

1 A bill to be entitled
2 An act relating to office surgery; amending s.
3 400.9905, F.S.; revising the definition of the term
4 "clinic"; amending s. 400.991, F.S.; requiring a
5 clinic to provide proof of financial responsibility in
6 a specified manner with an application for licensure
7 to the Agency for Health Care Administration; amending
8 s. 400.9935, F.S.; requiring a medical director or
9 clinic director to ensure that certain clinics comply
10 with specified standards of practice; amending s.
11 400.995, F.S.; requiring the agency to impose a
12 specified administrative fine on an unregistered
13 clinic that performs certain procedures or office
14 surgeries; amending s. 456.004, F.S.; requiring the
15 Department of Health to deny or revoke the
16 registration of or impose certain penalties against a
17 facility where certain procedures or office surgeries
18 are performed under certain circumstances; providing
19 applicability; authorizing the department to deny
20 certain persons associated with a facility of which
21 the registration was revoked from registering another
22 facility to perform certain procedures or office
23 surgeries; amending s. 456.074, F.S.; authorizing the
24 department to issue an emergency order suspending or
25 restricting the registration of certain facilities

26 upon specified findings; amending s. 458.305, F.S.;

27 providing definitions; amending s. 458.309, F.S.;

28 requiring a physician who performs certain procedures

29 or office surgeries and the office in which the

30 procedures or office surgeries are performed to

31 maintain specified levels of financial responsibility;

32 authorizing the Department of Health to adopt rules to

33 administer the registration, inspection, and safety of

34 offices where certain procedures or office surgeries

35 are performed; requiring the Board of Medicine to

36 adopt rules governing the standards of practice for

37 physicians practicing in such offices and to impose a

38 specified fine on physicians who perform certain

39 procedures or office surgeries in an unregistered

40 office; amending s. 458.331, F.S.; providing that a

41 physician performing certain procedures or office

42 surgeries in an unregistered office constitutes

43 grounds for denial of a license or disciplinary

44 action; amending s. 459.003, F.S.; providing

45 definitions; amending s. 459.005, F.S.; requiring a

46 physician who performs certain procedures or office

47 surgeries and the office in which the procedures or

48 office surgeries are performed to maintain specified

49 levels of financial responsibility; authorizing the

50 Department of Health to adopt rules to administer the

51 registration, inspection, and safety of offices where
 52 certain procedures or office surgeries are performed;
 53 requiring the Board of Osteopathic Medicine to adopt
 54 rules governing the standards of practice for
 55 physicians practicing in such offices and to impose a
 56 specified fine on physicians who perform certain
 57 procedures or office surgeries in an unregistered
 58 office; amending s. 459.015, F.S.; providing that a
 59 physician performing certain procedures or office
 60 surgeries in an unregistered office constitutes
 61 grounds for denial of a license or disciplinary
 62 action; amending s. 766.101, F.S.; conforming a cross-
 63 reference; providing an effective date.

64
 65 Be It Enacted by the Legislature of the State of Florida:

66
 67 Section 1. Subsection (4) of section 400.9905, Florida
 68 Statutes, is amended to read:

69 400.9905 Definitions.—

70 (4) "Clinic" means an entity that provides ~~where~~ health
 71 care services ~~are provided~~ to individuals and that receives
 72 compensation ~~which tenders charges for reimbursement~~ for those
 73 ~~such~~ services, including a mobile clinic and a portable
 74 equipment provider. As used in this part, the term does not
 75 include and the licensure requirements of this part do not apply

76 | to:

77 | (a) Entities licensed or registered by the state under
 78 | chapter 395; entities licensed or registered by the state and
 79 | providing only health care services within the scope of services
 80 | authorized under their respective licenses under ss. 383.30-
 81 | 383.332, chapter 390, chapter 394, chapter 397, this chapter
 82 | except part X, chapter 429, chapter 463, chapter 465, chapter
 83 | 466, chapter 478, chapter 484, or chapter 651; end-stage renal
 84 | disease providers authorized under 42 C.F.R. part 405, subpart
 85 | U; providers certified under 42 C.F.R. part 485, subpart B or
 86 | subpart H; or any entity that provides neonatal or pediatric
 87 | hospital-based health care services or other health care
 88 | services by licensed practitioners solely within a hospital
 89 | licensed under chapter 395.

