

1                   A bill to be entitled  
2           An act relating to the Agency for Health Care  
3           Administration; amending s. 383.327, F.S.; requiring  
4           birth centers to report certain deaths and stillbirths  
5           to the Agency for Health Care Administration; removing  
6           a requirement that a certain report be submitted  
7           annually to the agency; authorizing the agency to  
8           prescribe by rule the frequency at which such report  
9           is submitted; amending s. 395.003, F.S.; removing a  
10          requirement that specified information be listed on  
11          licenses for certain facilities; repealing s.  
12          395.7015, F.S., relating to an annual assessment on  
13          health care entities; amending s. 395.7016, F.S.;  
14          conforming a provision to changes made by the act;  
15          amending s. 400.19, F.S.; revising provisions  
16          requiring the agency to conduct licensure inspections  
17          of nursing homes; requiring the agency to conduct  
18          additional licensure surveys under certain  
19          circumstances; requiring the agency to assess a  
20          specified fine for such surveys; amending s. 400.462,  
21          F.S.; revising definitions; amending s. 400.605, F.S.;  
22          removing a requirement that the agency conduct  
23          specified inspections of certain licensees; amending  
24          s. 400.60501, F.S.; removing a requirement that the  
25          agency develop a specified annual report; amending s.

26 | 400.9905, F.S.; revising definitions; amending s.  
27 | 400.991, F.S.; conforming provisions to changes made  
28 | by the act; removing the option for health care  
29 | clinics to file a surety bond under certain  
30 | circumstances; amending s. 400.9935, F.S.; removing a  
31 | requirement that certain directors conduct specified  
32 | reviews; requiring certain clinics to publish and post  
33 | a schedule of charges; amending s. 408.033, F.S.;  
34 | conforming a provision to changes made by the act;  
35 | amending s. 408.061, F.S.; revising provisions  
36 | requiring health care facilities to submit specified  
37 | data to the agency; amending s. 408.0611, F.S.;  
38 | removing a requirement that the agency monitor and  
39 | report on the implementation of electronic  
40 | prescribing; amending s. 408.062, F.S.; removing  
41 | requirements that the agency include specified  
42 | information in its research and submit certain annual  
43 | reports and annual status reports to the Governor and  
44 | Legislature; amending s. 408.063, F.S.; removing a  
45 | requirement that the agency publish certain annual  
46 | reports; amending ss. 408.802, 408.803, 408.820, and  
47 | 408.831, F.S.; conforming provisions to changes made  
48 | by the act; amending s. 408.806, F.S.; exempting  
49 | certain providers from a specified inspection;  
50 | amending s. 408.808, F.S.; authorizing the issuance of

51 a provisional license to certain applicants; amending  
52 s. 408.811, F.S.; authorizing the agency to conduct  
53 specified inspections of certain providers and grant  
54 extended inspection periods under certain conditions;  
55 amending s. 408.821, F.S.; revising provisions  
56 requiring licensees to have a specified plan;  
57 providing requirements for the submission of such  
58 plan; amending s. 408.909, F.S.; removing a  
59 requirement that the agency and Office of Insurance  
60 Regulation evaluate a specified program; amending s.  
61 408.9091, F.S.; removing a requirement that the agency  
62 and office jointly submit a specified annual report to  
63 the Governor and Legislature; amending s. 409.905,  
64 F.S.; authorizing the agency to conduct, or cause to  
65 be conducted, reviews, investigations, analyses, or  
66 audits to determine possible fraud, abuse,  
67 overpayment, or recipient neglect in the Medicaid  
68 program; amending s. 409.913, F.S.; authorizing the  
69 agency to recover specified costs associated with an  
70 investigation or prosecution of provider fraud under  
71 the Medicaid program; amending s. 429.07, F.S.;  
72 authorizing the agency to waive one of the annual  
73 monitoring visits for specified assisted living  
74 facilities under certain circumstances; amending s.  
75 429.11, F.S.; removing an authorization for the

76 issuance of a provisional license to certain  
 77 facilities; amending s. 429.19, F.S.; removing  
 78 requirements that the agency develop and disseminate a  
 79 specified list and the Department of Children and  
 80 Families disseminate such list to certain providers;  
 81 amending ss. 429.35, 429.905, and 429.929, F.S.;  
 82 revising provisions requiring a biennial inspection  
 83 cycle for specified facilities and centers,  
 84 respectively; repealing part I of chapter 483, F.S.,  
 85 relating to The Florida Multiphasic Health Testing  
 86 Center Law; amending ss. 390.025 and 480.0475, F.S.;  
 87 conforming cross-references; providing an effective  
 88 date.

89

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

91

92 Section 1. Subsections (2) and (4) of section 383.327,  
 93 Florida Statutes, are amended to read:

94 383.327 Birth and death records; reports.—

95 (2) Each maternal death, newborn death, and stillbirth  
 96 shall be reported immediately to the medical examiner and the  
 97 agency.

98 (4) A report shall be submitted ~~annually~~ to the agency.  
 99 The contents of the report and the frequency at which it is  
 100 submitted shall be prescribed by rule of the agency.

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101 Section 2. Subsection (4) of section 395.003, Florida  
102 Statutes, is amended to read:

103 395.003 Licensure; denial, suspension, and revocation.—

104 (4) The agency shall issue a license that ~~which~~ specifies  
105 the service categories and the number of hospital beds in each  
106 bed category for which a license is received. Such information  
107 shall be listed on the face of the license. ~~All beds which are~~  
108 ~~not covered by any specialty bed-need methodology shall be~~  
109 ~~specified as general beds.~~ A licensed facility shall not operate  
110 a number of hospital beds greater than the number indicated by  
111 the agency on the face of the license without approval from the  
112 agency under conditions established by rule.

113 Section 3. Section 395.7015, Florida Statutes, is  
114 repealed.

115 Section 4. Section 395.7016, Florida Statutes, is amended  
116 to read:

117 395.7016 Annual appropriation.—The Legislature shall  
118 appropriate each fiscal year from either the General Revenue  
119 Fund or the Agency for Health Care Administration Tobacco  
120 Settlement Trust Fund an amount sufficient to replace the funds  
121 lost due to ~~reduction by chapter 2000-256, Laws of Florida, of~~  
122 ~~the assessment on other health care entities under s. 395.7015,~~  
123 ~~and~~ the reduction by chapter 2000-256, Laws of Florida, in the  
124 assessment on hospitals under s. 395.7017, and to maintain  
125 federal approval of the reduced amount of funds deposited into

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126 the Public Medical Assistance Trust Fund under s. 395.701~~7~~ as  
127 state match for the state's Medicaid program.

128 Section 5. Subsection (3) of section 400.19, Florida  
129 Statutes, is amended to read:

130 400.19 Right of entry and inspection.—

131 (3) The agency shall conduct periodic, ~~every 15 months~~  
132 ~~conduct at least one~~ unannounced licensure inspections  
133 ~~inspection~~ to determine compliance by the licensee with  
134 statutes, and with rules adopted ~~promulgated~~ under ~~the~~  
135 ~~provisions of~~ those statutes, governing minimum standards of  
136 construction, quality and adequacy of care, and rights of  
137 residents. ~~The survey shall be conducted every 6 months for the~~  
138 ~~next 2-year period~~ If the facility has been cited for a class I  
139 deficiency ~~or,~~ has been cited for two or more class II  
140 deficiencies ~~arising from separate surveys or investigations~~  
141 within a 60-day period, the agency shall conduct an additional  
142 licensure survey ~~or has had three or more substantiated~~  
143 ~~complaints within a 6-month period, each resulting in at least~~  
144 ~~one class I or class II deficiency.~~ In addition to any other  
145 fees or fines in this part, including the biennial licensing  
146 fee, the agency shall assess a fine of \$6,000 for each facility  
147 that is subject to the additional licensure survey ~~6-month~~  
148 ~~survey cycle.~~ ~~The fine for the 2-year period shall be \$6,000,~~  
149 ~~one-half to be paid at the completion of each survey.~~ The agency  
150 may adjust such ~~this~~ fine by the change in the Consumer Price

151 Index, based on the 12 months immediately preceding the  
152 increase, to cover the cost of the additional surveys. The  
153 agency shall verify through subsequent inspection that any  
154 deficiency identified during inspection is corrected. However,  
155 the agency may verify the correction of a class III or class IV  
156 deficiency unrelated to resident rights or resident care without  
157 reinspecting the facility if adequate written documentation has  
158 been received from the facility, which provides assurance that  
159 the deficiency has been corrected. The giving or causing to be  
160 given of advance notice of such unannounced inspections by an  
161 employee of the agency to any unauthorized person shall  
162 constitute cause for suspension of not fewer than 5 working days  
163 according to ~~the provisions of~~ chapter 110.

