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LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
04/20/2015	.	
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The Committee on Rules (Benacquisto) recommended the following:

1           **Senate Amendment to Amendment (395678) (with title**  
2 **amendment)**

3  
4           Between lines 830 and 831

5 insert:

6           Section 23. Section 288.924, Florida Statutes, is created  
7 to read:

8           288.924 Medical tourism for quality health care services;  
9 medical tourism marketing advisory council and plan.-

10           (1) ADVISORY COUNCIL FOR MEDICAL TOURISM.-The Advisory  
11 Council for Medical Tourism is created within the Florida



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12 Tourism Industry Marketing Corporation to serve as an advisory  
13 body to the Division of Tourism Industry Marketing Corporation  
14 within Enterprise Florida, Inc. The council shall provide  
15 insight and expertise related to developing, marketing, and  
16 promoting this state's medical tourism industry.

17 (2) MEMBERSHIP.—

18 (a) The council shall consist of 12 members with three  
19 members appointed by the Governor, three members appointed by  
20 the President of the Senate, three members appointed by Speaker  
21 of the House of Representatives, and three members appointed by  
22 VISIT Florida, Inc. The council shall be chaired by the  
23 President and CEO of VISIT Florida or his or her designee.

24 (b) Members shall be appointed to 4-year terms. All terms  
25 end on September 30. Initial appointments must be made by  
26 September 1, 2015. To allow for staggered terms, one appointee  
27 from each appointing official will serve a term of 2 years for  
28 the initial term.

29 (c) A council member's absence from three consecutive  
30 meetings will result in his or her automatic removal from the  
31 council.

32 (d) No more than one member of the council may be an  
33 employee of a single company, organization, or association.

34 (e) A council member is eligible for re-appointment, but  
35 may not serve more than two consecutive terms.

36 (3) MEETINGS; ORGANIZATION.—

37 (a) The council shall meet at least once per quarter, but  
38 may meet as often as the council deems necessary.

39 (b) The Division of Tourism Marketing shall provide staff  
40 assistance to the council, whose duties must include, but are



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41 not limited to, keeping records of the proceedings of the  
42 council, and serving as custodian of all books, documents, and  
43 papers filed with the council.

44 (c) A majority of the members of the council constitutes a  
45 quorum.

46 (d) Council members are entitled to receive, from funds of  
47 the corporation, reimbursement for per diem and travel expenses  
48 as provided by s. 112.061.

49 (4) POWERS AND DUTIES.— The council's responsibilities  
50 include, but are not limited to:

51 (a) Develop and implement a 4-year marketing plan in  
52 coordination with the Division of Tourism Marketing with  
53 specific initiatives to advance this state as a destination for  
54 medical tourism.

55 (b) Adopt bylaws for the governance of council affairs and  
56 the conduct of its business under this act.

57 (c) Advise the Florida Tourism Industry Marketing  
58 Corporation on its medical tourism program and any changes that  
59 might facilitate meeting the marketing plan objectives.

60 (d) Consider and study the needs of the medical tourism  
61 industry for the purpose of advising the Florida Tourism  
62 Marketing Corporation.

63 (e) Identify state and local government actions that may  
64 impact the medical tourism industry, or that may appear to  
65 industry representatives as affecting medical tourism in the  
66 state, and advising the Florida Tourism Industry Marketing  
67 Corporation of such actions.

68 (f) Promote national and international awareness of the  
69 qualifications, scope of services, and specialized expertise of



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70 health care providers throughout this state; and

71 (g) Promote national and international awareness of  
72 medical-related conferences, training, or business opportunities  
73 to attract practitioners from the medical field to destinations  
74 in this state.

75 (h). Consider all matters submitted to it by the Florida  
76 Tourism Industry Marketing Corporation.

77 (i) Suggest policies and practices that may improve  
78 interaction with the medical tourism industry and enhance  
79 related state economic development initiatives.

80 (j) Establish an evaluation plan to determine the return on  
81 the use of investment of state and local funds for medical  
82 tourism or other mechanisms to determine the effectiveness of  
83 the state's medical tourism plans.

84 (5) ALLOCATION OF FUNDS FOR MARKETING PLAN.—Annually, at  
85 least \$2 million of the funds appropriated in the General  
86 Appropriations Act to the Florida Tourism Industry Marketing  
87 Corporation shall be allocated for the development and  
88 implementation of the medical tourism marketing plan.

89 (6) REPEAL.—This section is repealed July 1, 2020.

