

Amendment No.

CHAMBER ACTION

Senate

House

.

1 Representative Hutson offered the following:

2

3 **Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

5 Section 1. Paragraph (d) of subsection (3) of section

6 390.012, Florida Statutes, is amended to read:

7 390.012 Powers of agency; rules; disposal of fetal  
8 remains.-

9 (3) For clinics that perform or claim to perform abortions  
10 after the first trimester of pregnancy, the agency shall adopt  
11 rules pursuant to ss. 120.536(1) and 120.54 to implement the  
12 provisions of this chapter, including the following:

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13 (d) Rules relating to the medical screening and evaluation  
14 of each abortion clinic patient. At a minimum, these rules shall  
15 require:

16 1. A medical history, including reported allergies to  
17 medications, antiseptic solutions, or latex; past surgeries; and  
18 an obstetric and gynecological history.

19 2. A physical examination, including a bimanual  
20 examination estimating uterine size and palpation of the adnexa.

21 3. The appropriate laboratory tests, including:

22 a. Urine or blood tests for pregnancy performed before the  
23 abortion procedure.

24 b. A test for anemia.

25 c. Rh typing, unless reliable written documentation of  
26 blood type is available.

27 d. Other tests as indicated from the physical examination.

28 4. An ultrasound evaluation for all patients. The rules  
29 shall require that if a person who is not a physician performs  
30 an ultrasound examination, that person shall have documented  
31 evidence that he or she has completed a course in the operation  
32 of ultrasound equipment as prescribed in rule. ~~The rules shall~~  
33 ~~require clinics to be in compliance with s. 390.0111.~~

34 5. That the physician is responsible for estimating the  
35 gestational age of the fetus based on the ultrasound examination  
36 and obstetric standards in keeping with established standards of  
37 care regarding the estimation of fetal age as defined in rule  
38 and shall write the estimate in the patient's medical history.

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39 The physician shall keep original prints of each ultrasound  
40 examination of a patient in the patient's medical history file.

41 Section 2. Subsection (11) of section 400.021, Florida  
42 Statutes, is amended to read:

43 400.021 Definitions.—When used in this part, unless the  
44 context otherwise requires, the term:

45 (11) "Nursing home bed" means an accommodation that ~~which~~  
46 is ready for immediate occupancy, or is capable of being made  
47 ready for occupancy within 48 hours, excluding provision of  
48 staffing; and that ~~which~~ conforms to minimum space requirements,  
49 including the availability of appropriate equipment and  
50 furnishings within the 48 hours, as specified by ~~rule of~~ the  
51 agency, for the provision of services specified in this part to  
52 a single resident.

53 Section 3. Subsection (3) of section 400.0712, Florida  
54 Statutes, is amended to read:

55 400.0712 Application for inactive license.—

56 ~~(3) The agency shall adopt rules pursuant to ss.~~  
57 ~~120.536(1) and 120.54 necessary to implement this section.~~

58 Section 4. Subsection (2), paragraph (a) of subsection  
59 (3), subsections (4) and (5), paragraph (e) of subsection (7),  
60 and subsection (8) of section 400.23, Florida Statutes, are  
61 amended to read:

62 400.23 Rules; evaluation and deficiencies; licensure  
63 status.—

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64 (2) Pursuant to the intention of the Legislature, the  
65 agency, in consultation with the Department of Health and the  
66 Department of Elderly Affairs, may ~~shall~~ adopt ~~and enforce~~ rules  
67 to implement this part and part II of chapter 408. The rules,  
68 ~~which shall include,~~ but need not be limited to, reasonable and  
69 fair criteria in relation to:

70 (a) The location of the facility and housing conditions  
71 that will ensure the health, safety, and comfort of residents,  
72 including an adequate call system. In making such rules, the  
73 agency shall be guided by criteria recommended by nationally  
74 recognized reputable professional groups and associations with  
75 knowledge of such subject matters. The agency shall update or  
76 revise such criteria as the need arises. The agency may require  
77 alterations to a building if it determines that an existing  
78 condition constitutes a distinct hazard to life, health, or  
79 safety. In performing any inspections of facilities authorized  
80 by this part or part II of chapter 408, the agency may enforce  
81 the special-occupancy provisions of the Florida Building Code  
82 and the Florida Fire Prevention Code which apply to nursing  
83 homes. Residents or their representatives shall be able to  
84 request a change in the placement of the bed in their room,  
85 provided that at admission they are presented with a room that  
86 meets requirements of the Florida Building Code. The location of  
87 a bed may be changed if the requested placement does not  
88 infringe on the resident's roommate or interfere with the  
89 resident's care or safety as determined by the care planning

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90 team in accordance with facility policies and procedures. In  
91 addition, the bed placement may not be used as a restraint. Each  
92 facility shall maintain a log of resident rooms with beds that  
93 are not in strict compliance with the Florida Building Code in  
94 order for such log to be used by surveyors and nurse monitors  
95 during inspections and visits. A resident or resident  
96 representative who requests that a bed be moved shall sign a  
97 statement indicating that he or she understands the room will  
98 not be in compliance with the Florida Building Code, but they  
99 would prefer to exercise their right to self-determination. The  
100 statement must be retained as part of the resident's care plan.  
101 Any facility that offers this option must submit a letter signed  
102 by the nursing home administrator of record to the agency  
103 notifying it of this practice with a copy of the policies and  
104 procedures of the facility. The agency is directed to provide  
105 assistance to the Florida Building Commission in updating the  
106 construction standards of the code relative to nursing homes.

107 (b) The number and qualifications of all personnel,  
108 including management, medical, nursing, and other professional  
109 personnel, and nursing assistants, orderlies, and support  
110 personnel, having responsibility for any part of the care given  
111 residents.

112 (c) All sanitary conditions within the facility and its  
113 surroundings, including water supply, sewage disposal, food  
114 handling, and general hygiene which will ensure the health and  
115 comfort of residents.

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116 (d) The equipment essential to the health and welfare of  
117 the residents.

118 (e) A uniform accounting system.

119 (f) The care, treatment, and maintenance of residents and  
120 measurement of the quality and adequacy thereof, based on rules  
121 developed under this chapter and the Omnibus Budget  
122 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22,  
123 1987), Title IV (Medicare, Medicaid, and Other Health-Related  
124 Programs), Subtitle C (Nursing Home Reform), as amended.

125 (g) The preparation and annual update of a comprehensive  
126 emergency management plan. The agency shall establish ~~adopt~~  
127 ~~rules establishing~~ minimum criteria for the plan after  
128 consultation with the Division of Emergency Management. At a  
129 minimum, ~~the rules must provide for~~ plan components shall  
130 provide for ~~that address~~ emergency evacuation transportation;  
131 adequate sheltering arrangements; postdisaster activities,  
132 including emergency power, food, and water; postdisaster  
133 transportation; supplies; staffing; emergency equipment;  
134 individual identification of residents and transfer of records;  
135 and responding to family inquiries. The comprehensive emergency  
136 management plan is subject to review and approval by the local  
137 emergency management agency. During its review, the local  
138 emergency management agency shall ensure that the following  
139 agencies, at a minimum, are given the opportunity to review the  
140 plan: the Department of Elderly Affairs, the Department of  
141 Health, the Agency for Health Care Administration, and the

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142 Division of Emergency Management. Also, appropriate volunteer  
143 organizations must be given the opportunity to review the plan.  
144 The local emergency management agency shall complete its review  
145 within 60 days and either approve the plan or advise the  
146 facility of necessary revisions.

