substance listed in Schedule I, Schedule
527 II, Schedule III, Schedule IV, or Schedule V of s. 893.03, in
528 this state, any other state, or the United States.

529 (f) If the department finds that a pain-management clinic
530 does not meet the requirement of paragraph (d) or is owned,
531 directly or indirectly, by a person meeting any criteria listed
532 in paragraph (e), the department shall revoke the certificate of
533 registration previously issued by the department. As determined
534 by rule, the department may grant an exemption to denying a
535 registration or revoking a previously issued registration if
536 more than 10 years have elapsed since adjudication. As used in
537 this subsection, the term "convicted" includes an adjudication
538 of guilt following a plea of guilty or nolo contendere or the
539 forfeiture of a bond when charged with a crime.

540 (g) The department may revoke the clinic's certificate of
541 registration and prohibit all physicians associated with that
542 pain-management clinic from practicing at that clinic location

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543 based upon an annual inspection and evaluation of the factors
544 described in subsection (3).

545 (h) If the registration of a pain-management clinic is
546 revoked or suspended, the designated physician of the pain-
547 management clinic, the owner or lessor of the pain-management
548 clinic property, the manager, and the proprietor shall cease to
549 operate the facility as a pain-management clinic as of the
550 effective date of the suspension or revocation.

551 (i) If a pain-management clinic registration is revoked or
552 suspended, the designated physician of the pain-management
553 clinic, the owner or lessor of the clinic property, the manager,
554 or the proprietor is responsible for removing all signs and
555 symbols identifying the premises as a pain-management clinic.

556 (j) Upon the effective date of the suspension or
557 revocation, the designated physician of the pain-management
558 clinic shall advise the department of the disposition of the
559 medicinal drugs located on the premises. The disposition is
560 subject to the supervision and approval of the department.
561 Medicinal drugs that are purchased or held by a pain-management
562 clinic that is not registered may be deemed adulterated pursuant
563 to s. 499.006.

564 (k) If the clinic's registration is revoked, any person
565 named in the registration documents of the pain-management
566 clinic, including persons owning or operating the pain-
567 management clinic, may not as an individual or as a part of a
568 group, make application for a permit to operate a pain-
569 management clinic for 5 years after the date the registration is
570 revoked.

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571 (1) The period of suspension for the registration of a
572 pain management clinic shall be prescribed by the department,
573 but may not exceed 1 year.

574 (m) A change of ownership of a registered pain-management
575 clinic requires submission of a new registration application.

576 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
577 apply to any osteopathic physician who provides professional
578 services in a pain-management clinic that is required to be
579 registered in subsection (1).

580 (a) An osteopathic physician may not practice medicine in
581 a pain-management clinic, as described in subsection (4), if:

582 1. The pain-management clinic is not registered with the
583 department as required by this section; or

584 2. Effective July 1, 2012, the physician has not
585 successfully completed a pain medicine fellowship that is
586 accredited by the Accreditation Council for Graduate Medical
587 Education or the American Osteopathic Association or a pain
588 medicine residency that is accredited by the Accreditation
589 Council for Graduate Medical Education or the American
590 Osteopathic Association or does not comply with rules adopted by
591 the Board of Osteopathic Medicine.

592
593 An osteopathic physician who violates this paragraph is subject
594 to disciplinary action by his or her appropriate medical
595 regulatory board.

596 (b) A person may not dispense any medication, including a
597 controlled substance, on the premises of a registered pain-

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598 management clinic unless he or she is a physician licensed under
599 this chapter or chapter 458.

600 (c) An osteopathic physician must perform a physical
601 examination of a patient on the same day that he or she
602 dispenses or prescribes a controlled substance to a patient at a
603 pain-management clinic. If the osteopathic physician prescribes
604 or dispenses more than a 72-hour dose of controlled substances
605 for the treatment of chronic nonmalignant pain, the osteopathic
606 physician must document in the patient's record the reason for
607 prescribing or dispensing that quantity.