164 Section 6. Subsections (12) and (22) of section 400.462,  
165 Florida Statutes, are amended, and paragraph (f) is added to  
166 subsection (14) of that section, to read:

167 400.462 Definitions.—As used in this part, the term:

168 (12) "Home health agency" means an organization that  
169 provides home health services and that may also provide staffing  
170 services.

171 (14) "Home health services" means health and medical  
172 services and medical supplies furnished by an organization to an  
173 individual in the individual's home or place of residence. The  
174 term includes organizations that provide one or more of the  
175 following:

176           (f) Medical social services.

177           (22) "Organization" means a corporation, government or  
 178 governmental subdivision or agency, partnership or association,  
 179 or any other legal or commercial entity, any of which involve  
 180 more than one type of health care professional licensure, field,  
 181 or occupation ~~discipline~~; a health care professional and a home  
 182 health aide or certified nursing assistant; more than one home  
 183 health aide; more than one certified nursing assistant; or a  
 184 home health aide and a certified nursing assistant. The term  
 185 does not include an entity that provides services using only  
 186 volunteers or only individuals related by blood or marriage to  
 187 the patient or client.

188           Section 7. Subsection (3) of section 400.605, Florida  
 189 Statutes, is amended to read:

190           400.605 Administration; forms; fees; rules; inspections;  
 191 fines.—

192           (3) In accordance with s. 408.811, the agency shall  
 193 conduct ~~annual inspections of all licensees, except that~~  
 194 ~~licensure inspections may be conducted biennially for hospices~~  
 195 ~~having a 3-year record of substantial compliance. The agency~~  
 196 ~~shall conduct~~ such inspections and investigations as are  
 197 necessary in order to determine the state of compliance with ~~the~~  
 198 ~~provisions of~~ this part, part II of chapter 408, and applicable  
 199 rules.

200           Section 8. Subsection (2) of section 400.60501, Florida



201 Statutes, is amended to read:

202 400.60501 Outcome measures; adoption of federal quality  
 203 measures; public reporting; ~~annual report.~~-

204 (2) The agency shall:

205 ~~(a)~~ make available to the public the national hospice  
 206 outcome measures and survey data in a format that is  
 207 comprehensible by a layperson and that allows a consumer to  
 208 compare such measures of one or more hospices.

209 ~~(b) Develop an annual report that analyzes and evaluates~~  
 210 ~~the information collected under this act and any other data~~  
 211 ~~collection or reporting provisions of law.~~

212 Section 9. Subsections (3) through (7) of section  
 213 400.9905, Florida Statutes, are amended to read:

214 400.9905 Definitions.-

215 ~~(3) "Chief financial officer" means an individual who has~~  
 216 ~~at least a minimum of a bachelor's degree from an accredited~~  
 217 ~~university in accounting or finance, or a related field, and who~~  
 218 ~~is the person responsible for the preparation of a clinic's~~  
 219 ~~billing.~~

220 (3)(4) "Clinic" means an entity where health care services  
 221 are provided to individuals and which tenders charges for  
 222 reimbursement for such services, including a mobile clinic and a  
 223 portable equipment or service provider. As used in this part,  
 224 the term does not include and the licensure requirements of this  
 225 part do not apply to:

226 (a) Entities licensed or registered by the state under  
227 chapter 395; entities licensed or registered by the state and  
228 providing only health care services within the scope of services  
229 authorized under their respective licenses under ss. 383.30-  
230 383.332, chapter 390, chapter 394, chapter 397, this chapter  
231 except part X, chapter 429, chapter 463, chapter 465, chapter  
232 466, chapter 478, chapter 484, or chapter 651; end-stage renal  
233 disease providers authorized under 42 C.F.R. part 405, subpart  
234 U; providers certified and providing only health care services  
235 within the scope of services authorized under their respective  
236 certifications under 42 C.F.R. part 485, subpart B, ~~or~~ subpart  
237 H, or subpart J; providers certified and providing only health  
238 care services within the scope of services authorized under  
239 their respective certifications under 42 C.F.R. part 486,  
240 subpart C; providers certified and providing only health care  
241 services within the scope of services authorized under their  
242 respective certifications under 42 C.F.R. part 491, subpart A;  
243 providers certified by the Centers for Medicare and Medicaid  
244 services under the federal Clinical Laboratory Improvement  
245 Amendments and the federal rules adopted thereunder; or any  
246 entity that provides neonatal or pediatric hospital-based health  
247 care services or other health care services by licensed  
248 practitioners solely within a hospital licensed under chapter  
249 395.

250 (b) Entities that own, directly or indirectly, entities

251 licensed or registered by the state pursuant to chapter 395;  
252 entities that own, directly or indirectly, entities licensed or  
253 registered by the state and providing only health care services  
254 within the scope of services authorized pursuant to their  
255 respective licenses under ss. 383.30-383.332, chapter 390,  
256 chapter 394, chapter 397, this chapter except part X, chapter  
257 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter  
258 484, or chapter 651; end-stage renal disease providers  
259 authorized under 42 C.F.R. part 405, subpart U; providers  
260 certified and providing only health care services within the  
261 scope of services authorized under their respective  
262 certifications under 42 C.F.R. part 485, subpart B, ~~or~~ subpart  
263 H, or subpart J; providers certified and providing only health  
264 care services within the scope of services authorized under  
265 their respective certifications under 42 C.F.R. part 486,  
266 subpart C; providers certified and providing only health care  
267 services within the scope of services authorized under their  
268 respective certifications under 42 C.F.R. part 491, subpart A;  
269 providers certified by the Centers for Medicare and Medicaid  
270 services under the federal Clinical Laboratory Improvement  
271 Amendments and the federal rules adopted thereunder; or any  
272 entity that provides neonatal or pediatric hospital-based health  
273 care services by licensed practitioners solely within a hospital  
274 licensed under chapter 395.

275 (c) Entities that are owned, directly or indirectly, by an

276 entity licensed or registered by the state pursuant to chapter  
277 395; entities that are owned, directly or indirectly, by an  
278 entity licensed or registered by the state and providing only  
279 health care services within the scope of services authorized  
280 pursuant to their respective licenses under ss. 383.30-383.332,  
281 chapter 390, chapter 394, chapter 397, this chapter except part  
282 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
283 478, chapter 484, or chapter 651; end-stage renal disease  
284 providers authorized under 42 C.F.R. part 405, subpart U;  
285 providers certified and providing only health care services  
286 within the scope of services authorized under their respective  
287 certifications under 42 C.F.R. part 485, subpart B, ~~or~~ subpart  
288 H, or subpart J; providers certified and providing only health  
289 care services within the scope of services authorized under  
290 their respective certifications under 42 C.F.R. part 486,  
291 subpart C; providers certified and providing only health care  
292 services within the scope of services authorized under their  
293 respective certifications under 42 C.F.R. part 491, subpart A;  
294 providers certified by the Centers for Medicare and Medicaid  
295 services under the federal Clinical Laboratory Improvement  
296 Amendments and the federal rules adopted thereunder; or any  
297 entity that provides neonatal or pediatric hospital-based health  
298 care services by licensed practitioners solely within a hospital  
299 under chapter 395.

300 (d) Entities that are under common ownership, directly or

301 indirectly, with an entity licensed or registered by the state  
302 pursuant to chapter 395; entities that are under common  
303 ownership, directly or indirectly, with an entity licensed or  
304 registered by the state and providing only health care services  
305 within the scope of services authorized pursuant to their  
306 respective licenses under ss. 383.30-383.332, chapter 390,  
307 chapter 394, chapter 397, this chapter except part X, chapter  
308 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter  
309 484, or chapter 651; end-stage renal disease providers  
310 authorized under 42 C.F.R. part 405, subpart U; providers  
311 certified and providing only health care services within the  
312 scope of services authorized under their respective  
313 certifications under 42 C.F.R. part 485, subpart B, ~~or~~ subpart  
314 H, or subpart J; providers certified and providing only health  
315 care services within the scope of services authorized under  
316 their respective certifications under 42 C.F.R. part 486,  
317 subpart C; providers certified and providing only health care  
318 services within the scope of services authorized under their  
319 respective certifications under 42 C.F.R. part 491, subpart A;  
320 providers certified by the Centers for Medicare and Medicaid  
321 services under the federal Clinical Laboratory Improvement  
322 Amendments and the federal rules adopted thereunder; or any  
323 entity that provides neonatal or pediatric hospital-based health  
324 care services by licensed practitioners solely within a hospital  
325 licensed under chapter 395.

