

1 A bill to be entitled
2 An act relating to health care facility market
3 barriers; repealing ss. 154.245 and 154.246, F.S.,
4 relating to the issuance of a certificate of need by
5 the Agency for Health Care Administration as a
6 condition to bond validation and project construction;
7 creating s. 381.4066, F.S.; establishing local health
8 councils under ch. 381, F.S.; providing for the
9 appointment of members; providing powers and duties;
10 designating health service planning districts;
11 providing for funding; requiring the agency to
12 establish rules relating to the imposition of fees and
13 financial accountability; requiring the agency to
14 coordinate the planning of health care services in the
15 state and develop and maintain a comprehensive health
16 care database; requiring the Department of Health to
17 contract with local health councils for specified
18 services; amending s. 395.003, F.S.; removing
19 provisions relating to the prohibition of licensure
20 for hospitals that treat specific populations;
21 amending s. 395.1055, F.S.; requiring the agency to
22 adopt rules establishing licensure standards for
23 providers of adult cardiovascular services; requiring
24 such providers to comply with specified national
25 standards; repealing s. 395.6025, F.S., relating to

26 rural hospital replacement facilities; repealing ss.
 27 408.031, 408.032, 408.033, 408.034, 408.035, 408.036,
 28 408.0361, 408.037, 408.038, 408.039, 408.040, 408.041,
 29 408.042, 408.043, 408.044, 408.045, and 408.0455,
 30 F.S., relating to the Health Facility and Services
 31 Development Act; amending ss. 159.27, 186.503, 189.08,
 32 220.1845, 376.30781, 376.86, 383.216, 395.0191,
 33 395.1065, 400.071, 400.606, 400.6085, 408.07, 408.806,
 34 408.808, 408.810, and 408.820, F.S.; conforming
 35 provisions to changes made by the act and conforming
 36 cross-references; repealing s. 651.118, F.S., relating
 37 to the issuance of certificates of need by the Agency
 38 for Health Care Administration for nursing home beds;
 39 providing an effective date.

40

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

42

43 Section 1. Sections 154.245 and 154.246, Florida Statutes,
 44 are repealed.

45 Section 2. Subsection (16) of section 159.27, Florida
 46 Statutes, is amended to read:

47 159.27 Definitions.—The following words and terms, unless
 48 the context clearly indicates a different meaning, shall have
 49 the following meanings:

50 (16) "Health care facility" means property operated in the

51 private sector, whether operated for profit or not, used for or
52 useful in connection with the diagnosis, treatment, therapy,
53 rehabilitation, housing, or care of or for aged, sick, ill,
54 injured, infirm, impaired, disabled, or handicapped persons,
55 without discrimination among such persons due to race, religion,
56 or national origin; or for the prevention, detection, and
57 control of disease, including, without limitation thereto,
58 hospital, clinic, emergency, outpatient, and intermediate care,
59 including, but not limited to, facilities for the elderly such
60 as assisted living facilities, facilities defined in s.
61 154.205(8), day care and share-a-home facilities, nursing homes,
62 and the following related property when used for or in
63 connection with the foregoing: laboratory; research; pharmacy;
64 laundry; health personnel training and lodging; patient, guest,
65 and health personnel food service facilities; and offices and
66 office buildings for persons engaged in health care professions
67 or services; ~~provided, if required by ss. 400.601-400.611 and~~
68 ~~ss. 408.031-408.045, a certificate of need therefor is obtained~~
69 ~~prior to the issuance of the bonds.~~

70 Section 3. Subsection (7) of section 186.503, Florida
71 Statutes, is amended to read:

72 186.503 Definitions relating to Florida Regional Planning
73 Council Act.—As used in this act, the term:

74 (7) "Local health council" means a council ~~a regional~~
75 ~~agency~~ established pursuant to s. 381.4066 ~~s. 408.033~~.

76 Section 4. Subsection (3) of section 189.08, Florida
 77 Statutes, is amended to read:

78 189.08 Special district public facilities report.—

79 ~~(3) A special district proposing to build, improve, or~~
 80 ~~expand a public facility which requires a certificate of need~~
 81 ~~pursuant to chapter 408 shall elect to notify the appropriate~~
 82 ~~local general-purpose government of its plans either in its 7-~~
 83 ~~year plan or at the time the letter of intent is filed with the~~
 84 ~~Agency for Health Care Administration pursuant to s. 408.039.~~

85 Section 5. Paragraph (k) of subsection (2) of section
 86 220.1845, Florida Statutes, is amended to read:

87 220.1845 Contaminated site rehabilitation tax credit.—

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

89 (k) In order to encourage the construction and operation
 90 of a new health care facility as defined in ~~s. 408.032~~ or s.
 91 408.07, or a health care provider as defined in s. 408.07, on a
 92 brownfield site, an applicant for a tax credit may claim an
 93 additional 25 percent of the total site rehabilitation costs,
 94 not to exceed \$500,000, if the applicant meets the requirements
 95 of this paragraph. In order to receive this additional tax
 96 credit, the applicant must provide documentation indicating that
 97 the construction of the health care facility or health care
 98 provider by the applicant on the brownfield site has received a
 99 certificate of occupancy or a license or certificate has been
 100 issued for the operation of the health care facility or health

101 care provider.

102 Section 6. Paragraph (f) of subsection (3) of section
103 376.30781, Florida Statutes, is amended to read:

104 376.30781 Tax credits for rehabilitation of drycleaning-
105 solvent-contaminated sites and brownfield sites in designated
106 brownfield areas; application process; rulemaking authority;
107 revocation authority.—

108 (3)

109 (f) In order to encourage the construction and operation
110 of a new health care facility or a health care provider, as
111 defined in ~~s. 408.032~~ or s. 408.07, on a brownfield site, an
112 applicant for a tax credit may claim an additional 25 percent of
113 the total site rehabilitation costs, not to exceed \$500,000, if
114 the applicant meets the requirements of this paragraph. In order
115 to receive this additional tax credit, the applicant must
116 provide documentation indicating that the construction of the
117 health care facility or health care provider by the applicant on
118 the brownfield site has received a certificate of occupancy or a
119 license or certificate has been issued for the operation of the
120 health care facility or health care provider.