90 | (b) Entities that own, directly or indirectly, entities
 91 | licensed or registered by the state pursuant to chapter 395;
 92 | entities that own, directly or indirectly, entities licensed or
 93 | registered by the state and providing only health care services
 94 | within the scope of services authorized pursuant to their
 95 | respective licenses under ss. 383.30-383.332, chapter 390,
 96 | chapter 394, chapter 397, this chapter except part X, chapter
 97 | 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter
 98 | 484, or chapter 651; end-stage renal disease providers
 99 | authorized under 42 C.F.R. part 405, subpart U; providers
 100 | certified under 42 C.F.R. part 485, subpart B or subpart H; or

101 any entity that provides neonatal or pediatric hospital-based
102 health care services by licensed practitioners solely within a
103 hospital licensed under chapter 395.

104 (c) Entities that are owned, directly or indirectly, by an
105 entity licensed or registered by the state pursuant to chapter
106 395; entities that are owned, directly or indirectly, by an
107 entity licensed or registered by the state and providing only
108 health care services within the scope of services authorized
109 pursuant to their respective licenses under ss. 383.30-383.332,
110 chapter 390, chapter 394, chapter 397, this chapter except part
111 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter
112 478, chapter 484, or chapter 651; end-stage renal disease
113 providers authorized under 42 C.F.R. part 405, subpart U;
114 providers certified under 42 C.F.R. part 485, subpart B or
115 subpart H; or any entity that provides neonatal or pediatric
116 hospital-based health care services by licensed practitioners
117 solely within a hospital under chapter 395.

118 (d) Entities that are under common ownership, directly or
119 indirectly, with an entity licensed or registered by the state
120 pursuant to chapter 395; entities that are under common
121 ownership, directly or indirectly, with an entity licensed or
122 registered by the state and providing only health care services
123 within the scope of services authorized pursuant to their
124 respective licenses under ss. 383.30-383.332, chapter 390,
125 chapter 394, chapter 397, this chapter except part X, chapter

126 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter
127 484, or chapter 651; end-stage renal disease providers
128 authorized under 42 C.F.R. part 405, subpart U; providers
129 certified under 42 C.F.R. part 485, subpart B or subpart H; or
130 any entity that provides neonatal or pediatric hospital-based
131 health care services by licensed practitioners solely within a
132 hospital licensed under chapter 395.

133 (e) An entity that is exempt from federal taxation under
134 26 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan
135 under 26 U.S.C. s. 409 that has a board of trustees at least
136 two-thirds of which are Florida-licensed health care
137 practitioners and provides only physical therapy services under
138 physician orders, any community college or university clinic,
139 and any entity owned or operated by the federal or state
140 government, including agencies, subdivisions, or municipalities
141 thereof.

142 (f) A sole proprietorship, group practice, partnership, or
143 corporation that provides health care services by physicians
144 covered by s. 627.419, that is directly supervised by one or
145 more of such physicians, and that is wholly owned by one or more
146 of those physicians or by a physician and the spouse, parent,
147 child, or sibling of that physician.

148 (g) A sole proprietorship, group practice, partnership, or
149 corporation that provides health care services by licensed
150 health care practitioners under chapter 457, chapter 458,

151 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,
152 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,
153 chapter 490, chapter 491, or part I, part III, part X, part
154 XIII, or part XIV of chapter 468, or s. 464.012, and that is
155 wholly owned by one or more licensed health care practitioners,
156 or the licensed health care practitioners set forth in this
157 paragraph and the spouse, parent, child, or sibling of a
158 licensed health care practitioner if one of the owners who is a
159 licensed health care practitioner is supervising the business
160 activities and is legally responsible for the entity's
161 compliance with all federal and state laws. However, a health
162 care practitioner may not supervise services beyond the scope of
163 the practitioner's license, except that, for the purposes of
164 this part, a clinic owned by a licensee in s. 456.053(3)(b)
165 which provides only services authorized pursuant to s.
166 456.053(3)(b) may be supervised by a licensee specified in s.
167 456.053(3)(b).

