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1  
2 An act relating to hospital licensure; amending s.  
3 395.0191, F.S.; deleting provisions relating to  
4 certificate of need applications; amending s.  
5 395.1055, F.S.; revising the Agency for Health Care  
6 Administration's rulemaking authority with respect to  
7 minimum standards for hospitals; requiring hospitals  
8 that provide certain services to meet specified  
9 licensure requirements; conforming provisions to  
10 changes made by the act; amending s. 395.1065, F.S.;  
11 conforming a cross-reference; repealing s. 395.6025,  
12 F.S., relating to rural hospital replacement  
13 facilities; amending s. 408.032, F.S.; revising and  
14 deleting definitions; amending s. 408.033, F.S.;  
15 conforming provisions to changes made by the act;  
16 amending s. 408.034, F.S.; authorizing the agency to  
17 issue a license to a general hospital that has not  
18 been issued a certificate of need under certain  
19 circumstances; revising duties and responsibilities of  
20 the agency relating to issuance of licenses to health  
21 care facilities and health service providers;  
22 conforming provisions to changes made by the act;  
23 amending s. 408.035, F.S.; deleting provisions related  
24 to the agency's consideration and review of  
25 applications for certificates of need for general

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26 | hospitals and health services; amending s. 408.036,  
27 | F.S.; providing an exception to certificate of need  
28 | review requirements for the construction or  
29 | establishment of a general hospital and the conversion  
30 | of a specialty hospital to a general hospital;  
31 | revising health-care-related projects that are subject  
32 | to agency review for a certificate of need and  
33 | exemptions therefrom; deleting provisions requiring  
34 | health care facilities and providers to provide  
35 | certain notice to the agency upon termination of a  
36 | health care service or the addition or delicensure of  
37 | beds; conforming a provision to changes made by the  
38 | act; repealing s. 408.0361, F.S., relating to  
39 | cardiovascular services and burn unit licensure;  
40 | amending ss. 408.037 and 408.039, F.S.; deleting  
41 | provisions relating to certificate of need  
42 | applications for general hospitals; amending s.  
43 | 408.043, F.S.; deleting provisions relating to  
44 | certificates of need for osteopathic acute care  
45 | hospitals; amending s. 408.0455, F.S.; establishing  
46 | that specified rules remain in effect for a specified  
47 | purpose and until the agency has adopted certain  
48 | rules; amending s. 408.808, F.S.; authorizing the  
49 | agency to issue an inactive license to a certain  
50 | hospital under certain circumstances; requiring the

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51 Office of Program Policy Analysis and Government  
 52 Accountability to review specified requirements,  
 53 statutes, and rules, and make recommendations to the  
 54 Legislature by a specified date; providing effective  
 55 dates.

56  
 57 Be It Enacted by the Legislature of the State of Florida:  
 58

59 Section 1. Subsection (10) of section 395.0191, Florida  
 60 Statutes, is amended to read:

61 395.0191 Staff membership and clinical privileges.—

62 ~~(10) Nothing herein shall be construed by the agency as~~  
 63 ~~requiring an applicant for a certificate of need to establish~~  
 64 ~~proof of discrimination in the granting of or denial of hospital~~  
 65 ~~staff membership or clinical privileges as a precondition to~~  
 66 ~~obtaining such certificate of need under the provisions of s.~~  
 67 ~~408.043.~~

68 Section 2. Present subsection (12) of section 395.1055,  
 69 Florida Statutes, is redesignated as subsection (15), a new  
 70 subsection (12) and subsections (13) and (14) are added to that  
 71 section, and paragraph (b) of subsection (9) of that section is  
 72 amended, to read:

73 395.1055 Rules and enforcement.—

74 (9) The agency shall establish a technical advisory panel,  
 75 pursuant to s. 20.052, to develop procedures and standards for

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76 | measuring outcomes of pediatric cardiac catheterization programs  
 77 | and pediatric cardiovascular surgery programs.

78 |       (b) Voting members of the panel shall include: 3 at-large  
 79 | members, including 1 cardiologist who is board certified in  
 80 | caring for adults with congenital heart disease and 2 board-  
 81 | certified pediatric cardiologists, neither of whom may be  
 82 | employed by any of the hospitals specified in subparagraphs 1.-  
 83 | 10. or their affiliates, each of whom is appointed by the  
 84 | Secretary of Health Care Administration, and 10 members, and an  
 85 | alternate for each member, each of whom is a pediatric  
 86 | cardiologist or a pediatric cardiovascular surgeon, each  
 87 | appointed by the chief executive officer of the following  
 88 | hospitals:

- 89 |       1. Johns Hopkins All Children's Hospital in St.  
 90 | Petersburg.
- 91 |       2. Arnold Palmer Hospital for Children in Orlando.
- 92 |       3. Joe DiMaggio Children's Hospital in Hollywood.
- 93 |       4. Nicklaus Children's Hospital in Miami.
- 94 |       5. St. Joseph's Children's Hospital in Tampa.
- 95 |       6. University of Florida Health Shands Hospital in  
 96 | Gainesville.
- 97 |       7. University of Miami Holtz Children's Hospital in Miami.
- 98 |       8. Wolfson Children's Hospital in Jacksonville.
- 99 |       9. Florida Hospital for Children in Orlando.
- 100 |      10. Nemours Children's Hospital in Orlando.

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101  
 102 Appointments made under subparagraphs 1.-10. are contingent upon  
 103 ~~the hospital's maintenance of pediatric certificates of need and~~  
 104 the hospital's compliance with this section and rules adopted  
 105 thereunder, as determined by the Secretary of Health Care  
 106 Administration. A member appointed under subparagraphs 1.-10.  
 107 whose hospital fails to ~~maintain such certificates or~~ comply  
 108 with such standards may serve only as a nonvoting member until  
 109 the hospital ~~restores such certificates or~~ complies with such  
 110 standards.

111 (12) Each provider of diagnostic cardiac catheterization  
 112 services shall comply with rules adopted by the agency which  
 113 establish licensure standards governing the operation of adult  
 114 inpatient diagnostic cardiac catheterization programs. The rules  
 115 must ensure that such programs:

116 (a) Comply with the most recent guidelines of the American  
 117 College of Cardiology and American Heart Association Guidelines  
 118 for Cardiac Catheterization and Cardiac Catheterization  
 119 Laboratories.

120 (b) Perform only adult inpatient diagnostic cardiac  
 121 catheterization services and will not provide therapeutic  
 122 cardiac catheterization or any other cardiology services.

