

1 A bill to be entitled
2 An act relating to ambulatory surgical centers;
3 creating ch. 396, F.S., to be entitled "Ambulatory
4 Surgical Centers"; creating s. 396.201, F.S.;
5 providing legislative intent; creating s. 396.202,
6 F.S.; providing definitions; creating s. 396.203,
7 F.S.; providing requirements for licensure and the
8 denial, suspension, and revocation of a license;
9 creating s. 396.204, F.S.; providing for application
10 fees; creating s. 396.205, F.S.; providing
11 requirements for specified clinical and diagnostic
12 results as a condition for issuance or renewal of a
13 license; creating s. 396.206, F.S.; requiring the
14 Agency for Health Care Administration to make or cause
15 to be made specified inspections of licensed
16 facilities; requiring a licensee to pay certain fees
17 at the time of inspection; creating s. 396.207, F.S.;
18 requiring each licensed facility to maintain and
19 provide upon request records of all inspection reports
20 pertaining to that facility; prohibiting the
21 distribution of specified records; providing a fee for
22 a copy of a report; creating s. 396.208, F.S.;
23 requiring the agency to review facility plans and
24 survey the construction of a licensed facility;
25 requiring the agency to approve or disapprove the

26 plans and specifications within a specified timeframe;
27 providing an extension under certain circumstances;
28 requiring all licensed facilities to submit plans and
29 specifications to the agency for review; authorizing
30 the agency to charge and collect specified fees;
31 creating s. 396.209, F.S.; prohibiting rebates for
32 patients referred to a licensed facility; requiring
33 agency enforcement; providing administrative
34 penalties; creating s. 396.211, F.S.; providing
35 facility requirements for considering and acting upon
36 applications for staff membership and clinical
37 privileges at a licensed facility; requiring a
38 licensed facility to establish rules and procedures
39 for consideration of such applications; requiring a
40 licensed facility to make available specified
41 membership or privileges to physicians under certain
42 circumstances; providing construction; requiring the
43 governing board to set standards and procedures to be
44 applied in considering and acting upon applications;
45 requiring a licensed facility to provide an applicant
46 with reasons for denial within a specified timeframe;
47 providing immunity from monetary liability to certain
48 persons; providing that investigations, proceedings,
49 and records produced or acquired by a review team are
50 not subject to discovery or introduction into evidence

51 in certain proceedings under certain circumstances;
52 providing for the award of specified fees and costs;
53 creating s. 396.212, F.S.; requiring licensed
54 facilities to provide for peer review of certain
55 physicians and develop procedures to conduct such
56 reviews; providing requirements for the procedures;
57 providing grounds for peer review and reporting
58 requirements; providing immunity from monetary
59 liability to certain persons; providing construction;
60 providing that communications, information, and
61 records produced or acquired by a review team are not
62 subject to discovery or introduction into evidence in
63 certain proceedings under certain circumstances;
64 providing for the award of specified fees and costs;
65 creating s. 396.213, F.S.; requiring licensed
66 facilities to establish an internal risk management
67 program; providing requirements for such program;
68 requiring licensed facilities to hire a risk manager;
69 providing requirements for such manager; requiring
70 licensed facilities to annually report to the
71 Department of Health specified information; requiring
72 the department and the agency to include certain
73 statistical information in their respective annual
74 reports; providing for rulemaking; providing
75 applicability; requiring licensed facilities to

76 | annually report specified information to the agency;
77 | authorizing the agency to grant extensions to the
78 | reporting requirement under certain circumstances;
79 | requiring the agency to publish certain reports and
80 | summaries within certain timeframes on its website;
81 | providing certain investigative and reporting
82 | requirements for internal risk managers; requiring the
83 | investigation and reporting of an allegation of sexual
84 | misconduct or sexual abuse at licensed facilities;
85 | prohibiting false allegations; providing penalties;
86 | providing licensure inspection review of the internal
87 | risk management program; providing certain monetary or
88 | civil liability for licensed risk managers; requiring
89 | the agency to report certain investigative results to
90 | the regulatory board; prohibiting intimidation of a
91 | risk manager; providing a penalty; creating s.
92 | 396.214, F.S.; requiring licensed facilities to comply
93 | with specified requirements for the transportation of
94 | biomedical waste; creating s. 396.215, F.S.; requiring
95 | licensed facilities to adopt a patient safety plan,
96 | appoint a patient safety officer, and conduct a
97 | patient safety culture survey at least biennially;
98 | authorizing licensed facilities to develop an internal
99 | action plan; creating s. 396.216, F.S.; requiring
100 | licensed facilities to adopt protocols for the

101 treatment of victims of child abuse or neglect;
102 creating s. 396.217, F.S.; providing requirements for
103 notifying parents about adverse incidents; providing
104 construction; creating s. 396.218, F.S.; providing for
105 rulemaking and enforcement; authorizing the agency to
106 impose an immediate moratorium on elective admissions
107 to any licensed facility under certain circumstances;
108 creating s. 396.219, F.S.; providing criminal and
109 administrative penalties; creating s. 396.311, F.S.;
110 providing powers and duties of the agency; creating s.
111 396.312, F.S.; requiring a licensed facility to
112 provide timely and accurate financial information and
113 quality of service measures to certain individuals;
114 providing an exemption; requiring a licensed facility
115 to make available on its website certain information
116 on payments made to that facility for defined bundles
117 of services and procedures and other information for
118 consumers and patients; requiring facility websites to
119 provide specified information and notify and inform
120 patients or prospective patients of certain
121 information; requiring a licensed facility to provide
122 a written or an electronic good faith estimate of
123 charges to a patient or prospective patient within a
124 certain timeframe; requiring a licensed facility to
125 provide information regarding financial assistance

126 from the facility which may be available to a patient
127 or a prospective patient; providing a penalty for
128 failing to provide an estimate of charges to a
129 patient; requiring that certain records be made
130 available through electronic means that comply with a
131 specified law; reducing the amount of time afforded to
132 licensed facilities to respond to certain patient
133 requests for information; creating s. 396.313, F.S.;
134 defining the term "extraordinary collection action";
135 prohibiting certain collection activities by a
136 licensed facility; creating s. 396.314, F.S.;
137 prohibiting the use of a patient's medical records for
138 purposes of solicitation and marketing without
139 specific written release or authorization; providing
140 criminal penalties; creating s. 396.315, F.S.;
141 providing for confidentiality of patient records;
142 providing requirements for appropriate disclosure of
143 patient records; authorizing the department to examine
144 certain records; providing content and use
145 requirements for patient records; requiring a licensed
146 facility to furnish, in a timely manner, a true and
147 correct copy of all patient records to certain
148 persons; providing exemptions from public records
149 requirements for specified personal information
150 relating to employees of licensed facilities who

151 provide direct patient care or security services and
 152 their spouses and children, and for specified personal
 153 information relating to other employees of licensed
 154 facilities and their spouses and children upon their
 155 request; amending ss. 383.145, 383.50, 385.211,
 156 390.011, 394.4787, 395.001, 395.002, 395.003,
 157 395.1055, 395.10973, 395.3025, 395.607, 395.701,
 158 400.518, 400.93, 400.9935, 401.272, 408.051, 408.07,
 159 408.802, 408.820, 409.905, 409.906, 409.975, 456.041,
 160 456.053, 456.056, 458.3145, 458.320, 458.351,
 161 459.0085, 459.026, 465.0125, 468.505, 627.351,
 162 627.357, 627.6056, 627.6405, 627.64194, 627.6616,
 163 627.736, 627.912, 765.101, 766.101, 766.110, 766.1115,
 164 766.118, 766.202, 766.316, 812.014, 945.6041, and
 165 985.6441, F.S.; conforming cross-references and
 166 provisions to changes made by the act; providing an
 167 effective date.
 168

169 Be It Enacted by the Legislature of the State of Florida:
 170

171 **Section 1.** Chapter 396, Florida Statutes, consisting of
 172 sections 396.201, 396.202, 396.203, 396.204, 396.205, 396.206,
 173 396.207, 369.208, 396.209, 396.211, 396.212, 396.213, 396.214,
 174 396.215, 396.216, 396.217, 396.218, 396.219, 396.311, 396.312,
 175 396.313, 396.314, and 396.315, is created and entitled

176 "Ambulatory Surgical Centers."

177 **Section 2. Section 396.201, Florida Statutes, is created**
178 **to read:**

179 396.201 Legislative intent.—It is the intent of the
180 Legislature to provide for the protection of public health and
181 safety in the establishment, construction, maintenance, and
182 operation of ambulatory surgical centers by providing for
183 licensure of same and for the development, establishment, and
184 enforcement of minimum standards with respect thereto.

185 **Section 3. Section 396.202, Florida Statutes, is created**
186 **to read:**

187 396.202 Definitions.—As used in this chapter, the term:

188 (1) "Accrediting organization" means a national
189 accrediting organization approved by the Centers for Medicare
190 and Medicaid Services and whose standards incorporate comparable
191 licensure regulations required by the state.

192 (2) "Agency" means the Agency for Health Care
193 Administration.

194 (3) "Ambulatory surgical center" means a facility, the
195 primary purpose of which is to provide elective surgical care,
196 in which the patient is admitted to and discharged from within
197 24 hours, and that is not part of a hospital. However, a
198 facility existing for the primary purpose of performing
199 terminations of pregnancy, an office maintained by a physician
200 for the practice of medicine, or an office maintained for the

201 practice of dentistry may not be construed to be an ambulatory
202 surgical center, provided that any facility or office that is
203 certified or seeks certification as a Medicare ambulatory
204 surgical center must be licensed as an ambulatory surgical
205 center pursuant to this chapter.

206 (4) "Biomedical waste" means any solid or liquid waste as
207 defined in s. 381.0098(2).

208 (5) "Clinical privileges" means the privileges granted to
209 a physician or other licensed health care practitioner to render
210 patient care services in an ambulatory surgical center, but does
211 not include the privilege of admitting patients.

212 (6) "Department" means the Department of Health.

213 (7) "Director" means any member of the official board of
214 directors as reported in the organization's annual corporate
215 report to the Department of State, or, if no such report is
216 made, any member of the operating board of directors. The term
217 does not include members of separate, restricted boards that
218 serve only in an advisory capacity to the operating board.

219 (8) "Licensed facility" means an ambulatory surgical
220 center licensed under this chapter.

221 (9) "Lifesafety" means the control and prevention of fire
222 and other life-threatening conditions on a premises for the
223 purpose of preserving human life.

224 (10) "Managing employee" means the administrator or other
225 similarly titled individual who is responsible for the daily

226 operation of the licensed facility.

227 (11) "Medical staff" means physicians licensed under
228 chapter 458 or chapter 459 with privileges in a licensed
229 facility, as well as other licensed health care practitioners
230 with clinical privileges as approved by a licensed facility's
231 governing board.

232 (12) "Person" means any individual, partnership,
233 corporation, association, or governmental unit.

234 (13) "Validation inspection" means an inspection of the
235 premises of a licensed facility by the agency to assess whether
236 a review by an accrediting organization has adequately evaluated
237 the licensed facility according to minimum state standards.

238 **Section 4. Section 396.203, Florida Statutes, is created**
239 **to read:**

240 396.203 Licensure; denial, suspension, and revocation.—

241 (1) (a) The requirements of part II of chapter 408 apply to
242 the provision of services that require licensure pursuant to ss.
243 396.201-396.315 and part II of chapter 408 and to entities
244 licensed by or applying for such licensure from the Agency for
245 Health Care Administration pursuant to ss. 396.201-396.315. A
246 license issued by the agency is required in order to operate an
247 ambulatory surgical center in this state.

248 (b)1. It is unlawful for a person to use or advertise to
249 the public, in any way or by any medium whatsoever, any facility
250 as an "ambulatory surgical center" unless such facility has

251 first secured a license under this chapter.

252 2. This chapter does not apply to veterinary hospitals or
253 to commercial business establishments using the word "hospital"
254 as a part of a trade name if no treatment of human beings is
255 performed on the premises of such establishments.

256 (2) In addition to the requirements in part II of chapter
257 408, the agency shall, at the request of a licensee, issue a
258 single license to a licensee for facilities located on separate
259 premises. Such a license shall specifically state the location
260 of the facilities, the services, and the licensed beds available
261 on each separate premises. If a licensee requests a single
262 license, the licensee shall designate which facility or office
263 is responsible for receipt of information, payment of fees,
264 service of process, and all other activities necessary for the
265 agency to carry out this chapter.

266 (3) In addition to the requirements of s. 408.807, after a
267 change of ownership has been approved by the agency, the
268 transferee shall be liable for any liability to the state,
269 regardless of when identified, resulting from changes to
270 allowable costs affecting provider reimbursement for Medicaid
271 participation or Public Medical Assistance Trust Fund
272 Assessments, and related administrative fines.

273 (4) An ambulatory surgical center shall comply with ss.
274 627.64194 and 641.513 as a condition of licensure.

275 (5) In addition to the requirements of part II of chapter

276 408, whenever the agency finds that there has been a substantial
277 failure to comply with the requirements established under this
278 chapter or in rules, the agency is authorized to deny, modify,
279 suspend, and revoke:

280 (a) A license;

281 (b) That part of a license that is limited to a separate
282 premises, as designated on the license; or

283 (c) Licensure approval limited to a facility, building, or
284 portion thereof, or a service, within a given premises.

285 **Section 5. Section 396.204, Florida Statutes, is created**
286 **to read:**

287 396.204 Application for license; fees.—In accordance with
288 s. 408.805, an applicant or a licensee shall pay a fee for each
289 license application submitted under this chapter, part II of
290 chapter 408, and applicable rules. The amount of the fee shall
291 be established by rule. The license fee required of a facility
292 licensed under this chapter shall be established by rule, except
293 that the minimum license fee shall be \$1,500.

294 **Section 6. Section 396.205, Florida Statutes, is created**
295 **to read:**

296 396.205 Minimum standards for clinical laboratory test
297 results and diagnostic X-ray results; prerequisite for issuance
298 or renewal of license.—

299 (1) As a requirement for issuance or renewal of its
300 license, each licensed facility shall require that all clinical

301 laboratory tests performed by or for the licensed facility be
302 performed by a clinical laboratory appropriately certified by
303 the Centers for Medicare and Medicaid Services under the federal
304 Clinical Laboratory Improvement Amendments and the federal rules
305 adopted thereunder.

306 (2) Each licensed facility, as a requirement for issuance
307 or renewal of its license, shall establish minimum standards for
308 acceptance of results of diagnostic X rays performed by or for
309 the licensed facility. Such standards shall require licensure or
310 registration of the source of ionizing radiation under chapter
311 404.

312 (3) The results of clinical laboratory tests and
313 diagnostic X rays performed before admission which meet the
314 minimum standards required by law shall be accepted in lieu of
315 routine examinations required upon admission and in lieu of
316 clinical laboratory tests and diagnostic X rays which may be
317 ordered by a physician for patients of the licensed facility.

318 **Section 7. Section 396.206, Florida Statutes, is created**
319 **to read:**

320 396.206 Licensure inspection.—

321 (1) In addition to the requirement of s. 408.811, the
322 agency shall make or cause to be made such inspections and
323 investigations as it deems necessary, including all of the
324 following:

325 (a) Inspections directed by the Centers for Medicare and

326 Medicaid Services.

327 (b) Validation inspections.

328 (c) Lifesafety inspections.

329 (d) Licensure complaint investigations, including full
330 licensure investigations with a review of all licensure
331 standards as outlined in the administrative rules. Complaints
332 received by the agency from individuals, organizations, or other
333 sources are subject to review and investigation by the agency.

334 (e) Emergency access complaint investigations.

335 (2) The agency shall accept, in lieu of its own periodic
336 inspections for licensure, the survey or inspection of an
337 accrediting organization, provided that the accreditation of the
338 licensed facility is not provisional and provided that the
339 licensed facility authorizes release of, and the agency receives
340 the report of, the accrediting organization. The agency shall
341 develop, and adopt by rule, criteria for accepting survey
342 reports of accrediting organizations in lieu of conducting a
343 state licensure inspection.

344 (3) In accordance with s. 408.805, an applicant or
345 licensee shall pay a fee for each license application submitted
346 under this chapter, part II of chapter 408, and applicable
347 rules. With the exception of state-operated licensed facilities,
348 each facility licensed under this chapter shall pay to the
349 agency, at the time of inspection, the following fees:

350 (a) Inspection for licensure.—A fee shall be paid which is

351 at least \$400 per facility.

352 (b) Inspection for lifesafety only.—A fee shall be paid
353 which is at least \$40 per facility.

354 (4) The agency shall coordinate all periodic inspections
355 for licensure made by the agency to ensure that the cost to the
356 facility of such inspections and the disruption of services by
357 such inspections is minimized.

358 **Section 8. Section 396.207, Florida Statutes, is created**
359 **to read:**

360 396.207 Inspection reports.—

361 (1) Each licensed facility shall maintain as public
362 information, available upon request, records of all inspection
363 reports pertaining to that facility. Copies of such reports
364 shall be retained in its records for at least 5 years after the
365 date the reports are filed and issued.

366 (2) Any records, reports, or documents which are
367 confidential and exempt from s. 119.07(1) may not be distributed
368 or made available for purposes of compliance with this section
369 unless or until such confidential status expires.

370 (3) A licensed facility shall, upon the request of any
371 person who has completed a written application with intent to be
372 admitted to such facility, any person who is a patient of such
373 facility, or any relative, spouse, guardian, or surrogate of any
374 such person, furnish to the requester a copy of the last
375 inspection report filed with or issued by the agency pertaining

376 to the licensed facility, as provided in subsection (1),
377 provided that the person requesting such report agrees to pay a
378 reasonable charge to cover copying costs, not to exceed \$1 per
379 page.