121 Section 7. Subsection (1) of section 376.86, Florida
122 Statutes, is amended to read:

123 376.86 Brownfield Areas Loan Guarantee Program.—

124 (1) The Brownfield Areas Loan Guarantee Council is created
125 to review and approve or deny, by a majority vote of its

126 membership, the situations and circumstances for participation
127 in partnerships by agreements with local governments, financial
128 institutions, and others associated with the redevelopment of
129 brownfield areas pursuant to the Brownfields Redevelopment Act
130 for a limited state guaranty of up to 5 years of loan guarantees
131 or loan loss reserves issued pursuant to law. The limited state
132 loan guaranty applies only to 50 percent of the primary lenders
133 loans for redevelopment projects in brownfield areas. If the
134 redevelopment project is for affordable housing, as defined in
135 s. 420.0004, in a brownfield area, the limited state loan
136 guaranty applies to 75 percent of the primary lender's loan. If
137 the redevelopment project includes the construction and
138 operation of a new health care facility or a health care
139 provider, as defined in ~~s. 408.032~~ or s. 408.07, on a brownfield
140 site and the applicant has obtained documentation in accordance
141 with s. 376.30781 indicating that the construction of the health
142 care facility or health care provider by the applicant on the
143 brownfield site has received a certificate of occupancy or a
144 license or certificate has been issued for the operation of the
145 health care facility or health care provider, the limited state
146 loan guaranty applies to 75 percent of the primary lender's
147 loan. A limited state guaranty of private loans or a loan loss
148 reserve is authorized for lenders licensed to operate in the
149 state upon a determination by the council that such an
150 arrangement would be in the public interest and the likelihood

151 of the success of the loan is great.

152 Section 8. Section 381.4066, Florida Statutes, is created
153 to read:

154 381.4066 Local and state health planning.-

155 (1) LOCAL HEALTH COUNCILS.-

156 (a) Local health councils are hereby established as public
157 or private nonprofit agencies serving the counties of a health
158 service planning district. The members of each council shall be
159 appointed in an equitable manner by the county commissions
160 having jurisdiction in the respective district. Each council
161 shall be composed of a number of persons equal to one and one
162 half times the number of counties which compose the district or
163 12 members, whichever is greater. Each county commission in a
164 district shall be entitled to appoint at least one member on the
165 council. The balance of the membership of the council shall be
166 allocated among the counties of the district on the basis of
167 population rounded to the nearest whole number, except that in a
168 district composed of only two counties, each county shall have
169 at least four members. The appointees shall be representatives
170 of health care providers, health care purchasers, and
171 nongovernmental health care consumers, not excluding elected
172 government officials. The members representing nongovernmental
173 health care consumers shall include a representative number of
174 persons 60 years of age or older. A majority of council members
175 shall consist of health care purchasers and nongovernmental

176 health care consumers. The local health council shall provide
177 each county commission a schedule for appointing council members
178 to ensure that council membership complies with the requirements
179 of this paragraph. The members of the council shall elect a
180 chair. Members shall serve for terms of 2 years and may be
181 eligible for reappointment.

182 (b) Health service planning districts are composed of the
183 following counties:

184 1. District 1.—Escambia, Santa Rosa, Okaloosa, and Walton
185 Counties.

186 2. District 2.—Holmes, Washington, Bay, Jackson, Franklin,
187 Gulf, Gadsden, Liberty, Calhoun, Leon, Wakulla, Jefferson,
188 Madison, and Taylor Counties.

189 3. District 3.—Hamilton, Suwannee, Lafayette, Dixie,
190 Columbia, Gilchrist, Levy, Union, Bradford, Putnam, Alachua,
191 Marion, Citrus, Hernando, Sumter, and Lake Counties.

192 4. District 4.—Baker, Nassau, Duval, Clay, St. Johns,
193 Flagler, and Volusia Counties.

194 5. District 5.—Pasco and Pinellas Counties.

195 6. District 6.—Hillsborough, Manatee, Polk, Hardee, and
196 Highlands Counties.

197 7. District 7.—Seminole, Orange, Osceola, and Brevard
198 Counties.

199 8. District 8.—Sarasota, DeSoto, Charlotte, Lee, Glades,
200 Hendry, and Collier Counties.

201 9. District 9.—Indian River, Okeechobee, St. Lucie,
202 Martin, and Palm Beach Counties.

203 10. District 10.—Broward County.

204 11. District 11.—Miami-Dade and Monroe Counties.

205 (c) Each local health council may:

206 1. Develop a district area health plan that permits each
207 local health council to develop strategies and set priorities
208 for implementation based on its unique local health needs.

209 2. Advise the Agency for Health Care Administration on
210 health care issues and resource allocations.

211 3. Promote public awareness of community health needs,
212 emphasizing health promotion and cost-effective health service
213 selection.

214 4. Collect data and conduct analyses and studies related
215 to health care needs of the district, including the needs of
216 medically indigent persons, and assist the Agency for Health
217 Care Administration and other state agencies in carrying out
218 data collection activities that relate to the functions in this
219 subsection.

220 5. Advise and assist any regional planning councils within
221 the district which have elected to address health issues in
222 their strategic regional policy plans with the development of
223 the health element of the plans to address the health goals and
224 policies in the State Comprehensive Plan.

225 6. Advise and assist local governments within the district
226 on the development of an optional health plan element of the
227 comprehensive plan provided in chapter 163, to ensure
228 compatibility with the health goals and policies in the State
229 Comprehensive Plan and the district health plan. To facilitate
230 the implementation of this section, the local health council
231 shall annually provide the local governments in its service
232 area, upon request, with:

233 a. A copy and appropriate updates of the district health
234 plan.

235 b. A report of hospital and nursing home utilization
236 statistics for facilities within the local government
237 jurisdiction.

238 7. Monitor and evaluate the adequacy, appropriateness, and
239 effectiveness, within the district, of local, state, federal,
240 and private funds distributed to meet the needs of the medically
241 indigent and other underserved population groups.

242 8. In conjunction with the Department of Health, plan for
243 the provision of services at the local level for persons
244 infected with the human immunodeficiency virus.

245 9. Provide technical assistance to encourage and support
246 activities by providers, purchasers, and consumers and local,
247 regional, and state agencies in meeting the health care goals,
248 objectives, and policies adopted by the local health council.

249 (d) Each local health council shall enter into a
250 memorandum of agreement with each regional planning council in
251 its district that elects to address health issues in its
252 strategic regional policy plan. In addition, each local health
253 council shall enter into a memorandum of agreement with each
254 local government that includes an optional health element in its
255 comprehensive plan. The memorandum of agreement must specify the
256 manner in which each local government, regional planning
257 council, and local health council will coordinate its activities
258 to ensure a unified approach to health planning and
259 implementation efforts.

260 (e) Local health councils may employ personnel or contract
261 for staffing services with persons who possess appropriate
262 qualifications to carry out the councils' purposes. Such
263 personnel are not state employees.

264 (f) Personnel of the local health councils shall provide
265 to council members an annual orientation about council member
266 responsibilities.