326 (e) An entity that is exempt from federal taxation under  
327 26 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan  
328 under 26 U.S.C. s. 409 that has a board of trustees at least  
329 two-thirds of which are Florida-licensed health care  
330 practitioners and provides only physical therapy services under  
331 physician orders, any community college or university clinic,  
332 and any entity owned or operated by the federal or state  
333 government, including agencies, subdivisions, or municipalities  
334 thereof.

335 (f) A sole proprietorship, group practice, partnership, or  
336 corporation that provides health care services by physicians  
337 covered by s. 627.419, that is directly supervised by one or  
338 more of such physicians, and that is wholly owned by one or more  
339 of those physicians or by a physician and the spouse, parent,  
340 child, or sibling of that physician.

341 (g) A sole proprietorship, group practice, partnership, or  
342 corporation that provides health care services by licensed  
343 health care practitioners under chapter 457, chapter 458,  
344 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,  
345 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,  
346 chapter 490, chapter 491, or part I, part III, part X, part  
347 XIII, or part XIV of chapter 468, or s. 464.012, and that is  
348 wholly owned by one or more licensed health care practitioners,  
349 or the licensed health care practitioners set forth in this  
350 paragraph and the spouse, parent, child, or sibling of a

351 licensed health care practitioner if one of the owners who is a  
352 licensed health care practitioner is supervising the business  
353 activities and is legally responsible for the entity's  
354 compliance with all federal and state laws. However, a health  
355 care practitioner may not supervise services beyond the scope of  
356 the practitioner's license, except that, for the purposes of  
357 this part, a clinic owned by a licensee in s. 456.053(3)(b)  
358 which provides only services authorized pursuant to s.  
359 456.053(3)(b) may be supervised by a licensee specified in s.  
360 456.053(3)(b).

361 (h) Clinical facilities affiliated with an accredited  
362 medical school at which training is provided for medical  
363 students, residents, or fellows.

364 (i) Entities that provide only oncology or radiation  
365 therapy services by physicians licensed under chapter 458 or  
366 chapter 459 or entities that provide oncology or radiation  
367 therapy services by physicians licensed under chapter 458 or  
368 chapter 459 which are owned by a corporation whose shares are  
369 publicly traded on a recognized stock exchange.

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

373 (k) Entities that provide licensed practitioners to staff  
374 emergency departments or to deliver anesthesia services in  
375 facilities licensed under chapter 395 and that derive at least

376 90 percent of their gross annual revenues from the provision of  
377 such services. Entities claiming an exemption from licensure  
378 under this paragraph must provide documentation demonstrating  
379 compliance.

380 (l) Orthotic, prosthetic, pediatric cardiology, or  
381 perinatology clinical facilities or anesthesia clinical  
382 facilities that are not otherwise exempt under paragraph (a) or  
383 paragraph (k) and that are a publicly traded corporation or are  
384 wholly owned, directly or indirectly, by a publicly traded  
385 corporation. As used in this paragraph, a publicly traded  
386 corporation is a corporation that issues securities traded on an  
387 exchange registered with the United States Securities and  
388 Exchange Commission as a national securities exchange.

389 (m) Entities that are owned by a corporation that has \$250  
390 million or more in total annual sales of health care services  
391 provided by licensed health care practitioners where one or more  
392 of the persons responsible for the operations of the entity is a  
393 health care practitioner who is licensed in this state and who  
394 is responsible for supervising the business activities of the  
395 entity and is responsible for the entity's compliance with state  
396 law for purposes of this part.

397 (n) Entities that employ 50 or more licensed health care  
398 practitioners licensed under chapter 458 or chapter 459 where  
399 the billing for medical services is under a single tax  
400 identification number. The application for exemption under this



401 subsection shall contain information that includes: the name,  
402 residence, and business address and phone number of the entity  
403 that owns the practice; a complete list of the names and contact  
404 information of all the officers and directors of the  
405 corporation; the name, residence address, business address, and  
406 medical license number of each licensed Florida health care  
407 practitioner employed by the entity; the corporate tax  
408 identification number of the entity seeking an exemption; a  
409 listing of health care services to be provided by the entity at  
410 the health care clinics owned or operated by the entity and a  
411 certified statement prepared by an independent certified public  
412 accountant which states that the entity and the health care  
413 clinics owned or operated by the entity have not received  
414 payment for health care services under personal injury  
415 protection insurance coverage for the preceding year. If the  
416 agency determines that an entity which is exempt under this  
417 subsection has received payments for medical services under  
418 personal injury protection insurance coverage, the agency may  
419 deny or revoke the exemption from licensure under this  
420 subsection.

421 (o) Providers designated as a limited categorical risk  
422 pursuant to 42 C.F.R. s. 455.450.

423  
424 Notwithstanding this subsection, an entity shall be deemed a  
425 clinic and must be licensed under this part in order to receive

426 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.  
427 627.730-627.7405, unless exempted under s. 627.736(5)(h).  
428 ~~(4)-(5)~~ "Medical director" means a physician who is  
429 employed or under contract with a clinic and who maintains a  
430 full and unencumbered physician license in accordance with  
431 chapter 458, chapter 459, chapter 460, or chapter 461. However,  
432 if the clinic does not provide services pursuant to the  
433 respective physician practices acts listed in this subsection,  
434 it may appoint a Florida-licensed health care practitioner who  
435 does not provide services pursuant to the respective physician  
436 practices acts listed in this subsection to serve as a clinic  
437 director who is responsible for the clinic's activities. If the  
438 clinic exclusively provides behavior analysis services, it may  
439 appoint a health care practitioner who maintains an active and  
440 unencumbered certification as a Board Certified Behavior Analyst  
441 or Board Certified Behavior Analyst - Doctoral in accordance  
442 with the certification requirements established by the Behavior  
443 Analyst Certification Board, Inc., to serve as the clinic  
444 director. A health care practitioner may not serve as the clinic  
445 director if the services provided at the clinic are beyond the  
446 scope of that practitioner's license, except that a licensee  
447 specified in s. 456.053(3)(b) who provides only services  
448 authorized pursuant to s. 456.053(3)(b) may serve as clinic  
449 director of an entity providing services as specified in s.  
450 456.053(3)(b).

451        ~~(5)-(6)~~ "Mobile clinic" means a movable or detached self-  
452 contained health care unit within or from which direct health  
453 care services are provided to individuals and which otherwise  
454 meets the definition of a clinic in subsection ~~(3)-(4)~~.

455        ~~(6)-(7)~~ "Portable equipment or service provider" means an  
456 entity that contracts with or employs persons to provide  
457 portable equipment or services to multiple locations performing  
458 treatment or diagnostic testing of individuals, that bills  
459 third-party payors for those services, and that otherwise meets  
460 the definition of a clinic in subsection ~~(3)-(4)~~.

461        Section 10. Paragraph (b) of subsection (1) and paragraph  
462 (c) of subsection (3) of section 400.991, Florida Statutes, are  
463 amended to read:

464        400.991 License requirements; background screenings;  
465 prohibitions.—

466        (1)

467        (b) Each mobile clinic must obtain a separate health care  
468 clinic license and must provide to the agency, at least  
469 quarterly, its projected street location to enable the agency to  
470 locate and inspect such clinic. A portable equipment or service  
471 provider must obtain a health care clinic license for a single  
472 administrative office and is not required to submit quarterly  
473 projected street locations.

