

By Senator Garcia

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1                   A bill to be entitled  
2       An act relating to health care; amending s. 400.990,  
3       F.S.; providing additional legislative findings;  
4       amending s. 400.9905, F.S.; redefining the term  
5       "clinic" for purposes of the Health Care Clinic Act to  
6       include certain additional providers; defining the  
7       term "specialty clinic"; including certain facilities  
8       owned by publicly traded corporations excluded by the  
9       definition of the term "clinic"; defining the terms  
10      "infusion therapy" and "fraud"; amending s. 400.991,  
11      F.S.; requiring specialty clinics to be subject to  
12      licensure requirements; requiring additional persons  
13      to be subject to background screening; revising  
14      certain requirements for applying for licensure as a  
15      health care clinic; creating additional requirements  
16      for applying for licensure as a specialty clinic;  
17      creating s. 400.9914, F.S.; providing additional  
18      grounds under which the Agency for Health Care  
19      Administration is required to deny or revoke a license  
20      due to a finding of guilt for committing a felony;  
21      providing grounds for the denial of specialty clinic  
22      licensure; amending s. 400.9915, F.S.; providing  
23      additional grounds for an emergency suspension of a  
24      license; creating s. 400.9921, F.S.; providing  
25      additional requirements for license renewal, and  
26      transfer of ownership; amending s. 400.9925, F.S.;  
27      authorizing the agency to adopt rules regarding  
28      specialty clinics; amending s. 400.993, F.S.;  
29      including specialty clinics within provisions

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30 regarding unlicensed clinics; amending s. 400.9935,  
31 F.S.; including specialty clinics within provisions  
32 regarding clinic responsibilities; revising the  
33 responsibilities of the medical director and the  
34 clinical director; requiring all persons providing  
35 health care services to individuals in a specialty  
36 clinic to comply with the licensure laws and rules  
37 under which that person is licensed; providing for a  
38 certificate of exemption from licensure as a clinic to  
39 expire within a specified period; providing for  
40 renewal of the certificate of exemption; providing the  
41 application procedures for a certificate of exemption;  
42 providing grounds for the denial, withdrawal, or  
43 emergency suspension of a certificate of exemption by  
44 the Agency for Health Care Administration; providing  
45 that it is a third-degree felony for an applicant to  
46 submit fraudulent or material and misleading  
47 information to the agency; requiring specialty clinics  
48 to display signs containing certain information  
49 relating to insurance fraud; authorizing compliance  
50 inspections by the Division of Insurance Fraud;  
51 requiring clinics to allow inspection access;  
52 requiring a specialty clinic to file an audited  
53 report; providing requirements for the audited report;  
54 requiring a specialty clinic to maintain compliance  
55 with part X of ch. 400, F.S.; amending s. 400.995,  
56 F.S.; authorizing the agency to impose administrative  
57 penalties against a specialty clinic; authorizing the  
58 agency to request a plan of corrective action from the

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59 clinic or specialty clinic; creating s. 400.996, F.S.;

60 creating a process whereby the agency receives,

61 documents, and processes complaints about specialty

62 clinics; requiring the agency to request that

63 complaints regarding billing fraud by a specialty

64 clinic be made by sworn affidavit; requiring the

65 agency to refer to the Office of Fiscal Integrity

66 within the Department of Financial Services any sworn

67 affidavit asserting billing fraud by a specialty

68 clinic; requiring the department to report findings

69 regarding billing fraud by a specialty clinic to the

70 agency; requiring the department to refer an

71 investigation to prosecutorial authorities and provide

72 investigative assistance under certain circumstances;

73 providing that it is a first-degree misdemeanor to

74 submit an affidavit asserting billing fraud by a

75 specialty clinic which is without any factual basis;

76 allowing the department to conduct unannounced

77 reviews, investigations, analyses, and audits to

78 investigate complaints of billing fraud by a specialty

79 clinic; authorizing the department to enter upon the

80 premises of a specialty clinic and immediately secure

81 copies of certain documents; requiring a specialty

82 clinic to allow full and immediate access to the

83 premises and records of the clinic to a department

84 officer or employee under s. 400.996, F.S.; providing

85 that failure to provide such access is a ground for

86 emergency suspension of the license of the specialty

87 clinic; permitting the agency to assess a fee against

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88 a specialty clinic equal to the cost of conducting a  
89 review, investigation, analysis, or audit performed by  
90 the agency or the department; providing that all  
91 investigators designated by the Chief Financial  
92 Officer to perform duties under part X of ch. 400,  
93 F.S., and certified under s. 943.1395, F.S., are law  
94 enforcement officers of the state; amending s.  
95 408.802, F.S.; providing that specialty clinics are  
96 subject to part X of ch. 400, F.S.; amending s.  
97 408.820, F.S.; providing that specialty clinics are  
98 exempt from s. 408.810(6), (7), and (10), F.S.;

99 amending s. 456.072, F.S.; providing that  
100 intentionally placing false information in an  
101 application for a certificate of exemption from clinic  
102 licensure constitutes grounds for disciplinary action;  
103 designating the Florida Center for Nursing as the  
104 "Florida Barbara B. Lumpkin Center for Nursing";  
105 directing the Department of Health to erect suitable  
106 markers; authorizing additional positions and  
107 providing an appropriation; providing an effective  
108 date.

109  
110 Be It Enacted by the Legislature of the State of Florida:

111  
112 Section 1. Section 400.990, Florida Statutes, is amended to  
113 read:

114 400.990 Short title; legislative findings.—

115 (1) This part, consisting of ss. 400.990-400.996 ~~ss.~~  
116 ~~400.990-400.995~~, may be cited as the "Health Care Clinic Act."

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117 (2) The Legislature finds that the regulation of health  
118 care clinics must be strengthened to prevent significant cost  
119 and harm to consumers. The purpose of this part is to provide  
120 for the licensure, establishment, and enforcement of basic  
121 standards for health care clinics and to provide administrative  
122 oversight by the Agency for Health Care Administration.

123 (3) The Legislature further finds the additional regulation  
124 of specialty health care clinics is necessary to prevent  
125 significant fraudulent practices in the provision of infusion  
126 therapy services in this state.

127 (4) The purpose of this part is to provide for the  
128 licensure, establishment, and enforcement of basic standards for  
129 health care clinics and to provide administrative oversight by  
130 the Agency for Health Care Administration.