147 (h) The availability, distribution, and posting of reports  
148 and records pursuant to s. 400.191 and the Gold Seal Program  
149 pursuant to s. 400.235.

150 (3)(a)1. The agency shall enforce ~~adopt rules providing~~  
151 minimum staffing requirements for nursing home facilities that-  
152 ~~These requirements~~ must include, for each facility:

153 a. A minimum weekly average of certified nursing assistant  
154 and licensed nursing staffing combined of 3.6 hours of direct  
155 care per resident per day. As used in this sub-subparagraph, a  
156 week is defined as Sunday through Saturday.

157 b. A minimum certified nursing assistant staffing of 2.5  
158 hours of direct care per resident per day. A facility may not  
159 staff below one certified nursing assistant per 20 residents.

160 c. A minimum licensed nursing staffing of 1.0 hour of  
161 direct care per resident per day. A facility may not staff below  
162 one licensed nurse per 40 residents.

163 2. Nursing assistants employed under s. 400.211(2) may be  
164 included in computing the staffing ratio for certified nursing  
165 assistants if their job responsibilities include only nursing-  
166 assistant-related duties.

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167           3. Each nursing home facility must document compliance  
168 with staffing standards as required under this paragraph and  
169 post daily the names of staff on duty for the benefit of  
170 facility residents and the public.

171           4. The agency shall recognize the use of licensed nurses  
172 for compliance with minimum staffing requirements for certified  
173 nursing assistants if the nursing home facility otherwise meets  
174 the minimum staffing requirements for licensed nurses and the  
175 licensed nurses are performing the duties of a certified nursing  
176 assistant. Unless otherwise approved by the agency, licensed  
177 nurses counted toward the minimum staffing requirements for  
178 certified nursing assistants must exclusively perform the duties  
179 of a certified nursing assistant for the entire shift and not  
180 also be counted toward the minimum staffing requirements for  
181 licensed nurses. If the agency approved a facility's request to  
182 use a licensed nurse to perform both licensed nursing and  
183 certified nursing assistant duties, the facility must allocate  
184 the amount of staff time specifically spent on certified nursing  
185 assistant duties for the purpose of documenting compliance with  
186 minimum staffing requirements for certified and licensed nursing  
187 staff. The hours of a licensed nurse with dual job  
188 responsibilities may not be counted twice.

189           (4) ~~Rules developed pursuant to~~ This section does ~~shall~~  
190 not restrict the use of shared staffing and shared programming  
191 in facilities that ~~which~~ are part of retirement communities that

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192 provide multiple levels of care and otherwise meet the  
193 requirement of law or rule.

194 (5) (a) The agency, in collaboration with the Division of  
195 Children's Medical Services of the Department of Health, may  
196 establish ~~must adopt rules for:~~

197 ~~(a)~~ minimum standards of care for persons under 21 years  
198 of age who reside in nursing home facilities. A facility may be  
199 exempted from these standards and the requirements of paragraph  
200 (b) for specific persons between 18 and 21 years of age, if the  
201 person's physician agrees that minimum standards of care based  
202 on age are not necessary.

203 (b) The following ~~Minimum~~ staffing requirements for  
204 persons under 21 years of age who reside in nursing home  
205 facilities, ~~which~~ apply in lieu of the requirements contained in  
206 subsection (3) :-

207 1. For persons under 21 years of age who require skilled  
208 care:

209 a. A minimum combined average of 3.9 hours of direct care  
210 per resident per day must be provided by licensed nurses,  
211 respiratory therapists, respiratory care practitioners, and  
212 certified nursing assistants.

213 b. A minimum licensed nursing staffing of 1.0 hour of  
214 direct care per resident per day must be provided.

215 c. No more than 1.5 hours of certified nursing assistant  
216 care per resident per day may be counted in determining the  
217 minimum direct care hours required.

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218 d. One registered nurse must be on duty on the site 24  
219 hours per day on the unit where children reside.

220 2. For persons under 21 years of age who are medically  
221 fragile:

222 a. A minimum combined average of 5.0 hours of direct care  
223 per resident per day must be provided by licensed nurses,  
224 respiratory therapists, respiratory care practitioners, and  
225 certified nursing assistants.

226 b. A minimum licensed nursing staffing of 1.7 hours of  
227 direct care per resident per day must be provided.

228 c. No more than 1.5 hours of certified nursing assistant  
229 care per resident per day may be counted in determining the  
230 minimum direct care hours required.

231 d. One registered nurse must be on duty on the site 24  
232 hours per day on the unit where children reside.

233 (7) The agency shall, at least every 15 months, evaluate  
234 all nursing home facilities and make a determination as to the  
235 degree of compliance by each licensee with the established rules  
236 adopted under this part as a basis for assigning a licensure  
237 status to that facility. The agency shall base its evaluation on  
238 the most recent inspection report, taking into consideration  
239 findings from other official reports, surveys, interviews,  
240 investigations, and inspections. In addition to license  
241 categories authorized under part II of chapter 408, the agency  
242 shall assign a licensure status of standard or conditional to  
243 each nursing home.

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- 244 (e) The agency shall ~~adopt rules that~~:
- 245 1. Establish uniform procedures for the evaluation of
- 246 facilities.
- 247 2. Provide criteria in the areas referenced in paragraph
- 248 (c).
- 249 3. Address other areas necessary for carrying out the
- 250 intent of this section.
- 251 (8) The agency shall ensure that ~~adopt rules pursuant to~~
- 252 ~~this part and part II of chapter 408 to provide that~~, when the
- 253 criteria established under subsection (2) are not met, such
- 254 deficiencies shall be classified according to the nature and the
- 255 scope of the deficiency. The scope shall be cited as isolated,
- 256 patterned, or widespread. An isolated deficiency is a deficiency
- 257 affecting one or a very limited number of residents, or
- 258 involving one or a very limited number of staff, or a situation
- 259 that occurred only occasionally or in a very limited number of
- 260 locations. A patterned deficiency is a deficiency where more
- 261 than a very limited number of residents are affected, or more
- 262 than a very limited number of staff are involved, or the
- 263 situation has occurred in several locations, or the same
- 264 resident or residents have been affected by repeated occurrences
- 265 of the same deficient practice but the effect of the deficient
- 266 practice is not found to be pervasive throughout the facility. A
- 267 widespread deficiency is a deficiency in which the problems
- 268 causing the deficiency are pervasive in the facility or
- 269 represent systemic failure that has affected or has the

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270 potential to affect a large portion of the facility's residents.  
271 The agency shall indicate the classification on the face of the  
272 notice of deficiencies as follows:

273 (a) A class I deficiency is a deficiency that the agency  
274 determines presents a situation in which immediate corrective  
275 action is necessary because the facility's noncompliance has  
276 caused, or is likely to cause, serious injury, harm, impairment,  
277 or death to a resident receiving care in a facility. The  
278 condition or practice constituting a class I violation shall be  
279 abated or eliminated immediately, unless a fixed period of time,  
280 as determined by the agency, is required for correction. A class  
281 I deficiency is subject to a civil penalty of \$10,000 for an  
282 isolated deficiency, \$12,500 for a patterned deficiency, and  
283 \$15,000 for a widespread deficiency. The fine amount shall be  
284 doubled for each deficiency if the facility was previously cited  
285 for one or more class I or class II deficiencies during the last  
286 licensure inspection or any inspection or complaint  
287 investigation since the last licensure inspection. A fine must  
288 be levied notwithstanding the correction of the deficiency.

