

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee

3 Representative Miller, A. offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Paragraph (g) of subsection (3) of section
8 20.43, Florida Statutes, is amended to read:

9 20.43 Department of Health.—There is created a Department
10 of Health.

11 (3) The following divisions of the Department of Health
12 are established:

13 (g) Division of Medical Quality Assurance, which is
14 responsible for the following boards and professions established
15 within the division:

16 1. The Board of Acupuncture, created under chapter 457.

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1195 (2017)

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- 17 2. The Board of Medicine, created under chapter 458.
18 3. The Board of Osteopathic Medicine, created under
19 chapter 459.
20 4. The Board of Chiropractic Medicine, created under
21 chapter 460.
22 5. The Board of Podiatric Medicine, created under chapter
23 461.
24 6. Naturopathy, as provided under chapter 462.
25 7. The Board of Optometry, created under chapter 463.
26 8. The Board of Nursing, created under part I of chapter
27 464.
28 9. Nursing assistants, as provided under part II of
29 chapter 464.
30 10. The Board of Pharmacy, created under chapter 465.
31 11. The Board of Dentistry, created under chapter 466.
32 12. Midwifery, as provided under chapter 467.
33 13. The Board of Speech-Language Pathology and Audiology,
34 created under part I of chapter 468.
35 14. The Board of Nursing Home Administrators, created
36 under part II of chapter 468.
37 15. The Board of Occupational Therapy, created under part
38 III of chapter 468.
39 16. Respiratory therapy, as provided under part V of
40 chapter 468.

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- 41 17. Dietetics and nutrition practice, as provided under
42 part X of chapter 468.
- 43 18. The Board of Athletic Training, created under part
44 XIII of chapter 468.
- 45 19. The Board of Orthotists and Prosthetists, created
46 under part XIV of chapter 468.
- 47 20. Electrolysis, as provided under chapter 478.
- 48 21. The Board of Massage Therapy, created under chapter
49 480.
- 50 22. The Board of Clinical Laboratory Personnel, created
51 under part II ~~III~~ of chapter 483.
- 52 23. Medical physicists, as provided under part IV of
53 chapter 483.
- 54 24. The Board of Opticianry, created under part I of
55 chapter 484.
- 56 25. The Board of Hearing Aid Specialists, created under
57 part II of chapter 484.
- 58 26. The Board of Physical Therapy Practice, created under
59 chapter 486.
- 60 27. The Board of Psychology, created under chapter 490.
- 61 28. School psychologists, as provided under chapter 490.
- 62 29. The Board of Clinical Social Work, Marriage and Family
63 Therapy, and Mental Health Counseling, created under chapter
64 491.

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65 30. Emergency medical technicians and paramedics, as
66 provided under part III of chapter 401.

67 Section 2. Section 154.13, Florida Statutes, is created to
68 read:

69 154.13 Designated facilities; jurisdiction.—Any designated
70 facility owned or operated by a public health trust and located
71 within the boundaries of a municipality shall be under the
72 exclusive jurisdiction of the county creating the public health
73 trust and shall be without the jurisdiction of said
74 municipality.

75 Section 3. Paragraph (k) of subsection (2) of section
76 220.1845, Florida Statutes, is amended to read:

77 220.1845 Contaminated site rehabilitation tax credit.—

78 (2) AUTHORIZATION FOR TAX CREDIT; LIMITATIONS.—

79 (k) In order to encourage the construction and operation
80 of a new health care facility as defined in s. 408.032 or s.
81 408.07, or a health care provider as defined in s. 408.07 ~~or s.~~
82 ~~408.7056~~, on a brownfield site, an applicant for a tax credit
83 may claim an additional 25 percent of the total site
84 rehabilitation costs, not to exceed \$500,000, if the applicant
85 meets the requirements of this paragraph. In order to receive
86 this additional tax credit, the applicant must provide
87 documentation indicating that the construction of the health
88 care facility or health care provider by the applicant on the
89 brownfield site has received a certificate of occupancy or a

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90 license or certificate has been issued for the operation of the
91 health care facility or health care provider.

92 Section 4. Paragraph (f) of subsection (3) of section
93 376.30781, Florida Statutes, is amended to read:

94 376.30781 Tax credits for rehabilitation of drycleaning-
95 solvent-contaminated sites and brownfield sites in designated
96 brownfield areas; application process; rulemaking authority;
97 revocation authority.-

98 (3)

99 (f) In order to encourage the construction and operation
100 of a new health care facility or a health care provider, as
101 defined in s. 408.032 or, s. 408.07, ~~or s. 408.7056~~, on a
102 brownfield site, an applicant for a tax credit may claim an
103 additional 25 percent of the total site rehabilitation costs,
104 not to exceed \$500,000, if the applicant meets the requirements
105 of this paragraph. In order to receive this additional tax
106 credit, the applicant must provide documentation indicating that
107 the construction of the health care facility or health care
108 provider by the applicant on the brownfield site has received a
109 certificate of occupancy or a license or certificate has been
110 issued for the operation of the health care facility or health
111 care provider.

112 Section 5. Subsection (1) of section 376.86, Florida
113 Statutes, is amended to read:

114 376.86 Brownfield Areas Loan Guarantee Program.-

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115 (1) The Brownfield Areas Loan Guarantee Council is created
116 to review and approve or deny, by a majority vote of its
117 membership, the situations and circumstances for participation
118 in partnerships by agreements with local governments, financial
119 institutions, and others associated with the redevelopment of
120 brownfield areas pursuant to the Brownfields Redevelopment Act
121 for a limited state guaranty of up to 5 years of loan guarantees
122 or loan loss reserves issued pursuant to law. The limited state
123 loan guaranty applies only to 50 percent of the primary lenders
124 loans for redevelopment projects in brownfield areas. If the
125 redevelopment project is for affordable housing, as defined in
126 s. 420.0004, in a brownfield area, the limited state loan
127 guaranty applies to 75 percent of the primary lender's loan. If
128 the redevelopment project includes the construction and
129 operation of a new health care facility or a health care
130 provider, as defined in s. 408.032 or s. 408.07, ~~or s.~~
131 ~~408.7056~~, on a brownfield site and the applicant has obtained
132 documentation in accordance with s. 376.30781 indicating that
133 the construction of the health care facility or health care
134 provider by the applicant on the brownfield site has received a
135 certificate of occupancy or a license or certificate has been
136 issued for the operation of the health care facility or health
137 care provider, the limited state loan guaranty applies to 75
138 percent of the primary lender's loan. A limited state guaranty
139 of private loans or a loan loss reserve is authorized for

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140 lenders licensed to operate in the state upon a determination by
141 the council that such an arrangement would be in the public
142 interest and the likelihood of the success of the loan is great.

143 Section 6. Subsection (2) of section 381.0031, Florida
144 Statutes, is amended to read:

145 381.0031 Epidemiological research; report of diseases of
146 public health significance to department.—

147 (2) Any practitioner licensed in this state to practice
148 medicine, osteopathic medicine, chiropractic medicine,
149 naturopathy, or veterinary medicine; any hospital licensed under
150 part I of chapter 395; or any laboratory appropriately certified
151 by the Centers for Medicare and Medicaid Services under the
152 federal Clinical Laboratory Improvement Amendments and the
153 federal rules adopted thereunder ~~licensed under chapter 483~~ that
154 diagnoses or suspects the existence of a disease of public
155 health significance shall immediately report the fact to the
156 Department of Health.

157 Section 7. Subsection (3) of section 381.0034, Florida
158 Statutes, is amended to read:

159 381.0034 Requirement for instruction on HIV and AIDS.—

160 (3) The department shall require, as a condition of
161 granting a license under chapter 467 or part II ~~III~~ of chapter
162 483, that an applicant making initial application for licensure
163 complete an educational course acceptable to the department on
164 human immunodeficiency virus and acquired immune deficiency

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165 syndrome. Upon submission of an affidavit showing good cause, an
166 applicant who has not taken a course at the time of licensure
167 shall be allowed 6 months to complete this requirement.

168 Section 8. Paragraph (c) of subsection (4) of section
169 381.004, Florida Statutes, is amended to read:

170 381.004 HIV testing.—

171 (4) HUMAN IMMUNODEFICIENCY VIRUS TESTING REQUIREMENTS;
172 REGISTRATION WITH THE DEPARTMENT OF HEALTH; EXEMPTIONS FROM
173 REGISTRATION.—No county health department and no other person in
174 this state shall conduct or hold themselves out to the public as
175 conducting a testing program for acquired immune deficiency
176 syndrome or human immunodeficiency virus status without first
177 registering with the Department of Health, reregistering each
178 year, complying with all other applicable provisions of state
179 law, and meeting the following requirements:

180 (c) The program shall have all laboratory procedures
181 performed in a laboratory appropriately certified by the Centers
182 for Medicare and Medicaid Services under the federal Clinical
183 Laboratory Improvement Amendments and the federal rules adopted
184 thereunder licensed under the provisions of chapter 483.

185 Section 9. Paragraph (f) of subsection (4) of section
186 381.0405, Florida Statutes, is amended to read:

187 381.0405 Office of Rural Health.—

188 (4) COORDINATION.—The office shall:

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189 (f) Assume responsibility for state coordination of the
190 Rural Hospital Transition Grant Program, ~~the Essential Access~~
191 ~~Community Hospital Program,~~ and other federal rural health care
192 programs.

193 Section 10. Section 383.30, Florida Statutes, is amended
194 to read:

195 383.30 Birth Center Licensure Act; short title.—Sections
196 383.30-383.332 ~~383.335~~ shall be known and may be cited as the
197 "Birth Center Licensure Act."

198 Section 11. Section 383.301, Florida Statutes, is amended
199 to read:

200 383.301 Licensure and regulation of birth centers;
201 legislative intent.—It is the intent of the Legislature to
202 provide for the protection of public health and safety in the
203 establishment, maintenance, and operation of birth centers by
204 providing for licensure of birth centers and for the
205 development, establishment, and enforcement of minimum standards
206 with respect to birth centers. The requirements of part II of
207 chapter 408 shall apply to the provision of services that
208 require licensure pursuant to ss. 383.30-383.332 ~~383.335~~ and
209 part II of chapter 408 and to entities licensed by or applying
210 for such licensure from the Agency for Health Care
211 Administration pursuant to ss. 383.30-383.332 ~~383.335~~. A license
212 issued by the agency is required in order to operate a birth
213 center in this state.

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214 Section 12. Section 383.302, Florida Statutes, is amended
215 to read:

216 383.302 Definitions of terms used in ss. 383.30-383.332
217 ~~383.335~~.-As used in ss. 383.30-383.332 ~~383.335~~, the term:

218 (1) "Agency" means the Agency for Health Care
219 Administration.

220 (2) "Birth center" means any facility, institution, or
221 place, which is not an ambulatory surgical center or a hospital
222 or in a hospital, in which births are planned to occur away from
223 the mother's usual residence following a normal, uncomplicated,
224 low-risk pregnancy.

225 (3) "Clinical staff" means individuals employed full time
226 or part time by a birth center who are licensed or certified to
227 provide care at childbirth.

228 (4) "Consultant" means a physician licensed pursuant to
229 chapter 458 or chapter 459 who agrees to provide advice and
230 services to a birth center and who either:

231 (a) Is certified or eligible for certification by the
232 American Board of Obstetrics and Gynecology, or

233 (b) Has hospital obstetrical privileges.

234 (5) "Governing body" means any individual, group,
235 corporation, or institution which is responsible for the overall
236 operation and maintenance of a birth center.

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237 (6) "Governmental unit" means the state or any county,
238 municipality, or other political subdivision or any department,
239 division, board, or other agency of any of the foregoing.

240 (7) "Licensed facility" means a facility licensed in
241 accordance with s. 383.305.

242 (8) "Low-risk pregnancy" means a pregnancy which is
243 expected to result in an uncomplicated birth, as determined
244 through risk criteria developed by rule of the department, and
245 which is accompanied by adequate prenatal care.

246 (9) "Person" means any individual, firm, partnership,
247 corporation, company, association, institution, or joint stock
248 association and means any legal successor of any of the
249 foregoing.

250 (10) "Premises" means those buildings, beds, and
251 facilities located at the main address of the licensee and all
252 other buildings, beds, and facilities for the provision of
253 maternity care located in such reasonable proximity to the main
254 address of the licensee as to appear to the public to be under
255 the dominion and control of the licensee.

256 Section 13. Subsection (1) of section 383.305, Florida
257 Statutes, is amended to read:

258 383.305 Licensure; fees.—

259 (1) In accordance with s. 408.805, an applicant or a
260 licensee shall pay a fee for each license application submitted

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261 under ss. 383.30-383.332 ~~383.335~~ and part II of chapter 408. The
262 amount of the fee shall be established by rule.

263 Section 14. Subsection (1) of section 383.309, Florida
264 Statutes, is amended to read:

265 383.309 Minimum standards for birth centers; rules and
266 enforcement.-

267 (1) The agency shall adopt and enforce rules to administer
268 ss. 383.30-383.332 ~~383.335~~ and part II of chapter 408, which
269 rules shall include, but are not limited to, reasonable and fair
270 minimum standards for ensuring that:

271 (a) Sufficient numbers and qualified types of personnel
272 and occupational disciplines are available at all times to
273 provide necessary and adequate patient care and safety.

274 (b) Infection control, housekeeping, sanitary conditions,
275 disaster plan, and medical record procedures that will
276 adequately protect patient care and provide safety are
277 established and implemented.

278 (c) Licensed facilities are established, organized, and
279 operated consistent with established programmatic standards.

280 Section 15. Subsection (1) of section 383.313, Florida
281 Statutes, is amended to read:

282 383.313 Performance of laboratory and surgical services;
283 use of anesthetic and chemical agents.-

284 (1) LABORATORY SERVICES.-A birth center may collect
285 specimens for those tests that are requested under protocol. A

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286 birth center ~~may~~ must obtain and continuously maintain the
287 certification by the Centers for Medicare and Medicaid Services
288 under the federal approved Clinical Laboratory Improvements
289 Amendments and rules adopted thereunder in order to perform
290 simple laboratory tests, as defined specified by rule of the
291 agency, and which are appropriate to meet the needs of the
292 patient is exempt from the requirements of chapter 483, provided
293 no more than five physicians are employed by the birth center
294 and testing is conducted exclusively in connection with the
295 diagnosis and treatment of clients of the birth center.

296 Section 16. Subsection (1) and paragraph (a) of subsection
297 (2) of section 383.33, Florida Statutes, is amended to read:

298 383.33 Administrative penalties; moratorium on
299 admissions.-

300 (1) In addition to the requirements of part II of chapter
301 408, the agency may impose an administrative fine not to exceed
302 \$500 per violation per day for the violation of any provision of
303 ss. 383.30-383.332 ~~383.335~~, part II of chapter 408, or
304 applicable rules.

305 (2) In determining the amount of the fine to be levied for
306 a violation, as provided in this section, the following factors
307 shall be considered:

308 (a) The severity of the violation, including the
309 probability that death or serious harm to the health or safety
310 of any person will result or has resulted; the severity of the

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311 actual or potential harm; and the extent to which the provisions
312 of ss. 383.30-383.332 ~~383.335~~, part II of chapter 408, or
313 applicable rules were violated.

314 Section 17. Section 383.335, Florida Statutes, is
315 repealed.

316 Section 18. Section 384.31, Florida Statutes, is amended
317 to read:

318 384.31 Testing of pregnant women; duty of the attendant.-
319 Every person, including every physician licensed under chapter
320 458 or chapter 459 or midwife licensed under part I of chapter
321 464 or chapter 467, attending a pregnant woman for conditions
322 relating to pregnancy during the period of gestation and
323 delivery shall cause the woman to be tested for sexually
324 transmissible diseases, including HIV, as specified by
325 department rule. Testing shall be performed by a laboratory
326 appropriately certified by the Centers for Medicare and Medicaid
327 Services under the federal Clinical Laboratory Improvement
328 Amendments and the federal rules adopted thereunder ~~approved~~ for
329 such purposes ~~under part I of chapter 483~~. The woman shall be
330 informed of the tests that will be conducted and of her right to
331 refuse testing. If a woman objects to testing, a written
332 statement of objection, signed by the woman, shall be placed in
333 the woman's medical record and no testing shall occur.

334 Section 19. Subsection (2) of section 385.211, Florida
335 Statutes, is amended to read:

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336 385.211 Refractory and intractable epilepsy treatment and
337 research at recognized medical centers.—

338 (2) Notwithstanding chapter 893, medical centers
339 recognized pursuant to s. 381.925, or an academic medical
340 research institution legally affiliated with a licensed
341 children's specialty hospital as defined in s. 395.002(27)
342 ~~395.002(28)~~ that contracts with the Department of Health, may
343 conduct research on cannabidiol and low-THC cannabis. This
344 research may include, but is not limited to, the agricultural
345 development, production, clinical research, and use of liquid
346 medical derivatives of cannabidiol and low-THC cannabis for the
347 treatment for refractory or intractable epilepsy. The authority
348 for recognized medical centers to conduct this research is
349 derived from 21 C.F.R. parts 312 and 316. Current state or
350 privately obtained research funds may be used to support the
351 activities described in this section.

352 Section 20. Subsection (7) of section 394.4787, Florida
353 Statutes, is amended to read:

354 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,
355 and 394.4789.—As used in this section and ss. 394.4786,
356 394.4788, and 394.4789:

357 (7) "Specialty psychiatric hospital" means a hospital
358 licensed by the agency pursuant to s. 395.002(27) ~~395.002(28)~~
359 and part II of chapter 408 as a specialty psychiatric hospital.

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360 Section 21. Section 395.001, Florida Statutes, is amended
361 to read:

362 395.001 Legislative intent.—It is the intent of the
363 Legislature to provide for the protection of public health and
364 safety in the establishment, construction, maintenance, and
365 operation of hospitals and ambulatory surgical centers, ~~and~~
366 ~~mobile surgical facilities~~ by providing for licensure of same
367 and for the development, establishment, and enforcement of
368 minimum standards with respect thereto.

369 Section 22. Subsection (22) and subsections (24) through
370 (33) of section 395.002, Florida Statutes, are renumbered as
371 subsection (21) and subsections (23) through (32), respectively,
372 subsections (3) and (16) and present subsection (21) are
373 amended, and present subsection (23) is renumbered as subsection
374 (22) of that section and amended, to read:

375 395.002 Definitions.—As used in this chapter:

376 (3) "Ambulatory surgical center" ~~or "mobile surgical~~
377 ~~facility"~~ means a facility the primary purpose of which is to
378 provide elective surgical care, in which the patient is admitted
379 to and discharged from such facility within the same working day
380 and is not permitted to stay overnight, and which is not part of
381 a hospital. However, a facility existing for the primary purpose
382 of performing terminations of pregnancy, an office maintained by
383 a physician for the practice of medicine, or an office
384 maintained for the practice of dentistry shall not be construed

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385 to be an ambulatory surgical center, provided that any facility
386 or office which is certified or seeks certification as a
387 Medicare ambulatory surgical center shall be licensed as an
388 ambulatory surgical center pursuant to s. 395.003. ~~Any structure~~
389 ~~or vehicle in which a physician maintains an office and~~
390 ~~practices surgery, and which can appear to the public to be a~~
391 ~~mobile office because the structure or vehicle operates at more~~
392 ~~than one address, shall be construed to be a mobile surgical~~
393 ~~facility.~~

394 (16) "Licensed facility" means a hospital or, ambulatory
395 surgical center, ~~or mobile surgical facility~~ licensed in
396 accordance with this chapter.