131 Section 2. Subsection (4) of section 400.9905, Florida  
132 Statutes, is amended, and subsections (8), (9), and (10) are  
133 added to that section, to read:

134 400.9905 Definitions.—

135 (4) "Clinic" means an entity at which health care services  
136 are provided to individuals and which tenders charges for  
137 reimbursement for such services, including a mobile clinic and a  
138 portable equipment provider. For purposes of this part, the term  
139 does not include and the licensure requirements of this part do  
140 not apply to:

141 (a) Entities licensed or registered by the state under  
142 chapter 395; or entities licensed or registered by the state and  
143 providing only health care services within the scope of services  
144 authorized under their respective licenses granted under ss.  
145 383.30-383.335, chapter 390, chapter 394, chapter 397, this

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146 chapter except part X, chapter 429, chapter 463, chapter 465,  
147 chapter 466, chapter 478, part I of chapter 483, chapter 484, or  
148 chapter 651; end-stage renal disease providers authorized under  
149 42 C.F.R. part 405, subpart U; or providers certified under 42  
150 C.F.R. part 485, subpart B or subpart H; or any entity that  
151 provides neonatal or pediatric hospital-based health care  
152 services or other health care services by licensed practitioners  
153 solely within a hospital licensed under chapter 395.

154 (b) Entities that own, directly or indirectly, entities  
155 licensed or registered by the state pursuant to chapter 395; or  
156 entities that own, directly or indirectly, entities licensed or  
157 registered by the state and providing only health care services  
158 within the scope of services authorized pursuant to their  
159 respective licenses granted under ss. 383.30-383.335, chapter  
160 390, chapter 394, chapter 397, this chapter except part X,  
161 chapter 429, chapter 463, chapter 465, chapter 466, chapter 478,  
162 part I of chapter 483, chapter 484, chapter 651; end-stage renal  
163 disease providers authorized under 42 C.F.R. part 405, subpart  
164 U; or providers certified under 42 C.F.R. part 485, subpart B or  
165 subpart H; or any entity that provides neonatal or pediatric  
166 hospital-based health care services by licensed practitioners  
167 solely within a hospital licensed under chapter 395.

168 (c) Entities that are owned, directly or indirectly, by an  
169 entity licensed or registered by the state pursuant to chapter  
170 395; or entities that are owned, directly or indirectly, by an  
171 entity licensed or registered by the state and providing only  
172 health care services within the scope of services authorized  
173 pursuant to their respective licenses granted under ss. 383.30-  
174 383.335, chapter 390, chapter 394, chapter 397, this chapter

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175 except part X, chapter 429, chapter 463, chapter 465, chapter  
176 466, chapter 478, part I of chapter 483, chapter 484, or chapter  
177 651; end-stage renal disease providers authorized under 42  
178 C.F.R. part 405, subpart U; or providers certified under 42  
179 C.F.R. part 485, subpart B or subpart H; or any entity that  
180 provides neonatal or pediatric hospital-based health care  
181 services by licensed practitioners solely within a hospital  
182 under chapter 395.

183 (d) Entities that are under common ownership, directly or  
184 indirectly, with an entity licensed or registered by the state  
185 pursuant to chapter 395; or entities that are under common  
186 ownership, directly or indirectly, with an entity licensed or  
187 registered by the state and providing only health care services  
188 within the scope of services authorized pursuant to their  
189 respective licenses granted under ss. 383.30-383.335, chapter  
190 390, chapter 394, chapter 397, this chapter except part X,  
191 chapter 429, chapter 463, chapter 465, chapter 466, chapter 478,  
192 part I of chapter 483, chapter 484, or chapter 651; end-stage  
193 renal disease providers authorized under 42 C.F.R. part 405,  
194 subpart U; or providers certified under 42 C.F.R. part 485,  
195 subpart B or subpart H; or any entity that provides neonatal or  
196 pediatric hospital-based health care services by licensed  
197 practitioners solely within a hospital licensed under chapter  
198 395.

199 (e) An entity that is exempt from federal taxation under 26  
200 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan  
201 under 26 U.S.C. s. 409 that has a board of trustees not less  
202 than two-thirds of which are Florida-licensed health care  
203 practitioners and provides only physical therapy services under

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204 physician orders, any community college or university clinic,  
205 and any entity owned or operated by the federal or state  
206 government, including agencies, subdivisions, or municipalities  
207 thereof.

208 (f) A sole proprietorship, group practice, partnership, ~~or~~  
209 corporation, or other legal entity that provides health care  
210 services by physicians and physician assistants licensed under  
211 chapter 458, chapter 459, chapter 460, chapter 461, or chapter  
212 466 ~~covered by s. 627.419~~, that is directly supervised by one or  
213 more of such physicians or physician assistants, and that is  
214 wholly owned by one or more of those physicians or physician  
215 assistants or by a physician or physician assistant and the  
216 spouse, parent, child, or sibling of that physician or physician  
217 assistant.

218 (g) A sole proprietorship, group practice, partnership, ~~or~~  
219 corporation, or other legal entity that provides health care  
220 services by licensed health care practitioners under chapter  
221 ~~457, chapter 458, chapter 459, chapter 460, chapter 461, chapter~~  
222 ~~462, chapter 463, chapter 466,~~ chapter 467, chapter 480, chapter  
223 484, chapter 486, chapter 490, chapter 491, or part I, part III,  
224 part X, part XIII, or part XIV of chapter 468, or s. 464.012,  
225 which entities are wholly owned by one or more licensed health  
226 care practitioners, or the licensed health care practitioners  
227 set forth in this paragraph and the spouse, parent, child, or  
228 sibling of a licensed health care practitioner, so long as one  
229 of the owners who is a licensed health care practitioner is  
230 supervising the health care services ~~business activities~~ and is  
231 legally responsible for the entity's compliance with all federal  
232 and state laws. However, the a health care services provided may

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233 not exceed the scope of the licensed owner's health care  
234 ~~practitioner may not supervise services beyond the scope of the~~  
235 ~~practitioner's~~ license, except that, for the purposes of this  
236 part, a clinic owned by a licensee in s. 456.053(3)(b) that  
237 provides only services authorized pursuant to s. 456.053(3)(b)  
238 may be supervised by a licensee specified in s. 456.053(3)(b).

239 (h) Clinical facilities affiliated with an accredited  
240 medical school at which training is provided for medical  
241 students, residents, or fellows.

242 (i) Entities that provide only oncology or radiation  
243 therapy services by physicians licensed under chapter 458 or  
244 chapter 459 or entities that provide oncology or radiation  
245 therapy services by physicians licensed under chapter 458 or  
246 chapter 459 which are owned by a corporation whose shares are  
247 publicly traded on a recognized stock exchange.