608 (d) An osteopathic physician authorized to prescribe
609 controlled substances who practices at a pain-management clinic
610 is responsible for maintaining the control and security of his
611 or her prescription blanks and any other method used for
612 prescribing controlled substance pain medication. The
613 osteopathic physician shall comply with the requirements for
614 counterfeit-resistant prescription blanks in s. 893.065 and the
615 rules adopted pursuant to that section. The osteopathic
616 physician shall notify in writing the department within 24 hours
617 following any theft or loss of a prescription blank or breach of
618 any other method for prescribing pain medication.

619 (e) The designated osteopathic physician of a pain-
620 management clinic shall notify the applicable board in writing
621 of the date of termination of employment within 10 days after
622 terminating his or her employment with a pain-management clinic
623 that is required to be registered under subsection (1).

624 (3) INSPECTION.-

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625 (a) The department shall inspect the pain-management
626 clinic annually, including a review of the patient records, to
627 ensure that it complies with this section and the rules of the
628 Board of Osteopathic Medicine adopted pursuant to subsection (4)
629 unless the clinic is accredited by a nationally recognized
630 accrediting agency approved by the Board of Osteopathic
631 Medicine.

632 (b) During an onsite inspection, the department shall make
633 a reasonable attempt to discuss each violation with the owner or
634 designated physician of the pain-management clinic before
635 issuing a formal written notification.

636 (c) Any action taken to correct a violation shall be
637 documented in writing by the owner or designated physician of
638 the pain-management clinic and verified by followup visits by
639 departmental personnel.

640 (4) RULEMAKING.-

641 (a) The department shall adopt rules necessary to
642 administer the registration and inspection of pain-management
643 clinics which establish the specific requirements, procedures,
644 forms, and fees.

645 (b) The department shall adopt a rule defining what
646 constitutes practice by a designated osteopathic physician at
647 the clinic location for which the physician has assumed
648 responsibility, as set forth in subsection (1). When adopting
649 the rule, the department shall consider the number of clinic
650 employees, the location of the pain-management clinic, the
651 clinic's hours of operation, and the amount of controlled

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652 substances being prescribed, dispensed, or administered at the
653 pain-management clinic.

654 (c) The Board of Osteopathic Medicine shall adopt a rule
655 establishing the maximum number of prescriptions for Schedule II
656 or Schedule III controlled substances or the controlled
657 substance Alprazolam which may be written at any one registered
658 pain-management clinic during any 24-hour period.

659 (d) The Board of Osteopathic Medicine shall adopt rules
660 setting forth standards of practice for osteopathic physicians
661 practicing in privately owned pain-management clinics that
662 primarily engage in the treatment of pain by prescribing or
663 dispensing controlled substance medications. Such rules shall
664 address, but need not be limited to:

- 665 1. Facility operations;
- 666 2. Physical operations;
- 667 3. Infection control requirements;
- 668 4. Health and safety requirements;
- 669 5. Quality assurance requirements;
- 670 6. Patient records;
- 671 7. Training requirements for all facility health care
672 practitioners who are not regulated by another board;
- 673 8. Inspections; and
- 674 9. Data collection and reporting requirements.

675
676 An osteopathic physician is primarily engaged in the treatment
677 of pain by prescribing or dispensing controlled substance
678 medications when the majority of the patients seen are
679 prescribed or dispensed controlled substance medications for the

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680 treatment of chronic nonmalignant pain. Chronic nonmalignant
681 pain is pain unrelated to cancer which persists beyond the usual
682 course of the disease or the injury that is the cause of the
683 pain or more than 90 days after surgery.

684 (5) PENALTIES; ENFORCEMENT.—

685 (a) The department may impose an administrative fine on
686 the clinic of up to \$5,000 per violation for violating the
687 requirements of this section; chapter 499, the Florida Drug and
688 Cosmetic Act; 21 U.S.C. ss. 301-392, the Federal Food, Drug, and
689 Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Comprehensive Drug
690 Abuse Prevention and Control Act; chapter 893, the Florida
691 Comprehensive Drug Abuse Prevention and Control Act; or the
692 rules of the department. In determining whether a penalty is to
693 be imposed, and in fixing the amount of the fine, the department
694 shall consider the following factors:

695 1. The gravity of the violation, including the probability
696 that death or serious physical or emotional harm to a patient
697 has resulted, or could have resulted, from the pain-management
698 clinic's actions or the actions of the osteopathic physician,
699 the severity of the action or potential harm, and the extent to
700 which the provisions of the applicable laws or rules were
701 violated.