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

125 (d) Maintain appropriate times of operation and protocols

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126 | to ensure availability and appropriate referrals in the event of  
127 | emergencies.

128 | (e) Demonstrate a plan to provide services to Medicaid and  
129 | charity care patients.

130 | (13) Each provider of adult cardiovascular services or  
131 | operator of a burn unit shall comply with rules adopted by the  
132 | agency which establish licensure standards that govern the  
133 | provision of adult cardiovascular services or the operation of a  
134 | burn unit, as applicable. At a minimum, such rules must address  
135 | staffing, equipment, physical plant, operating protocols, the  
136 | provision of services to Medicaid and charity care patients,  
137 | accreditation, licensure periods and fees, and enforcement of  
138 | minimum standards.

139 | (14) In establishing rules for adult cardiovascular  
140 | services, the agency shall include provisions that allow for:

141 | (a) The establishment of two hospital program licensure  
142 | levels, a Level I program that authorizes the performance of  
143 | adult percutaneous cardiac intervention without onsite cardiac  
144 | surgery and a Level II program that authorizes the performance  
145 | of percutaneous cardiac intervention with onsite cardiac  
146 | surgery.

147 | (b)1. For a hospital seeking a Level I program,  
148 | demonstration that, for the most recent 12-month period as  
149 | reported to the agency, the hospital has provided a minimum of  
150 | 300 adult inpatient and outpatient diagnostic cardiac

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151 catheterizations or, for the most recent 12-month period, has  
152 discharged or transferred at least 300 patients with the  
153 principal diagnosis of ischemic heart disease and that it has a  
154 formalized, written transfer agreement with a hospital that has  
155 a Level II program, including written transport protocols to  
156 ensure safe and efficient transfer of a patient within 60  
157 minutes.

158 2.a. A hospital located more than 100 road miles from the  
159 closest Level II adult cardiovascular services program is not  
160 required to meet the diagnostic cardiac catheterization volume  
161 and ischemic heart disease diagnosis volume requirements in  
162 subparagraph 1. if the hospital demonstrates that it has, for  
163 the most recent 12-month period as reported to the agency,  
164 provided a minimum of 100 adult inpatient and outpatient  
165 diagnostic cardiac catheterizations or that, for the most recent  
166 12-month period, it has discharged or transferred at least 300  
167 patients with the principal diagnosis of ischemic heart disease.

168 b. A hospital located more than 100 road miles from the  
169 closest Level II adult cardiovascular services program does not  
170 need to meet the 60-minute transfer time protocol requirement in  
171 subparagraph 1. if the hospital demonstrates that it has a  
172 formalized, written transfer agreement with a hospital that has  
173 a Level II program. The agreement must include written transport  
174 protocols to ensure the safe and efficient transfer of a  
175 patient, taking into consideration the patient's clinical and

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176 physical characteristics, road and weather conditions, and  
177 viability of ground and air ambulance service to transfer the  
178 patient.

179 3. At a minimum, the rules for adult cardiovascular  
180 services must require nursing and technical staff to have  
181 demonstrated experience in handling acutely ill patients  
182 requiring intervention, based on the staff member's previous  
183 experience in dedicated cardiac interventional laboratories or  
184 surgical centers. If a staff member's previous experience is in  
185 a dedicated cardiac interventional laboratory at a hospital that  
186 does not have an approved adult open heart surgery program, the  
187 staff member's previous experience qualifies only if, at the  
188 time the staff member acquired his or her experience, the  
189 dedicated cardiac interventional laboratory:

190 a. Had an annual volume of 500 or more percutaneous  
191 cardiac intervention procedures.

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

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

196 d. Performed diverse cardiac procedures, including, but  
197 not limited to, balloon angioplasty and stenting, rotational  
198 atherectomy, cutting balloon atheroma remodeling, and procedures  
199 relating to left ventricular support capability.

200 (c) For a hospital seeking a Level II program,



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201 demonstration that, for the most recent 12-month period as  
 202 reported to the agency, the hospital has performed a minimum of  
 203 1,100 adult inpatient and outpatient cardiac catheterizations,  
 204 of which at least 400 must be therapeutic catheterizations, or,  
 205 for the most recent 12-month period, has discharged at least 800  
 206 patients with the principal diagnosis of ischemic heart disease.

207 (d) Compliance with the most recent guidelines of the  
 208 American College of Cardiology and the American Heart  
 209 Association guidelines for staffing, physician training and  
 210 experience, operating procedures, equipment, physical plant, and  
 211 patient selection criteria, to ensure patient quality and  
 212 safety.

213 (e) The establishment of appropriate hours of operation  
 214 and protocols to ensure availability and timely referral in the  
 215 event of emergencies.

216 (f) The demonstration of a plan to provide services to  
 217 Medicaid and charity care patients.

218 Section 3. Effective July 1, 2021, paragraph (f) of  
 219 subsection (1) of section 395.1055, Florida Statutes, is amended  
 220 to read:

221 395.1055 Rules and enforcement.—

222 (1) The agency shall adopt rules pursuant to ss.  
 223 120.536(1) and 120.54 to implement the provisions of this part,  
 224 which shall include reasonable and fair minimum standards for  
 225 ensuring that:

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226 ~~(f) All hospitals submit such data as necessary to conduct~~  
 227 ~~certificate of need reviews required under part I of chapter~~  
 228 ~~408. Such data shall include, but shall not be limited to,~~  
 229 ~~patient origin data, hospital utilization data, type of service~~  
 230 ~~reporting, and facility staffing data. The agency may not~~  
 231 ~~collect data that identifies or could disclose the identity of~~  
 232 ~~individual patients. The agency shall utilize existing uniform~~  
 233 ~~statewide data sources when available and shall minimize~~  
 234 ~~reporting costs to hospitals.~~

235 Section 4. Effective July 1, 2021, subsection (5) of  
 236 section 395.1065, Florida Statutes, is amended to read:

237 395.1065 Criminal and administrative penalties;  
 238 moratorium.—

239 (5) The agency shall impose a fine of \$500 for each  
 240 instance of the facility's failure to provide the information  
 241 required by rules adopted pursuant to s. 395.1055(1)(g) ~~s.~~  
 242 ~~395.1055(1)(h)~~.