248 (j) Clinical facilities affiliated with a college of  
249 chiropractic accredited by the Council on Chiropractic Education  
250 at which training is provided for chiropractic students.

251 (k) Entities that provide licensed practitioners to staff  
252 emergency departments or to deliver anesthesia services in  
253 facilities licensed under chapter 395 and that derive at least  
254 90 percent of their gross annual revenues from the provision of  
255 such services. Entities claiming an exemption from licensure  
256 under this paragraph must provide documentation demonstrating  
257 compliance.

258 (l) ~~Orthotic or prosthetic~~ Clinical facilities that are a  
259 publicly traded corporation or that are wholly owned, directly  
260 or indirectly, by a publicly traded corporation. As used in this  
261 paragraph, a publicly traded corporation is a corporation that

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262 issues securities traded on an exchange registered with the  
263 United States Securities and Exchange Commission as a national  
264 securities exchange.

265 (8) "Specialty clinic" means a clinic, as defined in  
266 subsection (4) and including those entities exempt under that  
267 subsection, which are not licensed as a home health agency that  
268 provides infusion therapy services to treat conditions caused by  
269 or related to HIV or AIDS to outpatients who remain less than 24  
270 hours at the facility or to patients who receive such services  
271 where they reside. The term does not include:

272 (a) Entities licensed under part II or part III;

273 (b) Entities licensed under part IV which provide infusion  
274 therapy to patients only in the home or residence of the  
275 patient; or

276 (c) Entities licensed under chapter 395.

277 (9) "Infusion therapy" includes, but is not limited to, the  
278 therapeutic infusion of substances into, or injection of  
279 substances through, the venous peripheral system and consists of  
280 activities that include observing, initiating, monitoring,  
281 discontinuing, maintaining, regulating, adjusting, documenting,  
282 planning, intervening, and evaluating. This definition embraces  
283 the administration of nutrition, antibiotic therapy, and fluid  
284 and electrolyte repletion.

285 (10) "Fraud" means deception or misrepresentation made by a  
286 person or business entity with the intent that the deception  
287 will likely result in an unauthorized benefit to herself or  
288 himself or to another person. The term includes any act that  
289 constitutes fraud under applicable federal or state law.

290 Section 3. Section 400.991, Florida Statutes, is amended to

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291 read:

292 400.991 License requirements; background screenings;  
293 prohibitions.—

294 (1) (a) The requirements of part II of chapter 408 apply to  
295 the provision of services that require licensure pursuant to  
296 this part and part II of chapter 408 and to entities licensed by  
297 or applying for such licensure from the agency pursuant to this  
298 part. A license issued by the agency is required in order to  
299 operate a clinic and a specialty clinic in this state. Each  
300 clinic and specialty clinic location shall be licensed  
301 separately regardless of whether the clinic or specialty clinic  
302 is operated under the same business name or management as  
303 another clinic or specialty clinic.

304 (b) Each mobile clinic and specialty clinic must obtain a  
305 separate health care clinic license and must provide to the  
306 agency, at least quarterly, its projected street location to  
307 enable the agency to locate and inspect such clinic and  
308 specialty clinic. A portable equipment provider must obtain a  
309 health care clinic license for a single administrative office  
310 and is not required to submit quarterly projected street  
311 locations.

312 (c) A specialty clinic operating without a specialty clinic  
313 license on or before January 1, 2011, shall be given until July  
314 2, 2011, to obtain a specialty clinic license.

315 (2) The initial clinic license application and specialty  
316 clinic license application shall be filed with the agency by all  
317 clinics, as defined in s. 400.9905, on or before July 1, 2004. A  
318 clinic license and specialty clinic license must be renewed  
319 biennially.

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320           (3)(a) The application shall contain information that  
321 includes, but need not be limited to, information pertaining to  
322 the name, residence and business address, phone number, social  
323 security number, and license number of the medical or clinic  
324 director of the licensed medical providers employed or under  
325 contract with the clinic.

326           (b) Any person or entity that has a pecuniary interest in a  
327 clinic who may or may not own stock or an equivalent interest in  
328 the clinic, but nonetheless has control over or the authority to  
329 approve, directly or indirectly, clinic billing, policy,  
330 business activities, or personnel decisions, including, but not  
331 limited to, contracted or employed third-party billing persons  
332 or entities, managers, and management companies, and persons and  
333 entities, directly or indirectly, which lend, give, or gift  
334 money of any denomination or anything of value exceeding an  
335 aggregate of \$5,000, for clinic use, with or without an  
336 expectation of a return of the money or thing of value, and  
337 regardless of profit motive, are subject to background screening  
338 requirements under this part.

339           (c) The agency may adopt rules to administer this  
340 subsection.

341           (4) An application for a specialty clinic must contain, in  
342 addition to the information required in subsection (3) and s.  
343 408.806:

344           (a) The correct business name of each business entity and  
345 full name of each individual holding any ownership interest of 5  
346 percent or more, or any pecuniary interest of \$5,000 or more, in  
347 any legal entity that owns or operates any specialty clinic  
348 seeking licensure, whether such ownership or pecuniary interest

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349 arose out of a contract, loan, gift, investment, inheritance, or  
350 any other source. Individual possession of an ownership or  
351 pecuniary interest in any subject specialty clinic includes, but  
352 is not limited to, a direct or indirect interest in:

353 1. The business operation, equipment, or legend  
354 pharmaceuticals used in the clinic;

355 2. The premises in which the clinic provides its services;  
356 or

357 3. Any legal entity that owns any such interest, directly  
358 or indirectly, in the business operation of the clinic; the  
359 equipment used in providing infusion therapy services at the  
360 clinic; the legend pharmaceuticals used at the clinic; or the  
361 premises in which the clinic provides its services.

362 (b) In the case of an incorporated business entity that  
363 holds any ownership interest of 5 percent or more, or any  
364 pecuniary interest of \$5,000 or more, in the specialty clinic,  
365 copies of the articles of incorporation and bylaws, and the  
366 names and addresses of all officers and directors of the  
367 corporation.

368 (c) On a form furnished by the agency, a sworn, notarized  
369 statement by each business entity and individual that holds any  
370 ownership interest of 5 percent or more, or any pecuniary  
371 interest of \$5,000 or more, in the subject specialty clinic  
372 which discloses the nature and degree of each such ownership or  
373 pecuniary interest and discloses the source of funds which gave  
374 rise to each such ownership or pecuniary interest.

375 (d) On a form furnished by the agency, a sworn, notarized  
376 statement by each individual and business entity that holds any  
377 ownership interest of 5 percent or more, or any pecuniary

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378 interest of \$5,000 or more, in the subject specialty clinic  
379 which discloses whether he or she has been an owner or part  
380 owner, individually or through any business entity, of any  
381 business entity whose health care license has been revoked or  
382 suspended in any jurisdiction.