289 (b) A class II deficiency is a deficiency that the agency  
290 determines has compromised the resident's ability to maintain or  
291 reach his or her highest practicable physical, mental, and  
292 psychosocial well-being, as defined by an accurate and  
293 comprehensive resident assessment, plan of care, and provision  
294 of services. A class II deficiency is subject to a civil penalty  
295 of \$2,500 for an isolated deficiency, \$5,000 for a patterned

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296 deficiency, and \$7,500 for a widespread deficiency. The fine  
297 amount shall be doubled for each deficiency if the facility was  
298 previously cited for one or more class I or class II  
299 deficiencies during the last licensure inspection or any  
300 inspection or complaint investigation since the last licensure  
301 inspection. A fine shall be levied notwithstanding the  
302 correction of the deficiency.

303 (c) A class III deficiency is a deficiency that the agency  
304 determines will result in no more than minimal physical, mental,  
305 or psychosocial discomfort to the resident or has the potential  
306 to compromise the resident's ability to maintain or reach his or  
307 her highest practical physical, mental, or psychosocial well-  
308 being, as defined by an accurate and comprehensive resident  
309 assessment, plan of care, and provision of services. A class III  
310 deficiency is subject to a civil penalty of \$1,000 for an  
311 isolated deficiency, \$2,000 for a patterned deficiency, and  
312 \$3,000 for a widespread deficiency. The fine amount shall be  
313 doubled for each deficiency if the facility was previously cited  
314 for one or more class I or class II deficiencies during the last  
315 licensure inspection or any inspection or complaint  
316 investigation since the last licensure inspection. A citation  
317 for a class III deficiency must specify the time within which  
318 the deficiency is required to be corrected. If a class III  
319 deficiency is corrected within the time specified, a civil  
320 penalty may not be imposed.

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321 (d) A class IV deficiency is a deficiency that the agency  
322 determines has the potential for causing no more than a minor  
323 negative impact on the resident. If the class IV deficiency is  
324 isolated, no plan of correction is required.

325 Section 5. Paragraph (h) of subsection (2) of section  
326 400.471, Florida Statutes, is amended to read:

327 400.471 Application for license; fee.—

328 (2) In addition to the requirements of part II of chapter  
329 408, the initial applicant must file with the application  
330 satisfactory proof that the home health agency is in compliance  
331 with this part and applicable rules, including:

332 (h) In the case of an application for initial licensure,  
333 documentation of accreditation, or an application for  
334 accreditation, from an accrediting organization that is  
335 recognized by the agency as having standards comparable to those  
336 required by this part and part II of chapter 408.

337 Notwithstanding s. 408.806, an applicant that has applied for  
338 accreditation must provide proof of accreditation that is not  
339 conditional or provisional within 120 days after the date of the  
340 agency's receipt of the application for licensure or the  
341 application shall be withdrawn from further consideration. Such  
342 accreditation must be maintained by the home health agency to  
343 maintain licensure. The agency shall accept, in lieu of its own  
344 periodic licensure survey, the submission of the survey of an  
345 accrediting organization that is recognized by the agency if the  
346 accreditation of the licensed home health agency is not

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347 provisional and if the licensed home health agency authorizes  
348 releases of, and the agency receives the report of, the  
349 accrediting organization. A home health agency that is not  
350 Medicare or Medicaid certified and does not provide skilled  
351 nursing care is exempt from this paragraph.

352 Section 6. Subsection (7) of section 400.474, Florida  
353 Statutes, is amended to read:

354 400.474 Administrative penalties.—

355 (7) A home health agency shall electronically submit to  
356 the agency, ~~within 15 days after the end of each calendar~~  
357 ~~quarter,~~ a ~~written~~ report for each 6-month period ending March  
358 31 and September 30.

359 (a) Each report must include ~~that includes~~ the following  
360 data as they existed on the last day of the reporting period  
361 ~~quarter~~:

362 1.(a) The number of insulin-dependent diabetic patients  
363 who receive insulin-injection services from the home health  
364 agency.

365 2.(b) The number of patients who receive both home health  
366 services from the home health agency and hospice services.

367 3.(c) The number of patients who receive home health  
368 services from the home health agency.

369 4.(d) The name and license number of each nurse whose  
370 primary job responsibility is to provide home health services to  
371 patients and who received remuneration from the home health

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372 agency in excess of \$50,000 ~~\$25,000~~ during the reporting period  
373 ~~calendar quarter~~.

374 (b) If the home health agency fails to submit the ~~written~~  
375 ~~quarterly~~ report within 15 days after the end of the applicable  
376 reporting period ~~each calendar quarter~~, the agency ~~for Health~~  
377 ~~Care Administration~~ shall impose a fine of \$200 per day against  
378 the home health agency ~~in the amount of \$200 per day~~ until the  
379 agency ~~for Health Care Administration~~ receives the report,  
380 except that the total fine imposed pursuant to this subsection  
381 may not exceed \$5,000 per reporting period ~~quarter~~. A home  
382 health agency is exempt from submission of the report and the  
383 imposition of the fine if it is not a Medicaid or Medicare  
384 provider ~~or if it does not share a controlling interest with a~~  
385 ~~licensee, as defined in s. 408.803, which bills the Florida~~  
386 ~~Medicaid program or the Medicare program~~.

387 Section 7. Subsection (7) of section 400.487, Florida  
388 Statutes, is amended to read:

389 400.487 Home health service agreements; physician's,  
390 physician assistant's, and advanced registered nurse  
391 practitioner's treatment orders; patient assessment;  
392 establishment and review of plan of care; provision of services;  
393 orders not to resuscitate.-

394 (7) Home health agency personnel may withhold or withdraw  
395 cardiopulmonary resuscitation if presented with an order not to  
396 resuscitate executed pursuant to s. 401.45. ~~The agency shall~~  
397 ~~adopt rules providing for the implementation of such orders.~~

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398 Home health personnel and agencies are ~~shall~~ not ~~be~~ subject to  
399 criminal prosecution or civil liability and are not, ~~nor be~~  
400 considered to have engaged in negligent or unprofessional  
401 conduct, ~~for withholding or withdrawing cardiopulmonary~~  
402 resuscitation pursuant to such an order and rules adopted by the  
403 agency.

404 Section 8. Section 400.497, Florida Statutes, is amended  
405 to read:

406 400.497 Rules establishing minimum standards.—The agency  
407 may ~~shall~~ adopt, ~~publish, and enforce~~ rules to administer  
408 ~~implement~~ part II of chapter 408 and this part, including the  
409 provider's duties and responsibilities under, ~~as applicable~~, ss.  
410 400.506 and 400.509. Rules shall specify, but are not limited  
411 to, which must provide reasonable and fair minimum standards  
412 relating to:

413 (1) The home health aide competency test and home health  
414 aide training. The agency shall create the home health aide  
415 competency test and establish the curriculum and instructor  
416 qualifications for home health aide training. Licensed home  
417 health agencies may provide this training and shall furnish  
418 documentation of such training to other licensed home health  
419 agencies upon request. Successful passage of the competency test  
420 by home health aides may be substituted for the training  
421 required under this section and agency ~~any rule adopted pursuant~~  
422 ~~thereto~~.