380 **Section 9. Section 396.208, Florida Statutes, is created**
381 **to read:**

382 396.208 Construction inspections; plan submission and
383 approval; fees.—

384 (1) (a) The design, construction, erection, alteration,
385 modification, repair, and demolition of all licensed facilities
386 are governed by the Florida Building Code and the Florida Fire
387 Prevention Code under ss. 553.73 and 633.206. In addition to the
388 requirements of ss. 553.79 and 553.80, the agency shall review
389 facility plans and survey the construction of any facility
390 licensed under this chapter. The agency shall make, or cause to
391 be made, such construction inspections and investigations as it
392 deems necessary. The agency may prescribe by rule that any
393 licensee or applicant desiring to make specified types of
394 alterations or additions to its facilities or to construct new
395 facilities shall, before commencing such alteration, addition,
396 or new construction, submit plans and specifications therefor to
397 the agency for preliminary inspection and approval or
398 recommendation with respect to compliance with applicable
399 provisions of the Florida Building Code or agency rules and
400 standards. The agency shall approve or disapprove the plans and

401 specifications within 60 days after receipt of the fee for
402 review of plans as required in subsection (2). The agency may be
403 granted one 15-day extension for the review period if the
404 director of the agency approves the extension. If the agency
405 fails to act within the specified time, it shall be deemed to
406 have approved the plans and specifications. When the agency
407 disapproves plans and specifications, it shall set forth in
408 writing the reasons for its disapproval. Conferences and
409 consultations may be provided as necessary.

410 (b) All licensed facilities shall submit plans and
411 specifications to the agency for review under this section.

412 (2) The agency is authorized to charge an initial fee of
413 \$2,000 for review of plans and construction on all projects, no
414 part of which is refundable. The agency may also collect a fee,
415 not to exceed 1 percent of the estimated construction cost or
416 the actual cost of review, whichever is less, for the portion of
417 the review which encompasses initial review through the initial
418 revised construction document review. The agency is further
419 authorized to collect its actual costs on all subsequent
420 portions of the review and construction inspections. The initial
421 fee payment shall accompany the initial submission of plans and
422 specifications. Any subsequent payment that is due is payable
423 upon receipt of the invoice from the agency.

424 **Section 10. Section 396.209, Florida Statutes, is created**
425 **to read:**

396.209 Rebates prohibited; penalties.—

(1) It is unlawful for any person to pay or receive any commission, bonus, kickback, or rebate or engage in any split-fee arrangement, in any form whatsoever, with any physician, surgeon, organization, or person, either directly or indirectly, for patients referred to a licensed facility.

(2) The agency shall enforce subsection (1). In the case of an entity not licensed by the agency, administrative penalties may include:

(a) A fine not to exceed \$1,000.

(b) If applicable, a recommendation by the agency to the appropriate licensing board that disciplinary action be taken.

Section 11. Section 396.211, Florida Statutes, is created to read:

396.211 Staff membership and clinical privileges.—

(1) A licensed facility, in considering and acting upon an application for staff membership or clinical privileges, may not deny the application of a qualified doctor of medicine licensed under chapter 458, a doctor of osteopathic medicine licensed under chapter 459, a doctor of dentistry licensed under chapter 466, a doctor of podiatric medicine licensed under chapter 461, or a psychologist licensed under chapter 490 for such staff membership or clinical privileges within the scope of his or her respective licensure solely because the applicant is licensed under any of such chapters.

451 (2) (a) Each licensed facility shall establish rules and
452 procedures for consideration of an application for clinical
453 privileges submitted by an advanced practice registered nurse
454 licensed under part I of chapter 464, in accordance with this
455 section. A licensed facility may not deny such application
456 solely because the applicant is licensed under part I of chapter
457 464 or because the applicant is not a participant in the Florida
458 Birth-Related Neurological Injury Compensation Plan.

459 (b) An advanced practice registered nurse who is certified
460 as a registered nurse anesthetist licensed under part I of
461 chapter 464 shall administer anesthesia under the onsite medical
462 direction of a professional licensed under chapter 458, chapter
463 459, or chapter 466, and in accordance with an established
464 protocol approved by the medical staff. The medical direction
465 shall specifically address the needs of the individual patient.

466 (c) Each licensed facility shall establish rules and
467 procedures for consideration of an application for clinical
468 privileges submitted by a physician assistant licensed pursuant
469 to s. 458.347 or s. 459.022. Clinical privileges granted to a
470 physician assistant pursuant to this subsection shall
471 automatically terminate upon termination of staff membership of
472 the physician assistant's supervising physician.

473 (3) When a licensed facility requires, as a precondition
474 to obtaining staff membership or clinical privileges, the
475 completion of, eligibility in, or graduation from any program or

476 society established by or relating to the American Medical
477 Association or the Liaison Committee on Graduate Medical
478 Education, the licensed facility shall also make available such
479 membership or privileges to physicians who have attained
480 completion of, eligibility in, or graduation from any equivalent
481 program established by or relating to the American Osteopathic
482 Association.

483 (4) This section does not restrict in any way the
484 authority of the medical staff of a licensed facility to review
485 for approval or disapproval all applications for appointment and
486 reappointment to all categories of staff and to make
487 recommendations on each applicant to the governing board,
488 including the delineation of privileges to be granted in each
489 case. In making such recommendations and in the delineation of
490 privileges, each applicant shall be considered individually
491 pursuant to criteria for a doctor licensed under chapter 458,
492 chapter 459, chapter 461, or chapter 466, or for an advanced
493 practice registered nurse licensed under part I of chapter 464,
494 or for a psychologist licensed under chapter 490, as applicable.
495 The applicant's eligibility for staff membership or clinical
496 privileges shall be determined by the applicant's background,
497 experience, health, training, and demonstrated competency; the
498 applicant's adherence to applicable professional ethics; the
499 applicant's reputation; and the applicant's ability to work with
500 others and by such other elements as determined by the governing

501 board, consistent with this chapter.

502 (5) The governing board of each licensed facility shall
503 set standards and procedures to be applied by the licensed
504 facility and its medical staff in considering and acting upon
505 applications for staff membership or clinical privileges.
506 These standards and procedures shall be available for public
507 inspection.

508 (6) Upon the written request of the applicant, any
509 licensed facility that has denied staff membership or clinical
510 privileges to any applicant specified in subsection (1) or
511 subsection (2) shall, within 30 days after such request, provide
512 the applicant with the reasons for such denial in writing. A
513 denial of staff membership or clinical privileges to any
514 applicant shall be submitted, in writing, to the applicant's
515 respective licensing board.

516 (7) There is no monetary liability on the part of, and no
517 cause of action for injunctive relief or damages shall arise
518 against, any licensed facility, its governing board or governing
519 board members, medical staff, or disciplinary board or against
520 its agents, investigators, witnesses, or employees, or against
521 any other person, for any action arising out of or related to
522 carrying out this section, absent intentional fraud.

523 (8) The investigations, proceedings, and records of the
524 board, or its agent with whom there is a specific written
525 contract for the purposes of this section, as described in this

526 section are not subject to discovery or introduction into
527 evidence in any civil action against a provider of professional
528 health services arising out of matters which are the subject of
529 evaluation and review by such board, and any person who was in
530 attendance at a meeting of such board or its agent is not
531 permitted or required to testify in any such civil action as to
532 any evidence or other matters produced or presented during the
533 proceedings of such board or its agent or as to any findings,
534 recommendations, evaluations, opinions, or other actions of such
535 board or its agent or any members thereof. However, information,
536 documents, or records otherwise available from original sources
537 are not to be construed as immune from discovery or use in any
538 such civil action merely because they were presented during
539 proceedings of such board; nor should any person who testifies
540 before such board or who is a member of such board be prevented
541 from testifying as to matters within his or her knowledge, but
542 such witness cannot be asked about his or her testimony before
543 such a board or opinions formed by him or her as a result of
544 such board hearings.

545 (9) (a) If the defendant prevails in an action brought by
546 an applicant against any person or entity that initiated,
547 participated in, was a witness in, or conducted any review as
548 authorized by this section, the court shall award reasonable
549 attorney fees and costs to the defendant.

550 (b) As a condition of any applicant bringing any action

551 against any person or entity that initiated, participated in,
552 was a witness in, or conducted any review as authorized by this
553 section and before any responsive pleading is due, the applicant
554 shall post a bond or other security, as set by the court having
555 jurisdiction of the action, in an amount sufficient to pay the
556 costs and attorney fees.

557 **Section 12. Section 396.212, Florida Statutes, is created**
558 **to read:**

559 396.212 Licensed facilities; peer review; disciplinary
560 powers; agency or partnership with physicians.—

561 (1) It is the intent of the Legislature that good faith
562 participants in the process of investigating and disciplining
563 physicians pursuant to the state-mandated peer review process
564 shall, in addition to receiving immunity from retaliatory tort
565 suits pursuant to s. 456.073(12), be protected from federal
566 antitrust suits filed under the Sherman AntiTrust Act, 15
567 U.S.C.A. ss. 1 et seq. Such intent is within the public policy
568 of the state to secure the provision of quality medical services
569 to the public.

570 (2) Each licensed facility, as a condition of licensure,
571 shall provide for peer review of physicians who deliver health
572 care services at the facility. Each licensed facility shall
573 develop written, binding procedures by which such peer review
574 shall be conducted. Such procedures shall include all of the
575 following:

576 (a) Mechanism for choosing the membership of the body or
577 bodies that conduct peer review.

578 (b) Adoption of rules of order for the peer review
579 process.

580 (c) Fair review of the case with the physician involved.

581 (d) Mechanism to identify and avoid conflict of interest
582 on the part of the peer review panel members.

583 (e) Recording of agendas and minutes which do not contain
584 confidential material, for review by the Division of Health
585 Quality Assurance of the agency.

586 (f) Review, at least annually, of the peer review
587 procedures by the governing board of the licensed facility.

588 (g) Focus of the peer review process on review of
589 professional practices at the facility to reduce morbidity and
590 mortality and to improve patient care.

591 (3) If reasonable belief exists that conduct by a staff
592 member or physician who delivers health care services at the
593 licensed facility may constitute one or more grounds for
594 discipline as provided in this subsection, a peer review panel
595 shall investigate and determine whether grounds for discipline
596 exist with respect to such staff member or physician. The
597 governing board of any licensed facility, after considering the
598 recommendations of its peer review panel, shall suspend, deny,
599 revoke, or curtail the privileges, or reprimand, counsel, or
600 require education, of any such staff member or physician after a

601 final determination has been made that one or more of the
602 following grounds exist:

603 (a) Incompetence.

604 (b) Being found to be a habitual user of intoxicants or
605 drugs to the extent that he or she is deemed dangerous to
606 himself, herself, or others.

607 (c) Mental or physical impairment which may adversely
608 affect patient care.

609 (d) Being found liable by a court of competent
610 jurisdiction for medical negligence or malpractice involving
611 negligent conduct.

612 (e) One or more settlements exceeding \$10,000 for medical
613 negligence or malpractice involving negligent conduct by the
614 staff member.

615 (f) Medical negligence other than as specified in
616 paragraph (d) or paragraph (e).

617 (g) Failure to comply with the policies, procedures, or
618 directives of the risk management program or any quality
619 assurance committees of any licensed facility.

620 (4) Pursuant to ss. 458.337 and 459.016, any disciplinary
621 actions taken under subsection (3) shall be reported in writing
622 to the Division of Health Quality Assurance of the agency within
623 30 working days after its initial occurrence, regardless of the
624 pendency of appeals to the governing board of the ambulatory
625 surgical center. The notification shall identify the disciplined

626 practitioner, the action taken, and the reason for such action.
627 All final disciplinary actions taken under subsection (3), if
628 different from those which were reported to the agency within 30
629 days after the initial occurrence, shall be reported within 10
630 working days to the Division of Health Quality Assurance of the
631 agency in writing and shall specify the disciplinary action
632 taken and the specific grounds therefor. The division shall
633 review each report and determine whether it potentially involved
634 conduct by the licensee that is subject to disciplinary action,
635 in which case s. 456.073 shall apply. The reports are not
636 subject to inspection under s. 119.07(1) even if the division's
637 investigation results in a finding of probable cause.

638 (5) There is no monetary liability on the part of, and no
639 cause of action for damages against, any licensed facility, its
640 governing board or governing board members, peer review panel,
641 medical staff, or disciplinary body, or its agents,
642 investigators, witnesses, or employees; a committee of an
643 ambulatory surgical center; or any other person for any action
644 taken without intentional fraud in carrying out this section.

645 (6) For a single incident or series of isolated incidents
646 that are nonwillful violations of the reporting requirements of
647 this section or part II of chapter 408, the agency shall first
648 seek to obtain corrective action by the licensed facility. If
649 correction is not demonstrated within the timeframe established
650 by the agency or if there is a pattern of nonwillful violations

651 of this section or part II of chapter 408, the agency may impose
652 an administrative fine, not to exceed \$5,000 for any violation
653 of the reporting requirements of this section or part II of
654 chapter 408. The administrative fine for repeated nonwillful
655 violations may not exceed \$10,000 for any violation. The
656 administrative fine for each intentional and willful violation
657 may not exceed \$25,000 per violation, per day. The fine for an
658 intentional and willful violation of this section or part II of
659 chapter 408 may not exceed \$250,000. In determining the amount
660 of fine to be levied, the agency shall be guided by s.
661 395.1065(2) (b) .

662 (7) The proceedings and records of peer review panels,
663 committees, and governing boards or agents thereof which relate
664 solely to actions taken in carrying out this section are not
665 subject to inspection under s. 119.07(1); and meetings held
666 pursuant to achieving the objectives of such panels, committees,
667 and governing boards or agents thereof are not open to the
668 public under chapter 286.

669 (8) The investigations, proceedings, and records of the
670 peer review panel, a disciplinary board, or a governing board,
671 or any agent thereof with whom there is a specific written
672 contract for that purpose, as described in this section may not
673 be subject to discovery or introduction into evidence in any
674 civil or administrative action against a provider of
675 professional health services arising out of the matters which

676 are the subject of evaluation and review by such group or its
677 agent, and a person who was in attendance at a meeting of such
678 group or its agent may not be permitted or required to testify
679 in any such civil or administrative action as to any evidence or
680 other matters produced or presented during the proceedings of
681 such group or its agent or as to any findings, recommendations,
682 evaluations, opinions, or other actions of such group or its
683 agent or any members thereof. However, information, documents,
684 or records otherwise available from original sources are not to
685 be construed as immune from discovery or use in any such civil
686 or administrative action merely because they were presented
687 during proceedings of such group, and any person who testifies
688 before such group or who is a member of such group may not be
689 prevented from testifying as to matters within his or her
690 knowledge, but such witness may not be asked about his or her
691 testimony before such a group or opinions formed by him or her
692 as a result of such group hearings.

693 (9) (a) If the defendant prevails in an action brought by a
694 staff member or physician who delivers health care services at
695 the licensed facility against any person or entity that
696 initiated, participated in, was a witness in, or conducted any
697 review as authorized by this section, the court shall award
698 reasonable attorney fees and costs to the defendant.

699 (b) As a condition of any staff member or physician
700 bringing any action against any person or entity that initiated,

701 participated in, was a witness in, or conducted any review as
702 authorized by this section and before any responsive pleading is
703 due, the staff member or physician shall post a bond or other
704 security, as set by the court having jurisdiction of the action,
705 in an amount sufficient to pay the costs and attorney fees.

706 **Section 13. Section 396.213, Florida Statutes, is created**
707 **to read:**

708 396.213 Internal risk management program.—

709 (1) Every licensed facility shall, as a part of its
710 administrative functions, establish an internal risk management
711 program that includes all of the following components:

712 (a) The investigation and analysis of the frequency and
713 causes of general categories and specific types of adverse
714 incidents to patients.

715 (b) The development of appropriate measures to minimize
716 the risk of adverse incidents to patients, including, but not
717 limited to:

718 1. Risk management and risk prevention education and
719 training of all nonphysician personnel as follows:

720 a. Such education and training of all nonphysician
721 personnel as part of their initial orientation; and

722 b. At least 1 hour of such education and training annually
723 for all personnel of the licensed facility working in clinical
724 areas and providing patient care, except those persons licensed
725 as health care practitioners who are required to complete

726 continuing education coursework pursuant to chapter 456 or the
727 respective practice act.

728 2. A prohibition, except when emergency circumstances
729 require otherwise, against a staff member of the licensed
730 facility attending a patient in the recovery room, unless the
731 staff member is authorized to attend the patient in the recovery
732 room and is in the company of at least one other person.

733 However, a licensed facility is exempt from the two-person
734 requirement if it has:

735 a. Live visual observation;

736 b. Electronic observation; or

737 c. Any other reasonable measure taken to ensure patient
738 protection and privacy.

739 3. A prohibition against an unlicensed person from
740 assisting or participating in any surgical procedure unless the
741 licensed facility has authorized the person to do so following a
742 competency assessment, and such assistance or participation is
743 done under the direct and immediate supervision of a licensed
744 physician and is not otherwise an activity that may only be
745 performed by a licensed health care practitioner.

746 4. Development, implementation, and ongoing evaluation of
747 procedures, protocols, and systems to accurately identify
748 patients, planned procedures, and the correct site of the
749 planned procedure so as to minimize the performance of a
750 surgical procedure on the wrong patient, a wrong surgical

751 procedure, a wrong-site surgical procedure, or a surgical
752 procedure otherwise unrelated to the patient's diagnosis or
753 medical condition.