383 (e) On a form furnished by the agency, an estimate of the  
384 costs for establishing the specialty clinic and the source of  
385 funds for payment of those costs and for sustaining the  
386 operation of the clinic until its operation produces a positive  
387 cash flow.

388  
389 For purposes of this subsection, the terms "ownership or  
390 pecuniary interest" does not include an individual whose  
391 interest in a specialty clinic arises only out of his or her  
392 interest in a lending company, insurance company, or banking  
393 institution licensed by this state or any other state of the  
394 United States; a company regularly trading on a national stock  
395 exchange of the United States; or a governmental entity in the  
396 United States.

397 (5)-(4) In addition to the requirements of part II of  
398 chapter 408, the applicant must file with the application  
399 satisfactory proof that the clinic or specialty clinic is in  
400 compliance with this part and applicable rules, including:

401 (a) A listing of services to be provided either directly by  
402 the applicant or through contractual arrangements with existing  
403 providers;

404 (b) The number and discipline of each professional staff  
405 member to be employed; and

406 (c) Proof of financial ability to operate as required under

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407 s. 408.810(8). As an alternative to submitting proof of  
408 financial ability to operate as required under s. 408.810(8),  
409 the applicant may file a surety bond of at least \$500,000 which  
410 guarantees that the clinic or specialty clinic will act in full  
411 conformity with all legal requirements for operating a clinic,  
412 payable to the agency. The agency may adopt rules to specify  
413 related requirements for such surety bond.

414 ~~(6)-(5)~~ Each applicant for licensure shall comply with the  
415 following requirements:

416 (a) As used in this subsection, the term "applicant" means  
417 an individual ~~individuals~~ owning or controlling, directly or  
418 indirectly, 5 percent or more of an interest in a clinic or an  
419 individual owning or controlling, directly or indirectly, any  
420 interest in a specialty clinic; the medical or clinic director,  
421 or a similarly titled person who is responsible for the day-to-  
422 day operation of the licensed clinic; the financial officer or  
423 similarly titled individual who is responsible for the financial  
424 operation of the clinic; and licensed health care practitioners  
425 at the clinic.

426 (b) Upon receipt of a completed, signed, and dated  
427 application, the agency shall require background screening of  
428 the applicant, in accordance with the level 2 standards for  
429 screening set forth in paragraph (d) ~~chapter 435~~. Proof of  
430 compliance with the level 2 background screening requirements of  
431 paragraph (d) ~~chapter 435~~ which has been submitted within the  
432 previous 5 years in compliance with the ~~any other~~ health care  
433 clinic licensure requirements of this part ~~state~~ is acceptable  
434 in fulfillment of this paragraph. Applicants who own less than  
435 10 percent of a health care clinic are not required to submit

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436 fingerprints under this section.

437 (c) Each applicant must submit to the agency, with the  
438 application, a description and explanation of any exclusions,  
439 permanent suspensions, or terminations of an applicant from the  
440 Medicare or Medicaid programs. Proof of compliance with the  
441 requirements for disclosure of ownership and control interest  
442 under the Medicaid or Medicare programs may be accepted in lieu  
443 of this submission. The description and explanation may indicate  
444 whether such exclusions, suspensions, or terminations were  
445 voluntary or not voluntary on the part of the applicant. The  
446 agency may deny or revoke licensure based on information  
447 received under this paragraph.

448 (d) A license may not be granted to a clinic if the  
449 applicant, or a person or entity identified in paragraph (3) (b),  
450 has been found guilty of, regardless of adjudication, or has  
451 entered a plea of nolo contendere or guilty to, any offense  
452 prohibited under the level 2 standards for screening set forth  
453 in chapter 435; any felony under chapter 400, chapter 408,  
454 chapter 409, chapter 440, chapter 624, chapter 626, chapter 627,  
455 chapter 812, chapter 817, chapter 831, chapter 837, chapter 838,  
456 chapter 895, or chapter 896; or any substantially comparable  
457 offense or crime of another state or of the United States, if a  
458 felony in that jurisdiction, within the past 10 years. Each  
459 person required to provide background screening shall disclose  
460 to the agency any arrest for any crime for which any court  
461 disposition other than dismissal has been made within the past  
462 10 years. Failure to provide such information is a material  
463 omission in the application process. ~~or a violation of~~  
464 ~~insurance fraud under s. 817.234, within the past 5 years. If~~

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465 ~~the applicant has been convicted of an offense prohibited under~~  
466 ~~the level 2 standards or insurance fraud in any jurisdiction,~~  
467 ~~the applicant must show that his or her civil rights have been~~  
468 ~~restored prior to submitting an application.~~

469 (e) Each applicant that performs the technical component of  
470 magnetic resonance imaging, static radiographs, computed  
471 tomography, or positron emission tomography, and also provides  
472 the professional components of such services through an employee  
473 or independent contractor, must provide to the agency on a form  
474 provided by the agency, the name and address of the clinic, the  
475 serial or operating number of each magnetic resonance imaging,  
476 static radiograph, computed tomography, and positron emission  
477 tomography machine, the name of the manufacturer of the machine,  
478 and such other information as required by the agency to identify  
479 the machine. The information must be provided to the agency upon  
480 renewal of the clinic's licensure and within 30 days after a  
481 clinic begins using a machine for which it has not provided the  
482 information to the agency.

483 Section 4. Section 400.9914, Florida Statutes, is created  
484 to read:

485 400.9914 Revocation or denial of a specialty clinic  
486 license.—In addition to s. 408.831, the agency:

487 (1) Shall deny or revoke a specialty clinic license if an  
488 applicant has been found guilty of, regardless of adjudication,  
489 or entered a plea of nolo contendere or guilty to, any felony  
490 involving dishonesty or making a false statement in any  
491 jurisdiction within the preceding 10 years.

492 (2) Shall deny a specialty clinic license application when  
493 any business entity or individual possessing an ownership or

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494 pecuniary interest in the specialty clinic also possessed an  
495 ownership or pecuniary interest, individually or through any  
496 business entity, in any health care facility whose license was  
497 revoked in any jurisdiction during the pendency of that  
498 interest.

