



1                   A bill to be entitled  
2           An act relating to health care; amending s. 381.915,  
3           F.S.; increasing the number of years that a cancer  
4           center may participate in Tier 3 of the Florida  
5           Consortium of National Cancer Institute Centers  
6           Program; increasing the number of years after  
7           qualification that a certain Tier 3 cancer center may  
8           pursue specified NCI designations; creating s. 154.13,  
9           F.S.; providing that a designated facility owned or  
10          operated by a public health trust and located within  
11          the boundaries of a municipality is under the  
12          exclusive jurisdiction of the county creating the  
13          public health trust; amending ss. 381.0031, 381.004,  
14          384.31, 395.009, 400.0625, and 409.905, F.S.;  
15          eliminating state licensure requirements for clinical  
16          laboratories; requiring clinical laboratories to be  
17          federally certified; amending s. 383.313, F.S.;  
18          requiring a birth center to be federally certified and  
19          meet specified requirements to perform certain  
20          laboratory tests; repealing s. 383.335, F.S., relating  
21          to partial exemptions from licensure requirements for  
22          certain facilities that provide obstetrical and  
23          gynecological surgical services; amending s. 395.002,  
24          F.S.; revising and deleting definitions to remove the  
25          term "mobile surgical facility"; conforming a cross-



26 | reference; amending s. 395.003, F.S.; authorizing  
27 | certain specialty-licensed children's hospitals to  
28 | provide obstetrical services under certain  
29 | circumstances; creating s. 395.0091, F.S.; requiring  
30 | the Agency for Health Care Administration, in  
31 | consultation with the Board of Clinical Laboratory  
32 | Personnel, to adopt rules establishing criteria for  
33 | alternate-site testing; requiring specifications to be  
34 | included in the criteria; defining the term  
35 | "alternate-site testing"; amending ss. 395.0161 and  
36 | 395.0163, F.S.; deleting licensure and inspection  
37 | requirements for mobile surgical facilities, to  
38 | conform to changes made by the act; amending s.  
39 | 395.0197, F.S.; requiring the manager of a hospital or  
40 | ambulatory surgical center internal risk management  
41 | program to demonstrate competence in specified  
42 | administrative and health care service areas;  
43 | conforming provisions to changes made by the act;  
44 | repealing s. 395.1046, F.S., relating to hospital  
45 | complaint investigation procedures; amending s.  
46 | 395.1055, F.S.; requiring hospitals that provide  
47 | specified services to meet agency licensure  
48 | requirements; providing standards to be included in  
49 | licensure requirements; conforming a provision to  
50 | changes made by the act; requiring a level 2



51 background screening for personnel of distinct part  
52 nursing units; requiring the agency to adopt rules  
53 establishing standards for pediatric cardiac  
54 catheterization and pediatric cardiovascular surgery  
55 programs located in licensed hospitals; providing  
56 requirements for such programs; establishing minimum  
57 standards for rules for such pediatric cardiac  
58 programs; requiring hospitals with pediatric cardiac  
59 programs to participate in the clinical outcome  
60 reporting systems; revising duties and membership of  
61 the pediatric cardiac technical advisory panel;  
62 requiring the panel to submit an annual report to the  
63 Governor, Legislature, Secretary of Health  
64 Administration, and State Surgeon General; repealing  
65 ss. 395.10971 and 395.10972, F.S., relating to the  
66 purpose and the establishment of the Health Care Risk  
67 Manager Advisory Council, respectively; amending s.  
68 395.10973, F.S.; removing requirements relating to  
69 agency standards for health care risk managers, to  
70 conform provisions to changes made by the act;  
71 repealing s. 395.10974, F.S., relating to licensure of  
72 health care risk managers, qualifications, licensure,  
73 and fees; repealing s. 395.10975, F.S., relating to  
74 grounds for denial, suspension, or revocation of a  
75 health care risk manager's license and an



76 | administrative fine; amending s. 395.602, F.S.;

77 | deleting definitions of the terms "emergency care

78 | hospital," "essential access community hospital,"

79 | "inactive rural hospital bed," and "rural primary care

80 | hospital"; amending s. 395.603, F.S.; deleting

81 | provisions relating to deactivation of general

82 | hospital beds by certain rural and emergency care

83 | hospitals; repealing s. 395.604, F.S., relating to

84 | other rural hospital programs; repealing s. 395.605,

85 | F.S., relating to emergency care hospitals; amending

86 | s. 395.701, F.S.; revising the definition of the term

87 | "hospital" to exclude hospitals operated by a state

88 | agency; amending s. 400.191, F.S.; removing the 30-

89 | month reporting timeframe for the Nursing Home Guide;

90 | amending s. 400.464, F.S.; requiring that a license

91 | issued to a home health agency on or after a specified

92 | date specify the services the organization is

93 | authorized to perform and whether the services

94 | constitute skilled care; providing that the provision

95 | or advertising of certain services constitutes

96 | unlicensed activity under certain circumstances;

97 | authorizing certain persons, entities, or

98 | organizations providing home health services to

99 | voluntarily apply for a certificate of exemption from

100 | licensure by providing certain information to the



101 agency; providing that the certificate is valid for a  
102 specified time and is nontransferable; authorizing the  
103 agency to charge a fee for the certificate; amending  
104 s. 400.471, F.S.; revising home health agency  
105 licensure requirements; providing requirements for  
106 proof of accreditation for home health agencies  
107 applying for change of ownership or the addition of  
108 skilled care services; removing a provision  
109 prohibiting the agency from issuing a license to a  
110 home health agency that fails to satisfy the  
111 requirements of a Medicare certification survey from  
112 the agency; amending s. 400.474, F.S.; revising  
113 conditions for the imposition of a fine against a home  
114 health agency; amending s. 400.476, F.S.; requiring a  
115 home health agency providing skilled nursing care to  
116 have a director of nursing; amending s. 400.484, F.S.;  
117 imposing administrative fines on home health agencies  
118 for specified classes of violations; amending s.  
119 400.497, F.S.; requiring the agency to adopt, publish,  
120 and enforce rules establishing standards for  
121 certificates of exemption; amending s. 400.506, F.S.;  
122 specifying a criminal penalty for any person who owns,  
123 operates, or maintains an unlicensed nurse registry  
124 that fails to cease operation immediately and apply  
125 for a license after notification from the agency;



126 specifying that a certain caregiver who is an  
127 independent contractor is not an employee of a nurse  
128 registry under any chapter; revising provisions  
129 authorizing the agency to impose a fine on a nurse  
130 registry that fails to cease operation after agency  
131 notification; revising circumstances under which the  
132 agency is authorized to deny, suspend, or revoke a  
133 license or impose a fine on a nurse registry;  
134 prohibiting a nurse registry from monitoring,  
135 supervising, managing, or training a certain caregiver  
136 who is an independent contractor; amending s. 400.606,  
137 F.S.; removing a requirement that an existing licensed  
138 health care provider's hospice licensure application  
139 be accompanied by a copy of the most recent profit-  
140 loss statement and licensure inspection report;  
141 amending s. 400.925, F.S.; revising the definition of  
142 the term "home medical equipment"; amending s.  
143 400.931, F.S.; requiring a home medical equipment  
144 provider to notify the agency of certain personnel  
145 changes within a specified timeframe; amending s.  
146 400.933, F.S.; requiring the agency to accept the  
147 submission of a valid medical oxygen retail  
148 establishment permit issued by the Department of  
149 Business and Professional Regulation in lieu of an  
150 agency inspection for licensure; amending s. 400.980,



151 F.S.; revising the timeframe within which a health  
152 care services pool registrant must provide the agency  
153 with certain changes of information; amending s.  
154 400.9935, F.S.; authorizing a voluntary certificate of  
155 exemption to be valid for up to 2 years; amending s.  
156 408.036, F.S.; removing exemptions from certificate-  
157 of-need review for adult open-heart services; amending  
158 s. 408.0361, F.S.; providing an exception for a  
159 hospital to become a Level I Adult Cardiovascular  
160 provider if certain requirements are met; amending s.  
161 408.05, F.S.; requiring the agency to contract with  
162 the Society of Thoracic Surgeons and the American  
163 College of Cardiology for collection of certain data  
164 for publication on the agency's website for certain  
165 purposes; amending s. 408.061, F.S.; excluding  
166 hospitals operated by state agencies from certain  
167 financial reporting requirements; conforming a cross-  
168 reference; amending s. 408.07, F.S.; deleting the  
169 definition of the term "clinical laboratory"; amending  
170 s. 408.20, F.S.; exempting hospitals operated by any  
171 state agency from assessments against the Health Care  
172 Trust Fund to fund certain agency activities;  
173 repealing s. 408.7056, F.S., relating to the  
174 Subscriber Assistance Program; amending s. 408.803,  
175 F.S.; defining the term "relative" for purposes of the



176 Health Care Licensing Procedures Act; amending s.  
177 408.806, F.S.; authorizing licensees who hold licenses  
178 for multiple providers to request that the agency  
179 align related license expiration dates; authorizing  
180 the agency to issue licenses for an abbreviated  
181 licensure period and to charge a prorated licensure  
182 fee; amending s. 408.809, F.S.; expanding the scope of  
183 persons subject to a level 2 background screening to  
184 include any employee of a licensee who is a  
185 controlling interest and certain part-time  
186 contractors; amending s. 408.810, F.S.; providing that  
187 an applicant for change of ownership licensure is  
188 exempt from furnishing proof of financial ability to  
189 operate if certain conditions are met; authorizing the  
190 agency to adopt rules governing circumstances under  
191 which a controlling interest may act in certain legal  
192 capacities on behalf of a patient or client; requiring  
193 a licensee to ensure that certain persons do not hold  
194 an ownership interest if the licensee is not organized  
195 as or owned by a publicly traded corporation; defining  
196 the term "publicly traded corporation"; amending s.  
197 408.812, F.S.; providing that certain unlicensed  
198 activity by a provider constitutes abuse and neglect;  
199 clarifying that the agency may impose a fine or  
200 penalty, as prescribed in an authorizing statute, if





201 an unlicensed provider who has received notification  
202 fails to cease operation; authorizing the agency to  
203 revoke all licenses and impose a fine or penalties  
204 upon a controlling interest or licensee who has an  
205 interest in more than one provider and who fails to  
206 license a provider rendering services that require  
207 licensure in certain circumstances; amending s.  
208 408.820, F.S.; deleting certain exemptions from part  
209 II of ch. 408, F.S., for specified providers, to  
210 conform provisions to changes made by the act;  
211 conforming a cross-reference; amending s. 409.907,  
212 F.S.; removing the agency's authority to consider  
213 certain factors in determining whether to enter into,  
214 and in maintaining, a Medicaid provider agreement;  
215 amending s. 429.02, F.S.; revising definitions of the  
216 terms "assisted living facility" and "personal  
217 services"; amending s. 429.04, F.S.; providing  
218 additional exemptions from licensure as an assisted  
219 living facility; requiring a person or entity  
220 asserting the exemption to provide documentation that  
221 substantiates the claim upon agency investigation of  
222 unlicensed activity; amending s. 429.08, F.S.;

223 providing criminal penalties and fines for a person  
224 who rents or otherwise maintains a building or  
225 property used as an unlicensed assisted living



226 facility; providing criminal penalties and fines for a  
227 person who owns, operates, or maintains an unlicensed  
228 assisted living facility after receiving notice from  
229 the agency; amending s. 429.176, F.S.; prohibiting an  
230 assisted living facility from operating for more than  
231 a specified time without an administrator who has  
232 completed certain educational requirements; amending  
233 s. 429.24, F.S.; providing that 30-day written notice  
234 of rate increase for residency in an assisted living  
235 facility is not required in certain situations;  
236 amending s. 429.28, F.S.; revising the assisted living  
237 facility resident bill of rights to include assistance  
238 with obtaining access to adequate and appropriate  
239 health care; defining the term "adequate and  
240 appropriate health care"; deleting a requirement that  
241 the agency conduct at least one monitoring visit under  
242 certain circumstances; deleting provisions authorizing  
243 the agency to conduct periodic followup inspections  
244 and complaint investigations under certain  
245 circumstances; amending s. 429.294, F.S.; deleting the  
246 specified timeframe within which an assisted living  
247 facility must provide complete copies of a resident's  
248 records in an investigation of resident's rights;  
249 amending s. 429.34, F.S.; authorizing the agency to  
250 inspect and investigate assisted living facilities as



251 necessary to determine compliance with certain laws;  
252 removing a provision requiring the agency to inspect  
253 each licensed assisted living facility at least  
254 biennially; authorizing the agency to conduct  
255 monitoring visits of each facility cited for prior  
256 violations under certain circumstances; amending s.  
257 429.52, F.S.; requiring an assisted living facility  
258 administrator to complete required training and  
259 education within a specified timeframe; amending s.  
260 435.04, F.S.; providing that security background  
261 investigations must ensure that a person has not been  
262 arrested for, and is not awaiting final disposition  
263 of, certain offenses; requiring that security  
264 background investigations for purposes of  
265 participation in the Medicaid program screen for  
266 violations of federal or state law, rule, or  
267 regulation governing any state Medicaid program, the  
268 Medicare program, or any other publicly funded federal  
269 or state health care or health insurance program;  
270 specifying offenses under federal law or any state law  
271 that the security background investigations must  
272 screen for; amending s. 456.054, F.S.; prohibiting any  
273 person or entity from paying or receiving a kickback  
274 for referring patients to a clinical laboratory;  
275 prohibiting a clinical laboratory from providing



276 personnel to perform certain functions or duties in a  
277 health care practitioner's office or dialysis  
278 facility; providing an exception; prohibiting a  
279 clinical laboratory from leasing space in any part of  
280 a health care practitioner's office or dialysis  
281 facility; repealing part I of ch. 483, F.S., relating  
282 to clinical laboratories; amending s. 483.294, F.S.;  
283 removing a requirement that the agency inspect  
284 multiphasic health testing centers at least once  
285 annually; amending s. 483.801, F.S.; providing an  
286 exemption from regulation for certain persons employed  
287 by certain laboratories; amending s. 483.803, F.S.;  
288 revising definitions of the terms "clinical  
289 laboratory" and "clinical laboratory examination";  
290 removing a cross-reference; amending s. 641.511, F.S.;  
291 revising health maintenance organization subscriber  
292 grievance reporting requirements; repealing s. 641.60,  
293 F.S., relating to the Statewide Managed Care Ombudsman  
294 Committee; repealing s. 641.65, F.S., relating to  
295 district managed care ombudsman committees; repealing  
296 s. 641.67, F.S., relating to a district managed care  
297 ombudsman committee, exemption from public records  
298 requirements, and exceptions; repealing s. 641.68,  
299 F.S., relating to a district managed care ombudsman  
300 committee and exemption from public meeting



301 requirements; repealing s. 641.70, F.S., relating to  
 302 agency duties relating to the Statewide Managed Care  
 303 Ombudsman Committee and the district managed care  
 304 ombudsman committees; repealing s. 641.75, F.S.,  
 305 relating to immunity from liability and limitation on  
 306 testimony; amending s. 945.36, F.S.; authorizing law  
 307 enforcement personnel to conduct drug tests on certain  
 308 inmates and releasees; amending ss. 20.43, 220.1845,  
 309 376.30781, 376.86, 381.0034, 381.0405, 383.14, 383.30,  
 310 383.301, 383.302, 383.305, 383.309, 383.33, 385.211,  
 311 394.4787, 395.001, 395.003, 395.7015, 400.9905,  
 312 408.033, 408.802, 409.9116, 409.975, 429.19, 456.001,  
 313 456.057, 456.076, 458.307, 458.345, 459.021, 483.285,  
 314 483.813, 483.823, 491.003, 627.351, 627.602, 627.6406,  
 315 627.64194, 627.6513, 627.6574, 641.185, 641.31,  
 316 641.312, 641.3154, 641.51, 641.515, 641.55, 766.118,  
 317 766.202, 1009.65, and 1011.52, F.S.; conforming  
 318 provisions to changes made by the act; providing an  
 319 effective date.

320

321 Be It Enacted by the Legislature of the State of Florida:

322

323 Section 1. Paragraph (c) of subsection (4) of section  
 324 381.915, Florida Statutes, is amended to read:

325 381.915 Florida Consortium of National Cancer Institute



326 Centers Program.—

327 (4) Tier designations and corresponding weights within the  
328 Florida Consortium of National Cancer Institute Centers Program  
329 are as follows:

330 (c) Tier 3: Florida-based cancer centers seeking  
331 designation as either a NCI-designated cancer center or NCI-  
332 designated comprehensive cancer center, which shall be weighted  
333 at 1.0.

334 1. A cancer center shall meet the following minimum  
335 criteria to be considered eligible for Tier 3 designation in any  
336 given fiscal year:

337 a. Conducting cancer-related basic scientific research and  
338 cancer-related population scientific research;

339 b. Offering and providing the full range of diagnostic and  
340 treatment services on site, as determined by the Commission on  
341 Cancer of the American College of Surgeons;

342 c. Hosting or conducting cancer-related interventional  
343 clinical trials that are registered with the NCI's Clinical  
344 Trials Reporting Program;

345 d. Offering degree-granting programs or affiliating with  
346 universities through degree-granting programs accredited or  
347 approved by a nationally recognized agency and offered through  
348 the center or through the center in conjunction with another  
349 institution accredited by the Commission on Colleges of the  
350 Southern Association of Colleges and Schools;



351 e. Providing training to clinical trainees, medical  
352 trainees accredited by the Accreditation Council for Graduate  
353 Medical Education or the American Osteopathic Association, and  
354 postdoctoral fellows recently awarded a doctorate degree; and

355 f. Having more than \$5 million in annual direct costs  
356 associated with their total NCI peer-reviewed grant funding.

357 2. The General Appropriations Act or accompanying  
358 legislation may limit the number of cancer centers which shall  
359 receive Tier 3 designations or provide additional criteria for  
360 such designation.

361 3. A cancer center's participation in Tier 3 shall be  
362 limited to 6 ~~5~~ years.

363 4. A cancer center that qualifies as a designated Tier 3  
364 center under the criteria provided in subparagraph 1. by July 1,  
365 2014, is authorized to pursue NCI designation as a cancer center  
366 or a comprehensive cancer center for 6 ~~5~~ years after  
367 qualification.

368 Section 2. Paragraph (g) of subsection (3) of section  
369 20.43, Florida Statutes, is amended to read:

370 20.43 Department of Health.—There is created a Department  
371 of Health.

372 (3) The following divisions of the Department of Health  
373 are established:

374 (g) Division of Medical Quality Assurance, which is  
375 responsible for the following boards and professions established



376 within the division:

- 377       1. The Board of Acupuncture, created under chapter 457.
- 378       2. The Board of Medicine, created under chapter 458.
- 379       3. The Board of Osteopathic Medicine, created under  
380 chapter 459.
- 381       4. The Board of Chiropractic Medicine, created under  
382 chapter 460.
- 383       5. The Board of Podiatric Medicine, created under chapter  
384 461.
- 385       6. Naturopathy, as provided under chapter 462.
- 386       7. The Board of Optometry, created under chapter 463.
- 387       8. The Board of Nursing, created under part I of chapter  
388 464.
- 389       9. Nursing assistants, as provided under part II of  
390 chapter 464.
- 391       10. The Board of Pharmacy, created under chapter 465.
- 392       11. The Board of Dentistry, created under chapter 466.
- 393       12. Midwifery, as provided under chapter 467.
- 394       13. The Board of Speech-Language Pathology and Audiology,  
395 created under part I of chapter 468.
- 396       14. The Board of Nursing Home Administrators, created  
397 under part II of chapter 468.
- 398       15. The Board of Occupational Therapy, created under part  
399 III of chapter 468.
- 400       16. Respiratory therapy, as provided under part V of





401 chapter 468.

402 17. Dietetics and nutrition practice, as provided under

403 part X of chapter 468.

404 18. The Board of Athletic Training, created under part

405 XIII of chapter 468.

406 19. The Board of Orthotists and Prosthetists, created

407 under part XIV of chapter 468.

408 20. Electrolysis, as provided under chapter 478.

409 21. The Board of Massage Therapy, created under chapter

410 480.

411 22. The Board of Clinical Laboratory Personnel, created

412 under part II ~~III~~ of chapter 483.

413 23. Medical physicists, as provided under part III ~~IV~~ of

414 chapter 483.

415 24. The Board of Opticianry, created under part I of

416 chapter 484.

417 25. The Board of Hearing Aid Specialists, created under

418 part II of chapter 484.

419 26. The Board of Physical Therapy Practice, created under

420 chapter 486.

421 27. The Board of Psychology, created under chapter 490.

422 28. School psychologists, as provided under chapter 490.

423 29. The Board of Clinical Social Work, Marriage and Family

424 Therapy, and Mental Health Counseling, created under chapter

425 491.



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

428           Section 3. Section 154.13, Florida Statutes, is created to  
429 read:

430           154.13 Designated facilities; jurisdiction.—Any designated  
431 facility owned or operated by a public health trust and located  
432 within the boundaries of a municipality is under the exclusive  
433 jurisdiction of the county creating the public health trust and  
434 is not within the jurisdiction of the municipality.

435           Section 4. Paragraph (k) of subsection (2) of section  
436 220.1845, Florida Statutes, is amended to read:

437           220.1845 Contaminated site rehabilitation tax credit.—

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

439           (k) In order to encourage the construction and operation  
440 of a new health care facility as defined in s. 408.032 or s.  
441 408.07, or a health care provider as defined in s. 408.07 ~~or s.~~  
442 ~~408.7056~~, on a brownfield site, an applicant for a tax credit  
443 may claim an additional 25 percent of the total site  
444 rehabilitation costs, not to exceed \$500,000, if the applicant  
445 meets the requirements of this paragraph. In order to receive  
446 this additional tax credit, the applicant must provide  
447 documentation indicating that the construction of the health  
448 care facility or health care provider by the applicant on the  
449 brownfield site has received a certificate of occupancy or a  
450 license or certificate has been issued for the operation of the



451 health care facility or health care provider.

452 Section 5. Paragraph (f) of subsection (3) of section  
453 376.30781, Florida Statutes, is amended to read:

454 376.30781 Tax credits for rehabilitation of drycleaning-  
455 solvent-contaminated sites and brownfield sites in designated  
456 brownfield areas; application process; rulemaking authority;  
457 revocation authority.—

458 (3)

459 (f) In order to encourage the construction and operation  
460 of a new health care facility or a health care provider, as  
461 defined in s. 408.032 or, s. 408.07, ~~or s. 408.7056~~, on a  
462 brownfield site, an applicant for a tax credit may claim an  
463 additional 25 percent of the total site rehabilitation costs,  
464 not to exceed \$500,000, if the applicant meets the requirements  
465 of this paragraph. In order to receive this additional tax  
466 credit, the applicant must provide documentation indicating that  
467 the construction of the health care facility or health care  
468 provider by the applicant on the brownfield site has received a  
469 certificate of occupancy or a license or certificate has been  
470 issued for the operation of the health care facility or health  
471 care provider.

472 Section 6. Subsection (1) of section 376.86, Florida  
473 Statutes, is amended to read:

474 376.86 Brownfield Areas Loan Guarantee Program.—

475 (1) The Brownfield Areas Loan Guarantee Council is created



476 to review and approve or deny, by a majority vote of its  
477 membership, the situations and circumstances for participation  
478 in partnerships by agreements with local governments, financial  
479 institutions, and others associated with the redevelopment of  
480 brownfield areas pursuant to the Brownfields Redevelopment Act  
481 for a limited state guaranty of up to 5 years of loan guarantees  
482 or loan loss reserves issued pursuant to law. The limited state  
483 loan guaranty applies only to 50 percent of the primary lenders  
484 loans for redevelopment projects in brownfield areas. If the  
485 redevelopment project is for affordable housing, as defined in  
486 s. 420.0004, in a brownfield area, the limited state loan  
487 guaranty applies to 75 percent of the primary lender's loan. If  
488 the redevelopment project includes the construction and  
489 operation of a new health care facility or a health care  
490 provider, as defined in s. 408.032 or s. 408.07, ~~or s.~~  
491 ~~408.7056,~~ on a brownfield site and the applicant has obtained  
492 documentation in accordance with s. 376.30781 indicating that  
493 the construction of the health care facility or health care  
494 provider by the applicant on the brownfield site has received a  
495 certificate of occupancy or a license or certificate has been  
496 issued for the operation of the health care facility or health  
497 care provider, the limited state loan guaranty applies to 75  
498 percent of the primary lender's loan. A limited state guaranty  
499 of private loans or a loan loss reserve is authorized for  
500 lenders licensed to operate in the state upon a determination by



501 the council that such an arrangement would be in the public  
502 interest and the likelihood of the success of the loan is great.

503 Section 7. Subsection (2) of section 381.0031, Florida  
504 Statutes, is amended to read:

505 381.0031 Epidemiological research; report of diseases of  
506 public health significance to department.—

507 (2) Any practitioner licensed in this state to practice  
508 medicine, osteopathic medicine, chiropractic medicine,  
509 naturopathy, or veterinary medicine; any hospital licensed under  
510 part I of chapter 395; or any laboratory appropriately certified  
511 by the Centers for Medicare and Medicaid Services under the  
512 federal Clinical Laboratory Improvement Amendments and the  
513 federal rules adopted thereunder which ~~licensed under chapter~~  
514 ~~483 that~~ diagnoses or suspects the existence of a disease of  
515 public health significance shall immediately report the fact to  
516 the Department of Health.

517 Section 8. Subsection (3) of section 381.0034, Florida  
518 Statutes, is amended to read:

519 381.0034 Requirement for instruction on HIV and AIDS.—

520 (3) The department shall require, as a condition of  
521 granting a license under chapter 467 or part II ~~III~~ of chapter  
522 483, that an applicant making initial application for licensure  
523 complete an educational course acceptable to the department on  
524 human immunodeficiency virus and acquired immune deficiency  
525 syndrome. Upon submission of an affidavit showing good cause, an



526 applicant who has not taken a course at the time of licensure  
527 shall be allowed 6 months to complete this requirement.