754 (c) The analysis of patient grievances that relate to
755 patient care and the quality of medical services.

756 (d) A system for informing a patient or an individual
757 identified pursuant to s. 765.401(1) that the patient was the
758 subject of an adverse incident, as defined in subsection (5).
759 Such notice shall be given by an appropriately trained person
760 designated by the licensed facility as soon as practicable to
761 allow the patient an opportunity to minimize damage or injury.

762 (e) The development and implementation of an incident
763 reporting system based upon the affirmative duty of all health
764 care providers and all agents and employees of the licensed
765 facility to report adverse incidents to the risk manager, or to
766 his or her designee, within 3 business days after their
767 occurrence.

768 (2) The internal risk management program is the
769 responsibility of the governing board of the licensed facility.
770 Each licensed facility shall hire a risk manager who is
771 responsible for implementation and oversight of the facility's
772 internal risk management program and who demonstrates
773 competence, through education or experience, in all of the
774 following areas:

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

776 (b) Applicable federal, state, and local health and safety
777 laws and rules.

778 (c) General risk management administration.

779 (d) Patient care.

780 (e) Medical care.

781 (f) Personal and social care.

782 (g) Accident prevention.

783 (h) Departmental organization and management.

784 (i) Community interrelationships.

785 (j) Medical terminology.

786 (3) In addition to the programs mandated by this section,
787 other innovative approaches intended to reduce the frequency and
788 severity of medical malpractice and patient injury claims are
789 encouraged and their implementation and operation facilitated.
790 Such additional approaches may include extending internal risk
791 management programs to health care providers' offices and the
792 assuming of provider liability by a licensed facility for acts
793 or omissions occurring within the licensed facility. Each
794 licensed facility shall annually report to the agency and the
795 Department of Health the name and judgments entered against each
796 health care practitioner for which it assumes liability. The
797 agency and Department of Health, in their respective annual
798 reports, shall include statistics that report the number of
799 licensed facilities that assume such liability and the number of
800 health care practitioners, by profession, for whom they assume

801 liability.

802 (4) The agency shall adopt rules governing the
803 establishment of internal risk management programs to meet the
804 needs of individual licensed facilities. Each internal risk
805 management program shall include the use of incident reports to
806 be filed with an individual of responsibility who is competent
807 in risk management techniques in the employ of each licensed
808 facility, such as an insurance coordinator, or who is retained
809 by the licensed facility as a consultant. The individual
810 responsible for the risk management program shall have free
811 access to all medical records of the licensed facility. The
812 incident reports are part of the workpapers of the attorney
813 defending the licensed facility in litigation relating to the
814 licensed facility and are subject to discovery, but are not
815 admissible as evidence in court. A person filing an incident
816 report is not subject to civil suit by virtue of such incident
817 report. As a part of each internal risk management program, the
818 incident reports shall be used to develop categories of
819 incidents which identify problem areas. Once identified,
820 procedures shall be adjusted to correct the problem areas.

821 (5) For purposes of reporting to the agency pursuant to
822 this section, the term "adverse incident" means an event over
823 which health care personnel could exercise control and which is
824 associated in whole or in part with medical intervention, rather
825 than the condition for which such intervention occurred, and

826 which:

827 (a) Results in one of the following injuries:

828 1. Death;

829 2. Brain or spinal damage;

830 3. Permanent disfigurement;

831 4. Fracture or dislocation of bones or joints;

832 5. A resulting limitation of neurological, physical, or

833 sensory function which continues after discharge from the

834 licensed facility;

835 6. Any condition that required specialized medical

836 attention or surgical intervention resulting from nonemergency

837 medical intervention, other than an emergency medical condition,

838 to which the patient has not given his or her informed consent;

839 or

840 7. Any condition that required the transfer of the

841 patient, within or outside the licensed facility, to a unit

842 providing a more acute level of care due to the adverse

843 incident, rather than the patient's condition before the adverse

844 incident.

845 (b) Was the performance of a surgical procedure on the

846 wrong patient, a wrong surgical procedure, a wrong-site surgical

847 procedure, or a surgical procedure otherwise unrelated to the

848 patient's diagnosis or medical condition;

849 (c) Required the surgical repair of damage resulting to a

850 patient from a planned surgical procedure, where the damage was

851 not a recognized specific risk, as disclosed to the patient and
852 documented through the informed-consent process; or

853 (d) Was a procedure to remove unplanned foreign objects
854 remaining from a surgical procedure.

855 (6) (a) Each licensed facility subject to this section
856 shall submit an annual report to the agency summarizing the
857 incident reports that have been filed in the facility for that
858 year. The report shall include:

859 1. The total number of adverse incidents.

860 2. A listing, by category, of the types of operations,
861 diagnostic or treatment procedures, or other actions causing the
862 injuries, and the number of incidents occurring within each
863 category.

864 3. A listing, by category, of the types of injuries caused
865 and the number of incidents occurring within each category.

866 4. A code number using the health care professional's
867 licensure number and a separate code number identifying all
868 other individuals directly involved in adverse incidents to
869 patients, the relationship of the individual to the licensed
870 facility, and the number of incidents in which each individual
871 has been directly involved. Each licensed facility shall
872 maintain names of the health care professionals and individuals
873 identified by code numbers for purposes of this section.

874 5. A description of all malpractice claims filed against
875 the licensed facility, including the total number of pending and

876 closed claims and the nature of the incident which led to, the
877 persons involved in, and the status and disposition of each
878 claim. Each report shall update status and disposition for all
879 prior reports.

880 (b) The information reported to the agency pursuant to
881 paragraph (a) which relates to persons licensed under chapter
882 458, chapter 459, chapter 461, or chapter 466 shall be reviewed
883 by the agency. The agency shall determine whether any of the
884 incidents potentially involved conduct by a health care
885 professional who is subject to disciplinary action, in which
886 case s. 456.073 shall apply.

887 (c) The report submitted to the agency must also contain
888 the name of the risk manager of the licensed facility, a copy of
889 its policy and procedures which govern the measures taken by the
890 licensed facility and its risk manager to reduce the risk of
891 injuries and adverse incidents, and the results of such
892 measures. The annual report is confidential and is not available
893 to the public pursuant to s. 119.07(1) or any other law
894 providing access to public records. The annual report is not
895 discoverable or admissible in any civil or administrative
896 action, except in disciplinary proceedings by the agency or the
897 appropriate regulatory board. The annual report is not available
898 to the public as part of the record of investigation for and
899 prosecution in disciplinary proceedings made available to the
900 public by the agency or the appropriate regulatory board.

901 However, the agency or the appropriate regulatory board shall
902 make available, upon written request by a health care
903 professional against whom probable cause has been found, any
904 such records which form the basis of the determination of
905 probable cause.

906 (7) Any of the following adverse incidents, whether
907 occurring in the licensed facility or arising from health care
908 services administered before admission in the licensed facility,
909 shall be reported by the licensed facility to the agency within
910 15 calendar days after its occurrence:

911 (a) The death of a patient;

912 (b) Brain or spinal damage to a patient;

913 (c) The performance of a surgical procedure on the wrong
914 patient;

915 (d) The performance of a wrong-site surgical procedure;

916 (e) The performance of a wrong surgical procedure;

917 (f) The performance of a surgical procedure that is
918 medically unnecessary or otherwise unrelated to the patient's
919 diagnosis or medical condition;

920 (g) The surgical repair of damage resulting to a patient
921 from a planned surgical procedure, where the damage is not a
922 recognized specific risk, as disclosed to the patient and
923 documented through the informed-consent process; or

924 (h) The performance of procedures to remove unplanned
925 foreign objects remaining from a surgical procedure.

926
927 The agency may grant extensions to this reporting requirement
928 for more than 15 days upon justification submitted in writing by
929 the licensed facility administrator to the agency. The agency
930 may require an additional, final report. These reports may not
931 be available to the public pursuant to s. 119.07(1) or any other
932 law providing access to public records, nor be discoverable or
933 admissible in any civil or administrative action, except in
934 disciplinary proceedings by the agency or the appropriate
935 regulatory board, nor shall they be available to the public as
936 part of the record of investigation for and prosecution in
937 disciplinary proceedings made available to the public by the
938 agency or the appropriate regulatory board. However, the agency
939 or the appropriate regulatory board shall make available, upon
940 written request by a health care professional against whom
941 probable cause has been found, any such records which form the
942 basis of the determination of probable cause. The agency may
943 investigate, as it deems appropriate, any such incident and
944 prescribe measures that must or may be taken in response to the
945 incident. The agency shall review each incident and determine
946 whether it potentially involved conduct by the health care
947 professional who is subject to disciplinary action, in which
948 case s. 456.073 shall apply.

949 (8) The agency shall publish on the agency's website, at
950 least quarterly, a summary and trend analysis of adverse

951 incident reports received pursuant to this section, which may
952 not include information that would identify the patient, the
953 reporting facility, or the practitioners involved. The agency
954 shall publish on the agency's website an annual summary and
955 trend analysis of all adverse incident reports and malpractice
956 claims information provided by licensed facilities in their
957 annual reports, which may not include information that would
958 identify the patient, the reporting facility, or the
959 practitioners involved. The purpose of the publication of the
960 summary and trend analysis is to promote the rapid dissemination
961 of information relating to adverse incidents and malpractice
962 claims to assist in avoidance of similar incidents and reduce
963 morbidity and mortality.

964 (9) The internal risk manager of each licensed facility
965 shall:

966 (a) Investigate every allegation of sexual misconduct
967 which is made against a member of the licensed facility's
968 personnel who has direct patient contact, when the allegation is
969 that the sexual misconduct occurred at the facility or on the
970 grounds of the facility.

971 (b) Report every allegation of sexual misconduct to the
972 administrator of the licensed facility.

973 (c) Notify the family or guardian of the victim, if a
974 minor, that an allegation of sexual misconduct has been made and
975 that an investigation is being conducted.

976 (d) Report to the Department of Health every allegation of
977 sexual misconduct, as defined in chapter 456 and the respective
978 practice act, by a licensed health care practitioner that
979 involves a patient.

980 (10) Any witness who witnessed or who possesses actual
981 knowledge of the act that is the basis of an allegation of
982 sexual abuse shall:

983 (a) Notify the local police; and

984 (b) Notify the risk manager and the administrator.

985 For purposes of this subsection, the term "sexual abuse" means
986 acts of a sexual nature committed for the sexual gratification
987 of anyone upon, or in the presence of, a vulnerable adult,
988 without the vulnerable adult's informed consent, or a minor. The
989 term includes, but is not limited to, the acts defined in s.
990 794.011(1)(j), fondling, exposure of a vulnerable adult's or
991 minor's sexual organs, or the use of the vulnerable adult or
992 minor to solicit for or engage in prostitution or sexual
993 performance. The term does not include any act intended for a
994 valid medical purpose or any act which may reasonably be
995 construed to be a normal caregiving action.

996 (11) A person who, with malice or with intent to discredit
997 or harm a licensed facility or any person, makes a false
998 allegation of sexual misconduct against a member of a licensed
999 facility's personnel is guilty of a misdemeanor of the second
1000 degree, punishable as provided in s. 775.082 or s. 775.083.

1001 (12) In addition to any penalty imposed pursuant to this
1002 section or part II of chapter 408, the agency shall require a
1003 written plan of correction from the licensed facility. For a
1004 single incident or series of isolated incidents that are
1005 nonwillful violations of the reporting requirements of this
1006 section or part II of chapter 408, the agency shall first seek
1007 to obtain corrective action by the licensed facility. If the
1008 correction is not demonstrated within the timeframe established
1009 by the agency or if there is a pattern of nonwillful violations
1010 of this section or part II of chapter 408, the agency may impose
1011 an administrative fine, not to exceed \$5,000, for any violation
1012 of the reporting requirements of this section or part II of
1013 chapter 408. The administrative fine for repeated nonwillful
1014 violations may not exceed \$10,000 for any violation. The
1015 administrative fine for each intentional and willful violation
1016 may not exceed \$25,000 per violation, per day. The fine for an
1017 intentional and willful violation of this section or part II of
1018 chapter 408 may not exceed \$250,000. In determining the amount
1019 of fine to be levied, the agency shall be guided by s.
1020 395.1065(2)(b).

1021 (13) The agency shall have access to all licensed facility
1022 records necessary to carry out this section. The records
1023 obtained by the agency under subsection (6), subsection (7), or
1024 subsection (9) are not available to the public under s.
1025 119.07(1), nor shall they be discoverable or admissible in any

1026 civil or administrative action, except in disciplinary
1027 proceedings by the agency or the appropriate regulatory board,
1028 nor shall records obtained pursuant to s. 456.071 be available
1029 to the public as part of the record of investigation for and
1030 prosecution in disciplinary proceedings made available to the
1031 public by the agency or the appropriate regulatory board.
1032 However, the agency or the appropriate regulatory board shall
1033 make available, upon written request by a health care
1034 professional against whom probable cause has been found, any
1035 such records which form the basis of the determination of
1036 probable cause, except that, with respect to medical review
1037 committee records, s. 766.101 controls.

1038 (14) The meetings of the committees and governing board of
1039 a licensed facility held solely for the purpose of achieving the
1040 objectives of risk management as provided by this section may
1041 not be open to the public under chapter 286. The records of such
1042 meetings are confidential and exempt from s. 119.07(1), except
1043 as provided in subsection (13).

1044 (15) The agency shall review, as part of its licensure
1045 inspection process, the internal risk management program at each
1046 licensed facility regulated by this section to determine whether
1047 the program meets standards established in statutes and rules,
1048 whether the program is being conducted in a manner designed to
1049 reduce adverse incidents, and whether the program is
1050 appropriately reporting incidents under this section.

1051 (16) There is no monetary liability on the part of, and no
1052 cause of action for damages shall arise against, any risk
1053 manager for the implementation and oversight of the internal
1054 risk management program in a facility licensed under this
1055 chapter or chapter 390 as required by this section, for any act
1056 or proceeding undertaken or performed within the scope of the
1057 functions of such internal risk management program if the risk
1058 manager acts without intentional fraud.

1059 (17) A privilege against civil liability is granted to any
1060 risk manager or licensed facility with regard to information
1061 furnished pursuant to this chapter, unless the risk manager or
1062 facility acted in bad faith or with malice in providing such
1063 information.

1064 (18) If the agency, through its receipt of any reports
1065 required under this section or through any investigation, has a
1066 reasonable belief that conduct by a staff member or employee of
1067 a licensed facility is grounds for disciplinary action by the
1068 appropriate regulatory board, the agency shall report this fact
1069 to such regulatory board.

1070 (19) It is unlawful for any person to coerce, intimidate,
1071 or preclude a risk manager from lawfully executing his or her
1072 reporting obligations pursuant to this chapter. Such unlawful
1073 action shall be subject to civil monetary penalties not to
1074 exceed \$10,000 per violation.

1075 **Section 14. Section 396.214, Florida Statutes, is created**

1076 **to read:**

1077 396.214 Identification, segregation, and separation of
1078 biomedical waste.—Each licensed facility shall comply with the
1079 requirements in s. 381.0098. Any transporter or potential
1080 transporter of such waste shall be notified of the existence and
1081 locations of such waste.

1082 **Section 15. Section 396.215, Florida Statutes, is created**
1083 **to read:**

1084 396.215 Patient safety.—

1085 (1) Each licensed facility must adopt a patient safety
1086 plan. A plan adopted to implement the requirements of 42 C.F.R.
1087 s. 482.21 shall be deemed to comply with this requirement.

1088 (2) Each licensed facility shall appoint a patient safety
1089 officer for the purpose of promoting the health and safety of
1090 patients, reviewing and evaluating the quality of patient safety
1091 measures used by the facility, and assisting in the
1092 implementation of the facility patient safety plan.

1093 (3) Each licensed facility must, at least biennially,
1094 conduct a patient safety culture survey using the applicable
1095 Survey on Patient Safety Culture developed by the federal Agency
1096 for Healthcare Research and Quality. Each licensed facility
1097 shall conduct the survey anonymously to encourage completion of
1098 the survey by staff working in or employed by the facility. Each
1099 licensed facility may contract to administer the survey. Each
1100 facility shall biennially submit the survey data to the agency

1101 in a format specified by rule, which must include the survey
1102 participation rate. Each licensed facility may develop an
1103 internal action plan between conducting surveys to identify
1104 measures to improve the survey and submit the plan to the
1105 agency.

1106 **Section 16. Section 396.216, Florida Statutes, is created**
1107 **to read:**

1108 396.216 Child abuse and neglect cases; duties.—Each
1109 licensed facility shall adopt a protocol that, at a minimum,
1110 requires the facility to:

1111 (1) Incorporate a facility policy that every staff member
1112 has an affirmative duty to report, pursuant to chapter 39, any
1113 actual or suspected case of child abuse, abandonment, or
1114 neglect; and

1115 (2) In any case involving suspected child abuse,
1116 abandonment, or neglect, designate, at the request of the
1117 department, a staff physician to act as a liaison between the
1118 licensed facility and the Department of Children and Families,
1119 which is investigating the suspected abuse, abandonment, or
1120 neglect, and the Child Protection Team, as defined in s. 39.01,
1121 when the case is referred to such a team.

1122 **Section 17. Section 396.217, Florida Statutes, is created**
1123 **to read:**

1124 396.217 Duty to notify patients.—An appropriately trained
1125 person designated by each licensed facility shall inform each

1126 patient, or an individual identified pursuant to s. 765.401(1),
1127 in person about adverse incidents that result in serious harm to
1128 the patient. Notification of outcomes of care that result in
1129 harm to the patient under this section do not constitute an
1130 acknowledgment or admission of liability and may not be
1131 introduced as evidence.