168 (h) Clinical facilities affiliated with an accredited
169 medical school at which training is provided for medical
170 students, residents, or fellows.

171 (i) Entities that provide only oncology or radiation
172 therapy services by physicians licensed under chapter 458 or
173 chapter 459 or entities that provide oncology or radiation
174 therapy services by physicians licensed under chapter 458 or
175 chapter 459 which are owned by a corporation whose shares are

176 publicly traded on a recognized stock exchange.

177 (j) Clinical facilities affiliated with a college of
178 chiropractic accredited by the Council on Chiropractic Education
179 at which training is provided for chiropractic students.

180 (k) Entities that provide licensed practitioners to staff
181 emergency departments or to deliver anesthesia services in
182 facilities licensed under chapter 395 and that derive at least
183 90 percent of their gross annual revenues from the provision of
184 such services. Entities claiming an exemption from licensure
185 under this paragraph must provide documentation demonstrating
186 compliance.

187 (l) Orthotic, prosthetic, pediatric cardiology, or
188 perinatology clinical facilities or anesthesia clinical
189 facilities that are not otherwise exempt under paragraph (a) or
190 paragraph (k) and that are a publicly traded corporation or are
191 wholly owned, directly or indirectly, by a publicly traded
192 corporation. As used in this paragraph, a publicly traded
193 corporation is a corporation that issues securities traded on an
194 exchange registered with the United States Securities and
195 Exchange Commission as a national securities exchange.

196 (m) Entities that are owned by a corporation that has \$250
197 million or more in total annual sales of health care services
198 provided by licensed health care practitioners where one or more
199 of the persons responsible for the operations of the entity is a
200 health care practitioner who is licensed in this state and who

201 is responsible for supervising the business activities of the
202 entity and is responsible for the entity's compliance with state
203 law for purposes of this part.

204 (n) Entities that employ 50 or more licensed health care
205 practitioners licensed under chapter 458 or chapter 459 where
206 the billing for medical services is under a single tax
207 identification number. The application for exemption under this
208 subsection shall contain information that includes: the name,
209 residence, and business address and phone number of the entity
210 that owns the practice; a complete list of the names and contact
211 information of all the officers and directors of the
212 corporation; the name, residence address, business address, and
213 medical license number of each licensed Florida health care
214 practitioner employed by the entity; the corporate tax
215 identification number of the entity seeking an exemption; a
216 listing of health care services to be provided by the entity at
217 the health care clinics owned or operated by the entity and a
218 certified statement prepared by an independent certified public
219 accountant which states that the entity and the health care
220 clinics owned or operated by the entity have not received
221 payment for health care services under personal injury
222 protection insurance coverage for the preceding year. If the
223 agency determines that an entity which is exempt under this
224 subsection has received payments for medical services under
225 personal injury protection insurance coverage, the agency may

226 deny or revoke the exemption from licensure under this
 227 subsection.

228
 229 Notwithstanding this subsection, an entity shall be deemed a
 230 clinic and must be licensed under this part in order to receive
 231 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.
 232 627.730-627.7405, unless exempted under s. 627.736(5)(h).

233 Section 2. Subsection (4) of section 400.991, Florida
 234 Statutes, is amended to read:

235 400.991 License requirements; background screenings;
 236 prohibitions.—

237 (4) In addition to the requirements of part II of chapter
 238 408, the applicant must file with the application satisfactory
 239 proof that the clinic is in compliance with this part and
 240 applicable rules, including all of the following:

241 (a) A listing of services to be provided either directly
 242 by the applicant or through contractual arrangements with
 243 existing providers. ~~†~~

244 (b) The number and discipline of each professional staff
 245 member to be employed. ~~† and~~

246 (c) Proof of financial ability to operate as required
 247 under s. 408.810(8). As an alternative to submitting proof of
 248 financial ability to operate as required under s. 408.810(8),
 249 the applicant may file a surety bond of at least \$500,000 which
 250 guarantees that the clinic will act in full conformity with all

251 | legal requirements for operating a clinic, payable to the
252 | agency. The agency may adopt rules to specify related
253 | requirements for such surety bond.