267 (g) Each local health council may accept and receive, in
268 furtherance of its health planning functions, funds, grants, and
269 services from governmental agencies and from private or civic
270 sources to perform studies related to local health planning in
271 exchange for such funds, grants, or services. Each council
272 shall, no later than January 30 of each year, render to the

273 Department of Health an accounting of the receipt and
274 disbursement of such funds received.

275 (2) FUNDING.—

276 (a) The Legislature intends that the cost of local health
277 councils be borne by assessments on selected health care
278 facilities subject to facility licensure by the Agency for
279 Health Care Administration, including abortion clinics, assisted
280 living facilities, ambulatory surgical centers, birth centers,
281 home health agencies, hospices, hospitals, intermediate care
282 facilities for the developmentally disabled, nursing homes,
283 health care clinics, and multiphasic testing centers and by
284 assessments on organizations subject to certification by the
285 agency pursuant to part III of chapter 641, including health
286 maintenance organizations and prepaid health clinics. Fees
287 assessed may be collected prospectively at the time of licensure
288 renewal and prorated for the licensure period.

289 (b)1. A hospital licensed under chapter 395, a nursing
290 home facility licensed under chapter 400, and an assisted living
291 facility licensed under chapter 429 shall be assessed an annual
292 fee based on the number of beds in such facilities.

293 2. All other facilities and organizations listed in
294 paragraph (a) shall each be assessed an annual fee of \$150.

295 3. Facilities operated by the Department of Children and
296 Families, the Department of Health, or the Department of

297 Corrections and a rural hospital as defined in s. 395.602 are
298 exempt from the assessment required in this subsection.

299 (c) The agency shall, by rule, establish:

300 1. Fees for hospitals and nursing homes based on an
301 assessment of \$2 per bed. However, such facilities may not be
302 assessed more than a total of \$500 under this subsection.

303 2. Fees for assisted living facilities based on an
304 assessment of \$1 per bed. However, such facilities may not be
305 assessed more than a total of \$150 under this subsection.

306 3. An annual fee of \$150 for all other facilities and
307 organizations listed in paragraph (a).

308 (d) The agency shall, by rule, establish a facility
309 billing and collection process for the billing and collection of
310 the health facility fees authorized by this subsection.

311 (e) A health facility that is assessed a fee under this
312 subsection is subject to a fine of \$100 per day for each day in
313 which the facility is late in submitting its annual fee up to
314 the maximum of the annual fee owed by the facility. A facility
315 that refuses to pay the fee or fine is subject to the forfeiture
316 of its license.

317 (f) The agency shall deposit all health care facility
318 assessments that are assessed under this subsection in the
319 Health Care Trust Fund and shall transfer such funds to the
320 Department of Health for funding of the local health councils.

321 (3) DUTIES AND RESPONSIBILITIES OF THE AGENCY FOR HEALTH
 322 CARE ADMINISTRATION.—

323 (a) The agency is responsible for the coordinated planning
 324 of health care services in the state.

325 (b) The agency shall develop and maintain a comprehensive
 326 health care database. The agency or its contractor is authorized
 327 to require the submission of information from health facilities,
 328 health service providers, and licensed health professionals
 329 which is determined by agency rule to be necessary for meeting
 330 the agency's responsibilities as established in this section.

331 (c) The Department of Health shall contract with the local
 332 health councils for the services specified in subsection (1).
 333 All contract funds shall be distributed according to an
 334 allocation plan developed by the department. The department may
 335 withhold funds from a local health council or cancel its
 336 contract with a local health council that does not meet
 337 performance standards agreed upon by the department and local
 338 health councils.

339 Section 9. Subsection (1) of section 383.216, Florida
 340 Statutes, is amended to read:

341 383.216 Community-based prenatal and infant health care.—

342 (1) The Department of Health shall cooperate with
 343 localities which wish to establish prenatal and infant health
 344 care coalitions, and shall acknowledge and incorporate, if
 345 appropriate, existing community children's services

346 organizations, pursuant to this section within the resources
347 allocated. The purpose of this program is to establish a
348 partnership among the private sector, the public sector, state
349 government, local government, community alliances, and maternal
350 and child health care providers, for the provision of
351 coordinated community-based prenatal and infant health care. The
352 prenatal and infant health care coalitions must work in a
353 coordinated, nonduplicative manner with local health planning
354 councils established pursuant to s. 381.4066 ~~s. 408.033~~.

355 Section 10. Paragraph (b) of subsection (6) and
356 subsections (8), (9), and (10) of section 395.003, Florida
357 Statutes, are amended to read:

358 395.003 Licensure; denial, suspension, and revocation.—
359 (6)

360 (b) A specialty-licensed children's hospital that has
361 licensed neonatal intensive care unit beds and is located in
362 District 5 or District 11, as defined in s. 381.4066 ~~s. 408.032~~,
363 as of January 1, 2018, may provide obstetrical services, in
364 accordance with the pertinent guidelines promulgated by the
365 American College of Obstetricians and Gynecologists and with
366 verification of guidelines and compliance with internal safety
367 standards by the Voluntary Review for Quality of Care Program of
368 the American College of Obstetricians and Gynecologists and in
369 compliance with the agency's rules pertaining to the obstetrical
370 department in a hospital and offer healthy mothers all necessary

371 critical care equipment, services, and the capability of
372 providing up to 10 beds for labor and delivery care, which
373 services are restricted to the diagnosis, care, and treatment of
374 pregnant women of any age who have documentation by an examining
375 physician that includes information regarding:

376 1. At least one fetal characteristic or condition
377 diagnosed intra-utero that would characterize the pregnancy or
378 delivery as high risk including structural abnormalities of the
379 digestive, central nervous, and cardiovascular systems and
380 disorders of genetic malformations and skeletal dysplasia, acute
381 metabolic emergencies, and babies of mothers with rheumatologic
382 disorders; or

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

385

386 This paragraph shall not preclude a specialty-licensed
387 children's hospital from complying with s. 395.1041 or the
388 Emergency Medical Treatment and Active Labor Act, 42 U.S.C. s.
389 1395dd.

390 ~~(8) A hospital may not be licensed or relicensed if:~~

391 ~~(a) The diagnosis-related groups for 65 percent or more of~~
392 ~~the discharges from the hospital, in the most recent year for~~
393 ~~which data is available to the Agency for Health Care~~
394 ~~Administration pursuant to s. 408.061, are for diagnosis, care,~~
395 ~~and treatment of patients who have:~~

396 ~~1. Cardiac-related diseases and disorders classified as~~
397 ~~diagnosis-related groups in major diagnostic category 5;~~
398 ~~2. Orthopedic-related diseases and disorders classified as~~
399 ~~diagnosis-related groups in major diagnostic category 8;~~
400 ~~3. Cancer-related diseases and disorders classified as~~
401 ~~discharges in which the principal diagnosis is neoplasm or~~
402 ~~carcinoma or is for an admission for radiotherapy or~~
403 ~~antineoplastic chemotherapy or immunotherapy; or~~
404 ~~4. Any combination of the above discharges.~~
405 ~~(b) The hospital restricts its medical and surgical~~
406 ~~services to primarily or exclusively cardiac, orthopedic,~~
407 ~~surgical, or oncology specialties.~~
408 ~~(c) A hospital classified as an exempt cancer center~~
409 ~~hospital pursuant to 42 C.F.R. s. 412.23(f) as of December 31,~~
410 ~~2005, is exempt from the licensure restrictions of this~~
411 ~~subsection.~~
412 ~~(9) A hospital licensed as of June 1, 2004, shall be~~
413 ~~exempt from subsection (8) as long as the hospital maintains the~~
414 ~~same ownership, facility street address, and range of services~~
415 ~~that were in existence on June 1, 2004. Any transfer of beds, or~~
416 ~~other agreements that result in the establishment of a hospital~~
417 ~~or hospital services within the intent of this section, shall be~~
418 ~~subject to subsection (8). Unless the hospital is otherwise~~
419 ~~exempt under subsection (8), the agency shall deny or revoke the~~
420 ~~license of a hospital that violates any of the criteria set~~