90 Section 24. Paragraph (c) of subsection (4) of section  
91 288.923, Florida Statutes, is amended to read

92 288.923 Division of Tourism Marketing; definitions;  
93 responsibilities.—

94 (4) The division's responsibilities and duties include, but  
95 are not limited to:

96 (c) Developing a 4-year marketing plan.

97 1. At a minimum, the marketing plan shall discuss the  
98 following:



- 99 a. Continuation of overall tourism growth in this state.  
100 b. Expansion to new or under-represented tourist markets.  
101 c. Maintenance of traditional and loyal tourist markets.  
102 d. Coordination of efforts with county destination  
103 marketing organizations, other local government marketing  
104 groups, privately owned attractions and destinations, and other  
105 private sector partners to create a seamless, four-season  
106 advertising campaign for the state and its regions.  
107 e. Development of innovative techniques or promotions to  
108 build repeat visitation by targeted segments of the tourist  
109 population.  
110 f. Consideration of innovative sources of state funding for  
111 tourism marketing.  
112 g. Promotion of nature-based tourism and heritage tourism.  
113 h. Development of a component to address emergency response  
114 to natural and manmade disasters from a marketing standpoint.  
115 2. The plan shall be annual in construction and ongoing in  
116 nature. Any annual revisions of the plan shall carry forward the  
117 concepts of the remaining 3-year portion of the plan and  
118 consider a continuum portion to preserve the 4-year timeframe of  
119 the plan. The plan also shall include recommendations for  
120 specific performance standards and measurable outcomes for the  
121 division and direct-support organization. The department, in  
122 consultation with the board of directors of Enterprise Florida,  
123 Inc., shall base the actual performance metrics on these  
124 recommendations.  
125 3. The 4-year marketing plan shall be developed in  
126 collaboration with the Florida Tourism Industry Marketing  
127 Corporation. The plan shall be annually reviewed and approved by



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128 the board of directors of Enterprise Florida, Inc.

129 (d) Developing a 4-year marketing plan for the promotion of  
130 medical tourism as provided under s. 288.924.

131 Section 25. Section 296.42, Florida Statutes, is created to  
132 read:

133 296.42 Site selection process for state veterans' nursing  
134 homes.-

135 (1) The department shall contract for a study to determine  
136 the need for new state veterans' nursing homes and the most  
137 appropriate counties in which to locate the homes based on the  
138 greatest level of need. The department shall submit the study to  
139 the Governor, the President of the Senate, and the Speaker of  
140 the House of Representatives by November 1, 2015.

141 (2) The study shall use the following criteria to rank each  
142 county according to need:

143 (a) The distance from the geographic center of the county  
144 to the nearest existing state veterans' nursing home.

145 (b) The number of veterans age 65 years or older residing  
146 in the county.

147 (c) The presence of an existing federal Veterans' Health  
148 Administration medical center or outpatient clinic in the  
149 county.

150 (d) Elements of emergency health care in the county, as  
151 determined by:

152 1. The number of general hospitals.

153 2. The number of emergency room holding beds per hospital.

154 The term "emergency room holding bed" means a bed located in the  
155 emergency room of a hospital licensed under ch. 395 which is  
156 used for a patient admitted to the hospital through the



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157 emergency room, but is waiting for an available bed in an  
158 inpatient unit of the hospital.

159 3. The number of employed physicians per hospital in the  
160 emergency room 24 hours per day.

161 (e) The number of existing community nursing home beds per  
162 1,000 males age 65 years or older residing in the county.

163 (f) The presence of an accredited educational institution  
164 offering health care programs in the county.

165 (g) The county poverty rate.

166 (3) For each new nursing home, the department shall select  
167 the highest-ranked county in the applicable study under this  
168 section which does not have a veterans' nursing home. If the  
169 highest-ranked county cannot serve as the site, the department  
170 shall select the next-highest ranked county. The selection is  
171 subject to the approval of the Governor and Cabinet.

172 (4) The department shall use the 2014 site selection study  
173 to select a county for any new state veterans' nursing home  
174 authorized before November 1, 2015.

175 (5) The department shall use the November 2015 site  
176 selection study ranking to select each new state veterans'  
177 nursing home site authorized before July 1, 2020.

178 (6) The department shall contract for and submit a new site  
179 selection study to the Governor, the President of the Senate,  
180 and the Speaker of the House of Representatives using the county  
181 ranking criteria in paragraph (3) by November 1, 2019 for site  
182 selections on or after July 1, 2020. The department must conduct  
183 new site selection studies every 4 years using the county  
184 ranking criteria under paragraph (3) with each report due by  
185 November 1st for the selection period that begins the following



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186 July 1st.