499 (3) May not issue a specialty clinic license to any  
500 applicant to whom the agency has sent notice that there is a  
501 pending question as to whether one or more of the individuals  
502 having an ownership of 5 percent or more or a pecuniary interest  
503 of \$5,000 or more in the clinic has a disqualifying criminal  
504 record. The agency notice shall request the applicant to submit  
505 any additional information necessary to resolve the pending  
506 criminal background question within 21 days after receipt of the  
507 notice. The agency shall deny a specialty clinic license  
508 application if the applicant fails to resolve a criminal  
509 background screening issue pertaining to an individual who is  
510 required to meet criminal background screening requirements of  
511 this part and the agency raised such background screening issue  
512 by notice as set forth in this part.

513 Section 5. Section 400.9915, Florida Statutes, is amended  
514 to read:

515 400.9915 Emergency suspension; costs.-

516 (1) Failure by a clinic or specialty clinic licensed under  
517 this part to allow full and complete access to the premises and  
518 to billing records or information to any representative of the  
519 agency who makes a request to inspect the clinic or specialty  
520 clinic to determine compliance with this part or failure by a  
521 clinic or specialty clinic to employ a qualified medical  
522 director or clinic director constitutes a ground for emergency

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523 suspension of the license by the agency pursuant to s. 408.814.

524 (2) In addition to any administrative fines imposed  
525 pursuant to this part or part II of chapter 408, the agency may  
526 assess a fee equal to the cost of conducting a complaint  
527 investigation.

528 Section 6. Section 400.9921, Florida Statutes, is created  
529 to read:

530 400.9921 License renewal; transfer of ownership.—In  
531 addition to the requirements set forth in ss. 408.806 and  
532 408.807:

533 (1) An application for license renewal must contain  
534 information as required by the agency.

535 (2) The clinic or specialty clinic must file with the  
536 renewal application satisfactory proof that it is in compliance  
537 with this part and applicable rules. If there is evidence of  
538 financial instability, the clinic or specialty clinic must  
539 submit satisfactory proof of its financial ability to comply  
540 with the requirements of this part.

541 (3) An application for change of ownership of a clinic or  
542 specialty clinic is required only when 45 percent or more of the  
543 ownership, voting shares, or controlling interest of a clinic or  
544 specialty clinic is transferred or assigned, including the final  
545 transfer or assignment of multiple transfers or assignments over  
546 a 2-year period which cumulatively total 45 percent or greater.

547 (4) The license may not be sold, leased, assigned, or  
548 otherwise transferred, voluntarily or involuntarily, and is  
549 valid only for the clinic or specialty clinic owners and  
550 location for which originally issued.

551 Section 7. Section 400.9925, Florida Statutes, is amended

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552 to read:

553 400.9925 Rulemaking authority; license fees.—

554 (1) The agency shall adopt rules necessary to administer  
555 the clinic and specialty clinic administration, regulation, and  
556 licensure program, including rules pursuant to this part and  
557 part II of chapter 408, establishing the specific licensure  
558 requirements, procedures, forms, and fees. It shall adopt rules  
559 establishing a procedure for the biennial renewal of licenses.  
560 The agency may issue initial licenses for less than the full 2-  
561 year period by charging a prorated licensure fee and specifying  
562 a different renewal date than would otherwise be required for  
563 biennial licensure. The rules shall specify the expiration dates  
564 of licenses, the process of tracking compliance with financial  
565 responsibility requirements, and any other conditions of renewal  
566 required by law or rule.

567 (2) The agency shall adopt rules specifying limitations on  
568 the number of licensed clinics and specialty clinics and  
569 licensees for which a medical director or a clinic director may  
570 assume responsibility for purposes of this part. In determining  
571 the quality of supervision a medical director or a clinic  
572 director can provide, the agency shall consider the number of  
573 clinic or specialty clinic employees, the clinic location or the  
574 specialty clinic location, and the health care services provided  
575 by the clinic or specialty clinic.

576 (3) In accordance with s. 408.805, an applicant or a  
577 licensee shall pay a fee for each license application submitted  
578 under this part, part II of chapter 408, and applicable rules.  
579 The amount of the fee shall be established by rule and may not  
580 exceed \$2,000.

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581 Section 8. Subsection (3) of section 400.993, Florida  
582 Statutes, is amended to read:

583 400.993 Unlicensed clinics; reporting.—

584 (3) In addition to the requirements of part II of chapter  
585 408, any health care provider who is aware of the operation of  
586 an unlicensed clinic or specialty clinic shall report that  
587 facility to the agency. Failure to report a clinic or specialty  
588 clinic that the provider knows or has reasonable cause to  
589 suspect is unlicensed shall be reported to the provider's  
590 licensing board.

591 Section 9. Section 400.9935, Florida Statutes, is amended  
592 to read:

593 400.9935 Clinic responsibilities.—

594 (1) Each clinic and specialty clinic shall appoint a  
595 medical director or clinic director who shall agree in writing  
596 to accept legal responsibility for the following activities on  
597 behalf of the clinic or specialty clinic. The medical director  
598 or the clinic director shall:

599 (a) Have signs identifying the medical director or clinic  
600 director posted in a conspicuous location within the clinic  
601 readily visible to all patients.

602 (b) Ensure that all practitioners providing health care  
603 services or supplies to patients maintain a current active and  
604 unencumbered Florida license.

605 (c) Review any patient referral contracts or agreements  
606 executed by the clinic.

607 (d) Ensure that all health care practitioners at the clinic  
608 have active appropriate certification or licensure for the level  
609 of care being provided.

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610 (e) Serve as the clinic records owner as defined in s.  
611 456.057.

612 (f) Ensure compliance with the recordkeeping, office  
613 surgery, and adverse incident reporting requirements of chapter  
614 456, the respective practice acts, and rules adopted under this  
615 part and part II of chapter 408.

616 (g) Conduct systematic reviews of clinic billings to ensure  
617 that the billings are not fraudulent or unlawful. Upon discovery  
618 of an unlawful charge, the medical director or clinic director  
619 shall take immediate corrective action. If the clinic performs  
620 only the technical component of magnetic resonance imaging,  
621 static radiographs, computed tomography, or positron emission  
622 tomography, and provides the professional interpretation of such  
623 services, in a fixed facility that is accredited by the Joint  
624 Commission on Accreditation of Healthcare Organizations or the  
625 Accreditation Association for Ambulatory Health Care, and the  
626 American College of Radiology; and if, in the preceding quarter,  
627 the percentage of scans performed by that clinic which was  
628 billed to all personal injury protection insurance carriers was  
629 less than 15 percent, the chief financial officer of the clinic  
630 may, in a written acknowledgment provided to the agency, assume  
631 the responsibility for the conduct of the systematic reviews of  
632 clinic billings to ensure that the billings are not fraudulent  
633 or unlawful.