1132 **Section 18. Section 396.218, Florida Statutes, is created**
1133 **to read:**

1134 396.218 Rules and enforcement.—

1135 (1) The agency shall adopt rules pursuant to ss.
1136 120.536(1) and 120.54 to implement this chapter, which shall
1137 include reasonable and fair minimum standards for ensuring that:

1138 (a) Sufficient numbers and qualified types of personnel
1139 and occupational disciplines are on duty and available at all
1140 times to provide necessary and adequate patient care and safety.

1141 (b) Infection control, housekeeping, sanitary conditions,
1142 and medical record procedures that will adequately protect
1143 patient care and safety are established and implemented.

1144 (c) A comprehensive emergency management plan is prepared
1145 and updated annually. The standards must be included in the
1146 rules adopted by the agency after consulting with the Division
1147 of Emergency Management. At a minimum, the rules must provide
1148 for plan components that address emergency evacuation
1149 transportation; adequate sheltering arrangements; postdisaster
1150 activities, including emergency power, food, and water;

1151 postdisaster transportation; supplies; staffing; emergency
1152 equipment; individual identification of residents and transfer
1153 of records, and responding to family inquiries. The
1154 comprehensive emergency management plan is subject to review and
1155 approval by the local emergency management agency. During its
1156 review, the local emergency management agency shall ensure that
1157 the following agencies, at a minimum, are given the opportunity
1158 to review the plan: the Department of Elderly Affairs, the
1159 Department of Health, the Agency for Health Care Administration,
1160 and the Division of Emergency Management. Also, appropriate
1161 volunteer organizations must be given the opportunity to review
1162 the plan. The local emergency management agency shall complete
1163 its review within 60 days and either approve the plan or advise
1164 the licensed facility of necessary revisions.

1165 (d) Licensed facilities are established, organized, and
1166 operated consistent with established standards and rules.

1167 (e) Licensed facility beds conform to minimum space,
1168 equipment, and furnishings standards as specified by the
1169 department.

1170 (f) Each licensed facility has a quality improvement
1171 program designed according to standards established by its
1172 current accrediting organization. This program will enhance
1173 quality of care and emphasize quality patient outcomes,
1174 corrective action for problems, governing board review, and
1175 reporting to the agency of standardized data elements necessary

1176 to analyze quality of care outcomes. The agency shall use
1177 existing data, when available, and may not duplicate the efforts
1178 of other state agencies in order to obtain such data.

1179 (g) Licensed facilities make available on their Internet
1180 websites, and in a hard copy format upon request, a description
1181 of and a link to the patient charge and performance outcome data
1182 collected from licensed facilities pursuant to s. 408.061.

1183 (2) The agency shall adopt rules that establish minimum
1184 standards for pediatric patient care in ambulatory surgical
1185 centers to ensure the safe and effective delivery of surgical
1186 care to children in ambulatory surgical centers. Such standards
1187 must include quality of care, nurse staffing, physician
1188 staffing, and equipment standards. Ambulatory surgical centers
1189 may not provide operative procedures to children under 18 years
1190 of age which require a length of stay past midnight until such
1191 standards are established by rule.

1192 (3) Any rule adopted under this chapter by the agency may
1193 not deny a license to a facility required to be licensed under
1194 this part, solely by reason of the school or system of practice
1195 employed or permitted to be employed by physicians therein,
1196 provided that such school or system of practice is recognized by
1197 the laws of this state. However, this subsection does not limit
1198 the powers of the agency to provide and require minimum
1199 standards for the maintenance and operation of, and for the
1200 treatment of patients in, those licensed facilities which

1201 receive federal aid, in order to meet minimum standards related
1202 to such matters in such licensed facilities which may now or
1203 hereafter be required by appropriate federal officers or
1204 agencies in pursuance of federal law or adopted in pursuance of
1205 federal law.

1206 (4) Any licensed facility which is in operation at the
1207 time of adoption of any applicable rules under this chapter
1208 shall be given a reasonable time, under the particular
1209 circumstances, but not to exceed 1 year after the date of such
1210 adoption, within which to comply with such rules.

1211 (5) The agency may not adopt any rule governing the
1212 design, construction, erection, alteration, modification,
1213 repair, or demolition of any ambulatory surgical center. It is
1214 the intent of the Legislature to preempt that function to the
1215 Florida Building Commission and the State Fire Marshal through
1216 adoption and maintenance of the Florida Building Code and the
1217 Florida Fire Prevention Code. However, the agency shall provide
1218 technical assistance to the commission and the State Fire
1219 Marshal in updating the construction standards of the Florida
1220 Building Code and the Florida Fire Prevention Code which govern
1221 licensed facilities.

1222 **Section 19. Section 396.219, Florida Statutes, is created**
1223 **to read:**

1224 396.219 Criminal and administrative penalties;
1225 moratorium.—

1226 (1) In addition to s. 408.812, any person establishing,
1227 conducting, managing, or operating any facility without a
1228 license under this chapter commits a misdemeanor and, upon
1229 conviction, shall be fined not more than \$500 for the first
1230 offense and not more than \$1,000 for each subsequent offense,
1231 and each day of continuing violation after conviction is
1232 considered a separate offense.

1233 (2) (a) The agency may impose an administrative fine, not
1234 to exceed \$1,000 per violation, per day, for the violation of
1235 this part, part II of chapter 408, or applicable rules. Each day
1236 of violation constitutes a separate violation and is subject to
1237 a separate fine.

1238 (b) In determining the amount of fine to be levied for a
1239 violation, as provided in paragraph (a), the following factors
1240 shall be considered:

1241 1. The severity of the violation, including the
1242 probability that death or serious harm to the health or safety
1243 of any person will result or has resulted, the severity of the
1244 actual or potential harm, and the extent to which this part was
1245 violated.

1246 2. Actions taken by the licensee to correct the violations
1247 or to remedy complaints.

1248 3. Any previous violations of the licensee.

1249 (c) The agency may impose an administrative fine for the
1250 violation of s. 641.3154 or, if sufficient claims due to a

1251 provider from a health maintenance organization do not exist to
1252 enable the take-back of an overpayment, as provided under s.
1253 641.3155(5), for the violation of s. 641.3155(5). The
1254 administrative fine for a violation cited in this paragraph
1255 shall be in the amounts specified in s. 641.52(5), and paragraph
1256 (a) does not apply.

1257 (3) In accordance with part II of chapter 408, the agency
1258 may impose an immediate moratorium on elective admissions to any
1259 licensed facility, building, or portion thereof, or service,
1260 when the agency determines that any condition in the licensed
1261 facility presents a threat to public health or safety.

1262 (4) The agency shall impose a fine of \$500 for each
1263 instance of the licensed facility's failure to provide the
1264 information required by rules adopted pursuant to s.
1265 396.1055(1)(g).

1266 **Section 20. Section 396.311, Florida Statutes, is created**
1267 **to read:**

1268 396.311 Powers and duties of the agency.—The agency shall:

1269 (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to
1270 implement this part and part II of chapter 408 conferring duties
1271 upon it.

1272 (2) Develop a model risk management program for licensed
1273 facilities that will satisfy the requirements of s. 395.0197.

1274 (3) Enforce the special-occupancy provisions of the
1275 Florida Building Code which apply to ambulatory surgical centers

1276 in conducting any inspection authorized by this chapter and part
1277 II of chapter 408.

1278 **Section 21. Section 396.312, Florida Statutes, is created**
1279 **to read:**

1280 396.312 Price transparency; itemized patient statement or
1281 bill; patient admission status notification.—

1282 (1) A facility licensed under this chapter shall provide
1283 timely and accurate financial information and quality of service
1284 measures to patients and prospective patients of the facility,
1285 or to patients' survivors or legal guardians, as appropriate.
1286 Such information shall be provided in accordance with this
1287 section and rules adopted by the agency pursuant to this chapter
1288 and s. 408.05. Licensed facilities operating exclusively as
1289 state facilities are exempt from this subsection.

1290 (a) Each licensed facility shall make available to the
1291 public on its website information on payments made to that
1292 facility for defined bundles of services and procedures. The
1293 payment data must be presented and searchable in accordance
1294 with, and through a hyperlink to, the system established by the
1295 agency and its vendor using the descriptive service bundles
1296 developed under s. 408.05(3)(c). At a minimum, the licensed
1297 facility shall provide the estimated average payment received
1298 from all payors, excluding Medicaid and Medicare, for the
1299 descriptive service bundles available at that facility and the
1300 estimated payment range for such bundles. Using plain language,

1301 comprehensible to an ordinary layperson, the licensed facility
 1302 must disclose that the information on average payments and the
 1303 payment ranges is an estimate of costs that may be incurred by
 1304 the patient or prospective patient and that actual costs will be
 1305 based on the services actually provided to the patient. The
 1306 licensed facility's website must:

1307 1. Provide information to prospective patients on the
 1308 licensed facility's financial assistance policy, including the
 1309 application process, payment plans, and discounts, and the
 1310 facility's charity care policy and collection procedures.

1311 2. If applicable, notify patients and prospective patients
 1312 that services may be provided in the licensed facility by that
 1313 facility as well as by other health care providers who may
 1314 separately bill the patient and that such health care providers
 1315 may or may not participate with the same health insurers or
 1316 health maintenance organizations as the facility.

1317 3. Inform patients and prospective patients that they may
 1318 request from the licensed facility and other health care
 1319 providers a more personalized estimate of charges and other
 1320 information, and inform patients that they should contact each
 1321 health care practitioner who will provide services in the
 1322 facility to determine the health insurers and health maintenance
 1323 organizations with which the health care practitioner
 1324 participates as a network provider or preferred provider.

1325 4. Provide the names, mailing addresses, and telephone

1326 numbers of the health care practitioners and medical practice
1327 groups with which it contracts to provide services in the
1328 licensed facility and instructions on how to contact the
1329 practitioners and groups to determine the health insurers and
1330 health maintenance organizations with which they participate as
1331 network providers or preferred providers.

1332 (b) Each licensed facility shall post on its website a
1333 consumer-friendly list of standard charges for at least 300
1334 shoppable health care services, or an Internet-based price
1335 estimator tool meeting federal standards. If a licensed facility
1336 provides fewer than 300 distinct shoppable health care services,
1337 it shall make available on its website the standard charges for
1338 each service it provides. As used in this paragraph, the term:

1339 1. "Shoppable health care service" means a service that
1340 can be scheduled by a healthcare consumer in advance. The term
1341 includes, but is not limited to, the services described in s.
1342 627.6387(2)(e) and any services defined in regulations or
1343 guidance issued by the United States Department of Health and
1344 Human Services.

1345 2. "Standard charge" has the same meaning as that term is
1346 defined in regulations or guidance issued by the United States
1347 Department of Health and Human Services for purposes of
1348 ambulatory surgical center price transparency.

1349 (c)1. Before providing any nonemergency medical services,
1350 each licensed facility shall provide in writing or by electronic

1351 means a good faith estimate of reasonably anticipated charges by
1352 the licensed facility for the treatment of a patient's or
1353 prospective patient's specific condition. The licensed facility
1354 is not required to adjust the estimate for any potential
1355 insurance coverage. The licensed facility must provide the
1356 estimate to the patient's health insurer, as defined in s.
1357 627.446(1), and the patient at least 3 business days before the
1358 date such service is to be provided, but no later than 1
1359 business day after the date such service is scheduled or, in the
1360 case of a service scheduled at least 10 business days in
1361 advance, no later than 3 business days after the date the
1362 service is scheduled. The licensed facility must provide the
1363 estimate to the patient no later than 3 business days after the
1364 date the patient requests an estimate. The estimate may be based
1365 on the descriptive service bundles developed by the agency under
1366 s. 408.05(3)(c) unless the patient or prospective patient
1367 requests a more personalized and specific estimate that accounts
1368 for the specific condition and characteristics of the patient or
1369 prospective patient. The licensed facility shall inform the
1370 patient or prospective patient that he or she may contact his or
1371 her health insurer for additional information concerning cost-
1372 sharing responsibilities.

1373 2. In the estimate, the licensed facility shall provide to
1374 the patient or prospective patient information on the facility's
1375 financial assistance policy, including the application process,

1376 payment plans, and discounts and the facility's charity care
1377 policy and collection procedures.

1378 3. The estimate shall clearly identify any licensed
1379 facility fees and, if applicable, include a statement notifying
1380 the patient or prospective patient that a facility fee is
1381 included in the estimate, the purpose of the fee, and that the
1382 patient may pay less for the procedure or service at another
1383 facility or in another health care setting.

1384 4. The licensed facility shall notify the patient or
1385 prospective patient of any revision to the estimate.

1386 5. In the estimate, the licensed facility must notify the
1387 patient or prospective patient that services may be provided in
1388 the facility by the facility as well as by other health care
1389 providers that may separately bill the patient, if applicable.

1390 6. Failure to timely provide the estimate pursuant to this
1391 paragraph shall result in a daily fine of \$1,000 until the
1392 estimate is provided to the patient or prospective patient and
1393 the health insurer. The total fine per patient estimate may not
1394 exceed \$10,000.

1395 (d) Each licensed facility shall make available on its
1396 website a hyperlink to the health-related data, including
1397 quality measures and statistics that are disseminated by the
1398 agency pursuant to s. 408.05. The licensed facility shall also
1399 take action to notify the public that such information is
1400 electronically available and provide a hyperlink to the agency's

1401 website.

1402 (e)1. Upon request, and after the patient's discharge or
1403 release from a licensed facility, the facility must provide to
1404 the patient or to the patient's survivor or legal guardian, as
1405 appropriate, an itemized statement or a bill detailing in plain
1406 language, comprehensible to an ordinary layperson, the specific
1407 nature of charges or expenses incurred by the patient. The
1408 initial statement or bill shall be provided within 7 days after
1409 the patient's discharge or release or after a request for such
1410 statement or bill, whichever is later. The initial statement or
1411 bill must contain a statement of specific services received and
1412 expenses incurred by date and provider for such items of
1413 service, enumerating in detail as prescribed by the agency the
1414 constituent components of the services received within each
1415 department of the licensed facility and including unit price
1416 data on rates charged by the licensed facility. The statement or
1417 bill must also clearly identify any facility fee and explain the
1418 purpose of the fee. The statement or bill must identify each
1419 item as paid, pending payment by a third party, or pending
1420 payment by the patient, and must include the amount due, if
1421 applicable. If an amount is due from the patient, a due date
1422 must be included. The initial statement or bill must direct the
1423 patient or the patient's survivor or legal guardian, as
1424 appropriate, to contact the patient's insurer or health
1425 maintenance organization regarding the patient's cost-sharing

1426 responsibilities.

1427 2. Any subsequent statement or bill provided to a patient
1428 or to the patient's survivor or legal guardian, as appropriate,
1429 relating to the episode of care must include all of the
1430 information required by subparagraph 1., with any revisions
1431 clearly delineated.

1432 3. Each statement or bill provided pursuant to this
1433 subsection:

1434 a. Must include notice of physicians and other health care
1435 providers who bill separately.

1436 b. May not include any generalized category of expenses
1437 such as "other" or "miscellaneous" or similar categories.

1438 (2) Each itemized statement or bill must prominently
1439 display the telephone number of the licensed facility's patient
1440 liaison who is responsible for expediting the resolution of any
1441 billing dispute between the patient, or the patient's survivor
1442 or legal guardian, and the billing department.

1443 (3) A licensed facility shall make available to a patient
1444 all records necessary for verification of the accuracy of the
1445 patient's statement or bill within 10 business days after the
1446 request for such records. The records must be made available in
1447 the licensed facility's offices and through electronic means
1448 that comply with the Health Insurance Portability and
1449 Accountability Act of 1996, 42 U.S.C. s. 1320d, as amended. Such
1450 records must be available to the patient before and after

1451 payment of the statement or bill. The licensed facility may not
1452 charge the patient for making such verification records
1453 available; however, the facility may charge its usual fee for
1454 providing copies of records as specified in s. 396.3025.

1455 (4) Each licensed facility shall establish a method for
1456 reviewing and responding to questions from patients concerning
1457 the patient's itemized statement or bill. Such response shall be
1458 provided within 7 business days after the date a question is
1459 received. If the patient is not satisfied with the response, the
1460 facility must provide the patient with the contact information
1461 of the agency to which the issue may be sent for review.

1462 (5) Each licensed facility shall establish an internal
1463 process for reviewing and responding to grievances from
1464 patients. Such process must allow a patient to dispute charges
1465 that appear on the patient's itemized statement or bill. The
1466 licensed facility shall prominently post on its website and
1467 indicate in bold print on each itemized statement or bill the
1468 instructions for initiating a grievance and the direct contact
1469 information required to initiate the grievance process. The
1470 licensed facility must provide an initial response to a patient
1471 grievance within 7 business days after the patient formally
1472 files a grievance disputing all or a portion of an itemized
1473 statement or bill.

1474 (6) Each licensed facility shall disclose to a patient, a
1475 prospective patient, or a patient's legal guardian whether a

1476 cost-sharing obligation for a particular covered health care
 1477 service or item exceeds the charge that applies to an individual
 1478 who pays cash or the cash equivalent for the same health care
 1479 service or item in the absence of health insurance coverage.
 1480 Failure to provide a disclosure in compliance with this
 1481 subsection may result in a fine not to exceed \$500 per incident.