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423 (2) Shared staffing. ~~The agency shall allow~~ Shared  
424 staffing is allowed if the home health agency is part of a  
425 retirement community that provides multiple levels of care, is  
426 located on one campus, is licensed under this chapter or chapter  
427 429, and otherwise meets the requirements of law and rule.

428 (3) The criteria for the frequency of onsite licensure  
429 surveys.

430 (4) Licensure application and renewal.

431 (5) Oversight by the director of nursing, including. ~~The~~  
432 ~~agency shall develop rules related to:~~

433 (a) Standards that address oversight responsibilities by  
434 the director of nursing for ~~of~~ skilled nursing and personal care  
435 services provided by the home health agency's staff;

436 (b) Requirements for a director of nursing to provide to  
437 the agency, upon request, a certified daily report of the home  
438 health services provided by a specified direct employee or  
439 contracted staff member on behalf of the home health agency. The  
440 agency may request a certified daily report for up to ~~only for a~~  
441 ~~period not to exceed~~ 2 years before ~~prior to~~ the date of the  
442 request; and

443 (c) A quality assurance program for home health services  
444 provided by the home health agency.

445 (6) Conditions for using a recent unannounced licensure  
446 inspection for the inspection required under ~~in~~ s. 408.806  
447 related to a licensure application associated with a change in  
448 ownership of a licensed home health agency.

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449 (7) The requirements for onsite and electronic  
450 accessibility of supervisory personnel of home health agencies.

451 (8) Information to be included in patients' records.

452 (9) Geographic service areas.

453 (10) Preparation of a comprehensive emergency management  
454 plan pursuant to s. 400.492.

455 ~~(a) The Agency for Health Care Administration shall adopt~~  
456 ~~rules establishing minimum criteria for the plan and plan~~  
457 ~~updates, with the concurrence of the Department of Health and in~~  
458 ~~consultation with the Division of Emergency Management.~~

459 (a)(b) An emergency plan ~~The rules must address the~~  
460 ~~requirements in s. 400.492. In addition, the rules shall provide~~  
461 ~~for the maintenance of patient-specific medication lists that~~  
462 ~~can accompany patients who are transported from their homes.~~

463 (b)(e) ~~The plan is subject to review and approval by the~~  
464 ~~county health department. During its review, the county health~~  
465 ~~department shall contact state and local health and medical~~  
466 ~~stakeholders when necessary. The county health department shall~~  
467 ~~complete its review to ensure that the plan is in accordance~~  
468 ~~with the requirements of law criteria in the Agency for Health~~  
469 ~~Care Administration rules within 90 days after receipt of the~~  
470 ~~plan and shall approve the plan or advise the home health agency~~  
471 ~~of necessary revisions. If the home health agency fails to~~  
472 ~~submit a plan or fails to submit the requested information or~~  
473 ~~revisions to the county health department within 30 days after~~  
474 ~~written notification from the county health department, the~~

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475 county health department shall notify the Agency for Health Care  
476 Administration. The agency shall notify the home health agency  
477 that its failure constitutes a deficiency, subject to a fine of  
478 \$5,000 per occurrence. If the plan is not submitted, information  
479 is not provided, or revisions are not made as requested, the  
480 agency may impose the fine.

481 (c)~~(d)~~ For any home health agency that operates in more  
482 than one county, the Department of Health shall review the plan,  
483 after consulting with state and local health and medical  
484 stakeholders when necessary. The department shall complete its  
485 review within 90 days after receipt of the plan and shall  
486 approve the plan or advise the home health agency of necessary  
487 revisions. The department shall make every effort to avoid  
488 imposing differing requirements on a home health agency that  
489 operates in more than one county as a result of differing or  
490 conflicting comprehensive plan requirements of the counties in  
491 which the home health agency operates.

492 (d)~~(e)~~ The requirements in this subsection do not apply  
493 to:

494 1. A facility that is certified under chapter 651 and has  
495 a licensed home health agency used exclusively by residents of  
496 the facility; or

497 2. A retirement community that consists of both  
498 residential units for independent living and ~~either~~ a licensed  
499 nursing home or an assisted living facility, and has a licensed  
500 home health agency used exclusively by ~~the~~ residents of the

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501 retirement community, ~~if, provided~~ the comprehensive emergency  
502 management plan for the facility or retirement community  
503 provides for continuous care of all residents with special needs  
504 during an emergency.

505 Section 9. Paragraph (f) of subsection (12) and subsection  
506 (17) of section 400.506, Florida Statutes, are amended to read:  
507 400.506 Licensure of nurse registries; requirements;  
508 penalties.—

509 (12) Each nurse registry shall prepare and maintain a  
510 comprehensive emergency management plan that is consistent with  
511 the criteria in this subsection and with the local special needs  
512 plan. The plan shall be updated annually. The plan shall include  
513 the means by which the nurse registry will continue to provide  
514 the same type and quantity of services to its patients who  
515 evacuate to special needs shelters which were being provided to  
516 those patients prior to evacuation. The plan shall specify how  
517 the nurse registry shall facilitate the provision of continuous  
518 care by persons referred for contract to persons who are  
519 registered pursuant to s. 252.355 during an emergency that  
520 interrupts the provision of care or services in private  
521 residences. Nurse registries may establish links to local  
522 emergency operations centers to determine a mechanism by which  
523 to approach specific areas within a disaster area in order for a  
524 provider to reach its clients. Nurse registries shall  
525 demonstrate a good faith effort to comply with the requirements  
526 of this subsection by documenting attempts of staff to follow

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527 | procedures outlined in the nurse registry's comprehensive  
528 | emergency management plan which support a finding that the  
529 | provision of continuing care has been attempted for patients  
530 | identified as needing care by the nurse registry and registered  
531 | under s. 252.355 in the event of an emergency under this  
532 | subsection.

533 | ~~(f) The Agency for Health Care Administration shall adopt~~  
534 | ~~rules establishing minimum criteria for the comprehensive~~  
535 | ~~emergency management plan and plan updates required by this~~  
536 | ~~subsection, with the concurrence of the Department of Health and~~  
537 | ~~in consultation with the Division of Emergency Management.~~

538 | ~~(17) The Agency for Health Care Administration shall adopt~~  
539 | ~~rules to implement this section and part II of chapter 408.~~

540 | Section 10. Subsection (7) of section 400.509, Florida  
541 | Statutes, is amended to read:

542 | 400.509 Registration of particular service providers  
543 | exempt from licensure; certificate of registration; regulation  
544 | of registrants.—

545 | ~~(7) The Agency for Health Care Administration shall adopt~~  
546 | ~~rules to administer this section and part II of chapter 408.~~

547 | Section 11. Subsection (8) of section 400.6095, Florida  
548 | Statutes, is amended to read:

549 | 400.6095 Patient admission; assessment; plan of care;  
550 | discharge; death.—

551 | (8) The hospice care team may withhold or withdraw  
552 | cardiopulmonary resuscitation if presented with an order not to

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553 resuscitate executed pursuant to s. 401.45. ~~The department shall~~  
554 ~~adopt rules providing for the implementation of such orders.~~  
555 Hospice staff are ~~shall~~ not be subject to criminal prosecution  
556 or civil liability, and are not ~~nor be~~ considered to have  
557 engaged in negligent or unprofessional conduct, for withholding  
558 or withdrawing cardiopulmonary resuscitation pursuant to such an  
559 order and applicable rules. The absence of an order to  
560 resuscitate executed pursuant to s. 401.45 does not preclude a  
561 physician from withholding or withdrawing cardiopulmonary  
562 resuscitation as otherwise permitted by law.