254 | (d) Proof that the clinic maintains financial
255 | responsibility pursuant to s. 458.320(2) or s. 459.0085(2), as
256 | applicable, to pay claims and costs ancillary thereto arising
257 | out of the rendering of or the failure to render medical care
258 | and services for physicians and osteopathic physicians who
259 | perform liposuction procedures in which more than 1,000 cubic
260 | centimeters of supernatant fat is removed or Level II or Level
261 | III office surgeries, as defined in ss. 458.305(8) and
262 | 459.003(9), in an office setting.

263 | Section 3. Paragraph (j) is added to subsection (1) of
264 | section 400.9935, Florida Statutes, to read:

265 | 400.9935 Clinic responsibilities.—

266 | (1) Each clinic shall appoint a medical director or clinic
267 | director who shall agree in writing to accept legal
268 | responsibility for the following activities on behalf of the
269 | clinic. The medical director or the clinic director shall:

270 | (j) If the clinic is registered with the department to
271 | perform office surgery, ensure that the clinic complies with the
272 | standards of practice for office surgery adopted by rule under
273 | ss. 458.309(4) and 459.005(3).

274 | Section 4. Subsection (4) of section 400.995, Florida
275 | Statutes, is amended to read:

276 400.995 Agency administrative penalties.—

277 (4) Any licensed clinic whose owner, medical director, or
 278 clinic director concurrently operates an unlicensed clinic or a
 279 clinic that is not registered with the department where any
 280 liposuction procedure in which more than 1,000 cubic centimeters
 281 of supernatant fat is removed or where any Level II or Level III
 282 office surgery, as defined in ss. 458.305(8) and 459.003(9), is
 283 performed is ~~shall be~~ subject to an administrative fine of
 284 \$5,000 per day.

285 Section 5. Subsection (12) is added to section 456.004,
 286 Florida Statutes, to read:

287 456.004 Department; powers and duties.—The department, for
 288 the professions under its jurisdiction, shall:

289 (12) Deny or revoke the registration of, or impose any
 290 penalty set forth in s. 456.072(2) against, any facility where
 291 any liposuction procedure or any Level II or Level III office
 292 surgery, as defined in ss. 458.305(8) and 459.003(9), is
 293 performed for failure of any of its physicians, owners, or
 294 operators to comply with rules adopted under ss. 458.309(3) and
 295 459.005(2). Section 456.073 applies to enforcement actions
 296 brought against such facilities. If a facility's registration is
 297 revoked, the department may deny any person named in the
 298 registration documents of the facility, including any person who
 299 owns or operates the facility, individually or as part of a
 300 group, from registering another facility to perform any

301 liposuction procedure or office surgery pursuant to s.
 302 458.309(3) or s. 459.005(2) for 5 years after the revocation
 303 date.

304 Section 6. Subsection (6) is added to section 456.074,
 305 Florida Statutes, to read:

306 456.074 Certain health care practitioners; immediate
 307 suspension of license.—

308 (6) The department may issue an emergency order suspending
 309 or restricting the registration of a facility where any
 310 liposuction procedure in which more than 1,000 cubic centimeters
 311 of supernatant fat is removed or any Level II or Level III
 312 office surgery, as defined in ss. 458.305(8) and 459.003(9), is
 313 performed upon a finding of probable cause that the facility or
 314 its surgeons are not in compliance with the standards of
 315 practice for office surgery adopted by the applicable board
 316 pursuant to s. 458.309(4) or s. 459.005(3), or are in violation
 317 of s. 458.331(1)(v) or s. 459.015(1)(z) and such violation
 318 constitutes an immediate danger to the public.

319 Section 7. Section 458.305, Florida Statutes, is amended
 320 to read:

321 458.305 Definitions.—As used in this chapter, the term:

322 (1) "Board" means the Board of Medicine.