474        (3) In addition to the requirements of part II of chapter  
475 408, the applicant must file with the application satisfactory

476 proof that the clinic is in compliance with this part and  
477 applicable rules, including:

478 (c) Proof of financial ability to operate as required  
479 under ss. 408.8065(1) and s. 408.810(8). ~~As an alternative to~~  
480 ~~submitting proof of financial ability to operate as required~~  
481 ~~under s. 408.810(8), the applicant may file a surety bond of at~~  
482 ~~least \$500,000 which guarantees that the clinic will act in full~~  
483 ~~conformity with all legal requirements for operating a clinic,~~  
484 ~~payable to the agency. The agency may adopt rules to specify~~  
485 ~~related requirements for such surety bond.~~

486 Section 11. Paragraphs (g) and (i) of subsection (1) of  
487 section 400.9935, Florida Statutes, are amended to read:

488 400.9935 Clinic responsibilities.—

489 (1) Each clinic shall appoint a medical director or clinic  
490 director who shall agree in writing to accept legal  
491 responsibility for the following activities on behalf of the  
492 clinic. The medical director or the clinic director shall:

493 (g) Conduct systematic reviews of clinic billings to  
494 ensure that the billings are not fraudulent or unlawful. Upon  
495 discovery of an unlawful charge, the medical director or clinic  
496 director shall take immediate corrective action. ~~If the clinic~~  
497 ~~performs only the technical component of magnetic resonance~~  
498 ~~imaging, static radiographs, computed tomography, or positron~~  
499 ~~emission tomography, and provides the professional~~  
500 ~~interpretation of such services, in a fixed facility that is~~

501 ~~accredited by a national accrediting organization that is~~  
502 ~~approved by the Centers for Medicare and Medicaid Services for~~  
503 ~~magnetic resonance imaging and advanced diagnostic imaging~~  
504 ~~services and if, in the preceding quarter, the percentage of~~  
505 ~~scans performed by that clinic which was billed to all personal~~  
506 ~~injury protection insurance carriers was less than 15 percent,~~  
507 ~~the chief financial officer of the clinic may, in a written~~  
508 ~~acknowledgment provided to the agency, assume the responsibility~~  
509 ~~for the conduct of the systematic reviews of clinic billings to~~  
510 ~~ensure that the billings are not fraudulent or unlawful.~~

511 (i) Ensure that the clinic publishes a schedule of charges  
512 for the medical services offered to patients. The schedule must  
513 include the prices charged to an uninsured person paying for  
514 such services by cash, check, credit card, or debit card. The  
515 schedule may group services by price levels, listing services in  
516 each price level. The schedule must be posted in a conspicuous  
517 place in the reception area of any clinic that is considered an  
518 the urgent care center as defined in s. 395.002(29)(b) and must  
519 include, but is not limited to, the 50 services most frequently  
520 provided by the clinic. ~~The schedule may group services by three~~  
521 ~~price levels, listing services in each price level.~~ The posting  
522 may be a sign that must be at least 15 square feet in size or  
523 through an electronic messaging board that is at least 3 square  
524 feet in size. The failure of a clinic, including a clinic that  
525 is considered an urgent care center, to publish and post a

526 | schedule of charges as required by this section shall result in  
527 | a fine of not more than \$1,000, per day, until the schedule is  
528 | published and posted.

529 |       Section 12. Paragraph (a) of subsection (2) of section  
530 | 408.033, Florida Statutes, is amended to read:

531 |       408.033 Local and state health planning.—

532 |       (2) FUNDING.—

533 |       (a) The Legislature intends that the cost of local health  
534 | councils be borne by assessments on selected health care  
535 | facilities subject to facility licensure by the Agency for  
536 | Health Care Administration, including abortion clinics, assisted  
537 | living facilities, ambulatory surgical centers, birth centers,  
538 | home health agencies, hospices, hospitals, intermediate care  
539 | facilities for the developmentally disabled, nursing homes, and  
540 | health care clinics, ~~and multiphasic testing centers~~ and by  
541 | assessments on organizations subject to certification by the  
542 | agency pursuant to chapter 641, part III, including health  
543 | maintenance organizations and prepaid health clinics. Fees  
544 | assessed may be collected prospectively at the time of licensure  
545 | renewal and prorated for the licensure period.

546 |       Section 13. Paragraph (a) of subsection (1) of section  
547 | 408.061, Florida Statutes, is amended to read:

548 |       408.061 Data collection; uniform systems of financial  
549 | reporting; information relating to physician charges;  
550 | confidential information; immunity.—

551 (1) The agency shall require the submission by health care  
552 facilities, health care providers, and health insurers of data  
553 necessary to carry out the agency's duties and to facilitate  
554 transparency in health care pricing data and quality measures.  
555 Specifications for data to be collected under this section shall  
556 be developed by the agency and applicable contract vendors, with  
557 the assistance of technical advisory panels including  
558 representatives of affected entities, consumers, purchasers, and  
559 such other interested parties as may be determined by the  
560 agency.

561 (a) Data submitted by health care facilities, including  
562 the facilities as defined in chapter 395, shall include, but are  
563 not limited to, + case-mix data, patient admission and discharge  
564 data, hospital emergency department data which shall include the  
565 number of patients treated in the emergency department of a  
566 licensed hospital reported by patient acuity level, data on  
567 hospital-acquired infections as specified by rule, data on  
568 complications as specified by rule, data on readmissions as  
569 specified by rule, including patient- ~~with patient~~ and provider-  
570 specific identifiers ~~included~~, actual charge data by diagnostic  
571 groups or other bundled groupings as specified by rule,  
572 financial data, accounting data, operating expenses, expenses  
573 incurred for rendering services to patients who cannot or do not  
574 pay, interest charges, depreciation expenses based on the  
575 expected useful life of the property and equipment involved, and

576 demographic data. The agency shall adopt nationally recognized  
577 risk adjustment methodologies or software consistent with the  
578 standards of the Agency for Healthcare Research and Quality and  
579 as selected by the agency for all data submitted as required by  
580 this section. Data may be obtained from documents including such  
581 ~~as~~, but not limited to, leases, contracts, debt instruments,  
582 itemized patient statements or bills, medical record abstracts,  
583 and related diagnostic information. ~~Reported~~ Data elements shall  
584 be reported electronically in accordance with the inpatient data  
585 reporting instructions as prescribed by agency rule 59E-7.012,  
586 ~~Florida Administrative Code.~~ Data submitted shall be certified  
587 by the chief executive officer or an appropriate and duly  
588 authorized representative or employee of the licensed facility  
589 that the information submitted is true and accurate.

590 Section 14. Subsection (4) of section 408.0611, Florida  
591 Statutes, is amended to read:

592 408.0611 Electronic prescribing clearinghouse.—

593 ~~(4) Pursuant to s. 408.061, the agency shall monitor the~~  
594 ~~implementation of electronic prescribing by health care~~  
595 ~~practitioners, health care facilities, and pharmacies. By~~  
596 ~~January 31 of each year, the agency shall report on the progress~~  
597 ~~of implementation of electronic prescribing to the Governor and~~  
598 ~~the Legislature. Information reported pursuant to this~~  
599 ~~subsection shall include federal and private sector electronic~~  
600 ~~prescribing initiatives and, to the extent that data is readily~~



601 ~~available from organizations that operate electronic prescribing~~  
602 ~~networks, the number of health care practitioners using~~  
603 ~~electronic prescribing and the number of prescriptions~~  
604 ~~electronically transmitted.~~

605 Section 15. Paragraphs (i) and (j) of subsection (1) of  
606 section 408.062, Florida Statutes, are amended to read:

607 408.062 Research, analyses, studies, and reports.—

608 (1) The agency shall conduct research, analyses, and  
609 studies relating to health care costs and access to and quality  
610 of health care services as access and quality are affected by  
611 changes in health care costs. Such research, analyses, and  
612 studies shall include, but not be limited to:

613 ~~(i) The use of emergency department services by patient~~  
614 ~~acuity level and the implication of increasing hospital cost by~~  
615 ~~providing nonurgent care in emergency departments. The agency~~  
616 ~~shall submit an annual report based on this monitoring and~~  
617 ~~assessment to the Governor, the Speaker of the House of~~  
618 ~~Representatives, the President of the Senate, and the~~  
619 ~~substantive legislative committees, due January 1.~~

620 (i)(j) The making available on its Internet website, and  
621 in a hard-copy format upon request, of patient charge, volumes,  
622 length of stay, and performance indicators collected from health  
623 care facilities pursuant to s. 408.061(1)(a) for specific  
624 medical conditions, surgeries, and procedures provided in  
625 inpatient and outpatient facilities as determined by the agency.