243 Section 5. Section 395.6025, Florida Statutes, is  
 244 repealed.

245 Section 6. Subsections (3), (8), and (13) through (17) of  
 246 section 408.032, Florida Statutes, are amended to read:

247 408.032 Definitions relating to Health Facility and  
 248 Services Development Act.—As used in ss. 408.031-408.045, the  
 249 term:

250 (3) "Certificate of need" means a written statement issued

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251 by the agency evidencing community need for a new, converted,  
 252 expanded, or otherwise significantly modified health care  
 253 facility, ~~health service,~~ or hospice.

254 (8) "Health care facility" means a hospital, ~~long-term~~  
 255 ~~care hospital,~~ skilled nursing facility, hospice, or  
 256 intermediate care facility for the developmentally disabled. A  
 257 facility relying solely on spiritual means through prayer for  
 258 healing is not included as a health care facility.

259 ~~(13) "Long-term care hospital" means a hospital licensed~~  
 260 ~~under chapter 395 which meets the requirements of 42 C.F.R. s.~~  
 261 ~~412.23(e) and seeks exclusion from the acute care Medicare~~  
 262 ~~prospective payment system for inpatient hospital services.~~

263 ~~(14) "Mental health services" means inpatient services~~  
 264 ~~provided in a hospital licensed under chapter 395 and listed on~~  
 265 ~~the hospital license as psychiatric beds for adults; psychiatric~~  
 266 ~~beds for children and adolescents; intensive residential~~  
 267 ~~treatment beds for children and adolescents; substance abuse~~  
 268 ~~beds for adults; or substance abuse beds for children and~~  
 269 ~~adolescents.~~

270 (13) ~~(15)~~ "Nursing home geographically underserved area"  
 271 means:

272 (a) A county in which there is no existing or approved  
 273 nursing home;

274 (b) An area with a radius of at least 20 miles in which  
 275 there is no existing or approved nursing home; or

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276 (c) An area with a radius of at least 20 miles in which  
 277 all existing nursing homes have maintained at least a 95 percent  
 278 occupancy rate for the most recent 6 months or a 90 percent  
 279 occupancy rate for the most recent 12 months.

280 (14)~~(16)~~ "Skilled nursing facility" means an institution,  
 281 or a distinct part of an institution, which is primarily engaged  
 282 in providing, to inpatients, skilled nursing care and related  
 283 services for patients who require medical or nursing care, or  
 284 rehabilitation services for the rehabilitation of injured,  
 285 disabled, or sick persons.

286 ~~(17) "Tertiary health service" means a health service~~  
 287 ~~which, due to its high level of intensity, complexity,~~  
 288 ~~specialized or limited applicability, and cost, should be~~  
 289 ~~limited to, and concentrated in, a limited number of hospitals~~  
 290 ~~to ensure the quality, availability, and cost effectiveness of~~  
 291 ~~such service. Examples of such service include, but are not~~  
 292 ~~limited to, pediatric cardiac catheterization, pediatric open-~~  
 293 ~~heart surgery, organ transplantation, neonatal intensive care~~  
 294 ~~units, comprehensive rehabilitation, and medical or surgical~~  
 295 ~~services which are experimental or developmental in nature to~~  
 296 ~~the extent that the provision of such services is not yet~~  
 297 ~~contemplated within the commonly accepted course of diagnosis or~~  
 298 ~~treatment for the condition addressed by a given service. The~~  
 299 ~~agency shall establish by rule a list of all tertiary health~~  
 300 ~~services.~~

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301 Section 7. Effective July 1, 2021, subsection (8), and  
 302 subsections (9) through (11), as amended by this act, of section  
 303 408.032, Florida Statutes, are amended to read:

304 408.032 Definitions relating to Health Facility and  
 305 Services Development Act.—As used in ss. 408.031-408.045, the  
 306 term:

307 (8) "Health care facility" means a ~~hospital~~, skilled  
 308 nursing facility, hospice, or intermediate care facility for the  
 309 developmentally disabled. A facility relying solely on spiritual  
 310 means through prayer for healing is not included as a health  
 311 care facility.

312 ~~(9) "Health services" means inpatient diagnostic,~~  
 313 ~~curative, or comprehensive medical rehabilitative services and~~  
 314 ~~includes mental health services. Obstetric services are not~~  
 315 ~~health services for purposes of ss. 408.031-408.045.~~

316 (9) ~~(10)~~ "Hospice" or "hospice program" means a hospice as  
 317 defined in part IV of chapter 400.

318 ~~(11) "Hospital" means a health care facility licensed~~  
 319 ~~under chapter 395.~~

320 (10) ~~(12)~~ "Intermediate care facility for the  
 321 developmentally disabled" means a residential facility licensed  
 322 under part VIII of chapter 400.

323 (11) ~~(13)~~ "Nursing home geographically underserved area"  
 324 means:

325 (a) A county in which there is no existing or approved

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326 nursing home;

327 (b) An area with a radius of at least 20 miles in which  
328 there is no existing or approved nursing home; or

329 (c) An area with a radius of at least 20 miles in which  
330 all existing nursing homes have maintained at least a 95 percent  
331 occupancy rate for the most recent 6 months or a 90 percent  
332 occupancy rate for the most recent 12 months.

333 (12)~~(14)~~ "Skilled nursing facility" means an institution,  
334 or a distinct part of an institution, which is primarily engaged  
335 in providing, to inpatients, skilled nursing care and related  
336 services for patients who require medical or nursing care, or  
337 rehabilitation services for the rehabilitation of injured,  
338 disabled, or sick persons.

339 Section 8. Effective July 1, 2021, paragraph (b) of  
340 subsection (1) of section 408.033, Florida Statutes, is amended  
341 to read:

342 408.033 Local and state health planning.—

343 (1) LOCAL HEALTH COUNCILS.—

344 (b) Each local health council may:

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

348 2. Advise the agency on health care issues and resource  
349 allocations.

350 3. Promote public awareness of community health needs,

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351 emphasizing health promotion and cost-effective health service  
 352 selection.

353 4. Collect data and conduct analyses and studies related  
 354 to health care needs of the district, including the needs of  
 355 medically indigent persons, and assist the agency and other  
 356 state agencies in carrying out data collection activities that  
 357 relate to the functions in this subsection.

358 5. Monitor the onsite construction progress, if any, of  
 359 certificate-of-need approved projects and report council  
 360 findings to the agency on forms provided by the agency.

361 6. Advise and assist any regional planning councils within  
 362 each district that have elected to address health issues in  
 363 their strategic regional policy plans with the development of  
 364 the health element of the plans to address the health goals and  
 365 policies in the State Comprehensive Plan.