323 (2) "Deep sedation and analgesia" means a drug-induced
 324 depression of consciousness during which all of the following
 325 apply:

326 (a) The patient cannot be easily aroused but responds by
 327 purposefully following repeated or painful stimulation.

328 (b) The patient's ability to independently maintain
 329 ventilatory function may be impaired.

330 (c) The patient may require assistance in maintaining a
 331 patent airway, and spontaneous ventilation may be inadequate.

332 (d) The patient's cardiovascular function is usually
 333 maintained.

334 (e) The patient's reflex withdrawal from painful stimulus
 335 is not considered a purposeful response.

336 (3)-(2) "Department" means the Department of Health.

337 (4) "Epidural anesthesia" means anesthesia administered by
 338 the injection of an anesthetic agent into the space on or around
 339 the dura mater of the spinal cord.

340 (5) "General anesthesia" means a drug-induced loss of
 341 consciousness administered by a qualified general anesthesia
 342 provider during which all of the following apply:

343 (a) The patient is not able to be aroused, even by painful
 344 stimulation.

345 (b) The patient's ability to independently maintain
 346 ventilatory function is often impaired.

347 (c) The patient has depressed neuromuscular function.

348 (d) The patient may require assistance in maintaining a
 349 patent airway, and positive pressure ventilation may be
 350 required.

351 (e) The patient's cardiovascular function may be impaired.

352 (6) "Minimal sedation" means a drug-induced state during
353 which the patient responds normally to verbal commands and his
354 or her airway reflexes and respiratory and cardiovascular
355 functions are unaffected, although his or her cognitive function
356 and physical coordination may be impaired.

357 (7) "Moderate sedation and analgesia" or "conscious
358 sedation" means a drug-induced depression of consciousness or a
359 state of consciousness during which all of the following apply:

360 (a) The patient responds purposefully to verbal commands,
361 either alone or accompanied by light tactile stimulation.

362 (b) Interventions are not required to maintain a patent
363 airway, and spontaneous ventilation is adequate.

364 (c) Cardiovascular function is maintained.

365 (d) Reflex withdrawal from a painful stimulus is not
366 considered a purposeful response.

367 (8) "Office surgery" means a surgery that is performed in
368 a physician's office or any facility that is not licensed under
369 chapter 390 or chapter 395.

370 (a) "Level I office surgery" includes any surgery that
371 consists of only minor procedures and in which anesthesia is
372 limited to minimal sedation.

373 (b) "Level II office surgery" includes any surgery in
374 which the patient's level of sedation is that of moderate
375 sedation and analgesia or conscious sedation.

376 (c) "Level III office surgery" includes any surgery in
377 which the patient's level of sedation is that of deep sedation
378 and analgesia or general anesthesia. The term includes any
379 surgery that includes the use of spinal anesthesia or epidural
380 anesthesia.

381 (9)~~(4)~~ "Physician" means a person who is licensed to
382 practice medicine in this state.

383 (10)~~(3)~~ "Practice of medicine" means the diagnosis,
384 treatment, operation, or prescription for any human disease,
385 pain, injury, deformity, or other physical or mental condition.

386 (11) "Spinal anesthesia" means anesthesia administered by
387 the injection of an anesthetic agent into the subarachnoid space
388 of the spinal cord.

389 (12) "Surgeon" means a physician who performs surgery.

390 (13) "Surgery" means any manual or operative procedure,
391 including the use of lasers, performed upon the body of a living
392 human being for the purposes of preserving health, diagnosing or
393 curing disease, repairing injury, correcting deformity or
394 defects, prolonging life, or relieving suffering, or any
395 elective procedure for aesthetic, reconstructive, or cosmetic
396 purposes, including, but not limited to, incision or curettage
397 of tissue or an organ; suture or other repair of tissue or an
398 organ, including a closed or open reduction of a fracture;
399 extraction of tissue, including premature extraction of the
400 products of conception from the uterus; insertion of natural or

401 artificial implants; or an endoscopic procedure with use of
402 local or general anesthesia.