626 In making the determination of specific medical conditions,  
627 surgeries, and procedures to include, the agency shall consider  
628 such factors as volume, severity of the illness, urgency of  
629 admission, individual and societal costs, and whether the  
630 condition is acute or chronic. Performance outcome indicators  
631 shall be risk adjusted or severity adjusted, as applicable,  
632 using nationally recognized risk adjustment methodologies or  
633 software consistent with the standards of the Agency for  
634 Healthcare Research and Quality and as selected by the agency.  
635 The website shall also provide an interactive search that allows  
636 consumers to view and compare the information for specific  
637 facilities, a map that allows consumers to select a county or  
638 region, definitions of all of the data, descriptions of each  
639 procedure, and an explanation about why the data may differ from  
640 facility to facility. Such public data shall be updated  
641 quarterly. ~~The agency shall submit an annual status report on~~  
642 ~~the collection of data and publication of health care quality~~  
643 ~~measures to the Governor, the Speaker of the House of~~  
644 ~~Representatives, the President of the Senate, and the~~  
645 ~~substantive legislative committees, due January 1.~~

646 Section 16. Subsection (5) of section 408.063, Florida  
647 Statutes, is amended to read:

648 408.063 Dissemination of health care information.—

649 ~~(5) The agency shall publish annually a comprehensive~~  
650 ~~report of state health expenditures. The report shall identify:~~

651 ~~(a) The contribution of health care dollars made by all~~  
652 ~~payors.~~

653 ~~(b) The dollars expended by type of health care service in~~  
654 ~~Florida.~~

655 Section 17. Section 408.802, Florida Statutes, is amended  
656 to read:

657 408.802 Applicability. ~~The provisions of~~ This part applies  
658 apply to the provision of services that require licensure as  
659 defined in this part and to the following entities licensed,  
660 registered, or certified by the agency, as described in chapters  
661 112, 383, 390, 394, 395, 400, 429, 440, ~~483,~~ and 765:

662 (1) Laboratories authorized to perform testing under the  
663 Drug-Free Workplace Act, as provided under ss. 112.0455 and  
664 440.102.

665 (2) Birth centers, as provided under chapter 383.

666 (3) Abortion clinics, as provided under chapter 390.

667 (4) Crisis stabilization units, as provided under parts I  
668 and IV of chapter 394.

669 (5) Short-term residential treatment facilities, as  
670 provided under parts I and IV of chapter 394.

671 (6) Residential treatment facilities, as provided under  
672 part IV of chapter 394.

673 (7) Residential treatment centers for children and  
674 adolescents, as provided under part IV of chapter 394.

675 (8) Hospitals, as provided under part I of chapter 395.

676 (9) Ambulatory surgical centers, as provided under part I  
 677 of chapter 395.

678 (10) Nursing homes, as provided under part II of chapter  
 679 400.

680 (11) Assisted living facilities, as provided under part I  
 681 of chapter 429.

682 (12) Home health agencies, as provided under part III of  
 683 chapter 400.

684 (13) Nurse registries, as provided under part III of  
 685 chapter 400.

686 (14) Companion services or homemaker services providers,  
 687 as provided under part III of chapter 400.

688 (15) Adult day care centers, as provided under part III of  
 689 chapter 429.

690 (16) Hospices, as provided under part IV of chapter 400.

691 (17) Adult family-care homes, as provided under part II of  
 692 chapter 429.

693 (18) Homes for special services, as provided under part V  
 694 of chapter 400.

695 (19) Transitional living facilities, as provided under  
 696 part XI of chapter 400.

697 (20) Prescribed pediatric extended care centers, as  
 698 provided under part VI of chapter 400.

699 (21) Home medical equipment providers, as provided under  
 700 part VII of chapter 400.

701 (22) Intermediate care facilities for persons with  
 702 developmental disabilities, as provided under part VIII of  
 703 chapter 400.

704 (23) Health care services pools, as provided under part IX  
 705 of chapter 400.

706 (24) Health care clinics, as provided under part X of  
 707 chapter 400.

708 ~~(25) Multiphasic health testing centers, as provided under~~  
 709 ~~part I of chapter 483.~~

710 (25)~~(26)~~ Organ, tissue, and eye procurement organizations,  
 711 as provided under part V of chapter 765.

712 Section 18. Subsection (3) of section 408.803, Florida  
 713 Statutes, is amended to read:

714 408.803 Definitions.—As used in this part, the term:

715 (3) "Authorizing statute" means the statute authorizing  
 716 the licensed operation of a provider listed in s. 408.802 and  
 717 includes chapters 112, 383, 390, 394, 395, 400, 429, 440, ~~483,~~  
 718 and 765.

719 Section 19. Paragraph (b) of subsection (7) of section  
 720 408.806, Florida Statutes, is amended to read:

721 408.806 License application process.—

722 (7)

723 (b) An initial inspection is not required for companion  
 724 services or homemaker services providers~~7~~ as provided under part  
 725 III of chapter 400, ~~or~~ for health care services pools~~7~~ as

726 provided under part IX of chapter 400, or for low-risk,  
727 nonresidential providers as described in s. 408.811(1)(c).

728 Section 20. Subsection (2) of section 408.808, Florida  
729 Statutes, is amended to read:

730 408.808 License categories.—

731 (2) PROVISIONAL LICENSE.—An applicant against whom a  
732 proceeding denying or revoking a license is pending at the time  
733 of license renewal may be issued a provisional license effective  
734 until final action not subject to further appeal. A provisional  
735 license may also be issued to an applicant making initial  
736 application for licensure or making application ~~applying~~ for a  
737 change of ownership. A provisional license must be limited in  
738 duration to a specific period of time, up to 12 months, as  
739 determined by the agency.

740 Section 21. Subsection (1) of section 408.811, Florida  
741 Statutes, is amended to read:

742 408.811 Right of inspection; copies; inspection reports;  
743 plan for correction of deficiencies.—

744 (1) An authorized officer or employee of the agency may  
745 make or cause to be made any inspection or investigation deemed  
746 necessary by the agency to determine the state of compliance  
747 with this part, authorizing statutes, and applicable rules. The  
748 right of inspection extends to any business that the agency has  
749 reason to believe is being operated as a provider without a  
750 license, but inspection of any business suspected of being

751 operated without the appropriate license may not be made without  
752 the permission of the owner or person in charge unless a warrant  
753 is first obtained from a circuit court. Any application for a  
754 license issued under this part, authorizing statutes, or  
755 applicable rules constitutes permission for an appropriate  
756 inspection to verify the information submitted on or in  
757 connection with the application.

758 (a) All inspections shall be unannounced, except as  
759 specified in s. 408.806.

760 (b) Inspections for relicensure shall be conducted  
761 biennially unless otherwise specified by this section,  
762 authorizing statutes, or applicable rules.

763 (c) The agency may conduct verification of compliance  
764 inspections for a subset of low-risk, nonresidential providers,  
765 including nurse registries, home medical equipment providers,  
766 and health care clinics.

767 (d) The agency may grant an extended inspection period for  
768 specific providers based upon:

769 1. A favorable regulatory history of deficiencies,  
770 sanctions, complaints, and other regulatory measures.

771 2. Outcome measures that demonstrate quality performance.

772 3. Successful participation in a recognized, quality  
773 program.

774 4. Accreditation status.

775 5. Other measures reflective of quality and safety.

776  
 777 The agency's method for determining a provider's eligibility for  
 778 an extended inspection period is solely at the discretion of the  
 779 agency and subject to change at any time. The agency maintains  
 780 the authority to conduct an inspection of any provider at any  
 781 time to determine regulatory compliance.

782 Section 22. Subsection (24) of section 408.820, Florida  
 783 Statutes, is amended to read:

784 408.820 Exemptions.—Except as prescribed in authorizing  
 785 statutes, the following exemptions shall apply to specified  
 786 requirements of this part:

787 ~~(24) Multiphasic health testing centers, as provided under~~  
 788 ~~part I of chapter 483, are exempt from s. 408.810(5)–(10).~~

789 Section 23. Subsections (1) and (2) of section 408.821,  
 790 Florida Statutes, are amended to read:

791 408.821 Emergency management planning; emergency  
 792 operations; inactive license.—

793 (1) A licensee required by authorizing statutes and agency  
 794 rule to have a comprehensive an emergency management operations  
 795 plan must designate a safety liaison to serve as the primary  
 796 contact for emergency operations. Such licensee shall submit its  
 797 comprehensive emergency management plan to the local emergency  
 798 management agency, county health department, or Department of  
 799 Health as follows:

800 (a) Submit the plan within 90 days after initial licensure



801 and change of ownership, and notify the agency within 30 days  
802 after submission of the plan.

803 (b) Submit the plan annually and within 30 days after any  
804 significant modification, as defined by agency rule, to a  
805 previously approved plan.

806 (c) Respond with necessary plan revisions within 30 days  
807 after notification that plan revisions are required.

808 (d) Notify the agency within 30 days after approval of its  
809 plan by the local emergency management agency, county health  
810 department, or Department of Health.