702 2. What actions, if any, the owner or designated
703 osteopathic physician took to correct the violations.

704 3. Whether there were any previous violations at the pain-
705 management clinic.

706 4. The financial benefits that the pain-management clinic
707 derived from committing or continuing to commit the violation.

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708 (b) Each day a violation continues after the date fixed
709 for termination of the violation as ordered by the department
710 constitutes an additional, separate, and distinct violation.

711 (c) The department may impose a fine and, in the case of
712 an owner-operated pain-management clinic, revoke or deny a pain-
713 management clinic's registration, if the clinic's designated
714 osteopathic physician knowingly and intentionally misrepresents
715 actions taken to correct a violation.

716 (d) An owner or designated osteopathic physician of a
717 pain-management clinic who concurrently operates an unregistered
718 pain-management clinic is subject to an administrative fine of
719 \$5,000 per day.

720 (e) If the owner of a pain-management clinic that requires
721 registration fails to apply to register the clinic upon a
722 change-of-ownership and operates the clinic under the new
723 ownership, the owner is subject to a fine of \$5,000.

724 Section 9. Subsections (1) and (2) of section 459.013,
725 Florida Statutes, are amended to read:

726 459.013 Penalty for violations.—

727 (1) Each of the following acts constitutes a felony of the
728 third degree, punishable as provided in s. 775.082, s. 775.083,
729 or s. 775.084:

730 (a) The practice of osteopathic medicine, or an attempt to
731 practice osteopathic medicine, without an active license or
732 certificate issued pursuant to this chapter.

733 (b) The practice of osteopathic medicine by a person
734 holding a limited license, osteopathic faculty certificate, or

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735 other certificate issued under this chapter beyond the scope of
736 practice authorized for such licensee or certificateholder.

737 (c) Attempting to obtain or obtaining a license to
738 practice osteopathic medicine by knowing misrepresentation.

739 (d) Attempting to obtain or obtaining a position as an
740 osteopathic medical practitioner or osteopathic medical resident
741 in a clinic or hospital through knowing misrepresentation of
742 education, training, or experience.

743 (e) Knowingly operating, owning, or managing a
744 nonregistered pain-management clinic that is required to be
745 registered with the Department of Health pursuant to s.
746 459.0137(1).

747 (2) Each of the following acts constitutes a misdemeanor
748 of the first degree, punishable as provided in s. 775.082 or s.
749 775.083:

750 (a) Knowingly concealing information relating to
751 violations of this chapter.

752 (b) Making any willfully false oath or affirmation
753 whenever an oath or affirmation is required by this chapter.

754 (c) The practice of medicine as a resident or intern
755 without holding a valid current registration pursuant to s.
756 459.021.

757 (d) Knowingly prescribing or dispensing, or causing to be
758 prescribed or dispensed, controlled substances in a
759 nonregistered pain-management clinic that is required to be
760 registered with the Department of Health pursuant to s.
761 459.0137(1).

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762 Section 10. Paragraphs (qq), (rr), (ss), (tt), and (uu)
763 are added to subsection (1) of section 459.015, Florida
764 Statutes, to read:

765 459.015 Grounds for disciplinary action; action by the
766 board and department.—

767 (1) The following acts constitute grounds for denial of a
768 license or disciplinary action, as specified in s. 456.072(2):

769 (qq) Practicing osteopathic medicine in a clinic that is
770 required to register but has not registered with the department
771 pursuant to s. 459.0137.

772 (rr) Promoting or advertising through any communication
773 media the use, sale, or dispensing of any controlled substance
774 appearing on any schedule in chapter 893.