366 7. Advise and assist local governments within each  
 367 district on the development of an optional health plan element  
 368 of the comprehensive plan provided in chapter 163, to assure  
 369 compatibility with the health goals and policies in the State  
 370 Comprehensive Plan and district health plan. To facilitate the  
 371 implementation of this section, the local health council shall  
 372 annually provide the local governments in its service area, upon  
 373 request, with:

374 a. A copy and appropriate updates of the district health  
 375 plan;

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376           b. A report of ~~hospital and~~ nursing home utilization  
 377 statistics for facilities within the local government  
 378 jurisdiction; and

379           c. Applicable agency rules and calculated need  
 380 methodologies for health facilities and services regulated under  
 381 s. 408.034 for the district served by the local health council.

382           8. Monitor and evaluate the adequacy, appropriateness, and  
 383 effectiveness, within the district, of local, state, federal,  
 384 and private funds distributed to meet the needs of the medically  
 385 indigent and other underserved population groups.

386           9. In conjunction with the Department of Health, plan for  
 387 services at the local level for persons infected with the human  
 388 immunodeficiency virus.

389           10. Provide technical assistance to encourage and support  
 390 activities by providers, purchasers, consumers, and local,  
 391 regional, and state agencies in meeting the health care goals,  
 392 objectives, and policies adopted by the local health council.

393           11. Provide the agency with data required by rule for the  
 394 review of certificate-of-need applications and the projection of  
 395 need for health ~~services and~~ facilities in the district.

396           Section 9. Subsection (2) of section 408.034, Florida  
 397 Statutes, is amended to read:

398           408.034 Duties and responsibilities of agency; rules.—

399           (2) In the exercise of its authority to issue licenses to  
 400 health care facilities ~~and health service providers~~, as provided



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401 under chapters 393 and 395 and parts II, IV, and VIII of chapter  
 402 400, the agency may not issue a license to any health care  
 403 facility ~~or health service provider~~ that fails to receive a  
 404 certificate of need or an exemption for the licensed facility,  
 405 except that the agency may issue a license to a general hospital  
 406 that has not been issued a certificate of need ~~or service~~.

407 Section 10. Effective July 1, 2021, subsection (2), as  
 408 amended by this act, and subsection (3) of section 408.034,  
 409 Florida Statutes, are amended to read:

410 408.034 Duties and responsibilities of agency; rules.—

411 (2) In the exercise of its authority to issue licenses to  
 412 health care facilities, as provided under chapter ~~chapters~~ 393  
 413 ~~and 395~~ and parts II, IV, and VIII of chapter 400, the agency  
 414 may not issue a license to any health care facility that fails  
 415 to receive a certificate of need or an exemption for the  
 416 licensed facility, ~~except that the agency may issue a license to~~  
 417 ~~a general hospital that has not been issued a certificate of~~  
 418 ~~need~~.

419 (3) The agency shall establish, by rule, uniform need  
 420 methodologies for ~~health services and~~ health facilities. In  
 421 developing uniform need methodologies, the agency shall, at a  
 422 minimum, consider the demographic characteristics of the  
 423 population, the health status of the population, service use  
 424 patterns, standards and trends, geographic accessibility, and  
 425 market economics.

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426 Section 11. Section 408.035, Florida Statutes, is amended  
427 to read:

428 408.035 Review criteria.—

429 ~~(1)~~ The agency shall determine the reviewability of  
430 applications and shall review applications for certificate-of-  
431 need determinations for health care facilities ~~and health~~  
432 ~~services~~ in context with the following criteria, ~~except for~~  
433 ~~general hospitals as defined in s. 395.002:~~

434 (1) ~~(a)~~ The need for the health care facilities ~~and health~~  
435 ~~services~~ being proposed.

436 (2) ~~(b)~~ The availability, quality of care, accessibility,  
437 and extent of utilization of existing health care facilities and  
438 health services in the service district of the applicant.

439 (3) ~~(c)~~ The ability of the applicant to provide quality of  
440 care and the applicant's record of providing quality of care.

441 (4) ~~(d)~~ The availability of resources, including health  
442 personnel, management personnel, and funds for capital and  
443 operating expenditures, for project accomplishment and  
444 operation.

445 (5) ~~(e)~~ The extent to which the proposed services will  
446 enhance access to health care for residents of the service  
447 district.

448 (6) ~~(f)~~ The immediate and long-term financial feasibility  
449 of the proposal.

450 (7) ~~(g)~~ The extent to which the proposal will foster

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451 competition that promotes quality and cost-effectiveness.

452 (8)~~(h)~~ The costs and methods of the proposed construction,  
 453 including the costs and methods of energy provision and the  
 454 availability of alternative, less costly, or more effective  
 455 methods of construction.

456 (9)~~(i)~~ The applicant's past and proposed provision of  
 457 health care services to Medicaid patients and the medically  
 458 indigent.

459 (10)~~(j)~~ The applicant's designation as a Gold Seal Program  
 460 nursing facility pursuant to s. 400.235, when the applicant is  
 461 requesting additional nursing home beds at that facility.

462 ~~(2) For a general hospital, the agency shall consider only~~  
 463 ~~the criteria specified in paragraph (1) (a), paragraph (1) (b),~~  
 464 ~~except for quality of care in paragraph (1) (b), and paragraphs~~  
 465 ~~(1) (e), (g), and (i).~~

466 Section 12. Effective July 1, 2021, subsection (2) of  
 467 section 408.035, Florida Statutes, as amended by this act, is  
 468 amended to read:

469 408.035 Review criteria.—The agency shall determine the  
 470 reviewability of applications and shall review applications for  
 471 certificate-of-need determinations for health care facilities in  
 472 context with the following criteria:

473 (2) The availability, quality of care, accessibility, and  
 474 extent of utilization of existing health care facilities ~~and~~  
 475 ~~health services~~ in the service district of the applicant.

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476 Section 13. Subsection (1) and paragraphs (i) through (q)  
 477 of subsection (3) of section 408.036, Florida Statutes, are  
 478 amended to read:

479 408.036 Projects subject to review; exemptions.—

480 (1) APPLICABILITY.—Unless exempt under subsection (3), all  
 481 health-care-related projects, as described in this subsection  
 482 ~~paragraphs (a)–(f)~~, are subject to review and must file an  
 483 application for a certificate of need with the agency. The  
 484 agency is exclusively responsible for determining whether a  
 485 health-care-related project is subject to review under ss.  
 486 408.031–408.045.