403 Section 8. Subsection (3) of section 458.309, Florida
404 Statutes, is amended to read:

405 458.309 Rulemaking authority.—

406 (3) A physician who performs any liposuction procedure
407 ~~procedures~~ in which more than 1,000 cubic centimeters of
408 supernatant fat is removed, any Level II office surgery level 2
409 ~~procedures lasting more than 5 minutes, or any Level III office~~
410 surgery and all level 3 surgical procedures in an office setting
411 must register the office with the department unless that office
412 is licensed as a facility under chapter 395. The department
413 shall inspect the physician's office annually unless the office
414 is accredited by a nationally recognized accrediting agency or
415 an accrediting organization ~~subsequently~~ approved by the Board
416 of Medicine. The actual costs for registration and inspection or
417 accreditation shall be paid by the person seeking to register
418 and operate the office setting in which office surgery is
419 performed. As a condition of registration, a physician who
420 performs any liposuction procedure in which more than 1,000
421 cubic centimeters of supernatant fat is removed or any Level II
422 or Level III office surgery in an office setting, and the office
423 itself if it is a separate legal entity from the physician, must
424 maintain the same level of financial responsibility required
425 pursuant to s. 458.320.

426 (4) The department may adopt rules to administer the
 427 registration, inspection, and safety of offices in which a
 428 physician performs any liposuction procedure or office surgery
 429 specified in subsection (3). The board shall adopt by rule
 430 standards of practice for physicians who perform liposuction
 431 procedures or office surgeries specified in subsection (3). The
 432 board shall impose a fine of \$5,000 per day on a physician who
 433 performs any liposuction procedure or office surgery specified
 434 in subsection (3) in an office that is not registered with the
 435 department.

436 Section 9. Paragraph (vv) is added to subsection (1) of
 437 section 458.331, Florida Statutes, to read:

438 458.331 Grounds for disciplinary action; action by the
 439 board and department.—

440 (1) The following acts constitute grounds for denial of a
 441 license or disciplinary action, as specified in s. 456.072(2):

442 (vv) Performing any liposuction procedure in which more
 443 than 1,000 cubic centimeters of supernatant fat is removed, any
 444 Level II office surgery, or any Level III office surgery in an
 445 office that is not registered with the department pursuant to s.
 446 458.309(3).

447 Section 10. Section 459.003, Florida Statutes, is amended
 448 to read:

449 459.003 Definitions.—As used in this chapter:

450 (1) "Board" means the Board of Osteopathic Medicine.

451 (2) "Deep sedation and analgesia" means a drug-induced
452 depression of consciousness during which all of the following
453 apply:

454 (a) The patient cannot be easily aroused but responds by
455 purposefully following repeated or painful stimulation.

456 (b) The patient's ability to independently maintain
457 ventilatory function may be impaired.

458 (c) The patient may require assistance in maintaining a
459 patent airway, and spontaneous ventilation may be inadequate.

460 (d) The patient's cardiovascular function is usually
461 maintained.

462 (e) The patient's reflex withdrawal from painful stimulus
463 is not considered a purposeful response.

464 (3)-(2) "Department" means the Department of Health.

465 (4)-(5) "Doctor of Osteopathy" and "Doctor of Osteopathic
466 Medicine," when referring to degrees, shall be construed to be
467 equivalent and equal degrees.

468 (5) "Epidural anesthesia" means anesthesia administered
469 through the injection of an anesthetic agent into the space on
470 or around the dura mater of the spinal cord.

471 (6) "General anesthesia" means a drug-induced loss of
472 consciousness administered by a qualified general anesthesia
473 provider during which all of the following apply:

474 (a) The patient is not able to be aroused, even by painful
475 stimulation.

476 (b) The patient's ability to independently maintain
477 ventilatory function is often impaired.

478 (c) The patient has depressed neuromuscular function.

479 (d) The patient may require assistance in maintaining a
480 patent airway, and positive pressure ventilation may be
481 required.

482 (e) The patient's cardiovascular function may be impaired.