187 Section 26. Section 624.27, Florida Statutes, is created to  
188 read:

189 624.27 Application of code as to direct primary care  
190 agreements.-

191 (1) As used in this section, the term:

192 (a) "Direct primary care agreement" means a contract  
193 between a primary care provider or primary care group practice  
194 and a patient, the patient's legal representative, or an  
195 employer which must satisfy the criteria in subsection (4) and  
196 does not indemnify for services provided by a third party.

197 (b) "Primary care provider" means a health care provider  
198 licensed under chapter 458, chapter 459, or chapter 464 who  
199 provides medical services to patients which are commonly  
200 provided without referral from another health care provider.

201 (c) "Primary care service" means the screening, assessment,  
202 diagnosis, and treatment of a patient for the purpose of  
203 promoting health or detecting and managing disease or injury  
204 within the competency and training of the primary care provider.

205 (2) A direct primary care agreement does not constitute  
206 insurance and is not subject to this code. The act of entering  
207 into a direct primary care agreement does not constitute the  
208 business of insurance and is not subject to this code.

209 (3) A primary care provider or an agent of a primary care  
210 provider is not required to obtain a certificate of authority or  
211 license under this code to market, sell, or offer to sell a  
212 direct primary care agreement.

213 (4) For purposes of this section, a direct primary care  
214 agreement must:



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- 215       (a) Be in writing.
- 216       (b) Be signed by the primary care provider or an agent of  
217 the primary care provider and the patient or the patient's legal  
218 representative.
- 219       (c) Allow a party to terminate the agreement by written  
220 notice to the other party after a period specified in the  
221 agreement.
- 222       (d) Describe the scope of the primary care services that  
223 are covered by the monthly fee.
- 224       (e) Specify the monthly fee and any fees for primary care  
225 services not covered by the monthly fee.
- 226       (f) Specify the duration of the agreement and any automatic  
227 renewal provisions.
- 228       (g) Offer a refund to the patient of monthly fees paid in  
229 advance if the primary care provider ceases to offer primary  
230 care services for any reason.
- 231       (h) State that the agreement is not health insurance.
- 232       Section 26. Paragraphs (a) and (e) of subsection (3) and  
233 subsections (4) and (5) of section 766.1115, Florida Statutes,  
234 are amended to read:
- 235       Section 27. Paragraphs (a) and (d) of subsection (3) and  
236 subsections (4) and (5) of section 766.1115, Florida Statutes,  
237 are amended to read:
- 238       766.1115 Health care providers; creation of agency  
239 relationship with governmental contractors.—
- 240       (3) DEFINITIONS.—As used in this section, the term:
- 241       (a) "Contract" means an agreement executed in compliance  
242 with this section between a health care provider and a  
243 governmental contractor which allows the health care provider,



244 or any employee or agent of the health care provider, to deliver  
245 health care services to low-income recipients as an agent of the  
246 governmental contractor. The contract must be for volunteer,  
247 uncompensated services, ~~except as provided in paragraph (4)(g).~~  
248 For services to qualify as volunteer, uncompensated services  
249 under this section, the health care provider must receive no  
250 compensation from the governmental contractor for any services  
251 provided under the contract and must not bill or accept  
252 compensation from the recipient, or a public or private third-  
253 party payor, for the specific services provided to the low-  
254 income recipients covered by the contract, except as provided in  
255 paragraph (4)(g). A free clinic as described in subparagraph  
256 (3)(d)14. may receive a legislative appropriation, a grant  
257 through a legislative appropriation, or a grant from a  
258 governmental entity or nonprofit corporation to support the  
259 delivery of such contracted services by volunteer health care  
260 providers, including the employment of health care providers to  
261 supplement, coordinate, or support the delivery of services by  
262 volunteer health care providers. Such an appropriation or grant  
263 does not constitute compensation under this paragraph from the  
264 governmental contractor for services provided under the  
265 contract, nor does receipt and use of the appropriation or grant  
266 constitute the acceptance of compensation under this paragraph  
267 for the specific services provided to the low-income recipients  
268 covered by the contract.

269 (d) "Health care provider" or "provider" means:

270 1. A birth center licensed under chapter 383.

271 2. An ambulatory surgical center licensed under chapter  
272 395.