487 (a) The addition of beds in community nursing homes or  
 488 intermediate care facilities for the developmentally disabled by  
 489 new construction or alteration.

490 (b) The new construction or establishment of additional  
 491 health care facilities, except for the construction of or  
 492 establishment of a general hospital or ~~including~~ a replacement  
 493 health care facility when the proposed project site is ~~not~~  
 494 located on the same site as or within 1 mile of the existing  
 495 health care facility~~,~~ if the number of beds in each licensed bed  
 496 category will not increase.

497 (c) The conversion from one type of health care facility  
 498 to another, including the conversion from a general hospital or  
 499 a specialty hospital, except that the conversion of a specialty  
 500 hospital to a general hospital is not subject to review ~~or a~~

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501 ~~long-term care hospital.~~

502 (d) The establishment of a hospice or hospice inpatient  
503 facility, except as provided in s. 408.043.

504 ~~(e) An increase in the number of beds for comprehensive~~  
505 ~~rehabilitation.~~

506 ~~(f) The establishment of tertiary health services,~~  
507 ~~including inpatient comprehensive rehabilitation services.~~

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

510 ~~(i) For the addition of hospital beds licensed under~~  
511 ~~chapter 395 for comprehensive rehabilitation in a number that~~  
512 ~~may not exceed 10 total beds or 10 percent of the licensed~~  
513 ~~capacity, whichever is greater.~~

514 ~~1. In addition to any other documentation otherwise~~  
515 ~~required by the agency, a request for exemption submitted under~~  
516 ~~this paragraph must:~~

517 ~~a. Certify that the prior 12-month average occupancy rate~~  
518 ~~for the licensed beds being expanded meets or exceeds 80~~  
519 ~~percent.~~

520 ~~b. Certify that the beds have been licensed and~~  
521 ~~operational for at least 12 months.~~

522 ~~2. The timeframes and monitoring process specified in s.~~  
523 ~~408.040(2)(a)-(c) apply to any exemption issued under this~~  
524 ~~paragraph.~~

525 ~~3. The agency shall count beds authorized under this~~

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526 ~~paragraph as approved beds in the published inventory of~~  
 527 ~~hospital beds until the beds are licensed.~~

528 (i)~~(j)~~ For the addition of nursing home beds licensed  
 529 under chapter 400 in a number not exceeding 10 total beds or 10  
 530 percent of the number of beds licensed in the facility being  
 531 expanded, whichever is greater; or, for the addition of nursing  
 532 home beds licensed under chapter 400 at a facility that has been  
 533 designated as a Gold Seal nursing home under s. 400.235 in a  
 534 number not exceeding 20 total beds or 10 percent of the number  
 535 of licensed beds in the facility being expanded, whichever is  
 536 greater.

537 1. In addition to any other documentation required by the  
 538 agency, a request for exemption submitted under this paragraph  
 539 must certify that:

540 a. The facility has not had any class I or class II  
 541 deficiencies within the 30 months preceding the request.

542 b. The prior 12-month average occupancy rate for the  
 543 nursing home beds at the facility meets or exceeds 94 percent.

544 c. Any beds authorized for the facility under this  
 545 paragraph before the date of the current request for an  
 546 exemption have been licensed and operational for at least 12  
 547 months.

548 2. The timeframes and monitoring process specified in s.  
 549 408.040(2)(a)-(c) apply to any exemption issued under this  
 550 paragraph.

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551 3. The agency shall count beds authorized under this  
 552 paragraph as approved beds in the published inventory of nursing  
 553 home beds until the beds are licensed.

554 ~~(k) For the establishment of:~~

555 ~~1. A Level II neonatal intensive care unit with at least~~  
 556 ~~10 beds, upon documentation to the agency that the applicant~~  
 557 ~~hospital had a minimum of 1,500 births during the previous 12~~  
 558 ~~months;~~

559 ~~2. A Level III neonatal intensive care unit with at least~~  
 560 ~~15 beds, upon documentation to the agency that the applicant~~  
 561 ~~hospital has a Level II neonatal intensive care unit of at least~~  
 562 ~~10 beds and had a minimum of 3,500 births during the previous 12~~  
 563 ~~months; or~~

564 ~~3. A Level III neonatal intensive care unit with at least~~  
 565 ~~5 beds, upon documentation to the agency that the applicant~~  
 566 ~~hospital is a verified trauma center pursuant to s.~~  
 567 ~~395.4001(15), and has a Level II neonatal intensive care unit,~~  
 568  
 569 ~~if the applicant demonstrates that it meets the requirements for~~  
 570 ~~quality of care, nurse staffing, physician staffing, physical~~  
 571 ~~plant, equipment, emergency transportation, and data reporting~~  
 572 ~~found in agency certificate-of-need rules for Level II and Level~~  
 573 ~~III neonatal intensive care units and if the applicant commits~~  
 574 ~~to the provision of services to Medicaid and charity patients at~~  
 575 ~~a level equal to or greater than the district average. Such a~~

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576 ~~commitment is subject to s. 408.040.~~

577 ~~(l) For the addition of mental health services or beds if~~  
 578 ~~the applicant commits to providing services to Medicaid or~~  
 579 ~~charity care patients at a level equal to or greater than the~~  
 580 ~~district average. Such a commitment is subject to s. 408.040.~~

581 (j) ~~(m)~~ For replacement of a licensed nursing home on the  
 582 same site, or within 5 miles of the same site if within the same  
 583 subdistrict, if the number of licensed beds does not increase  
 584 except as permitted under paragraph (e).

585 (k) ~~(n)~~ For consolidation or combination of licensed  
 586 nursing homes or transfer of beds between licensed nursing homes  
 587 within the same planning district, by nursing homes with any  
 588 shared controlled interest within that planning district, if  
 589 there is no increase in the planning district total number of  
 590 nursing home beds and the site of the relocation is not more  
 591 than 30 miles from the original location.

592 (l) ~~(o)~~ For beds in state mental health treatment  
 593 facilities defined in s. 394.455 and state mental health  
 594 forensic facilities operated under chapter 916.

595 (m) ~~(p)~~ For beds in state developmental disabilities  
 596 centers as defined in s. 393.063.