528 Section 9. Paragraph (c) of subsection (4) of section  
529 381.004, Florida Statutes, is amended to read:

530 381.004 HIV testing.—

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

540 (c) The program shall have all laboratory procedures  
541 performed in a laboratory appropriately certified by the Centers  
542 for Medicare and Medicaid Services under the federal Clinical  
543 Laboratory Improvement Amendments and the federal rules adopted  
544 thereunder ~~licensed under the provisions of chapter 483.~~

545 Section 10. Paragraph (f) of subsection (4) of section  
546 381.0405, Florida Statutes, is amended to read:

547 381.0405 Office of Rural Health.—

548 (4) COORDINATION.—The office shall:

549 (f) Assume responsibility for state coordination of the  
550 Rural Hospital Transition Grant Program, ~~the Essential Access~~



551 ~~Community Hospital Program,~~ and other federal rural health care  
552 programs.

553 Section 11. Paragraph (a) of subsection (2) of section  
554 383.14, Florida Statutes, is amended to read:

555 383.14 Screening for metabolic disorders, other hereditary  
556 and congenital disorders, and environmental risk factors.—

557 (2) RULES.—

558 (a) After consultation with the Genetics and Newborn  
559 Screening Advisory Council, the department shall adopt and  
560 enforce rules requiring that every newborn in this state shall:

561 1. Before becoming 1 week of age, be subjected to a test  
562 for phenylketonuria;

563 2. Be tested for any condition included on the federal  
564 Recommended Uniform Screening Panel which the council advises  
565 the department should be included under the state's screening  
566 program. After the council recommends that a condition be  
567 included, the department shall submit a legislative budget  
568 request to seek an appropriation to add testing of the condition  
569 to the newborn screening program. The department shall expand  
570 statewide screening of newborns to include screening for such  
571 conditions within 18 months after the council renders such  
572 advice, if a test approved by the United States Food and Drug  
573 Administration or a test offered by an alternative vendor ~~which~~  
574 ~~is compatible with the clinical standards established under part~~  
575 ~~I of chapter 483~~ is available. If such a test is not available



576 within 18 months after the council makes its recommendation, the  
577 department shall implement such screening as soon as a test  
578 offered by the United States Food and Drug Administration or by  
579 an alternative vendor is available; and

580 3. At the appropriate age, be tested for such other  
581 metabolic diseases and hereditary or congenital disorders as the  
582 department may deem necessary from time to time.

583 Section 12. Section 383.30, Florida Statutes, is amended  
584 to read:

585 383.30 Birth Center Licensure Act; short title.—Sections  
586 383.30-383.332 ~~383.30-383.335~~ shall be known and may be cited as  
587 the "Birth Center Licensure Act."

588 Section 13. Section 383.301, Florida Statutes, is amended  
589 to read:

590 383.301 Licensure and regulation of birth centers;  
591 legislative intent.—It is the intent of the Legislature to  
592 provide for the protection of public health and safety in the  
593 establishment, maintenance, and operation of birth centers by  
594 providing for licensure of birth centers and for the  
595 development, establishment, and enforcement of minimum standards  
596 with respect to birth centers. The requirements of part II of  
597 chapter 408 shall apply to the provision of services that  
598 require licensure pursuant to ss. 383.30-383.332 ~~383.30-383.335~~  
599 and part II of chapter 408 and to entities licensed by or  
600 applying for such licensure from the Agency for Health Care





601 Administration pursuant to ss. 383.30-383.332 ~~383.30-383.335~~. A  
602 license issued by the agency is required in order to operate a  
603 birth center in this state.

604 Section 14. Section 383.302, Florida Statutes, is amended  
605 to read:

606 383.302 Definitions of terms used in ss. 383.30-383.332  
607 ~~383.30-383.335~~.—As used in ss. 383.30-383.332 ~~383.30-383.335~~,  
608 the term:

609 (1) "Agency" means the Agency for Health Care  
610 Administration.

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

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

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

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

624 (b) Has hospital obstetrical privileges.

625 (5) "Governing body" means any individual, group,



626 corporation, or institution which is responsible for the overall  
627 operation and maintenance of a birth center.

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

631 (7) "Licensed facility" means a facility licensed in  
632 accordance with s. 383.305.

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

637 (9) "Person" means any individual, firm, partnership,  
638 corporation, company, association, institution, or joint stock  
639 association and means any legal successor of any of the  
640 foregoing.

641 (10) "Premises" means those buildings, beds, and  
642 facilities located at the main address of the licensee and all  
643 other buildings, beds, and facilities for the provision of  
644 maternity care located in such reasonable proximity to the main  
645 address of the licensee as to appear to the public to be under  
646 the dominion and control of the licensee.

647 Section 15. Subsection (1) of section 383.305, Florida  
648 Statutes, is amended to read:

649 383.305 Licensure; fees.—

650 (1) In accordance with s. 408.805, an applicant or a



651 licensee shall pay a fee for each license application submitted  
652 under ss. 383.30-383.332 ~~383.30-383.335~~ and part II of chapter  
653 408. The amount of the fee shall be established by rule.

654 Section 16. Subsection (1) of section 383.309, Florida  
655 Statutes, is amended to read:

656 383.309 Minimum standards for birth centers; rules and  
657 enforcement.—

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

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

665 (b) Infection control, housekeeping, sanitary conditions,  
666 disaster plan, and medical record procedures that will  
667 adequately protect patient care and provide safety are  
668 established and implemented.

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

671 Section 17. Subsection (1) of section 383.313, Florida  
672 Statutes, is amended to read:

673 383.313 Performance of laboratory and surgical services;  
674 use of anesthetic and chemical agents.—

675 (1) LABORATORY SERVICES.—A birth center may collect



676 specimens for those tests that are requested under protocol. A  
677 birth center must obtain and continuously maintain certification  
678 by the Centers for Medicare and Medicaid Services under the  
679 federal Clinical Laboratory Improvement Amendments and the  
680 federal rules adopted thereunder in order to may perform ~~simple~~  
681 laboratory tests specified, ~~as defined~~ by rule of the agency,  
682 and which are appropriate to meet the needs of the patient is  
683 ~~exempt from the requirements of chapter 483, provided no more~~  
684 ~~than five physicians are employed by the birth center and~~  
685 ~~testing is conducted exclusively in connection with the~~  
686 ~~diagnosis and treatment of clients of the birth center.~~

687 Section 18. Subsection (1) and paragraph (a) of subsection  
688 (2) of section 383.33, Florida Statutes, are amended to read:

689 383.33 Administrative penalties; moratorium on  
690 admissions.—

691 (1) In addition to the requirements of part II of chapter  
692 408, the agency may impose an administrative fine not to exceed  
693 \$500 per violation per day for the violation of any provision of  
694 ss. 383.30-383.332 ~~383.30-383.335~~, part II of chapter 408, or  
695 applicable rules.

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

699 (a) The severity of the violation, including the  
700 probability that death or serious harm to the health or safety



701 of any person will result or has resulted; the severity of the  
702 actual or potential harm; and the extent to which ~~the provisions~~  
703 ~~of~~ ss. 383.30-383.332 ~~383.30-383.335~~, part II of chapter 408, or  
704 applicable rules were violated.

705 Section 19. Section 383.335, Florida Statutes, is  
706 repealed.

707 Section 20. Section 384.31, Florida Statutes, is amended  
708 to read:

709 384.31 Testing of pregnant women; duty of the attendant.-  
710 Every person, including every physician licensed under chapter  
711 458 or chapter 459 or midwife licensed under part I of chapter  
712 464 or chapter 467, attending a pregnant woman for conditions  
713 relating to pregnancy during the period of gestation and  
714 delivery shall cause the woman to be tested for sexually  
715 transmissible diseases, including HIV, as specified by  
716 department rule. Testing shall be performed by a laboratory  
717 appropriately certified by the Centers for Medicare and Medicaid  
718 Services under the federal Clinical Laboratory Improvement  
719 Amendments and the federal rules adopted thereunder ~~approved~~ for  
720 such purposes ~~under part I of chapter 483~~. The woman shall be  
721 informed of the tests that will be conducted and of her right to  
722 refuse testing. If a woman objects to testing, a written  
723 statement of objection, signed by the woman, shall be placed in  
724 the woman's medical record and no testing shall occur.

725 Section 21. Subsection (2) of section 385.211, Florida



726 Statutes, is amended to read:

727       385.211 Refractory and intractable epilepsy treatment and  
728 research at recognized medical centers.—

729       (2) Notwithstanding chapter 893, medical centers  
730 recognized pursuant to s. 381.925, or an academic medical  
731 research institution legally affiliated with a licensed  
732 children's specialty hospital as defined in s. 395.002(27) ~~s.~~  
733 ~~395.002(28)~~ that contracts with the Department of Health, may  
734 conduct research on cannabidiol and low-THC cannabis. This  
735 research may include, but is not limited to, the agricultural  
736 development, production, clinical research, and use of liquid  
737 medical derivatives of cannabidiol and low-THC cannabis for the  
738 treatment for refractory or intractable epilepsy. The authority  
739 for recognized medical centers to conduct this research is  
740 derived from 21 C.F.R. parts 312 and 316. Current state or  
741 privately obtained research funds may be used to support the  
742 activities described in this section.

743       Section 22. Subsection (7) of section 394.4787, Florida  
744 Statutes, is amended to read:

745       394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,  
746 and 394.4789.—As used in this section and ss. 394.4786,  
747 394.4788, and 394.4789:

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



751 Section 23. Section 395.001, Florida Statutes, is amended  
752 to read:

753 395.001 Legislative intent.—It is the intent of the  
754 Legislature to provide for the protection of public health and  
755 safety in the establishment, construction, maintenance, and  
756 operation of hospitals and ambulatory surgical centers, ~~and~~  
757 ~~mobile surgical facilities~~ by providing for licensure of same  
758 and for the development, establishment, and enforcement of  
759 minimum standards with respect thereto.

760 Section 24. Subsections (22) through (33) of section  
761 395.002, Florida Statutes, are renumbered as subsections (21)  
762 through (32), respectively, and subsections (3) and (16) and  
763 present subsections (21) and (23) of that section are amended,  
764 to read:

765 395.002 Definitions.—As used in this chapter:

766 (3) "Ambulatory surgical center" ~~or "mobile surgical~~  
767 ~~facility"~~ means a facility the primary purpose of which is to  
768 provide elective surgical care, in which the patient is admitted  
769 to and discharged from such facility within 24 hours ~~the same~~  
770 ~~working day and is not permitted to stay overnight~~, and which is  
771 not part of a hospital. However, a facility existing for the  
772 primary purpose of performing terminations of pregnancy, an  
773 office maintained by a physician for the practice of medicine,  
774 or an office maintained for the practice of dentistry may ~~shall~~  
775 not be construed to be an ambulatory surgical center, provided



776 that any facility or office which is certified or seeks  
777 certification as a Medicare ambulatory surgical center shall be  
778 licensed as an ambulatory surgical center pursuant to s.  
779 395.003. ~~Any structure or vehicle in which a physician maintains~~  
780 ~~an office and practices surgery, and which can appear to the~~  
781 ~~public to be a mobile office because the structure or vehicle~~  
782 ~~operates at more than one address, shall be construed to be a~~  
783 ~~mobile surgical facility.~~

784 (16) "Licensed facility" means a hospital or, ambulatory  
785 surgical center, ~~or mobile surgical facility~~ licensed in  
786 accordance with this chapter.

787 ~~(21) "Mobile surgical facility" is a mobile facility in~~  
788 ~~which licensed health care professionals provide elective~~  
789 ~~surgical care under contract with the Department of Corrections~~  
790 ~~or a private correctional facility operating pursuant to chapter~~  
791 ~~957 and in which inmate patients are admitted to and discharged~~  
792 ~~from said facility within the same working day and are not~~  
793 ~~permitted to stay overnight. However, mobile surgical facilities~~  
794 ~~may only provide health care services to the inmate patients of~~  
795 ~~the Department of Corrections, or inmate patients of a private~~  
796 ~~correctional facility operating pursuant to chapter 957, and not~~  
797 ~~to the general public.~~

798 (22) ~~(23)~~ "Premises" means those buildings, beds, and  
799 equipment located at the address of the licensed facility and  
800 all other buildings, beds, and equipment for the provision of





801 hospital or, ambulatory surgical, ~~or mobile surgical~~ care  
802 located in such reasonable proximity to the address of the  
803 licensed facility as to appear to the public to be under the  
804 dominion and control of the licensee. For any licensee that is a  
805 teaching hospital as defined in s. 408.07 ~~s. 408.07(45)~~,  
806 reasonable proximity includes any buildings, beds, services,  
807 programs, and equipment under the dominion and control of the  
808 licensee that are located at a site with a main address that is  
809 within 1 mile of the main address of the licensed facility; and  
810 all such buildings, beds, and equipment may, at the request of a  
811 licensee or applicant, be included on the facility license as a  
812 single premises.

813 Section 25. Paragraphs (a) and (b) of subsection (1),  
814 paragraph (b) of subsection (2), and paragraph (b) of subsection  
815 (6) of section 395.003, Florida Statutes, are amended to read:

816 395.003 Licensure; denial, suspension, and revocation.—

817 (1)(a) The requirements of part II of chapter 408 apply to  
818 the provision of services that require licensure pursuant to ss.  
819 395.001-395.1065 and part II of chapter 408 and to entities  
820 licensed by or applying for such licensure from the Agency for  
821 Health Care Administration pursuant to ss. 395.001-395.1065. A  
822 license issued by the agency is required in order to operate a  
823 hospital or, ambulatory surgical center, ~~or mobile surgical~~  
824 ~~facility~~ in this state.

825 (b)1. It is unlawful for a person to use or advertise to



826 | the public, in any way or by any medium whatsoever, any facility  
827 | as a "hospital," or "ambulatory surgical center," ~~or "mobile~~  
828 | ~~surgical facility"~~ unless such facility has first secured a  
829 | license under ~~the provisions of~~ this part.

830 |         2. This part does not apply to veterinary hospitals or to  
831 | commercial business establishments using the word "hospital," or  
832 | "ambulatory surgical center," ~~or "mobile surgical facility"~~ as a  
833 | part of a trade name if no treatment of human beings is  
834 | performed on the premises of such establishments.

835 |             (2)

836 |             (b) The agency shall, at the request of a licensee that is  
837 | a teaching hospital as defined in s. 408.07 ~~s. 408.07(45)~~, issue  
838 | a single license to a licensee for facilities that have been  
839 | previously licensed as separate premises, provided such  
840 | separately licensed facilities, taken together, constitute the  
841 | same premises as defined in s. 395.002 ~~s. 395.002(23)~~. Such  
842 | license for the single premises shall include all of the beds,  
843 | services, and programs that were previously included on the  
844 | licenses for the separate premises. The granting of a single  
845 | license under this paragraph may ~~shall~~ not in any manner reduce  
846 | the number of beds, services, or programs operated by the  
847 | licensee.

848 |             (6)

849 |             (b) A specialty-licensed children's hospital that has  
850 | licensed neonatal intensive care unit beds and is located in



851 District 5 or District 11, as defined in s. 408.032, as of  
852 January 1, 2018, a county with a population of 1,750,000 or more  
853 may provide obstetrical services, in accordance with the  
854 pertinent guidelines promulgated by the American College of  
855 Obstetricians and Gynecologists and with verification of  
856 guidelines and compliance with internal safety standards by the  
857 Voluntary Review for Quality of Care Program of the American  
858 College of Obstetricians and Gynecologists and in compliance  
859 with the agency's rules pertaining to the obstetrical department  
860 in a hospital and offer healthy mothers all necessary critical  
861 care equipment, services, and the capability of providing up to  
862 10 beds for labor and delivery care, which services are  
863 restricted to the diagnosis, care, and treatment of pregnant  
864 women of any age who have documentation by an examining  
865 physician that includes information regarding:

866 1. At least one fetal characteristic or condition  
867 diagnosed intra-utero that would characterize the pregnancy or  
868 delivery as high risk including structural abnormalities of the  
869 digestive, central nervous, and cardiovascular systems and  
870 disorders of genetic malformations and skeletal dysplasia, acute  
871 metabolic emergencies, and babies of mothers with rheumatologic  
872 disorders; or

873 2. Medical advice or a diagnosis indicating that the fetus  
874 may require at least one perinatal intervention.

875



876 This paragraph shall not preclude a specialty-licensed  
877 children's hospital from complying with s. 395.1041 or the  
878 Emergency Medical Treatment and Active Labor Act, 42 U.S.C.  
879 1395dd.

880 Section 26. Subsection (1) of section 395.009, Florida  
881 Statutes, is amended to read:

882 395.009 Minimum standards for clinical laboratory test  
883 results and diagnostic X-ray results; prerequisite for issuance  
884 or renewal of license.—

885 (1) As a requirement for issuance or renewal of its  
886 license, each licensed facility shall require that all clinical  
887 laboratory tests performed by or for the licensed facility be  
888 performed by a clinical laboratory appropriately certified by  
889 the Centers for Medicare and Medicaid Services under the federal  
890 Clinical Laboratory Improvement Amendments and the federal rules  
891 adopted thereunder ~~licensed under the provisions of chapter 483.~~

892 Section 27. Section 395.0091, Florida Statutes, is created  
893 to read:

894 395.0091 Alternate-site testing.—The agency, in  
895 consultation with the Board of Clinical Laboratory Personnel,  
896 shall adopt by rule the criteria for alternate-site testing to  
897 be performed under the supervision of a clinical laboratory  
898 director. At a minimum, the criteria must address hospital  
899 internal needs assessment; a protocol for implementation,  
900 including the identification of tests to be performed and who



901 will perform them; selection of the method of testing to be used  
902 for alternate-site testing; minimum training and education  
903 requirements for those who will perform alternate-site testing,  
904 such as documented training, licensure, certification, or other  
905 medical professional background not limited to laboratory  
906 professionals; documented inservice training and initial and  
907 ongoing competency validation; an appropriate internal and  
908 external quality control protocol; an internal mechanism for the  
909 central laboratory to identify and track alternate-site testing;  
910 and recordkeeping requirements. Alternate-site testing locations  
911 must register when the hospital applies to renew its license.  
912 For purposes of this section, the term "alternate-site testing"  
913 includes any laboratory testing done under the administrative  
914 control of a hospital, but performed out of the physical or  
915 administrative confines of the central laboratory.

916 Section 28. Paragraph (f) of subsection (1) of section  
917 395.0161, Florida Statutes, is amended to read:

918 395.0161 Licensure inspection.—

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

922 ~~(f) Inspections of mobile surgical facilities at each time~~  
923 ~~a facility establishes a new location, prior to the admission of~~  
924 ~~patients. However, such inspections shall not be required when a~~  
925 ~~mobile surgical facility is moved temporarily to a location~~



926 ~~where medical treatment will not be provided.~~

927 Section 29. Subsection (3) of section 395.0163, Florida  
928 Statutes, is amended to read:

929 395.0163 Construction inspections; plan submission and  
930 approval; fees.—

931 ~~(3) In addition to the requirements of s. 408.811, the~~  
932 ~~agency shall inspect a mobile surgical facility at initial~~  
933 ~~licensure and at each time the facility establishes a new~~  
934 ~~location, prior to admission of patients. However, such~~  
935 ~~inspections shall not be required when a mobile surgical~~  
936 ~~facility is moved temporarily to a location where medical~~  
937 ~~treatment will not be provided.~~

938 Section 30. Subsection (2), paragraph (c) of subsection  
939 (6), and subsections (16) and (17) of section 395.0197, Florida  
940 Statutes, are amended to read:

941 395.0197 Internal risk management program.—

942 (2) The internal risk management program is the  
943 responsibility of the governing board of the health care  
944 facility. Each licensed facility shall hire a risk manager,  
945 ~~licensed under s. 395.10974,~~ who is responsible for  
946 implementation and oversight of the such facility's internal  
947 risk management program and who demonstrates competence, through  
948 education or experience, in all of the following areas:

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

950 (b) Applicable federal, state, and local health and safety



951 laws and rules.

952 (c) General risk management administration.

953 (d) Patient care.

954 (e) Medical care.

955 (f) Personal and social care.

956 (g) Accident prevention.

957 (h) Departmental organization and management.

958 (i) Community interrelationships.

959 (j) Medical terminology as required by this section. A  
 960 ~~risk manager must not be made responsible for more than four~~  
 961 ~~internal risk management programs in separate licensed~~  
 962 ~~facilities, unless the facilities are under one corporate~~  
 963 ~~ownership or the risk management programs are in rural~~  
 964 ~~hospitals.~~

965 (6)

966 (c) The report submitted to the agency must ~~shall~~ also  
 967 contain the name ~~and license number~~ of the risk manager of the  
 968 licensed facility, a copy of its policy and procedures which  
 969 govern the measures taken by the facility and its risk manager  
 970 to reduce the risk of injuries and adverse incidents, and the  
 971 results of such measures. The annual report is confidential and  
 972 is not available to the public pursuant to s. 119.07(1) or any  
 973 other law providing access to public records. The annual report  
 974 is not discoverable or admissible in any civil or administrative  
 975 action, except in disciplinary proceedings by the agency or the



976 appropriate regulatory board. The annual report is not available  
977 to the public as part of the record of investigation for and  
978 prosecution in disciplinary proceedings made available to the  
979 public by the agency or the appropriate regulatory board.  
980 However, the agency or the appropriate regulatory board shall  
981 make available, upon written request by a health care  
982 professional against whom probable cause has been found, any  
983 such records which form the basis of the determination of  
984 probable cause.

985 (16) There shall be no monetary liability on the part of,  
986 and no cause of action for damages shall arise against, any risk  
987 manager, ~~licensed under s. 395.10974,~~ for the implementation and  
988 oversight of the internal risk management program in a facility  
989 licensed under this chapter or chapter 390 as required by this  
990 section, for any act or proceeding undertaken or performed  
991 within the scope of the functions of such internal risk  
992 management program if the risk manager acts without intentional  
993 fraud.

994 (17) A privilege against civil liability is hereby granted  
995 to any ~~licensed~~ risk manager or licensed facility with regard to  
996 information furnished pursuant to this chapter, unless the  
997 ~~licensed~~ risk manager or facility acted in bad faith or with  
998 malice in providing such information.

999 Section 31. Section 395.1046, Florida Statutes, is  
1000 repealed.





1001 Section 32. Subsection (10) of section 395.1055, Florida  
1002 Statutes, is renumbered as subsection (12), subsections (2),  
1003 (3), and (9) are amended, paragraph (i) is added to subsection  
1004 (1), and new subsections (10) and (11) are added to that  
1005 section, to read:

1006 395.1055 Rules and enforcement.—

1007 (1) The agency shall adopt rules pursuant to ss.  
1008 120.536(1) and 120.54 to implement the provisions of this part,  
1009 which shall include reasonable and fair minimum standards for  
1010 ensuring that:

1011 (i) All hospitals providing organ transplantation,  
1012 neonatal intensive care services, inpatient psychiatric  
1013 services, inpatient substance abuse services, or comprehensive  
1014 medical rehabilitation meet the minimum licensure requirements  
1015 adopted by the agency. Such licensure requirements must include  
1016 quality of care, nurse staffing, physician staffing, physical  
1017 plant, equipment, emergency transportation, and data reporting  
1018 standards.

1019 (2) Separate standards may be provided for general and  
1020 specialty hospitals, ambulatory surgical centers, ~~mobile~~  
1021 ~~surgical facilities,~~ and statutory rural hospitals as defined in  
1022 s. 395.602.

1023 (3) The agency shall adopt rules with respect to the care  
1024 and treatment of patients residing in distinct part nursing  
1025 units of hospitals which are certified for participation in



1026 Title XVIII (Medicare) and Title XIX (Medicaid) of the Social  
1027 Security Act skilled nursing facility program. Such rules shall  
1028 take into account the types of patients treated in hospital  
1029 skilled nursing units, including typical patient acuity levels  
1030 and the average length of stay in such units, and shall be  
1031 limited to the appropriate portions of the Omnibus Budget  
1032 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22,  
1033 1987), Title IV (Medicare, Medicaid, and Other Health-Related  
1034 Programs), Subtitle C (Nursing Home Reform), as amended. The  
1035 agency shall require level 2 background screening as specified  
1036 in s. 408.809(1)(e) pursuant to s. 408.809 and chapter 435 for  
1037 personnel of distinct part nursing units.

1038 (9) The agency shall establish a technical advisory panel,  
1039 pursuant to s. 20.052, to develop procedures and standards for  
1040 measuring outcomes of pediatric cardiac catheterization programs  
1041 and pediatric cardiovascular ~~open-heart~~ surgery programs.

1042 (a) Members of the panel must have technical expertise in  
1043 pediatric cardiac medicine and shall serve without compensation  
1044 and may not be reimbursed for per diem and travel expenses.

1045 (b) ~~(a)~~ Voting members of the panel shall include ~~must be~~  
1046 ~~composed of~~ 3 at-large members, including 1 cardiologist who is  
1047 board certified in caring for adults with congenital heart  
1048 disease and 2 board-certified pediatric cardiologists, neither  
1049 of whom may be employed by any of the hospitals specified in  
1050 subparagraphs 1.-10. or their affiliates, each of whom is



1051 appointed by the Secretary of Health Care Administration, and 10  
1052 members and an alternate for each of these members, each of whom  
1053 is a pediatric cardiologist or a pediatric cardiovascular  
1054 surgeon, each appointed by the chief executive officer of ~~one of~~  
1055 the following hospitals:

- 1056 1. Johns Hopkins All Children's Hospital in St.  
1057 Petersburg.
- 1058 2. Arnold Palmer Hospital for Children in Orlando.
- 1059 3. Joe DiMaggio Children's Hospital in Hollywood.
- 1060 4. Nicklaus Children's Hospital in Miami.
- 1061 5. St. Joseph's Children's Hospital in Tampa.
- 1062 6. University of Florida Health Shands Hospital in  
1063 Gainesville.
- 1064 7. University of Miami Holtz Children's Hospital in Miami.
- 1065 8. Wolfson Children's Hospital in Jacksonville.
- 1066 9. Florida Hospital for Children in Orlando.
- 1067 10. Nemours Children's Hospital in Orlando.

1068  
1069 Appointments made under subparagraphs 1.-10. are contingent upon  
1070 the hospital's maintenance of pediatric certificates of need and  
1071 the hospital's compliance with this section and rules adopted  
1072 thereunder, as determined by the Secretary of Health Care  
1073 Administration. A member appointed under subparagraphs 1.-10.  
1074 whose hospital fails to maintain such certificates or comply  
1075 with standards may serve only as a nonvoting member until the



1076 | hospital restores such certificates or complies with such  
1077 | standards.