811 (2) An entity subject to this part may temporarily exceed  
812 its licensed capacity to act as a receiving provider in  
813 accordance with an approved comprehensive emergency management  
814 ~~operations~~ plan for up to 15 days. While in an overcapacity  
815 status, each provider must furnish or arrange for appropriate  
816 care and services to all clients. In addition, the agency may  
817 approve requests for overcapacity in excess of 15 days, which  
818 approvals may be based upon satisfactory justification and need  
819 as provided by the receiving and sending providers.

820 Section 24. Subsection (3) of section 408.831, Florida  
821 Statutes, is amended to read:

822 408.831 Denial, suspension, or revocation of a license,  
823 registration, certificate, or application.-

824 (3) This section provides standards of enforcement  
825 applicable to all entities licensed or regulated by the Agency

826 for Health Care Administration. This section controls over any  
 827 conflicting provisions of chapters 39, 383, 390, 391, 394, 395,  
 828 400, 408, 429, 468, ~~483~~, and 765 or rules adopted pursuant to  
 829 those chapters.

830 Section 25. Subsection (9) of section 408.909, Florida  
 831 Statutes, is amended to read:

832 408.909 Health flex plans.—

833 ~~(9) PROGRAM EVALUATION. The agency and the office shall~~  
 834 ~~evaluate the pilot program and its effect on the entities that~~  
 835 ~~seek approval as health flex plans, on the number of enrollees,~~  
 836 ~~and on the scope of the health care coverage offered under a~~  
 837 ~~health flex plan; shall provide an assessment of the health flex~~  
 838 ~~plans and their potential applicability in other settings; shall~~  
 839 ~~use health flex plans to gather more information to evaluate~~  
 840 ~~low-income consumer driven benefit packages; and shall, by~~  
 841 ~~January 15, 2016, and annually thereafter, jointly submit a~~  
 842 ~~report to the Governor, the President of the Senate, and the~~  
 843 ~~Speaker of the House of Representatives.~~

844 Section 26. Paragraph (d) of subsection (10) of section  
 845 408.9091, Florida Statutes, is amended to read:

846 408.9091 Cover Florida Health Care Access Program.—

847 (10) PROGRAM EVALUATION.—The agency and the office shall:

848 ~~(d) Jointly submit by March 1, annually, a report to the~~  
 849 ~~Governor, the President of the Senate, and the Speaker of the~~  
 850 ~~House of Representatives which provides the information~~

851 ~~specified in paragraphs (a) - (c) and recommendations relating to~~  
852 ~~the successful implementation and administration of the program.~~

853 Section 27. Paragraph (a) of subsection (5) of section  
854 409.905, Florida Statutes, is amended to read:

855 409.905 Mandatory Medicaid services.—The agency may make  
856 payments for the following services, which are required of the  
857 state by Title XIX of the Social Security Act, furnished by  
858 Medicaid providers to recipients who are determined to be  
859 eligible on the dates on which the services were provided. Any  
860 service under this section shall be provided only when medically  
861 necessary and in accordance with state and federal law.

862 Mandatory services rendered by providers in mobile units to  
863 Medicaid recipients may be restricted by the agency. Nothing in  
864 this section shall be construed to prevent or limit the agency  
865 from adjusting fees, reimbursement rates, lengths of stay,  
866 number of visits, number of services, or any other adjustments  
867 necessary to comply with the availability of moneys and any  
868 limitations or directions provided for in the General  
869 Appropriations Act or chapter 216.

870 (5) HOSPITAL INPATIENT SERVICES.—The agency shall pay for  
871 all covered services provided for the medical care and treatment  
872 of a recipient who is admitted as an inpatient by a licensed  
873 physician or dentist to a hospital licensed under part I of  
874 chapter 395. However, the agency shall limit the payment for  
875 inpatient hospital services for a Medicaid recipient 21 years of

876 | age or older to 45 days or the number of days necessary to  
877 | comply with the General Appropriations Act.

878 |       (a) The agency may implement reimbursement and utilization  
879 | management reforms in order to comply with any limitations or  
880 | directions in the General Appropriations Act, which may include,  
881 | but are not limited to: prior authorization for inpatient  
882 | psychiatric days; prior authorization for nonemergency hospital  
883 | inpatient admissions for individuals 21 years of age and older;  
884 | authorization of emergency and urgent-care admissions within 24  
885 | hours after admission; enhanced utilization and concurrent  
886 | review programs for highly utilized services; reduction or  
887 | elimination of covered days of service; adjusting reimbursement  
888 | ceilings for variable costs; adjusting reimbursement ceilings  
889 | for fixed and property costs; and implementing target rates of  
890 | increase. The agency may limit prior authorization for hospital  
891 | inpatient services to selected diagnosis-related groups, based  
892 | on an analysis of the cost and potential for unnecessary  
893 | hospitalizations represented by certain diagnoses. Admissions  
894 | for normal delivery and newborns are exempt from requirements  
895 | for prior authorization. In implementing the provisions of this  
896 | section related to prior authorization, the agency shall ensure  
897 | that the process for authorization is accessible 24 hours per  
898 | day, 7 days per week and authorization is automatically granted  
899 | when not denied within 4 hours after the request. Authorization  
900 | procedures must include steps for review of denials. The agency

901 may conduct, or cause to be conducted by contract or otherwise,  
 902 reviews, investigations, analyses, or audits, or any combination  
 903 thereof, to determine possible fraud, abuse, overpayment, or  
 904 recipient neglect in the Medicaid program ~~Upon implementing the~~  
 905 ~~prior authorization program for hospital inpatient services, the~~  
 906 ~~agency shall discontinue its hospital retrospective review~~  
 907 ~~program.~~

908 Section 28. Paragraph (a) of subsection (23) of section  
 909 409.913, Florida Statutes, is amended to read:

910 409.913 Oversight of the integrity of the Medicaid  
 911 program.—The agency shall operate a program to oversee the  
 912 activities of Florida Medicaid recipients, and providers and  
 913 their representatives, to ensure that fraudulent and abusive  
 914 behavior and neglect of recipients occur to the minimum extent  
 915 possible, and to recover overpayments and impose sanctions as  
 916 appropriate. Each January 1, the agency and the Medicaid Fraud  
 917 Control Unit of the Department of Legal Affairs shall submit a  
 918 joint report to the Legislature documenting the effectiveness of  
 919 the state's efforts to control Medicaid fraud and abuse and to  
 920 recover Medicaid overpayments during the previous fiscal year.  
 921 The report must describe the number of cases opened and  
 922 investigated each year; the sources of the cases opened; the  
 923 disposition of the cases closed each year; the amount of  
 924 overpayments alleged in preliminary and final audit letters; the  
 925 number and amount of fines or penalties imposed; any reductions

926 | in overpayment amounts negotiated in settlement agreements or by  
927 | other means; the amount of final agency determinations of  
928 | overpayments; the amount deducted from federal claiming as a  
929 | result of overpayments; the amount of overpayments recovered  
930 | each year; the amount of cost of investigation recovered each  
931 | year; the average length of time to collect from the time the  
932 | case was opened until the overpayment is paid in full; the  
933 | amount determined as uncollectible and the portion of the  
934 | uncollectible amount subsequently reclaimed from the Federal  
935 | Government; the number of providers, by type, that are  
936 | terminated from participation in the Medicaid program as a  
937 | result of fraud and abuse; and all costs associated with  
938 | discovering and prosecuting cases of Medicaid overpayments and  
939 | making recoveries in such cases. The report must also document  
940 | actions taken to prevent overpayments and the number of  
941 | providers prevented from enrolling in or reenrolling in the  
942 | Medicaid program as a result of documented Medicaid fraud and  
943 | abuse and must include policy recommendations necessary to  
944 | prevent or recover overpayments and changes necessary to prevent  
945 | and detect Medicaid fraud. All policy recommendations in the  
946 | report must include a detailed fiscal analysis, including, but  
947 | not limited to, implementation costs, estimated savings to the  
948 | Medicaid program, and the return on investment. The agency must  
949 | submit the policy recommendations and fiscal analyses in the  
950 | report to the appropriate estimating conference, pursuant to s.

951 216.137, by February 15 of each year. The agency and the  
952 Medicaid Fraud Control Unit of the Department of Legal Affairs  
953 each must include detailed unit-specific performance standards,  
954 benchmarks, and metrics in the report, including projected cost  
955 savings to the state Medicaid program during the following  
956 fiscal year.