1482 **Section 22. Section 396.313, Florida Statutes, is created**
 1483 **to read:**

1484 396.313 Billing and collection activities.—

1485 (1) As used in this section, the term "extraordinary
 1486 collection action" means any of the following actions taken by a
 1487 licensed facility against an individual in relation to obtaining
 1488 payment of a bill for care covered under the licensed facility's
 1489 financial assistance policy:

1490 (a) Selling the individual's debt to another party.

1491 (b) Reporting adverse information about the individual to
 1492 consumer credit reporting agencies or credit bureaus.

1493 (c) Deferring, denying, or requiring a payment before
 1494 providing medically necessary care because of the individual's
 1495 nonpayment of one or more bills for previously provided care
 1496 covered under the licensed facility's financial assistance
 1497 policy.

1498 (d) Actions that require a legal or judicial process,
 1499 including, but not limited to:

1500 1. Placing a lien on the individual's property;

1501 2. Foreclosing on the individual's real property;
 1502 3. Attaching or seizing the individual's bank account or
 1503 any other personal property;
 1504 4. Commencing a civil action against the individual;
 1505 5. Causing the individual's arrest; or
 1506 6. Garnishing the individual's wages.
 1507 (2) A licensed facility may not engage in an extraordinary
 1508 collection action against an individual to obtain payment for
 1509 services:
 1510 (a) Before the licensed facility has made reasonable
 1511 efforts to determine whether the individual is eligible for
 1512 assistance under its financial assistance policy for the care
 1513 provided and, if eligible, before a decision is made by the
 1514 facility on the patient's application for such financial
 1515 assistance.
 1516 (b) Before the licensed facility has provided the
 1517 individual with an itemized statement or bill.
 1518 (c) During an ongoing grievance process as described in s.
 1519 395.301(6) or an ongoing appeal of a claim adjudication.
 1520 (d) Before billing any applicable insurer and allowing the
 1521 insurer to adjudicate a claim.
 1522 (e) For 30 days after notifying the patient in writing, by
 1523 certified mail, or by other traceable delivery method, that a
 1524 collection action will commence absent additional action by the
 1525 patient.

- 1526 (f) While the individual:
 1527 1. Negotiates in good faith the final amount of a bill for
 1528 services rendered; or
 1529 2. Complies with all terms of a payment plan with the
 1530 licensed facility.

1531 **Section 23. Section 396.314, Florida Statutes, is created**
 1532 **to read:**

1533 396.314 Patient records; penalties for alteration.-

1534 (1) Any person who fraudulently alters, defaces, or
 1535 falsifies any medical record, or causes or procures any of these
 1536 offenses to be committed, commits a misdemeanor of the second
 1537 degree, punishable as provided in s. 775.082 or s.
 1538 775.083.

1539 (2) A conviction under subsection (1) is also grounds for
 1540 restriction, suspension, or termination of license privileges.

1541 **Section 24. Section 396.315, Florida Statutes, is created**
 1542 **to read:**

1543 396.315 Patient and personnel records; copies;
 1544 examination.-

1545 (1) Any licensed facility shall, upon written request, and
 1546 only after discharge of the patient, furnish, in a timely
 1547 manner, without delays for legal review, to any person admitted
 1548 to the licensed facility for care and treatment or treated at
 1549 the licensed facility, or to any such person's guardian,
 1550 curator, or personal representative, or in the absence of one of

1551 those persons, to the next of kin of a decedent or the parent of
1552 a minor, or to anyone designated by such person in writing, a
1553 true and correct copy of all patient records, including X rays,
1554 and insurance information concerning such person, which records
1555 are in the possession of the licensed facility, provided that
1556 the person requesting such records agrees to pay a charge. The
1557 exclusive charge for copies of patient records may include sales
1558 tax and actual postage, and, except for nonpaper records that
1559 are subject to a charge not to exceed \$2, may not exceed \$1 per
1560 page. A fee of up to \$1 may be charged for each year of records
1561 requested. These charges shall apply to all records furnished,
1562 whether directly from the licensed facility or from a copy
1563 service providing these services on behalf of the licensed
1564 facility. However, a patient whose records are copied or
1565 searched for the purpose of continuing to receive medical care
1566 is not required to pay a charge for copying or for the search.
1567 The licensed facility shall further allow any such person to
1568 examine the original records in its possession, or microforms or
1569 other suitable reproductions of the records, upon such
1570 reasonable terms as shall be imposed to ensure that the records
1571 will not be damaged, destroyed, or altered.

1572 (2) Patient records are confidential and must not be
1573 disclosed without the consent of the patient or his or her legal
1574 representative, but appropriate disclosure may be made without
1575 such consent to:

1576 (a) Licensed facility personnel, attending physicians, or
1577 other health care practitioners and providers currently involved
1578 in the care or treatment of the patient for use only in
1579 connection with the treatment of the patient.

1580 (b) Licensed facility personnel only for administrative
1581 purposes or risk management and quality assurance functions.

1582 (c) The agency, for purposes of health care cost
1583 containment.

1584 (d) In any civil or criminal action, unless otherwise
1585 prohibited by law, upon the issuance of a subpoena from a
1586 court of competent jurisdiction and proper notice by the party
1587 seeking such records to the patient or his or her legal
1588 representative.

1589 (e) The agency upon subpoena issued pursuant to s.
1590 456.071, but the records obtained must be used solely for the
1591 purpose of the agency and the appropriate professional board in
1592 its investigation, prosecution, and appeal of disciplinary
1593 proceedings. If the agency requests copies of the records, the
1594 licensed facility shall charge no more than its actual copying
1595 costs, including reasonable staff time. The records must be
1596 sealed and must not be available to the public pursuant to s.
1597 119.07(1) or any other statute providing access to records, nor
1598 may they be available to the public as part of the record of
1599 investigation for and prosecution in disciplinary proceedings
1600 made available to the public by the agency or the appropriate

1601 regulatory board. However, the agency must make available, upon
1602 written request by a practitioner against whom probable cause
1603 has been found, any such records that form the basis of the
1604 determination of probable cause.

1605 (f) Organ procurement organizations, tissue banks, and eye
1606 banks required to conduct death records reviews pursuant to s.
1607 396.2050.

1608 (g) The Medicaid Fraud Control Unit in the Department of
1609 Legal Affairs pursuant to s. 409.920.

1610 (h) The Department of Financial Services, or an agent,
1611 employee, or independent contractor of the department who is
1612 auditing for unclaimed property pursuant to chapter 717.

1613 (i) A regional poison control center for purposes of
1614 treating a poison episode under evaluation, case management of
1615 poison cases, or compliance with data collection and reporting
1616 requirements of s. 395.1027 and the professional organization
1617 that certifies poison control centers in accordance with federal
1618 law.

1619 (3) The Department of Health may examine patient records
1620 of a licensed facility, whether held by the licensed facility or
1621 the Agency for Health Care Administration, for the purpose of
1622 epidemiological investigations. The unauthorized release of
1623 information by agents of the department which would identify an
1624 individual patient is a misdemeanor of the first degree,
1625 punishable as provided in s. 775.082 or s. 775.083.

1626 (4) Patient records shall contain information required for
 1627 completion of birth, death, and fetal death certificates.

1628 (5) (a) If the content of any record of patient treatment
 1629 is provided under this section, the recipient, if other than the
 1630 patient or the patient's representative, may use such
 1631 information only for the purpose provided and may not further
 1632 disclose any information to any other person or entity, unless
 1633 expressly permitted by the written consent of the patient. A
 1634 general authorization for the release of medical information is
 1635 not sufficient for this purpose. The content of such patient
 1636 treatment record is confidential and exempt from s. 119.07(1)
 1637 and s. 24(a), Art. I of the State Constitution.

1638 (b) Absent a specific written release or authorization
 1639 permitting utilization of patient information for solicitation
 1640 or marketing the sale of goods or services, any use of that
 1641 information for those purposes is prohibited.

1642 (6) Patient records at ambulatory surgical centers are
 1643 exempt from disclosure under s. 119.07(1), except as provided in
 1644 subsections (1)-(5).

1645 (7) A licensed facility may prescribe the content and
 1646 custody of limited-access records which the licensed facility
 1647 may maintain on its employees. Such records shall be limited to
 1648 information regarding evaluations of employee performance,
 1649 including records forming the basis for evaluation and
 1650 subsequent actions, and shall be open to inspection only by the

1651 employee and by officials of the licensed facility who are
1652 responsible for the supervision of the employee. The custodian
1653 of limited-access employee records shall release information
1654 from such records to other employers or only upon authorization
1655 in writing from the employee or upon order of a court of
1656 competent jurisdiction. Any licensed facility releasing such
1657 records pursuant to this chapter shall be considered to be
1658 acting in good faith and may not be held liable for information
1659 contained in such records, absent a showing that the facility
1660 maliciously falsified such records. Such limited-access employee
1661 records are exempt from s. 119.07(1) for a period of 5 years
1662 after the date such records are designated limited-access
1663 records.

1664 (8) The home addresses, telephone numbers, and photographs
1665 of employees of any licensed facility who provide direct patient
1666 care or security services; the home addresses, telephone
1667 numbers, and places of employment of the spouses and children of
1668 such persons; and the names and locations of schools and day
1669 care facilities attended by the children of such persons are
1670 confidential and exempt from s. 119.07(1) and s. 24(a), Art. I
1671 of the State Constitution. However, any state or federal agency
1672 that is authorized to have access to such information by any
1673 provision of law shall be granted such access in the furtherance
1674 of its statutory duties, notwithstanding this subsection. The
1675 Department of Financial Services, or an agent, employee, or

1676 independent contractor of the department who is auditing for
1677 unclaimed property pursuant to chapter 717, shall be granted
1678 access to the name, address, and social security number of any
1679 employee owed unclaimed property.

1680 (9) The home addresses, telephone numbers, and photographs
1681 of employees of any licensed facility who have a reasonable
1682 belief, based upon specific circumstances that have been
1683 reported in accordance with the procedure adopted by the
1684 licensed facility, that release of the information may be used
1685 to threaten, intimidate, harass, inflict violence upon, or
1686 defraud the employee or any member of the employee's family; the
1687 home addresses, telephone numbers, and places of employment of
1688 the spouses and children of such persons; and the names and
1689 locations of schools and day care facilities attended by the
1690 children of such persons are confidential and exempt from s.
1691 119.07(1) and s. 24(a), Art. I of the State Constitution.
1692 However, any state or federal agency that is authorized to have
1693 access to such information by any provision of law shall be
1694 granted such access in the furtherance of its statutory duties,
1695 notwithstanding this subsection. The licensed facility shall
1696 maintain the confidentiality of the personal information only if
1697 the employee submits a written request for confidentiality to
1698 the licensed facility.

1699 **Section 25. Paragraph (d) of subsection (2) of section**
1700 **383.145, Florida Statutes, is amended to read:**

1701 383.145 Newborn, infant, and toddler hearing screening.—
 1702 (2) DEFINITIONS.—As used in this section, the term:
 1703 (d) "Hospital" means a facility as defined in s. 395.002
 1704 ~~s. 395.002(13)~~ and licensed under chapter 395 and part II of
 1705 chapter 408.

1706 **Section 26. Paragraph (b) of subsection (4) of section**
 1707 **383.50, Florida Statutes, is amended to read:**

1708 383.50 Treatment of surrendered infant.—
 1709 (4)
 1710 (b) Each hospital of this state subject to s. 395.1041
 1711 shall, and any other hospital may, admit and provide all
 1712 necessary emergency services and care, as defined in s. 395.002
 1713 ~~s. 395.002(9)~~, to any infant left with the hospital in
 1714 accordance with this section. The hospital or any of its medical
 1715 staff or licensed health care professionals shall consider these
 1716 actions as implied consent for treatment, and a hospital
 1717 accepting physical custody of an infant has implied consent to
 1718 perform all necessary emergency services and care. The hospital
 1719 or any of its medical staff or licensed health care
 1720 professionals are immune from criminal or civil liability for
 1721 acting in good faith in accordance with this section. This
 1722 subsection does not limit liability for negligence.

1723 **Section 27. Subsection (2) of section 385.211, Florida**
 1724 **Statutes, is amended to read:**

1725 385.211 Refractory and intractable epilepsy treatment and

1726 research at recognized medical centers.—

1727 (2) Notwithstanding chapter 893, medical centers
 1728 recognized pursuant to s. 381.925, or an academic medical
 1729 research institution legally affiliated with a licensed
 1730 children's specialty hospital as defined in s. 395.002 ~~s.~~
 1731 ~~395.002(28)~~ that contracts with the Department of Health, may
 1732 conduct research on cannabidiol and low-THC cannabis. This
 1733 research may include, but is not limited to, the agricultural
 1734 development, production, clinical research, and use of liquid
 1735 medical derivatives of cannabidiol and low-THC cannabis for the
 1736 treatment for refractory or intractable epilepsy. The authority
 1737 for recognized medical centers to conduct this research is
 1738 derived from 21 C.F.R. parts 312 and 316. Current state or
 1739 privately obtained research funds may be used to support the
 1740 activities described in this section.

1741 **Section 28. Subsection (8) of section 390.011, Florida**
 1742 **Statutes, is amended to read:**

1743 390.011 Definitions.—As used in this chapter, the term:

1744 (8) "Hospital" means a facility as defined in s. 395.002
 1745 ~~s. 395.002(12)~~ and licensed under chapter 395 and part II of
 1746 chapter 408.

1747 **Section 29. Subsection (7) of section 394.4787, Florida**
 1748 **Statutes, is amended to read:**

1749 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,
 1750 and 394.4789.—As used in this section and ss. 394.4786,

1751 394.4788, and 394.4789:

1752 (7) "Specialty psychiatric hospital" means a hospital
1753 licensed by the agency pursuant to s. 395.002 ~~s. 395.002(28)~~ and
1754 part II of chapter 408 as a specialty psychiatric hospital.

1755 **Section 30. Section 395.001, Florida Statutes, is amended**
1756 **to read:**

1757 395.001 Legislative intent.—It is the intent of the
1758 Legislature to provide for the protection of public health and
1759 safety in the establishment, construction, maintenance, and
1760 operation of hospitals ~~and ambulatory surgical centers~~ by
1761 providing for licensure of same and for the development,
1762 establishment, and enforcement of minimum standards with respect
1763 thereto.

1764 **Section 31. Subsections (4) through (33) of section**
1765 **395.002, Florida Statutes, are renumbered as subsections (3)**
1766 **through (32), respectively, and present subsections (3), (10),**
1767 **(17), (23), and (28) of that section are amended to read:**

1768 395.002 Definitions.—As used in this chapter:

1769 ~~(3) "Ambulatory surgical center" means a facility, the~~
1770 ~~primary purpose of which is to provide elective surgical care,~~
1771 ~~in which the patient is admitted to and discharged from such~~
1772 ~~facility within 24 hours, and which is not part of a hospital.~~
1773 ~~However, a facility existing for the primary purpose of~~
1774 ~~performing terminations of pregnancy, an office maintained by a~~
1775 ~~physician for the practice of medicine, or an office maintained~~

1776 ~~for the practice of dentistry may not be construed to be an~~
1777 ~~ambulatory surgical center, provided that any facility or office~~
1778 ~~which is certified or seeks certification as a Medicare~~
1779 ~~ambulatory surgical center shall be licensed as an ambulatory~~
1780 ~~surgical center pursuant to s. 395.003.~~

1781 (9)~~(10)~~ "General hospital" means any facility which meets
1782 the provisions of subsection (11)~~(12)~~ and which regularly makes
1783 its facilities and services available to the general population.

1784 (16)~~(17)~~ "Licensed facility" means a hospital ~~or~~
1785 ~~ambulatory surgical center~~ licensed in accordance with this
1786 chapter.

1787 (22)~~(23)~~ "Premises" means those buildings, beds, and
1788 equipment located at the address of the licensed facility and
1789 all other buildings, beds, and equipment for the provision of
1790 hospital ~~or ambulatory surgical~~ care located in such reasonable
1791 proximity to the address of the licensed facility as to appear
1792 to the public to be under the dominion and control of the
1793 licensee. For any licensee that is a teaching hospital as
1794 defined in s. 408.07, reasonable proximity includes any
1795 buildings, beds, services, programs, and equipment under the
1796 dominion and control of the licensee that are located at a site
1797 with a main address that is within 1 mile of the main address of
1798 the licensed facility; and all such buildings, beds, and
1799 equipment may, at the request of a licensee or applicant, be
1800 included on the facility license as a single premises.

1801 (27)~~(28)~~ "Specialty hospital" means any facility which
 1802 meets the provisions of subsection (11) ~~(12)~~, and which
 1803 regularly makes available either:

1804 (a) The range of medical services offered by general
 1805 hospitals but restricted to a defined age or gender group of the
 1806 population;

1807 (b) A restricted range of services appropriate to the
 1808 diagnosis, care, and treatment of patients with specific
 1809 categories of medical or psychiatric illnesses or disorders; or

1810 (c) Intensive residential treatment programs for children
 1811 and adolescents as defined in subsection (16).

1812 **Section 32. Subsection (1) and paragraph (d) of subsection**
 1813 **(5) of section 395.003, Florida Statutes, are amended to read:**

1814 395.003 Licensure; denial, suspension, and revocation.—

1815 (1) (a) The requirements of part II of chapter 408 apply to
 1816 the provision of services that require licensure pursuant to ss.
 1817 395.001-395.1065 and part II of chapter 408 and to entities
 1818 licensed by or applying for such licensure from the Agency for
 1819 Health Care Administration pursuant to ss. 395.001-395.1065. A
 1820 license issued by the agency is required in order to operate a
 1821 hospital ~~or ambulatory surgical center~~ in this state.