1078 | (c) The Secretary of Health Care Administration may  
1079 | appoint nonvoting members to the panel. Nonvoting members may  
1080 | include:

1081 | 1. The Secretary of Health Care Administration.  
1082 | 2. The Surgeon General.  
1083 | 3. The Deputy Secretary of Children's Medical Services.  
1084 | 4. Any current or past Division Director of Children's  
1085 | Medical Services.

1086 | 5. A parent of a child with congenital heart disease.  
1087 | 6. An adult with congenital heart disease.  
1088 | 7. A representative from each of the following  
1089 | organizations: the Florida Chapter of the American Academy of  
1090 | Pediatrics, the Florida Chapter of the American College of  
1091 | Cardiology, the Greater Southeast Affiliate of the American  
1092 | Heart Association, the Adult Congenital Heart Association, the  
1093 | March of Dimes, the Florida Association of Children's Hospitals,  
1094 | and the Florida Society of Thoracic and Cardiovascular Surgeons.

1095 | (d) The panel shall meet biannually, or more frequently  
1096 | upon the call of the Secretary of Health Care Administration.  
1097 | Such meetings may be conducted telephonically or by other  
1098 | electronic means.

1099 | (e) The duties of the panel include recommending to the  
1100 | agency standards for quality of care, personnel, physical plant,



1101 equipment, emergency transportation, and data reporting for  
1102 hospitals that provide pediatric cardiac services.

1103 (f) Beginning January 1, 2020, and annually thereafter,  
1104 the panel shall submit a report to the Governor, the President  
1105 of the Senate, the Speaker of the House of Representatives, the  
1106 Secretary of Health Care Administration, and the State Surgeon  
1107 General. The report must summarize the panel's activities during  
1108 the preceding fiscal year and include data and performance  
1109 measures on surgical morbidity and mortality for all pediatric  
1110 cardiac programs.

1111 ~~(b) Based on the recommendations of the panel, the agency~~  
1112 ~~shall develop and adopt rules for pediatric cardiac~~  
1113 ~~catheterization programs and pediatric open-heart surgery~~  
1114 ~~programs which include at least the following:~~

1115 ~~1. A risk adjustment procedure that accounts for the~~  
1116 ~~variations in severity and case mix found in hospitals in this~~  
1117 ~~state;~~

1118 ~~2. Outcome standards specifying expected levels of~~  
1119 ~~performance in pediatric cardiac programs. Such standards may~~  
1120 ~~include, but are not limited to, in-hospital mortality,~~  
1121 ~~infection rates, nonfatal myocardial infarctions, length of~~  
1122 ~~postoperative bleeds, and returns to surgery; and~~

1123 ~~3. Specific steps to be taken by the agency and licensed~~  
1124 ~~facilities that do not meet the outcome standards within a~~  
1125 ~~specified time, including time required for detailed case~~



1126 ~~reviews and development and implementation of corrective action~~  
1127 ~~plans.~~

1128 ~~(c) This subsection is repealed on July 1, 2022.~~

1129 (10) Based on the recommendations of the advisory panel in  
1130 subsection (9), the agency shall adopt rules for pediatric  
1131 cardiac programs that, at a minimum, include:

1132 (a) Standards for pediatric cardiac catheterization  
1133 services and pediatric cardiovascular surgery, including quality  
1134 of care, personnel, physical plant, equipment, emergency  
1135 transportation, data reporting, and appropriate operating hours  
1136 and timeframes for mobilization for emergency procedures.

1137 (b) Outcome standards consistent with nationally  
1138 established levels of performance in pediatric cardiac programs.

1139 (c) Specific steps to be taken by the agency and licensed  
1140 facilities when the facilities do not meet the outcome standards  
1141 within a specified time, including time required for detailed  
1142 case reviews and development and implementation of corrective  
1143 action plans.

1144 (11) A pediatric cardiac program shall:

1145 (a) Be located in a hospital licensed under this chapter  
1146 and include the following colocated components: a pediatric  
1147 cardiology clinic, a pediatric cardiac catheterization  
1148 laboratory, and a pediatric cardiovascular surgery program.



1149           (b) Have a risk adjustment surgical procedure protocol  
1150 following the guidelines established by the Society of Thoracic  
1151 Surgeons.

1152           (c) Have quality assurance and quality improvement  
1153 processes in place to enhance clinical operation and patient  
1154 satisfaction with services.

1155           (d) Participate in the clinical outcome reporting systems  
1156 operated by the Society of Thoracic Surgeons and the American  
1157 College of Cardiology.

1158           Section 33. Section 395.10971, Florida Statutes, is  
1159 repealed.

1160           Section 34. Section 395.10972, Florida Statutes, is  
1161 repealed.

1162           Section 35. Section 395.10973, Florida Statutes, is  
1163 amended to read:

1164           395.10973 Powers and duties of the agency.—It is the  
1165 function of the agency to:

1166           (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to  
1167 implement ~~the provisions of~~ this part and part II of chapter 408  
1168 conferring duties upon it.

1169           ~~(2) Develop, impose, and enforce specific standards within~~  
1170 ~~the scope of the general qualifications established by this part~~  
1171 ~~which must be met by individuals in order to receive licenses as~~  
1172 ~~health care risk managers. These standards shall be designed to~~  
1173 ~~ensure that health care risk managers are individuals of good~~



1174 ~~character and otherwise suitable and, by training or experience~~  
1175 ~~in the field of health care risk management, qualified in~~  
1176 ~~accordance with the provisions of this part to serve as health~~  
1177 ~~care risk managers, within statutory requirements.~~

1178 ~~(3) Develop a method for determining whether an individual~~  
1179 ~~meets the standards set forth in s. 395.10974.~~

1180 ~~(4) Issue licenses to qualified individuals meeting the~~  
1181 ~~standards set forth in s. 395.10974.~~

1182 ~~(5) Receive, investigate, and take appropriate action with~~  
1183 ~~respect to any charge or complaint filed with the agency to the~~  
1184 ~~effect that a certified health care risk manager has failed to~~  
1185 ~~comply with the requirements or standards adopted by rule by the~~  
1186 ~~agency or to comply with the provisions of this part.~~

1187 ~~(6) Establish procedures for providing periodic reports on~~  
1188 ~~persons certified or disciplined by the agency under this part.~~

1189 (2) ~~(7)~~ Develop a model risk management program for health  
1190 care facilities which will satisfy the requirements of s.  
1191 395.0197.

1192 (3) ~~(8)~~ Enforce the special-occupancy provisions of the  
1193 Florida Building Code which apply to hospitals, intermediate  
1194 residential treatment facilities, and ambulatory surgical  
1195 centers in conducting any inspection authorized by this chapter  
1196 and part II of chapter 408.

1197 Section 36. Section 395.10974, Florida Statutes, is  
1198 repealed.





1199 Section 37. Section 395.10975, Florida Statutes, is  
1200 repealed.

1201 Section 38. Subsection (2) of section 395.602, Florida  
1202 Statutes, is amended to read:

1203 395.602 Rural hospitals.—

1204 (2) DEFINITIONS.—As used in this part, the term:

1205 ~~(a) "Emergency care hospital" means a medical facility~~  
1206 ~~which provides:~~

1207 ~~1. Emergency medical treatment; and~~

1208 ~~2. Inpatient care to ill or injured persons prior to their~~  
1209 ~~transportation to another hospital or provides inpatient medical~~  
1210 ~~care to persons needing care for a period of up to 96 hours. The~~  
1211 ~~96-hour limitation on inpatient care does not apply to respite,~~  
1212 ~~skilled nursing, hospice, or other nonacute care patients.~~

1213 ~~(b) "Essential access community hospital" means any~~  
1214 ~~facility which:~~

1215 ~~1. Has at least 100 beds;~~

1216 ~~2. Is located more than 35 miles from any other essential~~  
1217 ~~access community hospital, rural referral center, or urban~~  
1218 ~~hospital meeting criteria for classification as a regional~~  
1219 ~~referral center;~~

1220 ~~3. Is part of a network that includes rural primary care~~  
1221 ~~hospitals;~~

1222 ~~4. Provides emergency and medical backup services to rural~~  
1223 ~~primary care hospitals in its rural health network;~~



1224 ~~5. Extends staff privileges to rural primary care hospital~~  
1225 ~~physicians in its network; and~~

1226 ~~6. Accepts patients transferred from rural primary care~~  
1227 ~~hospitals in its network.~~

1228 ~~(c) "Inactive rural hospital bed" means a licensed acute~~  
1229 ~~care hospital bed, as defined in s. 395.002(13), that is~~  
1230 ~~inactive in that it cannot be occupied by acute care inpatients.~~

1231 ~~(a)-(d)~~ (a) "Rural area health education center" means an area  
1232 health education center (AHEC), as authorized by Pub. L. No. 94-  
1233 484, which provides services in a county with a population  
1234 density of up to ~~no greater than~~ 100 persons per square mile.

1235 ~~(b)-(e)~~ (b) "Rural hospital" means an acute care hospital  
1236 licensed under this chapter, having 100 or fewer licensed beds  
1237 and an emergency room, which is:

1238 1. The sole provider within a county with a population  
1239 density of up to 100 persons per square mile;

1240 2. An acute care hospital, in a county with a population  
1241 density of up to 100 persons per square mile, which is at least  
1242 30 minutes of travel time, on normally traveled roads under  
1243 normal traffic conditions, from any other acute care hospital  
1244 within the same county;

1245 3. A hospital supported by a tax district or subdistrict  
1246 whose boundaries encompass a population of up to 100 persons per  
1247 square mile;

1248 4. A hospital classified as a sole community hospital



1249 | under 42 C.F.R. s. 412.92, regardless of the number of licensed  
1250 | beds;

1251 |         5. A hospital with a service area that has a population of  
1252 | up to 100 persons per square mile. As used in this subparagraph,  
1253 | the term "service area" means the fewest number of zip codes  
1254 | that account for 75 percent of the hospital's discharges for the  
1255 | most recent 5-year period, based on information available from  
1256 | the hospital inpatient discharge database in the Florida Center  
1257 | for Health Information and Transparency at the agency; or

1258 |         6. A hospital designated as a critical access hospital, as  
1259 | defined in s. 408.07.

1260 |

1261 | Population densities used in this paragraph must be based upon  
1262 | the most recently completed United States census. A hospital  
1263 | that received funds under s. 409.9116 for a quarter beginning no  
1264 | later than July 1, 2002, is deemed to have been and shall  
1265 | continue to be a rural hospital from that date through June 30,  
1266 | 2021, if the hospital continues to have up to 100 licensed beds  
1267 | and an emergency room. An acute care hospital that has not  
1268 | previously been designated as a rural hospital and that meets  
1269 | the criteria of this paragraph shall be granted such designation  
1270 | upon application, including supporting documentation, to the  
1271 | agency. A hospital that was licensed as a rural hospital during  
1272 | the 2010-2011 or 2011-2012 fiscal year shall continue to be a  
1273 | rural hospital from the date of designation through June 30,



1274 2021, if the hospital continues to have up to 100 licensed beds  
1275 and an emergency room.

1276 ~~(f) "Rural primary care hospital" means any facility~~  
1277 ~~meeting the criteria in paragraph (e) or s. 395.605 which~~  
1278 ~~provides:~~

1279 ~~1. Twenty-four-hour emergency medical care;~~

1280 ~~2. Temporary inpatient care for periods of 72 hours or~~  
1281 ~~less to patients requiring stabilization before discharge or~~  
1282 ~~transfer to another hospital. The 72-hour limitation does not~~  
1283 ~~apply to respite, skilled nursing, hospice, or other nonacute~~  
1284 ~~care patients; and~~

1285 ~~3. Has no more than six licensed acute care inpatient~~  
1286 ~~beds.~~

1287 ~~(c)(g)~~ "Swing-bed" means a bed which can be used  
1288 interchangeably as either a hospital, skilled nursing facility  
1289 (SNF), or intermediate care facility (ICF) bed pursuant to 42  
1290 C.F.R. parts 405, 435, 440, 442, and 447.

1291 Section 39. Section 395.603, Florida Statutes, is amended  
1292 to read:

1293 395.603 ~~Deactivation of general hospital beds;~~ Rural  
1294 hospital impact statement.-

1295 ~~(1) The agency shall establish, by rule, a process by~~  
1296 ~~which a rural hospital, as defined in s. 395.602, that seeks~~  
1297 ~~licensure as a rural primary care hospital or as an emergency~~  
1298 ~~care hospital, or becomes a certified rural health clinic as~~



1299 ~~defined in Pub. L. No. 95-210, or becomes a primary care program~~  
1300 ~~such as a county health department, community health center, or~~  
1301 ~~other similar outpatient program that provides preventive and~~  
1302 ~~curative services, may deactivate general hospital beds. Rural~~  
1303 ~~primary care hospitals and emergency care hospitals shall~~  
1304 ~~maintain the number of actively licensed general hospital beds~~  
1305 ~~necessary for the facility to be certified for Medicare~~  
1306 ~~reimbursement. Hospitals that discontinue inpatient care to~~  
1307 ~~become rural health care clinics or primary care programs shall~~  
1308 ~~deactivate all licensed general hospital beds. All hospitals,~~  
1309 ~~clinics, and programs with inactive beds shall provide 24-hour~~  
1310 ~~emergency medical care by staffing an emergency room. Providers~~  
1311 ~~with inactive beds shall be subject to the criteria in s.~~  
1312 ~~395.1041. The agency shall specify in rule requirements for~~  
1313 ~~making 24-hour emergency care available. Inactive general~~  
1314 ~~hospital beds shall be included in the acute care bed inventory,~~  
1315 ~~maintained by the agency for certificate-of-need purposes, for~~  
1316 ~~10 years from the date of deactivation of the beds. After 10~~  
1317 ~~years have elapsed, inactive beds shall be excluded from the~~  
1318 ~~inventory. The agency shall, at the request of the licensee,~~  
1319 ~~reactivate the inactive general beds upon a showing by the~~  
1320 ~~licensee that licensure requirements for the inactive general~~  
1321 ~~beds are met.~~

1322       (2) In formulating and implementing policies and rules  
1323 that may have significant impact on the ability of rural



1324 hospitals to continue to provide health care services in rural  
1325 communities, the agency, the department, or the respective  
1326 regulatory board adopting policies or rules regarding the  
1327 licensure or certification of health care professionals shall  
1328 provide a rural hospital impact statement. The rural hospital  
1329 impact statement shall assess the proposed action in light of  
1330 the following questions:

1331       (1)~~(a)~~ Do the health personnel affected by the proposed  
1332 action currently practice in rural hospitals or are they likely  
1333 to in the near future?

1334       (2)~~(b)~~ What are the current numbers of the affected health  
1335 personnel in this state, their geographic distribution, and the  
1336 number practicing in rural hospitals?

1337       (3)~~(c)~~ What are the functions presently performed by the  
1338 affected health personnel, and are such functions presently  
1339 performed in rural hospitals?

1340       (4)~~(d)~~ What impact will the proposed action have on the  
1341 ability of rural hospitals to recruit the affected personnel to  
1342 practice in their facilities?

1343       (5)~~(e)~~ What impact will the proposed action have on the  
1344 limited financial resources of rural hospitals through increased  
1345 salaries and benefits necessary to recruit or retain such health  
1346 personnel?

1347       (6)~~(f)~~ Is there a less stringent requirement which could  
1348 apply to practice in rural hospitals?



1349            ~~(7)(g)~~ Will this action create staffing shortages, which  
 1350 could result in a loss to the public of health care services in  
 1351 rural hospitals or result in closure of any rural hospitals?

1352            Section 40. Section 395.604, Florida Statutes, is  
 1353 repealed.

1354            Section 41. Section 395.605, Florida Statutes, is  
 1355 repealed.

1356            Section 42. Paragraph (c) of subsection (1) of section  
 1357 395.701, Florida Statutes, is amended to read:

1358            395.701 Annual assessments on net operating revenues for  
 1359 inpatient and outpatient services to fund public medical  
 1360 assistance; administrative fines for failure to pay assessments  
 1361 when due; exemption.—

1362            (1) For the purposes of this section, the term:

1363            (c) "Hospital" means a health care institution as defined  
 1364 in s. 395.002(12), but does not include any hospital operated by  
 1365 a state ~~the agency or the Department of Corrections.~~

1366            Section 43. Paragraph (b) of subsection (2) of section  
 1367 395.7015, Florida Statutes, is amended to read:

1368            395.7015 Annual assessment on health care entities.—

1369            (2) There is imposed an annual assessment against certain  
 1370 health care entities as described in this section:

1371            (b) For the purpose of this section, "health care  
 1372 entities" include the following:

1373            1. Ambulatory surgical centers ~~and mobile surgical~~



1374 ~~facilities licensed under s. 395.003. This subsection shall only~~  
1375 ~~apply to mobile surgical facilities operating under contracts~~  
1376 ~~entered into on or after July 1, 1998.~~

1377 ~~2. Clinical laboratories licensed under s. 483.091,~~  
1378 ~~excluding any hospital laboratory defined under s. 483.041(6),~~  
1379 ~~any clinical laboratory operated by the state or a political~~  
1380 ~~subdivision of the state, any clinical laboratory which~~  
1381 ~~qualifies as an exempt organization under s. 501(c)(3) of the~~  
1382 ~~Internal Revenue Code of 1986, as amended, and which receives 70~~  
1383 ~~percent or more of its gross revenues from services to charity~~  
1384 ~~patients or Medicaid patients, and any blood, plasma, or tissue~~  
1385 ~~bank procuring, storing, or distributing blood, plasma, or~~  
1386 ~~tissue either for future manufacture or research or distributed~~  
1387 ~~on a nonprofit basis, and further excluding any clinical~~  
1388 ~~laboratory which is wholly owned and operated by 6 or fewer~~  
1389 ~~physicians who are licensed pursuant to chapter 458 or chapter~~  
1390 ~~459 and who practice in the same group practice, and at which no~~  
1391 ~~clinical laboratory work is performed for patients referred by~~  
1392 ~~any health care provider who is not a member of the same group.~~

1393 ~~2.3.~~ Diagnostic-imaging centers that are freestanding  
1394 outpatient facilities that provide specialized services for the  
1395 identification or determination of a disease through examination  
1396 and also provide sophisticated radiological services, and in  
1397 which services are rendered by a physician licensed by the Board  
1398 of Medicine under s. 458.311, s. 458.313, or s. 458.317, or by





1399 an osteopathic physician licensed by the Board of Osteopathic  
1400 Medicine under s. 459.0055 or s. 459.0075. For purposes of this  
1401 paragraph, "sophisticated radiological services" means the  
1402 following: magnetic resonance imaging; nuclear medicine;  
1403 angiography; arteriography; computed tomography; positron  
1404 emission tomography; digital vascular imaging; bronchography;  
1405 lymphangiography; splenography; ultrasound, excluding ultrasound  
1406 providers that are part of a private physician's office practice  
1407 or when ultrasound is provided by two or more physicians  
1408 licensed under chapter 458 or chapter 459 who are members of the  
1409 same professional association and who practice in the same  
1410 medical specialties; and such other sophisticated radiological  
1411 services, excluding mammography, as adopted in rule by the  
1412 board.

1413 Section 44. Subsection (1) of section 400.0625, Florida  
1414 Statutes, is amended to read:

1415 400.0625 Minimum standards for clinical laboratory test  
1416 results and diagnostic X-ray results.-

1417 (1) Each nursing home, as a requirement for issuance or  
1418 renewal of its license, shall require that all clinical  
1419 laboratory tests performed for the nursing home be performed by  
1420 a ~~clinical~~ laboratory appropriately certified by the Centers for  
1421 Medicare and Medicaid Services under the federal Clinical  
1422 Laboratory Improvement Amendments and the federal rules adopted  
1423 thereunder ~~licensed under the provisions of chapter 483, except~~



1424 for such self-testing procedures as are approved by the agency  
1425 by rule. ~~Results of clinical laboratory tests performed prior to~~  
1426 ~~admission which meet the minimum standards provided in s.~~  
1427 ~~483.181(3) shall be accepted in lieu of routine examinations~~  
1428 ~~required upon admission and clinical laboratory tests which may~~  
1429 ~~be ordered by a physician for residents of the nursing home.~~

1430 Section 45. Paragraph (a) of subsection (2) of section  
1431 400.191, Florida Statutes, is amended to read:

1432 400.191 Availability, distribution, and posting of reports  
1433 and records.—

1434 (2) The agency shall publish the Nursing Home Guide  
1435 quarterly in electronic form to assist consumers and their  
1436 families in comparing and evaluating nursing home facilities.

1437 (a) The agency shall provide an Internet site which shall  
1438 include at least the following information either directly or  
1439 indirectly through a link to another established site or sites  
1440 of the agency's choosing:

1441 1. A section entitled "Have you considered programs that  
1442 provide alternatives to nursing home care?" which shall be the  
1443 first section of the Nursing Home Guide and which shall  
1444 prominently display information about available alternatives to  
1445 nursing homes and how to obtain additional information regarding  
1446 these alternatives. The Nursing Home Guide shall explain that  
1447 this state offers alternative programs that permit qualified  
1448 elderly persons to stay in their homes instead of being placed



1449 in nursing homes and shall encourage interested persons to call  
1450 the Comprehensive Assessment Review and Evaluation for Long-Term  
1451 Care Services (CARES) Program to inquire if they qualify. The  
1452 Nursing Home Guide shall list available home and community-based  
1453 programs which shall clearly state the services that are  
1454 provided and indicate whether nursing home services are included  
1455 if needed.

1456 2. A list by name and address of all nursing home  
1457 facilities in this state, including any prior name by which a  
1458 facility was known during the previous 24-month period.

1459 3. Whether such nursing home facilities are proprietary or  
1460 nonproprietary.

1461 4. The current owner of the facility's license and the  
1462 year that that entity became the owner of the license.

1463 5. The name of the owner or owners of each facility and  
1464 whether the facility is affiliated with a company or other  
1465 organization owning or managing more than one nursing facility  
1466 in this state.

1467 6. The total number of beds in each facility and the most  
1468 recently available occupancy levels.

1469 7. The number of private and semiprivate rooms in each  
1470 facility.

1471 8. The religious affiliation, if any, of each facility.

1472 9. The languages spoken by the administrator and staff of  
1473 each facility.



1474 10. Whether or not each facility accepts Medicare or  
1475 Medicaid recipients or insurance, health maintenance  
1476 organization, Veterans Administration, CHAMPUS program, or  
1477 workers' compensation coverage.

1478 11. Recreational and other programs available at each  
1479 facility.

1480 12. Special care units or programs offered at each  
1481 facility.

1482 13. Whether the facility is a part of a retirement  
1483 community that offers other services pursuant to part III of  
1484 this chapter or part I or part III of chapter 429.

1485 14. Survey and deficiency information, including all  
1486 federal and state recertification, licensure, revisit, and  
1487 complaint survey information, for each facility ~~for the past 30~~  
1488 ~~months~~. For noncertified nursing homes, state survey and  
1489 deficiency information, including licensure, revisit, and  
1490 complaint survey information ~~for the past 30 months~~ shall be  
1491 provided.

1492 Section 46. Subsection (1) and paragraphs (b), (e), and  
1493 (f) of subsection (4) of section 400.464, Florida Statutes, are  
1494 amended, and subsection (6) is added to that section, to read:

1495 400.464 Home health agencies to be licensed; expiration of  
1496 license; exemptions; unlawful acts; penalties.—

1497 (1) The requirements of part II of chapter 408 apply to  
1498 the provision of services that require licensure pursuant to



1499 | this part and part II of chapter 408 and entities licensed or  
1500 | registered by or applying for such licensure or registration  
1501 | from the Agency for Health Care Administration pursuant to this  
1502 | part. A license issued by the agency is required in order to  
1503 | operate a home health agency in this state. A license issued on  
1504 | or after July 1, 2018, must specify the home health services the  
1505 | organization is authorized to perform and indicate whether such  
1506 | specified services are considered skilled care. The provision or  
1507 | advertising of services that require licensure pursuant to this  
1508 | part without such services being specified on the face of the  
1509 | license issued on or after July 1, 2018, constitutes unlicensed  
1510 | activity as prohibited under s. 408.812.

1511 | (4)

1512 | (b) The operation or maintenance of an unlicensed home  
1513 | health agency or the performance of any home health services in  
1514 | violation of this part is declared a nuisance, inimical to the  
1515 | public health, welfare, and safety. The agency or any state  
1516 | attorney may, in addition to other remedies provided in this  
1517 | part, bring an action for an injunction to restrain such  
1518 | violation, or to enjoin the future operation or maintenance of  
1519 | the home health agency or the provision of home health services  
1520 | in violation of this part or part II of chapter 408, until  
1521 | compliance with this part or the rules adopted under this part  
1522 | has been demonstrated to the satisfaction of the agency.

1523 | (e) Any person who owns, operates, or maintains an



1524 unlicensed home health agency and who, ~~within 10 working days~~  
1525 after receiving notification from the agency, fails to cease  
1526 operation and apply for a license under this part commits a  
1527 misdemeanor of the second degree, punishable as provided in s.  
1528 775.082 or s. 775.083. Each day of continued operation is a  
1529 separate offense.

1530 (f) Any home health agency that fails to cease operation  
1531 after agency notification may be fined in accordance with s.  
1532 408.812 ~~\$500 for each day of noncompliance.~~

1533 (6) Any person, entity, or organization providing home  
1534 health services which is exempt from licensure under subsection  
1535 (5) may voluntarily apply for a certificate of exemption from  
1536 licensure under its exempt status with the agency on a form that  
1537 specifies its name or names and addresses, a statement of the  
1538 reasons why it is exempt from licensure as a home health agency,  
1539 and other information deemed necessary by the agency. A  
1540 certificate of exemption is valid for a period of not more than  
1541 2 years and is not transferable. The agency may charge an  
1542 applicant \$100 for a certificate of exemption or charge the  
1543 actual cost of processing the certificate.