957 (23) (a) In an audit, ~~or~~ investigation, or prosecution of a  
958 violation committed by a provider which is conducted pursuant to  
959 this section, the agency or subcontractor is entitled to recover  
960 any and all investigative and, legal costs incurred as a result  
961 of such audit, investigation, or prosecution. The costs  
962 associated with an investigation, audit, or prosecution may  
963 include, but are not limited to, salaries and benefits of  
964 personnel, costs related to the time spent by an attorney and  
965 other personnel working on the case, and any other expenses  
966 incurred by the agency or subcontractor that are associated with  
967 the case, including any, and expert witness costs and attorney  
968 fees incurred on behalf of the agency or subcontractor if the  
969 agency's findings were not contested by the provider or, if  
970 contested, the agency ultimately prevailed.

971 Section 29. Paragraphs (b) and (c) of subsection (3) of  
972 section 429.07, Florida Statutes, are amended to read:

973 429.07 License required; fee.—

974 (3) In addition to the requirements of s. 408.806, each  
975 license granted by the agency must state the type of care for

976 | which the license is granted. Licenses shall be issued for one  
977 | or more of the following categories of care: standard, extended  
978 | congregate care, limited nursing services, or limited mental  
979 | health.

980 |       (b) An extended congregate care license shall be issued to  
981 | each facility that has been licensed as an assisted living  
982 | facility for 2 or more years and that provides services,  
983 | directly or through contract, beyond those authorized in  
984 | paragraph (a), including services performed by persons licensed  
985 | under part I of chapter 464 and supportive services, as defined  
986 | by rule, to persons who would otherwise be disqualified from  
987 | continued residence in a facility licensed under this part. An  
988 | extended congregate care license may be issued to a facility  
989 | that has a provisional extended congregate care license and  
990 | meets the requirements for licensure under subparagraph 2. The  
991 | primary purpose of extended congregate care services is to allow  
992 | residents the option of remaining in a familiar setting from  
993 | which they would otherwise be disqualified for continued  
994 | residency as they become more impaired. A facility licensed to  
995 | provide extended congregate care services may also admit an  
996 | individual who exceeds the admission criteria for a facility  
997 | with a standard license, if he or she is determined appropriate  
998 | for admission to the extended congregate care facility.

999 |       1. In order for extended congregate care services to be  
1000 | provided, the agency must first determine that all requirements



1001 established in law and rule are met and must specifically  
 1002 designate, on the facility's license, that such services may be  
 1003 provided and whether the designation applies to all or part of  
 1004 the facility. This designation may be made at the time of  
 1005 initial licensure or relicensure, or upon request in writing by  
 1006 a licensee under this part and part II of chapter 408. The  
 1007 notification of approval or the denial of the request shall be  
 1008 made in accordance with part II of chapter 408. Each existing  
 1009 facility that qualifies to provide extended congregate care  
 1010 services must have maintained a standard license and may not  
 1011 have been subject to administrative sanctions during the  
 1012 previous 2 years, or since initial licensure if the facility has  
 1013 been licensed for less than 2 years, for any of the following  
 1014 reasons:

- 1015 a. A class I or class II violation;
- 1016 b. Three or more repeat or recurring class III violations  
 1017 of identical or similar resident care standards from which a  
 1018 pattern of noncompliance is found by the agency;
- 1019 c. Three or more class III violations that were not  
 1020 corrected in accordance with the corrective action plan approved  
 1021 by the agency;
- 1022 d. Violation of resident care standards which results in  
 1023 requiring the facility to employ the services of a consultant  
 1024 pharmacist or consultant dietitian;
- 1025 e. Denial, suspension, or revocation of a license for

1026 another facility licensed under this part in which the applicant  
 1027 for an extended congregate care license has at least 25 percent  
 1028 ownership interest; or

1029 f. Imposition of a moratorium pursuant to this part or  
 1030 part II of chapter 408 or initiation of injunctive proceedings.

1031  
 1032 The agency may deny or revoke a facility's extended congregate  
 1033 care license for not meeting the criteria for an extended  
 1034 congregate care license as provided in this subparagraph.

1035 2. If an assisted living facility has been licensed for  
 1036 less than 2 years, the initial extended congregate care license  
 1037 must be provisional and may not exceed 6 months. The licensee  
 1038 shall notify the agency, in writing, when it has admitted at  
 1039 least one extended congregate care resident, after which an  
 1040 unannounced inspection shall be made to determine compliance  
 1041 with the requirements of an extended congregate care license. A  
 1042 licensee with a provisional extended congregate care license  
 1043 that demonstrates compliance with all the requirements of an  
 1044 extended congregate care license during the inspection shall be  
 1045 issued an extended congregate care license. In addition to  
 1046 sanctions authorized under this part, if violations are found  
 1047 during the inspection and the licensee fails to demonstrate  
 1048 compliance with all assisted living facility requirements during  
 1049 a followup inspection, the licensee shall immediately suspend  
 1050 extended congregate care services, and the provisional extended

1051 | congregate care license expires. The agency may extend the  
1052 | provisional license for not more than 1 month in order to  
1053 | complete a followup visit.

1054 |         3. A facility that is licensed to provide extended  
1055 | congregate care services shall maintain a written progress  
1056 | report on each person who receives services which describes the  
1057 | type, amount, duration, scope, and outcome of services that are  
1058 | rendered and the general status of the resident's health. A  
1059 | registered nurse, or appropriate designee, representing the  
1060 | agency shall visit the facility at least twice a year to monitor  
1061 | residents who are receiving extended congregate care services  
1062 | and to determine if the facility is in compliance with this  
1063 | part, part II of chapter 408, and relevant rules. One of the  
1064 | visits may be in conjunction with the regular survey. The  
1065 | monitoring visits may be provided through contractual  
1066 | arrangements with appropriate community agencies. A registered  
1067 | nurse shall serve as part of the team that inspects the  
1068 | facility. The agency may waive one of the required yearly  
1069 | monitoring visits for a facility that has:

1070 |         a. Held an extended congregate care license for at least  
1071 | 24 months;

1072 |         b. No class I or class II violations and no uncorrected  
1073 | class III violations; ~~and~~

1074 |         c. No ombudsman council complaints that resulted in a  
1075 | citation for licensure; and

- 1076 |        d. Been granted an extended inspection period under s.  
 1077 | 408.811.
- 1078 |        4. A facility that is licensed to provide extended  
 1079 | congregate care services must:
- 1080 |        a. Demonstrate the capability to meet unanticipated  
 1081 | resident service needs.
- 1082 |        b. Offer a physical environment that promotes a homelike  
 1083 | setting, provides for resident privacy, promotes resident  
 1084 | independence, and allows sufficient congregate space as defined  
 1085 | by rule.
- 1086 |        c. Have sufficient staff available, taking into account  
 1087 | the physical plant and firesafety features of the building, to  
 1088 | assist with the evacuation of residents in an emergency.
- 1089 |        d. Adopt and follow policies and procedures that maximize  
 1090 | resident independence, dignity, choice, and decisionmaking to  
 1091 | permit residents to age in place, so that moves due to changes  
 1092 | in functional status are minimized or avoided.
- 1093 |        e. Allow residents or, if applicable, a resident's  
 1094 | representative, designee, surrogate, guardian, or attorney in  
 1095 | fact to make a variety of personal choices, participate in  
 1096 | developing service plans, and share responsibility in  
 1097 | decisionmaking.
- 1098 |        f. Implement the concept of managed risk.
- 1099 |        g. Provide, directly or through contract, the services of  
 1100 | a person licensed under part I of chapter 464.

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1101 h. In addition to the training mandated in s. 429.52,  
1102 provide specialized training as defined by rule for facility  
1103 staff.

1104 5. A facility that is licensed to provide extended  
1105 congregate care services is exempt from the criteria for  
1106 continued residency set forth in rules adopted under s. 429.41.  
1107 A licensed facility must adopt its own requirements within  
1108 guidelines for continued residency set forth by rule. However,  
1109 the facility may not serve residents who require 24-hour nursing  
1110 supervision. A licensed facility that provides extended  
1111 congregate care services must also provide each resident with a  
1112 written copy of facility policies governing admission and  
1113 retention.

1114 6. Before the admission of an individual to a facility  
1115 licensed to provide extended congregate care services, the  
1116 individual must undergo a medical examination as provided in s.  
1117 429.26(4) and the facility must develop a preliminary service  
1118 plan for the individual.

1119 7. If a facility can no longer provide or arrange for  
1120 services in accordance with the resident's service plan and  
1121 needs and the facility's policy, the facility must make  
1122 arrangements for relocating the person in accordance with s.  
1123 429.28(1)(k).