1822 (b)1. It is unlawful for a person to use or advertise to
 1823 the public, in any way or by any medium whatsoever, any facility
 1824 as a "hospital" ~~or "ambulatory surgical center"~~ unless such
 1825 facility has first secured a license under this part.

1826 2. This part does not apply to veterinary hospitals or to
1827 commercial business establishments using the word "hospital" ~~or~~
1828 ~~"ambulatory surgical center"~~ as a part of a trade name if no
1829 treatment of human beings is performed on the premises of such
1830 establishments.

1831 (5)

1832 (d) A hospital, ~~an ambulatory surgical center,~~ a specialty
1833 hospital, or an urgent care center shall comply with ss.
1834 627.64194 and 641.513 as a condition of licensure.

1835 **Section 33. Subsections (4) through (19) of section**
1836 **395.1055, Florida Statutes, are renumbered as subsections (3)**
1837 **through (18), respectively, and subsection (2) and present**
1838 **subsections (3) and (9) of that section are amended, to read:**

1839 395.1055 Rules and enforcement.—

1840 (2) Separate standards may be provided for general and
1841 specialty hospitals, ~~ambulatory surgical centers,~~ and statutory
1842 rural hospitals as defined in s. 395.602.

1843 ~~(3) The agency shall adopt rules that establish minimum~~
1844 ~~standards for pediatric patient care in ambulatory surgical~~
1845 ~~centers to ensure the safe and effective delivery of surgical~~
1846 ~~care to children in ambulatory surgical centers. Such standards~~
1847 ~~must include quality of care, nurse staffing, physician~~
1848 ~~staffing, and equipment standards. Ambulatory surgical centers~~
1849 ~~may not provide operative procedures to children under 18 years~~
1850 ~~of age which require a length of stay past midnight until such~~

1851 ~~standards are established by rule.~~

1852 (8)~~(9)~~ The agency may not adopt any rule governing the
 1853 design, construction, erection, alteration, modification,
 1854 repair, or demolition of any public or private hospital or~~7~~
 1855 intermediate residential treatment facility,~~or ambulatory~~
 1856 ~~surgical center~~. It is the intent of the Legislature to preempt
 1857 that function to the Florida Building Commission and the State
 1858 Fire Marshal through adoption and maintenance of the Florida
 1859 Building Code and the Florida Fire Prevention Code. However, the
 1860 agency shall provide technical assistance to the commission and
 1861 the State Fire Marshal in updating the construction standards of
 1862 the Florida Building Code and the Florida Fire Prevention Code
 1863 which govern hospitals and~~7~~ intermediate residential treatment
 1864 facilities,~~and ambulatory surgical centers~~.

1865 **Section 34. Subsection (3) of section 395.10973, Florida**
 1866 **Statutes, is amended to read:**

1867 395.10973 Powers and duties of the agency.—It is the
 1868 function of the agency to:

1869 (3) Enforce the special-occupancy provisions of the
 1870 Florida Building Code which apply to hospitals and~~7~~ intermediate
 1871 residential treatment facilities,~~and ambulatory surgical~~
 1872 ~~centers~~ in conducting any inspection authorized by this chapter
 1873 and part II of chapter 408.

1874 **Section 35. Subsection (8) of section 395.3025, Florida**
 1875 **Statutes, is amended to read:**

1876 395.3025 Patient and personnel records; copies;
 1877 examination.—

1878 (8) Patient records at hospitals ~~and ambulatory surgical~~
 1879 ~~centers~~ are exempt from disclosure under s. 119.07(1), except as
 1880 provided by subsections (1)-(5).

1881 **Section 36. Subsection (3) of section 395.607, Florida**
 1882 **Statutes, is amended to read:**

1883 395.607 Rural emergency hospitals.—

1884 (3) Notwithstanding s. 395.002 ~~s. 395.002(12)~~, a rural
 1885 emergency hospital is not required to offer acute inpatient care
 1886 or care beyond 24 hours, or to make available treatment
 1887 facilities for surgery, obstetrical care, or similar services in
 1888 order to be deemed a hospital as long as it maintains its
 1889 designation as a rural emergency hospital, and may be required
 1890 to make such services available only if it ceases to be
 1891 designated as a rural emergency hospital.

1892 **Section 37. Paragraphs (b) and (c) of subsection (1) of**
 1893 **section 395.701, Florida Statutes, are amended to read:**

1894 395.701 Annual assessments on net operating revenues for
 1895 inpatient and outpatient services to fund public medical
 1896 assistance; administrative fines for failure to pay assessments
 1897 when due; exemption.—

1898 (1) For the purposes of this section, the term:

1899 (b) "Gross operating revenue" or "gross revenue" means the
 1900 sum of daily hospital service charges, ~~ambulatory service~~

1901 ~~charges,~~ ancillary service charges, and other operating revenue.
 1902 (c) "Hospital" means a health care institution as defined
 1903 in s. 395.002 ~~s. 395.002(12)~~, but does not include any hospital
 1904 operated by a state agency.

1905 **Section 38. Paragraph (b) of subsection (3) of section**
 1906 **400.518, Florida Statutes, is amended to read:**

1907 400.518 Prohibited referrals to home health agencies.—
 1908 (3)

1909 (b) A physician who violates this section is subject to
 1910 disciplinary action by the appropriate board under s. 458.331(2)
 1911 or s. 459.015(2). A hospital ~~or ambulatory surgical center~~ that
 1912 violates this section is subject to s. 395.0185(2). An
 1913 ambulatory surgical center that violates this section is subject
 1914 to s. 396.209.

1915 **Section 39. Paragraph (h) of subsection (5) of section**
 1916 **400.93, Florida Statutes, is amended to read:**

1917 400.93 Licensure required; exemptions; unlawful acts;
 1918 penalties.—

1919 (5) The following are exempt from home medical equipment
 1920 provider licensure, unless they have a separate company,
 1921 corporation, or division that is in the business of providing
 1922 home medical equipment and services for sale or rent to
 1923 consumers at their regular or temporary place of residence
 1924 pursuant to the provisions of this part:

1925 (h) Hospitals licensed under chapter 395 and ambulatory

1926 surgical centers licensed under chapter 396 ~~395~~.

1927 **Section 40. Paragraph (i) of subsection (1) of section**
1928 **400.9935, Florida Statutes, is amended to read:**

1929 400.9935 Clinic responsibilities.—

1930 (1) Each clinic shall appoint a medical director or clinic
1931 director who shall agree in writing to accept legal
1932 responsibility for the following activities on behalf of the
1933 clinic. The medical director or the clinic director shall:

1934 (i) Ensure that the clinic publishes a schedule of charges
1935 for the medical services offered to patients. The schedule must
1936 include the prices charged to an uninsured person paying for
1937 such services by cash, check, credit card, or debit card. The
1938 schedule may group services by price levels, listing services in
1939 each price level. The schedule must be posted in a conspicuous
1940 place in the reception area of any clinic that is considered an
1941 urgent care center as defined in s. 395.002 ~~s. 395.002(30)(b)~~
1942 and must include, but is not limited to, the 50 services most
1943 frequently provided by the clinic. The posting may be a sign
1944 that must be at least 15 square feet in size or through an
1945 electronic messaging board that is at least 3 square feet in
1946 size. The failure of a clinic, including a clinic that is
1947 considered an urgent care center, to publish and post a schedule
1948 of charges as required by this section shall result in a fine of
1949 not more than \$1,000, per day, until the schedule is published
1950 and posted.

Section 41. Paragraph (b) of subsection (2) of section 401.272, Florida Statutes, is amended to read:

401.272 Emergency medical services community health care.—

(2) Notwithstanding any other provision of law to the contrary:

(b) Paramedics and emergency medical technicians shall operate under the medical direction of a physician through two-way communication or pursuant to established standing orders or protocols and within the scope of their training when a patient is not transported to an emergency department or is transported to a facility other than a hospital as defined in s. 395.002 ~~s. 395.002(12)~~.

Section 42. Subsections (4) and (5) of section 408.051, Florida Statutes, are amended to read:

408.051 Florida Electronic Health Records Exchange Act.—

(4) EMERGENCY RELEASE OF IDENTIFIABLE HEALTH RECORD.—A health care provider may release or access an identifiable health record of a patient without the patient's consent for use in the treatment of the patient for an emergency medical condition, as defined in s. 395.002 ~~s. 395.002(8)~~, when the health care provider is unable to obtain the patient's consent or the consent of the patient representative due to the patient's condition or the nature of the situation requiring immediate medical attention. A health care provider who in good faith releases or accesses an identifiable health record of a

1976 patient in any form or medium under this subsection is immune
 1977 from civil liability for accessing or releasing an identifiable
 1978 health record.

1979 (5) HOSPITAL DATA.—A hospital as defined in s. 395.002 ~~s.~~
 1980 ~~395.002(12)~~ which maintains certified electronic health record
 1981 technology must make available admit, transfer, and discharge
 1982 data to the agency's Florida Health Information Exchange program
 1983 for the purpose of supporting public health data registries and
 1984 patient care coordination. The agency may adopt rules to
 1985 implement this subsection.

1986 **Section 43. Subsection (6) of section 408.07, Florida**
 1987 **Statutes, is amended to read:**

1988 408.07 Definitions.—As used in this chapter, with the
 1989 exception of ss. 408.031-408.045, the term:

1990 (6) "Ambulatory surgical center" means a facility licensed
 1991 as an ambulatory surgical center under chapter 396 ~~395~~.

1992 **Section 44. Subsection (9) of section 408.802, Florida**
 1993 **Statutes, is amended to read:**

1994 408.802 Applicability.—This part applies to the provision
 1995 of services that require licensure as defined in this part and
 1996 to the following entities licensed, registered, or certified by
 1997 the agency, as described in chapters 112, 383, 390, 394, 395,
 1998 400, 429, 440, and 765:

1999 (9) Ambulatory surgical centers, as provided under ~~part I~~
 2000 ~~of~~ chapter 396 ~~395~~.

2001 **Section 45. Subsection (9) of section 408.820, Florida**
 2002 **Statutes, is amended to read:**

2003 408.820 Exemptions.—Except as prescribed in authorizing
 2004 statutes, the following exemptions shall apply to specified
 2005 requirements of this part:

2006 (9) Ambulatory surgical centers, as provided under ~~part I~~
 2007 ~~of~~ chapter 396 ~~395~~, are exempt from s. 408.810(7)-(10).

2008 **Section 46. Subsection (8) of section 409.905, Florida**
 2009 **Statutes, is amended to read:**

2010 409.905 Mandatory Medicaid services.—The agency may make
 2011 payments for the following services, which are required of the
 2012 state by Title XIX of the Social Security Act, furnished by
 2013 Medicaid providers to recipients who are determined to be
 2014 eligible on the dates on which the services were provided. Any
 2015 service under this section shall be provided only when medically
 2016 necessary and in accordance with state and federal law.

2017 Mandatory services rendered by providers in mobile units to
 2018 Medicaid recipients may be restricted by the agency. Nothing in
 2019 this section shall be construed to prevent or limit the agency
 2020 from adjusting fees, reimbursement rates, lengths of stay,
 2021 number of visits, number of services, or any other adjustments
 2022 necessary to comply with the availability of moneys and any
 2023 limitations or directions provided for in the General
 2024 Appropriations Act or chapter 216.

2025 (8) NURSING FACILITY SERVICES.—The agency shall pay for

2026 24-hour-a-day nursing and rehabilitative services for a
2027 recipient in a nursing facility licensed under part II of
2028 chapter 400 or in a rural hospital, as defined in s. 395.602, or
2029 in a Medicare certified skilled nursing facility operated by a
2030 hospital, as defined in s. 395.002 ~~by s. 395.002(10)~~, that is
2031 licensed under part I of chapter 395, and in accordance with
2032 provisions set forth in s. 409.908(2)(a), which services are
2033 ordered by and provided under the direction of a licensed
2034 physician. However, if a nursing facility has been destroyed or
2035 otherwise made uninhabitable by natural disaster or other
2036 emergency and another nursing facility is not available, the
2037 agency must pay for similar services temporarily in a hospital
2038 licensed under part I of chapter 395 provided federal funding is
2039 approved and available. The agency shall pay only for bed-hold
2040 days if the facility has an occupancy rate of 95 percent or
2041 greater. The agency is authorized to seek any federal waivers to
2042 implement this policy.

2043 **Section 47. Subsection (3) of section 409.906, Florida**
2044 **Statutes, is amended to read:**

2045 409.906 Optional Medicaid services.—Subject to specific
2046 appropriations, the agency may make payments for services which
2047 are optional to the state under Title XIX of the Social Security
2048 Act and are furnished by Medicaid providers to recipients who
2049 are determined to be eligible on the dates on which the services
2050 were provided. Any optional service that is provided shall be

2051 provided only when medically necessary and in accordance with
2052 state and federal law. Optional services rendered by providers
2053 in mobile units to Medicaid recipients may be restricted or
2054 prohibited by the agency. Nothing in this section shall be
2055 construed to prevent or limit the agency from adjusting fees,
2056 reimbursement rates, lengths of stay, number of visits, or
2057 number of services, or making any other adjustments necessary to
2058 comply with the availability of moneys and any limitations or
2059 directions provided for in the General Appropriations Act or
2060 chapter 216. If necessary to safeguard the state's systems of
2061 providing services to elderly and disabled persons and subject
2062 to the notice and review provisions of s. 216.177, the Governor
2063 may direct the Agency for Health Care Administration to amend
2064 the Medicaid state plan to delete the optional Medicaid service
2065 known as "Intermediate Care Facilities for the Developmentally
2066 Disabled." Optional services may include:

2067 (3) AMBULATORY SURGICAL CENTER SERVICES.—The agency may
2068 pay for services provided to a recipient in an ambulatory
2069 surgical center licensed under ~~part I of~~ chapter 396 ~~395~~, by or
2070 under the direction of a licensed physician or dentist.

2071 **Section 48. Paragraph (b) of subsection (1) of section**
2072 **409.975, Florida Statutes, is amended to read:**

2073 409.975 Managed care plan accountability.—In addition to
2074 the requirements of s. 409.967, plans and providers
2075 participating in the managed medical assistance program shall

2076 | comply with the requirements of this section.

2077 | (1) PROVIDER NETWORKS.—Managed care plans must develop and
 2078 | maintain provider networks that meet the medical needs of their
 2079 | enrollees in accordance with standards established pursuant to
 2080 | s. 409.967(2)(c). Except as provided in this section, managed
 2081 | care plans may limit the providers in their networks based on
 2082 | credentials, quality indicators, and price.

2083 | (b) Certain providers are statewide resources and
 2084 | essential providers for all managed care plans in all regions.
 2085 | All managed care plans must include these essential providers in
 2086 | their networks. Statewide essential providers include:

- 2087 | 1. Faculty plans of Florida medical schools.
- 2088 | 2. Regional perinatal intensive care centers as defined in
 2089 | s. 383.16(2).
- 2090 | 3. Hospitals licensed as specialty children's hospitals as
 2091 | defined in s. 395.002 ~~s. 395.002(28)~~.
- 2092 | 4. Accredited and integrated systems serving medically
 2093 | complex children which comprise separately licensed, but
 2094 | commonly owned, health care providers delivering at least the
 2095 | following services: medical group home, in-home and outpatient
 2096 | nursing care and therapies, pharmacy services, durable medical
 2097 | equipment, and Prescribed Pediatric Extended Care.
- 2098 | 5. Florida cancer hospitals that meet the criteria in 42
 2099 | U.S.C. s. 1395ww(d)(1)(B)(v).

2100 |

2101 Managed care plans that have not contracted with all statewide
 2102 essential providers in all regions as of the first date of
 2103 recipient enrollment must continue to negotiate in good faith.
 2104 Payments to physicians on the faculty of nonparticipating
 2105 Florida medical schools shall be made at the applicable Medicaid
 2106 rate. Payments for services rendered by regional perinatal
 2107 intensive care centers shall be made at the applicable Medicaid
 2108 rate as of the first day of the contract between the agency and
 2109 the plan. Except for payments for emergency services, payments
 2110 to nonparticipating specialty children's hospitals, and payments
 2111 to nonparticipating Florida cancer hospitals that meet the
 2112 criteria in 42 U.S.C. s. 1395ww(d) (1) (B) (v), shall equal the
 2113 highest rate established by contract between that provider and
 2114 any other Medicaid managed care plan.

2115 **Section 49. Subsection (5) of section 456.041, Florida**
 2116 **Statutes, is amended to read:**

2117 456.041 Practitioner profile; creation.—

2118 (5) The Department of Health shall include the date of a
 2119 hospital or ambulatory surgical center disciplinary action taken
 2120 by a licensed hospital or an ambulatory surgical center, in
 2121 accordance with the requirements of s. 395.0193 and s. 396.212,
 2122 in the practitioner profile. The department shall state whether
 2123 the action related to professional competence and whether it
 2124 related to the delivery of services to a patient.

2125 **Section 50. Paragraph (n) of subsection (3) of section**

2126 **456.053, Florida Statutes, is amended to read:**

2127 456.053 Financial arrangements between referring health
2128 care providers and providers of health care services.—

2129 (3) DEFINITIONS.—For the purpose of this section, the
2130 word, phrase, or term:

2131 (n) "Referral" means any referral of a patient by a health
2132 care provider for health care services, including, without
2133 limitation:

2134 1. The forwarding of a patient by a health care provider
2135 to another health care provider or to an entity which provides
2136 or supplies designated health services or any other health care
2137 item or service; or

2138 2. The request or establishment of a plan of care by a
2139 health care provider, which includes the provision of designated
2140 health services or other health care item or service.