634 (h) Not refer a patient to the clinic if the clinic  
635 performs magnetic resonance imaging, static radiographs,  
636 computed tomography, or positron emission tomography. The term  
637 "refer a patient" means the referral of one or more patients of  
638 the medical or clinical director or a member of the medical or

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639 clinical director's group practice to the clinic for magnetic  
640 resonance imaging, static radiographs, computed tomography, or  
641 positron emission tomography. A medical director who is found to  
642 violate this paragraph commits a felony of the third degree,  
643 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

644 (i) Serve in that capacity for no more than a maximum of  
645 five health care clinics that have a cumulative total of no more  
646 than 200 employees and persons under contract with the health  
647 care clinic at a given time. A medical or clinic director may  
648 not supervise a health care clinic more than 200 miles away from  
649 any other health care clinic supervised by the same medical or  
650 clinic director. The agency may allow for waivers to the  
651 limitations of this paragraph upon a showing of good cause and a  
652 determination by the agency that the medical director will be  
653 able to adequately perform the requirements of this subsection.

654 (2) Any contract to serve as a medical director or a clinic  
655 director entered into or renewed by a physician or a licensed  
656 health care practitioner in violation of this part is void as  
657 contrary to public policy. This subsection shall apply to  
658 contracts entered into or renewed on or after March 1, 2004.

659 (3) All charges or reimbursement claims made by or on  
660 behalf of a clinic that is required to be licensed under this  
661 part, but that is not so licensed, or that is otherwise  
662 operating in violation of this part, are unlawful charges, and  
663 therefore are noncompensable and unenforceable.

664 (4) In addition to the requirements of s. 408.812, any  
665 person establishing, operating, or managing an unlicensed clinic  
666 otherwise required to be licensed under this part or part II of  
667 chapter 408, or any person who knowingly files a false or

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668 misleading license application or license renewal application,  
669 or false or misleading information related to such application  
670 or department rule, commits a felony of the third degree,  
671 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

672 (5) Any licensed health care provider who violates this  
673 part is subject to discipline in accordance with this chapter  
674 and his or her respective practice act.

675 (6) Any person or entity providing health care services  
676 which is not a clinic or specialty clinic, as defined under s.  
677 400.9905, may voluntarily apply for a certificate of exemption  
678 from licensure under its exempt status. Other than certificates  
679 of exemptions granted pursuant to the exemption under s.  
680 400.9905(4)(f), certificates of exemption shall expire after 2  
681 years and may be renewed. ~~with the agency on a form that sets~~  
682 ~~forth its name or names and addresses, a statement of the~~  
683 ~~reasons why it cannot be defined as a clinic, and other~~  
684 ~~information deemed necessary by the agency. An exemption is not~~  
685 ~~transferable. The agency may charge an applicant for a~~  
686 ~~certificate of exemption in an amount equal to \$100 or the~~  
687 ~~actual cost of processing the certificate, whichever is less.~~

688 (a) The agency shall provide a form that requires the name  
689 or names and addresses, a statement of the reasons why the  
690 applicant is exempt from licensure as a health care clinic or  
691 specialty clinic, and other information deemed necessary by the  
692 agency. The signature on an application for a certificate of  
693 exemption must be notarized and signed by persons having  
694 knowledge of the truth of its contents. An exemption is not  
695 transferable and is valid only for the reasons, location,  
696 persons, and entity set forth on the application form. A person

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697 or entity that claims an exemption under this part or that holds  
698 a current certificate of exemption must be exempt from the  
699 licensing provisions of this part at all times, or such claim or  
700 certificate is invalid from the date that such person or entity  
701 is not exempt.

702 (b) The agency shall charge an applicant for a certificate  
703 of exemption a fee of \$100 to cover the cost of processing the  
704 certificate or the actual cost of processing the certificate,  
705 whichever is less.

706 (c) An application for the renewal of a certificate of  
707 exemption must be submitted to the agency before the expiration  
708 of the certificate of exemption. The agency may investigate any  
709 applicant, person, or entity claiming an exemption for purposes  
710 of determining compliance when a certificate of exemption is  
711 sought. Authorized personnel of the agency shall have access to  
712 the premises of any certificateholder, applicant, or specialty  
713 clinic, other than a person or entity who is exempt pursuant to  
714 s. 400.9905(4)(f), for the sole purpose of determining  
715 compliance with an exemption under this part. The agency shall  
716 have access to all billings and records. The agency may deny or  
717 withdraw a certificate of exemption when a person or entity does  
718 not qualify under this part.

719 (d) A certificate of exemption is considered withdrawn when  
720 the agency determines that an exempt status cannot be confirmed.  
721 The provisions applicable to the unlicensed operation of a  
722 health care clinic or specialty clinic apply to any health care  
723 provider that self-determines or claims an exemption or that is  
724 issued a certificate of exemption if, in fact, such clinic does  
725 not meet the exemption claimed.

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726 (e) Any person or entity that submits an application for a  
727 certificate of exemption which contains fraudulent or material  
728 and misleading information commits a felony of the third degree,  
729 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

730 (f) A response to a request in writing for additional  
731 information or clarification must be filed with the agency no  
732 later than 21 days after receipt of the request or the  
733 application shall be denied.

734 (g) The agency shall grant or deny an application for a  
735 certificate of exemption in accordance with s. 120.60(1).

736 (h) A person or entity that qualifies as a health care  
737 clinic or specialty clinic and has been denied a certificate of  
738 exemption must file an initial application and pay the fee. A  
739 certificate of exemption is valid only when issued and current.

740 (i) The agency shall issue an emergency order of suspension  
741 of a certificate of exemption when the agency finds that the  
742 applicant has provided false or misleading material information  
743 or omitted any material fact from the application for a  
744 certificate of exemption which is permitted or required by this  
745 part, or has submitted false or misleading information to the  
746 agency when self-determining an exempt status and materially  
747 misleading the agency as to such status.