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- 273           3. A hospital licensed under chapter 395.
- 274           4. A physician or physician assistant licensed under  
275 chapter 458.
- 276           5. An osteopathic physician or osteopathic physician  
277 assistant licensed under chapter 459.
- 278           6. A chiropractic physician licensed under chapter 460.
- 279           7. A podiatric physician licensed under chapter 461.
- 280           8. A registered nurse, nurse midwife, licensed practical  
281 nurse, or advanced registered nurse practitioner licensed or  
282 registered under part I of chapter 464 or any facility which  
283 employs nurses licensed or registered under part I of chapter  
284 464 to supply all or part of the care delivered under this  
285 section.
- 286           9. A midwife licensed under chapter 467.
- 287           10. A health maintenance organization certificated under  
288 part I of chapter 641.
- 289           11. A health care professional association ~~and its~~  
290 ~~employees~~ or a corporate medical group ~~and its employees~~.
- 291           12. Any other medical facility the primary purpose of which  
292 is to deliver human medical diagnostic services or which  
293 delivers nonsurgical human medical treatment, and which includes  
294 an office maintained by a provider.
- 295           13. A dentist or dental hygienist licensed under chapter  
296 466.
- 297           14. A free clinic that delivers only medical diagnostic  
298 services or nonsurgical medical treatment free of charge to all  
299 low-income recipients.
- 300           15. Any other health care professional, practitioner,  
301 provider, or facility under contract with a governmental



302 contractor, including a student enrolled in an accredited  
303 program that prepares the student for licensure as any one of  
304 the professionals listed in subparagraphs 4.-9.

305  
306 The term includes any nonprofit corporation qualified as exempt  
307 from federal income taxation under s. 501(a) of the Internal  
308 Revenue Code, and described in s. 501(c) of the Internal Revenue  
309 Code, which delivers health care services provided by licensed  
310 professionals listed in this paragraph, any federally funded  
311 community health center, and any volunteer corporation or  
312 volunteer health care provider that delivers health care  
313 services.

314 (4) CONTRACT REQUIREMENTS.—A health care provider that  
315 executes a contract with a governmental contractor to deliver  
316 health care services ~~on or after April 17, 1992,~~ as an agent of  
317 the governmental contractor, or any employee or agent of such  
318 health care provider, is an agent for purposes of s. 768.28(9),  
319 while acting within the scope of duties under the contract, if  
320 the contract complies with the requirements of this section and  
321 regardless of whether the individual treated is later found to  
322 be ineligible. A health care provider, or any employee or agent  
323 of the health care provider, shall continue to be an agent for  
324 purposes of s. 768.28(9) for 30 days after a determination of  
325 ineligibility to allow for treatment until the individual  
326 transitions to treatment by another health care provider. A  
327 health care provider under contract with the state, or any  
328 employee or agent of such health care provider, may not be named  
329 as a defendant in any action arising out of medical care or  
330 treatment ~~provided on or after April 17, 1992,~~ under contracts



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331 entered into under this section. The contract must provide that:

332 (a) The right of dismissal or termination of any health  
333 care provider delivering services under the contract is retained  
334 by the governmental contractor.

335 (b) The governmental contractor has access to the patient  
336 records of any health care provider delivering services under  
337 the contract.

338 (c) Adverse incidents and information on treatment outcomes  
339 must be reported by any health care provider to the governmental  
340 contractor if the incidents and information pertain to a patient  
341 treated under the contract. The health care provider shall  
342 submit the reports required by s. 395.0197. If an incident  
343 involves a professional licensed by the Department of Health or  
344 a facility licensed by the Agency for Health Care  
345 Administration, the governmental contractor shall submit such  
346 incident reports to the appropriate department or agency, which  
347 shall review each incident and determine whether it involves  
348 conduct by the licensee that is subject to disciplinary action.  
349 All patient medical records and any identifying information  
350 contained in adverse incident reports and treatment outcomes  
351 which are obtained by governmental entities under this paragraph  
352 are confidential and exempt from the provisions of s. 119.07(1)  
353 and s. 24(a), Art. I of the State Constitution.

354 (d) Patient selection and initial referral must be made by  
355 the governmental contractor or the provider. Patients may not be  
356 transferred to the provider based on a violation of the  
357 antidumping provisions of the Omnibus Budget Reconciliation Act  
358 of 1989, the Omnibus Budget Reconciliation Act of 1990, or  
359 chapter 395.



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360 (e) If emergency care is required, the patient need not be  
361 referred before receiving treatment, but must be referred within  
362 48 hours after treatment is commenced or within 48 hours after  
363 the patient has the mental capacity to consent to treatment,  
364 whichever occurs later.