397 ~~(21) "Mobile surgical facility" is a mobile facility in~~
398 ~~which licensed health care professionals provide elective~~
399 ~~surgical care under contract with the Department of Corrections~~
400 ~~or a private correctional facility operating pursuant to chapter~~
401 ~~957 and in which inmate patients are admitted to and discharged~~
402 ~~from said facility within the same working day and are not~~
403 ~~permitted to stay overnight. However, mobile surgical facilities~~
404 ~~may only provide health care services to the inmate patients of~~
405 ~~the Department of Corrections, or inmate patients of a private~~
406 ~~correctional facility operating pursuant to chapter 957, and not~~
407 ~~to the general public.~~

408 ~~(22)-(23)~~ (22) "Premises" means those buildings, beds, and
409 equipment located at the address of the licensed facility and

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410 all other buildings, beds, and equipment for the provision of
411 hospital or, ambulatory surgical, ~~or mobile surgical~~ care
412 located in such reasonable proximity to the address of the
413 licensed facility as to appear to the public to be under the
414 dominion and control of the licensee. For any licensee that is a
415 teaching hospital as defined in s. 408.07(44) ~~408.07(45)~~,
416 reasonable proximity includes any buildings, beds, services,
417 programs, and equipment under the dominion and control of the
418 licensee that are located at a site with a main address that is
419 within 1 mile of the main address of the licensed facility; and
420 all such buildings, beds, and equipment may, at the request of a
421 licensee or applicant, be included on the facility license as a
422 single premises.

423 Section 23. Paragraphs (a) and (b) of subsection (1) and
424 paragraph (b) of subsection (2) of section 395.003, Florida
425 Statutes, are amended to read:

426 395.003 Licensure; denial, suspension, and revocation.—

427 (1) (a) The requirements of part II of chapter 408 apply to
428 the provision of services that require licensure pursuant to ss.
429 395.001-395.1065 and part II of chapter 408 and to entities
430 licensed by or applying for such licensure from the Agency for
431 Health Care Administration pursuant to ss. 395.001-395.1065. A
432 license issued by the agency is required in order to operate a
433 hospital or, ambulatory surgical center, ~~or mobile surgical~~
434 ~~facility~~ in this state.

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435 (b)1. It is unlawful for a person to use or advertise to
436 the public, in any way or by any medium whatsoever, any facility
437 as a "hospital," or "ambulatory surgical center," ~~or "mobile~~
438 ~~surgical facility"~~ unless such facility has first secured a
439 license under the provisions of this part.

440 2. This part does not apply to veterinary hospitals or to
441 commercial business establishments using the word "hospital," or
442 "ambulatory surgical center," ~~or "mobile surgical facility"~~ as a
443 part of a trade name if no treatment of human beings is
444 performed on the premises of such establishments.

445 (2)

446 (b) The agency shall, at the request of a licensee that is
447 a teaching hospital as defined in s. 408.07(44) ~~408.07(45)~~,
448 issue a single license to a licensee for facilities that have
449 been previously licensed as separate premises, provided such
450 separately licensed facilities, taken together, constitute the
451 same premises as defined in s. 395.002(22) ~~395.002(23)~~. Such
452 license for the single premises shall include all of the beds,
453 services, and programs that were previously included on the
454 licenses for the separate premises. The granting of a single
455 license under this paragraph shall not in any manner reduce the
456 number of beds, services, or programs operated by the licensee.

457 Section 24. Subsection (1) of section 395.009, Florida
458 Statutes, is amended to read:

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459 395.009 Minimum standards for clinical laboratory test
460 results and diagnostic X-ray results; prerequisite for issuance
461 or renewal of license.-

462 (1) As a requirement for issuance or renewal of its
463 license, each licensed facility shall require that all clinical
464 laboratory tests performed by or for the licensed facility be
465 performed by a clinical laboratory appropriately certified by
466 the Centers for Medicare and Medicaid Services under the federal
467 Clinical Laboratory Improvement Amendments and the federal rules
468 adopted thereunder licensed under the provisions of chapter 483.

469 Section 25. Section 395.0091, Florida Statutes, is created
470 to read:

471 395.0091 Alternate-site testing.-The agency, in
472 consultation with the Board of Clinical Laboratory Personnel,
473 shall adopt by rule the criteria for alternate-site testing to
474 be performed under the supervision of a clinical laboratory
475 director. The elements to be addressed in the rule include, but
476 are not limited to: a hospital internal needs assessment; a
477 protocol of implementation, including tests to be performed and
478 who will perform the tests; criteria to be used in selecting the
479 method of testing to be used for alternate-site testing; minimum
480 training and education requirements for those who will perform
481 alternate-site testing, such as documented training, licensure,
482 certification, or other medical professional background not
483 limited to laboratory professionals; documented in-service

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484 training and initial and ongoing competency validation; an
485 appropriate internal and external quality control protocol; an
486 internal mechanism for the central laboratory to identify and
487 track alternate-site testing; and recordkeeping requirements.
488 Alternate-site testing locations must register when the hospital
489 applies to renew its license. For purposes of this section, the
490 term "alternate-site testing" means any laboratory testing done
491 under the administrative control of a hospital, but performed
492 out of the physical or administrative confines of the central
493 laboratory.

494 Section 26. Paragraph (f) of subsection (1) of section
495 395.0161, Florida Statutes, is amended to read:

496 395.0161 Licensure inspection.—

497 (1) In addition to the requirement of s. 408.811, the
498 agency shall make or cause to be made such inspections and
499 investigations as it deems necessary, including:

500 ~~(f) Inspections of mobile surgical facilities at each time~~
501 ~~a facility establishes a new location, prior to the admission of~~
502 ~~patients. However, such inspections shall not be required when a~~
503 ~~mobile surgical facility is moved temporarily to a location~~
504 ~~where medical treatment will not be provided.~~

505 Section 27. Subsection (3) of section 395.0163, Florida
506 Statutes, is amended to read:

507 395.0163 Construction inspections; plan submission and
508 approval; fees.—

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509 ~~(3) In addition to the requirements of s. 408.811, the~~
510 ~~agency shall inspect a mobile surgical facility at initial~~
511 ~~licensure and at each time the facility establishes a new~~
512 ~~location, prior to admission of patients. However, such~~
513 ~~inspections shall not be required when a mobile surgical~~
514 ~~facility is moved temporarily to a location where medical~~
515 ~~treatment will not be provided.~~

516 Section 28. Subsection (2), paragraph (c) of subsection
517 (6), and subsections (16) and (17) of section 395.0197, Florida
518 Statutes, are amended to read:

519 395.0197 Internal risk management program.—

520 (2) The internal risk management program is the
521 responsibility of the governing board of the health care
522 facility. Each licensed facility shall hire a risk manager,
523 ~~licensed under s. 395.10974,~~ who is responsible for
524 implementation and oversight of such facility's internal risk
525 management program and who demonstrates competence, by education
526 or experience, in the following areas: as required by this
527 ~~section. A risk manager must not be made responsible for more~~
528 ~~than four internal risk management programs in separate licensed~~
529 ~~facilities, unless the facilities are under one corporate~~
530 ~~ownership or the risk management programs are in rural~~
531 ~~hospitals.~~

532 (a) Applicable standards of health care risk management.

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533 (b) Applicable federal, state, and local health and safety
534 laws and rules.

535 (c) General risk management administration.

536 (d) Patient care.

537 (e) Medical care.

538 (f) Personal and social care.

539 (g) Accident prevention.

540 (h) Departmental organization and management.

541 (i) Community interrelationships.

542 (j) Medical terminology.

543 (6)

544 (c) The report submitted to the agency shall also contain
545 the name ~~and license number~~ of the risk manager of the licensed
546 facility, a copy of its policy and procedures which govern the
547 measures taken by the facility and its risk manager to reduce
548 the risk of injuries and adverse incidents, and the results of
549 such measures. The annual report is confidential and is not
550 available to the public pursuant to s. 119.07(1) or any other
551 law providing access to public records. The annual report is not
552 discoverable or admissible in any civil or administrative
553 action, except in disciplinary proceedings by the agency or the
554 appropriate regulatory board. The annual report is not available
555 to the public as part of the record of investigation for and
556 prosecution in disciplinary proceedings made available to the
557 public by the agency or the appropriate regulatory board.

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558 However, the agency or the appropriate regulatory board shall
559 make available, upon written request by a health care
560 professional against whom probable cause has been found, any
561 such records which form the basis of the determination of
562 probable cause.

563 (16) There shall be no monetary liability on the part of,
564 and no cause of action for damages shall arise against, any risk
565 manager, ~~licensed under s. 395.10974,~~ for the implementation and
566 oversight of the internal risk management program in a facility
567 licensed under this chapter or chapter 390 as required by this
568 section, for any act or proceeding undertaken or performed
569 within the scope of the functions of such internal risk
570 management program if the risk manager acts without intentional
571 fraud.

572 (17) A privilege against civil liability is hereby granted
573 to any ~~licensed~~ risk manager or licensed facility with regard to
574 information furnished pursuant to this chapter, unless the
575 ~~licensed~~ risk manager or facility acted in bad faith or with
576 malice in providing such information.

577 Section 29. Section 395.1046, Florida Statutes, is
578 repealed.

579 Section 30. Subsection (2) of section 395.1055, Florida
580 Statutes, is amended, and paragraph (i) is added to subsection
581 (1) to read:

582 395.1055 Rules and enforcement.—

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583 (1) The agency shall adopt rules pursuant to ss.
584 120.536(1) and 120.54 to implement the provisions of this part,
585 which shall include reasonable and fair minimum standards for
586 ensuring that:

587 (i) All hospitals providing pediatric cardiac
588 catheterization, pediatric open-heart surgery, organ
589 transplantation, neonatal intensive care services, psychiatric
590 services, or comprehensive medical rehabilitation meet the
591 minimum licensure requirements adopted by the agency. Such
592 licensure requirements shall include quality of care, nurse
593 staffing, physician staffing, physical plant, equipment,
594 emergency transportation, and data reporting standards.

595 (2) Separate standards may be provided for general and
596 specialty hospitals, ambulatory surgical centers, ~~mobile~~
597 ~~surgical facilities,~~ and statutory rural hospitals as defined in
598 s. 395.602.

599 (3) The agency shall adopt rules with respect to the care
600 and treatment of patients residing in distinct part nursing
601 units of hospitals which are certified for participation in
602 Title XVIII (Medicare) and Title XIX (Medicaid) of the Social
603 Security Act skilled nursing facility program. Such rules shall
604 take into account the types of patients treated in hospital
605 skilled nursing units, including typical patient acuity levels
606 and the average length of stay in such units, and shall be
607 limited to the appropriate portions of the Omnibus Budget

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608 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22,
609 1987), Title IV (Medicare, Medicaid, and Other Health-Related
610 Programs), Subtitle C (Nursing Home Reform), as amended. The
611 agency shall require a level 2 background screening as specified
612 in 408.809(1)(e) pursuant to s. 408.809 and chapter 435 for
613 personnel of distinct part nursing units.

614 Section 31. Section 395.10971, Florida Statutes, is
615 repealed.

616 Section 32. Section 395.10972, Florida Statutes, is
617 repealed.

618 Section 33. Section 395.10973, Florida Statutes, is
619 amended to read:

620 395.10973 Powers and duties of the agency.—It is the
621 function of the agency to:

622 (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to
623 implement the provisions of this part and part II of chapter 408
624 conferring duties upon it.

625 ~~(2) Develop, impose, and enforce specific standards within~~
626 ~~the scope of the general qualifications established by this part~~
627 ~~which must be met by individuals in order to receive licenses as~~
628 ~~health care risk managers. These standards shall be designed to~~
629 ~~ensure that health care risk managers are individuals of good~~
630 ~~character and otherwise suitable and, by training or experience~~
631 ~~in the field of health care risk management, qualified in~~

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632 ~~accordance with the provisions of this part to serve as health~~
633 ~~care risk managers, within statutory requirements.~~

634 ~~(3) Develop a method for determining whether an individual~~
635 ~~meets the standards set forth in s. 395.10974.~~

636 ~~(4) Issue licenses to qualified individuals meeting the~~
637 ~~standards set forth in s. 395.10974.~~

638 ~~(5) Receive, investigate, and take appropriate action with~~
639 ~~respect to any charge or complaint filed with the agency to the~~
640 ~~effect that a certified health care risk manager has failed to~~
641 ~~comply with the requirements or standards adopted by rule by the~~
642 ~~agency or to comply with the provisions of this part.~~

643 ~~(6) Establish procedures for providing periodic reports on~~
644 ~~persons certified or disciplined by the agency under this part.~~

645 (2)~~(7)~~ Develop a model risk management program for health
646 care facilities which will satisfy the requirements of s.
647 395.0197.

648 (3)~~(8)~~ Enforce the special-occupancy provisions of the
649 Florida Building Code which apply to hospitals, intermediate
650 residential treatment facilities, and ambulatory surgical
651 centers in conducting any inspection authorized by this chapter
652 and part II of chapter 408.

653 Section 34. Section 395.10974, Florida Statutes, is
654 repealed.

655 Section 35. Section 395.10975, Florida Statutes, is
656 repealed.

Amendment No.

657 Section 36. Subsection (2) of section 395.602, Florida
658 Statutes, is amended to read:

659 395.602 Rural hospitals.—

660 (2) DEFINITIONS.—As used in this part, the term:

661 ~~(a) "Emergency care hospital" means a medical facility~~
662 ~~which provides:~~

663 ~~1. Emergency medical treatment; and~~

664 ~~2. Inpatient care to ill or injured persons prior to their~~
665 ~~transportation to another hospital or provides inpatient medical~~
666 ~~care to persons needing care for a period of up to 96 hours. The~~
667 ~~96-hour limitation on inpatient care does not apply to respite,~~
668 ~~skilled nursing, hospice, or other nonacute care patients.~~

669 ~~(b) "Essential access community hospital" means any~~
670 ~~facility which:~~

671 ~~1. Has at least 100 beds;~~

672 ~~2. Is located more than 35 miles from any other essential~~
673 ~~access community hospital, rural referral center, or urban~~
674 ~~hospital meeting criteria for classification as a regional~~
675 ~~referral center;~~

676 ~~3. Is part of a network that includes rural primary care~~
677 ~~hospitals;~~

678 ~~4. Provides emergency and medical backup services to rural~~
679 ~~primary care hospitals in its rural health network;~~

680 ~~5. Extends staff privileges to rural primary care hospital~~
681 ~~physicians in its network; and~~

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682 ~~6. Accepts patients transferred from rural primary care~~
683 ~~hospitals in its network.~~

684 ~~(c) "Inactive rural hospital bed" means a licensed acute~~
685 ~~care hospital bed, as defined in s. 395.002(13), that is~~
686 ~~inactive in that it cannot be occupied by acute care inpatients.~~

687 ~~(a)~~ (d) "Rural area health education center" means an area
688 health education center (AHEC), as authorized by Pub. L. No. 94-
689 484, which provides services in a county with a population
690 density of up to ~~no greater than~~ 100 persons per square mile.

691 ~~(b)~~ (e) "Rural hospital" means an acute care hospital
692 licensed under this chapter, having 100 or fewer licensed beds
693 and an emergency room, which is:

694 1. The sole provider within a county with a population
695 density of up to 100 persons per square mile;

696 2. An acute care hospital, in a county with a population
697 density of up to 100 persons per square mile, which is at least
698 30 minutes of travel time, on normally traveled roads under
699 normal traffic conditions, from any other acute care hospital
700 within the same county;

701 3. A hospital supported by a tax district or subdistrict
702 whose boundaries encompass a population of up to 100 persons per
703 square mile;

704 4. A hospital classified as a sole community hospital
705 under 42 C.F.R. s. 412.92 which has up to 175 licensed beds;

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706 5. A hospital with a service area that has a population of
707 up to 100 persons per square mile. As used in this subparagraph,
708 the term "service area" means the fewest number of zip codes
709 that account for 75 percent of the hospital's discharges for the
710 most recent 5-year period, based on information available from
711 the hospital inpatient discharge database in the Florida Center
712 for Health Information and Transparency at the agency; or

713 6. A hospital designated as a critical access hospital, as
714 defined in s. 408.07.

715
716 Population densities used in this paragraph must be based upon
717 the most recently completed United States census. A hospital
718 that received funds under s. 409.9116 for a quarter beginning no
719 later than July 1, 2002, is deemed to have been and shall
720 continue to be a rural hospital from that date through June 30,
721 2021, if the hospital continues to have up to 100 licensed beds
722 and an emergency room. An acute care hospital that has not
723 previously been designated as a rural hospital and that meets
724 the criteria of this paragraph shall be granted such designation
725 upon application, including supporting documentation, to the
726 agency. A hospital that was licensed as a rural hospital during
727 the 2010-2011 or 2011-2012 fiscal year shall continue to be a
728 rural hospital from the date of designation through June 30,
729 2021, if the hospital continues to have up to 100 licensed beds
730 and an emergency room.

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731 ~~(f) "Rural primary care hospital" means any facility~~
732 ~~meeting the criteria in paragraph (e) or s. 395.605 which~~
733 ~~provides:~~

734 ~~1. Twenty-four-hour emergency medical care;~~

735 ~~2. Temporary inpatient care for periods of 72 hours or~~
736 ~~less to patients requiring stabilization before discharge or~~
737 ~~transfer to another hospital. The 72-hour limitation does not~~
738 ~~apply to respite, skilled nursing, hospice, or other nonacute~~
739 ~~care patients; and~~

740 ~~3. Has no more than six licensed acute care inpatient~~
741 ~~beds.~~

742 ~~(c)(g)~~ "Swing-bed" means a bed which can be used
743 interchangeably as either a hospital, skilled nursing facility
744 (SNF), or intermediate care facility (ICF) bed pursuant to 42
745 C.F.R. parts 405, 435, 440, 442, and 447.

746 Section 37. Section 395.603, Florida Statutes, is amended
747 to read:

748 395.603 ~~Deactivation of general hospital beds;~~ Rural
749 hospital impact statement.—

750 ~~(1) The agency shall establish, by rule, a process by~~
751 ~~which a rural hospital, as defined in s. 395.602, that seeks~~
752 ~~licensure as a rural primary care hospital or as an emergency~~
753 ~~care hospital, or becomes a certified rural health clinic as~~
754 ~~defined in Pub. L. No. 95-210, or becomes a primary care program~~
755 ~~such as a county health department, community health center, or~~

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756 ~~other similar outpatient program that provides preventive and~~
757 ~~curative services, may deactivate general hospital beds. Rural~~
758 ~~primary care hospitals and emergency care hospitals shall~~
759 ~~maintain the number of actively licensed general hospital beds~~
760 ~~necessary for the facility to be certified for Medicare~~
761 ~~reimbursement. Hospitals that discontinue inpatient care to~~
762 ~~become rural health care clinics or primary care programs shall~~
763 ~~deactivate all licensed general hospital beds. All hospitals,~~
764 ~~clinics, and programs with inactive beds shall provide 24-hour~~
765 ~~emergency medical care by staffing an emergency room. Providers~~
766 ~~with inactive beds shall be subject to the criteria in s.~~
767 ~~395.1041. The agency shall specify in rule requirements for~~
768 ~~making 24-hour emergency care available. Inactive general~~
769 ~~hospital beds shall be included in the acute care bed inventory,~~
770 ~~maintained by the agency for certificate of need purposes, for~~
771 ~~10 years from the date of deactivation of the beds. After 10~~
772 ~~years have elapsed, inactive beds shall be excluded from the~~
773 ~~inventory. The agency shall, at the request of the licensee,~~
774 ~~reactivate the inactive general beds upon a showing by the~~
775 ~~licensee that licensure requirements for the inactive general~~
776 ~~beds are met.~~

777 (2) In formulating and implementing policies and rules
778 that may have significant impact on the ability of rural
779 hospitals to continue to provide health care services in rural
780 communities, the agency, the department, or the respective

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781 regulatory board adopting policies or rules regarding the
782 licensure or certification of health care professionals shall
783 provide a rural hospital impact statement. The rural hospital
784 impact statement shall assess the proposed action in light of
785 the following questions:

786 (1)~~(a)~~ Do the health personnel affected by the proposed
787 action currently practice in rural hospitals or are they likely
788 to in the near future?