563 Section 12. Section 400.914, Florida Statutes, is amended  
564 to read:

565 400.914 Rulemaking; Rules establishing standards.-

566 ~~(1)~~ Pursuant to the intention of the Legislature to  
567 provide safe and sanitary facilities and healthful programs, the  
568 agency in conjunction with the Division of Children's Medical  
569 Services of the Department of Health may ~~shall~~ adopt ~~and publish~~  
570 rules to implement the provisions of this part and part II of  
571 chapter 408, ~~which shall include reasonable and fair standards.~~  
572 Any conflict between these rules ~~standards~~ and those standards  
573 that may be set forth in local, county, or city ordinances shall  
574 be resolved in favor of those having statewide effect. The rules  
575 shall include, but need not be limited to, reasonable and fair  
576 standards relating ~~Such standards shall relate to:~~

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577        (1)~~(a)~~ The assurance that PPEC services are family  
578 centered and provide individualized medical, developmental, and  
579 family training services.

580        (2)~~(b)~~ The maintenance of PPEC centers, not in conflict  
581 with the provisions of chapter 553 and based upon the size of  
582 the structure and number of children, relating to plumbing,  
583 heating, lighting, ventilation, and other building conditions,  
584 including adequate space, which will ensure the health, safety,  
585 comfort, and protection from fire of the children served.

586        (c) The appropriate provisions of the most recent edition  
587 of the "Life Safety Code" (NFPA-101) shall be applied.

588        (d) The number and qualifications of all personnel who  
589 have responsibility for the care of the children served.

590        (e) All sanitary conditions within the PPEC center and its  
591 surroundings, including water supply, sewage disposal, food  
592 handling, and general hygiene, and maintenance thereof, which  
593 will ensure the health and comfort of children served.

594        (f) Programs and basic services promoting and maintaining  
595 the health and development of the children served and meeting  
596 the training needs of the children's legal guardians.

597        (g) Supportive, contracted, other operational, and  
598 transportation services.

599        (h) Maintenance of appropriate medical records, data, and  
600 information relative to the children and programs. Such records  
601 shall be maintained in the facility for inspection by the  
602 agency.

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603 ~~(2) The agency shall adopt rules to ensure that:~~

604 ~~(a) No child attends a PPEC center for more than 12 hours~~  
605 ~~within a 24-hour period.~~

606 ~~(b) No PPEC center provides services other than those~~  
607 ~~provided to medically or technologically dependent children.~~

608 Section 13. Section 400.9141, Florida Statutes, is created  
609 to read:

610 400.9141 Limitations.—

611 (1) A child may not attend a PPEC center for more than 12  
612 hours within a 24-hour period.

613 (2) A PPEC center may only provide those services that are  
614 provided to medically or technologically dependent children.

615 Section 14. Paragraph (a) of subsection (20) of section  
616 400.934, Florida Statutes, is amended to read:

617 400.934 Minimum standards.—As a requirement of licensure,  
618 home medical equipment providers shall:

619 (20) (a) Prepare and maintain a comprehensive emergency  
620 management plan that meets minimum criteria established by  
621 agency rule, including the maintenance of patient equipment and  
622 supply lists that can accompany patients who are transported  
623 from their homes. Such rules shall be formulated in consultation  
624 with the Department of Health and the Division of Emergency  
625 Management under s. 400.935. The plan shall be updated annually  
626 and shall provide for continuing home medical equipment services  
627 for life-supporting or life-sustaining equipment, as defined in

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628 s. 400.925, during an emergency that interrupts home medical  
629 equipment services in a patient's home. The plan shall include:

630 1. The means by which the home medical equipment provider  
631 will continue to provide equipment to perform the same type and  
632 quantity of services to its patients who evacuate to special  
633 needs shelters which were being provided to those patients prior  
634 to evacuation.

635 2. The means by which the home medical equipment provider  
636 establishes and maintains an effective response to emergencies  
637 and disasters, including plans for:

638 a. Notification of staff when emergency response measures  
639 are initiated.

640 b. Communication between staff members, county health  
641 departments, and local emergency management agencies, which  
642 includes provisions for a backup communications system.

643 c. Identification of resources necessary to continue  
644 essential care or services or referrals to other organizations  
645 subject to written agreement.

646 d. Contacting and prioritizing patients in need of  
647 continued medical equipment services and supplies.

648 Section 15. Section 400.935, Florida Statutes, is amended  
649 to read:

650 400.935 Rulemaking authority ~~Rules establishing minimum~~  
651 ~~standards.~~—The agency shall adopt, ~~publish,~~ and enforce rules  
652 necessary to implement this part and part II of chapter 408.

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653 ~~which must provide reasonable and fair minimum standards~~  
654 relating to:

655 (1) The qualifications and minimum training requirements  
656 of all home medical equipment provider personnel.

657 ~~(2) Financial ability to operate.~~

658 ~~(3) The administration of the home medical equipment~~  
659 provider.

660 ~~(4) Procedures for maintaining patient records.~~

661 (3)~~(5)~~ Ensuring that the home medical equipment and  
662 services provided by a home medical equipment provider are in  
663 accordance with the plan of treatment established for each  
664 patient, when provided as a part of a plan of treatment.

665 (4)~~(6)~~ Contractual arrangements for the provision of home  
666 medical equipment and services by providers not employed by the  
667 home medical equipment provider providing for the consumer's  
668 needs.

669 (5)~~(7)~~ Physical location and zoning requirements.

670 (6)~~(8)~~ Home medical equipment requiring home medical  
671 equipment services.

672 ~~(9) Preparation of the comprehensive emergency management~~  
673 ~~plan under s. 400.934 and the establishment of minimum criteria~~  
674 ~~for the plan, including the maintenance of patient equipment and~~  
675 ~~supply lists that can accompany patients who are transported~~  
676 ~~from their homes. Such rules shall be formulated in consultation~~  
677 ~~with the Department of Health and the Division of Emergency~~  
678 ~~Management.~~

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679 Section 16. Subsection (5) of section 400.962, Florida  
680 Statutes, is amended to read:

681 400.962 License required; license application.—

682 (5) The applicant must agree to provide or arrange for  
683 active treatment services by an interdisciplinary team to  
684 maximize individual independence or prevent regression or loss  
685 of functional status. ~~Standards for active treatment shall be~~  
686 ~~adopted by the Agency for Health Care Administration by rule~~  
687 ~~pursuant to ss. 120.536(1) and 120.54.~~ Active treatment services  
688 shall be provided in accordance with the individual support plan  
689 and shall be reimbursed as part of the per diem rate as paid  
690 under the Medicaid program.