365 (f) The provider is subject to supervision and regular  
366 inspection by the governmental contractor.

367 ~~(g) As an agent of the governmental contractor for purposes~~  
368 ~~of s. 768.28(9), while acting within the scope of duties under~~  
369 ~~the contract,~~ A health care provider licensed under chapter 466,  
370 as an agent of the governmental contractor for purposes of s.  
371 768.28(9), may allow a patient, or a parent or guardian of the  
372 patient, to voluntarily contribute a monetary amount to cover  
373 costs of dental laboratory work related to the services provided  
374 to the patient within the scope of duties under the contract.  
375 This contribution may not exceed the actual cost of the dental  
376 laboratory charges.

377  
378 A governmental contractor that is also a health care provider is  
379 not required to enter into a contract under this section with  
380 respect to the health care services delivered by its employees.

381 (5) NOTICE OF AGENCY RELATIONSHIP.—The governmental  
382 contractor must provide written notice to each patient, or the  
383 patient's legal representative, receipt of which must be  
384 acknowledged in writing at the initial visit, that the provider  
385 is an agent of the governmental contractor and that the  
386 exclusive remedy for injury or damage suffered as the result of  
387 any act or omission of the provider or of any employee or agent  
388 thereof acting within the scope of duties pursuant to the



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389 contract is by commencement of an action pursuant to ~~the~~  
390 ~~provisions of~~ s. 768.28. Thereafter, and with respect to any  
391 federally funded community health center, the notice  
392 requirements may be met by posting in a place conspicuous to all  
393 persons a notice that the health care provider ~~federally funded~~  
394 ~~community health center~~ is an agent of the governmental  
395 contractor and that the exclusive remedy for injury or damage  
396 suffered as the result of any act or omission of the provider or  
397 of any employee or agent thereof acting within the scope of  
398 duties pursuant to the contract is by commencement of an action  
399 pursuant to ~~the provisions of~~ s. 768.28.

400 Section 28. Section 7. Paragraph (b) of subsection (9) of  
401 section 768.28, Florida Statutes, is amended to read:

402 768.28 Waiver of sovereign immunity in tort actions;  
403 recovery limits; limitation on attorney fees; statute of  
404 limitations; exclusions; indemnification; risk management  
405 programs.—

406 (9)

407 (b) As used in this subsection, the term:

408 1. "Employee" includes any volunteer firefighter.

409 2. "Officer, employee, or agent" includes, but is not  
410 limited to, any health care provider, and its employees or  
411 agents, when providing services pursuant to s. 766.1115; any  
412 nonprofit independent college or university located and  
413 chartered in this state which owns or operates an accredited  
414 medical school, and its employees or agents, when providing  
415 patient services pursuant to paragraph (10)(f); and any public  
416 defender or her or his employee or agent, including, among  
417 others, an assistant public defender and an investigator.



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

And the title is amended as follows:

Delete lines 882 - 962

and insert:

An act relating to access to health care services;  
amending s. 110.12315, F.S.; expanding the categories  
of persons who may prescribe brand drugs under the  
prescription drug program when medically necessary;  
amending ss. 310.071, 310.073, and 310.081, F.S.;  
exempting controlled substances prescribed by an  
advanced registered nurse practitioner or a physician  
assistant from the disqualifications for certification  
or licensure, and for continued certification or  
licensure, as a deputy pilot or state pilot; repealing  
s. 383.336, F.S., relating to provider hospitals,  
practice parameters, and peer review boards; amending  
s. 395.1051, F.S.; requiring a hospital to notify  
certain obstetrical physicians within a specified  
timeframe before the hospital closes its obstetrical  
department or ceases to provide obstetrical services;  
amending s. 456.072, F.S.; applying existing penalties  
for violations relating to the prescribing or  
dispensing of controlled substances by an advanced  
registered nurse practitioner; amending s. 456.44,  
F.S.; deleting an obsolete date; requiring advanced  
registered nurse practitioners and physician  
assistants who prescribe controlled substances for