597 (n) ~~(q)~~ For the establishment of a health care facility or  
 598 project that meets all of the following criteria:

- 599 1. The applicant was previously licensed within the past  
 600 21 days as a health care facility or provider that is subject to



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601 subsection (1).

602 2. The applicant failed to submit a renewal application  
603 and the license expired on or after January 1, 2015.

604 3. The applicant does not have a license denial or  
605 revocation action pending with the agency at the time of the  
606 request.

607 4. The applicant's request is for the same service type,  
608 district, service area, and site for which the applicant was  
609 previously licensed.

610 5. The applicant's request, if applicable, includes the  
611 same number and type of beds as were previously licensed.

612 6. The applicant agrees to the same conditions that were  
613 previously imposed on the certificate of need or on an exemption  
614 related to the applicant's previously licensed health care  
615 facility or project.

616 7. The applicant applies for initial licensure as required  
617 under s. 408.806 within 21 days after the agency approves the  
618 exemption request. If the applicant fails to apply in a timely  
619 manner, the exemption expires on the 22nd day following the  
620 agency's approval of the exemption.

621  
622 ~~Notwithstanding subparagraph 1., an applicant whose license~~  
623 ~~expired between January 1, 2015, and the effective date of this~~  
624 ~~act may apply for an exemption within 30 days of this act~~  
625 ~~becoming law.~~

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626 Section 14. Effective July 1, 2021, paragraphs (b), (c),  
627 (1), (m), and (n) of subsection (1), as amended by this act, and  
628 subsections (2) and (5) of section 408.036, Florida Statutes,  
629 are amended to read:

630 408.036 Projects subject to review; exemptions.—

631 (1) APPLICABILITY.—Unless exempt under subsection (3), all  
632 health-care-related projects, as described in this subsection,  
633 are subject to review and must file an application for a  
634 certificate of need with the agency. The agency is exclusively  
635 responsible for determining whether a health-care-related  
636 project is subject to review under ss. 408.031-408.045.

637 (b) The new construction or establishment of additional  
638 health care facilities, except for ~~the construction of or~~  
639 ~~establishment of a general hospital or~~ a replacement health care  
640 facility when the proposed project site is located on the same  
641 site as or within 1 mile of the existing health care facility if  
642 the number of beds in each licensed bed category will not  
643 increase.

644 (c) The conversion from one type of health care facility  
645 to another, ~~including the conversion from a general hospital or~~  
646 ~~a specialty hospital, except that the conversion of a specialty~~  
647 ~~hospital to a general hospital is not subject to review.~~

648 ~~(1) For beds in state mental health treatment facilities~~  
649 ~~defined in s. 394.455 and state mental health forensic~~  
650 ~~facilities operated under chapter 916.~~

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651           (1)~~(m)~~ For beds in state developmental disabilities  
 652 centers as defined in s. 393.063.

653           (m)~~(n)~~ For the establishment of a health care facility or  
 654 project that meets all of the following criteria:

655           1. The applicant was previously licensed within the past  
 656 21 days as a health care facility or provider that is subject to  
 657 subsection (1).

658           2. The applicant failed to submit a renewal application  
 659 and the license expired on or after January 1, 2015.

660           3. The applicant does not have a license denial or  
 661 revocation action pending with the agency at the time of the  
 662 request.

663           4. The applicant's request is for the same service type,  
 664 district, service area, and site for which the applicant was  
 665 previously licensed.

666           5. The applicant's request, if applicable, includes the  
 667 same number and type of beds as were previously licensed.

668           6. The applicant agrees to the same conditions that were  
 669 previously imposed on the certificate of need or on an exemption  
 670 related to the applicant's previously licensed health care  
 671 facility or project.

672           7. The applicant applies for initial licensure as required  
 673 under s. 408.806 within 21 days after the agency approves the  
 674 exemption request. If the applicant fails to apply in a timely  
 675 manner, the exemption expires on the 22nd day following the

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676 agency's approval of the exemption.

677 (2) PROJECTS SUBJECT TO EXPEDITED REVIEW.—Unless exempt  
 678 pursuant to subsection (3), the following projects are subject  
 679 to expedited review:

680 (a) Transfer of a certificate of need, ~~except that when an~~  
 681 ~~existing hospital is acquired by a purchaser, all certificates~~  
 682 ~~of need issued to the hospital which are not yet operational~~  
 683 ~~shall be acquired by the purchaser without need for a transfer.~~

684 (5) NOTIFICATION.—Health care facilities and providers  
 685 must provide to the agency notification of:

686 ~~(a)~~ replacement of a health care facility when the  
 687 proposed project site is located in the same district and on the  
 688 existing site or within a 1-mile radius of the replaced health  
 689 care facility, if the number and type of beds do not increase.

690 ~~(b)~~ The termination of a health care service, upon 30  
 691 days' ~~written notice to the agency.~~

692 ~~(c)~~ The addition or delicensure of beds. Notification  
 693 under this subsection may be made by electronic, facsimile, or  
 694 written means at any time before the described action has been  
 695 taken.

696 Section 15. Section 408.0361, Florida Statutes, is  
 697 repealed.

698 Section 16. Section 408.037, Florida Statutes, is amended  
 699 to read:

700 408.037 Application content.—

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701           (1) ~~Except as provided in subsection (2) for a general~~  
 702 ~~hospital,~~ An application for a certificate of need must contain:

703           (a) A detailed description of the proposed project and  
 704 statement of its purpose and need in relation to the district  
 705 health plan.

706           (b) A statement of the financial resources needed by and  
 707 available to the applicant to accomplish the proposed project.  
 708 This statement must include:

709           1. A complete listing of all capital projects, including  
 710 new health facility development projects and health facility  
 711 acquisitions applied for, pending, approved, or underway in any  
 712 state at the time of application, regardless of whether or not  
 713 that state has a certificate-of-need program or a capital  
 714 expenditure review program pursuant to s. 1122 of the Social  
 715 Security Act. The agency may, by rule, require less-detailed  
 716 information from major health care providers. This listing must  
 717 include the applicant's actual or proposed financial commitment  
 718 to those projects and an assessment of their impact on the  
 719 applicant's ability to provide the proposed project.

720           2. A detailed listing of the needed capital expenditures,  
 721 including sources of funds.

722           3. A detailed financial projection, including a statement  
 723 of the projected revenue and expenses for the first 2 years of  
 724 operation after completion of the proposed project. This  
 725 statement must include a detailed evaluation of the impact of

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726 | the proposed project on the cost of other services provided by  
727 | the applicant.