775 (ss) Dispensing a controlled substance listed in Schedule
776 II, Schedule III, Schedule IV, or Schedule V of s. 893.03
777 without being registered with the Board of Pharmacy as a
778 controlled substance dispensing practitioner under s.
779 465.0276(3).

780 (tt) For a licensee who serves as the designated physician
781 of a pain-management clinic as provided in s. 459.0137(1)(c):

782 1. Registering a pain-management clinic through
783 misrepresentation or fraud;

784 2. Procuring, or attempting to procure, the registration
785 of a pain-management clinic for any other person by making, or
786 causing to be made, any false representation;

787 3. Failing to comply with any requirement of chapter 499,
788 the Florida Drug and Cosmetic Act; 21 U.S.C. ss. 301-392, the
789 Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq.,
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790 the Comprehensive Drug Abuse Prevention and Control Act; or
791 chapter 893, the Florida Comprehensive Drug Abuse Prevention and
792 Control Act;

793 4. Being convicted or found guilty of, regardless of
794 adjudication to, a felony or any other crime involving moral
795 turpitude, fraud, dishonesty, or deceit in any jurisdiction of
796 the courts of this state, of any other state, or of the United
797 States;

798 5. Being convicted of, or disciplined by a regulatory
799 agency of the Federal Government or a regulatory agency of
800 another state for, any offense that would constitute a violation
801 of this chapter;

802 6. Being convicted of, or entering a plea of guilty or
803 nolo contendere to, regardless of adjudication, a crime in any
804 jurisdiction of the courts of this state, of any other state, or
805 of the United States which relates to the practice of, or the
806 ability to practice, a licensed health care profession;

807 7. Being convicted of, or entering a plea of guilty or
808 nolo contendere to, regardless of adjudication, a crime in any
809 jurisdiction of the courts of this state, of any other state, or
810 of the United States which relates to health care fraud;

811 8. Dispensing any medicinal drug based upon a
812 communication that purports to be a prescription as defined in
813 s. 465.003(14) or s. 893.02(21) if the dispensing practitioner
814 knows or has reason to believe that the purported prescription
815 is not based upon a valid practitioner-patient relationship; or

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816 9. Failing to timely notify the board of the date of his
817 or her termination from a pain-management clinic within 10 days
818 as required by s. 459.0137(2).

819 (uu) Failing to timely notify the department of the theft
820 of prescription blanks from a pain-management clinic or a breach
821 of other methods for prescribing within 24 hours as required by
822 s. 459.0137(2).

823 Section 11. Subsections (3) through (5) of section
824 465.0276, Florida Statutes, are renumbered as subsections (4)
825 through (6), respectively, and a new subsection (3) is added to
826 that section to read:

827 465.0276 Dispensing practitioner.—

828 (3) To dispense a controlled substance listed in Schedule
829 II, Schedule III, Schedule IV, or Schedule V of s. 893.03, a
830 practitioner authorized by law to prescribe controlled
831 substances must register with the Board of Pharmacy as a
832 controlled substance dispensing practitioner and pay a fee not
833 to exceed \$100. The department shall adopt rules establishing
834 procedures for quadrennial renewal of the registration.

835 (a) Upon receiving a practitioner's request for
836 registration, the department shall request each of the following
837 persons to complete and submit a statement of reference
838 concerning the practitioner:

839 1. For a physician licensed pursuant to chapter 458 or
840 chapter 459:

841 a. The president of the Florida Medical Association.

842 b. The president of the Florida Osteopathic Medical
843 Association.