483 (7) "Minimal sedation" means a drug-induced state during
484 which the patient responds normally to verbal commands and his
485 or her airway reflexes and respiratory and cardiovascular
486 functions are unaffected, although his or her cognitive function
487 and physical coordination may be impaired.

488 (8) "Moderate sedation and analgesia" or "conscious
489 sedation" means a drug-induced depression of consciousness or a
490 state of consciousness during which all of the following apply:

491 (a) The patient responds purposefully to verbal commands,
492 either alone or accompanied by light tactile stimulation.

493 (b) Interventions are not required to maintain a patent
494 airway, and spontaneous ventilation is adequate.

495 (c) Cardiovascular function is maintained.

496 (d) Reflex withdrawal from a painful stimulus is not
497 considered a purposeful response.

498 (9) "Office surgery" means a surgery that is performed in
499 a physician's office or any facility that is not licensed under
500 chapter 390 or chapter 395.

501 (a) "Level I office surgery" includes any surgery that
 502 consists of only minor procedures and in which the patient's
 503 level of sedation is that of minimal sedation.

504 (b) "Level II office surgery" includes any surgery in
 505 which the patient's level of sedation is that of moderate
 506 sedation and analgesia or conscious sedation.

507 (c) "Level III office surgery" includes any surgery in
 508 which the patient's level of sedation is that of deep sedation
 509 and analgesia or general anesthesia. The term includes any
 510 surgery that includes the use of spinal anesthesia or epidural
 511 anesthesia.

512 (10)-(4) "Osteopathic physician" means a person who is
 513 licensed to practice osteopathic medicine in this state.

514 (11)-(3) "Practice of osteopathic medicine" means the
 515 diagnosis, treatment, operation, or prescription for any human
 516 disease, pain, injury, deformity, or other physical or mental
 517 condition, which practice is based in part upon educational
 518 standards and requirements which emphasize the importance of the
 519 musculoskeletal structure and manipulative therapy in the
 520 maintenance and restoration of health.

521 (12) "Spinal anesthesia" means anesthesia administered by
 522 the injection of an anesthetic agent into the subarachnoid space
 523 of the spinal cord.

524 (13) "Surgeon" means a physician who performs surgery.

525 (14) "Surgery" means any manual or operative procedure,

526 including the use of lasers, performed upon the body of a living
527 human being for the purposes of preserving health, diagnosing or
528 curing disease, repairing injury, correcting deformity or
529 defects, prolonging life, or relieving suffering or any elective
530 procedure for aesthetic, reconstructive, or cosmetic purposes,
531 including, but not limited to, incision or curettage of tissue
532 or an organ; suture or other repair of tissue or an organ,
533 including a closed or open reduction of a fracture; extraction
534 of tissue, including premature extraction of the products of
535 conception from the uterus; insertion of natural or artificial
536 implants; or an endoscopic procedure with use of
537 local or general anesthesia.

538 Section 11. Subsection (2) of section 459.005, Florida
539 Statutes, is amended to read:

540 459.005 Rulemaking authority.—

541 (2) A physician who performs any liposuction procedure
542 ~~procedures~~ in which more than 1,000 cubic centimeters of
543 supernatant fat is removed, any Level II office surgery level 2
544 ~~procedures lasting more than 5 minutes,~~ or any Level III office
545 surgery and all level 3 surgical procedures in an office setting
546 must register the office with the department unless that office
547 is licensed as a facility under chapter 395. The department
548 shall inspect the physician's office annually unless the office
549 is accredited by a nationally recognized accrediting agency or
550 an accrediting organization subsequently approved by the Board

551 of Osteopathic Medicine. The actual costs for registration and
552 inspection or accreditation shall be paid by the person seeking
553 to register and operate the office setting in which office
554 surgery is performed. As a condition of registration, a
555 physician who performs any liposuction procedure in which more
556 than 1,000 cubic centimeters of supernatant fat is removed, any
557 Level II office surgery, or any Level III office surgery in an
558 office setting, and the office itself if it is a separate legal
559 entity from the physician, must maintain the same level of
560 financial responsibility required in s. 459.0085.