691 Section 17. Subsections (2) and (3) of section 400.967,  
692 Florida Statutes, are amended to read:

693 400.967 Rules and classification of deficiencies.—

694 (2) ~~Pursuant to the intention of the Legislature,~~ The  
695 agency, in consultation with the Agency for Persons with  
696 Disabilities and the Department of Elderly Affairs, may ~~shall~~  
697 ~~adopt and enforce~~ rules necessary to administer this part and  
698 part II of chapter 408, which may ~~shall~~ include ~~reasonable and~~  
699 ~~fair~~ criteria governing:

700 (a) The location and construction of the facility;  
701 including fire and life safety, plumbing, heating, cooling,  
702 lighting, ventilation, and other housing conditions that ensure  
703 the health, safety, and comfort of residents. The agency shall  
704 establish standards for facilities and equipment to increase the

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705 extent to which new facilities and a new wing or floor added to  
706 an existing facility after July 1, 2000, are structurally  
707 capable of serving as shelters only for residents, staff, and  
708 families of residents and staff, and equipped to be self-  
709 supporting during and immediately following disasters. The  
710 agency shall update or revise the criteria as the need arises.  
711 All facilities must comply with those lifesafety code  
712 requirements and building code standards applicable at the time  
713 of approval of their construction plans. The agency may require  
714 alterations to a building if it determines that an existing  
715 condition constitutes a distinct hazard to life, health, or  
716 safety. The agency may prescribe the ~~shall adopt fair and~~  
717 ~~reasonable rules setting forth~~ conditions under which existing  
718 facilities undergoing additions, alterations, conversions,  
719 renovations, or repairs are required to comply with the most  
720 recent updated or revised standards.

721 (b) The number and qualifications of all personnel,  
722 including management, medical nursing, and other personnel,  
723 having responsibility for any part of the care given to  
724 residents.

725 (c) All sanitary conditions within the facility and its  
726 surroundings, including water supply, sewage disposal, food  
727 handling, and general hygiene, which will ensure the health and  
728 comfort of residents.

729 (d) The equipment essential to the health and welfare of  
730 the residents.

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731 (e) A uniform accounting system.

732 (f) The care, treatment, and maintenance of residents and  
733 measurement of the quality and adequacy thereof.

734 (g) The preparation and annual update of a comprehensive  
735 emergency management plan. After consultation with the Division  
736 of Emergency Management, the agency may establish ~~shall adopt~~  
737 ~~rules establishing~~ minimum criteria for ~~the plan after~~  
738 ~~consultation with the Division of Emergency Management. At a~~  
739 ~~minimum, the rules must provide for~~ plan components that address  
740 emergency evacuation transportation; adequate sheltering  
741 arrangements; postdisaster activities, including emergency  
742 power, food, and water; postdisaster transportation; supplies;  
743 staffing; emergency equipment; individual identification of  
744 residents and transfer of records; and responding to family  
745 inquiries. The comprehensive emergency management plan is  
746 subject to review and approval by the local emergency management  
747 agency. During its review, the local emergency management agency  
748 shall ensure that the following agencies, at a minimum, are  
749 given the opportunity to review the plan: the Department of  
750 Elderly Affairs, the Agency for Persons with Disabilities, the  
751 Agency for Health Care Administration, and the Division of  
752 Emergency Management. Also, appropriate volunteer organizations  
753 must be given the opportunity to review the plan. The local  
754 emergency management agency shall complete its review within 60  
755 days and either approve the plan or advise the facility of  
756 necessary revisions.

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757 (h) The use of restraint and seclusion. Such rules must be  
758 consistent with recognized best practices; prohibit inherently  
759 dangerous restraint or seclusion procedures; establish  
760 limitations on the use and duration of restraint and seclusion;  
761 establish measures to ensure the safety of clients and staff  
762 during an incident of restraint or seclusion; establish  
763 procedures for staff to follow before, during, and after  
764 incidents of restraint or seclusion, including individualized  
765 plans for the use of restraints or seclusion in emergency  
766 situations; establish professional qualifications of and  
767 training for staff who may order or be engaged in the use of  
768 restraint or seclusion; establish requirements for facility data  
769 collection and reporting relating to the use of restraint and  
770 seclusion; and establish procedures relating to the  
771 documentation of the use of restraint or seclusion in the  
772 client's facility or program record.

773 (3) ~~The agency shall adopt rules to provide that,~~ When the  
774 criteria established under this part and part II of chapter 408  
775 are not met, such deficiencies shall be classified according to  
776 the nature of the deficiency. The agency shall indicate the  
777 classification on the face of the notice of deficiencies as  
778 follows:

779 (a) Class I deficiencies are those which the agency  
780 determines present an imminent danger to the residents or guests  
781 of the facility or a substantial probability that death or  
782 serious physical harm would result therefrom. The condition or

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783 practice constituting a class I violation must be abated or  
784 eliminated immediately, unless a fixed period of time, as  
785 determined by the agency, is required for correction. A class I  
786 deficiency is subject to a civil penalty in an amount not less  
787 than \$5,000 and not exceeding \$10,000 for each deficiency. A  
788 fine may be levied notwithstanding the correction of the  
789 deficiency.

790 (b) Class II deficiencies are those which the agency  
791 determines have a direct or immediate relationship to the  
792 health, safety, or security of the facility residents, other  
793 than class I deficiencies. A class II deficiency is subject to a  
794 civil penalty in an amount not less than \$1,000 and not  
795 exceeding \$5,000 for each deficiency. A citation for a class II  
796 deficiency shall specify the time within which the deficiency  
797 must be corrected. If a class II deficiency is corrected within  
798 the time specified, no civil penalty shall be imposed, unless it  
799 is a repeated offense.

800 (c) Class III deficiencies are those which the agency  
801 determines to have an indirect or potential relationship to the  
802 health, safety, or security of the facility residents, other  
803 than class I or class II deficiencies. A class III deficiency is  
804 subject to a civil penalty of not less than \$500 and not  
805 exceeding \$1,000 for each deficiency. A citation for a class III  
806 deficiency shall specify the time within which the deficiency  
807 must be corrected. If a class III deficiency is corrected within

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808 the time specified, no civil penalty shall be imposed, unless it  
809 is a repeated offense.

810 Section 18. Subsection (2) of section 400.980, Florida  
811 Statutes, is amended to read:

812 400.980 Health care services pools.—

813 (2) The requirements of part II of chapter 408 apply to  
814 the provision of services that require licensure or registration  
815 pursuant to this part and part II of chapter 408 and to entities  
816 registered by or applying for such registration from the agency  
817 pursuant to this part. Registration or a license issued by the  
818 agency is required for the operation of a health care services  
819 pool in this state. In accordance with s. 408.805, an applicant  
820 or licensee shall pay a fee for each license application  
821 submitted using this part, part II of chapter 408, and  
822 applicable rules. The agency shall ~~adopt rules and~~ provide forms  
823 required for such registration and shall impose a registration  
824 fee in an amount sufficient to cover the cost of administering  
825 this part and part II of chapter 408. In addition to the  
826 requirements in part II of chapter 408, the registrant must  
827 provide the agency with any change of information contained on  
828 the original registration application within 14 days prior to  
829 the change.