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- 844 c. The dean of each medical school in the state.
- 845 d. The hospital medical chief of each licensed hospital
846 within 50 miles of the practitioner's practice location.
- 847 e. The president of the practitioner's state specialty
848 society, if any.
- 849 f. The president of each county medical association
850 geographically located in the practitioner's practice area.
- 851 2. For a podiatric physician licensed pursuant to chapter
852 461:
- 853 a. The president of the Florida Podiatric Medical
854 Association.
- 855 b. The president of the component of the Florida Podiatric
856 Medical Association that is geographically located in the
857 practitioner's practice area.
- 858 c. The dean of each podiatric medical school in the state.
- 859 3. For a dentist licensed pursuant to chapter 466:
- 860 a. The president of the Florida Dental Association.
- 861 b. The dean of each dental school in the state.
- 862 c. The president of the component society of the Florida
863 Dental Association that is geographically located in the
864 practitioner's practice area.
- 865 d. The president of the specialty society recognized by
866 the American Dental Association that is geographically located
867 in the practitioner's practice area.
- 868
- 869 The department shall establish and maintain an accurate list of
870 each person listed in this paragraph.

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871 (b) The statement of reference, which the department shall
872 provide to each person listed in paragraph (a) in a format
873 prescribed by the department, shall inquire whether the person
874 completing the statement:

875 1. Has personal knowledge of the practitioner.

876 2. Has had an opportunity to form an opinion of the
877 practitioner's medical skills and ethics.

878 3. Is aware of any incidents in the practitioner's medical
879 practice that reflect insufficient skill or medical ethics to
880 properly dispense controlled substances.

881 4. Is aware of any facts or circumstances indicating that
882 the practitioner is likely to dispense controlled substances
883 without clinical justification.

884 5. Recommends the practitioner for controlled substance
885 dispensing registration.

886 (c) A person receiving a request for a statement of
887 reference may decline to complete or submit the statement of
888 reference. A completed statement of reference must be notarized
889 and submitted to the department.

890 (d) A person listed in paragraph (a) who submits a
891 statement of reference is immune from civil liability for
892 submitting the statement if the information provided in the
893 statement is provided in good faith.

894 (e) The Board of Pharmacy may not register a practitioner
895 for whom a statement of reference contains a negative
896 recommendation or for whom no positive recommendation is
897 submitted to the department. The board may not consider a
898 statement of reference that is not notarized. An administrative

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899 challenge to the denial of a practitioner's registration or
900 registration renewal that is brought under chapter 120 must be
901 made to the practitioner's professional licensing board, which
902 determination shall be binding on the Board of Pharmacy.

903 (f) This subsection applies to a physician at the next
904 renewal of his or her license, except that this subsection
905 applies to a physician practicing in Broward County, Miami-Dade
906 County, or Palm Beach County effective September 1, 2010.

907 Section 12. Paragraph (a) of subsection (15) of section
908 499.028, Florida Statutes, is amended to read:

909 499.028 Drug samples or complimentary drugs; starter
910 packs; permits to distribute.-

911 (15) A person may not possess a prescription drug sample
912 unless:

913 (a) The drug sample was prescribed to her or him as
914 evidenced by the label required in s. 465.0276(6)~~(5)~~.

915 Section 13. Paragraph (b) of subsection (7) of section
916 893.055, Florida Statutes, is amended to read:

917 893.055 Prescription drug monitoring program.-

918 (7)

919 (b)1. A pharmacy, prescriber, or dispenser shall have
920 access to information in the prescription drug monitoring
921 program's database which relates to a patient of that pharmacy,
922 prescriber, or dispenser in a manner established by the
923 department as needed for the purpose of reviewing the patient's
924 controlled substance prescription history.

925 2. The prescription drug monitoring program's database
926 shall report information directly to applicable law enforcement

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927 agencies to investigate whether any violation of s.
928 893.13(7)(a)8., s. 893.13(8)(a), or s. 893.13(8)(b), has
929 occurred regarding controlled substances in Schedule II,
930 Schedule III, or Schedule IV. The department shall adopt rules
931 to identify the factors that might be indicative of a violation
932 of s. 893.13(7)(a)8., s. 893.13(8)(a), or s. 893.13(8)(b), based
933 on input from the Department of Law Enforcement and
934 representatives of local law enforcement, the Florida Medical
935 Association, the Florida Osteopathic Medical Association, the
936 Florida Pharmacy Association, and other relevant stakeholders.