789 (2)~~(b)~~ What are the current numbers of the affected health
790 personnel in this state, their geographic distribution, and the
791 number practicing in rural hospitals?

792 (3)~~(c)~~ What are the functions presently performed by the
793 affected health personnel, and are such functions presently
794 performed in rural hospitals?

795 (4)~~(d)~~ What impact will the proposed action have on the
796 ability of rural hospitals to recruit the affected personnel to
797 practice in their facilities?

798 (5)~~(e)~~ What impact will the proposed action have on the
799 limited financial resources of rural hospitals through increased
800 salaries and benefits necessary to recruit or retain such health
801 personnel?

802 (6)~~(f)~~ Is there a less stringent requirement which could
803 apply to practice in rural hospitals?

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804 ~~(7)(g)~~ Will this action create staffing shortages, which
805 could result in a loss to the public of health care services in
806 rural hospitals or result in closure of any rural hospitals?

807 Section 38. Section 395.604, Florida Statutes, is
808 repealed.

809 Section 39. Section 395.605, Florida Statutes, is
810 repealed.

811 Section 40. Paragraph (c) of subsection (1) of section
812 395.701, Florida Statutes, is amended to read:

813 395.701 Annual assessments on net operating revenues for
814 inpatient and outpatient services to fund public medical
815 assistance; administrative fines for failure to pay assessments
816 when due; exemption.—

817 (1) For the purposes of this section, the term:

818 (c) "Hospital" means a health care institution as defined
819 in s. 395.002(12), but does not include any hospital operated by
820 a state ~~the agency or the Department of Corrections.~~

821 Section 41. Paragraph (b) of subsection (2) of section
822 395.7015, Florida Statutes, is amended to read:

823 395.7015 Annual assessment on health care entities.—

824 (2) There is imposed an annual assessment against certain
825 health care entities as described in this section:

826 (b) For the purpose of this section, "health care
827 entities" include the following:

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828 1. ~~Ambulatory surgical centers and mobile surgical~~
829 ~~facilities licensed under s. 395.003. This subsection shall only~~
830 ~~apply to mobile surgical facilities operating under contracts~~
831 ~~entered into on or after July 1, 1998.~~

832 ~~2. Clinical laboratories licensed under s. 483.091,~~
833 ~~excluding any hospital laboratory defined under s. 483.041(6),~~
834 ~~any clinical laboratory operated by the state or a political~~
835 ~~subdivision of the state, any clinical laboratory which~~
836 ~~qualifies as an exempt organization under s. 501(c)(3) of the~~
837 ~~Internal Revenue Code of 1986, as amended, and which receives 70~~
838 ~~percent or more of its gross revenues from services to charity~~
839 ~~patients or Medicaid patients, and any blood, plasma, or tissue~~
840 ~~bank procuring, storing, or distributing blood, plasma, or~~
841 ~~tissue either for future manufacture or research or distributed~~
842 ~~on a nonprofit basis, and further excluding any clinical~~
843 ~~laboratory which is wholly owned and operated by 6 or fewer~~
844 ~~physicians who are licensed pursuant to chapter 458 or chapter~~
845 ~~459 and who practice in the same group practice, and at which no~~
846 ~~clinical laboratory work is performed for patients referred by~~
847 ~~any health care provider who is not a member of the same group.~~

848 2.3. Diagnostic-imaging centers that are freestanding
849 outpatient facilities that provide specialized services for the
850 identification or determination of a disease through examination
851 and also provide sophisticated radiological services, and in
852 which services are rendered by a physician licensed by the Board

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853 of Medicine under s. 458.311, s. 458.313, or s. 458.317, or by
854 an osteopathic physician licensed by the Board of Osteopathic
855 Medicine under s. 459.0055 or s. 459.0075. For purposes of this
856 paragraph, "sophisticated radiological services" means the
857 following: magnetic resonance imaging; nuclear medicine;
858 angiography; arteriography; computed tomography; positron
859 emission tomography; digital vascular imaging; bronchography;
860 lymphangiography; splenography; ultrasound, excluding ultrasound
861 providers that are part of a private physician's office practice
862 or when ultrasound is provided by two or more physicians
863 licensed under chapter 458 or chapter 459 who are members of the
864 same professional association and who practice in the same
865 medical specialties; and such other sophisticated radiological
866 services, excluding mammography, as adopted in rule by the
867 board.

868 Section 42. Subsection (1) of section 400.0625, Florida
869 Statutes, is amended to read:

870 400.0625 Minimum standards for clinical laboratory test
871 results and diagnostic X-ray results.—

872 (1) Each nursing home, as a requirement for issuance or
873 renewal of its license, shall require that all clinical
874 laboratory tests performed for the nursing home be performed by
875 a ~~clinical~~ laboratory appropriately certified by the Centers for
876 Medicare and Medicaid Services under the federal Clinical
877 Laboratory Improvement Amendments and the federal rules adopted

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878 ~~thereunder licensed under the provisions of chapter 483, except~~
879 ~~for such self-testing procedures as are approved by the agency~~
880 ~~by rule. Results of clinical laboratory tests performed prior to~~
881 ~~admission which meet the minimum standards provided in s.~~
882 ~~483.181(3) shall be accepted in lieu of routine examinations~~
883 ~~required upon admission and clinical laboratory tests which may~~
884 ~~be ordered by a physician for residents of the nursing home.~~

885 Section 43. Subsection (1) and paragraphs (b), (e), and
886 (f) of subsection (4) of section 400.464, Florida Statutes, are
887 amended, and subsection (6) is added to that section to read:

888 400.464 Home health agencies to be licensed; expiration of
889 license; exemptions; unlawful acts; penalties.—

890 (1) The requirements of part II of chapter 408 apply to
891 the provision of services that require licensure pursuant to
892 this part and part II of chapter 408 and entities licensed or
893 registered by or applying for such licensure or registration
894 from the Agency for Health Care Administration pursuant to this
895 part. A license issued by the agency is required in order to
896 operate a home health agency in this state. A license issued on
897 or after July 1, 2017, must specify the home health services the
898 organization is authorized to perform and indicate whether such
899 specified services are considered skilled care. The provision or
900 advertising of services which require licensure pursuant to this
901 part without such services being specified on the face of the

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902 license issued on or after July 1, 2017, constitutes unlicensed
903 activity as prohibited under s. 408.812.

904 (4)

905 (b) The operation or maintenance of an unlicensed home
906 health agency or the performance of any home health services in
907 violation of this part is declared a nuisance, inimical to the
908 public health, welfare, and safety. The agency or any state
909 attorney may, in addition to other remedies provided in this
910 part, bring an action for an injunction to restrain such
911 violation, or to enjoin the future operation or maintenance of
912 the home health agency or the provision of home health services
913 in violation of this part or part II of chapter 408, until
914 compliance with this part or the rules adopted under this part
915 has been demonstrated to the satisfaction of the agency.

916 (e) Any person who owns, operates, or maintains an
917 unlicensed home health agency and who, ~~within 10 working days~~
918 after receiving notification from the agency, fails to cease
919 operation and apply for a license under this part commits a
920 misdemeanor of the second degree, punishable as provided in s.
921 775.082 or s. 775.083. Each day of continued operation is a
922 separate offense.

923 (f) Any home health agency that fails to cease operation
924 after agency notification may be fined in accordance with s.
925 408.812 ~~\$500 for each day of noncompliance.~~

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926 (6) Any person, entity, or organization providing home
927 health services that is exempt from licensure under subsection
928 (5), may voluntarily apply for a certificate of exemption from
929 licensure under its exempt status with the agency on a form that
930 sets forth its name or names and addresses, a statement of the
931 reasons why it is exempt from licensure as a home health agency,
932 and other information deemed necessary by the agency. A
933 certificate of exemption is valid for a period of not more than
934 2 years and is not transferable. The agency may charge an
935 applicant for a certificate of exemption in an amount equal to
936 \$100 or the actual cost of processing the certificate.

937 Section 44. Subsections (7), (8), and (9) of section
938 400.471, Florida Statutes, are renumbered as subsections (6),
939 (7), and (8), respectively, and subsection (2), present
940 subsection (6), and paragraph (g) of present subsection (10) are
941 amended to read:

942 400.471 Application for license; fee.—

943 (2) In addition to the requirements of part II of chapter
944 408, the initial applicant, the applicant for a change of
945 ownership, and the applicant for the addition of skilled care
946 services, must file with the application satisfactory proof that
947 the home health agency is in compliance with this part and
948 applicable rules, including:

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949 (a) A listing of services to be provided, either directly
950 by the applicant or through contractual arrangements with
951 existing providers.

952 (b) The number and discipline of professional staff to be
953 employed.

954 ~~(c) Completion of questions concerning volume data on the
955 renewal application as determined by rule.~~

956 (c)~~(d)~~ A business plan, signed by the applicant, which
957 details the home health agency's methods to obtain patients and
958 its plan to recruit and maintain staff.

959 (d)~~(e)~~ Evidence of contingency funding as required under
960 s. 408.8065 ~~equal to 1 month's average operating expenses during~~
961 ~~the first year of operation.~~

962 (e)~~(f)~~ A balance sheet, income and expense statement, and
963 statement of cash flows for the first 2 years of operation which
964 provide evidence of having sufficient assets, credit, and
965 projected revenues to cover liabilities and expenses. The
966 applicant has demonstrated financial ability to operate if the
967 applicant's assets, credit, and projected revenues meet or
968 exceed projected liabilities and expenses. An applicant may not
969 project an operating margin of 15 percent or greater for any
970 month in the first year of operation. All documents required
971 under this paragraph must be prepared in accordance with
972 generally accepted accounting principles and compiled and signed
973 by a certified public accountant.

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974 ~~(f)(g)~~ All other ownership interests in health care
975 entities for each controlling interest, as defined in part II of
976 chapter 408.

977 ~~(g)(h)~~ In the case of an application for initial
978 licensure, an application for a change of ownership, or an
979 application for the addition of skilled care services,
980 documentation of accreditation, or an application for
981 accreditation, from an accrediting organization that is
982 recognized by the agency as having standards comparable to those
983 required by this part and part II of chapter 408. A home health
984 agency that ~~is not Medicare or Medicaid certified and~~ does not
985 provide skilled care is exempt from this paragraph.
986 Notwithstanding s. 408.806, an initial applicant ~~that has~~
987 ~~applied for accreditation~~ must provide proof of accreditation
988 that is not conditional or provisional and a survey
989 demonstrating compliance with the requirements of this part,
990 part II of chapter 408, and applicable rules from an accrediting
991 organization that is recognized by the agency as having
992 standards comparable to those required by this part and part II
993 of chapter 408 within 120 days after the date of the agency's
994 receipt of the application for licensure ~~or the application~~
995 ~~shall be withdrawn from further consideration.~~ Such
996 accreditation must be continuously maintained by the home health
997 agency to maintain licensure. The agency shall accept, in lieu
998 of its own periodic licensure survey, the submission of the

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999 survey of an accrediting organization that is recognized by the
1000 agency if the accreditation of the licensed home health agency
1001 is not provisional and if the licensed home health agency
1002 authorizes releases of, and the agency receives the report of,
1003 the accrediting organization.

1004 ~~(6) The agency may not issue a license designated as~~
1005 ~~certified to a home health agency that fails to satisfy the~~
1006 ~~requirements of a Medicare certification survey from the agency.~~

1007 (9) ~~(10)~~ The agency may not issue a renewal license for a
1008 home health agency in any county having at least one licensed
1009 home health agency and that has more than one home health agency
1010 per 5,000 persons, as indicated by the most recent population
1011 estimates published by the Legislature's Office of Economic and
1012 Demographic Research, if the applicant or any controlling
1013 interest has been administratively sanctioned by the agency
1014 during the 2 years prior to the submission of the licensure
1015 renewal application for one or more of the following acts:

1016 (g) Demonstrating a pattern of failing to provide a
1017 service specified in the home health agency's written agreement
1018 with a patient or the patient's legal representative, or the
1019 plan of care for that patient, except ~~unless a reduction in~~
1020 ~~service is mandated by Medicare, Medicaid, or a state program or~~
1021 as provided in s. 400.492(3). A pattern may be demonstrated by a
1022 showing of at least three incidents, regardless of the patient
1023 or service, in which the home health agency did not provide a

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1024 service specified in a written agreement or plan of care during
1025 a 3-month period;

1026 Section 45. Subsection (5) of section 400.474, Florida
1027 Statutes, is amended to read:

1028 400.474 Administrative penalties.—

1029 (5) The agency shall impose a fine of \$5,000 against a
1030 home health agency that demonstrates a pattern of failing to
1031 provide a service specified in the home health agency's written
1032 agreement with a patient or the patient's legal representative,
1033 or the plan of care for that patient, except ~~unless a reduction~~
1034 ~~in service is mandated by Medicare, Medicaid, or a state program~~
1035 ~~or~~ as provided in s. 400.492(3). A pattern may be demonstrated
1036 by a showing of at least three incidences, regardless of the
1037 patient or service, where the home health agency did not provide
1038 a service specified in a written agreement or plan of care
1039 during a 3-month period. The agency shall impose the fine for
1040 each occurrence. The agency may also impose additional
1041 administrative fines under s. 400.484 for the direct or indirect
1042 harm to a patient, or deny, revoke, or suspend the license of
1043 the home health agency for a pattern of failing to provide a
1044 service specified in the home health agency's written agreement
1045 with a patient or the plan of care for that patient.

1046 Section 46. Paragraph (c) of subsection (2) of section
1047 400.476, Florida Statutes, is amended to read:

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1048 400.476 Staffing requirements; notifications; limitations
1049 on staffing services.—

1050 (2) DIRECTOR OF NURSING.—

1051 (c) A home health agency that provides skilled nursing
1052 care must ~~is not Medicare or Medicaid certified and does not~~
1053 ~~provide skilled care or provides only physical, occupational, or~~
1054 ~~speech therapy is not required to have a director of nursing and~~
1055 ~~is exempt from paragraph (b).~~

1056 Section 47. Subsection (2) of section 400.484, Florida
1057 Statutes, is amended to read:

1058 400.484 Right of inspection; violations ~~deficiencies~~;
1059 fines.—

1060 (2) The agency shall impose fines for various classes of
1061 violations ~~deficiencies~~ in accordance with the following
1062 schedule:

1063 (a) Class I violations are defined in s. 408.813 ~~A class I~~
1064 ~~deficiency is any act, omission, or practice that results in a~~
1065 ~~patient's death, disablement, or permanent injury, or places a~~
1066 ~~patient at imminent risk of death, disablement, or permanent~~
1067 ~~injury.~~ Upon finding a class I violation ~~deficiency~~, the agency
1068 shall impose an administrative fine in the amount of \$15,000 for
1069 each occurrence and each day that the violation ~~deficiency~~
1070 exists.

1071 (b) Class II violations are defined in s. 408.813 ~~A class~~
1072 ~~II deficiency is any act, omission, or practice that has a~~

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1073 ~~direct adverse effect on the health, safety, or security of a~~
1074 ~~patient.~~ Upon finding a class II violation ~~deficiency~~, the
1075 agency shall impose an administrative fine in the amount of
1076 \$5,000 for each occurrence and each day that the violation
1077 ~~deficiency~~ exists.

1078 (c) Class III violations are defined in s. 408.813 ~~A class~~
1079 ~~III deficiency is any act, omission, or practice that has an~~
1080 ~~indirect, adverse effect on the health, safety, or security of a~~
1081 ~~patient.~~ Upon finding an uncorrected or repeated class III
1082 violation ~~deficiency~~, the agency shall impose an administrative
1083 fine not to exceed \$1,000 for each occurrence and each day that
1084 the uncorrected or repeated violation ~~deficiency~~ exists.

1085 (d) Class IV violations are defined in s. 408.813 ~~A class~~
1086 ~~IV deficiency is any act, omission, or practice related to~~
1087 ~~required reports, forms, or documents which does not have the~~
1088 ~~potential of negatively affecting patients.~~ These violations are
1089 of a type that the agency determines do not threaten the health,
1090 safety, or security of patients. Upon finding an uncorrected or
1091 repeated class IV violation ~~deficiency~~, the agency shall impose
1092 an administrative fine not to exceed \$500 for each occurrence
1093 and each day that the uncorrected or repeated violation
1094 ~~deficiency~~ exists.

1095 Section 48. Subsection (4) of section 400.497, Florida
1096 Statutes, is amended to read:

Amendment No.

1097 400.497 Rules establishing minimum standards.—The agency
1098 shall adopt, publish, and enforce rules to implement part II of
1099 chapter 408 and this part, including, as applicable, ss. 400.506
1100 and 400.509, which must provide reasonable and fair minimum
1101 standards relating to:

1102 (4) Licensure application and certificate of exemption and
1103 renewal.

1104 Section 49. Subsection (5) and paragraph (a) of subsection
1105 (15) of section 400.506, Florida Statutes, are amended to read:

1106 400.506 Licensure of nurse registries; requirements;
1107 penalties.—

1108 (5) (a) In addition to the requirements of s. 408.812, any
1109 person who owns, operates, or maintains an unlicensed nurse
1110 registry and who, ~~within 10 working days~~ after receiving
1111 notification from the agency, fails to cease operation and apply
1112 for a license under this part commits a misdemeanor of the
1113 second degree, punishable as provided in s. 775.082 or s.
1114 775.083. Each day of continued operation is a separate offense.

1115 (b) If a nurse registry fails to cease operation after
1116 agency notification, the agency may impose a fine in accordance
1117 with s. 408.812 ~~of \$500 for each day of noncompliance~~.

1118 (15) (a) The agency may deny, suspend, or revoke the
1119 license of a nurse registry and shall impose a fine of \$5,000
1120 against a nurse registry that:

Amendment No.

1121 1. Provides services to residents in an assisted living
1122 facility for which the nurse registry does not receive fair
1123 market value remuneration.

1124 2. Provides staffing to an assisted living facility for
1125 which the nurse registry does not receive fair market value
1126 remuneration.

1127 3. Fails to provide the agency, upon request, with copies
1128 of all contracts with assisted living facilities which were
1129 executed within the last 5 years.

1130 ~~4. Gives remuneration to a case manager, discharge
1131 planner, facility-based staff member, or third-party vendor who
1132 is involved in the discharge planning process of a facility
1133 licensed under chapter 395 or this chapter and from whom the
1134 nurse registry receives referrals. A nurse registry is exempt
1135 from this subparagraph if it does not bill the Florida Medicaid
1136 program or the Medicare program or share a controlling interest
1137 with any entity licensed, registered, or certified under part II
1138 of chapter 408 that bills the Florida Medicaid program or the
1139 Medicare program.~~

1140 ~~5. Gives remuneration to a physician, a member of the
1141 physician's office staff, or an immediate family member of the
1142 physician, and the nurse registry received a patient referral in
1143 the last 12 months from that physician or the physician's office
1144 staff. A nurse registry is exempt from this subparagraph if it
1145 does not bill the Florida Medicaid program or the Medicare~~

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1146 ~~program or share a controlling interest with any entity~~
1147 ~~licensed, registered, or certified under part II of chapter 408~~
1148 ~~that bills the Florida Medicaid program or the Medicare program.~~

1149 Section 50. Subsection (1) of section 400.606, Florida
1150 Statutes, is amended to read:

1151 400.606 License; application; renewal; conditional license
1152 or permit; certificate of need.—

1153 (1) In addition to the requirements of part II of chapter
1154 408, the initial application and change of ownership application
1155 must be accompanied by a plan for the delivery of home,
1156 residential, and homelike inpatient hospice services to
1157 terminally ill persons and their families. Such plan must
1158 contain, but need not be limited to:

1159 (a) The estimated average number of terminally ill persons
1160 to be served monthly.