830 Section 19. Subsection (43) of section 409.912, Florida  
831 Statutes, is amended to read:

832 409.912 Cost-effective purchasing of health care.—The  
833 agency shall purchase goods and services for Medicaid recipients

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834 in the most cost-effective manner consistent with the delivery  
835 of quality medical care. To ensure that medical services are  
836 effectively utilized, the agency may, in any case, require a  
837 confirmation or second physician's opinion of the correct  
838 diagnosis for purposes of authorizing future services under the  
839 Medicaid program. This section does not restrict access to  
840 emergency services or poststabilization care services as defined  
841 in 42 C.F.R. part 438.114. Such confirmation or second opinion  
842 shall be rendered in a manner approved by the agency. The agency  
843 shall maximize the use of prepaid per capita and prepaid  
844 aggregate fixed-sum basis services when appropriate and other  
845 alternative service delivery and reimbursement methodologies,  
846 including competitive bidding pursuant to s. 287.057, designed  
847 to facilitate the cost-effective purchase of a case-managed  
848 continuum of care. The agency shall also require providers to  
849 minimize the exposure of recipients to the need for acute  
850 inpatient, custodial, and other institutional care and the  
851 inappropriate or unnecessary use of high-cost services. The  
852 agency shall contract with a vendor to monitor and evaluate the  
853 clinical practice patterns of providers in order to identify  
854 trends that are outside the normal practice patterns of a  
855 provider's professional peers or the national guidelines of a  
856 provider's professional association. The vendor must be able to  
857 provide information and counseling to a provider whose practice  
858 patterns are outside the norms, in consultation with the agency,  
859 to improve patient care and reduce inappropriate utilization.

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860 The agency may mandate prior authorization, drug therapy  
861 management, or disease management participation for certain  
862 populations of Medicaid beneficiaries, certain drug classes, or  
863 particular drugs to prevent fraud, abuse, overuse, and possible  
864 dangerous drug interactions. The Pharmaceutical and Therapeutics  
865 Committee shall make recommendations to the agency on drugs for  
866 which prior authorization is required. The agency shall inform  
867 the Pharmaceutical and Therapeutics Committee of its decisions  
868 regarding drugs subject to prior authorization. The agency is  
869 authorized to limit the entities it contracts with or enrolls as  
870 Medicaid providers by developing a provider network through  
871 provider credentialing. The agency may competitively bid single-  
872 source-provider contracts if procurement of goods or services  
873 results in demonstrated cost savings to the state without  
874 limiting access to care. The agency may limit its network based  
875 on the assessment of beneficiary access to care, provider  
876 availability, provider quality standards, time and distance  
877 standards for access to care, the cultural competence of the  
878 provider network, demographic characteristics of Medicaid  
879 beneficiaries, practice and provider-to-beneficiary standards,  
880 appointment wait times, beneficiary use of services, provider  
881 turnover, provider profiling, provider licensure history,  
882 previous program integrity investigations and findings, peer  
883 review, provider Medicaid policy and billing compliance records,  
884 clinical and medical record audits, and other factors. Providers  
885 are not entitled to enrollment in the Medicaid provider network.

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886 The agency shall determine instances in which allowing Medicaid  
887 beneficiaries to purchase durable medical equipment and other  
888 goods is less expensive to the Medicaid program than long-term  
889 rental of the equipment or goods. The agency may establish rules  
890 to facilitate purchases in lieu of long-term rentals in order to  
891 protect against fraud and abuse in the Medicaid program as  
892 defined in s. 409.913. The agency may seek federal waivers  
893 necessary to administer these policies.

894 (43) Subject to the availability of funds, the agency  
895 shall mandate a recipient's participation in a provider lock-in  
896 program, when appropriate, if a recipient is found by the agency  
897 to have used Medicaid goods or services at a frequency or amount  
898 not medically necessary, limiting the receipt of goods or  
899 services to medically necessary providers after the 21-day  
900 appeal process has ended, for a period of not less than 1 year.  
901 The lock-in programs shall include, but are not limited to,  
902 pharmacies, medical doctors, and infusion clinics. The  
903 limitation does not apply to emergency services and care  
904 provided to the recipient in a hospital emergency department.  
905 The agency shall seek any federal waivers necessary to implement  
906 this subsection. ~~The agency shall adopt any rules necessary to~~  
907 ~~comply with or administer this subsection.~~ This subsection  
908 expires October 1, 2014.

909 Section 20. Paragraph (e) of subsection (2) of section  
910 409.972, Florida Statutes, is amended to read:

911 409.972 Mandatory and voluntary enrollment.—

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912 (2) The following Medicaid-eligible persons are exempt  
913 from mandatory managed care enrollment required by s. 409.965,  
914 and may voluntarily choose to participate in the managed medical  
915 assistance program:

916 (e) Medicaid recipients enrolled in the home and community  
917 based services waiver pursuant to chapter 393, ~~and~~ Medicaid  
918 recipients waiting for waiver services, and Medicaid recipients  
919 under the age of 21 who are not receiving waiver services but  
920 are authorized by the Agency for Persons with Disabilities or  
921 the Department of Children and Families to reside in a group  
922 home facility licensed pursuant to chapter 393.

923 Section 21. Subsections (4) and (5) of section 429.255,  
924 Florida Statutes, are amended to read:

925 429.255 Use of personnel; emergency care.—

926 (4) Facility staff may withhold or withdraw  
927 cardiopulmonary resuscitation or the use of an automated  
928 external defibrillator if presented with an order not to  
929 resuscitate executed pursuant to s. 401.45. ~~The department shall~~  
930 ~~adopt rules providing for the implementation of such orders.~~  
931 Facility staff and facilities are shall not ~~be~~ subject to  
932 criminal prosecution or civil liability, nor ~~be~~ considered to  
933 have engaged in negligent or unprofessional conduct, for  
934 withholding or withdrawing cardiopulmonary resuscitation or use  
935 of an automated external defibrillator pursuant to such an order  
936 and rules adopted by the department. The absence of an order to  
937 resuscitate executed pursuant to s. 401.45 does not preclude a

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938 physician from withholding or withdrawing cardiopulmonary  
939 resuscitation or use of an automated external defibrillator as  
940 otherwise permitted by law.

941 (5) The Department of Elderly Affairs may adopt rules to  
942 implement the provisions of this section ~~relating to use of an~~  
943 ~~automated external defibrillator.~~

944 Section 22. Subsection (3) of section 429.73, Florida  
945 Statutes, is amended to read:

946 429.73 Rules and standards relating to adult family-care  
947 homes.—

948 (3) ~~The department shall adopt rules providing for the~~  
949 ~~implementation of orders not to resuscitate.~~ The provider may  
950 withhold or withdraw cardiopulmonary resuscitation if presented  
951 with an order not to resuscitate executed pursuant to s. 401.45.  
952 The provider is ~~shall~~ not ~~be~~ subject to criminal prosecution or  
953 civil liability, nor ~~be~~ considered to have engaged in negligent  
954 or unprofessional conduct, for withholding or withdrawing  
955 cardiopulmonary resuscitation pursuant to such an order and  
956 applicable rules.

957 Section 23. Subsection (10) of section 440.102, Florida  
958 Statutes, is amended to read:

959 440.102 Drug-free workplace program requirements.—The  
960 following provisions apply to a drug-free workplace program  
961 implemented pursuant to law or to rules adopted by the Agency  
962 for Health Care Administration:

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963 (10) RULES. ~~The Agency for Health Care Administration~~  
964 ~~shall adopt rules~~ Pursuant to s. 112.0455, part II of chapter  
965 408, and using criteria established by the United States  
966 Department of Health and Human Services, the agency shall adopt  
967 rules as necessary to establish ~~as~~ general guidelines for  
968 modeling drug-free workplace laboratories, concerning, but not  
969 limited to:

970 (a) Standards for licensing drug-testing laboratories and  
971 suspension and revocation of such licenses.

972 (b) Urine, hair, blood, and other body specimens and  
973 minimum specimen amounts that are appropriate for drug testing.