421 ~~forth in that subsection.~~

422 ~~(10) The agency may adopt rules implementing the licensure~~
423 ~~requirements set forth in subsection (8). Within 14 days after~~
424 ~~rendering its decision on a license application or revocation,~~
425 ~~the agency shall publish its proposed decision in the Florida~~
426 ~~Administrative Register. Within 21 days after publication of the~~
427 ~~agency's decision, any authorized person may file a request for~~
428 ~~an administrative hearing. In administrative proceedings~~
429 ~~challenging the approval, denial, or revocation of a license~~
430 ~~pursuant to subsection (8), the hearing must be based on the~~
431 ~~facts and law existing at the time of the agency's proposed~~
432 ~~agency action. Existing hospitals may initiate or intervene in~~
433 ~~an administrative hearing to approve, deny, or revoke licensure~~
434 ~~under subsection (8) based upon a showing that an established~~
435 ~~program will be substantially affected by the issuance or~~
436 ~~renewal of a license to a hospital within the same district or~~
437 ~~service area.~~

438 Section 11. Subsection (10) of section 395.0191, Florida
439 Statutes, is amended to read:

440 395.0191 Staff membership and clinical privileges.—

441 ~~(10) Nothing herein shall be construed by the agency as~~
442 ~~requiring an applicant for a certificate of need to establish~~
443 ~~proof of discrimination in the granting of or denial of hospital~~
444 ~~staff membership or clinical privileges as a precondition to~~
445 ~~obtaining such certificate of need under the provisions of s.~~

446 ~~408.043.~~

447 Section 12. Subsection (12) of section 395.1055, Florida
448 Statutes, is renumbered as subsection (15), paragraph (f) of
449 subsection (1) is amended, and new subsections (12), (13), and
450 (14) are added to that section, to read:

451 395.1055 Rules and enforcement.—

452 (1) The agency shall adopt rules pursuant to ss.
453 120.536(1) and 120.54 to implement the provisions of this part,
454 which shall include reasonable and fair minimum standards for
455 ensuring that:

456 ~~(f) All hospitals submit such data as necessary to conduct~~
457 ~~certificate-of-need reviews required under part I of chapter~~
458 ~~408. Such data shall include, but shall not be limited to,~~
459 ~~patient origin data, hospital utilization data, type of service~~
460 ~~reporting, and facility staffing data. The agency may not~~
461 ~~collect data that identifies or could disclose the identity of~~
462 ~~individual patients. The agency shall utilize existing uniform~~
463 ~~statewide data sources when available and shall minimize~~
464 ~~reporting costs to hospitals.~~

465 (12) Each provider of diagnostic cardiac catheterization
466 services shall comply with rules adopted by the agency that
467 establish licensure standards governing the operation of adult
468 inpatient diagnostic cardiac catheterization programs. The rules
469 shall ensure that such programs:

470 (a) Comply with the most recent guidelines of the American

471 College of Cardiology and American Heart Association Guidelines
472 for Cardiac Catheterization and Cardiac Catheterization
473 Laboratories.

474 (b) Perform only adult inpatient diagnostic cardiac
475 catheterization services and will not provide therapeutic
476 cardiac catheterization or any other cardiology services.

477 (c) Maintain sufficient appropriate equipment and health
478 care personnel to ensure quality and safety.

479 (d) Maintain appropriate times of operation and protocols
480 to ensure availability and appropriate referrals in the event of
481 emergencies.

482 (e) Demonstrate a plan to provide services to Medicaid and
483 charity care patients.

484 (13) Each provider of adult cardiovascular services or
485 operator of a burn unit shall comply with rules adopted by the
486 agency which establish licensure standards that govern the
487 provision of adult cardiovascular services or the operation of a
488 burn unit. Such rules shall consider, at a minimum, staffing,
489 equipment, physical plant, operating protocols, the provision of
490 services to Medicaid and charity care patients, accreditation,
491 licensure period and fees, and enforcement of minimum standards.

492 (14) In establishing rules for adult cardiovascular
493 services, the agency shall include provisions that allow for:

494 (a) Establishment of two hospital program licensure
495 levels: a Level I program authorizing the performance of adult

496 percutaneous cardiac intervention without onsite cardiac surgery
497 and a Level II program authorizing the performance of
498 percutaneous cardiac intervention with onsite cardiac surgery.

499 (b)1. For a hospital seeking a Level I program,
500 demonstration that, for the most recent 12-month period as
501 reported to the agency, the hospital has provided a minimum of
502 300 adult inpatient and outpatient diagnostic cardiac
503 catheterizations or, for the most recent 12-month period, has
504 discharged or transferred at least 300 patients with the
505 principal diagnosis of ischemic heart disease and that it has a
506 formalized, written transfer agreement with a hospital that has
507 a Level II program, including written transport protocols to
508 ensure safe and efficient transfer of a patient within 60
509 minutes.

510 2.a. A hospital located more than 100 road miles from the
511 closest Level II adult cardiovascular services program does not
512 need to meet the diagnostic cardiac catheterization volume and
513 ischemic heart disease diagnosis volume requirements in
514 subparagraph 1. if the hospital demonstrates that it has, for
515 the most recent 12-month period as reported to the agency,
516 provided a minimum of 100 adult inpatient and outpatient
517 diagnostic cardiac catheterizations or that, for the most recent
518 12-month period, it has discharged or transferred at least 300
519 patients with the principal diagnosis of ischemic heart disease.

520 b. A hospital located more than 100 road miles from the

521 closest Level II adult cardiovascular services program does not
522 need to meet the 60-minute transfer time protocol requirement in
523 subparagraph 1. if the hospital demonstrates that it has a
524 formalized, written transfer agreement with a hospital that has
525 a Level II program. The agreement must include written transport
526 protocols to ensure the safe and efficient transfer of a
527 patient, taking into consideration the patient's clinical and
528 physical characteristics, road and weather conditions, and
529 viability of ground and air ambulance service to transfer the
530 patient.