748 (7) (a) Each clinic engaged in magnetic resonance imaging  
749 services must be accredited by the Joint Commission on  
750 Accreditation of Healthcare Organizations, the American College  
751 of Radiology, or the Accreditation Association for Ambulatory  
752 Health Care, within 1 year after licensure. A clinic that is  
753 accredited by the American College of Radiology or is within the  
754 original 1-year period after licensure and replaces its core

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755 magnetic resonance imaging equipment shall be given 1 year after  
756 the date on which the equipment is replaced to attain  
757 accreditation. However, a clinic may request a single, 6-month  
758 extension if it provides evidence to the agency establishing  
759 that, for good cause shown, such clinic cannot be accredited  
760 within 1 year after licensure, and that such accreditation will  
761 be completed within the 6-month extension. After obtaining  
762 accreditation as required by this subsection, each such clinic  
763 must maintain accreditation as a condition of renewal of its  
764 license. A clinic that files a change of ownership application  
765 must comply with the original accreditation timeframe  
766 requirements of the transferor. The agency shall deny a change  
767 of ownership application if the clinic is not in compliance with  
768 the accreditation requirements. When a clinic adds, replaces, or  
769 modifies magnetic resonance imaging equipment and the  
770 accreditation agency requires new accreditation, the clinic must  
771 be accredited within 1 year after the date of the addition,  
772 replacement, or modification but may request a single, 6-month  
773 extension if the clinic provides evidence of good cause to the  
774 agency.

775 (b) The agency may deny the application or revoke the  
776 license of any entity formed for the purpose of avoiding  
777 compliance with the accreditation provisions of this subsection  
778 and whose principals were previously principals of an entity  
779 that was unable to meet the accreditation requirements within  
780 the specified timeframes. The agency may adopt rules as to the  
781 accreditation of magnetic resonance imaging clinics.

782 (8) The agency shall give full faith and credit pertaining  
783 to any past variance and waiver granted to a magnetic resonance

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784 imaging clinic from rule 64-2002, Florida Administrative Code,  
785 by the Department of Health, until September 2004. After that  
786 date, such clinic must request a variance and waiver from the  
787 agency under s. 120.542.

788 (9) In addition to the requirements of part II of chapter  
789 408, the clinic or specialty clinic shall display a sign in a  
790 conspicuous location within the clinic or specialty clinic  
791 readily visible to all patients indicating that, pursuant to s.  
792 626.9892, the Department of Financial Services may pay rewards  
793 of up to \$25,000 to persons providing information leading to the  
794 arrest and conviction of persons committing crimes investigated  
795 by the Division of Insurance Fraud arising from violations of s.  
796 440.105, s. 624.15, s. 626.9541, s. 626.989, or s. 817.234. An  
797 authorized employee of the Division of Insurance Fraud may make  
798 unannounced inspections of a clinic or specialty clinic licensed  
799 under this part as necessary to determine whether the clinic or  
800 specialty clinic is in compliance with this subsection. A  
801 licensed clinic or specialty clinic shall allow full and  
802 complete access to the premises to such authorized employee of  
803 the division who makes an inspection to determine compliance  
804 with this subsection.

805 (10) In addition to the requirements set forth in s.  
806 408.8065, every licensed specialty clinic shall annually file  
807 with the agency, including concurrently with the filing of any  
808 change of ownership application, upon forms to be furnished by  
809 the agency, an audited report showing the following information:

810 (a) A report of the number of patients served by the  
811 specialty clinic during the previous 12-month period. The report  
812 may exclude any partial month for the month when the report was

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813 prepared;

814 (b) Total specialty clinic operating expenses;

815 (c) Gross patient charges by payor category, including  
816 Medicare, Medicaid, county indigent programs, any other  
817 governmental programs, private insurance, self-paying patients,  
818 nonpaying patients, and other payees;

819 (d) The cost of operation of the specialty clinic during  
820 the previous 12-month period, excluding any partial month during  
821 which time the report was prepared;

822 (e) Unless the specialty clinic can demonstrate that the  
823 clinic already has furnished the required information regarding  
824 a particular subject individual, the full name of any individual  
825 who became an owner or became possessed of any pecuniary  
826 interest in the subject clinic since the last report to the  
827 agency, along with the disclosure of the information required by  
828 s. 400.991 as to such individual; and

829 (f) A current statement of the source of funds for payment  
830 of the costs of establishing the specialty clinic and for  
831 sustaining the operation of the specialty clinic until its  
832 operation produces a positive cash flow.

833 (11) Each licensee of a specialty clinic has a continuing  
834 obligation to comply with this part and to report to the agency  
835 any change of circumstance related to the clinic's continuing  
836 compliance with this part. Such change of circumstance includes,  
837 but is not limited to, any change in the ownership of the  
838 specialty clinic, the addition of any individual or business  
839 entity possessing a pecuniary interest in the specialty clinic,  
840 the employment of any individual as a member of the specialty  
841 clinic's staff who would be required to undergo a criminal

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842 background screening if such individual had been an employee at  
843 the time of the initial licensure, and any change in the medical  
844 or clinic director. The specialty clinic shall furnish the  
845 information about any change of circumstances which is required  
846 under this part and s. 400.991 within 30 days after the  
847 occurrence of such change of circumstance.

848 Section 10. Section 400.995, Florida Statutes, is amended  
849 to read:

850 400.995 Agency administrative penalties.—

851 (1) In addition to the requirements of part II of chapter  
852 408, the agency may deny the application for a license renewal,  
853 revoke and suspend the license, and impose administrative fines  
854 of up to \$5,000 per violation for violations of ~~the requirements~~  
855 ~~of~~ this part or rules of the agency. In determining if a penalty  
856 is to be imposed and in fixing the amount of the fine, the  
857 agency shall consider the following factors:

858 (a) The gravity of the violation, including the probability  
859 that death or serious physical or emotional harm to a patient  
860 will result or has resulted, the severity of the action or  
861 potential harm, and the extent to which ~~the provisions of the~~  
862 applicable laws or rules were violated.

863 (b) Actions taken by the owner, medical director, or clinic  
864 director to correct violations.

865 (c) Any previous violations.

866 (d) The financial benefit to the clinic or specialty clinic  
867 of committing or continuing the violation.

868 (2) Each day of continuing violation after the date fixed  
869 for termination of the violation, as ordered by the agency,  
870 constitutes an additional, separate, and distinct violation.

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871 (3) Any action taken to correct a violation shall be  
872 documented in writing by the owner, medical director, or clinic  
873 director of the clinic or specialty clinic and verified through  
874 followup visits by agency personnel. The agency may impose a  
875 fine and, in the case of an owner-operated clinic or specialty  
876 clinic, revoke or deny a clinic's license when a clinic medical  
877 director or clinic director knowingly misrepresents actions  
878 taken to correct a violation.

879 (4) Any licensed clinic whose owner, medical director, or  
880 clinic director concurrently operates an unlicensed clinic shall  
881 be subject to an administrative fine of \$5,000 per day.

882 (5) Any clinic or specialty clinic whose owner fails to  
883 apply for a change-of-ownership license and operates the clinic  
884 or specialty clinic under the new ownership is subject to a fine  
885 of \$5,000.