974 (c) Methods of analysis and procedures to ensure reliable  
975 drug-testing results, including standards for initial tests and  
976 confirmation tests.

977 (d) Minimum cutoff detection levels for each drug or  
978 metabolites of such drug for the purposes of determining a  
979 positive test result.

980 (e) Chain-of-custody procedures to ensure proper  
981 identification, labeling, and handling of specimens tested.

982 (f) Retention, storage, and transportation procedures to  
983 ensure reliable results on confirmation tests and retests.

984 Section 24. Subsection (2) of section 483.245, Florida  
985 Statutes, is amended to read:

986 483.245 Rebates prohibited; penalties.—

987 (2) The agency may establish and ~~shall adopt rules that~~  
988 assess administrative penalties for acts prohibited by

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989 subsection (1). In the case of an entity licensed by the agency,  
990 such penalties may include any disciplinary action available to  
991 the agency under the appropriate licensing laws. In the case of  
992 an entity not licensed by the agency, such penalties may  
993 include:

994 (a) A fine not to exceed \$1,000.~~+~~

995 (b) If applicable, a recommendation by the agency to the  
996 appropriate licensing board that disciplinary action be taken.

997 Section 25. Subsection (2) of section 765.541, Florida  
998 Statutes, is amended to read:

999 765.541 Certification of procurement organizations; agency  
1000 responsibilities.—The agency shall:

1001 (2) Adopt rules necessary to implement ~~that set forth~~  
1002 ~~appropriate standards and guidelines for the program in~~  
1003 ~~accordance with~~ ss. 765.541-765.546 and part II of chapter 408.  
1004 ~~These Standards and guidelines~~ for the program adopted by the  
1005 agency must be substantially based on the existing laws of the  
1006 Federal Government and this state and the existing standards and  
1007 guidelines, consistent with the requirements of ss. 765.541-  
1008 765.546, of one or more nationally recognized accreditation  
1009 organizations or a federally regulated network determined by the  
1010 agency to possess reasonable expertise in organ procurement. ~~the~~  
1011 ~~United Network for Organ Sharing (UNOS), the American~~  
1012 ~~Association of Tissue Banks (AATB), the South-Eastern Organ~~  
1013 ~~Procurement Foundation (SEOPF), the North American Transplant~~

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Amendment No.

1014 ~~Coordinators Organization (NATCO), and the Eye Bank Association~~  
1015 ~~of America (EBAA).~~

1016 ~~In addition, the agency shall, before adopting these standards~~  
1017 ~~and guidelines, seek input from all procurement organizations~~  
1018 ~~based in this state.~~

1019 Section 26. Subsection (2) of section 765.544, Florida  
1020 Statutes, is amended to read:

1021 765.544 Fees; organ and tissue donor education and  
1022 procurement.-

1023 ~~(2) The agency shall specify by rule the administrative~~  
1024 ~~penalties for the purpose of ensuring adherence to the standards~~  
1025 ~~of quality and practice required by this chapter, part II of~~  
1026 ~~chapter 408, and applicable rules of the agency for continued~~  
1027 ~~certification.~~

1028 Section 27. This act shall take effect July 1, 2014.

1029  
1030 -----

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

1031 Remove everything before the enacting clause and insert:

1032 A bill to be entitled

1033 An act relating to health care services rulemaking;  
1034 amending s. 390.012, F.S.; revising rulemaking  
1035 authority relating to the operation of certain  
1036 abortion clinics; amending s. 400.021, F.S.; revising  
1037 the definition of the term "nursing home bed" to  
1038 remove rulemaking authority for determining minimum  
1039

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Amendment No.

1040 space requirements for nursing home beds; amending s.  
1041 400.0712, F.S.; removing rulemaking authority relating  
1042 to inactive nursing home facility licenses; amending  
1043 s. 400.23, F.S.; revising general rulemaking authority  
1044 relating to nursing homes and certain health care  
1045 providers; amending s. 400.471, F.S.; exempting  
1046 certain home health agencies from requirements  
1047 relating to documentation of accreditation; amending  
1048 s. 400.474, F.S.; revising reporting requirements to  
1049 be submitted to the Agency for Health Care  
1050 Administration by home health agencies; revising  
1051 entities that are not required to submit the report;  
1052 amending s. 400.487, F.S.; removing rulemaking  
1053 authority relating to orders not to resuscitate  
1054 presented to home health agency personnel; amending s.  
1055 400.497, F.S.; revising rulemaking authority relating  
1056 to the Home Health Services Act; amending s. 400.506,  
1057 F.S.; removing rulemaking authority relating to the  
1058 licensure of nurse registries and the establishment of  
1059 certain emergency management plans; amending s.  
1060 400.509, F.S.; removing rulemaking authority relating  
1061 to registration of certain companion services and  
1062 homemaker services; amending s. 400.6095, F.S.;  
1063 removing rulemaking authority relating to orders not  
1064 to resuscitate presented to a hospice care team;  
1065 amending s. 400.914, F.S.; revising rulemaking

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Amendment No.

1066 authority relating to standards for prescribed  
1067 pediatric extended care (PPEC) centers; removing  
1068 rulemaking authority relating to certain limitations  
1069 on PPEC centers; creating s. 400.9141, F.S.; providing  
1070 limitations on PPEC centers; amending s. 400.934,  
1071 F.S.; revising rulemaking authority relating to the  
1072 preparation of emergency managements plans by home  
1073 medical equipment providers; amending s. 400.935,  
1074 F.S.; revising rulemaking authority relating to  
1075 minimum standards for home medical equipment  
1076 providers; amending s. 400.962, F.S.; removing  
1077 rulemaking authority relating to certain standards for  
1078 active treatment by intermediate care facilities for  
1079 the developmentally disabled; amending s. 400.967,  
1080 F.S.; revising rulemaking authority relating to the  
1081 construction of, the preparation of emergency  
1082 management plans by, and the classification of  
1083 deficiencies of intermediate care facilities for the  
1084 developmentally disabled; amending s. 400.980, F.S.;  
1085 removing rulemaking authority relating to the  
1086 registration of health care services pools; amending  
1087 s. 409.912, F.S.; removing rulemaking authority  
1088 relating to Medicaid provider lock-in programs;  
1089 amending s. 409.972, F.S.; revising Medicaid-eligible  
1090 persons exempt from mandatory managed care enrollment;  
1091 amending s. 429.255, F.S.; removing rulemaking

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Amendment No.

1092 authority relating to orders not to resuscitate  
1093 presented to assisted living facility staff and the  
1094 use of automated external defibrillators; amending s.  
1095 429.73, F.S.; removing rulemaking authority relating  
1096 to orders not to resuscitate presented to adult  
1097 family-care home providers; amending s. 440.102, F.S.;  
1098 removing rulemaking authority relating to certain  
1099 guidelines for drug-free workplace laboratories;  
1100 amending s. 483.245, F.S.; revising rulemaking  
1101 authority relating to the imposition of certain  
1102 administrative penalties against clinical  
1103 laboratories; amending s. 765.541, F.S.; revising  
1104 rulemaking authority relating to standards and  
1105 guidelines for certain organ donation programs;  
1106 revising provisions relating to organ procurement  
1107 programs; amending s. 765.544, F.S.; removing  
1108 rulemaking authority relating to administrative  
1109 penalties for violations with respect to organ and  
1110 tissue donations; providing an effective date.

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