531 3. At a minimum, the rules for adult cardiovascular
532 services must require nursing and technical staff to have
533 demonstrated experience in handling acutely ill patients
534 requiring intervention, based on the staff member's previous
535 experience in dedicated cardiac interventional laboratories or
536 surgical centers. If a staff member's previous experience is in
537 a dedicated cardiac interventional laboratory at a hospital that
538 does not have an approved adult open heart surgery program, the
539 staff member's previous experience qualifies only if, at the
540 time the staff member acquired his or her experience, the
541 dedicated cardiac interventional laboratory:

542 a. Had an annual volume of 500 or more percutaneous
543 cardiac intervention procedures.

544 b. Achieved a demonstrated success rate of 95 percent or
545 greater for percutaneous cardiac intervention procedures.

546 c. Experienced a complication rate of less than 5 percent
547 for percutaneous cardiac intervention procedures.

548 d. Performed diverse cardiac procedures, including, but
549 not limited to, balloon angioplasty and stenting, rotational
550 atherectomy, cutting balloon atheroma remodeling, and procedures
551 relating to left ventricular support capability.

552 (c) For a hospital seeking a Level II program,
553 demonstration that, for the most recent 12-month period as
554 reported to the agency, the hospital has performed a minimum of
555 1,100 adult inpatient and outpatient cardiac catheterizations,
556 of which at least 400 must be therapeutic catheterizations, or,
557 for the most recent 12-month period, has discharged at least 800
558 patients with the principal diagnosis of ischemic heart disease.

559 (d) Compliance with the most recent guidelines of the
560 American College of Cardiology and American Heart Association
561 guidelines for staffing, physician training and experience,
562 operating procedures, equipment, physical plant, and patient
563 selection criteria to ensure patient quality and safety.

564 (e) Establishment of appropriate hours of operation and
565 protocols to ensure availability and timely referral in the
566 event of emergencies.

567 (f) Demonstration of a plan to provide services to
568 Medicaid and charity care patients.

569 Section 13. Subsection (5) of section 395.1065, Florida
570 Statutes, is amended to read:

571 395.1065 Criminal and administrative penalties;
 572 moratorium.—

573 (5) The agency shall impose a fine of \$500 for each
 574 instance of the facility's failure to provide the information
 575 required by rules adopted pursuant to s. 395.1055(1)(g) ~~s.~~
 576 ~~395.1055(1)(h)~~.

577 Section 14. Section 395.6025, Florida Statutes, is
 578 repealed.

579 Section 15. Subsection (3) of section 400.071, Florida
 580 Statutes, is amended to read:

581 400.071 Application for license.—

582 ~~(3) It is the intent of the Legislature that, in reviewing~~
 583 ~~a certificate of need application to add beds to an existing~~
 584 ~~nursing home facility, preference be given to the application of~~
 585 ~~a licensee who has been awarded a Gold Seal as provided for in~~
 586 ~~s. 400.235, if the applicant otherwise meets the review criteria~~
 587 ~~specified in s. 408.035.~~

588 Section 16. Subsections (3), (4), and (5) of section
 589 400.606, Florida Statutes, are amended to read:

590 400.606 License; application; renewal; conditional license
 591 or permit; certificate of need.—

592 (3) Any hospice initially licensed on or after July 1,
 593 2019, must be accredited by a national accreditation
 594 organization that is recognized by the Centers for Medicare and
 595 Medicaid Services and the standards of which incorporate

596 comparable licensure regulations required by the state. Such
597 accreditation must be maintained as a requirement of licensure
598 ~~The agency shall not issue a license to a hospice that fails to~~
599 ~~receive a certificate of need under the provisions of part I of~~
600 ~~chapter 408. A licensed hospice is a health care facility as~~
601 ~~that term is used in s. 408.039(5) and is entitled to initiate~~
602 ~~or intervene in an administrative hearing.~~

603 (4) A hospice initially licensed on or after July 1, 2019,
604 must establish and maintain a freestanding hospice facility that
605 is engaged in providing inpatient and related services and that
606 is not otherwise licensed as a health care facility ~~shall obtain~~
607 ~~a certificate of need.~~ However, a freestanding hospice facility
608 that has six or fewer beds is not required to comply with
609 institutional standards such as, but not limited to, standards
610 requiring sprinkler systems, emergency electrical systems, or
611 special lavatory devices.

612 ~~(5) The agency may deny a license to an applicant that~~
613 ~~fails to meet any condition for the provision of hospice care or~~
614 ~~services imposed by the agency on a certificate of need by final~~
615 ~~agency action, unless the applicant can demonstrate that good~~
616 ~~cause exists for the applicant's failure to meet such condition.~~

617 Section 17. Paragraph (b) of subsection (2) of section
618 400.6085, Florida Statutes, is amended to read:

619 400.6085 Contractual services.—A hospice may contract out
620 for some elements of its services. However, the core services,

621 as set forth in s. 400.609(1), with the exception of physician
622 services, shall be provided directly by the hospice. Any
623 contract entered into between a hospice and a health care
624 facility or service provider must specify that the hospice
625 retains the responsibility for planning, coordinating, and
626 prescribing hospice care and services for the hospice patient
627 and family. A hospice that contracts for any hospice service is
628 prohibited from charging fees for services provided directly by
629 the hospice care team that duplicate contractual services
630 provided to the patient and family.

631 (2) With respect to contractual arrangements for inpatient
632 hospice care:

633 ~~(b) Hospices contracting for inpatient care beds shall not~~
634 ~~be required to obtain an additional certificate of need for the~~
635 ~~number of such designated beds. Such beds shall remain licensed~~
636 ~~to the health care facility and be subject to the appropriate~~
637 ~~inspections.~~

638 Section 18. Sections 408.031, 408.032, 408.033, 408.034,
639 408.035, 408.036, 408.0361, 408.037, 408.038, 408.039, 408.040,
640 408.041, 408.042, 408.043, 408.044, 408.045, and 408.0455,
641 Florida Statutes, are repealed.

642 Section 19. Section 408.07, Florida Statutes, is amended
643 to read:

644 408.07 Definitions.—As used in this chapter, ~~with the~~
645 ~~exception of ss. 408.031-408.045,~~ the term:

646 (1) "Accepted" means that the agency has found that a
647 report or data submitted by a health care facility or a health
648 care provider contains all schedules and data required by the
649 agency and has been prepared in the format specified by the
650 agency, and otherwise conforms to applicable rule or Florida
651 Hospital Uniform Reporting System manual requirements regarding
652 reports in effect at the time such report was submitted, and the
653 data are mathematically reasonable and accurate.

654 (2) "Adjusted admission" means the sum of acute and
655 intensive care admissions divided by the ratio of inpatient
656 revenues generated from acute, intensive, ambulatory, and
657 ancillary patient services to gross revenues. If a hospital
658 reports only subacute admissions, then "adjusted admission"
659 means the sum of subacute admissions divided by the ratio of
660 total inpatient revenues to gross revenues.

661 (3) "Agency" means the Agency for Health Care
662 Administration.

663 (4) "Alcohol or chemical dependency treatment center"
664 means an organization licensed under chapter 397.