1544 Section 47. Subsections (7) through (9) of section  
1545 400.471, Florida Statutes, are renumbered as subsections (6)  
1546 through (8), respectively, and subsections (2) and (6) and  
1547 present subsection (9) of that section are amended to read:

1548 400.471 Application for license; fee.—



1549           (2) In addition to the requirements of part II of chapter  
1550 408, the initial applicant, the applicant for a change of  
1551 ownership, and the applicant for the addition of skilled care  
1552 services must file with the application satisfactory proof that  
1553 the home health agency is in compliance with this part and  
1554 applicable rules, including:

1555           (a) A listing of services to be provided, either directly  
1556 by the applicant or through contractual arrangements with  
1557 existing providers.

1558           (b) The number and discipline of professional staff to be  
1559 employed.

1560           ~~(c) Completion of questions concerning volume data on the~~  
1561 ~~renewal application as determined by rule.~~

1562           (c)-(d) A business plan, signed by the applicant, which  
1563 details the home health agency's methods to obtain patients and  
1564 its plan to recruit and maintain staff.

1565           (d)-(e) Evidence of contingency funding as required under  
1566 s. 408.8065 ~~equal to 1 month's average operating expenses during~~  
1567 ~~the first year of operation.~~

1568           (e)-(f) A balance sheet, income and expense statement, and  
1569 statement of cash flows for the first 2 years of operation which  
1570 provide evidence of having sufficient assets, credit, and  
1571 projected revenues to cover liabilities and expenses. The  
1572 applicant has demonstrated financial ability to operate if the  
1573 applicant's assets, credit, and projected revenues meet or



1574 exceed projected liabilities and expenses. An applicant may not  
1575 project an operating margin of 15 percent or greater for any  
1576 month in the first year of operation. All documents required  
1577 under this paragraph must be prepared in accordance with  
1578 generally accepted accounting principles and compiled and signed  
1579 by a certified public accountant.

1580 (f)~~(g)~~ All other ownership interests in health care  
1581 entities for each controlling interest, as defined in part II of  
1582 chapter 408.

1583 (g)~~(h)~~ In the case of an application for initial  
1584 licensure, an application for a change of ownership, or an  
1585 application for the addition of skilled care services,  
1586 documentation of accreditation, or an application for  
1587 accreditation, from an accrediting organization that is  
1588 recognized by the agency as having standards comparable to those  
1589 required by this part and part II of chapter 408. A home health  
1590 agency that ~~is not Medicare or Medicaid certified and does not~~  
1591 provide skilled care is exempt from this paragraph.

1592 Notwithstanding s. 408.806, an initial applicant ~~that has~~  
1593 ~~applied for accreditation~~ must provide proof of accreditation  
1594 that is not conditional or provisional and a survey  
1595 demonstrating compliance with the requirements of this part,  
1596 part II of chapter 408, and applicable rules from an accrediting  
1597 organization that is recognized by the agency as having  
1598 standards comparable to those required by this part and part II





1599 | of chapter 408 within 120 days after the date of the agency's  
1600 | receipt of the application for licensure ~~or the application~~  
1601 | ~~shall be withdrawn from further consideration.~~ Such  
1602 | accreditation must be continuously maintained by the home health  
1603 | agency to maintain licensure. The agency shall accept, in lieu  
1604 | of its own periodic licensure survey, the submission of the  
1605 | survey of an accrediting organization that is recognized by the  
1606 | agency if the accreditation of the licensed home health agency  
1607 | is not provisional and if the licensed home health agency  
1608 | authorizes releases of, and the agency receives the report of,  
1609 | the accrediting organization.

1610 | ~~(6) The agency may not issue a license designated as~~  
1611 | ~~certified to a home health agency that fails to satisfy the~~  
1612 | ~~requirements of a Medicare certification survey from the agency.~~

1613 | (8)~~(9)~~ The agency may not issue a renewal license for a  
1614 | home health agency in any county having at least one licensed  
1615 | home health agency and that has more than one home health agency  
1616 | per 5,000 persons, as indicated by the most recent population  
1617 | estimates published by the Legislature's Office of Economic and  
1618 | Demographic Research, if the applicant or any controlling  
1619 | interest has been administratively sanctioned by the agency  
1620 | during the 2 years prior to the submission of the licensure  
1621 | renewal application for one or more of the following acts:

1622 | (a) An intentional or negligent act that materially  
1623 | affects the health or safety of a client of the provider;



1624 (b) Knowingly providing home health services in an  
1625 unlicensed assisted living facility or unlicensed adult family-  
1626 care home, unless the home health agency or employee reports the  
1627 unlicensed facility or home to the agency within 72 hours after  
1628 providing the services;

1629 (c) Preparing or maintaining fraudulent patient records,  
1630 such as, but not limited to, charting ahead, recording vital  
1631 signs or symptoms which were not personally obtained or observed  
1632 by the home health agency's staff at the time indicated,  
1633 borrowing patients or patient records from other home health  
1634 agencies to pass a survey or inspection, or falsifying  
1635 signatures;

1636 (d) Failing to provide at least one service directly to a  
1637 patient for a period of 60 days;

1638 (e) Demonstrating a pattern of falsifying documents  
1639 relating to the training of home health aides or certified  
1640 nursing assistants or demonstrating a pattern of falsifying  
1641 health statements for staff who provide direct care to patients.  
1642 A pattern may be demonstrated by a showing of at least three  
1643 fraudulent entries or documents;

1644 (f) Demonstrating a pattern of billing any payor for  
1645 services not provided. A pattern may be demonstrated by a  
1646 showing of at least three billings for services not provided  
1647 within a 12-month period;

1648 (g) Demonstrating a pattern of failing to provide a



1649 service specified in the home health agency's written agreement  
1650 with a patient or the patient's legal representative, or the  
1651 plan of care for that patient, except ~~unless a reduction in~~  
1652 ~~service is mandated by Medicare, Medicaid, or a state program or~~  
1653 as provided in s. 400.492(3). A pattern may be demonstrated by a  
1654 showing of at least three incidents, regardless of the patient  
1655 or service, in which the home health agency did not provide a  
1656 service specified in a written agreement or plan of care during  
1657 a 3-month period;

1658 (h) Giving remuneration to a case manager, discharge  
1659 planner, facility-based staff member, or third-party vendor who  
1660 is involved in the discharge planning process of a facility  
1661 licensed under chapter 395, chapter 429, or this chapter from  
1662 whom the home health agency receives referrals or gives  
1663 remuneration as prohibited in s. 400.474(6)(a);

1664 (i) Giving cash, or its equivalent, to a Medicare or  
1665 Medicaid beneficiary;

1666 (j) Demonstrating a pattern of billing the Medicaid  
1667 program for services to Medicaid recipients which are medically  
1668 unnecessary as determined by a final order. A pattern may be  
1669 demonstrated by a showing of at least two such medically  
1670 unnecessary services within one Medicaid program integrity audit  
1671 period;

1672 (k) Providing services to residents in an assisted living  
1673 facility for which the home health agency does not receive fair



1674 market value remuneration; or

1675 (1) Providing staffing to an assisted living facility for  
1676 which the home health agency does not receive fair market value  
1677 remuneration.

1678 Section 48. Subsection (5) of section 400.474, Florida  
1679 Statutes, is amended to read:

1680 400.474 Administrative penalties.—

1681 (5) The agency shall impose a fine of \$5,000 against a  
1682 home health agency that demonstrates a pattern of failing to  
1683 provide a service specified in the home health agency's written  
1684 agreement with a patient or the patient's legal representative,  
1685 or the plan of care for that patient, except ~~unless a reduction~~  
1686 ~~in service is mandated by Medicare, Medicaid, or a state program~~  
1687 ~~or~~ as provided in s. 400.492(3). A pattern may be demonstrated  
1688 by a showing of at least three incidences, regardless of the  
1689 patient or service, where the home health agency did not provide  
1690 a service specified in a written agreement or plan of care  
1691 during a 3-month period. The agency shall impose the fine for  
1692 each occurrence. The agency may also impose additional  
1693 administrative fines under s. 400.484 for the direct or indirect  
1694 harm to a patient, or deny, revoke, or suspend the license of  
1695 the home health agency for a pattern of failing to provide a  
1696 service specified in the home health agency's written agreement  
1697 with a patient or the plan of care for that patient.

1698 Section 49. Paragraph (c) of subsection (2) of section



1699 400.476, Florida Statutes, is amended to read:

1700 400.476 Staffing requirements; notifications; limitations  
1701 on staffing services.—

1702 (2) DIRECTOR OF NURSING.—

1703 (c) A home health agency that provides skilled nursing  
1704 care must ~~is not Medicare or Medicaid certified and does not~~  
1705 ~~provide skilled care or provides only physical, occupational, or~~  
1706 ~~speech therapy is not required to have a director of nursing and~~  
1707 ~~is exempt from paragraph (b).~~

1708 Section 50. Section 400.484, Florida Statutes, is amended  
1709 to read:

1710 400.484 Right of inspection; violations ~~deficiencies~~;  
1711 fines.—

1712 (1) In addition to the requirements of s. 408.811, the  
1713 agency may make such inspections and investigations as are  
1714 necessary in order to determine the state of compliance with  
1715 this part, part II of chapter 408, and applicable rules.

1716 (2) The agency shall impose fines for various classes of  
1717 violations ~~deficiencies~~ in accordance with the following  
1718 schedule:

1719 (a) Class I violations are as provided in s. 408.813 ~~A~~  
1720 ~~class I deficiency is any act, omission, or practice that~~  
1721 ~~results in a patient's death, disablement, or permanent injury,~~  
1722 ~~or places a patient at imminent risk of death, disablement, or~~  
1723 ~~permanent injury.~~ Upon finding a class I violation ~~deficiency~~,



1724 the agency shall impose an administrative fine in the amount of  
1725 \$15,000 for each occurrence and each day that the violation  
1726 ~~deficiency~~ exists.

1727 (b) Class II violations are as provided in s. 408.813 A  
1728 ~~class II deficiency is any act, omission, or practice that has a~~  
1729 ~~direct adverse effect on the health, safety, or security of a~~  
1730 ~~patient.~~ Upon finding a class II violation ~~deficiency~~, the  
1731 agency shall impose an administrative fine in the amount of  
1732 \$5,000 for each occurrence and each day that the violation  
1733 ~~deficiency~~ exists.

1734 (c) Class III violations are as provided in s. 408.813 A  
1735 ~~class III deficiency is any act, omission, or practice that has~~  
1736 ~~an indirect, adverse effect on the health, safety, or security~~  
1737 ~~of a patient.~~ Upon finding an uncorrected or repeated class III  
1738 violation ~~deficiency~~, the agency shall impose an administrative  
1739 fine not to exceed \$1,000 for each occurrence and each day that  
1740 the uncorrected or repeated violation ~~deficiency~~ exists.

1741 (d) Class IV violations are as provided in s. 408.813 A  
1742 ~~class IV deficiency is any act, omission, or practice related to~~  
1743 ~~required reports, forms, or documents which does not have the~~  
1744 ~~potential of negatively affecting patients.~~ These violations are  
1745 of a type that the agency determines do not threaten the health,  
1746 safety, or security of patients. Upon finding an uncorrected or  
1747 repeated class IV violation ~~deficiency~~, the agency shall impose  
1748 an administrative fine not to exceed \$500 for each occurrence



1749 and each day that the uncorrected or repeated violation  
1750 deficiency exists.

1751 (3) In addition to any other penalties imposed pursuant to  
1752 this section or part, the agency may assess costs related to an  
1753 investigation that results in a successful prosecution,  
1754 excluding costs associated with an attorney's time.

1755 Section 51. Subsection (4) of section 400.497, Florida  
1756 Statutes, is amended to read:

1757 400.497 Rules establishing minimum standards.—The agency  
1758 shall adopt, publish, and enforce rules to implement part II of  
1759 chapter 408 and this part, including, as applicable, ss. 400.506  
1760 and 400.509, which must provide reasonable and fair minimum  
1761 standards relating to:

1762 (4) Licensure application and renewal and certificates of  
1763 exemption.

1764 Section 52. Subsection (5), paragraphs (d) and (e) of  
1765 subsection (6), paragraph (a) of subsection (15), and subsection  
1766 (19) of section 400.506, Florida Statutes, are amended to read:

1767 400.506 Licensure of nurse registries; requirements;  
1768 penalties.—

1769 (5) (a) In addition to the requirements of s. 408.812, any  
1770 person who owns, operates, or maintains an unlicensed nurse  
1771 registry and who, ~~within 10 working days~~ after receiving  
1772 notification from the agency, fails to cease operation and apply  
1773 for a license under this part commits a misdemeanor of the



1774 second degree, punishable as provided in s. 775.082 or s.  
1775 775.083. Each day of continued operation is a separate offense.  
1776 (b) If a nurse registry fails to cease operation after  
1777 agency notification, the agency may impose a fine pursuant to s.  
1778 408.812 ~~of \$500 for each day of noncompliance.~~  
1779 (6)  
1780 (d) A registered nurse, licensed practical nurse,  
1781 certified nursing assistant, companion or homemaker, or home  
1782 health aide referred for contract under this chapter by a nurse  
1783 registry is deemed an independent contractor and not an employee  
1784 of the nurse registry under any chapter, regardless of the  
1785 obligations imposed on a nurse registry under this chapter or  
1786 chapter 408.  
1787 (e) Upon referral of a registered nurse, licensed  
1788 practical nurse, certified nursing assistant, companion or  
1789 homemaker, or home health aide for contract in a private  
1790 residence or facility, the nurse registry shall advise the  
1791 patient, the patient's family, or any other person acting on  
1792 behalf of the patient, at the time of the contract for services,  
1793 that the caregiver referred by the nurse registry is an  
1794 independent contractor and that the ~~it is not the obligation of~~  
1795 ~~a~~ nurse registry may not ~~to~~ monitor, supervise, manage, or train  
1796 a caregiver referred for contract under this chapter.  
1797 (15) (a) The agency may deny, suspend, or revoke the  
1798 license of a nurse registry and shall impose a fine of \$5,000





1799 | against a nurse registry that:

1800 |       1. Provides services to residents in an assisted living  
1801 | facility for which the nurse registry does not receive fair  
1802 | market value remuneration.

1803 |       2. Provides staffing to an assisted living facility for  
1804 | which the nurse registry does not receive fair market value  
1805 | remuneration.

1806 |       3. Fails to provide the agency, upon request, with copies  
1807 | of all contracts with assisted living facilities which were  
1808 | executed within the last 5 years.

1809 |       ~~4. Gives remuneration to a case manager, discharge  
1810 | planner, facility-based staff member, or third-party vendor who  
1811 | is involved in the discharge planning process of a facility  
1812 | licensed under chapter 395 or this chapter and from whom the  
1813 | nurse registry receives referrals. A nurse registry is exempt  
1814 | from this subparagraph if it does not bill the Florida Medicaid  
1815 | program or the Medicare program or share a controlling interest  
1816 | with any entity licensed, registered, or certified under part II  
1817 | of chapter 408 that bills the Florida Medicaid program or the  
1818 | Medicare program.~~

1819 |       ~~5. Gives remuneration to a physician, a member of the  
1820 | physician's office staff, or an immediate family member of the  
1821 | physician, and the nurse registry received a patient referral in  
1822 | the last 12 months from that physician or the physician's office  
1823 | staff. A nurse registry is exempt from this subparagraph if it~~



1824 ~~does not bill the Florida Medicaid program or the Medicare~~  
1825 ~~program or share a controlling interest with any entity~~  
1826 ~~licensed, registered, or certified under part II of chapter 408~~  
1827 ~~that bills the Florida Medicaid program or the Medicare program.~~

1828 (19) ~~It is not the obligation of~~ A nurse registry may not  
1829 ~~to~~ monitor, supervise, manage, or train a registered nurse,  
1830 licensed practical nurse, certified nursing assistant, companion  
1831 or homemaker, or home health aide referred for contract under  
1832 this chapter. In the event of a violation of this chapter or a  
1833 violation of any other law of this state by a referred  
1834 registered nurse, licensed practical nurse, certified nursing  
1835 assistant, companion or homemaker, or home health aide, or a  
1836 deficiency in credentials which comes to the attention of the  
1837 nurse registry, the nurse registry shall advise the patient to  
1838 terminate the referred person's contract, providing the reason  
1839 for the suggested termination; cease referring the person to  
1840 other patients or facilities; and, if practice violations are  
1841 involved, notify the licensing board. This section does not  
1842 affect or negate any other obligations imposed on a nurse  
1843 registry under chapter 408.

1844 Section 53. Subsection (1) of section 400.606, Florida  
1845 Statutes, is amended to read:

1846 400.606 License; application; renewal; conditional license  
1847 or permit; certificate of need.—

1848 (1) In addition to the requirements of part II of chapter



1849 408, the initial application and change of ownership application  
1850 must be accompanied by a plan for the delivery of home,  
1851 residential, and homelike inpatient hospice services to  
1852 terminally ill persons and their families. Such plan must  
1853 contain, but need not be limited to:

1854 (a) The estimated average number of terminally ill persons  
1855 to be served monthly.

1856 (b) The geographic area in which hospice services will be  
1857 available.

1858 (c) A listing of services which are or will be provided,  
1859 either directly by the applicant or through contractual  
1860 arrangements with existing providers.

1861 (d) Provisions for the implementation of hospice home care  
1862 within 3 months after licensure.

1863 (e) Provisions for the implementation of hospice homelike  
1864 inpatient care within 12 months after licensure.

1865 (f) The number and disciplines of professional staff to be  
1866 employed.

1867 (g) The name and qualifications of any existing or  
1868 potential contractee.

1869 (h) A plan for attracting and training volunteers.

1870

1871 ~~If the applicant is an existing licensed health care provider,~~  
1872 ~~the application must be accompanied by a copy of the most recent~~  
1873 ~~profit-loss statement and, if applicable, the most recent~~



1874 ~~licensure inspection report.~~

1875 Section 54. Subsection (6) of section 400.925, Florida  
 1876 Statutes, is amended to read:

1877 400.925 Definitions.—As used in this part, the term:

1878 (6) "Home medical equipment" includes any product as  
 1879 defined by the Food and Drug Administration's Federal Food,  
 1880 Drug, and Cosmetic Act, any products reimbursed under the  
 1881 Medicare Part B Durable Medical Equipment benefits, or any  
 1882 products reimbursed under the Florida Medicaid durable medical  
 1883 equipment program. Home medical equipment includes:

1884 (a) Oxygen and related respiratory equipment; ~~manual,~~  
 1885 ~~motorized, or customized wheelchairs and related seating and~~  
 1886 ~~positioning, but does not include prosthetics or orthotics or~~  
 1887 ~~any splints, braces, or aids custom fabricated by a licensed~~  
 1888 ~~health care practitioner;~~

1889 (b) Motorized scooters;

1890 (c) Personal transfer systems; ~~and~~

1891 (d) Specialty beds, for use by a person with a medical  
 1892 need; and

1893 (e) Manual, motorized, or customized wheelchairs and  
 1894 related seating and positioning, but does not include  
 1895 prosthetics or orthotics or any splints, braces, or aids custom  
 1896 fabricated by a licensed health care practitioner.

1897 Section 55. Subsection (4) of section 400.931, Florida  
 1898 Statutes, is amended to read:



1899           400.931 Application for license; fee.—  
 1900           (4) When a change of the general manager of a home medical  
 1901 equipment provider occurs, the licensee must notify the agency  
 1902 of the change within the timeframes established in part II of  
 1903 chapter 408 and applicable rules ~~45 days~~.  
 1904           Section 56. Subsection (2) of section 400.933, Florida  
 1905 Statutes, is amended to read:  
 1906           400.933 Licensure inspections and investigations.—  
 1907           (2) The agency shall accept, in lieu of its own periodic  
 1908 inspections for licensure, submission of the following:  
 1909           (a) The survey or inspection of an accrediting  
 1910 organization, provided the accreditation of the licensed home  
 1911 medical equipment provider is not provisional and provided the  
 1912 licensed home medical equipment provider authorizes release of,  
 1913 and the agency receives the report of, the accrediting  
 1914 organization; or  
 1915           (b) A copy of a valid medical oxygen retail establishment  
 1916 permit issued by the Department of Business and Professional  
 1917 Regulation ~~Health~~, pursuant to chapter 499.  
 1918           Section 57. Subsection (2) of section 400.980, Florida  
 1919 Statutes, is amended to read:  
 1920           400.980 Health care services pools.—  
 1921           (2) The requirements of part II of chapter 408 apply to  
 1922 the provision of services that require licensure or registration  
 1923 pursuant to this part and part II of chapter 408 and to entities



1924 registered by or applying for such registration from the agency  
1925 pursuant to this part. Registration or a license issued by the  
1926 agency is required for the operation of a health care services  
1927 pool in this state. In accordance with s. 408.805, an applicant  
1928 or licensee shall pay a fee for each license application  
1929 submitted using this part, part II of chapter 408, and  
1930 applicable rules. The agency shall adopt rules and provide forms  
1931 required for such registration and shall impose a registration  
1932 fee in an amount sufficient to cover the cost of administering  
1933 this part and part II of chapter 408. In addition to the  
1934 requirements in part II of chapter 408, the registrant must  
1935 provide the agency with any change of information contained on  
1936 the original registration application within the timeframes  
1937 established in this part, part II of chapter 408, and applicable  
1938 rules ~~14 days prior to the change.~~

1939 Section 58. Paragraphs (a) through (d) of subsection (4)  
1940 of section 400.9905, Florida Statutes, are amended to read:

1941 400.9905 Definitions.—

1942 (4) "Clinic" means an entity where health care services  
1943 are provided to individuals and which tenders charges for  
1944 reimbursement for such services, including a mobile clinic and a  
1945 portable equipment provider. As used in this part, the term does  
1946 not include and the licensure requirements of this part do not  
1947 apply to:

1948 (a) Entities licensed or registered by the state under



1949 chapter 395; entities licensed or registered by the state and  
1950 providing only health care services within the scope of services  
1951 authorized under their respective licenses under ss. 383.30-  
1952 383.332 ~~383.30-383.335~~, chapter 390, chapter 394, chapter 397,  
1953 this chapter except part X, chapter 429, chapter 463, chapter  
1954 465, chapter 466, chapter 478, ~~part I of chapter 483~~, chapter  
1955 484, or chapter 651; end-stage renal disease providers  
1956 authorized under 42 C.F.R. part 405, subpart U; providers  
1957 certified under 42 C.F.R. part 485, subpart B or subpart H; or  
1958 any entity that provides neonatal or pediatric hospital-based  
1959 health care services or other health care services by licensed  
1960 practitioners solely within a hospital licensed under chapter  
1961 395.

1962 (b) Entities that own, directly or indirectly, entities  
1963 licensed or registered by the state pursuant to chapter 395;  
1964 entities that own, directly or indirectly, entities licensed or  
1965 registered by the state and providing only health care services  
1966 within the scope of services authorized pursuant to their  
1967 respective licenses under ss. 383.30-383.332 ~~383.30-383.335~~,  
1968 chapter 390, chapter 394, chapter 397, this chapter except part  
1969 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
1970 478, ~~part I of chapter 483~~, chapter 484, or chapter 651; end-  
1971 stage renal disease providers authorized under 42 C.F.R. part  
1972 405, subpart U; providers certified under 42 C.F.R. part 485,  
1973 subpart B or subpart H; or any entity that provides neonatal or



1974 pediatric hospital-based health care services by licensed  
1975 practitioners solely within a hospital licensed under chapter  
1976 395.

1977 (c) Entities that are owned, directly or indirectly, by an  
1978 entity licensed or registered by the state pursuant to chapter  
1979 395; entities that are owned, directly or indirectly, by an  
1980 entity licensed or registered by the state and providing only  
1981 health care services within the scope of services authorized  
1982 pursuant to their respective licenses under ss. 383.30-383.332  
1983 ~~383.30-383.335~~, chapter 390, chapter 394, chapter 397, this  
1984 chapter except part X, chapter 429, chapter 463, chapter 465,  
1985 chapter 466, chapter 478, ~~part I of chapter 483~~, chapter 484, or  
1986 chapter 651; end-stage renal disease providers authorized under  
1987 42 C.F.R. part 405, subpart U; providers certified under 42  
1988 C.F.R. part 485, subpart B or subpart H; or any entity that  
1989 provides neonatal or pediatric hospital-based health care  
1990 services by licensed practitioners solely within a hospital  
1991 under chapter 395.

1992 (d) Entities that are under common ownership, directly or  
1993 indirectly, with an entity licensed or registered by the state  
1994 pursuant to chapter 395; entities that are under common  
1995 ownership, directly or indirectly, with an entity licensed or  
1996 registered by the state and providing only health care services  
1997 within the scope of services authorized pursuant to their  
1998 respective licenses under ss. 383.30-383.332 ~~383.30-383.335~~,





1999 chapter 390, chapter 394, chapter 397, this chapter except part  
2000 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
2001 478, ~~part I of chapter 483~~, chapter 484, or chapter 651; end-  
2002 stage renal disease providers authorized under 42 C.F.R. part  
2003 405, subpart U; providers certified under 42 C.F.R. part 485,  
2004 subpart B or subpart H; or any entity that provides neonatal or  
2005 pediatric hospital-based health care services by licensed  
2006 practitioners solely within a hospital licensed under chapter  
2007 395.

2008  
2009 Notwithstanding this subsection, an entity shall be deemed a  
2010 clinic and must be licensed under this part in order to receive  
2011 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.  
2012 627.730-627.7405, unless exempted under s. 627.736(5)(h).

2013 Section 59. Subsection (6) of section 400.9935, Florida  
2014 Statutes, is amended to read:

2015 400.9935 Clinic responsibilities.—

2016 (6) Any person or entity providing health care services  
2017 which is not a clinic, as defined under s. 400.9905, may  
2018 voluntarily apply for a certificate of exemption from licensure  
2019 under its exempt status with the agency on a form that sets  
2020 forth its name or names and addresses, a statement of the  
2021 reasons why it cannot be defined as a clinic, and other  
2022 information deemed necessary by the agency. An exemption may be  
2023 valid for up to 2 years and is not transferable. The agency may



2024 charge an applicant for a certificate of exemption in an amount  
2025 equal to \$100 or the actual cost of processing the certificate,  
2026 whichever is less. An entity seeking a certificate of exemption  
2027 must publish and maintain a schedule of charges for the medical  
2028 services offered to patients. The schedule must include the  
2029 prices charged to an uninsured person paying for such services  
2030 by cash, check, credit card, or debit card. The schedule must be  
2031 posted in a conspicuous place in the reception area of the  
2032 entity and must include, but is not limited to, the 50 services  
2033 most frequently provided by the entity. The schedule may group  
2034 services by three price levels, listing services in each price  
2035 level. The posting must be at least 15 square feet in size. As a  
2036 condition precedent to receiving a certificate of exemption, an  
2037 applicant must provide to the agency documentation of compliance  
2038 with these requirements.