937 3. Other access to the program's database shall be limited
938 to the program's manager and to the designated program and
939 support staff, who may act only at the direction of the program
940 manager or, in the absence of the program manager, as
941 authorized. Access by the program manager or such designated
942 staff is for prescription drug program management only or for
943 management of the program's database and its system in support
944 of the requirements of this section and in furtherance of the
945 prescription drug monitoring program. Confidential and exempt
946 information in the database shall be released only as provided
947 in paragraph (c) and s. 893.0551.

948 Section 14. Subsections (4), (5), and (6) of section
949 893.0551, Florida Statutes, are renumbered as subsections (5),
950 (6), and (7), respectively, and a new subsection (4) is added to
951 that section to read:

952 893.0551 Public records exemption for the prescription
953 drug monitoring program.—

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954 (4) The department shall disclose such confidential and
 955 exempt information to the applicable law enforcement agency in
 956 accordance with s. 893.055(7)(b)2. The law enforcement agency
 957 may disclose the confidential and exempt information received
 958 from the department to a criminal justice agency as defined in
 959 s. 119.011 as part of an active investigation that is specific
 960 to a violation of s. 893.13(7)(a)8., s. 893.13(8)(a), or s.
 961 893.13(8)(b).

962 Section 15. This act shall take effect July 1, 2010.

963 -----
964 -----

965 **T I T L E A M E N D M E N T**

966 Remove the entire title and insert:

967 A bill to be entitled

968 An act relating to controlled substances; amending s.
 969 456.037, F.S.; providing that pain-management clinics that
 970 are required to be registered with the Department of
 971 Health are business establishments; amending s. 456.057,
 972 F.S.; providing that the Department of Health is not
 973 required to attempt to obtain authorization from a patient
 974 for the release of the patient's medical records under
 975 certain circumstances; authorizing the department to
 976 obtain patient records without authorization or subpoena
 977 if the department has probable cause to believe that
 978 certain violations have occurred or are occurring;
 979 repealing s. 458.309(4), (5), and (6), F.S., relating to
 980 pain-management clinics; creating s. 458.3265, F.S.;

981 requiring all privately owned pain-management clinics, or

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982 offices that primarily engage in the treatment of pain by
983 prescribing or dispensing controlled substance medications
984 or by employing a physician who is primarily engaged in
985 the treatment of pain by prescribing or dispensing
986 controlled substance medications, to register with the
987 Department of Health; providing exceptions; requiring each
988 location of a pain-management clinic to register
989 separately; requiring a clinic to designate a physician
990 who is responsible for complying with requirements related
991 to registration and operation of the clinic; requiring the
992 department to deny registration or revoke the registration
993 of a pain-management clinic for certain conditions;
994 authorizing the department to revoke a clinic's
995 certificate of registration and prohibit physicians
996 associated with the clinic from practicing at the clinic's
997 location; requiring a pain-management clinic to cease
998 operating if its registration certificate is revoked or
999 suspended; requiring certain named persons to remove all
1000 signs and symbols identifying the premises as a pain-
1001 management clinic; requiring a pain-management clinic that
1002 has had its registration revoked or suspended to advise
1003 the department of the disposition of the medicinal drugs
1004 located on the premises; providing that medicinal drugs
1005 that are purchased or held by a pain-management clinic
1006 that is not registered may be deemed adulterated;
1007 prohibiting any person acting as an individual or as part
1008 of a group from applying for a certificate to operate a
1009 pain-management clinic for a certain period after the date