665 (5) "Ambulatory care center" means an organization which
666 employs or contracts with licensed health care professionals to
667 provide diagnosis or treatment services predominantly on a walk-
668 in basis and the organization holds itself out as providing care
669 on a walk-in basis. Such an organization is not an ambulatory
670 care center if it is wholly owned and operated by five or fewer

671 health care providers.

672 (6) "Ambulatory surgical center" means a facility licensed
673 as an ambulatory surgical center under chapter 395.

674 (7) "Audited actual data" means information contained
675 within financial statements examined by an independent, Florida-
676 licensed, certified public accountant in accordance with
677 generally accepted auditing standards, but does not include data
678 within a financial statement about which the certified public
679 accountant does not express an opinion or issues a disclaimer.

680 (8) "Birth center" means an organization licensed under s.
681 383.305.

682 (9) "Cardiac catheterization laboratory" means a
683 freestanding facility that employs or contracts with licensed
684 health care professionals to provide diagnostic or therapeutic
685 services for cardiac conditions such as cardiac catheterization
686 or balloon angioplasty.

687 (10) "Case mix" means a calculated index for each health
688 care facility or health care provider, based on patient data,
689 reflecting the relative costliness of the mix of cases to that
690 facility or provider compared to a state or national mix of
691 cases.

692 (11) "Comprehensive rehabilitative hospital" or
693 "rehabilitative hospital" means a hospital licensed by the
694 agency as a specialty hospital as defined in s. 395.002;
695 provided that the hospital provides a program of comprehensive

696 | medical rehabilitative services and is designed, equipped,
697 | organized, and operated solely to deliver comprehensive medical
698 | rehabilitative services, and further provided that all licensed
699 | beds in the hospital are classified as "comprehensive
700 | rehabilitative beds" pursuant to s. 395.003(4), and are not
701 | classified as "general beds."

702 | (12) "Consumer" means any person other than a person who
703 | administers health activities, is a member of the governing body
704 | of a health care facility, provides health services, has a
705 | fiduciary interest in a health facility or other health agency
706 | or its affiliated entities, or has a material financial interest
707 | in the rendering of health services.

708 | (13) "Continuing care facility" means a facility licensed
709 | under chapter 651.

710 | (14) "Critical access hospital" means a hospital that
711 | meets the definition of "critical access hospital" in s.
712 | 1861(mm)(1) of the Social Security Act and that is certified by
713 | the Secretary of Health and Human Services as a critical access
714 | hospital.

715 | (15) "Cross-subsidization" means that the revenues from
716 | one type of hospital service are sufficiently higher than the
717 | costs of providing such service as to offset some of the costs
718 | of providing another type of service in the hospital. Cross-
719 | subsidization results from the lack of a direct relationship
720 | between charges and the costs of providing a particular hospital

721 service or type of service.

722 (16) "Deductions from gross revenue" or "deductions from
723 revenue" means reductions from gross revenue resulting from
724 inability to collect payment of charges. For hospitals, such
725 reductions include contractual adjustments; uncompensated care;
726 administrative, courtesy, and policy discounts and adjustments;
727 and other such revenue deductions, but also includes the offset
728 of restricted donations and grants for indigent care.

729 (17) "Diagnostic-imaging center" means a freestanding
730 outpatient facility that provides specialized services for the
731 diagnosis of a disease by examination and also provides
732 radiological services. Such a facility is not a diagnostic-
733 imaging center if it is wholly owned and operated by physicians
734 who are licensed pursuant to chapter 458 or chapter 459 and who
735 practice in the same group practice and no diagnostic-imaging
736 work is performed at such facility for patients referred by any
737 health care provider who is not a member of that same group
738 practice.

739 (18) "FHURS" means the Florida Hospital Uniform Reporting
740 System developed by the agency.

741 (19) "Freestanding" means that a health facility bills and
742 receives revenue which is not directly subject to the hospital
743 assessment for the Public Medical Assistance Trust Fund as
744 described in s. 395.701.

745 (20) "Freestanding radiation therapy center" means a

746 facility where treatment is provided through the use of
747 radiation therapy machines that are registered under s. 404.22
748 and the provisions of the Florida Administrative Code
749 implementing s. 404.22. Such a facility is not a freestanding
750 radiation therapy center if it is wholly owned and operated by
751 physicians licensed pursuant to chapter 458 or chapter 459 who
752 practice within the specialty of diagnostic or therapeutic
753 radiology.

754 (21) "GRAA" means gross revenue per adjusted admission.

755 (22) "Gross revenue" means the sum of daily hospital
756 service charges, ambulatory service charges, ancillary service
757 charges, and other operating revenue. Gross revenues do not
758 include contributions, donations, legacies, or bequests made to
759 a hospital without restriction by the donors.

760 (23) "Health care facility" means an ambulatory surgical
761 center, a hospice, a nursing home, a hospital, a diagnostic-
762 imaging center, a freestanding or hospital-based therapy center,
763 a clinical laboratory, a home health agency, a cardiac
764 catheterization laboratory, a medical equipment supplier, an
765 alcohol or chemical dependency treatment center, a physical
766 rehabilitation center, a lithotripsy center, an ambulatory care
767 center, a birth center, or a nursing home component licensed
768 under chapter 400 within a continuing care facility licensed
769 under chapter 651.

770 (24) "Health care provider" means a health care

771 professional licensed under chapter 458, chapter 459, chapter
772 460, chapter 461, chapter 463, chapter 464, chapter 465, chapter
773 466, part I, part III, part IV, part V, or part X of chapter
774 468, chapter 483, chapter 484, chapter 486, chapter 490, or
775 chapter 491.

776 (25) "Health care purchaser" means an employer in the
777 state, other than a health care facility, health insurer, or
778 health care provider, who provides health care coverage for her
779 or his employees.

780 (26) "Health insurer" means any insurance company
781 authorized to transact health insurance in the state, any
782 insurance company authorized to transact health insurance or
783 casualty insurance in the state that is offering a minimum
784 premium plan or stop-loss coverage for any person or entity
785 providing health care benefits, any self-insurance plan as
786 defined in s. 624.031, any health maintenance organization
787 authorized to transact business in the state pursuant to part I
788 of chapter 641, any prepaid health clinic authorized to transact
789 business in the state pursuant to part II of chapter 641, any
790 multiple-employer welfare arrangement authorized to transact
791 business in the state pursuant to ss. 624.436-624.45, or any
792 fraternal benefit society providing health benefits to its
793 members as authorized pursuant to chapter 632.

794 (27) "Home health agency" means an organization licensed
795 under part III of chapter 400.

796 (28) "Hospice" means an organization licensed under part
797 IV of chapter 400.

798 (29) "Hospital" means a health care institution licensed
799 by the Agency for Health Care Administration as a hospital under
800 chapter 395.