2039 Section 60. Paragraph (a) of subsection (2) of section  
2040 408.033, Florida Statutes, is amended to read:

2041 408.033 Local and state health planning.—

2042 (2) FUNDING.—

2043 (a) The Legislature intends that the cost of local health  
2044 councils be borne by assessments on selected health care  
2045 facilities subject to facility licensure by the Agency for  
2046 Health Care Administration, including abortion clinics, assisted  
2047 living facilities, ambulatory surgical centers, birth birthing  
2048 centers, ~~clinical laboratories except community nonprofit blood~~



2049 ~~banks and clinical laboratories operated by practitioners for~~  
2050 ~~exclusive use regulated under s. 483.035,~~ home health agencies,  
2051 hospices, hospitals, intermediate care facilities for the  
2052 developmentally disabled, nursing homes, health care clinics,  
2053 and multiphasic testing centers and by assessments on  
2054 organizations subject to certification by the agency pursuant to  
2055 chapter 641, part III, including health maintenance  
2056 organizations and prepaid health clinics. Fees assessed may be  
2057 collected prospectively at the time of licensure renewal and  
2058 prorated for the licensure period.

2059 Section 61. Paragraphs (g) through (l) and (o) through (t)  
2060 of subsection (3) of section 408.036, Florida Statutes, are  
2061 redesignated as paragraphs (f) through (k) and (l) through (q),  
2062 respectively, and paragraphs (e), (m), and (n) and present  
2063 paragraphs (f) and (p) of that subsection are amended to read:

2064 408.036 Projects subject to review; exemptions.—

2065 (3) EXEMPTIONS.—Upon request, the following projects are  
2066 subject to exemption from the provisions of subsection (1):

2067 ~~(e) For mobile surgical facilities and related health care~~  
2068 ~~services provided under contract with the Department of~~  
2069 ~~Corrections or a private correctional facility operating~~  
2070 ~~pursuant to chapter 957.~~

2071 (e) ~~(f)~~ For the addition of nursing home beds licensed  
2072 under chapter 400 in a number not exceeding 30 total beds or 25  
2073 percent of the number of beds licensed in the facility being



2074 replaced under paragraph (2) (b), paragraph (2) (c), or paragraph  
2075 (m) ~~(p)~~, whichever is less.

2076 ~~(m)1. For the provision of adult open-heart services in a~~  
2077 ~~hospital located within the boundaries of a health service~~  
2078 ~~planning district, as defined in s. 408.032(5), which has~~  
2079 ~~experienced an annual net out-migration of at least 600 open-~~  
2080 ~~heart surgery cases for 3 consecutive years according to the~~  
2081 ~~most recent data reported to the agency, and the district's~~  
2082 ~~population per licensed and operational open-heart programs~~  
2083 ~~exceeds the state average of population per licensed and~~  
2084 ~~operational open-heart programs by at least 25 percent. All~~  
2085 ~~hospitals within a health service planning district which meet~~  
2086 ~~the criteria reference in sub-subparagraphs 2.a.-h. shall be~~  
2087 ~~eligible for this exemption on July 1, 2004, and shall receive~~  
2088 ~~the exemption upon filing for it and subject to the following:~~

2089 ~~a. A hospital that has received a notice of intent to~~  
2090 ~~grant a certificate of need or a final order of the agency~~  
2091 ~~granting a certificate of need for the establishment of an open-~~  
2092 ~~heart surgery program is entitled to receive a letter of~~  
2093 ~~exemption for the establishment of an adult open-heart surgery~~  
2094 ~~program upon filing a request for exemption and complying with~~  
2095 ~~the criteria enumerated in sub-subparagraphs 2.a.-h., and is~~  
2096 ~~entitled to immediately commence operation of the program.~~

2097 ~~b. An otherwise eligible hospital that has not received a~~  
2098 ~~notice of intent to grant a certificate of need or a final order~~



2099 ~~of the agency granting a certificate of need for the~~  
2100 ~~establishment of an open-heart surgery program is entitled to~~  
2101 ~~immediately receive a letter of exemption for the establishment~~  
2102 ~~of an adult open-heart surgery program upon filing a request for~~  
2103 ~~exemption and complying with the criteria enumerated in sub-~~  
2104 ~~subparagraphs 2.a.-h., but is not entitled to commence operation~~  
2105 ~~of its program until December 31, 2006.~~

2106 ~~2. A hospital shall be exempt from the certificate of need~~  
2107 ~~review for the establishment of an open-heart surgery program~~  
2108 ~~when the application for exemption submitted under this~~  
2109 ~~paragraph complies with the following criteria:~~

2110 ~~a. The applicant must certify that it will meet and~~  
2111 ~~continuously maintain the minimum licensure requirements adopted~~  
2112 ~~by the agency governing adult open-heart programs, including the~~  
2113 ~~most current guidelines of the American College of Cardiology~~  
2114 ~~and American Heart Association Guidelines for Adult Open Heart~~  
2115 ~~Programs.~~

2116 ~~b. The applicant must certify that it will maintain~~  
2117 ~~sufficient appropriate equipment and health personnel to ensure~~  
2118 ~~quality and safety.~~

2119 ~~e. The applicant must certify that it will maintain~~  
2120 ~~appropriate times of operation and protocols to ensure~~  
2121 ~~availability and appropriate referrals in the event of~~  
2122 ~~emergencies.~~

2123 ~~d. The applicant can demonstrate that it has discharged at~~



2124 ~~least 300 inpatients with a principal diagnosis of ischemic~~  
2125 ~~heart disease for the most recent 12-month period as reported to~~  
2126 ~~the agency.~~

2127 ~~e. The applicant is a general acute care hospital that is~~  
2128 ~~in operation for 3 years or more.~~

2129 ~~f. The applicant is performing more than 300 diagnostic~~  
2130 ~~cardiac catheterization procedures per year, combined inpatient~~  
2131 ~~and outpatient.~~

2132 ~~g. The applicant's payor mix at a minimum reflects the~~  
2133 ~~community average for Medicaid, charity care, and self-pay~~  
2134 ~~patients or the applicant must certify that it will provide a~~  
2135 ~~minimum of 5 percent of Medicaid, charity care, and self-pay to~~  
2136 ~~open heart surgery patients.~~

2137 ~~h. If the applicant fails to meet the established criteria~~  
2138 ~~for open heart programs or fails to reach 300 surgeries per year~~  
2139 ~~by the end of its third year of operation, it must show cause~~  
2140 ~~why its exemption should not be revoked.~~

2141 ~~3. By December 31, 2004, and annually thereafter, the~~  
2142 ~~agency shall submit a report to the Legislature providing~~  
2143 ~~information concerning the number of requests for exemption it~~  
2144 ~~has received under this paragraph during the calendar year and~~  
2145 ~~the number of exemptions it has granted or denied during the~~  
2146 ~~calendar year.~~

2147 ~~(n) For the provision of percutaneous coronary~~  
2148 ~~intervention for patients presenting with emergency myocardial~~



2149 ~~infarctions in a hospital without an approved adult open-heart-~~  
2150 ~~surgery program. In addition to any other documentation required~~  
2151 ~~by the agency, a request for an exemption submitted under this~~  
2152 ~~paragraph must comply with the following:~~

2153 ~~1. The applicant must certify that it will meet and~~  
2154 ~~continuously maintain the requirements adopted by the agency for~~  
2155 ~~the provision of these services. These licensure requirements~~  
2156 ~~shall be adopted by rule and must be consistent with the~~  
2157 ~~guidelines published by the American College of Cardiology and~~  
2158 ~~the American Heart Association for the provision of percutaneous~~  
2159 ~~coronary interventions in hospitals without adult open-heart~~  
2160 ~~services. At a minimum, the rules must require the following:~~

2161 ~~a. Cardiologists must be experienced interventionalists~~  
2162 ~~who have performed a minimum of 75 interventions within the~~  
2163 ~~previous 12 months.~~

2164 ~~b. The hospital must provide a minimum of 36 emergency~~  
2165 ~~interventions annually in order to continue to provide the~~  
2166 ~~service.~~

2167 ~~e. The hospital must offer sufficient physician, nursing,~~  
2168 ~~and laboratory staff to provide the services 24 hours a day, 7~~  
2169 ~~days a week.~~

2170 ~~d. Nursing and technical staff must have demonstrated~~  
2171 ~~experience in handling acutely ill patients requiring~~  
2172 ~~intervention based on previous experience in dedicated~~  
2173 ~~interventional laboratories or surgical centers.~~



2174 ~~e. Cardiac care nursing staff must be adept in hemodynamic~~  
2175 ~~monitoring and Intra-aortic Balloon Pump (IABP) management.~~

2176 ~~f. Formalized written transfer agreements must be~~  
2177 ~~developed with a hospital with an adult open-heart-surgery~~  
2178 ~~program, and written transport protocols must be in place to~~  
2179 ~~ensure safe and efficient transfer of a patient within 60~~  
2180 ~~minutes. Transfer and transport agreements must be reviewed and~~  
2181 ~~tested, with appropriate documentation maintained at least every~~  
2182 ~~3 months. However, a hospital located more than 100 road miles~~  
2183 ~~from the closest Level II adult cardiovascular services program~~  
2184 ~~does not need to meet the 60-minute transfer time protocol if~~  
2185 ~~the hospital demonstrates that it has a formalized, written~~  
2186 ~~transfer agreement with a hospital that has a Level II program.~~  
2187 ~~The agreement must include written transport protocols that~~  
2188 ~~ensure the safe and efficient transfer of a patient, taking into~~  
2189 ~~consideration the patient's clinical and physical~~  
2190 ~~characteristics, road and weather conditions, and viability of~~  
2191 ~~ground and air ambulance service to transfer the patient.~~

2192 ~~g. Hospitals implementing the service must first undertake~~  
2193 ~~a training program of 3 to 6 months' duration, which includes~~  
2194 ~~establishing standards and testing logistics, creating quality~~  
2195 ~~assessment and error management practices, and formalizing~~  
2196 ~~patient-selection criteria.~~

2197 ~~2. The applicant must certify that it will use at all~~  
2198 ~~times the patient-selection criteria for the performance of~~





2199 ~~primary angioplasty at hospitals without adult open-heart-~~  
2200 ~~surgery programs issued by the American College of Cardiology~~  
2201 ~~and the American Heart Association. At a minimum, these criteria~~  
2202 ~~would provide for the following:~~

2203 ~~a. Avoidance of interventions in hemodynamically stable~~  
2204 ~~patients who have identified symptoms or medical histories.~~

2205 ~~b. Transfer of patients who have a history of coronary~~  
2206 ~~disease and clinical presentation of hemodynamic instability.~~

2207 ~~3. The applicant must agree to submit a quarterly report~~  
2208 ~~to the agency detailing patient characteristics, treatment, and~~  
2209 ~~outcomes for all patients receiving emergency percutaneous~~  
2210 ~~coronary interventions pursuant to this paragraph. This report~~  
2211 ~~must be submitted within 15 days after the close of each~~  
2212 ~~calendar quarter.~~

2213 ~~4. The exemption provided by this paragraph does not apply~~  
2214 ~~unless the agency determines that the hospital has taken all~~  
2215 ~~necessary steps to be in compliance with all requirements of~~  
2216 ~~this paragraph, including the training program required under~~  
2217 ~~sub-subparagraph 1.g.~~

2218 ~~5. Failure of the hospital to continuously comply with the~~  
2219 ~~requirements of sub-subparagraphs 1.c.-f. and subparagraphs 2.~~  
2220 ~~and 3. will result in the immediate expiration of this~~  
2221 ~~exemption.~~

2222 ~~6. Failure of the hospital to meet the volume requirements~~  
2223 ~~of sub-subparagraphs 1.a. and b. within 18 months after the~~



2224 ~~program begins offering the service will result in the immediate~~  
2225 ~~expiration of the exemption.~~

2226

2227 ~~If the exemption for this service expires under subparagraph 5.~~  
2228 ~~or subparagraph 6., the agency may not grant another exemption~~  
2229 ~~for this service to the same hospital for 2 years and then only~~  
2230 ~~upon a showing that the hospital will remain in compliance with~~  
2231 ~~the requirements of this paragraph through a demonstration of~~  
2232 ~~corrections to the deficiencies that caused expiration of the~~  
2233 ~~exemption. Compliance with the requirements of this paragraph~~  
2234 ~~includes compliance with the rules adopted pursuant to this~~  
2235 ~~paragraph.~~

2236 (m) ~~(p)~~ For replacement of a licensed nursing home on the  
2237 same site, or within 5 miles of the same site if within the same  
2238 subdistrict, if the number of licensed beds does not increase  
2239 except as permitted under paragraph (e) ~~(f)~~.

2240 Section 62. Paragraph (b) of subsection (3) of section  
2241 408.0361, Florida Statutes, is amended to read:

2242 408.0361 Cardiovascular services and burn unit licensure.—

2243 (3) In establishing rules for adult cardiovascular  
2244 services, the agency shall include provisions that allow for:

2245 (b)1. For a hospital seeking a Level I program,  
2246 demonstration that, for the most recent 12-month period as  
2247 reported to the agency, it has provided a minimum of 300 adult  
2248 inpatient and outpatient diagnostic cardiac catheterizations or,



2249 for the most recent 12-month period, has discharged or  
2250 transferred at least 300 patients ~~inpatients~~ with the principal  
2251 diagnosis of ischemic heart disease and that it has a  
2252 formalized, written transfer agreement with a hospital that has  
2253 a Level II program, including written transport protocols to  
2254 ensure safe and efficient transfer of a patient within 60  
2255 minutes.

2256 2.a. A hospital located more than 100 road miles from the  
2257 closest Level II adult cardiovascular services program does not  
2258 need to meet the diagnostic cardiac catheterization volume and  
2259 ischemic heart disease diagnosis volume requirements in  
2260 subparagraph 1., if the hospital demonstrates that it has, for  
2261 the most recent 12-month period as reported to the agency,  
2262 provided a minimum of 100 adult inpatient and outpatient  
2263 diagnostic cardiac catheterizations or that, for the most recent  
2264 12-month period, it has discharged or transferred at least 300  
2265 patients with the principal diagnosis of ischemic heart disease.

2266 b. ~~However,~~ A hospital located more than 100 road miles  
2267 from the closest Level II adult cardiovascular services program  
2268 does not need to meet the 60-minute transfer time protocol  
2269 requirement in subparagraph 1., if the hospital demonstrates  
2270 that it has a formalized, written transfer agreement with a  
2271 hospital that has a Level II program. The agreement must include  
2272 written transport protocols to ensure the safe and efficient  
2273 transfer of a patient, taking into consideration the patient's



2274 clinical and physical characteristics, road and weather  
2275 conditions, and viability of ground and air ambulance service to  
2276 transfer the patient.

2277 3. At a minimum, the rules for adult cardiovascular  
2278 services must require nursing and technical staff to have  
2279 demonstrated experience in handling acutely ill patients  
2280 requiring intervention, based on the staff member's previous  
2281 experience in dedicated cardiac interventional laboratories or  
2282 surgical centers. If a staff member's previous experience is in  
2283 a dedicated cardiac interventional laboratory at a hospital that  
2284 does not have an approved adult open-heart-surgery program, the  
2285 staff member's previous experience qualifies only if, at the  
2286 time the staff member acquired his or her experience, the  
2287 dedicated cardiac interventional laboratory:

2288 a. Had an annual volume of 500 or more percutaneous  
2289 cardiac intervention procedures;

2290 b. Achieved a demonstrated success rate of 95 percent or  
2291 greater for percutaneous cardiac intervention procedures;

2292 c. Experienced a complication rate of less than 5 percent  
2293 for percutaneous cardiac intervention procedures; and

2294 d. Performed diverse cardiac procedures, including, but  
2295 not limited to, balloon angioplasty and stenting, rotational  
2296 atherectomy, cutting balloon atheroma remodeling, and procedures  
2297 relating to left ventricular support capability.

2298 Section 63. Paragraph (k) is added to subsection (3) of



2299 | section 408.05, Florida Statutes, to read:

2300 |       408.05 Florida Center for Health Information and  
2301 | Transparency.—

2302 |       (3) HEALTH INFORMATION TRANSPARENCY.—In order to  
2303 | disseminate and facilitate the availability of comparable and  
2304 | uniform health information, the agency shall perform the  
2305 | following functions:

2306 |       (k) Contract with the Society of Thoracic Surgeons and the  
2307 | American College of Cardiology to obtain data reported pursuant  
2308 | to s. 395.1055 for publication on the agency's website in a  
2309 | manner that will allow consumers to be informed of aggregate  
2310 | data and to compare pediatric cardiac programs.

2311 |       Section 64. Subsection (4) of section 408.061, Florida  
2312 | Statutes, is amended to read:

2313 |       408.061 Data collection; uniform systems of financial  
2314 | reporting; information relating to physician charges;  
2315 | confidential information; immunity.—

2316 |       (4) Within 120 days after the end of its fiscal year, each  
2317 | health care facility, excluding continuing care facilities,  
2318 | hospitals operated by state agencies, and nursing homes as those  
2319 | terms are defined in s. 408.07 ~~s. 408.07(14) and (37)~~, shall  
2320 | file with the agency, on forms adopted by the agency and based  
2321 | on the uniform system of financial reporting, its actual  
2322 | financial experience for that fiscal year, including  
2323 | expenditures, revenues, and statistical measures. Such data may



2324 be based on internal financial reports which are certified to be  
2325 complete and accurate by the provider. However, hospitals'  
2326 actual financial experience shall be their audited actual  
2327 experience. Every nursing home shall submit to the agency, in a  
2328 format designated by the agency, a statistical profile of the  
2329 nursing home residents. The agency, in conjunction with the  
2330 Department of Elderly Affairs and the Department of Health,  
2331 shall review these statistical profiles and develop  
2332 recommendations for the types of residents who might more  
2333 appropriately be placed in their homes or other noninstitutional  
2334 settings.

2335 Section 65. Subsection (11) of section 408.07, Florida  
2336 Statutes, is amended to read:

2337 408.07 Definitions.—As used in this chapter, with the  
2338 exception of ss. 408.031-408.045, the term:

2339 ~~(11) "Clinical laboratory" means a facility licensed under~~  
2340 ~~s. 483.091, excluding: any hospital laboratory defined under s.~~  
2341 ~~483.041(6); any clinical laboratory operated by the state or a~~  
2342 ~~political subdivision of the state; any blood or tissue bank~~  
2343 ~~where the majority of revenues are received from the sale of~~  
2344 ~~blood or tissue and where blood, plasma, or tissue is procured~~  
2345 ~~from volunteer donors and donated, processed, stored, or~~  
2346 ~~distributed on a nonprofit basis; and any clinical laboratory~~  
2347 ~~which is wholly owned and operated by physicians who are~~  
2348 ~~licensed pursuant to chapter 458 or chapter 459 and who practice~~



CS/CS/HB 597, Engrossed 1

2018

2349 ~~in the same group practice, and at which no clinical laboratory~~  
2350 ~~work is performed for patients referred by any health care~~  
2351 ~~provider who is not a member of that same group practice.~~

2352 Section 66. Subsection (4) of section 408.20, Florida  
2353 Statutes, is amended to read:

2354 408.20 Assessments; Health Care Trust Fund.—

2355 (4) Hospitals operated by a state agency ~~the Department of~~  
2356 ~~Children and Families, the Department of Health, or the~~  
2357 ~~Department of Corrections~~ are exempt from the assessments  
2358 required under this section.

2359 Section 67. Section 408.7056, Florida Statutes, is  
2360 repealed.

2361 Section 68. Subsections (12) through (26) and (29) of  
2362 section 408.802, Florida Statutes, are renumbered as subsections  
2363 (10) through (24) and (26), respectively, and subsections (10),  
2364 (11), and (27) and present subsection (28) of that section are  
2365 amended to read:

2366 408.802 Applicability.—The provisions of this part apply  
2367 to the provision of services that require licensure as defined  
2368 in this part and to the following entities licensed, registered,  
2369 or certified by the agency, as described in chapters 112, 383,  
2370 390, 394, 395, 400, 429, 440, 483, and 765:

2371 ~~(10) Mobile surgical facilities, as provided under part I~~  
2372 ~~of chapter 395.~~

2373 ~~(11) Health care risk managers, as provided under part I~~



2374 ~~of chapter 395.~~

2375 ~~(27) Clinical laboratories, as provided under part I of~~  
2376 ~~chapter 483.~~

2377 ~~(25)(28)~~ Multiphasic health testing centers, as provided  
2378 under part I ~~II~~ of chapter 483.

2379 Section 69. Subsections (12) and (13) of section 408.803,  
2380 Florida Statutes, are renumbered as subsections (13) and (14),  
2381 respectively, and a new subsection (12) is added to that section  
2382 to read:

2383 408.803 Definitions.—As used in this part, the term:

2384 (12) "Relative" means an individual who is the father,  
2385 mother, stepfather, stepmother, son, daughter, brother, sister,  
2386 grandmother, grandfather, great-grandmother, great-grandfather,  
2387 grandson, granddaughter, uncle, aunt, first cousin, nephew,  
2388 niece, husband, wife, father-in-law, mother-in-law, son-in-law,  
2389 daughter-in-law, brother-in-law, sister-in-law, stepson,  
2390 stepdaughter, stepbrother, stepsister, half-brother, or half-  
2391 sister of a patient or client.

2392 Section 70. Paragraph (c) of subsection (7) of section  
2393 408.806, Florida Statutes, is amended, and subsection (9) is  
2394 added to that section, to read:

2395 408.806 License application process.—

2396 (7)

2397 (c) If an inspection is required by the authorizing  
2398 statute for a license application other than an initial





2399 application, the inspection must be unannounced. This paragraph  
2400 does not apply to inspections required pursuant to ss. 383.324,  
2401 395.0161(4) and, 429.67(6), ~~and 483.061(2)~~.

2402 (9) A licensee that holds a license for multiple providers  
2403 licensed by the agency may request that all related license  
2404 expiration dates be aligned. Upon such request, the agency may  
2405 issue a license for an abbreviated licensure period with a  
2406 prorated licensure fee.

2407 Section 71. Paragraphs (d) and (e) of subsection (1) of  
2408 section 408.809, Florida Statutes, are amended to read:

2409 408.809 Background screening; prohibited offenses.—

2410 (1) Level 2 background screening pursuant to chapter 435  
2411 must be conducted through the agency on each of the following  
2412 persons, who are considered employees for the purposes of  
2413 conducting screening under chapter 435:

2414 (d) Any person who is a controlling interest ~~if the agency~~  
2415 ~~has reason to believe that such person has been convicted of any~~  
2416 ~~offense prohibited by s. 435.04. For each controlling interest~~  
2417 ~~who has been convicted of any such offense, the licensee shall~~  
2418 ~~submit to the agency a description and explanation of the~~  
2419 ~~conviction at the time of license application.~~

2420 (e) Any person, as required by authorizing statutes,  
2421 seeking employment with a licensee or provider who is expected  
2422 to, or whose responsibilities may require him or her to, provide  
2423 personal care or services directly to clients or have access to



2424 client funds, personal property, or living areas; and any  
2425 person, as required by authorizing statutes, contracting with a  
2426 licensee or provider whose responsibilities require him or her  
2427 to provide personal care or personal services directly to  
2428 clients, or contracting with a licensee or provider to work 20  
2429 hours a week or more who will have access to client funds,  
2430 personal property, or living areas. Evidence of contractor  
2431 screening may be retained by the contractor's employer or the  
2432 licensee.

2433 Section 72. Subsection (8) of section 408.810, Florida  
2434 Statutes, is amended, and subsections (11), (12), and (13) are  
2435 added to that section, to read:

2436 408.810 Minimum licensure requirements.—In addition to the  
2437 licensure requirements specified in this part, authorizing  
2438 statutes, and applicable rules, each applicant and licensee must  
2439 comply with the requirements of this section in order to obtain  
2440 and maintain a license.

2441 (8) Upon application for initial licensure or change of  
2442 ownership licensure, the applicant shall furnish satisfactory  
2443 proof of the applicant's financial ability to operate in  
2444 accordance with the requirements of this part, authorizing  
2445 statutes, and applicable rules. The agency shall establish  
2446 standards for this purpose, including information concerning the  
2447 applicant's controlling interests. The agency shall also  
2448 establish documentation requirements, to be completed by each



2449 applicant, that show anticipated provider revenues and  
2450 expenditures, the basis for financing the anticipated cash-flow  
2451 requirements of the provider, and an applicant's access to  
2452 contingency financing. A current certificate of authority,  
2453 pursuant to chapter 651, may be provided as proof of financial  
2454 ability to operate. The agency may require a licensee to provide  
2455 proof of financial ability to operate at any time if there is  
2456 evidence of financial instability, including, but not limited  
2457 to, unpaid expenses necessary for the basic operations of the  
2458 provider. An applicant applying for change of ownership  
2459 licensure is exempt from furnishing proof of financial ability  
2460 to operate if the provider has been licensed for at least 5  
2461 years, and:

2462 (a) The ownership change is a result of a corporate  
2463 reorganization under which the controlling interest is unchanged  
2464 and the applicant submits organizational charts that represent  
2465 the current and proposed structure of the reorganized  
2466 corporation; or

2467 (b) The ownership change is due solely to the death of a  
2468 person holding a controlling interest, and the surviving  
2469 controlling interests continue to hold at least 51 percent of  
2470 ownership after the change of ownership.

2471 (11) The agency may adopt rules that govern the  
2472 circumstances under which a controlling interest, an  
2473 administrator, an employee, or a contractor, or a representative



2474 thereof, who is not a relative of the client may act as an agent  
2475 of the client in authorizing consent for medical treatment,  
2476 assignment of benefits, and release of information. Such rules  
2477 may include requirements related to disclosure, bonding,  
2478 restrictions, and client protections.