2141 3. The following orders, recommendations, or plans of care
2142 shall not constitute a referral by a health care provider:

2143 a. By a radiologist for diagnostic-imaging services.

2144 b. By a physician specializing in the provision of
2145 radiation therapy services for such services.

2146 c. By a medical oncologist for drugs and solutions to be
2147 prepared and administered intravenously to such oncologist's
2148 patient, as well as for the supplies and equipment used in
2149 connection therewith to treat such patient for cancer and the
2150 complications thereof.

2151 d. By a cardiologist for cardiac catheterization services.
2152 e. By a pathologist for diagnostic clinical laboratory
2153 tests and pathological examination services, if furnished by or
2154 under the supervision of such pathologist pursuant to a
2155 consultation requested by another physician.

2156 f. By a health care provider who is the sole provider or
2157 member of a group practice for designated health services or
2158 other health care items or services that are prescribed or
2159 provided solely for such referring health care provider's or
2160 group practice's own patients, and that are provided or
2161 performed by or under the supervision of such referring health
2162 care provider or group practice if such supervision complies
2163 with all applicable Medicare payment and coverage rules for
2164 services; provided, however, a physician licensed pursuant to
2165 chapter 458, chapter 459, chapter 460, or chapter 461 or an
2166 advanced practice registered nurse registered under s. 464.0123
2167 may refer a patient to a sole provider or group practice for
2168 diagnostic imaging services, excluding radiation therapy
2169 services, for which the sole provider or group practice billed
2170 both the technical and the professional fee for or on behalf of
2171 the patient, if the referring physician or advanced practice
2172 registered nurse registered under s. 464.0123 has no investment
2173 interest in the practice. The diagnostic imaging service
2174 referred to a group practice or sole provider must be a
2175 diagnostic imaging service normally provided within the scope of

2176 practice to the patients of the group practice or sole provider.
 2177 The group practice or sole provider may accept no more than 15
 2178 percent of their patients receiving diagnostic imaging services
 2179 from outside referrals, excluding radiation therapy services.
 2180 However, the 15 percent limitation of this sub-subparagraph and
 2181 the requirements of subparagraph (4)(a)2. do not apply to a
 2182 group practice entity that owns an accountable care organization
 2183 or an entity operating under an advanced alternative payment
 2184 model according to federal regulations if such entity provides
 2185 diagnostic imaging services and has more than 30,000 patients
 2186 enrolled per year.

2187 g. By a health care provider for services provided by an
 2188 ambulatory surgical center licensed under chapter 396 ~~395~~.

2189 h. By a urologist for lithotripsy services.

2190 i. By a dentist for dental services performed by an
 2191 employee of or health care provider who is an independent
 2192 contractor with the dentist or group practice of which the
 2193 dentist is a member.

2194 j. By a physician for infusion therapy services to a
 2195 patient of that physician or a member of that physician's group
 2196 practice.

2197 k. By a nephrologist for renal dialysis services and
 2198 supplies, except laboratory services.

2199 l. By a health care provider whose principal professional
 2200 practice consists of treating patients in their private

2201 residences for services to be rendered in such private
 2202 residences, except for services rendered by a home health agency
 2203 licensed under chapter 400. For purposes of this sub-
 2204 subparagraph, the term "private residences" includes patients'
 2205 private homes, independent living centers, and assisted living
 2206 facilities, but does not include skilled nursing facilities.

2207 m. By a health care provider for sleep-related testing.

2208 **Section 51. Subsection (3) of section 456.056, Florida**
 2209 **Statutes, is amended to read:**

2210 456.056 Treatment of Medicare beneficiaries; refusal,
 2211 emergencies, consulting physicians.—

2212 (3) If treatment is provided to a beneficiary for an
 2213 emergency medical condition as defined in s. 395.002 ~~s.~~
 2214 ~~395.002(8)(a)~~, the physician must accept Medicare assignment
 2215 provided that the requirement to accept Medicare assignment for
 2216 an emergency medical condition shall not apply to treatment
 2217 rendered after the patient is stabilized, or the treatment is
 2218 unrelated to the original emergency medical condition. For the
 2219 purpose of this subsection "stabilized" is defined to mean with
 2220 respect to an emergency medical condition, that no material
 2221 deterioration of the condition is likely within reasonable
 2222 medical probability.

2223 **Section 52. Subsection (3) of section 458.3145, Florida**
 2224 **Statutes, is amended to read:**

2225 458.3145 Medical faculty certificate.—

2226 (3) The holder of a medical faculty certificate issued
 2227 under this section has all rights and responsibilities
 2228 prescribed by law for the holder of a license issued under s.
 2229 458.311, except as specifically provided otherwise by law. Such
 2230 responsibilities include compliance with continuing medical
 2231 education requirements as set forth by rule of the board. A
 2232 hospital or ambulatory surgical center licensed under chapter
 2233 396 ~~395~~, health maintenance organization certified under chapter
 2234 641, insurer as defined in s. 624.03, multiple-employer welfare
 2235 arrangement as defined in s. 624.437, or any other entity in
 2236 this state, in considering and acting upon an application for
 2237 staff membership, clinical privileges, or other credentials as a
 2238 health care provider, may not deny the application of an
 2239 otherwise qualified physician for such staff membership,
 2240 clinical privileges, or other credentials solely because the
 2241 applicant is a holder of a medical faculty certificate under
 2242 this section.

2243 **Section 53. Subsection (2) of section 458.320, Florida**
 2244 **Statutes, is amended to read:**

2245 458.320 Financial responsibility.—

2246 (2) Physicians who perform surgery in an ambulatory
 2247 surgical center licensed under chapter 396 ~~395~~ and, as a
 2248 continuing condition of hospital staff privileges, physicians
 2249 who have staff privileges must also establish financial
 2250 responsibility by one of the following methods:

2251 (a) Establishing and maintaining an escrow account
2252 consisting of cash or assets eligible for deposit in accordance
2253 with s. 625.52 in the per claim amounts specified in paragraph
2254 (b). The required escrow amount set forth in this paragraph may
2255 not be used for litigation costs or attorney's fees for the
2256 defense of any medical malpractice claim.

2257 (b) Obtaining and maintaining professional liability
2258 coverage in an amount not less than \$250,000 per claim, with a
2259 minimum annual aggregate of not less than \$750,000 from an
2260 authorized insurer as defined under s. 624.09, from a surplus
2261 lines insurer as defined under s. 626.914(2), from a risk
2262 retention group as defined under s. 627.942, from the Joint
2263 Underwriting Association established under s. 627.351(4),
2264 through a plan of self-insurance as provided in s. 627.357, or
2265 through a plan of self-insurance which meets the conditions
2266 specified for satisfying financial responsibility in s. 766.110.
2267 The required coverage amount set forth in this paragraph may not
2268 be used for litigation costs or attorney ~~attorney's~~ fees for the
2269 defense of any medical malpractice claim.

2270 (c) Obtaining and maintaining an unexpired irrevocable
2271 letter of credit, established pursuant to chapter 675, in an
2272 amount not less than \$250,000 per claim, with a minimum
2273 aggregate availability of credit of not less than \$750,000. The
2274 letter of credit must be payable to the physician as beneficiary
2275 upon presentment of a final judgment indicating liability and

2276 | awarding damages to be paid by the physician or upon presentment
 2277 | of a settlement agreement signed by all parties to such
 2278 | agreement when such final judgment or settlement is a result of
 2279 | a claim arising out of the rendering of, or the failure to
 2280 | render, medical care and services. The letter of credit may not
 2281 | be used for litigation costs or attorney's fees for the defense
 2282 | of any medical malpractice claim. The letter of credit must be
 2283 | nonassignable and nontransferable. The letter of credit must be
 2284 | issued by any bank or savings association organized and existing
 2285 | under the laws of this state or any bank or savings association
 2286 | organized under the laws of the United States which has its
 2287 | principal place of business in this state or has a branch office
 2288 | that is authorized under the laws of this state or of the United
 2289 | States to receive deposits in this state.

2290 |
 2291 | This subsection shall be inclusive of the coverage in subsection
 2292 | (1).

2293 | **Section 54. Paragraph (f) of subsection (4) of section**
 2294 | **458.351, Florida Statutes, is amended to read:**

2295 | 458.351 Reports of adverse incidents in office practice
 2296 | settings.—

2297 | (4) For purposes of notification to the department
 2298 | pursuant to this section, the term "adverse incident" means an
 2299 | event over which the physician or licensee could exercise
 2300 | control and which is associated in whole or in part with a

2301 | medical intervention, rather than the condition for which such
 2302 | intervention occurred, and which results in the following
 2303 | patient injuries:

2304 | (f) Any condition that required the transfer of a patient
 2305 | to a hospital licensed under chapter 395 from an ambulatory
 2306 | surgical center licensed under chapter 396 ~~395~~ or any facility
 2307 | or any office maintained by a physician for the practice of
 2308 | medicine which is not licensed under chapter 395.

2309 | **Section 55. Subsection (2) of section 459.0085, Florida**
 2310 | **Statutes, is amended to read:**

2311 | 459.0085 Financial responsibility.—

2312 | (2) Osteopathic physicians who perform surgery in an
 2313 | ambulatory surgical center licensed under chapter 396 ~~395~~ and,
 2314 | as a continuing condition of hospital staff privileges,
 2315 | osteopathic physicians who have staff privileges must also
 2316 | establish financial responsibility by one of the following
 2317 | methods:

2318 | (a) Establishing and maintaining an escrow account
 2319 | consisting of cash or assets eligible for deposit in accordance
 2320 | with s. 625.52 in the per-claim amounts specified in paragraph
 2321 | (b). The required escrow amount set forth in this paragraph may
 2322 | not be used for litigation costs or attorney's fees for the
 2323 | defense of any medical malpractice claim.

2324 | (b) Obtaining and maintaining professional liability
 2325 | coverage in an amount not less than \$250,000 per claim, with a

2326 | minimum annual aggregate of not less than \$750,000 from an
 2327 | authorized insurer as defined under s. 624.09, from a surplus
 2328 | lines insurer as defined under s. 626.914(2), from a risk
 2329 | retention group as defined under s. 627.942, from the Joint
 2330 | Underwriting Association established under s. 627.351(4),
 2331 | through a plan of self-insurance as provided in s. 627.357, or
 2332 | through a plan of self-insurance that meets the conditions
 2333 | specified for satisfying financial responsibility in s. 766.110.
 2334 | The required coverage amount set forth in this paragraph may not
 2335 | be used for litigation costs or attorney's fees for the defense
 2336 | of any medical malpractice claim.

2337 | (c) Obtaining and maintaining an unexpired, irrevocable
 2338 | letter of credit, established pursuant to chapter 675, in an
 2339 | amount not less than \$250,000 per claim, with a minimum
 2340 | aggregate availability of credit of not less than \$750,000. The
 2341 | letter of credit must be payable to the osteopathic physician as
 2342 | beneficiary upon presentment of a final judgment indicating
 2343 | liability and awarding damages to be paid by the osteopathic
 2344 | physician or upon presentment of a settlement agreement signed
 2345 | by all parties to such agreement when such final judgment or
 2346 | settlement is a result of a claim arising out of the rendering
 2347 | of, or the failure to render, medical care and services. The
 2348 | letter of credit may not be used for litigation costs or
 2349 | attorney's fees for the defense of any medical malpractice
 2350 | claim. The letter of credit must be nonassignable and

2351 nontransferable. The letter of credit must be issued by any bank
 2352 or savings association organized and existing under the laws of
 2353 this state or any bank or savings association organized under
 2354 the laws of the United States which has its principal place of
 2355 business in this state or has a branch office that is authorized
 2356 under the laws of this state or of the United States to receive
 2357 deposits in this state.

2358
 2359 This subsection shall be inclusive of the coverage in subsection
 2360 (1).

2361 **Section 56. Paragraph (f) of subsection (4) of section**
 2362 **459.026, Florida Statutes, is amended to read:**

2363 459.026 Reports of adverse incidents in office practice
 2364 settings.—

2365 (4) For purposes of notification to the department
 2366 pursuant to this section, the term "adverse incident" means an
 2367 event over which the physician or licensee could exercise
 2368 control and which is associated in whole or in part with a
 2369 medical intervention, rather than the condition for which such
 2370 intervention occurred, and which results in the following
 2371 patient injuries:

2372 (f) Any condition that required the transfer of a patient
 2373 to a hospital licensed under chapter 395 from an ambulatory
 2374 surgical center licensed under chapter 396 ~~395~~ or any facility
 2375 or any office maintained by a physician for the practice of

2376 | medicine which is not licensed under chapter 395.

2377 | **Section 57. Paragraph (e) of subsection (1) of section**
 2378 | **465.0125, Florida Statutes, is amended to read:**

2379 | 465.0125 Consultant pharmacist license; application,
 2380 | renewal, fees; responsibilities; rules.—

2381 | (1) The department shall issue or renew a consultant
 2382 | pharmacist license upon receipt of an initial or renewal
 2383 | application that conforms to the requirements for consultant
 2384 | pharmacist initial licensure or renewal as adopted by the board
 2385 | by rule and a fee set by the board not to exceed \$250. To be
 2386 | licensed as a consultant pharmacist, a pharmacist must complete
 2387 | additional training as required by the board.

2388 | (e) For purposes of this subsection, the term "health care
 2389 | facility" means an ambulatory surgical center licensed under
 2390 | chapter 396, a ~~or~~ hospital licensed under chapter 395, an
 2391 | alcohol or chemical dependency treatment center licensed under
 2392 | chapter 397, an inpatient hospice licensed under part IV of
 2393 | chapter 400, a nursing home licensed under part II of chapter
 2394 | 400, an ambulatory care center as defined in s. 408.07, or a
 2395 | nursing home component under chapter 400 within a continuing
 2396 | care facility licensed under chapter 651.

2397 | **Section 58. Paragraph (1) of subsection (1) of section**
 2398 | **468.505, Florida Statutes, is amended to read:**

2399 | 468.505 Exemptions; exceptions.—

2400 | (1) Nothing in this part may be construed as prohibiting

2401 or restricting the practice, services, or activities of:

2402 (1) A person employed by a nursing facility exempt from
 2403 licensing under s. 395.002 ~~s. 395.002(12)~~, or a person exempt
 2404 from licensing under s. 464.022.

2405 **Section 59. Paragraph (h) of subsection (4) of section**
 2406 **627.351, Florida Statutes, is amended to read:**

2407 627.351 Insurance risk apportionment plans.—

2408 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT; ASSOCIATION
 2409 CONTRACTS AND PURCHASES.—

2410 (h) As used in this subsection:

2411 1. "Health care provider" means hospitals licensed under
 2412 chapter 395; physicians licensed under chapter 458; osteopathic
 2413 physicians licensed under chapter 459; podiatric physicians
 2414 licensed under chapter 461; dentists licensed under chapter 466;
 2415 chiropractic physicians licensed under chapter 460; naturopaths
 2416 licensed under chapter 462; nurses licensed under part I of
 2417 chapter 464; midwives licensed under chapter 467; physician
 2418 assistants licensed under chapter 458 or chapter 459; physical
 2419 therapists and physical therapist assistants licensed under
 2420 chapter 486; health maintenance organizations certificated under
 2421 part I of chapter 641; ambulatory surgical centers licensed
 2422 under chapter 396 ~~395~~; other medical facilities as defined in
 2423 subparagraph 2.; blood banks, plasma centers, industrial
 2424 clinics, and renal dialysis facilities; or professional
 2425 associations, partnerships, corporations, joint ventures, or

2426 other associations for professional activity by health care
 2427 providers.

2428 2. "Other medical facility" means a facility the primary
 2429 purpose of which is to provide human medical diagnostic services
 2430 or a facility providing nonsurgical human medical treatment, to
 2431 which facility the patient is admitted and from which facility
 2432 the patient is discharged within the same working day, and which
 2433 facility is not part of a hospital. However, a facility existing
 2434 for the primary purpose of performing terminations of pregnancy
 2435 or an office maintained by a physician or dentist for the
 2436 practice of medicine may not be construed to be an "other
 2437 medical facility."

2438 3. "Health care facility" means any hospital licensed
 2439 under chapter 395, health maintenance organization certificated
 2440 under part I of chapter 641, ambulatory surgical center licensed
 2441 under chapter 396 ~~395~~, or other medical facility as defined in
 2442 subparagraph 2.

2443 **Section 60. Paragraph (b) of subsection (1) of section**
 2444 **627.357, Florida Statutes, is amended to read:**

2445 627.357 Medical malpractice self-insurance.—

2446 (1) DEFINITIONS.—As used in this section, the term:

2447 (b) "Health care provider" means any:

2448 1. Hospital licensed under chapter 395.

2449 2. Physician licensed, or physician assistant licensed,
 2450 under chapter 458.

- 2451 3. Osteopathic physician or physician assistant licensed
 2452 under chapter 459.
- 2453 4. Podiatric physician licensed under chapter 461.
- 2454 5. Health maintenance organization certificated under part
 2455 I of chapter 641.
- 2456 6. Ambulatory surgical center licensed under chapter 396
 2457 ~~395~~.
- 2458 7. Chiropractic physician licensed under chapter 460.
- 2459 8. Psychologist licensed under chapter 490.
- 2460 9. Optometrist licensed under chapter 463.
- 2461 10. Dentist licensed under chapter 466.
- 2462 11. Pharmacist licensed under chapter 465.
- 2463 12. Registered nurse, licensed practical nurse, or
 2464 advanced practice registered nurse licensed or registered under
 2465 part I of chapter 464.
- 2466 13. Other medical facility.
- 2467 14. Professional association, partnership, corporation,
 2468 joint venture, or other association established by the
 2469 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
 2470 10., 11., and 12. for professional activity.