801 (30) "Lithotripsy center" means a freestanding facility
802 that employs or contracts with licensed health care
803 professionals to provide diagnosis or treatment services using
804 electro-hydraulic shock waves.

805 (31) "Local health council" means the council established
806 ~~agency defined in s. 381.4066 s. 408.033.~~

807 (32) "Market basket index" means the Florida hospital
808 input price index (FHIPI), which is a statewide market basket
809 index used to measure inflation in hospital input prices
810 weighted for the Florida-specific experience which uses
811 multistate regional and state-specific price measures, when
812 available. The index shall be constructed in the same manner as
813 the index employed by the Secretary of the United States
814 Department of Health and Human Services for determining the
815 inflation in hospital input prices for purposes of Medicare
816 reimbursement.

817 (33) "Medical equipment supplier" means an organization
818 that provides medical equipment and supplies used by health care
819 providers and health care facilities in the diagnosis or
820 treatment of disease.

821 (34) "Net revenue" means gross revenue minus deductions
822 from revenue.

823 (35) "New hospital" means a hospital in its initial year
824 of operation as a licensed hospital and does not include any
825 facility which has been in existence as a licensed hospital,
826 regardless of changes in ownership, for over 1 calendar year.

827 (36) "Nursing home" means a facility licensed under s.
828 400.062 or, for resident level and financial data collection
829 purposes only, any institution licensed under chapter 395 and
830 which has a Medicare or Medicaid certified distinct part used
831 for skilled nursing home care, but does not include a facility
832 licensed under chapter 651.

833 (37) "Operating expenses" means total expenses excluding
834 income taxes.

835 (38) "Other operating revenue" means all revenue generated
836 from hospital operations other than revenue directly associated
837 with patient care.

838 (39) "Physical rehabilitation center" means an
839 organization that employs or contracts with health care
840 professionals licensed under part I or part III of chapter 468
841 or chapter 486 to provide speech, occupational, or physical
842 therapy services on an outpatient or ambulatory basis.

843 (40) "Prospective payment arrangement" means a financial
844 agreement negotiated between a hospital and an insurer, health
845 maintenance organization, preferred provider organization, or

846 other third-party payor which contains, at a minimum, the
847 elements provided for in s. 408.50.

848 (41) "Rate of return" means the financial indicators used
849 to determine or demonstrate reasonableness of the financial
850 requirements of a hospital. Such indicators shall include, but
851 not be limited to: return on assets, return on equity, total
852 margin, and debt service coverage.

853 (42) "Rural hospital" means an acute care hospital
854 licensed under chapter 395, having 100 or fewer licensed beds
855 and an emergency room, and which is:

856 (a) The sole provider within a county with a population
857 density of no greater than 100 persons per square mile;

858 (b) An acute care hospital, in a county with a population
859 density of no greater than 100 persons per square mile, which is
860 at least 30 minutes of travel time, on normally traveled roads
861 under normal traffic conditions, from another acute care
862 hospital within the same county;

863 (c) A hospital supported by a tax district or subdistrict
864 whose boundaries encompass a population of 100 persons or fewer
865 per square mile;

866 (d) A hospital with a service area that has a population
867 of 100 persons or fewer per square mile. As used in this
868 paragraph, the term "service area" means the fewest number of
869 zip codes that account for 75 percent of the hospital's
870 discharges for the most recent 5-year period, based on

871 information available from the hospital inpatient discharge
872 database in the Florida Center for Health Information and
873 Transparency at the Agency for Health Care Administration; or
874 (e) A critical access hospital.

875
876 Population densities used in this subsection must be based upon
877 the most recently completed United States census. A hospital
878 that received funds under s. 409.9116 for a quarter beginning no
879 later than July 1, 2002, is deemed to have been and shall
880 continue to be a rural hospital from that date through June 30,
881 2015, if the hospital continues to have 100 or fewer licensed
882 beds and an emergency room. An acute care hospital that has not
883 previously been designated as a rural hospital and that meets
884 the criteria of this subsection shall be granted such
885 designation upon application, including supporting
886 documentation, to the Agency for Health Care Administration.

887 (43) "Special study" means a nonrecurring data-gathering
888 and analysis effort designed to aid the agency in meeting its
889 responsibilities pursuant to this chapter.

890 (44) "Teaching hospital" means any Florida hospital
891 officially affiliated with an accredited Florida medical school
892 which exhibits activity in the area of graduate medical
893 education as reflected by at least seven different graduate
894 medical education programs accredited by the Accreditation
895 Council for Graduate Medical Education or the Council on

896 Postdoctoral Training of the American Osteopathic Association
 897 and the presence of 100 or more full-time equivalent resident
 898 physicians. The Director of the Agency for Health Care
 899 Administration shall be responsible for determining which
 900 hospitals meet this definition.

901 Section 20. Subsection (6) of section 408.806, Florida
 902 Statutes, is amended to read:

903 408.806 License application process.—

904 (6) ~~The agency may not issue an initial license to a~~
 905 ~~health care provider subject to the certificate-of-need~~
 906 ~~provisions in part I of this chapter if the licensee has not~~
 907 ~~been issued a certificate of need or certificate-of-need~~
 908 ~~exemption, when applicable.~~ Failure to apply for the renewal of
 909 a license prior to the expiration date renders the license void.

910 Section 21. Subsection (3) of section 408.808, Florida
 911 Statutes, is amended to read:

912 408.808 License categories.—

913 (3) INACTIVE LICENSE.—An inactive license may be issued to
 914 a hospital, a nursing home, an intermediate care facility for
 915 the developmentally disabled, or an ambulatory surgical center
 916 ~~health care provider subject to the certificate-of-need~~
 917 ~~provisions in part I of this chapter~~ when the provider is
 918 currently licensed, does not have a provisional license, and
 919 will be temporarily unable to provide services due to
 920 construction or renovation but is reasonably expected to resume

921 services within 12 months. Before an inactive license is issued,
922 the licensee must have construction or renovation plans approved
923 by the agency. Such designation may be made for a period not to
924 exceed 12 months but may be renewed by the agency for up to 12
925 additional months upon demonstration by the licensee of the
926 provider's progress toward reopening. ~~However, if after 20~~
927 ~~months in an inactive license status, a statutory rural~~
928 ~~hospital, as defined in s. 395.602, has demonstrated progress~~
929 ~~toward reopening, but may not be able to reopen prior to the~~
930 ~~inactive license expiration date, the inactive designation may~~
931 ~~be renewed again by the agency for up to 12 additional months.~~
932 For purposes of such a second renewal, ~~if construction or~~
933 ~~renovation is required, the licensee must have had plans~~
934 ~~approved by the agency and construction must have already~~
935 ~~commenced and pursuant to s. 408.032(4); however, if~~
936 ~~construction or renovation is not required, the licensee must~~
937 provide proof of having made an enforceable capital expenditure
938 greater than 25 percent of the total costs associated with the
939 construction or renovation ~~hiring of staff and the purchase of~~
940 ~~equipment and supplies needed to operate the facility upon~~
941 ~~opening.~~ A request by a licensee for an inactive license or to
942 extend the previously approved inactive period must be submitted
943 to the agency and must include a written justification for the
944 inactive license with the beginning and ending dates of
945 inactivity specified, a plan for the transfer of any clients to