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447 certain pain to make a certain designation, comply  
448 with registration requirements, and follow specified  
449 standards of practice; requiring certain respective  
450 entities review the information to determine whether  
451 disciplinary action is appropriate; requiring the  
452 respective board to forward certain findings to the  
453 Board of Nursing; providing applicability; amending s.  
454 458.326, F.S.; defining the term "interventional pain  
455 medicine"; limiting the practice of interventional  
456 pain medicine to specified circumstances; amending ss.  
457 458.3265 and 459.0137, F.S.; limiting the authority to  
458 prescribe a controlled substance in a pain-management  
459 clinic to a physician licensed under ch. 458 or ch.  
460 459, F.S.; amending s. 458.347, F.S.; revising the  
461 required continuing education requirements for a  
462 physician assistant; amending s. 458.347, F.S.;  
463 requiring the Council of Physician Assistants to  
464 create a formulary which includes the controlled  
465 substances a physician assistant is authorized to  
466 prescribe; amending s. 464.003, F.S.; revising the  
467 definition of the term "advanced or specialized  
468 nursing practice"; deleting the joint committee  
469 established in the definition; amending s. 464.012,  
470 F.S.; requiring the Board of Nursing to establish a  
471 committee make recommendations regarding the need for  
472 adoption of a formulary of controlled substances that  
473 may be prescribed by an advanced registered nurse  
474 practitioner; specifying the membership of the  
475 committee; providing parameters for the



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476 recommendations of the committee; requiring that any  
477 formulary be adopted by board rule; specifying the  
478 process for amending the formulary and imposing a  
479 burden of proof; limiting the formulary's application  
480 in certain instances; requiring the board to adopt the  
481 committee's initial recommendations by a specified  
482 date; amending s. 464.012, F.S.; authorizing an  
483 advanced registered nurse practitioner to prescribe,  
484 dispense, administer, or order drugs, rather than to  
485 monitor and alter drug therapies; providing an  
486 exception; amending s. 464.013, F.S.; revising  
487 conditions for renewal of a license or certificate;  
488 amending s. 464.018, F.S.; specifying acts that  
489 constitute grounds for denial of a license or for  
490 disciplinary action against an advanced registered  
491 nurse practitioner; requiring that in certain  
492 disciplinary cases, the board notify certain entities  
493 and forward all materials to the respective board;  
494 amending s. 893.02, F.S.; redefining the term  
495 "practitioner" to include advanced registered nurse  
496 practitioners and physician assistants under the  
497 Florida Comprehensive Drug Abuse Prevention and  
498 Control Act; amending s. 948.03, F.S.; providing that  
499 possession of drugs or narcotics prescribed by an  
500 advanced registered nurse practitioner or physician  
501 assistant does not violate a prohibition relating to  
502 the possession of drugs or narcotics during probation;  
503 amending s. 288.923, F.S.; requiring the Division of  
504 Tourism Marketing to prepare a 4-year plan for the



505 promotion of medical tourism for quality health care  
506 services; creating s. 288.924, F.S.; creating the  
507 Medical Tourism Advisory Council; designating  
508 membership terms and responsibilities for the council;  
509 allocating funds from the corporation to the council  
510 for development of the medical tourism marketing plan;  
511 creating s. 296.42, F.S.; directing the Department of  
512 Veterans' Affairs to contract for a study to determine  
513 the need and location for additional state veterans'  
514 nursing homes; directing the department to submit the  
515 study to the Governor and Legislature; providing study  
516 criteria for ranking each county according to need;  
517 providing site selection criteria; requiring approval  
518 of the Governor and Cabinet for site selection;  
519 requiring the department to use specified studies to  
520 select new nursing home sites; directing the  
521 department to contract for subsequent studies and  
522 submit the studies to the Governor and Legislature;  
523 creating s. 624.27, F.S.; providing definitions;  
524 specifying that a direct primary care agreement does  
525 not constitute insurance and is not subject to the  
526 Florida Insurance Code; specifying that entering into  
527 a direct primary care agreement does not constitute  
528 the business of insurance and is not subject to the  
529 code; providing that a health care provider is not  
530 required to obtain a certificate of authority to  
531 market, sell, or offer to sell a direct primary care  
532 agreement; specifying criteria for a direct primary  
533 care agreement; amending s. 766.1115, F.S.; redefining



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534 terms relating to agency relationships with  
535 governmental health care contractors; deleting an  
536 obsolete date; extending sovereign immunity to  
537 employees or agents of a health care provider that  
538 executes a contract with a governmental contractor;  
539 clarifying that a receipt of specified notice must be  
540 acknowledged by a patient or the patient's  
541 representative at the initial visit; requiring the  
542 posting of notice that a specified health care  
543 provider is an agent of a governmental contractor;  
544 amending s. 768.28, F.S.; redefining the term  
545 "officer, employee, or agent" to include employees or  
546 agents of a health care provider; conforming  
547