728 | (c) An audited financial statement of the applicant or the  
729 | applicant's parent corporation if audited financial statements  
730 | of the applicant do not exist. In an application submitted by an  
731 | existing health care facility, health maintenance organization,  
732 | or hospice, financial condition documentation must include, but  
733 | need not be limited to, a balance sheet and a profit-and-loss  
734 | statement of the 2 previous fiscal years' operation.

735 | ~~(2) An application for a certificate of need for a general  
736 | hospital must contain a detailed description of the proposed  
737 | general hospital project and a statement of its purpose and the  
738 | needs it will meet. The proposed project's location, as well as  
739 | its primary and secondary service areas, must be identified by  
740 | zip code. Primary service area is defined as the zip codes from  
741 | which the applicant projects that it will draw 75 percent of its  
742 | discharges. Secondary service area is defined as the zip codes  
743 | from which the applicant projects that it will draw its  
744 | remaining discharges. If, subsequent to issuance of a final  
745 | order approving the certificate of need, the proposed location  
746 | of the general hospital changes or the primary service area  
747 | materially changes, the agency shall revoke the certificate of  
748 | need. However, if the agency determines that such changes are  
749 | deemed to enhance access to hospital services in the service  
750 | district, the agency may permit such changes to occur. A party~~

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751 ~~participating in the administrative hearing regarding the~~  
752 ~~issuance of the certificate of need for a general hospital has~~  
753 ~~standing to participate in any subsequent proceeding regarding~~  
754 ~~the revocation of the certificate of need for a hospital for~~  
755 ~~which the location has changed or for which the primary service~~  
756 ~~area has materially changed. In addition, the application for~~  
757 ~~the certificate of need for a general hospital must include a~~  
758 ~~statement of intent that, if approved by final order of the~~  
759 ~~agency, the applicant shall within 120 days after issuance of~~  
760 ~~the final order or, if there is an appeal of the final order,~~  
761 ~~within 120 days after the issuance of the court's mandate on~~  
762 ~~appeal, furnish satisfactory proof of the applicant's financial~~  
763 ~~ability to operate. The agency shall establish documentation~~  
764 ~~requirements, to be completed by each applicant, which show~~  
765 ~~anticipated provider revenues and expenditures, the basis for~~  
766 ~~financing the anticipated cash-flow requirements of the~~  
767 ~~provider, and an applicant's access to contingency financing. A~~  
768 ~~party participating in the administrative hearing regarding the~~  
769 ~~issuance of the certificate of need for a general hospital may~~  
770 ~~provide written comments concerning the adequacy of the~~  
771 ~~financial information provided, but such party does not have~~  
772 ~~standing to participate in an administrative proceeding~~  
773 ~~regarding proof of the applicant's financial ability to operate.~~  
774 ~~The agency may require a licensee to provide proof of financial~~  
775 ~~ability to operate at any time if there is evidence of financial~~

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776 ~~instability, including, but not limited to, unpaid expenses~~  
777 ~~necessary for the basic operations of the provider.~~

778 (2)~~(3)~~ The applicant must certify that it will license and  
779 operate the health care facility. For an existing health care  
780 facility, the applicant must be the licenseholder of the  
781 facility.

782 Section 17. Paragraphs (c) and (d) of subsection (3),  
783 paragraphs (b) and (c) of subsection (5), and paragraph (d) of  
784 subsection (6) of section 408.039, Florida Statutes, are amended  
785 to read:

786 408.039 Review process.—The review process for  
787 certificates of need shall be as follows:

788 (3) APPLICATION PROCESSING.—

789 ~~(c) Except for competing applicants, in order to be~~  
790 ~~eligible to challenge the agency decision on a general hospital~~  
791 ~~application under review pursuant to paragraph (5) (c), existing~~  
792 ~~hospitals must submit a detailed written statement of opposition~~  
793 ~~to the agency and to the applicant. The detailed written~~  
794 ~~statement must be received by the agency and the applicant~~  
795 ~~within 21 days after the general hospital application is deemed~~  
796 ~~complete and made available to the public.~~

797 ~~(d) In those cases where a written statement of opposition~~  
798 ~~has been timely filed regarding a certificate of need~~  
799 ~~application for a general hospital, the applicant for the~~  
800 ~~general hospital may submit a written response to the agency.~~



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801 ~~Such response must be received by the agency within 10 days of~~  
 802 ~~the written statement due date.~~

803 (5) ADMINISTRATIVE HEARINGS.—

804 (b) Hearings shall be held in Tallahassee unless the  
 805 administrative law judge determines that changing the location  
 806 will facilitate the proceedings. The agency shall assign  
 807 proceedings requiring hearings to the Division of Administrative  
 808 Hearings of the Department of Management Services within 10 days  
 809 after the time has expired for requesting a hearing. Except upon  
 810 unanimous consent of the parties or upon the granting by the  
 811 administrative law judge of a motion of continuance, hearings  
 812 shall commence within 60 days after the administrative law judge  
 813 has been assigned. ~~For an application for a general hospital,~~  
 814 ~~administrative hearings shall commence within 6 months after the~~  
 815 ~~administrative law judge has been assigned, and a continuance~~  
 816 ~~may not be granted absent a finding of extraordinary~~  
 817 ~~circumstances by the administrative law judge.~~ All parties,  
 818 except the agency, shall bear their own expense of preparing a  
 819 transcript. In any application for a certificate of need which  
 820 is referred to the Division of Administrative Hearings for  
 821 hearing, the administrative law judge shall complete and submit  
 822 to the parties a recommended order as provided in ss. 120.569  
 823 and 120.57. The recommended order shall be issued within 30 days  
 824 after the receipt of the proposed recommended orders or the  
 825 deadline for submission of such proposed recommended orders,

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826 | whichever is earlier. The division shall adopt procedures for  
827 | administrative hearings which shall maximize the use of  
828 | stipulated facts and shall provide for the admission of prepared  
829 | testimony.