2479 (12) The licensee shall ensure that no person holds any  
2480 ownership interest, either directly or indirectly, regardless of  
2481 ownership structure, who:

2482 (a) Has a disqualifying offense pursuant to s. 408.809; or

2483 (b) Holds or has held any ownership interest, either  
2484 directly or indirectly, regardless of ownership structure, in a  
2485 provider that had a license revoked or an application denied  
2486 pursuant to s. 408.815.

2487 (13) If the licensee is a publicly traded corporation or  
2488 is wholly owned, directly or indirectly, by a publicly traded  
2489 corporation, subsection (12) does not apply to those persons  
2490 whose sole relationship with the corporation is as a shareholder  
2491 of publicly traded shares. As used in this subsection, a  
2492 "publicly traded corporation" is a corporation that issues  
2493 securities traded on an exchange registered with the United  
2494 States Securities and Exchange Commission as a national  
2495 securities exchange.

2496 Section 73. Section 408.812, Florida Statutes, is amended  
2497 to read:

2498 408.812 Unlicensed activity.—



2499 (1) A person or entity may not offer or advertise services  
2500 that require licensure as defined by this part, authorizing  
2501 statutes, or applicable rules to the public without obtaining a  
2502 valid license from the agency. A licenseholder may not advertise  
2503 or hold out to the public that he or she holds a license for  
2504 other than that for which he or she actually holds the license.

2505 (2) The operation or maintenance of an unlicensed provider  
2506 or the performance of any services that require licensure  
2507 without proper licensure is a violation of this part and  
2508 authorizing statutes. Unlicensed activity constitutes harm that  
2509 materially affects the health, safety, and welfare of clients,  
2510 and constitutes abuse and neglect, as defined in s. 415.102. The  
2511 agency or any state attorney may, in addition to other remedies  
2512 provided in this part, bring an action for an injunction to  
2513 restrain such violation, or to enjoin the future operation or  
2514 maintenance of the unlicensed provider or the performance of any  
2515 services in violation of this part and authorizing statutes,  
2516 until compliance with this part, authorizing statutes, and  
2517 agency rules has been demonstrated to the satisfaction of the  
2518 agency.

2519 (3) It is unlawful for any person or entity to own,  
2520 operate, or maintain an unlicensed provider. If after receiving  
2521 notification from the agency, such person or entity fails to  
2522 cease operation ~~and apply for a license under this part and~~  
2523 ~~authorizing statutes,~~ the person or entity is ~~shall be~~ subject



2524 to penalties as prescribed by authorizing statutes and  
2525 applicable rules. Each day of ~~continued~~ operation is a separate  
2526 offense.

2527 (4) Any person or entity that fails to cease operation  
2528 after agency notification may be fined \$1,000 for each day of  
2529 noncompliance.

2530 (5) When a controlling interest or licensee has an  
2531 interest in more than one provider and fails to license a  
2532 provider rendering services that require licensure, the agency  
2533 may revoke all licenses, ~~and~~ impose actions under s. 408.814,  
2534 and regardless of correction, impose a fine of \$1,000 per day,  
2535 unless otherwise specified by authorizing statutes, against each  
2536 licensee until such time as the appropriate license is obtained  
2537 or the unlicensed activity ceases ~~for the unlicensed operation.~~

2538 (6) In addition to granting injunctive relief pursuant to  
2539 subsection (2), if the agency determines that a person or entity  
2540 is operating or maintaining a provider without obtaining a  
2541 license and determines that a condition exists that poses a  
2542 threat to the health, safety, or welfare of a client of the  
2543 provider, the person or entity is subject to the same actions  
2544 and fines imposed against a licensee as specified in this part,  
2545 authorizing statutes, and agency rules.

2546 (7) Any person aware of the operation of an unlicensed  
2547 provider must report that provider to the agency.

2548 Section 74. Subsections (12) through (25) and (28) of



2549 section 408.820, Florida Statutes, are renumbered as subsections  
2550 (10) through (23) and (25), respectively, and subsections (10),  
2551 (11), and (26) and present subsection (27) of that section are  
2552 amended to read:

2553 408.820 Exemptions.—Except as prescribed in authorizing  
2554 statutes, the following exemptions shall apply to specified  
2555 requirements of this part:

2556 ~~(10) Mobile surgical facilities, as provided under part I~~  
2557 ~~of chapter 395, are exempt from s. 408.810(7)-(10).~~

2558 ~~(11) Health care risk managers, as provided under part I~~  
2559 ~~of chapter 395, are exempt from ss. 408.806(7), 408.810(4)-(10),~~  
2560 ~~and 408.811.~~

2561 ~~(26) Clinical laboratories, as provided under part I of~~  
2562 ~~chapter 483, are exempt from s. 408.810(5)-(10).~~

2563 (24)~~(27)~~ Multiphasic health testing centers, as provided  
2564 under part I ~~II~~ of chapter 483, are exempt from s. 408.810(5)-  
2565 (10).

2566 Section 75. Subsection (7) of section 409.905, Florida  
2567 Statutes, is amended to read:

2568 409.905 Mandatory Medicaid services.—The agency may make  
2569 payments for the following services, which are required of the  
2570 state by Title XIX of the Social Security Act, furnished by  
2571 Medicaid providers to recipients who are determined to be  
2572 eligible on the dates on which the services were provided. Any  
2573 service under this section shall be provided only when medically



2574 necessary and in accordance with state and federal law.  
2575 Mandatory services rendered by providers in mobile units to  
2576 Medicaid recipients may be restricted by the agency. Nothing in  
2577 this section shall be construed to prevent or limit the agency  
2578 from adjusting fees, reimbursement rates, lengths of stay,  
2579 number of visits, number of services, or any other adjustments  
2580 necessary to comply with the availability of moneys and any  
2581 limitations or directions provided for in the General  
2582 Appropriations Act or chapter 216.

2583 (7) INDEPENDENT LABORATORY SERVICES.—The agency shall pay  
2584 for medically necessary diagnostic laboratory procedures ordered  
2585 by a licensed physician or other licensed practitioner of the  
2586 healing arts which are provided for a recipient in a laboratory  
2587 that meets the requirements for Medicare participation and is  
2588 appropriately certified by the Centers for Medicare and Medicaid  
2589 Services under the federal Clinical Laboratory Improvement  
2590 Amendments and the federal rules adopted thereunder ~~licensed~~  
2591 ~~under chapter 483, if required.~~

2592 Section 76. Subsection (10) of section 409.907, Florida  
2593 Statutes, is amended to read:

2594 409.907 Medicaid provider agreements.—The agency may make  
2595 payments for medical assistance and related services rendered to  
2596 Medicaid recipients only to an individual or entity who has a  
2597 provider agreement in effect with the agency, who is performing  
2598 services or supplying goods in accordance with federal, state,





2599 | and local law, and who agrees that no person shall, on the  
2600 | grounds of handicap, race, color, or national origin, or for any  
2601 | other reason, be subjected to discrimination under any program  
2602 | or activity for which the provider receives payment from the  
2603 | agency.

2604 |       (10) The agency may consider whether the provider, or any  
2605 | officer, director, agent, managing employee, or affiliated  
2606 | person, or any partner or shareholder having an ownership  
2607 | interest equal to 5 percent or greater in the provider if the  
2608 | provider is a corporation, partnership, or other business  
2609 | entity, has:

2610 |       (a) Made a false representation or omission of any  
2611 | material fact in making the application, including the  
2612 | submission of an application that conceals the controlling or  
2613 | ownership interest of any officer, director, agent, managing  
2614 | employee, affiliated person, or partner or shareholder who may  
2615 | not be eligible to participate;

2616 |       (b) Been or is currently excluded, suspended, terminated  
2617 | from, or has involuntarily withdrawn from participation in,  
2618 | Florida's Medicaid program or any other state's Medicaid  
2619 | program, or from participation in any other governmental or  
2620 | private health care or health insurance program;

2621 |       ~~(c) Been convicted of a criminal offense relating to the~~  
2622 | ~~delivery of any goods or services under Medicaid or Medicare or~~  
2623 | ~~any other public or private health care or health insurance~~



2624 ~~program including the performance of management or~~  
2625 ~~administrative services relating to the delivery of goods or~~  
2626 ~~services under any such program;~~

2627 ~~(d) Been convicted under federal or state law of a~~  
2628 ~~criminal offense related to the neglect or abuse of a patient in~~  
2629 ~~connection with the delivery of any health care goods or~~  
2630 ~~services;~~

2631 ~~(e) Been convicted under federal or state law of a~~  
2632 ~~criminal offense relating to the unlawful manufacture,~~  
2633 ~~distribution, prescription, or dispensing of a controlled~~  
2634 ~~substance;~~

2635 ~~(f) Been convicted of any criminal offense relating to~~  
2636 ~~fraud, theft, embezzlement, breach of fiduciary responsibility,~~  
2637 ~~or other financial misconduct;~~

2638 ~~(g) Been convicted under federal or state law of a crime~~  
2639 ~~punishable by imprisonment of a year or more which involves~~  
2640 ~~moral turpitude;~~

2641 ~~(h) Been convicted in connection with the interference or~~  
2642 ~~obstruction of any investigation into any criminal offense~~  
2643 ~~listed in this subsection;~~

2644 ~~(i) Been found to have violated federal or state laws,~~  
2645 ~~rules, or regulations governing Florida's Medicaid program or~~  
2646 ~~any other state's Medicaid program, the Medicare program, or any~~  
2647 ~~other publicly funded federal or state health care or health~~  
2648 ~~insurance program, and been sanctioned accordingly;~~



2649        (c)~~(j)~~ Been previously found by a licensing, certifying,  
2650 or professional standards board or agency to have violated the  
2651 standards or conditions relating to licensure or certification  
2652 or the quality of services provided; or

2653        (d)~~(k)~~ Failed to pay any fine or overpayment properly  
2654 assessed under the Medicaid program in which no appeal is  
2655 pending or after resolution of the proceeding by stipulation or  
2656 agreement, unless the agency has issued a specific letter of  
2657 forgiveness or has approved a repayment schedule to which the  
2658 provider agrees to adhere.

2659        Section 77. Subsection (6) of section 409.9116, Florida  
2660 Statutes, is amended to read:

2661        409.9116 Disproportionate share/financial assistance  
2662 program for rural hospitals.—In addition to the payments made  
2663 under s. 409.911, the Agency for Health Care Administration  
2664 shall administer a federally matched disproportionate share  
2665 program and a state-funded financial assistance program for  
2666 statutory rural hospitals. The agency shall make  
2667 disproportionate share payments to statutory rural hospitals  
2668 that qualify for such payments and financial assistance payments  
2669 to statutory rural hospitals that do not qualify for  
2670 disproportionate share payments. The disproportionate share  
2671 program payments shall be limited by and conform with federal  
2672 requirements. Funds shall be distributed quarterly in each  
2673 fiscal year for which an appropriation is made. Notwithstanding



2674 the provisions of s. 409.915, counties are exempt from  
2675 contributing toward the cost of this special reimbursement for  
2676 hospitals serving a disproportionate share of low-income  
2677 patients.

2678 (6) This section applies only to hospitals that were  
2679 defined as statutory rural hospitals, or their successor-in-  
2680 interest hospital, prior to January 1, 2001. Any additional  
2681 hospital that is defined as a statutory rural hospital, or its  
2682 successor-in-interest hospital, on or after January 1, 2001, is  
2683 not eligible for programs under this section unless additional  
2684 funds are appropriated each fiscal year specifically to the  
2685 rural hospital disproportionate share and financial assistance  
2686 programs in an amount necessary to prevent any hospital, or its  
2687 successor-in-interest hospital, eligible for the programs prior  
2688 to January 1, 2001, from incurring a reduction in payments  
2689 because of the eligibility of an additional hospital to  
2690 participate in the programs. A hospital, or its successor-in-  
2691 interest hospital, which received funds pursuant to this section  
2692 before January 1, 2001, and which qualifies under s.  
2693 395.602(2)(b) ~~s. 395.602(2)(e)~~, shall be included in the  
2694 programs under this section and is not required to seek  
2695 additional appropriations under this subsection.

2696 Section 78. Paragraphs (a) and (b) of subsection (1) of  
2697 section 409.975, Florida Statutes, are amended to read:

2698 409.975 Managed care plan accountability.—In addition to



2699 | the requirements of s. 409.967, plans and providers  
2700 | participating in the managed medical assistance program shall  
2701 | comply with the requirements of this section.

2702 |       (1) PROVIDER NETWORKS.—Managed care plans must develop and  
2703 | maintain provider networks that meet the medical needs of their  
2704 | enrollees in accordance with standards established pursuant to  
2705 | s. 409.967(2)(c). Except as provided in this section, managed  
2706 | care plans may limit the providers in their networks based on  
2707 | credentials, quality indicators, and price.

2708 |       (a) Plans must include all providers in the region that  
2709 | are classified by the agency as essential Medicaid providers,  
2710 | unless the agency approves, in writing, an alternative  
2711 | arrangement for securing the types of services offered by the  
2712 | essential providers. Providers are essential for serving  
2713 | Medicaid enrollees if they offer services that are not available  
2714 | from any other provider within a reasonable access standard, or  
2715 | if they provided a substantial share of the total units of a  
2716 | particular service used by Medicaid patients within the region  
2717 | during the last 3 years and the combined capacity of other  
2718 | service providers in the region is insufficient to meet the  
2719 | total needs of the Medicaid patients. The agency may not  
2720 | classify physicians and other practitioners as essential  
2721 | providers. The agency, at a minimum, shall determine which  
2722 | providers in the following categories are essential Medicaid  
2723 | providers:



2724 1. Federally qualified health centers.  
 2725 2. Statutory teaching hospitals as defined in s.  
 2726 408.07(44) ~~s. 408.07(45)~~.  
 2727 3. Hospitals that are trauma centers as defined in s.  
 2728 395.4001(14).  
 2729 4. Hospitals located at least 25 miles from any other  
 2730 hospital with similar services.  
 2731  
 2732 Managed care plans that have not contracted with all essential  
 2733 providers in the region as of the first date of recipient  
 2734 enrollment, or with whom an essential provider has terminated  
 2735 its contract, must negotiate in good faith with such essential  
 2736 providers for 1 year or until an agreement is reached, whichever  
 2737 is first. Payments for services rendered by a nonparticipating  
 2738 essential provider shall be made at the applicable Medicaid rate  
 2739 as of the first day of the contract between the agency and the  
 2740 plan. A rate schedule for all essential providers shall be  
 2741 attached to the contract between the agency and the plan. After  
 2742 1 year, managed care plans that are unable to contract with  
 2743 essential providers shall notify the agency and propose an  
 2744 alternative arrangement for securing the essential services for  
 2745 Medicaid enrollees. The arrangement must rely on contracts with  
 2746 other participating providers, regardless of whether those  
 2747 providers are located within the same region as the  
 2748 nonparticipating essential service provider. If the alternative



2749 arrangement is approved by the agency, payments to  
2750 nonparticipating essential providers after the date of the  
2751 agency's approval shall equal 90 percent of the applicable  
2752 Medicaid rate. Except for payment for emergency services, if the  
2753 alternative arrangement is not approved by the agency, payment  
2754 to nonparticipating essential providers shall equal 110 percent  
2755 of the applicable Medicaid rate.

2756 (b) Certain providers are statewide resources and  
2757 essential providers for all managed care plans in all regions.  
2758 All managed care plans must include these essential providers in  
2759 their networks. Statewide essential providers include:

- 2760 1. Faculty plans of Florida medical schools.
- 2761 2. Regional perinatal intensive care centers as defined in  
2762 s. 383.16(2).
- 2763 3. Hospitals licensed as specialty children's hospitals as  
2764 defined in s. 395.002(27) ~~s. 395.002(28)~~.
- 2765 4. Accredited and integrated systems serving medically  
2766 complex children which comprise separately licensed, but  
2767 commonly owned, health care providers delivering at least the  
2768 following services: medical group home, in-home and outpatient  
2769 nursing care and therapies, pharmacy services, durable medical  
2770 equipment, and Prescribed Pediatric Extended Care.

2771  
2772 Managed care plans that have not contracted with all statewide  
2773 essential providers in all regions as of the first date of



2774 recipient enrollment must continue to negotiate in good faith.  
 2775 Payments to physicians on the faculty of nonparticipating  
 2776 Florida medical schools shall be made at the applicable Medicaid  
 2777 rate. Payments for services rendered by regional perinatal  
 2778 intensive care centers shall be made at the applicable Medicaid  
 2779 rate as of the first day of the contract between the agency and  
 2780 the plan. Except for payments for emergency services, payments  
 2781 to nonparticipating specialty children's hospitals shall equal  
 2782 the highest rate established by contract between that provider  
 2783 and any other Medicaid managed care plan.

2784 Section 79. Subsections (5) and (17) of section 429.02,  
 2785 Florida Statutes, are amended to read:

2786 429.02 Definitions.—When used in this part, the term:

2787 (5) "Assisted living facility" means any building or  
 2788 buildings, section or distinct part of a building, private home,  
 2789 boarding home, home for the aged, or other residential facility,  
 2790 regardless of whether operated for profit ~~or not~~, which  
 2791 ~~undertakes~~ through its ownership or management provides ~~to~~  
 2792 ~~provide~~ housing, meals, and one or more personal services for a  
 2793 period exceeding 24 hours to one or more adults who are not  
 2794 relatives of the owner or administrator.

2795 (17) "Personal services" means direct physical assistance  
 2796 with or supervision of the activities of daily living, ~~and~~ the  
 2797 self-administration of medication, or ~~and~~ other similar services  
 2798 which the department may define by rule. The term may ~~"Personal~~





2799 | ~~services" shall~~ not be construed to mean the provision of  
2800 | medical, nursing, dental, or mental health services.

2801 | Section 80. Paragraphs (b) and (d) of subsection (2) of  
2802 | section 429.04, Florida Statutes, are amended, and subsection  
2803 | (3) is added that section, to read:

2804 | 429.04 Facilities to be licensed; exemptions.—

2805 | (2) The following are exempt from licensure under this  
2806 | part:

2807 | (b) Any facility or part of a facility licensed by the  
2808 | Agency for Persons with Disabilities under chapter 393, a mental  
2809 | health facility licensed under ~~or~~ chapter 394, a hospital  
2810 | licensed under chapter 395, a nursing home licensed under part  
2811 | II of chapter 400, an inpatient hospice licensed under part IV  
2812 | of chapter 400, a home for special services licensed under part  
2813 | V of chapter 400, an intermediate care facility licensed under  
2814 | part VIII of chapter 400, or a transitional living facility  
2815 | licensed under part XI of chapter 400.

2816 | (d) Any person who provides housing, meals, and one or  
2817 | more personal services on a 24-hour basis in the person's own  
2818 | home to not more than two adults who do not receive optional  
2819 | state supplementation. The person who provides the housing,  
2820 | meals, and personal services must own or rent the home and must  
2821 | have established the home as his or her permanent residence. For  
2822 | purposes of this paragraph, any person holding a homestead  
2823 | exemption at an address other than that at which the person



2824 asserts this exemption is presumed to not have established  
2825 permanent residence ~~reside therein~~. This exemption does not  
2826 apply to a person or entity that previously held a license  
2827 issued by the agency which was revoked or for which renewal was  
2828 denied by final order of the agency, or when the person or  
2829 entity voluntarily relinquished the license during agency  
2830 enforcement proceedings.

2831 (3) Upon agency investigation of unlicensed activity, any  
2832 person or entity that claims that it is exempt under this  
2833 section must provide documentation substantiating entitlement to  
2834 the exemption.

2835 Section 81. Paragraphs (b) and (d) of subsection (1) of  
2836 section 429.08, Florida Statutes, are amended to read:

2837 429.08 Unlicensed facilities; referral of person for  
2838 residency to unlicensed facility; penalties.—

2839 (1)

2840 (b) ~~Except as provided under paragraph (d),~~ Any person who  
2841 owns, rents, or otherwise maintains a building or property used  
2842 as operates, or maintains an unlicensed assisted living facility  
2843 commits a felony of the third degree, punishable as provided in  
2844 s. 775.082, s. 775.083, or s. 775.084. Each day of continued  
2845 operation is a separate offense.

2846 (d) In addition to the requirements of s. 408.812, any  
2847 person who owns, operates, or maintains an unlicensed assisted  
2848 living facility after receiving notice from the agency ~~due to a~~



2849 ~~change in this part or a modification in rule within 6 months~~  
2850 ~~after the effective date of such change and who, within 10~~  
2851 ~~working days after receiving notification from the agency, fails~~  
2852 ~~to cease operation or apply for a license under this part~~  
2853 commits a felony of the third degree, punishable as provided in  
2854 s. 775.082, s. 775.083, or s. 775.084. Each day of continued  
2855 operation is a separate offense.

2856 Section 82. Section 429.176, Florida Statutes, is amended  
2857 to read:

2858 429.176 Notice of change of administrator.—If, during the  
2859 period for which a license is issued, the owner changes  
2860 administrators, the owner must notify the agency of the change  
2861 within 10 days and provide documentation within 90 days that the  
2862 new administrator has completed the applicable core educational  
2863 requirements under s. 429.52. A facility may not be operated for  
2864 more than 120 consecutive days without an administrator who has  
2865 completed the core educational requirements.

2866 Section 83. Subsection (7) of section 429.19, Florida  
2867 Statutes, is amended to read:

2868 429.19 Violations; imposition of administrative fines;  
2869 grounds.—

2870 (7) In addition to any administrative fines imposed, the  
2871 agency may assess a survey fee, equal to the lesser of one half  
2872 of the facility's biennial license and bed fee or \$500, to cover  
2873 the cost of conducting initial complaint investigations that



2874 result in the finding of a violation that was the subject of the  
2875 complaint or monitoring visits conducted ~~under s. 429.28(3)(c)~~  
2876 to verify the correction of the violations.

2877 Section 84. Subsection (2) of section 429.24, Florida  
2878 Statutes, is amended to read:

2879 429.24 Contracts.—

2880 (2) Each contract must contain express provisions  
2881 specifically setting forth the services and accommodations to be  
2882 provided by the facility; the rates or charges; provision for at  
2883 least 30 days' written notice of a rate increase; the rights,  
2884 duties, and obligations of the residents, other than those  
2885 specified in s. 429.28; and other matters that the parties deem  
2886 appropriate. A new service or accommodation added to, or  
2887 implemented in, a resident's contract for which the resident was  
2888 not previously charged does not require a 30-day written notice  
2889 of a rate increase. Whenever money is deposited or advanced by a  
2890 resident in a contract as security for performance of the  
2891 contract agreement or as advance rent for other than the next  
2892 immediate rental period:

2893 (a) Such funds shall be deposited in a banking institution  
2894 in this state that is located, if possible, in the same  
2895 community in which the facility is located; shall be kept  
2896 separate from the funds and property of the facility; may not be  
2897 represented as part of the assets of the facility on financial  
2898 statements; and shall be used, or otherwise expended, only for



2899 | the account of the resident.

2900 |       (b) The licensee shall, within 30 days of receipt of  
2901 | advance rent or a security deposit, notify the resident or  
2902 | residents in writing of the manner in which the licensee is  
2903 | holding the advance rent or security deposit and state the name  
2904 | and address of the depository where the moneys are being held.  
2905 | The licensee shall notify residents of the facility's policy on  
2906 | advance deposits.

2907 |       Section 85. Paragraphs (e) and (j) of subsection (1) and  
2908 | paragraphs (c), (d), and (e) of subsection (3) of section  
2909 | 429.28, Florida Statutes, are amended to read:

2910 |       429.28 Resident bill of rights.—

2911 |       (1) No resident of a facility shall be deprived of any  
2912 | civil or legal rights, benefits, or privileges guaranteed by  
2913 | law, the Constitution of the State of Florida, or the  
2914 | Constitution of the United States as a resident of a facility.  
2915 | Every resident of a facility shall have the right to:

2916 |       (e) Freedom to participate in and benefit from community  
2917 | services and activities and to pursue ~~achieve~~ the highest  
2918 | possible level of independence, autonomy, and interaction within  
2919 | the community.

2920 |       (j) Assistance with obtaining access to adequate and  
2921 | appropriate health care. For purposes of this paragraph, the  
2922 | term "adequate and appropriate health care" means the management  
2923 | of medications, assistance in making appointments for health



2924 care services, the provision of or arrangement of transportation  
2925 to health care appointments, and the performance of health care  
2926 services in accordance with s. 429.255 which are consistent with  
2927 established and recognized standards within the community.

2928 (3)

2929 ~~(c) During any calendar year in which no survey is~~  
2930 ~~conducted, the agency shall conduct at least one monitoring~~  
2931 ~~visit of each facility cited in the previous year for a class I~~  
2932 ~~or class II violation, or more than three uncorrected class III~~  
2933 ~~violations.~~

2934 ~~(d) The agency may conduct periodic followup inspections~~  
2935 ~~as necessary to monitor the compliance of facilities with a~~  
2936 ~~history of any class I, class II, or class III violations that~~  
2937 ~~threaten the health, safety, or security of residents.~~

2938 ~~(e) The agency may conduct complaint investigations as~~  
2939 ~~warranted to investigate any allegations of noncompliance with~~  
2940 ~~requirements required under this part or rules adopted under~~  
2941 ~~this part.~~

2942 Section 86. Subsection (1) of section 429.294, Florida  
2943 Statutes, is amended to read:

2944 429.294 Availability of facility records for investigation  
2945 of resident's rights violations and defenses; penalty.—

2946 (1) Failure to provide complete copies of a resident's  
2947 records, including, but not limited to, all medical records and  
2948 the resident's chart, within the control or possession of the



2949 facility ~~within 10 days,~~ in accordance with ~~the provisions of s.~~  
2950 400.145, shall constitute evidence of failure of that party to  
2951 comply with good faith discovery requirements and shall waive  
2952 the good faith certificate and presuit notice requirements under  
2953 this part by the requesting party.