946 other providers, and the appropriate licensure fees. The agency
947 may not accept a request that is submitted after initiating
948 closure, after any suspension of service, or after notifying
949 clients of closure or suspension of service, unless the action
950 is a result of a disaster at the licensed premises. For the
951 purposes of this section, the term "disaster" means a sudden
952 emergency occurrence beyond the control of the licensee, whether
953 natural, technological, or manmade, which renders the provider
954 inoperable at the premises. Upon agency approval, the provider
955 shall notify clients of any necessary discharge or transfer as
956 required by authorizing statutes or applicable rules. The
957 beginning of the inactive license period is the date the
958 provider ceases operations. The end of the inactive license
959 period shall become the license expiration date. All licensure
960 fees must be current, must be paid in full, and may be prorated.
961 Reactivation of an inactive license requires the approval of a
962 renewal application, including payment of licensure fees and
963 agency inspections indicating compliance with all requirements
964 of this part, authorizing statutes, and applicable rules.

965 Section 22. Subsection (10) of section 408.810, Florida
966 Statutes, is amended to read:

967 408.810 Minimum licensure requirements.—In addition to the
968 licensure requirements specified in this part, authorizing
969 statutes, and applicable rules, each applicant and licensee must
970 comply with the requirements of this section in order to obtain

971 and maintain a license.

972 ~~(10) The agency may not issue a license to a health care~~
973 ~~provider subject to the certificate-of-need provisions in part I~~
974 ~~of this chapter if the health care provider has not been issued~~
975 ~~a certificate of need or an exemption. Upon initial licensure of~~
976 ~~any such provider, the authorization contained in the~~
977 ~~certificate of need shall be considered fully implemented and~~
978 ~~merged into the license and shall have no force and effect upon~~
979 ~~termination of the license for any reason.~~

980 Section 23. Section 408.820, Florida Statutes, is amended
981 to read:

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

985 (1) Laboratories authorized to perform testing under the
986 Drug-Free Workplace Act, as provided under ss. 112.0455 and
987 440.102, are exempt from s. 408.810(5)-(9) ~~s. 408.810(5)-(10)~~.

988 (2) Birth centers, as provided under chapter 383, are
989 exempt from s. 408.810(7)-(9) ~~s. 408.810(7)-(10)~~.

990 (3) Abortion clinics, as provided under chapter 390, are
991 exempt from s. 408.810(7)-(9) ~~s. 408.810(7)-(10)~~.

992 (4) Crisis stabilization units, as provided under parts I
993 and IV of chapter 394, are exempt from s. 408.810(8) and (9) ~~s.~~
994 ~~408.810(8)-(10)~~.

995 (5) Short-term residential treatment facilities, as

996 provided under parts I and IV of chapter 394, are exempt from s.
 997 408.810(8) and (9) ~~s. 408.810(8)-(10)~~.

998 (6) Residential treatment facilities, as provided under
 999 part IV of chapter 394, are exempt from s. 408.810(8) and (9) ~~s.~~
 1000 ~~408.810(8)-(10)~~.

1001 (7) Residential treatment centers for children and
 1002 adolescents, as provided under part IV of chapter 394, are
 1003 exempt from s. 408.810(8) and (9) ~~s. 408.810(8)-(10)~~.

1004 (8) Hospitals, as provided under part I of chapter 395,
 1005 are exempt from s. 408.810(7)-(9).

1006 (9) Ambulatory surgical centers, as provided under part I
 1007 of chapter 395, are exempt from s. 408.810(7)-(9) ~~s. 408.810(7)-~~
 1008 ~~(10)~~.

1009 (10) Nursing homes, as provided under part II of chapter
 1010 400, are exempt from ss. 408.810(7) and 408.813(2).

1011 ~~(11) Assisted living facilities, as provided under part I~~
 1012 ~~of chapter 429, are exempt from s. 408.810(10).~~

1013 ~~(12) Home health agencies, as provided under part III of~~
 1014 ~~chapter 400, are exempt from s. 408.810(10).~~

1015 (11)-(13) Nurse registries, as provided under part III of
 1016 chapter 400, are exempt from s. 408.810(6) ~~and (10)~~.

1017 (12)-(14) Companion services or homemaker services
 1018 providers, as provided under part III of chapter 400, are exempt
 1019 from s. 408.810(6)-(9) ~~s. 408.810(6)-(10)~~.

1020 ~~(15) Adult day care centers, as provided under part III of~~

1021 ~~chapter 429, are exempt from s. 408.810(10).~~

1022 (13)~~(16)~~ Adult family-care homes, as provided under part

1023 II of chapter 429, are exempt from s. 408.810(7)-(9) ~~s.~~

1024 ~~408.810(7)-(10).~~

1025 (14)~~(17)~~ Homes for special services, as provided under

1026 part V of chapter 400, are exempt from s. 408.810(7)-(9) ~~s.~~

1027 ~~408.810(7)-(10).~~

1028 ~~(18) Transitional living facilities, as provided under~~

1029 ~~part XI of chapter 400, are exempt from s. 408.810(10).~~

1030 ~~(19) Prescribed pediatric extended care centers, as~~

1031 ~~provided under part VI of chapter 400, are exempt from s.~~

1032 ~~408.810(10).~~

1033 ~~(20) Home medical equipment providers, as provided under~~

1034 ~~part VII of chapter 400, are exempt from s. 408.810(10).~~

1035 (15)~~(21)~~ Intermediate care facilities for persons with

1036 developmental disabilities, as provided under part VIII of

1037 chapter 400, are exempt from s. 408.810(7).

1038 (16)~~(22)~~ Health care services pools, as provided under

1039 part IX of chapter 400, are exempt from s. 408.810(6)-(9) ~~s.~~

1040 ~~408.810(6)-(10).~~

1041 (17)~~(23)~~ Health care clinics, as provided under part X of

1042 chapter 400, are exempt from s. 408.810(6) and (7) ~~s.~~

1043 ~~408.810(6), (7), and (10).~~

1044 (18)~~(24)~~ Multiphasic health testing centers, as provided

1045 under part II of chapter 483, are exempt from s. 408.810(5)-(9)

HB 21

2019

1046 | ~~s. 408.810(5)-(10).~~

1047 | (19)(25) Organ, tissue, and eye procurement organizations,
 1048 | as provided under part V of chapter 765, are exempt from s.
 1049 | 408.810(5)-(9) ~~s. 408.810(5)-(10).~~

1050 | Section 24. Section 651.118, Florida Statutes, is
 1051 | repealed.

1052 | Section 25. This act shall take effect July 1, 2019.