1161 (b) The geographic area in which hospice services will be
1162 available.

1163 (c) A listing of services which are or will be provided,
1164 either directly by the applicant or through contractual
1165 arrangements with existing providers.

1166 (d) Provisions for the implementation of hospice home care
1167 within 3 months after licensure.

1168 (e) Provisions for the implementation of hospice homelike
1169 inpatient care within 12 months after licensure.

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1170 (f) The number and disciplines of professional staff to be
1171 employed.

1172 (g) The name and qualifications of any existing or
1173 potential contractee.

1174 (h) A plan for attracting and training volunteers.
1175

1176 ~~If the applicant is an existing licensed health care provider,~~
1177 ~~the application must be accompanied by a copy of the most recent~~
1178 ~~profit-loss statement and, if applicable, the most recent~~
1179 ~~licensure inspection report.~~

1180 Section 51. Subsection (6) of section 400.925, Florida
1181 Statutes, is amended to read:

1182 400.925 Definitions.—As used in this part, the term:

1183 (6) "Home medical equipment" includes any product as
1184 defined by the Federal Drug Administration's Drugs, Devices and
1185 Cosmetics Act, any products reimbursed under the Medicare Part B
1186 Durable Medical Equipment benefits, or any products reimbursed
1187 under the Florida Medicaid durable medical equipment program.
1188 Home medical equipment includes:

1189 (a) Oxygen and related respiratory equipment; ~~manual,~~
1190 ~~motorized, or customized wheelchairs and related seating and~~
1191 ~~positioning, but does not include prosthetics or orthotics or~~
1192 ~~any splints, braces, or aids custom fabricated by a licensed~~
1193 ~~health care practitioner;~~

1194 (b) Motorized scooters;

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- 1195 (c) Personal transfer systems; and
1196 (d) Specialty beds, for use by a person with a medical
1197 need; and
1198 (e) Manual, motorized, or customized wheelchairs and
1199 related seating and positioning, but does not include
1200 prosthetics or orthotics or any splints, braces, or aids custom
1201 fabricated by a licensed health care practitioner.

1202 Section 52. Subsection (4) of section 400.931, Florida
1203 Statutes, is amended to read:

1204 400.931 Application for license; fee.—

1205 (4) When a change of the general manager of a home medical
1206 equipment provider occurs, the licensee must notify the agency
1207 of the change within the timeframes established in part II of
1208 chapter 408 and applicable rules 45 days.

1209 Section 53. Subsection (2) of section 400.933, Florida
1210 Statutes, is amended to read:

1211 400.933 Licensure inspections and investigations.—

1212 (2) The agency shall accept, in lieu of its own periodic
1213 inspections for licensure, submission of the following:

1214 (a) The survey or inspection of an accrediting
1215 organization, provided the accreditation of the licensed home
1216 medical equipment provider is not provisional and provided the
1217 licensed home medical equipment provider authorizes release of,
1218 and the agency receives the report of, the accrediting
1219 organization; or

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1220 (b) A copy of a valid medical oxygen retail establishment
1221 permit issued by the Department of Business and Professional
1222 Regulation Health, pursuant to chapter 499.

1223 Section 54. Subsection (6) of section 400.9935, Florida
1224 Statutes, is amended to read:

1225 400.9935 Clinic responsibilities.—

1226 (6) Any person or entity providing health care services
1227 which is not a clinic, as defined under s. 400.9905, may
1228 voluntarily apply for a certificate of exemption from licensure
1229 under its exempt status with the agency on a form that sets
1230 forth its name or names and addresses, a statement of the
1231 reasons why it cannot be defined as a clinic, and other
1232 information deemed necessary by the agency. An exemption is
1233 valid for a period of not more than 2 years and is not
1234 transferable. The agency may charge an applicant for a
1235 certificate of exemption in an amount equal to \$100 or the
1236 actual cost of processing the certificate, whichever is less. An
1237 entity seeking a certificate of exemption must publish and
1238 maintain a schedule of charges for the medical services offered
1239 to patients. The schedule must include the prices charged to an
1240 uninsured person paying for such services by cash, check, credit
1241 card, or debit card. The schedule must be posted in a
1242 conspicuous place in the reception area of the entity and must
1243 include, but is not limited to, the 50 services most frequently
1244 provided by the entity. The schedule may group services by three

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1245 price levels, listing services in each price level. The posting
1246 must be at least 15 square feet in size. As a condition
1247 precedent to receiving a certificate of exemption, an applicant
1248 must provide to the agency documentation of compliance with
1249 these requirements.

1250 Section 55. Subsection (2) of section 400.980, Florida
1251 Statutes, is amended to read:

1252 400.980 Health care services pools.—

1253 (2) The requirements of part II of chapter 408 apply to
1254 the provision of services that require licensure or registration
1255 pursuant to this part and part II of chapter 408 and to entities
1256 registered by or applying for such registration from the agency
1257 pursuant to this part. Registration or a license issued by the
1258 agency is required for the operation of a health care services
1259 pool in this state. In accordance with s. 408.805, an applicant
1260 or licensee shall pay a fee for each license application
1261 submitted using this part, part II of chapter 408, and
1262 applicable rules. The agency shall adopt rules and provide forms
1263 required for such registration and shall impose a registration
1264 fee in an amount sufficient to cover the cost of administering
1265 this part and part II of chapter 408. In addition to the
1266 requirements in part II of chapter 408, the registrant must
1267 provide the agency with any change of information contained on
1268 the original registration application within the timeframes

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1269 established in this part, part II of chapter 408, and applicable
1270 rules 14 days prior to the change.

1271 Section 56. Paragraphs (a), (b), (c), and (d) of
1272 subsection (4) of section 400.9905, Florida Statutes, are
1273 amended to read:

1274 400.9905 Definitions.—

1275 (4) "Clinic" means an entity where health care services
1276 are provided to individuals and which tenders charges for
1277 reimbursement for such services, including a mobile clinic and a
1278 portable equipment provider. As used in this part, the term does
1279 not include and the licensure requirements of this part do not
1280 apply to:

1281 (a) Entities licensed or registered by the state under
1282 chapter 395; entities licensed or registered by the state and
1283 providing only health care services within the scope of services
1284 authorized under their respective licenses under ss. 383.30-
1285 383.332 ~~383.335~~, chapter 390, chapter 394, chapter 397, this
1286 chapter except part X, chapter 429, chapter 463, chapter 465,
1287 chapter 466, chapter 478, ~~part I of chapter 483~~, chapter 484, or
1288 chapter 651; end-stage renal disease providers authorized under
1289 42 C.F.R. part 405, subpart U; providers certified under 42
1290 C.F.R. part 485, subpart B or subpart H; or any entity that
1291 provides neonatal or pediatric hospital-based health care
1292 services or other health care services by licensed practitioners
1293 solely within a hospital licensed under chapter 395.

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1195 (2017)

Amendment No.

1294 (b) Entities that own, directly or indirectly, entities
1295 licensed or registered by the state pursuant to chapter 395;
1296 entities that own, directly or indirectly, entities licensed or
1297 registered by the state and providing only health care services
1298 within the scope of services authorized pursuant to their
1299 respective licenses under ss. 383.30-383.332 ~~383.335~~, chapter
1300 390, chapter 394, chapter 397, this chapter except part X,
1301 chapter 429, chapter 463, chapter 465, chapter 466, chapter 478,
1302 ~~part I of chapter 483~~, chapter 484, or chapter 651; end-stage
1303 renal disease providers authorized under 42 C.F.R. part 405,
1304 subpart U; providers certified under 42 C.F.R. part 485, subpart
1305 B or subpart H; or any entity that provides neonatal or
1306 pediatric hospital-based health care services by licensed
1307 practitioners solely within a hospital licensed under chapter
1308 395.

1309 (c) Entities that are owned, directly or indirectly, by an
1310 entity licensed or registered by the state pursuant to chapter
1311 395; entities that are owned, directly or indirectly, by an
1312 entity licensed or registered by the state and providing only
1313 health care services within the scope of services authorized
1314 pursuant to their respective licenses under ss. 383.30-383.332
1315 ~~383.335~~, chapter 390, chapter 394, chapter 397, this chapter
1316 except part X, chapter 429, chapter 463, chapter 465, chapter
1317 466, chapter 478, ~~part I of chapter 483~~, chapter 484, or chapter
1318 651; end-stage renal disease providers authorized under 42

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1319 C.F.R. part 405, subpart U; providers certified under 42 C.F.R.
1320 part 485, subpart B or subpart H; or any entity that provides
1321 neonatal or pediatric hospital-based health care services by
1322 licensed practitioners solely within a hospital under chapter
1323 395.

1324 (d) Entities that are under common ownership, directly or
1325 indirectly, with an entity licensed or registered by the state
1326 pursuant to chapter 395; entities that are under common
1327 ownership, directly or indirectly, with an entity licensed or
1328 registered by the state and providing only health care services
1329 within the scope of services authorized pursuant to their
1330 respective licenses under ss. 383.30-383.332 ~~383.335~~, chapter
1331 390, chapter 394, chapter 397, this chapter except part X,
1332 chapter 429, chapter 463, chapter 465, chapter 466, chapter 478,
1333 ~~part I of chapter 483~~, chapter 484, or chapter 651; end-stage
1334 renal disease providers authorized under 42 C.F.R. part 405,
1335 subpart U; providers certified under 42 C.F.R. part 485, subpart
1336 B or subpart H; or any entity that provides neonatal or
1337 pediatric hospital-based health care services by licensed
1338 practitioners solely within a hospital licensed under chapter
1339 395.

1340

1341 Notwithstanding this subsection, an entity shall be deemed a
1342 clinic and must be licensed under this part in order to receive

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1343 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.
1344 627.730-627.7405, unless exempted under s. 627.736(5)(h).

1345 Section 57. Paragraph (a) of subsection (2) of section
1346 408.033, Florida Statutes, is amended to read:

1347 408.033 Local and state health planning.—

1348 (2) FUNDING.—

1349 (a) The Legislature intends that the cost of local health
1350 councils be borne by assessments on selected health care
1351 facilities subject to facility licensure by the Agency for
1352 Health Care Administration, including abortion clinics, assisted
1353 living facilities, ambulatory surgical centers, birthing
1354 centers, ~~clinical laboratories except community nonprofit blood~~
1355 ~~banks and clinical laboratories operated by practitioners for~~
1356 ~~exclusive use regulated under s. 483.035,~~ home health agencies,
1357 hospices, hospitals, intermediate care facilities for the
1358 developmentally disabled, nursing homes, health care clinics,
1359 and multiphasic testing centers and by assessments on
1360 organizations subject to certification by the agency pursuant to
1361 chapter 641, part III, including health maintenance
1362 organizations and prepaid health clinics. Fees assessed may be
1363 collected prospectively at the time of licensure renewal and
1364 prorated for the licensure period.

1365 Section 58. Paragraph (e) of subsection (3) of section
1366 408.036, Florida Statutes, is amended to read:

1367 408.036 Projects subject to review; exemptions.—

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1368 (3) EXEMPTIONS.—Upon request, the following projects are
1369 subject to exemption from the provisions of subsection (1):

1370 ~~(c) For mobile surgical facilities and related health care~~
1371 ~~services provided under contract with the Department of~~
1372 ~~Corrections or a private correctional facility operating~~
1373 ~~pursuant to chapter 957.~~

1374 Section 59. Subsection (4) of section 408.061, Florida
1375 Statutes, is amended to read:

1376 408.061 Data collection; uniform systems of financial
1377 reporting; information relating to physician charges;
1378 confidential information; immunity.—

1379 (4) Within 120 days after the end of its fiscal year, each
1380 health care facility, excluding continuing care facilities,
1381 hospitals operated by state agencies, and nursing homes as
1382 defined in s. 408.07(13) and (36) ~~408.07(14) and (37)~~, shall
1383 file with the agency, on forms adopted by the agency and based
1384 on the uniform system of financial reporting, its actual
1385 financial experience for that fiscal year, including
1386 expenditures, revenues, and statistical measures. Such data may
1387 be based on internal financial reports which are certified to be
1388 complete and accurate by the provider. However, hospitals'
1389 actual financial experience shall be their audited actual
1390 experience. Every nursing home shall submit to the agency, in a
1391 format designated by the agency, a statistical profile of the
1392 nursing home residents. The agency, in conjunction with the

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1393 Department of Elderly Affairs and the Department of Health,
1394 shall review these statistical profiles and develop
1395 recommendations for the types of residents who might more
1396 appropriately be placed in their homes or other noninstitutional
1397 settings.

1398 Section 60. Subsection (11) of section 408.07, Florida
1399 Statutes, is amended to read:

1400 408.07 Definitions.—As used in this chapter, with the
1401 exception of ss. 408.031-408.045, the term:

1402 ~~(11) "Clinical laboratory" means a facility licensed under~~
1403 ~~s. 483.091, excluding: any hospital laboratory defined under s.~~
1404 ~~483.041(6); any clinical laboratory operated by the state or a~~
1405 ~~political subdivision of the state; any blood or tissue bank~~
1406 ~~where the majority of revenues are received from the sale of~~
1407 ~~blood or tissue and where blood, plasma, or tissue is procured~~
1408 ~~from volunteer donors and donated, processed, stored, or~~
1409 ~~distributed on a nonprofit basis; and any clinical laboratory~~
1410 ~~which is wholly owned and operated by physicians who are~~
1411 ~~licensed pursuant to chapter 458 or chapter 459 and who practice~~
1412 ~~in the same group practice, and at which no clinical laboratory~~
1413 ~~work is performed for patients referred by any health care~~
1414 ~~provider who is not a member of that same group practice.~~

1415 Section 61. Subsection (4) of section 408.20, Florida
1416 Statutes, is amended to read:

1417 408.20 Assessments; Health Care Trust Fund.—

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1418 (4) Hospitals operated by a state agency ~~the Department of~~
1419 ~~Children and Families, the Department of Health, or the~~
1420 ~~Department of Corrections~~ are exempt from the assessments
1421 required under this section.

1422 Section 62. Section 408.7056, Florida Statutes, is
1423 repealed.

1424 Section 63. Subsections (10), (11), and (27) of section
1425 408.802, Florida Statutes, are amended to read:

1426 408.802 Applicability.—The provisions of this part apply
1427 to the provision of services that require licensure as defined
1428 in this part and to the following entities licensed, registered,
1429 or certified by the agency, as described in chapters 112, 383,
1430 390, 394, 395, 400, 429, 440, 483, and 765:

1431 ~~(10) Mobile surgical facilities, as provided under part I~~
1432 ~~of chapter 395.~~

1433 ~~(11) Health care risk managers, as provided under part I~~
1434 ~~of chapter 395.~~

1435 ~~(27) Clinical laboratories, as provided under part I of~~
1436 ~~chapter 483.~~

1437 Section 64. Subsections (12) and (13) of section 408.803,
1438 Florida Statutes, are renumbered as subsections (13) and (14),
1439 respectively, and subsection (12) is added to that section to
1440 read:

1441 408.803 Definitions.—As used in this part, the term:

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1442 (12) "Relative" means an individual who is the father,
1443 mother, stepfather, stepmother, son, daughter, brother, sister,
1444 grandmother, grandfather, great-grandmother, great-grandfather,
1445 grandson, granddaughter, uncle, aunt, first cousin, nephew,
1446 niece, husband, wife, father-in-law, mother-in-law, son-in-law,
1447 daughter-in-law, brother-in-law, sister-in-law, stepson,
1448 stepdaughter, stepbrother, stepsister, half-brother, or half-
1449 sister of a patient or client.

1450 Section 65. Paragraph (c) of subsection (7) of section
1451 408.806, Florida Statutes, is amended, and subsection (9) is
1452 added to that section to read:

1453 408.806 License application process.—

1454 (7)

1455 (c) If an inspection is required by the authorizing
1456 statute for a license application other than an initial
1457 application, the inspection must be unannounced. This paragraph
1458 does not apply to inspections required pursuant to ss. 383.324,
1459 395.0161(4) and, 429.67(6), ~~and 483.061(2)~~.

1460 (9) A licensee that holds a license for multiple providers
1461 licensed by the agency may request all related license
1462 expiration dates be aligned. The agency may issue a license for
1463 an abbreviated licensure period with a prorated licensure fee.

1464 Section 66. Paragraphs (d) and (e) of subsection (1) of
1465 section 408.809, Florida Statutes, is amended to read:

1466 408.809 Background screening; prohibited offenses.—

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1467 (1) Level 2 background screening pursuant to chapter 435
1468 must be conducted through the agency on each of the following
1469 persons, who are considered employees for the purposes of
1470 conducting screening under chapter 435:

1471 (d) Any person who is a controlling interest ~~if the agency~~
1472 ~~has reason to believe that such person has been convicted of any~~
1473 ~~offense prohibited by s. 435.04. For each controlling interest~~
1474 ~~who has been convicted of any such offense, the licensee shall~~
1475 ~~submit to the agency a description and explanation of the~~
1476 ~~conviction at the time of license application.~~

1477 (e) Any person, as required by authorizing statutes,
1478 seeking employment with a licensee or provider who is expected
1479 to, or whose responsibilities may require him or her to, provide
1480 personal care or services directly to clients or have access to
1481 client funds, personal property, or living areas; and any
1482 person, as required by authorizing statutes, contracting with a
1483 licensee or provider whose responsibilities require him or her
1484 to provide personal care or personal services directly to
1485 clients, or contracted to work 20 hours a week or more and has
1486 access to client funds, personal property, or living areas.

1487 Evidence of contractor screening may be retained by the
1488 contractor's employer or the licensee.

1489 Section 67. Subsection (8) of section 408.810, Florida
1490 Statutes, is amended, and subsections (11), (12), and (13) are
1491 added to that section to read:

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1492 408.810 Minimum licensure requirements.—In addition to the
1493 licensure requirements specified in this part, authorizing
1494 statutes, and applicable rules, each applicant and licensee must
1495 comply with the requirements of this section in order to obtain
1496 and maintain a license.

1497 (8) Upon application for initial licensure or change of
1498 ownership licensure, the applicant shall furnish satisfactory
1499 proof of the applicant's financial ability to operate in
1500 accordance with the requirements of this part, authorizing
1501 statutes, and applicable rules. The agency shall establish
1502 standards for this purpose, including information concerning the
1503 applicant's controlling interests. The agency shall also
1504 establish documentation requirements, to be completed by each
1505 applicant, that show anticipated provider revenues and
1506 expenditures, the basis for financing the anticipated cash-flow
1507 requirements of the provider, and an applicant's access to
1508 contingency financing. A current certificate of authority,
1509 pursuant to chapter 651, may be provided as proof of financial
1510 ability to operate. The agency may require a licensee to provide
1511 proof of financial ability to operate at any time if there is
1512 evidence of financial instability, including, but not limited
1513 to, unpaid expenses necessary for the basic operations of the
1514 provider. An applicant applying for change of ownership
1515 licensure is exempt from furnishing proof of the applicant's

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1516 financial ability to operate if the provider has been licensed
1517 for at least 5 years, and:

1518 (a) The licensee change is a result of a corporate
1519 reorganization under which the controlling interest is unchanged
1520 and the applicant submits organization charts that represent the
1521 current and proposed structure of the reorganized corporation;
1522 or

1523 (b) The licensee change is due solely to the death of a
1524 controlling interest, and the surviving controlling interests
1525 continue to hold at least 51 percent of ownership after the
1526 change of ownership.