2954 Section 87. Subsection (2) of section 429.34, Florida  
2955 Statutes, is amended to read:

2956 429.34 Right of entry and inspection.-

2957 (2) (a) In addition to the requirements of s. 408.811, the  
2958 agency may inspect and investigate facilities as necessary to  
2959 determine compliance with this part, part II of chapter 408, and  
2960 rules adopted thereunder ~~The agency shall inspect each licensed~~  
2961 ~~assisted living facility at least once every 24 months to~~  
2962 ~~determine compliance with this chapter and related rules.~~ If an  
2963 assisted living facility is cited for a class I violation or  
2964 three or more class II violations arising from separate surveys  
2965 within a 60-day period or due to unrelated circumstances during  
2966 the same survey, the agency must conduct an additional licensure  
2967 inspection within 6 months.

2968 (b) During any calendar year in which a survey is not  
2969 conducted, the agency may conduct monitoring visits of each  
2970 facility cited in the previous year for a class I or class II  
2971 violation or for more than three uncorrected class III  
2972 violations.

2973 Section 88. Subsection (4) of section 429.52, Florida



2974 Statutes, is amended to read:

2975       429.52 Staff training and educational programs; core  
2976 educational requirement.—

2977       (4) Effective January 1, 2004, a new facility  
2978 administrator must complete the required training and education,  
2979 including the competency test, within 90 days after the date of  
2980 employment ~~a reasonable time after being employed~~ as an  
2981 administrator, ~~as determined by the department~~. Failure to do so  
2982 is a violation of this part and subjects the violator to an  
2983 administrative fine as prescribed in s. 429.19. Administrators  
2984 licensed in accordance with part II of chapter 468 are exempt  
2985 from this requirement. Other licensed professionals may be  
2986 exempted, as determined by the department by rule.

2987       Section 89. Subsection (3) of section 435.04, Florida  
2988 Statutes, is amended, and subsection (4) is added to that  
2989 section, to read:

2990       435.04 Level 2 screening standards.—

2991       (3) The security background investigations under this  
2992 section must ensure that no person subject to this section has  
2993 been arrested for and is awaiting final disposition of, been  
2994 found guilty of, regardless of adjudication, or entered a plea  
2995 of nolo contendere or guilty to, any offense that constitutes  
2996 domestic violence as defined in s. 741.28, whether such act was  
2997 committed in this state or in another jurisdiction.

2998       (4) For the purpose of screening applicability to





2999 participate in the Medicaid program, the security background  
3000 investigations under this section must ensure that a person  
3001 subject to screening under this section has not been arrested  
3002 for and is not awaiting final disposition of; has not been found  
3003 guilty of, regardless of adjudication, or entered a plea of nolo  
3004 contendere or guilty to; and has not been adjudicated delinquent  
3005 and the record sealed or expunged for, any of the following  
3006 offenses:

3007 (a) Violation of a federal law or a law in any state which  
3008 creates a criminal offense relating to:

3009 1. The delivery of any goods or services under Medicaid or  
3010 Medicare or any other public or private health care or health  
3011 insurance program, including the performance of management or  
3012 administrative services relating to the delivery of goods or  
3013 services under any such program;

3014 2. Neglect or abuse of a patient in connection with the  
3015 delivery of any health care good or service;

3016 3. Unlawful manufacture, distribution, prescription, or  
3017 dispensing of a controlled substance;

3018 4. Fraud, theft, embezzlement, breach of fiduciary  
3019 responsibility, or other financial misconduct;

3020 5. Moral turpitude, if punishable by imprisonment of a  
3021 year or more; or

3022 6. Interference with or obstruction of an investigation  
3023 into any criminal offense identified in this subsection.



3024           (b) Violation of the following state laws or laws of  
 3025 another jurisdiction:  
 3026           1. Section 817.569, criminal use of a public record or  
 3027 information contained in a public record;  
 3028           2. Section 838.016, unlawful compensation or reward for  
 3029 official behavior;  
 3030           3. Section 838.021, corruption by threat against a public  
 3031 servant;  
 3032           4. Section 838.022, official misconduct;  
 3033           5. Section 838.22, bid tampering;  
 3034           6. Section 839.13, falsifying records; or  
 3035           7. Section 839.26, misuse of confidential information.  
 3036           (c) Violation of a federal or state law, rule, or  
 3037 regulation governing the Florida Medicaid program or any other  
 3038 state Medicaid program, the Medicare program, or any other  
 3039 publicly funded federal or state health care or health insurance  
 3040 program.  
 3041           Section 90. Subsection (4) of section 456.001, Florida  
 3042 Statutes, is amended to read:  
 3043           456.001 Definitions.—As used in this chapter, the term:  
 3044           (4) "Health care practitioner" means any person licensed  
 3045 under chapter 457; chapter 458; chapter 459; chapter 460;  
 3046 chapter 461; chapter 462; chapter 463; chapter 464; chapter 465;  
 3047 chapter 466; chapter 467; part I, part II, part III, part V,  
 3048 part X, part XIII, or part XIV of chapter 468; chapter 478;



3049 chapter 480; part II or part III ~~or part IV~~ of chapter 483;  
3050 chapter 484; chapter 486; chapter 490; or chapter 491.

3051 Section 91. Subsection (3) of section 456.054, Florida  
3052 Statutes, is renumbered as subsection (4), and a new subsection  
3053 (3) is added to that section to read:

3054 456.054 Kickbacks prohibited.—

3055 (3) (a) It is unlawful for any person or any entity to pay  
3056 or receive, directly or indirectly, a commission, bonus,  
3057 kickback, or rebate from, or to engage in any form of a split-  
3058 fee arrangement with, a dialysis facility, health care  
3059 practitioner, surgeon, person, or entity for referring patients  
3060 to a clinical laboratory as defined in s. 483.803.

3061 (b) It is unlawful for any clinical laboratory to:

3062 1. Provide personnel to perform any functions or duties in  
3063 a health care practitioner's office or dialysis facility for any  
3064 purpose, including for the collection or handling of specimens,  
3065 directly or indirectly through an employee, contractor,  
3066 independent staffing company, lease agreement, or otherwise,  
3067 unless the laboratory and the practitioner's office, or dialysis  
3068 facility, are wholly owned and operated by the same entity.

3069 2. Lease space within any part of a health care  
3070 practitioner's office or dialysis facility for any purpose,  
3071 including for the purpose of establishing a collection station  
3072 where materials or specimens are collected or drawn from  
3073 patients.



3074 Section 92. Paragraphs (h) and (i) of subsection (2) of  
3075 section 456.057, Florida Statutes, are amended to read:

3076 456.057 Ownership and control of patient records; report  
3077 or copies of records to be furnished; disclosure of  
3078 information.—

3079 (2) As used in this section, the terms "records owner,"  
3080 "health care practitioner," and "health care practitioner's  
3081 employer" do not include any of the following persons or  
3082 entities; furthermore, the following persons or entities are not  
3083 authorized to acquire or own medical records, but are authorized  
3084 under the confidentiality and disclosure requirements of this  
3085 section to maintain those documents required by the part or  
3086 chapter under which they are licensed or regulated:

3087 (h) Clinical laboratory personnel licensed under part II  
3088 ~~III~~ of chapter 483.

3089 (i) Medical physicists licensed under part III ~~IV~~ of  
3090 chapter 483.

3091 Section 93. Paragraph (j) of subsection (1) of section  
3092 456.076, Florida Statutes, is amended to read:

3093 456.076 Impaired practitioner programs.—

3094 (1) As used in this section, the term:

3095 (j) "Practitioner" means a person licensed, registered,  
3096 certified, or regulated by the department under part III of  
3097 chapter 401; chapter 457; chapter 458; chapter 459; chapter 460;  
3098 chapter 461; chapter 462; chapter 463; chapter 464; chapter 465;



3099 chapter 466; chapter 467; part I, part II, part III, part V,  
3100 part X, part XIII, or part XIV of chapter 468; chapter 478;  
3101 chapter 480; part II or part III ~~or part IV~~ of chapter 483;  
3102 chapter 484; chapter 486; chapter 490; or chapter 491; or an  
3103 applicant for a license, registration, or certification under  
3104 the same laws.

3105 Section 94. Subsection (2) of section 458.307, Florida  
3106 Statutes, is amended to read:

3107 458.307 Board of Medicine.—

3108 (2) Twelve members of the board must be licensed  
3109 physicians in good standing in this state who are residents of  
3110 the state and who have been engaged in the active practice or  
3111 teaching of medicine for at least 4 years immediately preceding  
3112 their appointment. One of the physicians must be on the full-  
3113 time faculty of a medical school in this state, and one of the  
3114 physicians must be in private practice and on the full-time  
3115 staff of a statutory teaching hospital in this state as defined  
3116 in s. 408.07. At least one of the physicians must be a graduate  
3117 of a foreign medical school. The remaining three members must be  
3118 residents of the state who are not, and never have been,  
3119 licensed health care practitioners. One member must be a health  
3120 care risk manager ~~licensed under s. 395.10974~~. At least one  
3121 member of the board must be 60 years of age or older.

3122 Section 95. Subsection (1) of section 458.345, Florida  
3123 Statutes, is amended to read:



3124 458.345 Registration of resident physicians, interns, and  
 3125 fellows; list of hospital employees; prescribing of medicinal  
 3126 drugs; penalty.—

3127 (1) Any person desiring to practice as a resident  
 3128 physician, assistant resident physician, house physician,  
 3129 intern, or fellow in fellowship training which leads to  
 3130 subspecialty board certification in this state, or any person  
 3131 desiring to practice as a resident physician, assistant resident  
 3132 physician, house physician, intern, or fellow in fellowship  
 3133 training in a teaching hospital in this state as defined in s.  
 3134 408.07 ~~s. 408.07(45)~~ or s. 395.805(2), who does not hold a  
 3135 valid, active license issued under this chapter shall apply to  
 3136 the department to be registered and shall remit a fee not to  
 3137 exceed \$300 as set by the board. The department shall register  
 3138 any applicant the board certifies has met the following  
 3139 requirements:

3140 (a) Is at least 21 years of age.

3141 (b) Has not committed any act or offense within or without  
 3142 the state which would constitute the basis for refusal to  
 3143 certify an application for licensure pursuant to s. 458.331.

3144 (c) Is a graduate of a medical school or college as  
 3145 specified in s. 458.311(1)(f).

3146 Section 96. Subsection (1) of s. 459.021, Florida  
 3147 Statutes, is amended to read:

3148 459.021 Registration of resident physicians, interns, and



3149 fellows; list of hospital employees; penalty.—

3150 (1) Any person who holds a degree of Doctor of Osteopathic  
3151 Medicine from a college of osteopathic medicine recognized and  
3152 approved by the American Osteopathic Association who desires to  
3153 practice as a resident physician, intern, or fellow in  
3154 fellowship training which leads to subspecialty board  
3155 certification in this state, or any person desiring to practice  
3156 as a resident physician, intern, or fellow in fellowship  
3157 training in a teaching hospital in this state as defined in s.  
3158 408.07 ~~s. 408.07(45)~~ or s. 395.805(2), who does not hold an  
3159 active license issued under this chapter shall apply to the  
3160 department to be registered, on an application provided by the  
3161 department, before commencing such a training program and shall  
3162 remit a fee not to exceed \$300 as set by the board.

3163 Section 97. Part I of chapter 483, Florida Statutes,  
3164 consisting of sections 483.011, 483.021, 483.031, 483.035,  
3165 483.041, 483.051, 483.061, 483.091, 483.101, 483.111, 483.172,  
3166 483.181, 483.191, 483.201, 483.221, 483.23, 483.245, and 483.26,  
3167 is repealed.

3168 Section 98. Subsection (7) of section 483.285, Florida  
3169 Statutes, is amended to read:

3170 483.285 Application of part; exemptions.—This part applies  
3171 to all multiphasic health testing centers within the state, but  
3172 does not apply to:

3173 ~~(7) A clinical laboratory registered under part I.~~



3174 Section 99. Section 483.294, Florida Statutes, is amended  
3175 to read:

3176 483.294 Inspection of centers.—In accordance with s.  
3177 408.811, the agency shall, ~~at least once annually,~~ inspect the  
3178 premises and operations of all centers subject to licensure  
3179 under this part.

3180 Section 100. Subsections (3) and (5) of section 483.801,  
3181 Florida Statutes, are amended, and subsection (6) is added to  
3182 that section, to read:

3183 483.801 Exemptions.—This part applies to all clinical  
3184 laboratories and clinical laboratory personnel within this  
3185 state, except:

3186 (3) Persons engaged in testing performed by laboratories  
3187 that are wholly owned and operated by one or more practitioners  
3188 licensed under chapter 458, chapter 459, chapter 460, chapter  
3189 461, chapter 462, chapter 463, or chapter 466 who practice in  
3190 the same group practice, and in which no clinical laboratory  
3191 work is performed for patients referred by any health care  
3192 provider who is not a member of that group practice regulated  
3193 under s. 483.035(1) or exempt from regulation under s.  
3194 483.031(2).

3195 (5) Advanced registered nurse practitioners licensed under  
3196 part I of chapter 464 who perform provider-performed microscopy  
3197 procedures (PPMP) in a an-exclusive-use laboratory setting  
3198 pursuant to subsection (3).





3199           (6) Persons performing laboratory testing within a  
3200 physician office practice for patients referred by a health care  
3201 provider who is a member of the same physician office practice,  
3202 if the laboratory or entity operating the laboratory within a  
3203 physician office practice is under common ownership, directly or  
3204 indirectly, with an entity licensed pursuant to chapter 395.

3205           Section 101. Subsections (2), (3), and (4) of section  
3206 483.803, Florida Statutes, are amended to read:

3207           483.803 Definitions.—As used in this part, the term:

3208           (2) "Clinical laboratory" means the physical location in  
3209 which one or more of the following services are performed to  
3210 provide information or materials for use in the diagnosis,  
3211 prevention, or treatment of a disease or the identification or  
3212 assessment of a medical or physical condition:

3213           (a) Clinical laboratory services, which entail the  
3214 examination of fluids or other materials taken from the human  
3215 body.

3216           (b) Anatomic laboratory services, which entail the  
3217 examination of tissue taken from the human body.

3218           (c) Cytology laboratory services, which entail the  
3219 examination of cells from individual tissues or fluid taken from  
3220 the human body ~~a clinical laboratory as defined in s. 483.041.~~

3221           (3) "Clinical laboratory examination" means a procedure  
3222 performed to deliver the services identified in subsection (2),  
3223 including the oversight or interpretation of such services



3224 ~~clinical laboratory examination as defined in s. 483.041.~~

3225 (4) "Clinical laboratory personnel" includes a clinical  
3226 laboratory director, supervisor, technologist, blood gas  
3227 analyst, or technician who performs or is responsible for  
3228 laboratory test procedures, but the term does not include  
3229 trainees, persons who perform screening for blood banks or  
3230 plasmapheresis centers, phlebotomists, or persons employed by a  
3231 clinical laboratory to perform manual pretesting duties or  
3232 clerical, personnel, or other administrative responsibilities,  
3233 ~~or persons engaged in testing performed by laboratories~~  
3234 ~~regulated under s. 483.035(1) or exempt from regulation under s.~~  
3235 ~~483.031(2).~~

3236 Section 102. Section 483.813, Florida Statutes, is amended  
3237 to read:

3238 483.813 Clinical laboratory personnel license.—A person  
3239 may not conduct a clinical laboratory examination or report the  
3240 results of such examination unless such person is licensed under  
3241 this part to perform such procedures. However, this provision  
3242 does not apply to any practitioner of the healing arts  
3243 authorized to practice in this state ~~or to persons engaged in~~  
3244 ~~testing performed by laboratories regulated under s. 483.035(1)~~  
3245 ~~or exempt from regulation under s. 483.031(2).~~ The department  
3246 may grant a temporary license to any candidate it deems properly  
3247 qualified, for a period not to exceed 1 year.

3248 Section 103. Subsection (2) of section 483.823, Florida



3249 Statutes, is amended to read:

3250 483.823 Qualifications of clinical laboratory personnel.—

3251 (2) Personnel qualifications may require appropriate  
3252 education, training, or experience or the passing of an  
3253 examination in appropriate subjects or any combination of these,  
3254 but a ~~ne~~ practitioner of the healing arts licensed to practice  
3255 in this state is not required to obtain any license ~~under this~~  
3256 ~~part~~ or to pay any fee under this part ~~hereunder except the fee~~  
3257 ~~required for clinical laboratory licensure.~~

3258 Section 104. Paragraph (c) of subsection (7) and  
3259 subsections (8) and (9) of section 491.003, Florida Statutes,  
3260 are amended to read:

3261 491.003 Definitions.—As used in this chapter:

3262 (7) The "practice of clinical social work" is defined as  
3263 the use of scientific and applied knowledge, theories, and  
3264 methods for the purpose of describing, preventing, evaluating,  
3265 and treating individual, couple, marital, family, or group  
3266 behavior, based on the person-in-situation perspective of  
3267 psychosocial development, normal and abnormal behavior,  
3268 psychopathology, unconscious motivation, interpersonal  
3269 relationships, environmental stress, differential assessment,  
3270 differential planning, and data gathering. The purpose of such  
3271 services is the prevention and treatment of undesired behavior  
3272 and enhancement of mental health. The practice of clinical  
3273 social work includes methods of a psychological nature used to



3274 evaluate, assess, diagnose, treat, and prevent emotional and  
3275 mental disorders and dysfunctions (whether cognitive, affective,  
3276 or behavioral), sexual dysfunction, behavioral disorders,  
3277 alcoholism, and substance abuse. The practice of clinical social  
3278 work includes, but is not limited to, psychotherapy,  
3279 hypnotherapy, and sex therapy. The practice of clinical social  
3280 work also includes counseling, behavior modification,  
3281 consultation, client-centered advocacy, crisis intervention, and  
3282 the provision of needed information and education to clients,  
3283 when using methods of a psychological nature to evaluate,  
3284 assess, diagnose, treat, and prevent emotional and mental  
3285 disorders and dysfunctions (whether cognitive, affective, or  
3286 behavioral), sexual dysfunction, behavioral disorders,  
3287 alcoholism, or substance abuse. The practice of clinical social  
3288 work may also include clinical research into more effective  
3289 psychotherapeutic modalities for the treatment and prevention of  
3290 such conditions.

3291 (c) The terms "diagnose" and "treat," as used in this  
3292 chapter, when considered in isolation or in conjunction with ~~any~~  
3293 ~~provision of~~ the rules of the board, may ~~shall~~ not be construed  
3294 to permit the performance of any act which clinical social  
3295 workers are not educated and trained to perform, including, but  
3296 not limited to, admitting persons to hospitals for treatment of  
3297 the foregoing conditions, treating persons in hospitals without  
3298 medical supervision, prescribing medicinal drugs as defined in



3299 chapter 465, authorizing clinical laboratory procedures ~~pursuant~~  
3300 ~~to chapter 483~~, or radiological procedures, or use of  
3301 electroconvulsive therapy. In addition, this definition ~~shall~~  
3302 may not be construed to permit any person licensed,  
3303 provisionally licensed, registered, or certified pursuant to  
3304 this chapter to describe or label any test, report, or procedure  
3305 as "psychological," except to relate specifically to the  
3306 definition of practice authorized in this subsection.

3307 (8) The term "practice of marriage and family therapy"  
3308 means ~~is defined as~~ the use of scientific and applied marriage  
3309 and family theories, methods, and procedures for the purpose of  
3310 describing, evaluating, and modifying marital, family, and  
3311 individual behavior, within the context of marital and family  
3312 systems, including the context of marital formation and  
3313 dissolution, and is based on marriage and family systems theory,  
3314 marriage and family development, human development, normal and  
3315 abnormal behavior, psychopathology, human sexuality,  
3316 psychotherapeutic and marriage and family therapy theories and  
3317 techniques. The practice of marriage and family therapy includes  
3318 methods of a psychological nature used to evaluate, assess,  
3319 diagnose, treat, and prevent emotional and mental disorders or  
3320 dysfunctions (whether cognitive, affective, or behavioral),  
3321 sexual dysfunction, behavioral disorders, alcoholism, and  
3322 substance abuse. The practice of marriage and family therapy  
3323 includes, but is not limited to, marriage and family therapy,



3324 psychotherapy, including behavioral family therapy,  
3325 hypnotherapy, and sex therapy. The practice of marriage and  
3326 family therapy also includes counseling, behavior modification,  
3327 consultation, client-centered advocacy, crisis intervention, and  
3328 the provision of needed information and education to clients,  
3329 when using methods of a psychological nature to evaluate,  
3330 assess, diagnose, treat, and prevent emotional and mental  
3331 disorders and dysfunctions (whether cognitive, affective, or  
3332 behavioral), sexual dysfunction, behavioral disorders,  
3333 alcoholism, or substance abuse. The practice of marriage and  
3334 family therapy may also include clinical research into more  
3335 effective psychotherapeutic modalities for the treatment and  
3336 prevention of such conditions.

3337 (a) Marriage and family therapy may be rendered to  
3338 individuals, including individuals affected by termination of  
3339 marriage, to couples, whether married or unmarried, to families,  
3340 or to groups.

3341 (b) The use of specific methods, techniques, or modalities  
3342 within the practice of marriage and family therapy is restricted  
3343 to marriage and family therapists appropriately trained in the  
3344 use of such methods, techniques, or modalities.

3345 (c) The terms "diagnose" and "treat," as used in this  
3346 chapter, when considered in isolation or in conjunction with ~~any~~  
3347 ~~provision of~~ the rules of the board, may ~~shall~~ not be construed  
3348 to permit the performance of any act that ~~which~~ marriage and



3349 family therapists are not educated and trained to perform,  
3350 including, but not limited to, admitting persons to hospitals  
3351 for treatment of the foregoing conditions, treating persons in  
3352 hospitals without medical supervision, prescribing medicinal  
3353 drugs as defined in chapter 465, authorizing clinical laboratory  
3354 procedures ~~pursuant to chapter 483,~~ or radiological procedures,  
3355 or the use of electroconvulsive therapy. In addition, this  
3356 definition may ~~shall~~ not be construed to permit any person  
3357 licensed, provisionally licensed, registered, or certified  
3358 pursuant to this chapter to describe or label any test, report,  
3359 or procedure as "psychological," except to relate specifically  
3360 to the definition of practice authorized in this subsection.

3361 (d) The definition of "marriage and family therapy"  
3362 contained in this subsection includes all services offered  
3363 directly to the general public or through organizations, whether  
3364 public or private, and applies whether payment is requested or  
3365 received for services rendered.

3366 (9) The term "practice of mental health counseling" means  
3367 ~~is defined as~~ the use of scientific and applied behavioral  
3368 science theories, methods, and techniques for the purpose of  
3369 describing, preventing, and treating undesired behavior and  
3370 enhancing mental health and human development and is based on  
3371 the person-in-situation perspectives derived from research and  
3372 theory in personality, family, group, and organizational  
3373 dynamics and development, career planning, cultural diversity,



3374 human growth and development, human sexuality, normal and  
3375 abnormal behavior, psychopathology, psychotherapy, and  
3376 rehabilitation. The practice of mental health counseling  
3377 includes methods of a psychological nature used to evaluate,  
3378 assess, diagnose, and treat emotional and mental dysfunctions or  
3379 disorders, whether cognitive, affective, or behavioral,  
3380 ~~behavioral disorders~~, interpersonal relationships, sexual  
3381 dysfunction, alcoholism, and substance abuse. The practice of  
3382 mental health counseling includes, but is not limited to,  
3383 psychotherapy, hypnotherapy, and sex therapy. The practice of  
3384 mental health counseling also includes counseling, behavior  
3385 modification, consultation, client-centered advocacy, crisis  
3386 intervention, and the provision of needed information and  
3387 education to clients, when using methods of a psychological  
3388 nature to evaluate, assess, diagnose, treat, and prevent  
3389 emotional and mental disorders and dysfunctions (whether  
3390 cognitive, affective, or behavioral), behavioral disorders,  
3391 sexual dysfunction, alcoholism, or substance abuse. The practice  
3392 of mental health counseling may also include clinical research  
3393 into more effective psychotherapeutic modalities for the  
3394 treatment and prevention of such conditions.

3395 (a) Mental health counseling may be rendered to  
3396 individuals, including individuals affected by the termination  
3397 of marriage, and to couples, families, groups, organizations,  
3398 and communities.





3399 (b) The use of specific methods, techniques, or modalities  
3400 within the practice of mental health counseling is restricted to  
3401 mental health counselors appropriately trained in the use of  
3402 such methods, techniques, or modalities.

3403 (c) The terms "diagnose" and "treat," as used in this  
3404 chapter, when considered in isolation or in conjunction with any  
3405 provision of the rules of the board, may ~~shall~~ not be construed  
3406 to permit the performance of any act that ~~which~~ mental health  
3407 counselors are not educated and trained to perform, including,  
3408 but not limited to, admitting persons to hospitals for treatment  
3409 of the foregoing conditions, treating persons in hospitals  
3410 without medical supervision, prescribing medicinal drugs as  
3411 defined in chapter 465, authorizing clinical laboratory  
3412 procedures ~~pursuant to chapter 483~~, or radiological procedures,  
3413 or the use of electroconvulsive therapy. In addition, this  
3414 definition may ~~shall~~ not be construed to permit any person  
3415 licensed, provisionally licensed, registered, or certified  
3416 pursuant to this chapter to describe or label any test, report,  
3417 or procedure as "psychological," except to relate specifically  
3418 to the definition of practice authorized in this subsection.

3419 (d) The definition of "mental health counseling" contained  
3420 in this subsection includes all services offered directly to the  
3421 general public or through organizations, whether public or  
3422 private, and applies whether payment is requested or received  
3423 for services rendered.