886 (6) As an alternative to or in conjunction with an  
887 administrative action against a clinic or specialty clinic for  
888 violations of this part and adopted rules ~~During an inspection,~~  
889 the agency shall make a reasonable attempt to discuss during the  
890 inspection each violation with the owner, medical director, or  
891 clinic director of the clinic or specialty clinic, prior to  
892 written notification. The agency, instead of fixing a period  
893 within which the clinic or specialty clinic shall enter into  
894 compliance with standards, may request a plan of corrective  
895 action from the clinic or specialty clinic which demonstrates a  
896 good faith effort to remedy each violation by a specific date,  
897 subject to the approval of the agency.

898 Section 11. Section 400.996, Florida Statutes, is created  
899 to read:

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900 400.996 Specialty clinics; complaints; audits; referrals.-

901 (1) The agency shall receive, document, and process  
902 complaints about specialty clinics. Upon receipt of any  
903 complaint that asserts the existence of facts evidencing  
904 possible billing fraud by a specialty clinic or by any employee  
905 of a specialty clinic, the agency shall request the complainant  
906 to make such assertions by sworn affidavit.

907 (2) Upon receipt of any sworn affidavit that asserts the  
908 existence of facts evidencing possible billing fraud by a  
909 specialty clinic or any of its employees, the agency shall refer  
910 the complaint to the Office of Fiscal Integrity within the  
911 Department of Financial Services.

912 (3) The Department of Financial Services shall report  
913 findings to the agency for any appropriate licensure action.  
914 Such report shall include a statement of facts as determined by  
915 the Department of Financial Services to exist, specifically with  
916 regard to the possible violations of licensure requirements. If,  
917 during an investigation, the Department of Financial Services  
918 has reason to believe that any criminal law of this state has or  
919 may have been violated, the department shall refer such  
920 investigation to appropriate prosecutorial agencies and shall  
921 provide investigative assistance to those agencies as required.

922 (4) The investigating authority and the agency shall  
923 cooperate with each other and prepare a record and share  
924 information from which the agency may determine if any action  
925 for sanctions under this part are warranted.

926 (5) A person commits a misdemeanor of the first degree,  
927 punishable as provided in s. 775.082 or s. 775.083 if:

928 (a) He or she submits a sworn complaint that initiates a

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929 complaint investigation pursuant to this section; and

930 (b) The sworn complaint is determined to be totally without  
931 any factual basis to support the assertions made in the  
932 complaint that facts existed evidencing possible fraudulent  
933 practices by a specialty clinic or any of its employees.

934 (6) The Office of Fiscal Integrity within the Department of  
935 Financial Services shall conduct unannounced reviews,  
936 investigations, analyses, and audits to investigate complaints  
937 and, as necessary, to determine whether a specialty clinic's  
938 billings are fraudulent or unlawful. The Department of Financial  
939 Services may enter upon the premises of the clinic during  
940 regular business hours and demand and immediately secure copies  
941 of billing and other records of the clinic which will enable the  
942 Department of Financial Services to investigate complaints or  
943 determine whether a specialty clinic's billings are fraudulent  
944 or unlawful.

945 (7) A licensed specialty clinic shall allow full, complete,  
946 and immediate access to the premises and to billing records or  
947 information to any such officer or employee who conducts a  
948 review, investigation, analysis, or audit to determine  
949 compliance with this part and with applicable rules. Failure to  
950 allow full, complete, and immediate access to the premises and  
951 to billing records or information to any representative of the  
952 agency or Department of Financial Services who attempts to  
953 conduct a review, investigation, analysis, or audit to determine  
954 compliance with this part constitutes a ground for emergency  
955 suspension of the license by the agency pursuant to s.  
956 120.60(6).

957 (8) In addition to any administrative fines imposed, the

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958 agency may assess a fee equal to the cost of conducting any  
959 review, investigation, analysis, or audit performed by the  
960 agency or the Department of Financial Services.

961 (9) All investigators designated by the Chief Financial  
962 Officer to perform duties under this part and who are certified  
963 under s. 943.1395 are law enforcement officers of the state.  
964 Such investigators may conduct criminal investigations, bear  
965 arms, make arrests, and apply for, serve, and execute search  
966 warrants, arrest warrants, capias, and other processes  
967 throughout the state pertaining to fraud investigations under  
968 this section.

969 Section 12. Subsection (27) of section 408.802, Florida  
970 Statutes, is amended to read:

971 408.802 Applicability.—The provisions of this part apply to  
972 the provision of services that require licensure as defined in  
973 this part and to the following entities licensed, registered, or  
974 certified by the agency, as described in chapters 112, 383, 390,  
975 394, 395, 400, 429, 440, 483, and 765:

976 (27) Health care clinics and specialty clinics, as provided  
977 under part X of chapter 400.

978 Section 13. Subsection (25) of section 408.820, Florida  
979 Statutes, is amended to read:

980 408.820 Exemptions.—Except as prescribed in authorizing  
981 statutes, the following exemptions shall apply to specified  
982 requirements of this part:

983 (25) Health care clinics and specialty clinics, as provided  
984 under part X of chapter 400, are exempt from s. 408.810(6), (7),  
985 and (10).

986 Section 14. Paragraph (mm) is added to subsection (1) of

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987 section 456.072, Florida Statutes, to read:

988 456.072 Grounds for discipline; penalties; enforcement.—

989 (1) The following acts shall constitute grounds for which  
990 the disciplinary actions specified in subsection (2) may be  
991 taken:

992 (mm) Intentionally providing false information on an  
993 application for a certificate of exemption from clinic licensure  
994 under part XIII of chapter 400.

995 Section 15. Florida Barbara B. Lumpkin Center for Nursing  
996 designated; Department of Health to erect suitable markers.—

997 (1) The Florida Center for Nursing, created by s. 464.0195,  
998 Florida Statutes, and located in Orlando is designated as the  
999 “Florida Barbara B. Lumpkin Center for Nursing.”

1000 (2) The Department of Health is directed to erect suitable  
1001 markers designating the Florida Barbara B. Lumpkin Center for  
1002 Nursing as described in subsection (1).

1003 Section 16. The sums of \$212,528 in recurring funds from  
1004 the Health Care Trust Fund, and \$25,347 in nonrecurring funds  
1005 from the Health Care Trust Fund are appropriated to the Agency  
1006 for Health Care Administration and four full-time equivalent  
1007 positions and associated salary rate of 134,455 are authorized,  
1008 for the 2010-2011 fiscal year for the purpose of administering  
1009 the provisions of this act.

1010 Section 17. This act shall take effect July 1, 2010.