1527 (11) The agency may adopt rules that govern the
1528 circumstances under which a controlling interest, an
1529 administrator, an employee, a contractor, or a representative
1530 thereof who is not a relative of the client may act as an agent
1531 of a client in authorizing consent for medical treatment,
1532 assignment or benefits, and release of information. Such rules
1533 may include requirements related to disclosure, bonding,
1534 restrictions, and client protections.

1535 (12) The licensee shall ensure that no person holds any
1536 ownership interest, either directly or indirectly, regardless of
1537 ownership structure, who:

1538 (a) Has a disqualifying offense pursuant to s. 408.809, or

1539 (b) Holds or has held any ownership interest, either
1540 directly or indirectly, regardless of ownership structure, in a

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1541 provider that had a license revoked or an application denied
1542 pursuant to 408.815.

1543 (13) If the licensee is a publicly traded corporation or is
1544 wholly owned, directly or indirectly, by a publicly traded
1545 corporation, subsection (12) does not apply to those persons
1546 whose sole relationship with the corporation is as a shareholder
1547 of publicly traded shares. As used in this subsection, a
1548 publicly traded corporation is a corporation that issues
1549 securities traded on an exchange registered with the United
1550 States Securities and Exchange Commission as a national
1551 securities exchange.

1552 Section 68. Section 408.812, Florida Statutes, is amended
1553 to read:

1554 408.812 Unlicensed activity.—

1555 (1) A person or entity may not offer or advertise services
1556 that require licensure as defined by this part, authorizing
1557 statutes, or applicable rules to the public without obtaining a
1558 valid license from the agency. A licenseholder may not advertise
1559 or hold out to the public that he or she holds a license for
1560 other than that for which he or she actually holds the license.

1561 (2) The operation or maintenance of an unlicensed provider
1562 or the performance of any services that require licensure
1563 without proper licensure is a violation of this part and
1564 authorizing statutes. Unlicensed activity constitutes harm that
1565 materially affects the health, safety, and welfare of clients

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1566 and constitutes abuse and neglect, as defined in s. 415.102. The
1567 agency or any state attorney may, in addition to other remedies
1568 provided in this part, bring an action for an injunction to
1569 restrain such violation, or to enjoin the future operation or
1570 maintenance of the unlicensed provider or the performance of any
1571 services in violation of this part and authorizing statutes,
1572 until compliance with this part, authorizing statutes, and
1573 agency rules has been demonstrated to the satisfaction of the
1574 agency.

1575 (3) It is unlawful for any person or entity to own,
1576 operate, or maintain an unlicensed provider. If after receiving
1577 notification from the agency, such person or entity fails to
1578 cease operation ~~and apply for a license under this part and~~
1579 ~~authorizing statutes,~~ the person or entity shall be subject to
1580 penalties as prescribed by authorizing statutes and applicable
1581 rules. Each day of ~~continued~~ operation is a separate offense.

1582 (4) Any person or entity that fails to cease operation
1583 after agency notification may be fined \$1,000 for each day of
1584 noncompliance.

1585 (5) When a controlling interest or licensee has an
1586 interest in more than one provider and fails to license a
1587 provider rendering services that require licensure, the agency
1588 may revoke all licenses and impose actions under s. 408.814 and,
1589 regardless of correction, impose a fine of \$1,000 per day,
1590 unless otherwise specified by authorizing statutes, against each

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1591 licensee until such time as the appropriate license is obtained
1592 or the unlicensed activity ceases ~~for the unlicensed operation.~~

1593 (6) In addition to granting injunctive relief pursuant to
1594 subsection (2), if the agency determines that a person or entity
1595 is operating or maintaining a provider without obtaining a
1596 license and determines that a condition exists that poses a
1597 threat to the health, safety, or welfare of a client of the
1598 provider, the person or entity is subject to the same actions
1599 and fines imposed against a licensee as specified in this part,
1600 authorizing statutes, and agency rules.

1601 (7) Any person aware of the operation of an unlicensed
1602 provider must report that provider to the agency.

1603 Section 69. Subsections (10), (11), and (26) of section
1604 408.820, Florida Statutes, are repealed.

1605 Section 70. Subsection (7) of section 409.905, Florida
1606 Statutes, is amended to read:

1607 409.905 Mandatory Medicaid services.—The agency may make
1608 payments for the following services, which are required of the
1609 state by Title XIX of the Social Security Act, furnished by
1610 Medicaid providers to recipients who are determined to be
1611 eligible on the dates on which the services were provided. Any
1612 service under this section shall be provided only when medically
1613 necessary and in accordance with state and federal law.

1614 Mandatory services rendered by providers in mobile units to
1615 Medicaid recipients may be restricted by the agency. Nothing in

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1616 this section shall be construed to prevent or limit the agency
1617 from adjusting fees, reimbursement rates, lengths of stay,
1618 number of visits, number of services, or any other adjustments
1619 necessary to comply with the availability of moneys and any
1620 limitations or directions provided for in the General
1621 Appropriations Act or chapter 216.

1622 (7) INDEPENDENT LABORATORY SERVICES.—The agency shall pay
1623 for medically necessary diagnostic laboratory procedures ordered
1624 by a licensed physician or other licensed practitioner of the
1625 healing arts which are provided for a recipient in a laboratory
1626 that meets the requirements for Medicare participation and is
1627 appropriately certified by the Centers for Medicare and Medicaid
1628 Services under the federal Clinical Laboratory Improvement
1629 Amendments and the federal rules adopted thereunder licensed
1630 under chapter 483, if required.

1631 Section 71. Paragraphs (c), (d), (e), (f), (g), (h), and
1632 (i) of subsection (10) of section 409.907, Florida Statutes, are
1633 repealed.

1634 Section 72. Subsection (6) of section 409.9116, Florida
1635 Statutes, is amended to read:

1636 409.9116 Disproportionate share/financial assistance
1637 program for rural hospitals.—In addition to the payments made
1638 under s. 409.911, the Agency for Health Care Administration
1639 shall administer a federally matched disproportionate share
1640 program and a state-funded financial assistance program for

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1641 statutory rural hospitals. The agency shall make
1642 disproportionate share payments to statutory rural hospitals
1643 that qualify for such payments and financial assistance payments
1644 to statutory rural hospitals that do not qualify for
1645 disproportionate share payments. The disproportionate share
1646 program payments shall be limited by and conform with federal
1647 requirements. Funds shall be distributed quarterly in each
1648 fiscal year for which an appropriation is made. Notwithstanding
1649 the provisions of s. 409.915, counties are exempt from
1650 contributing toward the cost of this special reimbursement for
1651 hospitals serving a disproportionate share of low-income
1652 patients.

1653 (6) This section applies only to hospitals that were
1654 defined as statutory rural hospitals, or their successor-in-
1655 interest hospital, prior to January 1, 2001. Any additional
1656 hospital that is defined as a statutory rural hospital, or its
1657 successor-in-interest hospital, on or after January 1, 2001, is
1658 not eligible for programs under this section unless additional
1659 funds are appropriated each fiscal year specifically to the
1660 rural hospital disproportionate share and financial assistance
1661 programs in an amount necessary to prevent any hospital, or its
1662 successor-in-interest hospital, eligible for the programs prior
1663 to January 1, 2001, from incurring a reduction in payments
1664 because of the eligibility of an additional hospital to
1665 participate in the programs. A hospital, or its successor-in-

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1666 interest hospital, which received funds pursuant to this section
1667 before January 1, 2001, and which qualifies under s.
1668 395.602(2)(b) ~~395.602(2)(e)~~, shall be included in the programs
1669 under this section and is not required to seek additional
1670 appropriations under this subsection.

1671 Section 73. Paragraphs (a) and (b) of subsection (1) of
1672 section 409.975, Florida Statutes, are amended to read:

1673 409.975 Managed care plan accountability.—In addition to
1674 the requirements of s. 409.967, plans and providers
1675 participating in the managed medical assistance program shall
1676 comply with the requirements of this section.

1677 (1) PROVIDER NETWORKS.—Managed care plans must develop and
1678 maintain provider networks that meet the medical needs of their
1679 enrollees in accordance with standards established pursuant to
1680 s. 409.967(2)(c). Except as provided in this section, managed
1681 care plans may limit the providers in their networks based on
1682 credentials, quality indicators, and price.

1683 (a) Plans must include all providers in the region that
1684 are classified by the agency as essential Medicaid providers,
1685 unless the agency approves, in writing, an alternative
1686 arrangement for securing the types of services offered by the
1687 essential providers. Providers are essential for serving
1688 Medicaid enrollees if they offer services that are not available
1689 from any other provider within a reasonable access standard, or
1690 if they provided a substantial share of the total units of a

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1691 particular service used by Medicaid patients within the region
1692 during the last 3 years and the combined capacity of other
1693 service providers in the region is insufficient to meet the
1694 total needs of the Medicaid patients. The agency may not
1695 classify physicians and other practitioners as essential
1696 providers. The agency, at a minimum, shall determine which
1697 providers in the following categories are essential Medicaid
1698 providers:

- 1699 1. Federally qualified health centers.
- 1700 2. Statutory teaching hospitals as defined in s.
1701 408.07(44) ~~408.07(45)~~.
- 1702 3. Hospitals that are trauma centers as defined in s.
1703 395.4001(14).
- 1704 4. Hospitals located at least 25 miles from any other
1705 hospital with similar services.

1706
1707 Managed care plans that have not contracted with all essential
1708 providers in the region as of the first date of recipient
1709 enrollment, or with whom an essential provider has terminated
1710 its contract, must negotiate in good faith with such essential
1711 providers for 1 year or until an agreement is reached, whichever
1712 is first. Payments for services rendered by a nonparticipating
1713 essential provider shall be made at the applicable Medicaid rate
1714 as of the first day of the contract between the agency and the
1715 plan. A rate schedule for all essential providers shall be

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1716 attached to the contract between the agency and the plan. After
1717 1 year, managed care plans that are unable to contract with
1718 essential providers shall notify the agency and propose an
1719 alternative arrangement for securing the essential services for
1720 Medicaid enrollees. The arrangement must rely on contracts with
1721 other participating providers, regardless of whether those
1722 providers are located within the same region as the
1723 nonparticipating essential service provider. If the alternative
1724 arrangement is approved by the agency, payments to
1725 nonparticipating essential providers after the date of the
1726 agency's approval shall equal 90 percent of the applicable
1727 Medicaid rate. Except for payment for emergency services, if the
1728 alternative arrangement is not approved by the agency, payment
1729 to nonparticipating essential providers shall equal 110 percent
1730 of the applicable Medicaid rate.

1731 (b) Certain providers are statewide resources and
1732 essential providers for all managed care plans in all regions.
1733 All managed care plans must include these essential providers in
1734 their networks. Statewide essential providers include:

- 1735 1. Faculty plans of Florida medical schools.
- 1736 2. Regional perinatal intensive care centers as defined in
1737 s. 383.16(2).
- 1738 3. Hospitals licensed as specialty children's hospitals as
1739 defined in s. 395.002(27) ~~395.002(28)~~.

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1740 4. Accredited and integrated systems serving medically
1741 complex children which comprise separately licensed, but
1742 commonly owned, health care providers delivering at least the
1743 following services: medical group home, in-home and outpatient
1744 nursing care and therapies, pharmacy services, durable medical
1745 equipment, and Prescribed Pediatric Extended Care.

1746
1747 Managed care plans that have not contracted with all statewide
1748 essential providers in all regions as of the first date of
1749 recipient enrollment must continue to negotiate in good faith.
1750 Payments to physicians on the faculty of nonparticipating
1751 Florida medical schools shall be made at the applicable Medicaid
1752 rate. Payments for services rendered by regional perinatal
1753 intensive care centers shall be made at the applicable Medicaid
1754 rate as of the first day of the contract between the agency and
1755 the plan. Except for payments for emergency services, payments
1756 to nonparticipating specialty children's hospitals shall equal
1757 the highest rate established by contract between that provider
1758 and any other Medicaid managed care plan.

1759 Section 74. Subsections (5) and (17) of section 429.02,
1760 Florida Statutes, are amended to read:

1761 429.02 Definitions.—When used in this part, the term:

1762 (5) "Assisted living facility" means any building or
1763 buildings, section or distinct part of a building, private home,
1764 boarding home, home for the aged, or other residential facility,

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1765 whether operated for profit or not, which, ~~undertakes~~ through
1766 its ownership or management, provides ~~to provide~~ housing, meals,
1767 and one or more personal services for a period exceeding 24
1768 hours to one or more adults who are not relatives of the owner
1769 or administrator.

1770 (17) "Personal services" means direct physical assistance
1771 with or supervision of the activities of daily living, ~~and~~ the
1772 self-administration of medication or ~~and~~ other similar services
1773 which the department may define by rule. "Personal services" may
1774 ~~shall~~ not be construed to mean the provision of medical,
1775 nursing, dental, or mental health services, or, with the
1776 exception of authorized adult day care services provided within
1777 a licensed assisted living facility, personal services to
1778 individuals who are not residents of the facility.

1779 Section 75. Paragraphs (b) and (d) of subsection (2) of
1780 section 429.04, Florida Statutes, are amended to read:

1781 429.04 Facilities to be licensed; exemptions.—

1782 (2) The following are exempt from licensure under this
1783 part:

1784 (b) Any facility or part of a facility licensed by the
1785 Agency for Persons with Disabilities under chapter 393, a mental
1786 health facility licensed under ~~or~~ chapter 394, a hospital
1787 licensed under chapter 395, a nursing home licensed under part
1788 II of chapter 400, an inpatient hospice licensed under part IV
1789 of chapter 400, a home for special services licensed under part

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1790 V of chapter 400, an intermediate care facility licensed under
1791 part VIII of chapter 400, or a transitional living facility
1792 licensed under part XI of chapter 400.

1793 (d) Any person who provides housing, meals, and one or
1794 more personal services on a 24-hour basis in the person's own
1795 home to not more than two adults who do not receive optional
1796 state supplementation. The person who provides the housing,
1797 meals, and personal services must own or rent the home and must
1798 have established the home as the person's permanent residence.
1799 Any person holding a homestead exemption at an address other
1800 than that at which the person asserts this exemption shall be
1801 presumed to not have established permanent residence under this
1802 exemption ~~reside therein~~. This exemption does not apply to a
1803 person or entity that previously held a license issued by the
1804 agency and such license was revoked or licensure renewal was
1805 denied by final order of the agency, or when the person or
1806 entity voluntarily relinquished a license during agency
1807 enforcement proceedings.

1808 (3) Upon agency investigation of unlicensed activity, any
1809 person or entity asserting an exemption pursuant to this section
1810 shall have the burden of providing documentation substantiating
1811 that the person or entity is entitled to the exemption.

1812 Section 76. Paragraphs (b) and (d) of subsection (1) of
1813 section 429.08, Florida Statutes, are amended to read:

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1814 429.08 Unlicensed facilities; referral of person for
1815 residency to unlicensed facility; penalties.—

1816 (1)

1817 (b) ~~Except as provided under paragraph (d),~~ Any person who
1818 owns, rents, or otherwise maintains a building or property that
1819 ~~operates,~~ or maintains an unlicensed assisted living facility
1820 commits a felony of the third degree, punishable as provided in
1821 s. 775.082, s. 775.083, or s. 775.084. Each day of continued
1822 operation is a separate offense.

1823 (d) In addition to the requirements of s. 408.812, any
1824 person who owns, operates, or maintains an unlicensed assisted
1825 living facility after receiving notice from the agency due to a
1826 ~~change in this part or a modification in rule within 6 months~~
1827 ~~after the effective date of such change and who, within 10~~
1828 ~~working days after receiving notification from the agency, fails~~
1829 ~~to cease operation or apply for a license under this part~~
1830 commits a felony of the third degree, punishable as provided in
1831 s. 775.082, s. 775.083, or s. 775.084. Each day of continued
1832 operation is a separate offense.

1833 Section 77. Section 429.176, Florida Statutes, is amended
1834 to read:

1835 429.176 Notice of change of administrator.—If, during the
1836 period for which a license is issued, the owner changes
1837 administrators, the owner must notify the agency of the change
1838 within 10 days and provide documentation within 90 days that the

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1839 new administrator has completed the applicable core educational
1840 requirements under s. 429.52. A facility may not be operated for
1841 more than 120 consecutive days without an administrator who has
1842 completed the core educational requirements.

1843 Section 78. Subsection (2) of section 429.24, Florida
1844 Statutes, is amended to read:

1845 429.24 Contracts.—

1846 (2) Each contract must contain express provisions
1847 specifically setting forth the services and accommodations to be
1848 provided by the facility; the rates or charges; provision for at
1849 least 30 days' written notice of a rate increase; the rights,
1850 duties, and obligations of the residents, other than those
1851 specified in s. 429.28; and other matters that the parties deem
1852 appropriate. A new service or accommodation amended to, or
1853 implemented in, a resident's contract for which the resident was
1854 not previously charged, does not require a 30 day written notice
1855 of a rate increase. Whenever money is deposited or advanced by a
1856 resident in a contract as security for performance of the
1857 contract agreement or as advance rent for other than the next
1858 immediate rental period:

1859 (a) Such funds shall be deposited in a banking institution
1860 in this state that is located, if possible, in the same
1861 community in which the facility is located; shall be kept
1862 separate from the funds and property of the facility; may not be
1863 represented as part of the assets of the facility on financial

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1864 statements; and shall be used, or otherwise expended, only for
1865 the account of the resident.

1866 (b) The licensee shall, within 30 days of receipt of
1867 advance rent or a security deposit, notify the resident or
1868 residents in writing of the manner in which the licensee is
1869 holding the advance rent or security deposit and state the name
1870 and address of the depository where the moneys are being held.
1871 The licensee shall notify residents of the facility's policy on
1872 advance deposits.

1873 Section 79. Paragraph (b) of subsection (3) of section
1874 429.256, Florida Statutes, is amended to read:

1875 429.256 Assistance with self-administration of
1876 medication.—

1877 (3) Assistance with self-administration of medication
1878 includes:

1879 (b) In the presence of the resident, ~~reading the label,~~
1880 opening the container, removing a prescribed amount of
1881 medication from the container, ~~and~~ closing the container, and
1882 unless the resident declines at each time of assistance, reading
1883 the label to the resident.

1884 Section 80. Paragraphs (e) and (j) of subsection (1) and
1885 paragraphs (c), (d), and (e) of subsection (3) of section
1886 429.28, Florida Statutes, are amended to read:

1887 429.28 Resident bill of rights.—

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1888 (1) No resident of a facility shall be deprived of any
1889 civil or legal rights, benefits, or privileges guaranteed by
1890 law, the Constitution of the State of Florida, or the
1891 Constitution of the United States as a resident of a facility.

1892 Every resident of a facility shall have the right to:

1893 (e) Freedom to participate in and benefit from community
1894 services and activities and to pursue ~~achieve~~ the highest
1895 possible level of independence, autonomy, and interaction within
1896 the community.

1897 (j) Assistance with obtaining access to adequate and
1898 appropriate health care, meaning the management of medications,
1899 assistance in making appointments for health care services, the
1900 provision of or arrangement of transportation to health care
1901 appointments, and the performance of health care services in
1902 accordance with s. 429.255 that are consistent with established
1903 and recognized standards within the community.