830 | (c) In administrative proceedings challenging the issuance  
831 | or denial of a certificate of need, only applicants considered  
832 | by the agency in the same batching cycle are entitled to a  
833 | comparative hearing on their applications. Existing health care  
834 | facilities may initiate or intervene in an administrative  
835 | hearing upon a showing that an established program will be  
836 | substantially affected by the issuance of any certificate of  
837 | need, whether reviewed under s. 408.036(1) or (2), to a  
838 | competing proposed facility or program within the same district.  
839 | ~~With respect to an application for a general hospital, competing~~  
840 | ~~applicants and only those existing hospitals that submitted a~~  
841 | ~~detailed written statement of opposition to an application as~~  
842 | ~~provided in this paragraph may initiate or intervene in an~~  
843 | ~~administrative hearing. Such challenges to a general hospital~~  
844 | ~~application shall be limited in scope to the issues raised in~~  
845 | ~~the detailed written statement of opposition that was provided~~  
846 | ~~to the agency. The administrative law judge may, upon a motion~~  
847 | ~~showing good cause, expand the scope of the issues to be heard~~  
848 | ~~at the hearing. Such motion shall include substantial and~~  
849 | ~~detailed facts and reasons for failure to include such issues in~~  
850 | ~~the original written statement of opposition.~~

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851 (6) JUDICIAL REVIEW.—

852 ~~(d) The party appealing a final order that grants a~~  
 853 ~~general hospital certificate of need shall pay the appellee's~~  
 854 ~~attorney's fees and costs, in an amount up to \$1 million, from~~  
 855 ~~the beginning of the original administrative action if the~~  
 856 ~~appealing party loses the appeal, subject to the following~~  
 857 ~~limitations and requirements:~~

858 ~~1. The party appealing a final order must post a bond in~~  
 859 ~~the amount of \$1 million in order to maintain the appeal.~~

860 ~~2. Except as provided under s. 120.595(5), in no event~~  
 861 ~~shall the agency be held liable for any other party's attorney's~~  
 862 ~~fees or costs.~~

863 Section 18. Subsection (1) of section 408.043, Florida  
 864 Statutes, is amended to read:

865 408.043 Special provisions.—

866 ~~(1) OSTEOPATHIC ACUTE CARE HOSPITALS.—When an application~~  
 867 ~~is made for a certificate of need to construct or to expand an~~  
 868 ~~osteopathic acute care hospital, the need for such hospital~~  
 869 ~~shall be determined on the basis of the need for and~~  
 870 ~~availability of osteopathic services and osteopathic acute care~~  
 871 ~~hospitals in the district. When a prior certificate of need to~~  
 872 ~~establish an osteopathic acute care hospital has been issued in~~  
 873 ~~a district, and the facility is no longer used for that purpose,~~  
 874 ~~the agency may continue to count such facility and beds as an~~  
 875 ~~existing osteopathic facility in any subsequent application for~~

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876 ~~construction of an osteopathic acute care hospital.~~

877 Section 19. Section 408.0455, Florida Statutes, is amended  
878 to read:

879 408.0455 Rules; pending proceedings.—The rules of the  
880 agency in effect on June 30, 2004, shall remain in effect and  
881 shall be enforceable by the agency with respect to ss. 408.031-  
882 408.045 until such rules are repealed or amended by the agency.  
883 Rules 59C-1.039 through 59C-1.044, F.A.C., remain in effect for  
884 the sole purpose of maintaining licensure requirements for the  
885 applicable services until the agency has adopted rules for the  
886 corresponding services pursuant to s. 395.1055(1)(i), Florida  
887 Statutes 2018.

888 Section 20. Subsection (3) of section 408.808, Florida  
889 Statutes, is amended to read:

890 408.808 License categories.—

891 (3) INACTIVE LICENSE.—An inactive license may be issued to  
892 a hospital or a health care provider subject to the certificate-  
893 of-need provisions in part I of this chapter when the provider  
894 is currently licensed, does not have a provisional license, and  
895 will be temporarily unable to provide services but is reasonably  
896 expected to resume services within 12 months. Such designation  
897 may be made for a period not to exceed 12 months but may be  
898 renewed by the agency for up to 12 additional months upon  
899 demonstration by the licensee of the provider's progress toward  
900 reopening. However, if after 20 months in an inactive license

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901 status, a statutory rural hospital, as defined in s. 395.602,  
902 has demonstrated progress toward reopening, but may not be able  
903 to reopen prior to the inactive license expiration date, the  
904 inactive designation may be renewed again by the agency for up  
905 to 12 additional months. For purposes of such a second renewal,  
906 if construction or renovation is required, the licensee must  
907 have had plans approved by the agency and construction must have  
908 already commenced pursuant to s. 408.032(4); however, if  
909 construction or renovation is not required, the licensee must  
910 provide proof of having made an enforceable capital expenditure  
911 greater than 25 percent of the total costs associated with the  
912 hiring of staff and the purchase of equipment and supplies  
913 needed to operate the facility upon opening. A request by a  
914 licensee for an inactive license or to extend the previously  
915 approved inactive period must be submitted to the agency and  
916 must include a written justification for the inactive license  
917 with the beginning and ending dates of inactivity specified, a  
918 plan for the transfer of any clients to other providers, and the  
919 appropriate licensure fees. The agency may not accept a request  
920 that is submitted after initiating closure, after any suspension  
921 of service, or after notifying clients of closure or suspension  
922 of service, unless the action is a result of a disaster at the  
923 licensed premises. For the purposes of this section, the term  
924 "disaster" means a sudden emergency occurrence beyond the  
925 control of the licensee, whether natural, technological, or

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926 | manmade, which renders the provider inoperable at the premises.  
927 | Upon agency approval, the provider shall notify clients of any  
928 | necessary discharge or transfer as required by authorizing  
929 | statutes or applicable rules. The beginning of the inactive  
930 | license period is the date the provider ceases operations. The  
931 | end of the inactive license period shall become the license  
932 | expiration date. All licensure fees must be current, must be  
933 | paid in full, and may be prorated. Reactivation of an inactive  
934 | license requires the approval of a renewal application,  
935 | including payment of licensure fees and agency inspections  
936 | indicating compliance with all requirements of this part,  
937 | authorizing statutes, and applicable rules.

938 |       Section 21. The Office of Program Policy Analysis and  
939 | Government Accountability shall review federal requirements and  
940 | other states' licensure statutes and rules governing the  
941 | provision of tertiary health services as defined in s. 408.032,  
942 | Florida Statutes 2018, and shall make recommendations to the  
943 | President of the Senate and the Speaker of the House of  
944 | Representatives on best practices, including recommendations on  
945 | minimum volume requirements, as applicable, regarding the  
946 | establishment of licensure standards for such programs by  
947 | November 1, 2019.

948 |       Section 22. Except as otherwise expressly provided in this  
949 | act, this act shall take effect July 1, 2019.