3424           Section 105. Paragraph (h) of subsection (4) of section  
3425 627.351, Florida Statutes, is amended to read:  
3426           627.351 Insurance risk apportionment plans.—  
3427           (4) MEDICAL MALPRACTICE RISK APPORTIONMENT.—  
3428           (h) As used in this subsection:  
3429           1. "Health care provider" means hospitals licensed under  
3430 chapter 395; physicians licensed under chapter 458; osteopathic  
3431 physicians licensed under chapter 459; podiatric physicians  
3432 licensed under chapter 461; dentists licensed under chapter 466;  
3433 chiropractic physicians licensed under chapter 460; naturopaths  
3434 licensed under chapter 462; nurses licensed under part I of  
3435 chapter 464; midwives licensed under chapter 467; ~~clinical~~  
3436 ~~laboratories registered under chapter 483~~; physician assistants  
3437 licensed under chapter 458 or chapter 459; physical therapists  
3438 and physical therapist assistants licensed under chapter 486;  
3439 health maintenance organizations certificated under part I of  
3440 chapter 641; ambulatory surgical centers licensed under chapter  
3441 395; other medical facilities as defined in subparagraph 2.;  
3442 blood banks, plasma centers, industrial clinics, and renal  
3443 dialysis facilities; or professional associations, partnerships,  
3444 corporations, joint ventures, or other associations for  
3445 professional activity by health care providers.  
3446           2. "Other medical facility" means a facility the primary  
3447 purpose of which is to provide human medical diagnostic services  
3448 or a facility providing nonsurgical human medical treatment, to



3449 | which facility the patient is admitted and from which facility  
3450 | the patient is discharged within the same working day, and which  
3451 | facility is not part of a hospital. However, a facility existing  
3452 | for the primary purpose of performing terminations of pregnancy  
3453 | or an office maintained by a physician or dentist for the  
3454 | practice of medicine may ~~shall~~ not be construed to be an "other  
3455 | medical facility."

3456 |         3. "Health care facility" means any hospital licensed  
3457 | under chapter 395, health maintenance organization certificated  
3458 | under part I of chapter 641, ambulatory surgical center licensed  
3459 | under chapter 395, or other medical facility as defined in  
3460 | subparagraph 2.

3461 |         Section 106. Paragraph (h) of subsection (1) of section  
3462 | 627.602, Florida Statutes, is amended to read:

3463 |         627.602 Scope, format of policy.—

3464 |         (1) Each health insurance policy delivered or issued for  
3465 | delivery to any person in this state must comply with all  
3466 | applicable provisions of this code and all of the following  
3467 | requirements:

3468 |         (h) Section 641.312 and the provisions of the Employee  
3469 | Retirement Income Security Act of 1974, as implemented by 29  
3470 | C.F.R. s. 2560.503-1, relating to internal grievances. This  
3471 | paragraph does not apply ~~to a health insurance policy that is~~  
3472 | ~~subject to the Subscriber Assistance Program under s. 408.7056~~  
3473 | ~~or~~ to the types of benefits or coverages provided under s.



3474 627.6513(1)-(14) issued in any market.

3475 Section 107. Subsection (1) of section 627.6406, Florida  
3476 Statutes, is amended to read:

3477 627.6406 Maternity care.—

3478 (1) Any policy of health insurance which ~~that~~ provides  
3479 coverage for maternity care must also cover the services of  
3480 certified nurse-midwives and midwives licensed pursuant to  
3481 chapter 467, and the services of birth centers licensed under  
3482 ss. 383.30-383.332 ~~383.30-383.335~~.

3483 Section 108. Paragraphs (b) and (e) of subsection (1) of  
3484 section 627.64194, Florida Statutes, are amended to read:

3485 627.64194 Coverage requirements for services provided by  
3486 nonparticipating providers; payment collection limitations.—

3487 (1) As used in this section, the term:

3488 (b) "Facility" means a licensed facility as defined in s.  
3489 395.002(16) and an urgent care center as defined in s. 395.002  
3490 ~~s. 395.002(30)~~.

3491 (e) "Nonparticipating provider" means a provider who is  
3492 not a preferred provider as defined in s. 627.6471 or a provider  
3493 who is not an exclusive provider as defined in s. 627.6472. For  
3494 purposes of covered emergency services under this section, a  
3495 facility licensed under chapter 395 or an urgent care center  
3496 defined in s. 395.002 ~~s. 395.002(30)~~ is a nonparticipating  
3497 provider if the facility has not contracted with an insurer to  
3498 provide emergency services to its insureds at a specified rate.



3499 Section 109. Section 627.6513, Florida Statutes, is  
3500 amended to read:

3501 627.6513 Scope.—Section 641.312 and the provisions of the  
3502 Employee Retirement Income Security Act of 1974, as implemented  
3503 by 29 C.F.R. s. 2560.503-1, relating to internal grievances,  
3504 apply to all group health insurance policies issued under this  
3505 part. This section does not apply to ~~a group health insurance~~  
3506 ~~policy that is subject to the Subscriber Assistance Program in~~  
3507 ~~s. 408.7056 or to:~~

3508 (1) Coverage only for accident insurance, or disability  
3509 income insurance, or any combination thereof.

3510 (2) Coverage issued as a supplement to liability  
3511 insurance.

3512 (3) Liability insurance, including general liability  
3513 insurance and automobile liability insurance.

3514 (4) Workers' compensation or similar insurance.

3515 (5) Automobile medical payment insurance.

3516 (6) Credit-only insurance.

3517 (7) Coverage for onsite medical clinics, including prepaid  
3518 health clinics under part II of chapter 641.

3519 (8) Other similar insurance coverage, specified in rules  
3520 adopted by the commission, under which benefits for medical care  
3521 are secondary or incidental to other insurance benefits. To the  
3522 extent possible, such rules must be consistent with regulations  
3523 adopted by the United States Department of Health and Human



3524 Services.

3525 (9) Limited scope dental or vision benefits, if offered  
3526 separately.

3527 (10) Benefits for long-term care, nursing home care, home  
3528 health care, or community-based care, or any combination  
3529 thereof, if offered separately.

3530 (11) Other similar, limited benefits, if offered  
3531 separately, as specified in rules adopted by the commission.

3532 (12) Coverage only for a specified disease or illness, if  
3533 offered as independent, noncoordinated benefits.

3534 (13) Hospital indemnity or other fixed indemnity  
3535 insurance, if offered as independent, noncoordinated benefits.

3536 (14) Benefits provided through a Medicare supplemental  
3537 health insurance policy, as defined under s. 1882(g)(1) of the  
3538 Social Security Act, coverage supplemental to the coverage  
3539 provided under 10 U.S.C. chapter 55, and similar supplemental  
3540 coverage provided to coverage under a group health plan, which  
3541 are offered as a separate insurance policy and as independent,  
3542 noncoordinated benefits.

3543 Section 110. Subsection (1) of section 627.6574, Florida  
3544 Statutes, is amended to read:

3545 627.6574 Maternity care.—

3546 (1) Any group, blanket, or franchise policy of health  
3547 insurance which ~~that~~ provides coverage for maternity care must  
3548 also cover the services of certified nurse-midwives and midwives



3549 licensed pursuant to chapter 467, and the services of birth  
3550 centers licensed under ss. 383.30-383.332 ~~383.30-383.335~~.

3551 Section 111. Paragraph (j) of subsection (1) of section  
3552 641.185, Florida Statutes, is amended to read:

3553 641.185 Health maintenance organization subscriber  
3554 protections.—

3555 (1) With respect to the provisions of this part and part  
3556 III, the principles expressed in the following statements ~~shall~~  
3557 serve as standards to be followed by the commission, the office,  
3558 the department, and the Agency for Health Care Administration in  
3559 exercising their powers and duties, in exercising administrative  
3560 discretion, in administrative interpretations of the law, in  
3561 enforcing its provisions, and in adopting rules:

3562 ~~(j) A health maintenance organization should receive~~  
3563 ~~timely and, if necessary, urgent review by an independent state~~  
3564 ~~external review organization for unresolved grievances and~~  
3565 ~~appeals pursuant to s. 408.7056.~~

3566 Section 112. Paragraph (a) of subsection (18) of section  
3567 641.31, Florida Statutes, is amended to read:

3568 641.31 Health maintenance contracts.—

3569 (18) (a) Health maintenance contracts that provide  
3570 coverage, benefits, or services for maternity care must provide,  
3571 as an option to the subscriber, the services of nurse-midwives  
3572 and midwives licensed pursuant to chapter 467, and the services  
3573 of birth centers licensed pursuant to ss. 383.30-383.332 ~~383.30-~~



3574 ~~383.335~~, if such services are available within the service area.

3575 Section 113. Section 641.312, Florida Statutes, is amended  
3576 to read:

3577 641.312 Scope.—The Office of Insurance Regulation may  
3578 adopt rules to administer ~~the provisions of~~ the National  
3579 Association of Insurance Commissioners' Uniform Health Carrier  
3580 External Review Model Act, issued by the National Association of  
3581 Insurance Commissioners and dated April 2010. This section does  
3582 not apply to a ~~health maintenance contract that is subject to~~  
3583 ~~the Subscriber Assistance Program under s. 408.7056 or to the~~  
3584 types of benefits or coverages provided under s. 627.6513(1)-  
3585 (14) issued in any market.

3586 Section 114. Subsection (4) of section 641.3154, Florida  
3587 Statutes, is amended to read:

3588 641.3154 Organization liability; provider billing  
3589 prohibited.—

3590 (4) A provider or any representative of a provider,  
3591 regardless of whether the provider is under contract with the  
3592 health maintenance organization, may not collect or attempt to  
3593 collect money from, maintain any action at law against, or  
3594 report to a credit agency a subscriber of an organization for  
3595 payment of services for which the organization is liable, if the  
3596 provider in good faith knows or should know that the  
3597 organization is liable. This prohibition applies during the  
3598 pendency of any claim for payment made by the provider to the





3599 organization for payment of the services and any legal  
3600 proceedings or dispute resolution process to determine whether  
3601 the organization is liable for the services if the provider is  
3602 informed that such proceedings are taking place. It is presumed  
3603 that a provider does not know and should not know that an  
3604 organization is liable unless:

3605 (a) The provider is informed by the organization that it  
3606 accepts liability;

3607 (b) A court of competent jurisdiction determines that the  
3608 organization is liable; or

3609 ~~(c) The office or agency makes a final determination that~~  
3610 ~~the organization is required to pay for such services subsequent~~  
3611 ~~to a recommendation made by the Subscriber Assistance Panel~~  
3612 ~~pursuant to s. 408.7056; or~~

3613 (c)(d) The agency issues a final order that the  
3614 organization is required to pay for such services subsequent to  
3615 a recommendation made by a resolution organization pursuant to  
3616 s. 408.7057.

3617 Section 115. Paragraph (c) of subsection (5) of section  
3618 641.51, Florida Statutes, is amended to read:

3619 641.51 Quality assurance program; second medical opinion  
3620 requirement.—

3621 (5)

3622 (c) For second opinions provided by contract physicians  
3623 the organization is prohibited from charging a fee to the



3624 subscriber in an amount in excess of the subscriber fees  
3625 established by contract for referral contract physicians. The  
3626 organization shall pay the amount of all charges, which are  
3627 usual, reasonable, and customary in the community, for second  
3628 opinion services performed by a physician not under contract  
3629 with the organization, but may require the subscriber to be  
3630 responsible for up to 40 percent of such amount. The  
3631 organization may require that any tests deemed necessary by a  
3632 noncontract physician shall be conducted by the organization.  
3633 The organization may deny reimbursement rights granted under  
3634 this section in the event the subscriber seeks in excess of  
3635 three such referrals per year if such subsequent referral costs  
3636 are deemed by the organization to be evidence that the  
3637 subscriber has unreasonably overutilized the second opinion  
3638 privilege. A subscriber ~~thus~~ denied reimbursement under this  
3639 section has ~~shall have~~ recourse to grievance procedures as  
3640 specified in ss. ~~408.7056~~, ~~641.495~~, and 641.511. The  
3641 organization's physician's professional judgment concerning the  
3642 treatment of a subscriber derived after review of a second  
3643 opinion is ~~shall be~~ controlling as to the treatment obligations  
3644 of the health maintenance organization. Treatment not authorized  
3645 by the health maintenance organization is ~~shall be~~ at the  
3646 subscriber's expense.

3647 Section 116. Subsection (1), paragraph (e) of subsection  
3648 (3), paragraph (d) of subsection (4), paragraphs (g) and (h) of



3649 subsection (6), and subsections (7) through (12) of section  
3650 641.511, Florida Statutes, are amended to read:

3651 641.511 Subscriber grievance reporting and resolution  
3652 requirements.—

3653 (1) Every organization must have a grievance procedure  
3654 available to its subscribers for the purpose of addressing  
3655 complaints and grievances. Every organization must notify its  
3656 subscribers that a subscriber must submit a grievance within 1  
3657 year after the date of occurrence of the action that initiated  
3658 the grievance, ~~and may submit the grievance for review to the~~  
3659 ~~Subscriber Assistance Program panel as provided in s. 408.7056~~  
3660 ~~after receiving a final disposition of the grievance through the~~  
3661 ~~organization's grievance process.~~ An organization shall maintain  
3662 records of all grievances and shall report annually to the  
3663 agency the total number of grievances handled, a categorization  
3664 of the cases underlying the grievances, and the final  
3665 disposition of the grievances.

3666 (3) Each organization's grievance procedure, as required  
3667 under subsection (1), must include, at a minimum:

3668 (e) A notice that a subscriber may voluntarily pursue  
3669 binding arbitration in accordance with the terms of the contract  
3670 if offered by the organization, after completing the  
3671 organization's grievance procedure ~~and as an alternative to the~~  
3672 ~~Subscriber Assistance Program.~~ Such notice shall include an  
3673 explanation that the subscriber may incur some costs if the



3674 subscriber pursues binding arbitration, depending upon the terms  
3675 of the subscriber's contract.

3676 (4)

3677 ~~(d) In any case when the review process does not resolve a~~  
3678 ~~difference of opinion between the organization and the~~  
3679 ~~subscriber or the provider acting on behalf of the subscriber,~~  
3680 ~~the subscriber or the provider acting on behalf of the~~  
3681 ~~subscriber may submit a written grievance to the Subscriber~~  
3682 ~~Assistance Program.~~

3683 (6)

3684 ~~(g) In any case when the expedited review process does not~~  
3685 ~~resolve a difference of opinion between the organization and the~~  
3686 ~~subscriber or the provider acting on behalf of the subscriber,~~  
3687 ~~the subscriber or the provider acting on behalf of the~~  
3688 ~~subscriber may submit a written grievance to the Subscriber~~  
3689 ~~Assistance Program.~~

3690 (g)~~(h)~~ An organization shall not provide an expedited  
3691 retrospective review of an adverse determination.

3692 ~~(7) Each organization shall send to the agency a copy of~~  
3693 ~~its quarterly grievance reports submitted to the office pursuant~~  
3694 ~~to s. 408.7056(12).~~

3695 (7)~~(8)~~ The agency shall investigate all reports of  
3696 unresolved quality of care grievances received from:

3697 ~~(a)~~ annual and quarterly grievance reports submitted by  
3698 the organization to the office.



3699 ~~(b) Review requests of subscribers whose grievances remain~~  
3700 ~~unresolved after the subscriber has followed the full grievance~~  
3701 ~~procedure of the organization.~~

3702 ~~(9) (a) The agency shall advise subscribers with grievances~~  
3703 ~~to follow their organization's formal grievance process for~~  
3704 ~~resolution prior to review by the Subscriber Assistance Program.~~  
3705 ~~The subscriber may, however, submit a copy of the grievance to~~  
3706 ~~the agency at any time during the process.~~

3707 ~~(b) Requiring completion of the organization's grievance~~  
3708 ~~process before the Subscriber Assistance Program panel's review~~  
3709 ~~does not preclude the agency from investigating any complaint or~~  
3710 ~~grievance before the organization makes its final determination.~~

3711 ~~(10) Each organization must notify the subscriber in a~~  
3712 ~~final decision letter that the subscriber may request review of~~  
3713 ~~the organization's decision concerning the grievance by the~~  
3714 ~~Subscriber Assistance Program, as provided in s. 408.7056, if~~  
3715 ~~the grievance is not resolved to the satisfaction of the~~  
3716 ~~subscriber. The final decision letter must inform the subscriber~~  
3717 ~~that the request for review must be made within 365 days after~~  
3718 ~~receipt of the final decision letter, must explain how to~~  
3719 ~~initiate such a review, and must include the addresses and toll-~~  
3720 ~~free telephone numbers of the agency and the Subscriber~~  
3721 ~~Assistance Program.~~

3722 ~~(8) (11)~~ (8) Each organization, as part of its contract with  
3723 any provider, must require the provider to post a consumer



3724 assistance notice prominently displayed in the reception area of  
3725 the provider and clearly noticeable by all patients. The  
3726 consumer assistance notice must state the addresses and toll-  
3727 free telephone numbers of the Agency for Health Care  
3728 Administration, ~~the Subscriber Assistance Program,~~ and the  
3729 Department of Financial Services. The consumer assistance notice  
3730 must also clearly state that the address and toll-free telephone  
3731 number of the organization's grievance department shall be  
3732 provided upon request. The agency may adopt rules to implement  
3733 this section.

3734 (9) ~~(12)~~ The agency may impose administrative sanction, in  
3735 accordance with s. 641.52, against an organization for  
3736 noncompliance with this section.

3737 Section 117. Subsection (1) of section 641.515, Florida  
3738 Statutes, is amended to read:

3739 641.515 Investigation by the agency.—

3740 (1) The agency shall investigate further any quality of  
3741 care issue contained in recommendations and reports submitted  
3742 pursuant to s. ~~ss. 408.7056 and~~ 641.511. The agency shall also  
3743 investigate further any information that indicates that the  
3744 organization does not meet accreditation standards or the  
3745 standards of the review organization performing the external  
3746 quality assurance assessment pursuant to reports submitted under  
3747 s. 641.512. Every organization shall submit its books and  
3748 records and take other appropriate action as may be necessary to



3749 facilitate an examination. The agency shall have access to the  
3750 organization's medical records of individuals and records of  
3751 employed and contracted physicians, with the consent of the  
3752 subscriber or by court order, as necessary to administer ~~carry~~  
3753 ~~out the provisions of~~ this part.

3754 Section 118. Subsection (2) of section 641.55, Florida  
3755 Statutes, is amended to read:

3756 641.55 Internal risk management program.—

3757 (2) The risk management program shall be the  
3758 responsibility of the governing authority or board of the  
3759 organization. Every organization which has an annual premium  
3760 volume of \$10 million or more and which directly provides health  
3761 care in a building owned or leased by the organization shall  
3762 hire a risk manager, ~~certified under ss. 395.10971-395.10975,~~  
3763 who is ~~shall be~~ responsible for implementation of the  
3764 organization's risk management program required by this section.  
3765 A part-time risk manager may ~~shall~~ not be responsible for risk  
3766 management programs in more than four organizations or  
3767 facilities. Every organization that ~~which~~ does not directly  
3768 provide health care in a building owned or leased by the  
3769 organization and every organization with an annual premium  
3770 volume of less than \$10 million shall designate an officer or  
3771 employee of the organization to serve as the risk manager.

3772  
3773 The gross data compiled under this section or s. 395.0197 shall



3774 be furnished by the agency upon request to organizations to be  
3775 utilized for risk management purposes. The agency shall adopt  
3776 rules necessary to administer ~~carry out the provisions of~~ this  
3777 section.

3778 Section 119. Section 641.60, Florida Statutes, is  
3779 repealed.

3780 Section 120. Section 641.65, Florida Statutes, is  
3781 repealed.

3782 Section 121. Section 641.67, Florida Statutes, is  
3783 repealed.

3784 Section 122. Section 641.68, Florida Statutes, is  
3785 repealed.

3786 Section 123. Section 641.70, Florida Statutes, is  
3787 repealed.

3788 Section 124. Section 641.75, Florida Statutes, is  
3789 repealed.

3790 Section 125. Paragraph (b) of subsection (6) of section  
3791 766.118, Florida Statutes, is amended to read:

3792 766.118 Determination of noneconomic damages.—

3793 (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF A  
3794 PRACTITIONER PROVIDING SERVICES AND CARE TO A MEDICAID  
3795 RECIPIENT.—Notwithstanding subsections (2), (3), and (5), with  
3796 respect to a cause of action for personal injury or wrongful  
3797 death arising from medical negligence of a practitioner  
3798 committed in the course of providing medical services and





3799 | medical care to a Medicaid recipient, regardless of the number  
3800 | of such practitioner defendants providing the services and care,  
3801 | noneconomic damages may not exceed \$300,000 per claimant, unless  
3802 | the claimant pleads and proves, by clear and convincing  
3803 | evidence, that the practitioner acted in a wrongful manner. A  
3804 | practitioner providing medical services and medical care to a  
3805 | Medicaid recipient is not liable for more than \$200,000 in  
3806 | noneconomic damages, regardless of the number of claimants,  
3807 | unless the claimant pleads and proves, by clear and convincing  
3808 | evidence, that the practitioner acted in a wrongful manner. The  
3809 | fact that a claimant proves that a practitioner acted in a  
3810 | wrongful manner does not preclude the application of the  
3811 | limitation on noneconomic damages prescribed elsewhere in this  
3812 | section. For purposes of this subsection:

3813 |       (b) The term "practitioner," in addition to the meaning  
3814 | prescribed in subsection (1), includes any hospital or  
3815 | ambulatory surgical center, ~~or mobile surgical facility~~ as  
3816 | defined and licensed under chapter 395.

3817 |       Section 126. Subsection (4) of section 766.202, Florida  
3818 | Statutes, is amended to read:

3819 |       766.202 Definitions; ss. 766.201-766.212.—As used in ss.  
3820 | 766.201-766.212, the term:

3821 |       (4) "Health care provider" means any hospital or  
3822 | ambulatory surgical center, ~~or mobile surgical facility~~ as  
3823 | defined and licensed under chapter 395; a birth center licensed



3824 under chapter 383; any person licensed under chapter 458,  
3825 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,  
3826 part I of chapter 464, chapter 466, chapter 467, part XIV of  
3827 chapter 468, or chapter 486; ~~a clinical lab licensed under~~  
3828 ~~chapter 483~~; a health maintenance organization certificated  
3829 under part I of chapter 641; a blood bank; a plasma center; an  
3830 industrial clinic; a renal dialysis facility; or a professional  
3831 association partnership, corporation, joint venture, or other  
3832 association for professional activity by health care providers.

3833 Section 127. Section 945.36, Florida Statutes, is amended  
3834 to read:

3835 945.36 ~~Exemption from health testing regulations for Law~~  
3836 enforcement personnel authorized to conduct ~~conducting~~ drug  
3837 tests on inmates and releasees.-

3838 (1) Any law enforcement officer, state or county probation  
3839 officer, employee of the Department of Corrections, or employee  
3840 of a contracted community correctional center who is certified  
3841 by the Department of Corrections pursuant to subsection (2) may  
3842 administer, ~~is exempt from part I of chapter 483, for the~~  
3843 ~~limited purpose of administering~~ a urine screen drug test to:

- 3844 (a) Persons during incarceration;
- 3845 (b) Persons released as a condition of probation for  
3846 either a felony or misdemeanor;
- 3847 (c) Persons released as a condition of community control;
- 3848 (d) Persons released as a condition of conditional



3849 | release;

3850 |       (e) Persons released as a condition of parole;

3851 |       (f) Persons released as a condition of provisional

3852 | release;

3853 |       (g) Persons released as a condition of pretrial release;

3854 | or

3855 |       (h) Persons released as a condition of control release.

3856 |       (2) The Department of Corrections shall develop a

3857 | procedure for certification of any law enforcement officer,

3858 | state or county probation officer, employee of the Department of

3859 | Corrections, or employee of a contracted community correctional

3860 | center to perform a urine screen drug test on the persons

3861 | specified in subsection (1).

3862 |       Section 128. Paragraph (b) of subsection (2) of section

3863 | 1009.65, Florida Statutes, is amended to read:

3864 |       1009.65 Medical Education Reimbursement and Loan Repayment

3865 | Program.—

3866 |       (2) From the funds available, the Department of Health

3867 | shall make payments to selected medical professionals as

3868 | follows:

3869 |       (b) All payments are ~~shall be~~ contingent on continued

3870 | proof of primary care practice in an area defined in s.

3871 | 395.602(2)(b) ~~s. 395.602(2)(e)~~, or an underserved area

3872 | designated by the Department of Health, provided the

3873 | practitioner accepts Medicaid reimbursement if eligible for such



3874 reimbursement. Correctional facilities, state hospitals, and  
3875 other state institutions that employ medical personnel shall be  
3876 designated by the Department of Health as underserved locations.  
3877 Locations with high incidences of infant mortality, high  
3878 morbidity, or low Medicaid participation by health care  
3879 professionals may be designated as underserved.

3880 Section 129. Subsection (2) of section 1011.52, Florida  
3881 Statutes, is amended to read:

3882 1011.52 Appropriation to first accredited medical school.—

3883 (2) In order for a medical school to qualify under ~~the~~  
3884 ~~provisions of~~ this section and to be entitled to the benefits  
3885 herein, such medical school:

3886 (a) Must be primarily operated and established to offer,  
3887 afford, and render a medical education to residents of the state  
3888 qualifying for admission to such institution;

3889 (b) Must be operated by a municipality or county of this  
3890 state, or by a nonprofit organization heretofore or hereafter  
3891 established exclusively for educational purposes;

3892 (c) Must, upon the formation and establishment of an  
3893 accredited medical school, transmit and file with the Department  
3894 of Education documentary proof evidencing the facts that such  
3895 institution has been certified and approved by the council on  
3896 medical education and hospitals of the American Medical  
3897 Association and has adequately met the requirements of that  
3898 council in regard to its administrative facilities,



3899 administrative plant, clinical facilities, curriculum, and all  
3900 other such requirements as may be necessary to qualify with the  
3901 council as a recognized, approved, and accredited medical  
3902 school;

3903 (d) Must certify to the Department of Education the name,  
3904 address, and educational history of each student approved and  
3905 accepted for enrollment in such institution for the ensuing  
3906 school year; and

3907 (e) Must have in place an operating agreement with a  
3908 government-owned hospital that is located in the same county as  
3909 the medical school and that is a statutory teaching hospital as  
3910 defined in s. 408.07(44) ~~s. 408.07(45)~~. The operating agreement  
3911 must ~~shall~~ provide for the medical school to maintain the same  
3912 level of affiliation with the hospital, including the level of  
3913 services to indigent and charity care patients served by the  
3914 hospital, which was in place in the prior fiscal year. Each  
3915 year, documentation demonstrating that an operating agreement is  
3916 in effect shall be submitted jointly to the Department of  
3917 Education by the hospital and the medical school prior to the  
3918 payment of moneys from the annual appropriation.

3919 Section 130. This act shall take effect July 1, 2018.