1904 (3)

1905 ~~(c) During any calendar year in which no survey is~~
1906 ~~conducted, the agency shall conduct at least one monitoring~~
1907 ~~visit of each facility cited in the previous year for a class I~~
1908 ~~or class II violation, or more than three uncorrected class III~~
1909 ~~violations.~~

1910 ~~(d) The agency may conduct periodic followup inspections~~
1911 ~~as necessary to monitor the compliance of facilities with a~~

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1912 ~~history of any class I, class II, or class III violations that~~
1913 ~~threaten the health, safety, or security of residents.~~

1914 ~~(c) The agency may conduct complaint investigations as~~
1915 ~~warranted to investigate any allegations of noncompliance with~~
1916 ~~requirements required under this part or rules adopted under~~
1917 ~~this part.~~

1918 Section 81. Subsection (1) of section 429.294, Florida
1919 Statutes, is amended to read:

1920 429.294 Availability of facility records for investigation
1921 of resident's rights violations and defenses; penalty.—

1922 (1) Failure to provide complete copies of a resident's
1923 records, including, but not limited to, all medical records and
1924 the resident's chart, within the control or possession of the
1925 facility ~~within 10 days,~~ in accordance with the provisions of
1926 ¹s. 400.145, shall constitute evidence of failure of that party
1927 to comply with good faith discovery requirements and shall waive
1928 the good faith certificate and presuit notice requirements under
1929 this part by the requesting party.

1930 Section 82. Subsection (2) of section 429.34, Florida
1931 Statutes, is amended to read:

1932 429.34 Right of entry and inspection.—

1933 (2) (a) In addition to the requirements of s. 408.811, the
1934 agency may inspect and investigate facilities as necessary to
1935 determine compliance with this part, part II of chapter 408, and
1936 rules adopted thereunder. ~~The agency shall inspect each licensed~~

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1937 ~~assisted living facility at least once every 24 months to~~
1938 ~~determine compliance with this chapter and related rules. If an~~
1939 ~~assisted living facility is cited for a class I violation or~~
1940 ~~three or more class II violations arising from separate surveys~~
1941 ~~within a 60-day period or due to unrelated circumstances during~~
1942 ~~the same survey, the agency must conduct an additional licensure~~
1943 ~~inspection within 6 months.~~

1944 (b) During any calendar year in which a survey is not
1945 conducted, the agency may conduct at least one monitoring visit
1946 of each facility cited in the previous year for a class I or
1947 class II violation, or more than three uncorrected class III
1948 violations.

1949 Section 83. Paragraph (h) of subsection (1) of section
1950 429.41, Florida Statutes, is amended to read:

1951 429.41 Rules establishing standards.—

1952 (1) It is the intent of the Legislature that rules
1953 published and enforced pursuant to this section shall include
1954 criteria by which a reasonable and consistent quality of
1955 resident care and quality of life may be ensured and the results
1956 of such resident care may be demonstrated. Such rules shall also
1957 ensure a safe and sanitary environment that is residential and
1958 noninstitutional in design or nature. It is further intended
1959 that reasonable efforts be made to accommodate the needs and
1960 preferences of residents to enhance the quality of life in a
1961 facility. Uniform firesafety standards for assisted living

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1962 facilities shall be established by the State Fire Marshal
1963 pursuant to s. 633.206. The agency, in consultation with the
1964 department, may adopt rules to administer the requirements of
1965 part II of chapter 408. In order to provide safe and sanitary
1966 facilities and the highest quality of resident care
1967 accommodating the needs and preferences of residents, the
1968 department, in consultation with the agency, the Department of
1969 Children and Families, and the Department of Health, shall adopt
1970 rules, policies, and procedures to administer this part, which
1971 must include reasonable and fair minimum standards in relation
1972 to:

1973 (h) The care and maintenance of residents, which must
1974 include, but is not limited to:

- 1975 1. The supervision of residents;
- 1976 2. The provision of personal services. With the exception
1977 of authorized adult day care services provided within a licensed
1978 assisted living facility, an assisted living facility may not
1979 provide personal services to individuals who are not residents
1980 of the facility;
- 1981 3. The provision of, or arrangement for, social and
1982 leisure activities;
- 1983 4. The arrangement for appointments and transportation to
1984 appropriate medical, dental, nursing, or mental health services,
1985 as needed by residents;
- 1986 5. The management of medication;

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1987 6. The nutritional needs of residents;
1988 7. Resident records; and
1989 8. Internal risk management and quality assurance.
1990 Section 84. Subsection (4) of section 429.52, Florida
1991 Statutes, is amended to read:
1992 429.52 Staff training and educational programs; core
1993 educational requirement.—
1994 (4) Effective January 1, 2004, a new facility
1995 administrator must complete the required training and education,
1996 including the competency test, within 90 days of the date of
1997 employment ~~a reasonable time after being employed~~ as an
1998 administrator, ~~as determined by the department~~. Failure to do so
1999 is a violation of this part and subjects the violator to an
2000 administrative fine as prescribed in s. 429.19. Administrators
2001 licensed in accordance with part II of chapter 468 are exempt
2002 from this requirement. Other licensed professionals may be
2003 exempted, as determined by the department by rule.
2004 Section 85. Subsection (3) of section 435.04, Florida
2005 Statutes, is amended to read:
2006 435.04 Level 2 screening standards.—
2007 (3) The security background investigations under this
2008 section must ensure that no person subject to this section has
2009 been arrested for and are awaiting final disposition of, been
2010 found guilty of, regardless of adjudication, or entered a plea
2011 of nolo contendere or guilty to, any offense that constitutes

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2012 domestic violence as defined in s. 741.28, whether such act was
2013 committed in this state or in another jurisdiction.

2014 (4) For the purpose of screening applicable to
2015 participation in the Medicaid program, the security background
2016 investigations under this section must ensure, no person subject
2017 to the provisions of this section has been arrested for and is
2018 awaiting final disposition of, has been found guilty of,
2019 regardless of adjudication, or entered a plea of nolo contendere
2020 or guilty to, or has been adjudicated delinquent and the record
2021 has not been sealed or expunged for, any offense prohibited
2022 under any of the following provisions of state law or similar
2023 law of another jurisdiction:

2024 (a) Federal or state law of a criminal offense relating to:

2025 1. The delivery of any goods or services under Medicaid or
2026 Medicare or any other public or private health care or health
2027 insurance program including the performance of management or
2028 administrative services relating to the delivery of goods or
2029 services under any such program;

2030 2. Neglect or abuse of a patient in connection with the
2031 delivery of any health care good or service;

2032 3. Unlawful manufacture, distribution, prescription, or
2033 dispensing of a controlled substance;

2034 4. Fraud, theft, embezzlement, breach of fiduciary
2035 responsibility, or other financial misconduct;

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2036 5. Moral turpitude, if punishable by imprisonment of a year
2037 or more;

2038 6. Section 817.569, criminal use of a public record or
2039 public records information;

2040 7. Section 838.016, unlawful compensation or reward for
2041 official behavior;

2042 8. Section 838.021, corruption by threat against a public
2043 servant;

2044 9. Section 838.022, official misconduct;

2045 10. Section 838.22, bid tampering;

2046 11. Section 839.13, falsifying records;

2047 12. Section 839.26, misuse of confidential information; or

2048 13. Interfering with or obstructing an investigation into
2049 any criminal offense listed in this subsection.

2050 (c) Violation of federal or state laws, rules, or
2051 regulations governing Florida's Medicaid program or any other
2052 state's Medicaid program, the Medicare program, or any other
2053 publicly funded federal or state health care or health insurance
2054 program, and been sanctioned accordingly.

2055 Section 86. Paragraph (a) of subsection (2) of section
2056 435.12, Florida Statutes, is amended to read:

2057 435.12 Care Provider Background Screening Clearinghouse.—

2058 (2) (a) To ensure that the information in the clearinghouse
2059 is current, the fingerprints of an employee required to be

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2060 screened by a specified agency and included in the clearinghouse
2061 must be:

2062 1. Retained by the Department of Law Enforcement pursuant
2063 to s. 943.05(2)(g) and (h) and (3), and the Department of Law
2064 Enforcement must report the results of searching those
2065 fingerprints against state incoming arrest fingerprint
2066 submissions to the Agency for Health Care Administration for
2067 inclusion in the clearinghouse.

2068 2. Retained by the Federal Bureau of Investigation in the
2069 national retained print arrest notification program as soon as
2070 the Department of Law Enforcement begins participation in such
2071 program. Arrest prints will be searched against retained prints
2072 at the Federal Bureau of Investigation and notification of
2073 arrests will be forwarded to the Florida Department of Law
2074 Enforcement and reported to the Agency for Health Care
2075 Administration for inclusion in the clearinghouse.

2076 3. Resubmitted for a Federal Bureau of Investigation
2077 national criminal history check every 5 years until such time as
2078 the fingerprints are retained by the Federal Bureau of
2079 Investigation.

2080 4. Subject to retention on a 5-year renewal basis with
2081 fees collected at the time of initial submission or resubmission
2082 of fingerprints.

2083 a. A person who was screened and qualified according to
2084 standards in s. 435.04 after December 31, 2012, by a specified

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2085 agency may extend the screening renewal period until January 1,
2086 2020, unless the national retained print arrest notification
2087 program is implemented prior to that date.

2088 b. The retention of fingerprints by the Department of Law
2089 Enforcement pursuant to s. 943.05(2)(g) and (h) and (3), will be
2090 extended until January 1, 2020, unless the national retained
2091 print arrest notification program is implemented prior to that
2092 date.

2093 5. Submitted with a photograph of the person taken at the
2094 time the fingerprints are submitted.

2095 Section 87. Subsection (4) of section 456.001, Florida
2096 Statutes, is amended to read:

2097 456.001 Definitions.—As used in this chapter, the term:

2098 (4) "Health care practitioner" means any person licensed
2099 under chapter 457; chapter 458; chapter 459; chapter 460;
2100 chapter 461; chapter 462; chapter 463; chapter 464; chapter 465;
2101 chapter 466; chapter 467; part I, part II, part III, part V,
2102 part X, part XIII, or part XIV of chapter 468; chapter 478;
2103 chapter 480; part II or part III ~~or part IV~~ of chapter 483;
2104 chapter 484; chapter 486; chapter 490; or chapter 491.

2105 Section 88. Paragraph (i) of subsection (2) of section
2106 456.057, Florida Statutes, is amended to read:

2107 456.057 Ownership and control of patient records; report
2108 or copies of records to be furnished; disclosure of
2109 information.—

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2110 (2) As used in this section, the terms "records owner,"
2111 "health care practitioner," and "health care practitioner's
2112 employer" do not include any of the following persons or
2113 entities; furthermore, the following persons or entities are not
2114 authorized to acquire or own medical records, but are authorized
2115 under the confidentiality and disclosure requirements of this
2116 section to maintain those documents required by the part or
2117 chapter under which they are licensed or regulated:

2118 (i) Medical physicists licensed under part III ~~IV~~ of
2119 chapter 483.

2120 Section 89. Subsection (2) of section 458.307, Florida
2121 Statutes, is amended to read:

2122 458.307 Board of Medicine.—

2123 (2) Twelve members of the board must be licensed
2124 physicians in good standing in this state who are residents of
2125 the state and who have been engaged in the active practice or
2126 teaching of medicine for at least 4 years immediately preceding
2127 their appointment. One of the physicians must be on the full-
2128 time faculty of a medical school in this state, and one of the
2129 physicians must be in private practice and on the full-time
2130 staff of a statutory teaching hospital in this state as defined
2131 in s. 408.07. At least one of the physicians must be a graduate
2132 of a foreign medical school. The remaining three members must be
2133 residents of the state who are not, and never have been,
2134 licensed health care practitioners. One member must be a health

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2135 care risk manager ~~licensed under s. 395.10974~~. At least one
2136 member of the board must be 60 years of age or older.

2137 Section 90. Subsection (1) of section 458.345, Florida
2138 Statutes, is amended to read:

2139 458.345 Registration of resident physicians, interns, and
2140 fellows; list of hospital employees; prescribing of medicinal
2141 drugs; penalty.—

2142 (1) Any person desiring to practice as a resident
2143 physician, assistant resident physician, house physician,
2144 intern, or fellow in fellowship training which leads to
2145 subspecialty board certification in this state, or any person
2146 desiring to practice as a resident physician, assistant resident
2147 physician, house physician, intern, or fellow in fellowship
2148 training in a teaching hospital in this state as defined in s.
2149 408.07(44) ~~408.07(45)~~ or s. 395.805(2), who does not hold a
2150 valid, active license issued under this chapter shall apply to
2151 the department to be registered and shall remit a fee not to
2152 exceed \$300 as set by the board. The department shall register
2153 any applicant the board certifies has met the following
2154 requirements:

2155 (a) Is at least 21 years of age.

2156 (b) Has not committed any act or offense within or without
2157 the state which would constitute the basis for refusal to
2158 certify an application for licensure pursuant to s. 458.331.

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2159 (c) Is a graduate of a medical school or college as
2160 specified in s. 458.311(1)(f).

2161 Section 91. Part I of chapter 483, Florida Statutes,
2162 consisting of sections 483.011, 483.021, 483.031, 483.035,
2163 483.041, 483.051, 483.061, 483.091, 483.101, 483.111, 483.172,
2164 483.181, 483.191, 483.201, 483.221, 483.23, 483.245, and 483.26,
2165 is repealed.

2166 Section 92. Section 483.294, Florida Statutes, is amended
2167 to read:

2168 483.294 Inspection of centers.—In accordance with s.
2169 408.811, the agency shall, ~~at least once annually,~~ inspect the
2170 premises and operations of all centers subject to licensure
2171 under this part.

2172 Section 93. Subsection (3) of section 483.801, Florida
2173 Statutes, is amended to read:

2174 483.801 Exemptions.—This part applies to all clinical
2175 laboratories and clinical laboratory personnel within this
2176 state, except:

2177 (3) Persons engaged in testing performed by laboratories
2178 that are wholly owned and operated by one or more practitioners
2179 who are licensed under chapter 458, chapter 459, chapter 460,
2180 chapter 461, chapter 462, chapter 463, or chapter 466 and who
2181 practice in the same group practice, and in which no clinical
2182 laboratory work is performed for patients referred by any health
2183 care provider who is not a member of the same group regulated

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2184 ~~under s. 483.035(1) or exempt from regulation under s.~~
2185 ~~483.031(2).~~

2186 Section 94. Subsections (2), (3), and (4) of section
2187 483.803, Florida Statutes, are amended to read:

2188 483.803 Definitions.—As used in this part, the term:

2189 (2) "Clinical laboratory" means the physical location in
2190 which one or more of the following services are performed to
2191 provide information or materials for use in the diagnosis,
2192 prevention, or treatment of a disease or the identification or
2193 assessment of a medical or physical condition:

2194 (a) Clinical laboratory services are the examinations of
2195 fluids or other materials taken from the human body.

2196 (b) Anatomic laboratory services are the examinations of
2197 tissue taken from the human body.

2198 (c) Cytology laboratory services are the examinations of
2199 cells from individual tissues or fluid taken from the human body
2200 ~~a clinical laboratory as defined in s. 483.041.~~

2201 (3) "Clinical laboratory examination" means a procedure
2202 performed to deliver the services defined in subsection (2),
2203 including the oversight or interpretation thereof ~~clinical~~
2204 ~~laboratory examination as defined in s. 483.041.~~

2205 (4) "Clinical laboratory personnel" includes a clinical
2206 laboratory director, supervisor, technologist, blood gas
2207 analyst, or technician who performs or is responsible for
2208 laboratory test procedures, but the term does not include

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2209 trainees, persons who perform screening for blood banks or
2210 plasmapheresis centers, phlebotomists, or persons employed by a
2211 clinical laboratory to perform manual pretesting duties or
2212 clerical, personnel, or other administrative responsibilities,
2213 ~~or persons engaged in testing performed by laboratories~~
2214 ~~regulated under s. 483.035(1) or exempt from regulation under s.~~
2215 ~~483.031(2).~~

2216 Section 95. Section 483.813, Florida Statutes, is amended
2217 to read:

2218 483.813 Clinical laboratory personnel license.—A person
2219 may not conduct a clinical laboratory examination or report the
2220 results of such examination unless such person is licensed under
2221 this part to perform such procedures. However, this provision
2222 does not apply to any practitioner of the healing arts
2223 authorized to practice in this state ~~or to persons engaged in~~
2224 ~~testing performed by laboratories regulated under s. 483.035(1)~~
2225 ~~or exempt from regulation under s. 483.031(2).~~ The department
2226 may grant a temporary license to any candidate it deems properly
2227 qualified, for a period not to exceed 1 year.

2228 Section 96. Subsection (2) of section 483.823, Florida
2229 Statutes, is amended to read:

2230 483.823 Qualifications of clinical laboratory personnel.—

2231 (2) Personnel qualifications may require appropriate
2232 education, training, or experience or the passing of an
2233 examination in appropriate subjects or any combination of these,

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2234 but no practitioner of the healing arts licensed to practice in
2235 this state is required to obtain any license under this part or
2236 to pay any fee hereunder ~~except the fee required for clinical~~
2237 ~~laboratory licensure.~~

2238 Section 97. Paragraph (c) of subsection (7), paragraph (c)
2239 of subsection (8), and paragraph (c) of subsection (9) of
2240 section 491.003, Florida Statutes, is amended to read:

2241 491.003 Definitions.—As used in this chapter:

2242 (7) The "practice of clinical social work" is defined as
2243 the use of scientific and applied knowledge, theories, and
2244 methods for the purpose of describing, preventing, evaluating,
2245 and treating individual, couple, marital, family, or group
2246 behavior, based on the person-in-situation perspective of
2247 psychosocial development, normal and abnormal behavior,
2248 psychopathology, unconscious motivation, interpersonal
2249 relationships, environmental stress, differential assessment,
2250 differential planning, and data gathering. The purpose of such
2251 services is the prevention and treatment of undesired behavior
2252 and enhancement of mental health. The practice of clinical
2253 social work includes methods of a psychological nature used to
2254 evaluate, assess, diagnose, treat, and prevent emotional and
2255 mental disorders and dysfunctions (whether cognitive, affective,
2256 or behavioral), sexual dysfunction, behavioral disorders,
2257 alcoholism, and substance abuse. The practice of clinical social
2258 work includes, but is not limited to, psychotherapy,

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2259 | hypnotherapy, and sex therapy. The practice of clinical social
2260 | work also includes counseling, behavior modification,
2261 | consultation, client-centered advocacy, crisis intervention, and
2262 | the provision of needed information and education to clients,
2263 | when using methods of a psychological nature to evaluate,
2264 | assess, diagnose, treat, and prevent emotional and mental
2265 | disorders and dysfunctions (whether cognitive, affective, or
2266 | behavioral), sexual dysfunction, behavioral disorders,
2267 | alcoholism, or substance abuse. The practice of clinical social
2268 | work may also include clinical research into more effective
2269 | psychotherapeutic modalities for the treatment and prevention of
2270 | such conditions.