1124 (c) A limited nursing services license shall be issued to  
1125 a facility that provides services beyond those authorized in

1126 paragraph (a) and as specified in this paragraph.

1127 1. In order for limited nursing services to be provided in  
1128 a facility licensed under this part, the agency must first  
1129 determine that all requirements established in law and rule are  
1130 met and must specifically designate, on the facility's license,  
1131 that such services may be provided. This designation may be made  
1132 at the time of initial licensure or licensure renewal, or upon  
1133 request in writing by a licensee under this part and part II of  
1134 chapter 408. Notification of approval or denial of such request  
1135 shall be made in accordance with part II of chapter 408. An  
1136 existing facility that qualifies to provide limited nursing  
1137 services must have maintained a standard license and may not  
1138 have been subject to administrative sanctions that affect the  
1139 health, safety, and welfare of residents for the previous 2  
1140 years or since initial licensure if the facility has been  
1141 licensed for less than 2 years.

1142 2. A facility that is licensed to provide limited nursing  
1143 services shall maintain a written progress report on each person  
1144 who receives such nursing services. The report must describe the  
1145 type, amount, duration, scope, and outcome of services that are  
1146 rendered and the general status of the resident's health. A  
1147 registered nurse representing the agency shall visit the  
1148 facility at least annually to monitor residents who are  
1149 receiving limited nursing services and to determine if the  
1150 facility is in compliance with applicable provisions of this

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1151 part, part II of chapter 408, and related rules. The monitoring  
1152 visits may be provided through contractual arrangements with  
1153 appropriate community agencies. A registered nurse shall also  
1154 serve as part of the team that inspects such facility. Visits  
1155 may be in conjunction with other agency inspections. The agency  
1156 may waive the required yearly monitoring visit for a facility  
1157 that has:

1158 a. Had a limited nursing services license for at least 24  
1159 months;

1160 b. No class I or class II violations and no uncorrected  
1161 class III violations; ~~and~~

1162 c. No ombudsman council complaints that resulted in a  
1163 citation for licensure; and

1164 d. Been granted an extended inspection period under s.  
1165 408.811.

1166 3. A person who receives limited nursing services under  
1167 this part must meet the admission criteria established by the  
1168 agency for assisted living facilities. When a resident no longer  
1169 meets the admission criteria for a facility licensed under this  
1170 part, arrangements for relocating the person shall be made in  
1171 accordance with s. 429.28(1)(k), unless the facility is licensed  
1172 to provide extended congregate care services.

1173 Section 30. Subsection (6) of section 429.11, Florida  
1174 Statutes, is amended to read:

1175 429.11 Initial application for license; provisional

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1176 license.-

1177 ~~(6) In addition to the license categories available in s.~~  
1178 ~~408.808, a provisional license may be issued to an applicant~~  
1179 ~~making initial application for licensure or making application~~  
1180 ~~for a change of ownership. A provisional license shall be~~  
1181 ~~limited in duration to a specific period of time not to exceed 6~~  
1182 ~~months, as determined by the agency.~~

1183 Section 31. Subsection (9) of section 429.19, Florida  
1184 Statutes, is amended to read:

1185 429.19 Violations; imposition of administrative fines;  
1186 grounds.-

1187 ~~(9) The agency shall develop and disseminate an annual~~  
1188 ~~list of all facilities sanctioned or fined for violations of~~  
1189 ~~state standards, the number and class of violations involved,~~  
1190 ~~the penalties imposed, and the current status of cases. The list~~  
1191 ~~shall be disseminated, at no charge, to the Department of~~  
1192 ~~Elderly Affairs, the Department of Health, the Department of~~  
1193 ~~Children and Families, the Agency for Persons with Disabilities,~~  
1194 ~~the area agencies on aging, the Florida Statewide Advocacy~~  
1195 ~~Council, the State Long-Term Care Ombudsman Program, and state~~  
1196 ~~and local ombudsman councils. The Department of Children and~~  
1197 ~~Families shall disseminate the list to service providers under~~  
1198 ~~contract to the department who are responsible for referring~~  
1199 ~~persons to a facility for residency. The agency may charge a fee~~  
1200 ~~commensurate with the cost of printing and postage to other~~



1201 ~~interested parties requesting a copy of this list. This~~  
 1202 ~~information may be provided electronically or through the~~  
 1203 ~~agency's Internet site.~~

1204 Section 32. Subsection (2) of section 429.35, Florida  
 1205 Statutes, is amended to read:

1206 429.35 Maintenance of records; reports.—

1207 (2) Within 60 days after the date of an ~~the biennial~~  
 1208 inspection conducted ~~visit required~~ under s. 408.811 or within  
 1209 30 days after the date of an ~~any~~ interim visit, the agency shall  
 1210 forward the results of the inspection to the local ombudsman  
 1211 council in the district where the facility is located; to at  
 1212 least one public library or, in the absence of a public library,  
 1213 the county seat in the county in which the inspected assisted  
 1214 living facility is located; and, when appropriate, to the  
 1215 district Adult Services and Mental Health Program Offices.

1216 Section 33. Subsection (2) of section 429.905, Florida  
 1217 Statutes, is amended to read:

1218 429.905 Exemptions; monitoring of adult day care center  
 1219 programs colocated with assisted living facilities or licensed  
 1220 nursing home facilities.—

1221 (2) A licensed assisted living facility, a licensed  
 1222 hospital, or a licensed nursing home facility may provide  
 1223 services during the day which include, but are not limited to,  
 1224 social, health, therapeutic, recreational, nutritional, and  
 1225 respite services, to adults who are not residents. Such a

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1226 facility need not be licensed as an adult day care center;  
1227 however, the agency must monitor the facility during the regular  
1228 inspection ~~and at least biennially~~ to ensure adequate space and  
1229 sufficient staff. If an assisted living facility, a hospital, or  
1230 a nursing home holds itself out to the public as an adult day  
1231 care center, it must be licensed as such and meet all standards  
1232 prescribed by statute and rule. For the purpose of this  
1233 subsection, the term "day" means any portion of a 24-hour day.

1234 Section 34. Subsection (2) of section 429.929, Florida  
1235 Statutes, is amended to read:

1236 429.929 Rules establishing standards.—

1237 ~~(2) Pursuant to this part, s. 408.811, and applicable~~  
1238 ~~rules, the agency may conduct an abbreviated biennial inspection~~  
1239 ~~of key quality-of-care standards, in lieu of a full inspection,~~  
1240 ~~of a center that has a record of good performance. However, the~~  
1241 ~~agency must conduct a full inspection of a center that has had~~  
1242 ~~one or more confirmed complaints within the licensure period~~  
1243 ~~immediately preceding the inspection or which has a serious~~  
1244 ~~problem identified during the abbreviated inspection. The agency~~  
1245 ~~shall develop the key quality-of-care standards, taking into~~  
1246 ~~consideration the comments and recommendations of provider~~  
1247 ~~groups. These standards shall be included in rules adopted by~~  
1248 ~~the agency.~~

1249 Section 35. Part I of chapter 483, Florida Statutes, is  
1250 repealed.

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1251 Section 36. Paragraph (b) of subsection (4) of section  
 1252 390.025, Florida Statutes, is amended to read:

1253 390.025 Abortion referral or counseling agencies;  
 1254 penalties.—

1255 (4) The following are exempt from the requirement to  
 1256 register pursuant to subsection (3):

1257 (b) Facilities that are exempt from licensure as a clinic  
 1258 under s. 400.9905(3) ~~s. 400.9905(4)~~ and that refer five or fewer  
 1259 patients for abortions per month; and

1260 Section 37. Paragraph (a) of subsection (1) of section  
 1261 480.0475, Florida Statutes, is amended to read:

1262 480.0475 Massage establishments; prohibited practices.—

1263 (1) A person may not operate a massage establishment  
 1264 between the hours of midnight and 5 a.m. This subsection does  
 1265 not apply to a massage establishment:

1266 (a) Located on the premises of a health care facility as  
 1267 defined in s. 408.07; a health care clinic as defined in s.  
 1268 400.9905(3) ~~s. 400.9905(4)~~; a hotel, motel, or bed and breakfast  
 1269 inn, as those terms are defined in s. 509.242; a timeshare  
 1270 property as defined in s. 721.05; a public airport as defined in  
 1271 s. 330.27; or a pari-mutuel facility as defined in s. 550.002;

1272 Section 38. This act shall take effect July 1, 2020.