561 (3) The department may adopt rules to administer the
562 registration, inspection, and safety of offices in which a
563 physician performs any liposuction procedure or office surgery
564 specified in subsection (2). The board shall adopt by rule
565 standards of practice for physicians who perform liposuction
566 procedures or office surgeries specified in subsection (2). The
567 board shall impose a fine of \$5,000 per day on a physician who
568 performs any liposuction procedure or office surgery specified
569 in subsection (2) in an office that is not registered with the
570 department.

571 Section 12. Paragraph (xx) is added to subsection (1) of
572 section 459.015, Florida Statutes, to read:

573 459.015 Grounds for disciplinary action; action by the
574 board and department.—

575 (1) The following acts constitute grounds for denial of a

576 | license or disciplinary action, as specified in s. 456.072(2):
 577 | (xx) Performing any liposuction procedure in which more
 578 | than 1,000 cubic centimeters of supernatant fat is removed or
 579 | any Level II or Level III office surgery in an office that is
 580 | not registered with the department pursuant to s. 459.005(2).

581 | Section 13. Paragraph (a) of subsection (1) of section
 582 | 766.101, Florida Statutes, is amended to read:

583 | 766.101 Medical review committee, immunity from
 584 | liability.—

585 | (1) As used in this section:

586 | (a) The term "medical review committee" or "committee"
 587 | means:

588 | 1.a. A committee of a hospital or ambulatory surgical
 589 | center licensed under chapter 395 or a health maintenance
 590 | organization certificated under part I of chapter 641;

591 | b. A committee of a physician-hospital organization, a
 592 | provider-sponsored organization, or an integrated delivery
 593 | system;

594 | c. A committee of a state or local professional society of
 595 | health care providers;

596 | d. A committee of a medical staff of a licensed hospital
 597 | or nursing home, provided the medical staff operates pursuant to
 598 | written bylaws that have been approved by the governing board of
 599 | the hospital or nursing home;

600 | e. A committee of the Department of Corrections or the

601 Correctional Medical Authority as created under s. 945.602, or
602 employees, agents, or consultants of either the department or
603 the authority or both;

604 f. A committee of a professional service corporation
605 formed under chapter 621 or a corporation organized under part I
606 of chapter 607 or chapter 617, which is formed and operated for
607 the practice of medicine as defined in s. 458.305 ~~s. 458.305(3)~~,
608 and which has at least 25 health care providers who routinely
609 provide health care services directly to patients;

610 g. A committee of the Department of Children and Families
611 which includes employees, agents, or consultants to the
612 department as deemed necessary to provide peer review,
613 utilization review, and mortality review of treatment services
614 provided pursuant to chapters 394, 397, and 916;

615 h. A committee of a mental health treatment facility
616 licensed under chapter 394 or a community mental health center
617 as defined in s. 394.907, provided the quality assurance program
618 operates pursuant to the guidelines that have been approved by
619 the governing board of the agency;

620 i. A committee of a substance abuse treatment and
621 education prevention program licensed under chapter 397 provided
622 the quality assurance program operates pursuant to the
623 guidelines that have been approved by the governing board of the
624 agency;

625 j. A peer review or utilization review committee organized

626 | under chapter 440;

627 | k. A committee of the Department of Health, a county
628 | health department, healthy start coalition, or certified rural
629 | health network, when reviewing quality of care, or employees of
630 | these entities when reviewing mortality records; or

631 | 1. A continuous quality improvement committee of a
632 | pharmacy licensed pursuant to chapter 465,

633 |

634 | which committee is formed to evaluate and improve the quality of
635 | health care rendered by providers of health service, to
636 | determine that health services rendered were professionally
637 | indicated or were performed in compliance with the applicable
638 | standard of care, or that the cost of health care rendered was
639 | considered reasonable by the providers of professional health
640 | services in the area; or

641 | 2. A committee of an insurer, self-insurer, or joint
642 | underwriting association of medical malpractice insurance, or
643 | other persons conducting review under s. 766.106.

644 | Section 14. This act shall take effect July 1, 2019.