2271 | (c) The terms "diagnose" and "treat," as used in this
2272 | chapter, when considered in isolation or in conjunction with any
2273 | provision of the rules of the board, shall not be construed to
2274 | permit the performance of any act which clinical social workers
2275 | are not educated and trained to perform, including, but not
2276 | limited to, admitting persons to hospitals for treatment of the
2277 | foregoing conditions, treating persons in hospitals without
2278 | medical supervision, prescribing medicinal drugs as defined in
2279 | chapter 465, authorizing clinical laboratory procedures pursuant
2280 | ~~to chapter 483~~, or radiological procedures, or use of
2281 | electroconvulsive therapy. In addition, this definition shall
2282 | not be construed to permit any person licensed, provisionally
2283 | licensed, registered, or certified pursuant to this chapter to

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2284 describe or label any test, report, or procedure as
2285 "psychological," except to relate specifically to the definition
2286 of practice authorized in this subsection.

2287 (8) The "practice of marriage and family therapy" is
2288 defined as the use of scientific and applied marriage and family
2289 theories, methods, and procedures for the purpose of describing,
2290 evaluating, and modifying marital, family, and individual
2291 behavior, within the context of marital and family systems,
2292 including the context of marital formation and dissolution, and
2293 is based on marriage and family systems theory, marriage and
2294 family development, human development, normal and abnormal
2295 behavior, psychopathology, human sexuality, psychotherapeutic
2296 and marriage and family therapy theories and techniques. The
2297 practice of marriage and family therapy includes methods of a
2298 psychological nature used to evaluate, assess, diagnose, treat,
2299 and prevent emotional and mental disorders or dysfunctions
2300 (whether cognitive, affective, or behavioral), sexual
2301 dysfunction, behavioral disorders, alcoholism, and substance
2302 abuse. The practice of marriage and family therapy includes, but
2303 is not limited to, marriage and family therapy, psychotherapy,
2304 including behavioral family therapy, hypnotherapy, and sex
2305 therapy. The practice of marriage and family therapy also
2306 includes counseling, behavior modification, consultation,
2307 client-centered advocacy, crisis intervention, and the provision
2308 of needed information and education to clients, when using

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2309 methods of a psychological nature to evaluate, assess, diagnose,
2310 treat, and prevent emotional and mental disorders and
2311 dysfunctions (whether cognitive, affective, or behavioral),
2312 sexual dysfunction, behavioral disorders, alcoholism, or
2313 substance abuse. The practice of marriage and family therapy may
2314 also include clinical research into more effective
2315 psychotherapeutic modalities for the treatment and prevention of
2316 such conditions.

2317 (c) The terms "diagnose" and "treat," as used in this
2318 chapter, when considered in isolation or in conjunction with any
2319 provision of the rules of the board, shall not be construed to
2320 permit the performance of any act which marriage and family
2321 therapists are not educated and trained to perform, including,
2322 but not limited to, admitting persons to hospitals for treatment
2323 of the foregoing conditions, treating persons in hospitals
2324 without medical supervision, prescribing medicinal drugs as
2325 defined in chapter 465, authorizing clinical laboratory
2326 procedures ~~pursuant to chapter 483~~, or radiological procedures,
2327 or use of electroconvulsive therapy. In addition, this
2328 definition shall not be construed to permit any person licensed,
2329 provisionally licensed, registered, or certified pursuant to
2330 this chapter to describe or label any test, report, or procedure
2331 as "psychological," except to relate specifically to the
2332 definition of practice authorized in this subsection.

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2333 (9) The "practice of mental health counseling" is defined
2334 as the use of scientific and applied behavioral science
2335 theories, methods, and techniques for the purpose of describing,
2336 preventing, and treating undesired behavior and enhancing mental
2337 health and human development and is based on the person-in-
2338 situation perspectives derived from research and theory in
2339 personality, family, group, and organizational dynamics and
2340 development, career planning, cultural diversity, human growth
2341 and development, human sexuality, normal and abnormal behavior,
2342 psychopathology, psychotherapy, and rehabilitation. The practice
2343 of mental health counseling includes methods of a psychological
2344 nature used to evaluate, assess, diagnose, and treat emotional
2345 and mental dysfunctions or disorders (whether cognitive,
2346 affective, or behavioral), behavioral disorders, interpersonal
2347 relationships, sexual dysfunction, alcoholism, and substance
2348 abuse. The practice of mental health counseling includes, but is
2349 not limited to, psychotherapy, hypnotherapy, and sex therapy.
2350 The practice of mental health counseling also includes
2351 counseling, behavior modification, consultation, client-centered
2352 advocacy, crisis intervention, and the provision of needed
2353 information and education to clients, when using methods of a
2354 psychological nature to evaluate, assess, diagnose, treat, and
2355 prevent emotional and mental disorders and dysfunctions (whether
2356 cognitive, affective, or behavioral), behavioral disorders,
2357 sexual dysfunction, alcoholism, or substance abuse. The practice

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2358 of mental health counseling may also include clinical research
2359 into more effective psychotherapeutic modalities for the
2360 treatment and prevention of such conditions.

2361 (c) The terms "diagnose" and "treat," as used in this
2362 chapter, when considered in isolation or in conjunction with any
2363 provision of the rules of the board, shall not be construed to
2364 permit the performance of any act which mental health counselors
2365 are not educated and trained to perform, including, but not
2366 limited to, admitting persons to hospitals for treatment of the
2367 foregoing conditions, treating persons in hospitals without
2368 medical supervision, prescribing medicinal drugs as defined in
2369 chapter 465, authorizing clinical laboratory procedures pursuant
2370 to ~~chapter 483~~, or radiological procedures, or use of
2371 electroconvulsive therapy. In addition, this definition shall
2372 not be construed to permit any person licensed, provisionally
2373 licensed, registered, or certified pursuant to this chapter to
2374 describe or label any test, report, or procedure as
2375 "psychological," except to relate specifically to the definition
2376 of practice authorized in this subsection.

2377 Section 98. Paragraph (h) of subsection (4) of section
2378 627.351, Florida Statutes, is amended to read:

2379 627.351 Insurance risk apportionment plans.—

2380 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT.—

2381 (h) As used in this subsection:

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2382 1. "Health care provider" means hospitals licensed under
2383 chapter 395; physicians licensed under chapter 458; osteopathic
2384 physicians licensed under chapter 459; podiatric physicians
2385 licensed under chapter 461; dentists licensed under chapter 466;
2386 chiropractic physicians licensed under chapter 460; naturopaths
2387 licensed under chapter 462; nurses licensed under part I of
2388 chapter 464; midwives licensed under chapter 467; ~~clinical~~
2389 ~~laboratories registered under chapter 483;~~ physician assistants
2390 licensed under chapter 458 or chapter 459; physical therapists
2391 and physical therapist assistants licensed under chapter 486;
2392 health maintenance organizations certificated under part I of
2393 chapter 641; ambulatory surgical centers licensed under chapter
2394 395; other medical facilities as defined in subparagraph 2.;
2395 blood banks, plasma centers, industrial clinics, and renal
2396 dialysis facilities; or professional associations, partnerships,
2397 corporations, joint ventures, or other associations for
2398 professional activity by health care providers.

2399 2. "Other medical facility" means a facility the primary
2400 purpose of which is to provide human medical diagnostic services
2401 or a facility providing nonsurgical human medical treatment, to
2402 which facility the patient is admitted and from which facility
2403 the patient is discharged within the same working day, and which
2404 facility is not part of a hospital. However, a facility existing
2405 for the primary purpose of performing terminations of pregnancy
2406 or an office maintained by a physician or dentist for the

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2407 practice of medicine shall not be construed to be an "other
2408 medical facility."

2409 3. "Health care facility" means any hospital licensed
2410 under chapter 395, health maintenance organization certificated
2411 under part I of chapter 641, ambulatory surgical center licensed
2412 under chapter 395, or other medical facility as defined in
2413 subparagraph 2.

2414 Section 99. Paragraph (h) of subsection (1) of section
2415 627.602, Florida Statutes, is amended to read:

2416 627.602 Scope, format of policy.—

2417 (1) Each health insurance policy delivered or issued for
2418 delivery to any person in this state must comply with all
2419 applicable provisions of this code and all of the following
2420 requirements:

2421 (h) Section 641.312 and the provisions of the Employee
2422 Retirement Income Security Act of 1974, as implemented by 29
2423 C.F.R. s. 2560.503-1, relating to internal grievances. This
2424 paragraph does not apply ~~to a health insurance policy that is~~
2425 ~~subject to the Subscriber Assistance Program under s. 408.7056~~
2426 ~~or~~ to the types of benefits or coverages provided under s.
2427 627.6513(1)-(14) issued in any market.

2428 Section 100. Subsection (1) of section 627.6406, Florida
2429 Statutes, is amended to read:

2430 627.6406 Maternity care.—

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2431 (1) Any policy of health insurance that provides coverage
2432 for maternity care must also cover the services of certified
2433 nurse-midwives and midwives licensed pursuant to chapter 467,
2434 and the services of birth centers licensed under ss. 383.30-
2435 383.332 ~~383.335~~.

2436 Section 101. Paragraphs (b) and (e) of subsection (1) of
2437 section 627.64194, Florida Statutes, are amended to read:

2438 627.64194 Coverage requirements for services provided by
2439 nonparticipating providers; payment collection limitations.—

2440 (1) As used in this section, the term:

2441 (b) "Facility" means a licensed facility as defined in s.
2442 395.002(16) and an urgent care center as defined in s.
2443 395.002(29) ~~395.002(30)~~.

2444 (e) "Nonparticipating provider" means a provider who is
2445 not a preferred provider as defined in s. 627.6471 or a provider
2446 who is not an exclusive provider as defined in s. 627.6472. For
2447 purposes of covered emergency services under this section, a
2448 facility licensed under chapter 395 or an urgent care center
2449 defined in s. 395.002(29) ~~395.002(30)~~ is a nonparticipating
2450 provider if the facility has not contracted with an insurer to
2451 provide emergency services to its insureds at a specified rate.

2452 Section 102. Section 627.6513, Florida Statutes, is
2453 amended to read:

2454 627.6513 Scope.—Section 641.312 and the provisions of the
2455 Employee Retirement Income Security Act of 1974, as implemented

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2456 by 29 C.F.R. s. 2560.503-1, relating to internal grievances,
2457 apply to all group health insurance policies issued under this
2458 part. This section does not apply to ~~a group health insurance~~
2459 ~~policy that is subject to the Subscriber Assistance Program in~~
2460 ~~s. 408.7056 or to:~~

2461 (1) Coverage only for accident insurance, or disability
2462 income insurance, or any combination thereof.

2463 (2) Coverage issued as a supplement to liability
2464 insurance.

2465 (3) Liability insurance, including general liability
2466 insurance and automobile liability insurance.

2467 (4) Workers' compensation or similar insurance.

2468 (5) Automobile medical payment insurance.

2469 (6) Credit-only insurance.

2470 (7) Coverage for onsite medical clinics, including prepaid
2471 health clinics under part II of chapter 641.

2472 (8) Other similar insurance coverage, specified in rules
2473 adopted by the commission, under which benefits for medical care
2474 are secondary or incidental to other insurance benefits. To the
2475 extent possible, such rules must be consistent with regulations
2476 adopted by the United States Department of Health and Human
2477 Services.

2478 (9) Limited scope dental or vision benefits, if offered
2479 separately.

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2480 (10) Benefits for long-term care, nursing home care, home
2481 health care, or community-based care, or any combination
2482 thereof, if offered separately.

2483 (11) Other similar, limited benefits, if offered
2484 separately, as specified in rules adopted by the commission.

2485 (12) Coverage only for a specified disease or illness, if
2486 offered as independent, noncoordinated benefits.

2487 (13) Hospital indemnity or other fixed indemnity
2488 insurance, if offered as independent, noncoordinated benefits.

2489 (14) Benefits provided through a Medicare supplemental
2490 health insurance policy, as defined under s. 1882(g)(1) of the
2491 Social Security Act, coverage supplemental to the coverage
2492 provided under 10 U.S.C. chapter 55, and similar supplemental
2493 coverage provided to coverage under a group health plan, which
2494 are offered as a separate insurance policy and as independent,
2495 noncoordinated benefits.

2496 Section 103. Subsection (1) of section 627.6574, Florida
2497 Statutes, is amended to read:

2498 627.6574 Maternity care.—

2499 (1) Any group, blanket, or franchise policy of health
2500 insurance that provides coverage for maternity care must also
2501 cover the services of certified nurse-midwives and midwives
2502 licensed pursuant to chapter 467, and the services of birth
2503 centers licensed under ss. 383.30-383.332 ~~383.335~~.

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2504 Section 104. Paragraph (j) of subsection (1) of section
2505 641.185, Florida Statutes, is amended to read:

2506 641.185 Health maintenance organization subscriber
2507 protections.—

2508 (1) With respect to the provisions of this part and part
2509 III, the principles expressed in the following statements shall
2510 serve as standards to be followed by the commission, the office,
2511 the department, and the Agency for Health Care Administration in
2512 exercising their powers and duties, in exercising administrative
2513 discretion, in administrative interpretations of the law, in
2514 enforcing its provisions, and in adopting rules:

2515 ~~(j) A health maintenance organization should receive~~
2516 ~~timely and, if necessary, urgent review by an independent state~~
2517 ~~external review organization for unresolved grievances and~~
2518 ~~appeals pursuant to s. 408.7056.~~

2519 Section 105. Paragraph (a) of subsection (18) of section
2520 641.31, Florida Statutes, is amended to read:

2521 641.31 Health maintenance contracts.—

2522 (18) (a) Health maintenance contracts that provide
2523 coverage, benefits, or services for maternity care must provide,
2524 as an option to the subscriber, the services of nurse-midwives
2525 and midwives licensed pursuant to chapter 467, and the services
2526 of birth centers licensed pursuant to ss. 383.30-383.332
2527 ~~383.335~~, if such services are available within the service area.

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2528 Section 106. Section 641.312, Florida Statutes, is amended
2529 to read:

2530 641.312 Scope.—The Office of Insurance Regulation may
2531 adopt rules to administer the provisions of the National
2532 Association of Insurance Commissioners' Uniform Health Carrier
2533 External Review Model Act, issued by the National Association of
2534 Insurance Commissioners and dated April 2010. This section does
2535 not apply to a ~~health maintenance contract that is subject to~~
2536 ~~the Subscriber Assistance Program under s. 408.7056 or to the~~
2537 types of benefits or coverages provided under s. 627.6513(1)-
2538 (14) issued in any market.

2539 Section 107. Subsection (4) of section 641.3154, Florida
2540 Statutes, is amended to read:

2541 641.3154 Organization liability; provider billing
2542 prohibited.—

2543 (4) A provider or any representative of a provider,
2544 regardless of whether the provider is under contract with the
2545 health maintenance organization, may not collect or attempt to
2546 collect money from, maintain any action at law against, or
2547 report to a credit agency a subscriber of an organization for
2548 payment of services for which the organization is liable, if the
2549 provider in good faith knows or should know that the
2550 organization is liable. This prohibition applies during the
2551 pendency of any claim for payment made by the provider to the
2552 organization for payment of the services and any legal

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2553 proceedings or dispute resolution process to determine whether
2554 the organization is liable for the services if the provider is
2555 informed that such proceedings are taking place. It is presumed
2556 that a provider does not know and should not know that an
2557 organization is liable unless:

2558 (a) The provider is informed by the organization that it
2559 accepts liability;

2560 (b) A court of competent jurisdiction determines that the
2561 organization is liable; or

2562 ~~(c) The office or agency makes a final determination that~~
2563 ~~the organization is required to pay for such services subsequent~~
2564 ~~to a recommendation made by the Subscriber Assistance Panel~~
2565 ~~pursuant to s. 408.7056; or~~

2566 (c) ~~(d)~~ The agency issues a final order that the
2567 organization is required to pay for such services subsequent to
2568 a recommendation made by a resolution organization pursuant to
2569 s. 408.7057.

2570 Section 108. Paragraph (c) of subsection (5) of section
2571 641.51, Florida Statutes, is amended to read:

2572 641.51 Quality assurance program; second medical opinion
2573 requirement.—

2574 (5)

2575 (c) For second opinions provided by contract physicians
2576 the organization is prohibited from charging a fee to the
2577 subscriber in an amount in excess of the subscriber fees

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2578 established by contract for referral contract physicians. The
2579 organization shall pay the amount of all charges, which are
2580 usual, reasonable, and customary in the community, for second
2581 opinion services performed by a physician not under contract
2582 with the organization, but may require the subscriber to be
2583 responsible for up to 40 percent of such amount. The
2584 organization may require that any tests deemed necessary by a
2585 noncontract physician shall be conducted by the organization.
2586 The organization may deny reimbursement rights granted under
2587 this section in the event the subscriber seeks in excess of
2588 three such referrals per year if such subsequent referral costs
2589 are deemed by the organization to be evidence that the
2590 subscriber has unreasonably overutilized the second opinion
2591 privilege. A subscriber thus denied reimbursement under this
2592 section shall have recourse to grievance procedures as specified
2593 in ss. ~~408.7056~~, 641.495, and 641.511. The organization's
2594 physician's professional judgment concerning the treatment of a
2595 subscriber derived after review of a second opinion shall be
2596 controlling as to the treatment obligations of the health
2597 maintenance organization. Treatment not authorized by the health
2598 maintenance organization shall be at the subscriber's expense.

2599 Section 109. Subsection (1), paragraph (e) of subsection
2600 (3), paragraph (d) of subsection (4), paragraphs (g) and (h) of
2601 subsection (6), and subsections (7), (8), (9), (10), (11), and
2602 (12) of section 641.511, Florida Statutes, are amended to read:

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2603 641.511 Subscriber grievance reporting and resolution
2604 requirements.—

2605 (1) Every organization must have a grievance procedure
2606 available to its subscribers for the purpose of addressing
2607 complaints and grievances. Every organization must notify its
2608 subscribers that a subscriber must submit a grievance within 1
2609 year after the date of occurrence of the action that initiated
2610 the grievance, ~~and may submit the grievance for review to the~~
2611 ~~Subscriber Assistance Program panel as provided in s. 408.7056~~
2612 ~~after receiving a final disposition of the grievance through the~~
2613 ~~organization's grievance process.~~ An organization shall maintain
2614 records of all grievances and shall report annually to the
2615 agency the total number of grievances handled, a categorization
2616 of the cases underlying the grievances, and the final
2617 disposition of the grievances.

2618 (3) Each organization's grievance procedure, as required
2619 under subsection (1), must include, at a minimum:

2620 (e) A notice that a subscriber may voluntarily pursue
2621 binding arbitration in accordance with the terms of the contract
2622 if offered by the organization, after completing the
2623 organization's grievance procedure ~~and as an alternative to the~~
2624 ~~Subscriber Assistance Program.~~ Such notice shall include an
2625 explanation that the subscriber may incur some costs if the
2626 subscriber pursues binding arbitration, depending upon the terms
2627 of the subscriber's contract.

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2628 (4)

2629 ~~(d) In any case when the review process does not resolve a~~
2630 ~~difference of opinion between the organization and the~~
2631 ~~subscriber or the provider acting on behalf of the subscriber,~~
2632 ~~the subscriber or the provider acting on behalf of the~~
2633 ~~subscriber may submit a written grievance to the Subscriber~~
2634 ~~Assistance Program.~~

2635 (6)

2636 ~~(g) In any case when the expedited review process does not~~
2637 ~~resolve a difference of opinion between the organization and the~~
2638 ~~subscriber or the provider acting on behalf of the subscriber,~~
2639 ~~the subscriber or the provider acting on behalf of the~~
2640 ~~subscriber may submit a written grievance to the Subscriber~~
2641 ~~Assistance Program.~~

2642 (g)(h) An organization shall not provide an expedited
2643 retrospective review of an adverse determination.

2644 ~~(7) Each organization shall send to the agency a copy of~~
2645 ~~its quarterly grievance reports submitted to the office pursuant~~
2646 ~~to s. 408.7056(12).~~

2647 (7)(8) The agency shall investigate all reports of
2648 unresolved quality of care grievances received from:

2649 ~~(a)~~ Annual and quarterly grievance reports submitted by
2650 the organization to the office.