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1010 the person's registration certificate is revoked;
1011 providing that a change of ownership of a registered pain-
1012 management clinic requires submission of a new
1013 registration application; providing the responsibilities
1014 of a physician who provides professional services at a
1015 pain-management clinic; requiring the department to
1016 inspect pain-management clinics and its patient records;
1017 providing an exception to inspection by the department;
1018 requiring a pain-management clinic to document corrective
1019 action; requiring the department and the Board of Medicine
1020 to adopt rules; authorizing the department to impose
1021 fines, deny a clinic's registration, or revoke a clinic's
1022 registration; amending s. 458.327, F.S.; providing that
1023 the commission of certain specified acts involving a
1024 nonregistered pain-management clinic constitutes a felony
1025 of the third degree or a misdemeanor of the first degree;
1026 amending s. 458.331, F.S.; providing additional acts that
1027 constitute grounds for disciplinary actions against health
1028 professional licensees; repealing s. 459.005(3), (4), and
1029 (5), F.S., relating to pain-management clinics; creating
1030 s. 459.0137, F.S.; requiring all privately owned pain-
1031 management clinics, or offices that primarily engage in
1032 the treatment of pain by prescribing or dispensing
1033 controlled substance medications or by employing an
1034 osteopathic physician who is primarily engaged in the
1035 treatment of pain by prescribing or dispensing controlled
1036 substance medications, to register with the department;
1037 providing exceptions; requiring each location of a pain-

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1038 management clinic to register separately; requiring a
1039 clinic to designate an osteopathic physician who is
1040 responsible for complying with requirements related to
1041 registration and operation of the clinic; requiring the
1042 department to deny registration or revoke the registration
1043 of a pain-management clinic for certain conditions;
1044 authorizing the department to revoke a clinic's
1045 certificate of registration and prohibit osteopathic
1046 physicians associated with the clinic from practicing at
1047 the clinic's location; requiring a pain-management clinic
1048 to cease operating if its registration certificate is
1049 revoked or suspended; requiring certain named persons to
1050 remove all signs and symbols identifying the premises as a
1051 pain-management clinic; requiring a pain-management clinic
1052 that has had its registration revoked or suspended to
1053 advise the department of the disposition of the medicinal
1054 drugs located on the premises; providing that medicinal
1055 drugs that are purchased or held by a pain-management
1056 clinic that is not registered may be deemed adulterated;
1057 prohibiting any person acting as an individual or as part
1058 of a group from applying for a certificate to operate a
1059 pain-management clinic for a certain period after the date
1060 the person's registration certificate is revoked;
1061 providing that a change of ownership of a registered pain-
1062 management clinic requires submission of a new
1063 registration application; providing the responsibilities
1064 of an osteopathic physician who provides professional
1065 services at a pain-management clinic; requiring the

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1066 department to inspect pain-management clinics and its
1067 patient records; providing an exception to inspection by
1068 the department; requiring a pain-management clinic to
1069 document corrective action; requiring the department and
1070 the Board of Osteopathic Medicine to adopt rules;
1071 authorizing the department to impose fines, deny a
1072 clinic's registration, or revoke a clinic's registration;
1073 amending s. 459.013, F.S.; providing that the commission
1074 of certain specified acts involving a nonregistered pain-
1075 management clinic constitutes a felony of the third degree
1076 or a misdemeanor of the first degree; amending s. 459.015,
1077 F.S.; providing additional acts that constitute grounds
1078 for disciplinary actions against health professional
1079 licensees; amending s. 465.0276, F.S.; requiring
1080 controlled substance dispensing practitioners to register
1081 with the Board of Pharmacy; requiring a fee; requiring the
1082 department to adopt rules for the renewal of such
1083 registrations; requiring the department to request certain
1084 persons to submit statements of reference concerning
1085 practitioners seeking such registrations; providing for
1086 the contents of and procedures for submitting such
1087 statements; limiting the civil liability of persons
1088 submitting such statements to the department under certain
1089 circumstances; prohibiting the board from registering
1090 certain practitioners; providing procedures for
1091 administrative challenges to denials of registrations and
1092 registration renewals; providing for applicability to
1093 certain practitioners; amending s. 499.028, F.S.;

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1094 conforming a cross-reference; amending s. 893.055, F.S.;

1095 providing for the prescription drug monitoring program's

1096 database to report certain information directly to

1097 applicable law enforcement agencies for investigation;

1098 requiring the department to adopt rules; amending s.

1099 893.0551, F.S.; providing for disclosure of confidential

1100 and exempt information to applicable law enforcement;

1101 providing an effective date.