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2651 ~~(b) Review requests of subscribers whose grievances remain~~
2652 ~~unresolved after the subscriber has followed the full grievance~~
2653 ~~procedure of the organization.~~

2654 ~~(9) (a) The agency shall advise subscribers with grievances~~
2655 ~~to follow their organization's formal grievance process for~~
2656 ~~resolution prior to review by the Subscriber Assistance Program.~~
2657 ~~The subscriber may, however, submit a copy of the grievance to~~
2658 ~~the agency at any time during the process.~~

2659 ~~(b) Requiring completion of the organization's grievance~~
2660 ~~process before the Subscriber Assistance Program panel's review~~
2661 ~~does not preclude the agency from investigating any complaint or~~
2662 ~~grievance before the organization makes its final determination.~~

2663 ~~(10) Each organization must notify the subscriber in a~~
2664 ~~final decision letter that the subscriber may request review of~~
2665 ~~the organization's decision concerning the grievance by the~~
2666 ~~Subscriber Assistance Program, as provided in s. 408.7056, if~~
2667 ~~the grievance is not resolved to the satisfaction of the~~
2668 ~~subscriber. The final decision letter must inform the subscriber~~
2669 ~~that the request for review must be made within 365 days after~~
2670 ~~receipt of the final decision letter, must explain how to~~
2671 ~~initiate such a review, and must include the addresses and toll-~~
2672 ~~free telephone numbers of the agency and the Subscriber~~
2673 ~~Assistance Program.~~

2674 ~~(8) (11)~~ Each organization, as part of its contract with
2675 any provider, must require the provider to post a consumer

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2676 assistance notice prominently displayed in the reception area of
2677 the provider and clearly noticeable by all patients. The
2678 consumer assistance notice must state the addresses and toll-
2679 free telephone numbers of the Agency for Health Care
2680 Administration, ~~the Subscriber Assistance Program,~~ and the
2681 Department of Financial Services. The consumer assistance notice
2682 must also clearly state that the address and toll-free telephone
2683 number of the organization's grievance department shall be
2684 provided upon request. The agency may adopt rules to implement
2685 this section.

2686 ~~(9)-(12)~~ The agency may impose administrative sanction, in
2687 accordance with s. 641.52, against an organization for
2688 noncompliance with this section.

2689 Section 110. Subsection (1) of section 641.515, Florida
2690 Statutes, is amended to read:

2691 641.515 Investigation by the agency.—

2692 (1) The agency shall investigate further any quality of
2693 care issue contained in recommendations and reports submitted
2694 pursuant to s. ~~ss. 408.7056 and~~ 641.511. The agency shall also
2695 investigate further any information that indicates that the
2696 organization does not meet accreditation standards or the
2697 standards of the review organization performing the external
2698 quality assurance assessment pursuant to reports submitted under
2699 s. 641.512. Every organization shall submit its books and
2700 records and take other appropriate action as may be necessary to

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2701 facilitate an examination. The agency shall have access to the
2702 organization's medical records of individuals and records of
2703 employed and contracted physicians, with the consent of the
2704 subscriber or by court order, as necessary to carry out the
2705 provisions of this part.

2706 Section 111. Subsection (2) of section 641.55, Florida
2707 Statutes, is amended to read:

2708 641.55 Internal risk management program.—

2709 (2) The risk management program shall be the
2710 responsibility of the governing authority or board of the
2711 organization. Every organization which has an annual premium
2712 volume of \$10 million or more and which directly provides health
2713 care in a building owned or leased by the organization shall
2714 hire a risk manager, ~~certified under ss. 395.10971-395.10975,~~
2715 who shall be responsible for implementation of the
2716 organization's risk management program required by this section.
2717 A part-time risk manager shall not be responsible for risk
2718 management programs in more than four organizations or
2719 facilities. Every organization which does not directly provide
2720 health care in a building owned or leased by the organization
2721 and every organization with an annual premium volume of less
2722 than \$10 million shall designate an officer or employee of the
2723 organization to serve as the risk manager.

2724

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2725 The gross data compiled under this section or s. 395.0197 shall
2726 be furnished by the agency upon request to organizations to be
2727 utilized for risk management purposes. The agency shall adopt
2728 rules necessary to carry out the provisions of this section.

2729 Section 112. Section 641.60, Florida Statutes, is
2730 repealed.

2731 Section 113. Section 641.65, Florida Statutes, is
2732 repealed.

2733 Section 114. Section 641.67, Florida Statutes, is
2734 repealed.

2735 Section 115. Section 641.68, Florida Statutes, is
2736 repealed.

2737 Section 116. Section 641.70, Florida Statutes, is
2738 repealed.

2739 Section 117. Section 641.75, Florida Statutes, is
2740 repealed.

2741 Section 118. Paragraph (b) of subsection (6) of section
2742 766.118, Florida Statutes, is amended to read:

2743 766.118 Determination of noneconomic damages.—

2744 (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF A
2745 PRACTITIONER PROVIDING SERVICES AND CARE TO A MEDICAID
2746 RECIPIENT.—Notwithstanding subsections (2), (3), and (5), with
2747 respect to a cause of action for personal injury or wrongful
2748 death arising from medical negligence of a practitioner
2749 committed in the course of providing medical services and

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2750 medical care to a Medicaid recipient, regardless of the number
2751 of such practitioner defendants providing the services and care,
2752 noneconomic damages may not exceed \$300,000 per claimant, unless
2753 the claimant pleads and proves, by clear and convincing
2754 evidence, that the practitioner acted in a wrongful manner. A
2755 practitioner providing medical services and medical care to a
2756 Medicaid recipient is not liable for more than \$200,000 in
2757 noneconomic damages, regardless of the number of claimants,
2758 unless the claimant pleads and proves, by clear and convincing
2759 evidence, that the practitioner acted in a wrongful manner. The
2760 fact that a claimant proves that a practitioner acted in a
2761 wrongful manner does not preclude the application of the
2762 limitation on noneconomic damages prescribed elsewhere in this
2763 section. For purposes of this subsection:

2764 (b) The term "practitioner," in addition to the meaning
2765 prescribed in subsection (1), includes any hospital or
2766 ambulatory surgical center, ~~or mobile surgical facility~~ as
2767 defined and licensed under chapter 395.

2768 Section 119. Subsection (4) of section 766.202, Florida
2769 Statutes, is amended to read:

2770 766.202 Definitions; ss. 766.201-766.212.—As used in ss.
2771 766.201-766.212, the term:

2772 (4) "Health care provider" means any hospital or
2773 ambulatory surgical center, ~~or mobile surgical facility~~ as
2774 defined and licensed under chapter 395; a birth center licensed

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2775 under chapter 383; any person licensed under chapter 458,
2776 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,
2777 part I of chapter 464, chapter 466, chapter 467, part XIV of
2778 chapter 468, or chapter 486; ~~a clinical lab licensed under~~
2779 ~~chapter 483~~; a health maintenance organization certificated
2780 under part I of chapter 641; a blood bank; a plasma center; an
2781 industrial clinic; a renal dialysis facility; or a professional
2782 association partnership, corporation, joint venture, or other
2783 association for professional activity by health care providers.

2784 Section 120. Subsection (1) of section 945.36, Florida
2785 Statutes, is amended to read:

2786 945.36 ~~Exemption from health testing regulations for Law~~
2787 ~~enforcement personnel~~ authorized to conduct ~~conducting~~ drug
2788 tests on inmates and releasees.-

2789 (1) Any law enforcement officer, state or county probation
2790 officer, or employee of the Department of Corrections, ~~who is~~
2791 certified by the Department of Corrections pursuant to
2792 subsection (2) may administer, ~~is exempt from part I of chapter~~
2793 ~~483, for the limited purpose of administering~~ a urine screen
2794 drug test to:

2795 (a) Persons during incarceration;

2796 (b) Persons released as a condition of probation for
2797 either a felony or misdemeanor;

2798 (c) Persons released as a condition of community control;

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2799 (d) Persons released as a condition of conditional
2800 release;
2801 (e) Persons released as a condition of parole;
2802 (f) Persons released as a condition of provisional
2803 release;
2804 (g) Persons released as a condition of pretrial release;
2805 or
2806 (h) Persons released as a condition of control release.
2807 Section 121. Paragraph (b) of subsection (2) of section
2808 1009.65, Florida Statutes, is amended to read:
2809 1009.65 Medical Education Reimbursement and Loan Repayment
2810 Program.—
2811 (2) From the funds available, the Department of Health
2812 shall make payments to selected medical professionals as
2813 follows:
2814 (b) All payments shall be contingent on continued proof of
2815 primary care practice in an area defined in s. 395.602(2)(b)
2816 ~~395.602(2)(e)~~, or an underserved area designated by the
2817 Department of Health, provided the practitioner accepts Medicaid
2818 reimbursement if eligible for such reimbursement. Correctional
2819 facilities, state hospitals, and other state institutions that
2820 employ medical personnel shall be designated by the Department
2821 of Health as underserved locations. Locations with high
2822 incidences of infant mortality, high morbidity, or low Medicaid

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2823 participation by health care professionals may be designated as
2824 underserved.

2825 Section 122. This act shall take effect July 1, 2017.

2826

2827 -----

2828 **T I T L E A M E N D M E N T**

2829 Remove everything before the enacting clause and insert:

2830 An act relating to health care facility regulation; creating s.
2831 154.13, F.S.; declaring a designated facility owned and operated
2832 by a public health trust under the exclusive jurisdiction of the
2833 county creating the public health trust; amending ss. 381.0031,
2834 381.004, 384.31, 395.009, 400.0625, and 409.905, F.S.;
2835 eliminating state licensure requirements for clinical
2836 laboratories; requiring clinical laboratories to be federally
2837 certified; amending s. 383.313, F.S.; revising requirements for
2838 a birth center to perform certain laboratory tests; repealing s.
2839 383.335, F.S., relating to partial exemptions from licensure
2840 requirements for certain facilities that provide obstetrical and
2841 gynecological surgical services; amending s. 395.002, F.S.;
2842 revising and deleting definitions; creating s. 395.0091, F.S.;
2843 authorizing the Agency for Health Care Administration to adopt
2844 rules establishing criteria for alternate-site laboratory
2845 testing; defining the term "alternate-site testing"; amending
2846 ss. 395.0161 and 395.0163, F.S.; deleting licensure and
2847 inspection requirements for mobile surgical facilities to

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1195 (2017)

Amendment No.

2848 conform to changes made by the act; amending ss. 395.01911,
2849 408.809, 409.907, and 435.04 F.S.; including additional persons
2850 subject to background screening requirements; providing an
2851 exemption to background screening for purposes of participation
2852 in the Medicaid program; amending s. 395.0197, F.S.; requiring
2853 the manager of a hospital or ambulatory surgical center internal
2854 risk management program to demonstrate competence in certain
2855 administrative and health care service areas; conforming
2856 references; repealing s. 395.1046, F.S., relating to hospital
2857 complaint investigation procedures; amending s. 395.1055, F.S.;
2858 requiring hospitals providing specified services to meet agency
2859 licensure requirements; conforming a reference; repealing ss.
2860 395.10971 and 395.10972, F.S., relating to the purpose and
2861 establishment of the Health Care Risk Manager Advisory Council;
2862 amending s. 395.10973, F.S.; deleting duties of the agency
2863 relating to health care risk managers, to conform; repealing s.
2864 395.10974, F.S., relating to licensure of health care risk
2865 managers; repealing s. 395.10975, F.S., relating to grounds for
2866 denial, suspension, or revocation of a health care risk
2867 manager's license; amending s. 395.602, F.S.; deleting
2868 definitions; amending s. 395.603, F.S.; deleting provisions
2869 relating to deactivation of general hospital beds by certain
2870 rural and emergency care hospitals; repealing s. 395.604, F.S.,
2871 relating to other rural hospital programs; repealing s. 395.605,
2872 F.S., relating to emergency care hospitals; amending s. 395.701,

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1195 (2017)

Amendment No.

2873 F.S.; revising the definition of the term "hospital" to exclude
2874 hospitals operated by state agencies; amending s. 400.464, F.S.;
2875 revising licensure requirements for a home health agency;
2876 providing conditions for advertising certain services that
2877 require licensure; providing for a fine; providing conditions
2878 for application for a certificate of exemption from licensure as
2879 a home health agency; specifying the duration of the certificate
2880 of exemption; authorizing a fee; amending s. 400.471, F.S.;
2881 revising home health agency licensure requirements; providing
2882 requirements for proof of accreditation for home health agencies
2883 applying for change of ownership or addition of skilled care
2884 services; amending s. 400.474, F.S.; revising conditions for the
2885 imposition of a fine against a home health agency; amending s.
2886 400.476, F.S.; requiring a home health agency providing skilled
2887 nursing care to have a director of nursing; amending s. 400.484,
2888 F.S.; providing for the imposition of administrative fines on
2889 home health agencies for specified classes of violations;
2890 amending s. 400.497, F.S.; authorizing the agency to adopt rules
2891 establishing standards for certificate of exemption
2892 applications; amending s. 400.506, F.S.; revising penalties for
2893 a nurse registry directed by the agency to cease operation;
2894 amending s. 400.606, F.S.; revising content requirements of the
2895 plan accompanying an initial or change-of-ownership application
2896 for a hospice; amending s. 400.925, F.S.; revising the
2897 definition of the term "home medical equipment"; amending s.

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1195 (2017)

Amendment No.

2898 400.931, F.S.; providing a timeframe for a home medical
2899 equipment provider to notify the agency of certain personnel
2900 changes; amending s. 400.933, F.S.; authorizing the agency to
2901 accept certain medical oxygen permits issued by the Department
2902 of Business and Professional Regulation in lieu of agency
2903 licensure inspections; amending s. 400.980, F.S.; revising
2904 timeframe requirements for change of registration information
2905 submitted to the agency by a health care services pool; amending
2906 400.9935, F.S.; providing that a voluntary certificate of
2907 exemption is not valid for more than two years; amending s.
2908 408.061, F.S.; excluding hospitals operated by state agencies
2909 from certain financial reporting requirements; conforming a
2910 cross-reference; amending s. 408.07, F.S.; deleting the
2911 definition of the term "clinical laboratory"; amending s.
2912 408.20, F.S.; exempting hospitals operated by state agencies
2913 from assessments against the Health Care Trust Fund to fund
2914 certain agency activities; repealing s. 408.7056, F.S., relating
2915 to the Subscriber Assistance Program; amending s. 408.803, F.S.;
2916 defining the term "relative" for the Health Care Licensing
2917 Procedures Act; amending s. 408.806, F.S.; requiring additional
2918 information on a licensure application; authorizing the agency
2919 to issue licenses with an abbreviated licensure period and
2920 prorated fee for alignment of multiple provider license
2921 expiration dates; amending s. 408.810, F.S.; exempting an
2922 applicant for change of ownership from furnishing proof of

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1195 (2017)

Amendment No.

2923 ability to operate under certain conditions; authorizing the
2924 agency to adopt rules governing circumstances under which a
2925 controlling interest may act in certain legal capacities on
2926 behalf of a patient or client; amending s. 408.812, F.S.; citing
2927 failure to discharge residents by the license expiration date as
2928 unlicensed activity; providing that certain unlicensed activity
2929 by a provider constitutes abuse and neglect; requiring the
2930 agency to refer certain findings to the state attorney;
2931 requiring the agency to impose a fine under certain
2932 circumstances; amending s. 429.02, F.S.; revising definitions;
2933 amending s. 429.04, F.S.; providing additional exemptions from
2934 licensure as an assisted living facility; imposing a burden of
2935 proof on the person or entity asserting the exemption; amending
2936 s. 429.08, F.S.; providing criminal penalties and fines for
2937 unlicensed ownership possession, or control of real property
2938 used as an unlicensed assisted living facility; providing that
2939 engaging a third party to provide certain services at an
2940 unlicensed location constitutes unlicensed activity; amending s.
2941 429.176, F.S.; prohibiting an assisted living facility from
2942 operating without an administrator who has completed certain
2943 educational requirements beyond a specified period of time;
2944 amending 429.24, F.S.; providing that 30 day written notice of
2945 rate increase is not required in certain situations; amending s.
2946 429.256, F.S.; providing that the medication label must be read
2947 unless the resident declines; amending s. 429.28, F.S.; defining

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1195 (2017)

Amendment No.

2948 the services including in the provision of assistance with
2949 obtaining access to adequate and appropriate health care;
2950 deleting a requirement that the agency conduct at least one
2951 monitoring visit in certain circumstances; removing the
2952 authority of the agency to perform follow up inspections in
2953 certain circumstances; removing the authority of the agency to
2954 conduct complaint investigations; amending s. 429.294, F.S.;
2955 deleting the timeframe in which a facility must provide certain
2956 records; amending s. 429.34, F.S.; authorizing the agency to
2957 perform inspections and investigations to ensure compliance;
2958 authorizing the agency to perform monitoring visits in certain
2959 circumstances; amending s. 429.41, F.S.; prohibiting an assisted
2960 living facility from providing personal services to
2961 nonresidents; amending s. 429.52, F.S.; requiring a facility
2962 administrator to complete required training and education within
2963 a certain timeframe; amending 435.12, F.S.; extending the
2964 renewal screening renewal period for individuals screened after
2965 a certain date; extending the retention period of fingerprints
2966 by the Department of Law Enforcement unless certain
2967 circumstances apply; repealing part I of chapter 483, F.S.,
2968 relating to clinical laboratories; amending s. 483.294, F.S.;
2969 revising agency inspection schedules for multiphasic health
2970 testing centers; amending s. 483.801, F.S.; providing an
2971 exemption from regulation for persons employed by certain
2972 laboratories; amending s. 483.803, F.S.; deleting definitions;

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1195 (2017)

Amendment No.

2973 conforming a reference; amending s. 641.511, F.S.; revising
2974 health maintenance organization subscriber grievance reporting
2975 requirements; repealing s. 641.60, F.S., relating to the
2976 Statewide Managed Care Ombudsman Committee; repealing s. 641.65,
2977 F.S.; relating to district managed care ombudsman committees;
2978 repealing s. 641.67, F.S.; relating to district managed care
2979 ombudsman committee; exemption from public records requirements;
2980 exceptions; repealing s. 641.68, F.S.; relating to district
2981 managed care ombudsman committee; exemption from public meeting
2982 requirements; repealing s. 641.70, F.S.; relating to agency
2983 duties relating to the Statewide Managed Care Ombudsman
2984 Committee and the district managed care ombudsman committees;
2985 repealing s. 641.75, F.S.; relating to immunity from liability;
2986 limitation on testimony; amending s. 945.36, F.S.; authorizing
2987 law enforcement personnel to conduct drug tests on certain
2988 inmates and releases; amending ss. 20.43, 220.1845, 376.30781,
2989 376.86, 381.0034, 381.0405, 383.30, 383.301, 383.302, 383.305,
2990 383.309, 383.33, 385.211, 394.4787, 395.001, 395.003, 395.7015,
2991 400.9905, 408.033, 408.036, 408.802, 408.820, 409.9116, 409.975,
2992 456.001, 456.057, 458.307, 458.345, 483.813, 483.823, 491.003,
2993 627.351, 627.602, 627.6406, 627.64194, 627.6513, 627.6574,
2994 641.185, 641.31, 641.312, 641.3154, 641.51, 641.515, 641.55,
2995 766.118, 766.202, and 1009.65, F.S.; conforming references and
2996 cross-references; providing an effective date.

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