2471 **Section 61. Section 627.6056, Florida Statutes, is amended**
 2472 **to read:**

2473 627.6056 Coverage for ambulatory surgical center service.—
 2474 An ~~No~~ individual health insurance policy providing coverage on
 2475 an expense-incurred basis or individual service or indemnity-

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2025

2476 type contract issued by a nonprofit corporation, of any kind or
2477 description, may not ~~shall~~ be issued unless coverage provided
2478 for any service performed in an ambulatory surgical center, as
2479 defined in s. 396.202 ~~s. 395.002~~, is provided if such service
2480 would have been covered under the terms of the policy or
2481 contract as an eligible inpatient service.

2482 **Section 62. Subsection (3) of section 627.6405, Florida**
2483 **Statutes, is amended to read:**

2484 627.6405 Decreasing inappropriate utilization of emergency
2485 care.—

2486 (3) As a disincentive for insureds to inappropriately use
2487 emergency department services for nonemergency care, health
2488 insurers may require higher copayments for urgent care or
2489 primary care provided in an emergency department and higher
2490 copayments for use of out-of-network emergency departments.
2491 Higher copayments may not be charged for the utilization of the
2492 emergency department for emergency care. For the purposes of
2493 this section, the term "emergency care" has the same meaning as
2494 the term "emergency services and care" as defined in s. 395.002
2495 ~~s. 395.002(9)~~ and includes services provided to rule out an
2496 emergency medical condition.

2497 **Section 63. Paragraph (b) of subsection (1) of section**
2498 **627.64194, Florida Statutes, is amended to read:**

2499 627.64194 Coverage requirements for services provided by
2500 nonparticipating providers; payment collection limitations.—

2501 (1) As used in this section, the term:

2502 (b) "Facility" means a licensed facility as defined in s.
 2503 395.002 ~~s. 395.002(17)~~ and an urgent care center as defined in
 2504 s. 395.002.

2505 **Section 64. Section 627.6616, Florida Statutes, is amended**
 2506 **to read:**

2507 627.6616 Coverage for ambulatory surgical center service.—
 2508 A ~~No~~ group health insurance policy providing coverage on an
 2509 expense-incurred basis, or group service or indemnity-type
 2510 contract issued by a nonprofit corporation, or self-insured
 2511 group health benefit plan or trust, of any kind or description,
 2512 may not ~~shall~~ be issued unless coverage provided for any service
 2513 performed in an ambulatory surgical center, as defined in s.
 2514 396.202 ~~s. 395.002~~, is provided if such service would have been
 2515 covered under the terms of the policy or contract as an eligible
 2516 inpatient service.

2517 **Section 65. Paragraph (a) of subsection (1) of section**
 2518 **627.736, Florida Statutes, is amended to read:**

2519 627.736 Required personal injury protection benefits;
 2520 exclusions; priority; claims.—

2521 (1) REQUIRED BENEFITS.—An insurance policy complying with
 2522 the security requirements of s. 627.733 must provide personal
 2523 injury protection to the named insured, relatives residing in
 2524 the same household unless excluded under s. 627.747, persons
 2525 operating the insured motor vehicle, passengers in the motor

2526 | vehicle, and other persons struck by the motor vehicle and
2527 | suffering bodily injury while not an occupant of a self-
2528 | propelled vehicle, subject to subsection (2) and paragraph
2529 | (4) (e), to a limit of \$10,000 in medical and disability benefits
2530 | and \$5,000 in death benefits resulting from bodily injury,
2531 | sickness, disease, or death arising out of the ownership,
2532 | maintenance, or use of a motor vehicle as follows:

2533 | (a) Medical benefits.—Eighty percent of all reasonable
2534 | expenses for medically necessary medical, surgical, X-ray,
2535 | dental, and rehabilitative services, including prosthetic
2536 | devices and medically necessary ambulance, hospital, and nursing
2537 | services if the individual receives initial services and care
2538 | pursuant to subparagraph 1. within 14 days after the motor
2539 | vehicle accident. The medical benefits provide reimbursement
2540 | only for:

2541 | 1. Initial services and care that are lawfully provided,
2542 | supervised, ordered, or prescribed by a physician licensed under
2543 | chapter 458 or chapter 459, a dentist licensed under chapter
2544 | 466, a chiropractic physician licensed under chapter 460, or an
2545 | advanced practice registered nurse registered under s. 464.0123
2546 | or that are provided in a hospital or in a facility that owns,
2547 | or is wholly owned by, a hospital. Initial services and care may
2548 | also be provided by a person or entity licensed under part III
2549 | of chapter 401 which provides emergency transportation and
2550 | treatment.

2551 2. Upon referral by a provider described in subparagraph
 2552 1., followup services and care consistent with the underlying
 2553 medical diagnosis rendered pursuant to subparagraph 1. which may
 2554 be provided, supervised, ordered, or prescribed only by a
 2555 physician licensed under chapter 458 or chapter 459, a
 2556 chiropractic physician licensed under chapter 460, a dentist
 2557 licensed under chapter 466, or an advanced practice registered
 2558 nurse registered under s. 464.0123, or, to the extent permitted
 2559 by applicable law and under the supervision of such physician,
 2560 osteopathic physician, chiropractic physician, or dentist, by a
 2561 physician assistant licensed under chapter 458 or chapter 459 or
 2562 an advanced practice registered nurse licensed under chapter
 2563 464. Followup services and care may also be provided by the
 2564 following persons or entities:

2565 a. A hospital or ambulatory surgical center licensed under
 2566 chapter 396 ~~395~~.

2567 b. An entity wholly owned by one or more physicians
 2568 licensed under chapter 458 or chapter 459, chiropractic
 2569 physicians licensed under chapter 460, advanced practice
 2570 registered nurses registered under s. 464.0123, or dentists
 2571 licensed under chapter 466 or by such practitioners and the
 2572 spouse, parent, child, or sibling of such practitioners.

2573 c. An entity that owns or is wholly owned, directly or
 2574 indirectly, by a hospital or hospitals.

2575 d. A physical therapist licensed under chapter 486, based

2576 upon a referral by a provider described in this subparagraph.

2577 e. A health care clinic licensed under part X of chapter
2578 400 which is accredited by an accrediting organization whose
2579 standards incorporate comparable regulations required by this
2580 state, or

2581 (I) Has a medical director licensed under chapter 458,
2582 chapter 459, or chapter 460;

2583 (II) Has been continuously licensed for more than 3 years
2584 or is a publicly traded corporation that issues securities
2585 traded on an exchange registered with the United States
2586 Securities and Exchange Commission as a national securities
2587 exchange; and

2588 (III) Provides at least four of the following medical
2589 specialties:

2590 (A) General medicine.

2591 (B) Radiography.

2592 (C) Orthopedic medicine.

2593 (D) Physical medicine.

2594 (E) Physical therapy.

2595 (F) Physical rehabilitation.

2596 (G) Prescribing or dispensing outpatient prescription
2597 medication.

2598 (H) Laboratory services.

2599 3. Reimbursement for services and care provided in
2600 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician

2601 licensed under chapter 458 or chapter 459, a dentist licensed
2602 under chapter 466, a physician assistant licensed under chapter
2603 458 or chapter 459, or an advanced practice registered nurse
2604 licensed under chapter 464 has determined that the injured
2605 person had an emergency medical condition.

2606 4. Reimbursement for services and care provided in
2607 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
2608 provider listed in subparagraph 1. or subparagraph 2. determines
2609 that the injured person did not have an emergency medical
2610 condition.

2611 5. Medical benefits do not include massage therapy as
2612 defined in s. 480.033 or acupuncture as defined in s. 457.102,
2613 regardless of the person, entity, or licensee providing massage
2614 therapy or acupuncture, and a licensed massage therapist or
2615 licensed acupuncturist may not be reimbursed for medical
2616 benefits under this section.

2617 6. The Financial Services Commission shall adopt by rule
2618 the form that must be used by an insurer and a health care
2619 provider specified in sub-subparagraph 2.b., sub-subparagraph
2620 2.c., or sub-subparagraph 2.e. to document that the health care
2621 provider meets the criteria of this paragraph. Such rule must
2622 include a requirement for a sworn statement or affidavit.

2623
2624 Only insurers writing motor vehicle liability insurance in this
2625 state may provide the required benefits of this section, and

2626 such insurer may not require the purchase of any other motor
 2627 vehicle coverage other than the purchase of property damage
 2628 liability coverage as required by s. 627.7275 as a condition for
 2629 providing such benefits. Insurers may not require that property
 2630 damage liability insurance in an amount greater than \$10,000 be
 2631 purchased in conjunction with personal injury protection. Such
 2632 insurers shall make benefits and required property damage
 2633 liability insurance coverage available through normal marketing
 2634 channels. An insurer writing motor vehicle liability insurance
 2635 in this state who fails to comply with such availability
 2636 requirement as a general business practice violates part IX of
 2637 chapter 626, and such violation constitutes an unfair method of
 2638 competition or an unfair or deceptive act or practice involving
 2639 the business of insurance. An insurer committing such violation
 2640 is subject to the penalties provided under that part, as well as
 2641 those provided elsewhere in the insurance code.

2642 **Section 66. Paragraph (a) of subsection (1) of section**
 2643 **627.912, Florida Statutes, is amended to read:**

2644 627.912 Professional liability claims and actions; reports
 2645 by insurers and health care providers; annual report by office.—

2646 (1) (a) Each self-insurer authorized under s. 627.357 and
 2647 each commercial self-insurance fund authorized under s. 624.462,
 2648 authorized insurer, surplus lines insurer, risk retention group,
 2649 and joint underwriting association providing professional
 2650 liability insurance to a practitioner of medicine licensed under

2651 chapter 458, to a practitioner of osteopathic medicine licensed
 2652 under chapter 459, to a podiatric physician licensed under
 2653 chapter 461, to a dentist licensed under chapter 466, to a
 2654 hospital licensed under chapter 395, to a crisis stabilization
 2655 unit licensed under part IV of chapter 394, to a health
 2656 maintenance organization certificated under part I of chapter
 2657 641, to clinics included in chapter 390, or to an ambulatory
 2658 surgical center as defined in s. 396.202 ~~s. 395.002~~, and each
 2659 insurer providing professional liability insurance to a member
 2660 of The Florida Bar shall report to the office as set forth in
 2661 paragraph (c) any written claim or action for damages for
 2662 personal injuries claimed to have been caused by error,
 2663 omission, or negligence in the performance of such insured's
 2664 professional services or based on a claimed performance of
 2665 professional services without consent.

2666 **Section 67. Subsection (2) of section 765.101, Florida**
 2667 **Statutes, is amended to read:**

2668 765.101 Definitions.—As used in this chapter:

2669 (2) "Attending physician" means the physician who has
 2670 primary responsibility for the treatment and care of the patient
 2671 while the patient receives such treatment or care in a hospital
 2672 as defined in s. 395.002 ~~s. 395.002(12)~~.

2673 **Section 68. Paragraph (a) of subsection (1) of section**
 2674 **766.101, Florida Statutes, is amended to read:**

2675 766.101 Medical review committee, immunity from

2676 liability.—

2677 (1) As used in this section:

2678 (a) The term "medical review committee" or "committee"
2679 means:

2680 1.a. A committee of a hospital or ambulatory surgical
2681 center licensed under chapter 396 ~~395~~ or a health maintenance
2682 organization certificated under part I of chapter 641;

2683 b. A committee of a physician-hospital organization, a
2684 provider-sponsored organization, or an integrated delivery
2685 system;

2686 c. A committee of a state or local professional society of
2687 health care providers;

2688 d. A committee of a medical staff of a licensed hospital
2689 or nursing home, provided the medical staff operates pursuant to
2690 written bylaws that have been approved by the governing board of
2691 the hospital or nursing home;

2692 e. A committee of the Department of Corrections or the
2693 Correctional Medical Authority as created under s. 945.602, or
2694 employees, agents, or consultants of either the department or
2695 the authority or both;

2696 f. A committee of a professional service corporation
2697 formed under chapter 621 or a corporation organized under part I
2698 of chapter 607 or chapter 617, which is formed and operated for
2699 the practice of medicine as defined in s. 458.305(3), and which
2700 has at least 25 health care providers who routinely provide

2701 health care services directly to patients;

2702 g. A committee of the Department of Children and Families
2703 which includes employees, agents, or consultants to the
2704 department as deemed necessary to provide peer review,
2705 utilization review, and mortality review of treatment services
2706 provided pursuant to chapters 394, 397, and 916;

2707 h. A committee of a mental health treatment facility
2708 licensed under chapter 394 or a community mental health center
2709 as defined in s. 394.907, provided the quality assurance program
2710 operates pursuant to the guidelines that have been approved by
2711 the governing board of the agency;

2712 i. A committee of a substance abuse treatment and
2713 education prevention program licensed under chapter 397 provided
2714 the quality assurance program operates pursuant to the
2715 guidelines that have been approved by the governing board of the
2716 agency;

2717 j. A peer review or utilization review committee organized
2718 under chapter 440;

2719 k. A committee of the Department of Health, a county
2720 health department, healthy start coalition, or certified rural
2721 health network, when reviewing quality of care, or employees of
2722 these entities when reviewing mortality records; or

2723 l. A continuous quality improvement committee of a
2724 pharmacy licensed pursuant to chapter 465,

2725

2726 | which committee is formed to evaluate and improve the quality of
 2727 | health care rendered by providers of health service, to
 2728 | determine that health services rendered were professionally
 2729 | indicated or were performed in compliance with the applicable
 2730 | standard of care, or that the cost of health care rendered was
 2731 | considered reasonable by the providers of professional health
 2732 | services in the area; or

2733 | 2. A committee of an insurer, self-insurer, or joint
 2734 | underwriting association of medical malpractice insurance, or
 2735 | other persons conducting review under s. 766.106.

2736 | **Section 69. Subsection (3) of section 766.110, Florida**
 2737 | **Statutes, is amended to read:**

2738 | 766.110 Liability of health care facilities.—

2739 | (3) In order to ensure comprehensive risk management for
 2740 | diagnosis of disease, a health care facility, including a
 2741 | hospital or ambulatory surgical center, as defined in chapter
 2742 | 396 ~~395~~, may use scientific diagnostic disease methodologies
 2743 | that use information regarding specific diseases in health care
 2744 | facilities and that are adopted by the facility's medical review
 2745 | committee.

2746 | **Section 70. Paragraph (d) of subsection (3) of section**
 2747 | **766.1115, Florida Statutes, is amended to read:**

2748 | 766.1115 Health care providers; creation of agency
 2749 | relationship with governmental contractors.—

2750 | (3) DEFINITIONS.—As used in this section, the term:

- 2751 (d) "Health care provider" or "provider" means:
- 2752 1. A birth center licensed under chapter 383.
- 2753 2. An ambulatory surgical center licensed under chapter
- 2754 396 ~~395~~.
- 2755 3. A hospital licensed under chapter 395.
- 2756 4. A physician or physician assistant licensed under
- 2757 chapter 458.
- 2758 5. An osteopathic physician or osteopathic physician
- 2759 assistant licensed under chapter 459.
- 2760 6. A chiropractic physician licensed under chapter 460.
- 2761 7. A podiatric physician licensed under chapter 461.
- 2762 8. A registered nurse, nurse midwife, licensed practical
- 2763 nurse, or advanced practice registered nurse licensed or
- 2764 registered under part I of chapter 464 or any facility which
- 2765 employs nurses licensed or registered under part I of chapter
- 2766 464 to supply all or part of the care delivered under this
- 2767 section.
- 2768 9. A midwife licensed under chapter 467.
- 2769 10. A health maintenance organization certificated under
- 2770 part I of chapter 641.
- 2771 11. A health care professional association and its
- 2772 employees or a corporate medical group and its employees.
- 2773 12. Any other medical facility the primary purpose of
- 2774 which is to deliver human medical diagnostic services or which
- 2775 delivers nonsurgical human medical treatment, and which includes

2776 an office maintained by a provider.

2777 13. A dentist or dental hygienist licensed under chapter
2778 466.

2779 14. A free clinic that delivers only medical diagnostic
2780 services or nonsurgical medical treatment free of charge to all
2781 low-income recipients.

2782 15. Any other health care professional, practitioner,
2783 provider, or facility under contract with a governmental
2784 contractor, including a student enrolled in an accredited
2785 program that prepares the student for licensure as any one of
2786 the professionals listed in subparagraphs 4.-9.

2787
2788 The term includes any nonprofit corporation qualified as exempt
2789 from federal income taxation under s. 501(a) of the Internal
2790 Revenue Code, and described in s. 501(c) of the Internal Revenue
2791 Code, which delivers health care services provided by licensed
2792 professionals listed in this paragraph, any federally funded
2793 community health center, and any volunteer corporation or
2794 volunteer health care provider that delivers health care
2795 services.

2796 **Section 71. Subsection (4) and paragraph (b) of subsection**
2797 **(6) of section 766.118, Florida Statutes, are amended to read:**

2798 766.118 Determination of noneconomic damages.—

2799 (4) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF
2800 PRACTITIONERS PROVIDING EMERGENCY SERVICES AND CARE.—

2801 Notwithstanding subsections (2) and (3), with respect to a cause
2802 of action for personal injury or wrongful death arising from
2803 medical negligence of practitioners providing emergency services
2804 and care, as defined in s. 395.002 ~~s. 395.002(9)~~, or providing
2805 services as provided in s. 401.265, or providing services
2806 pursuant to obligations imposed by 42 U.S.C. s. 1395dd to
2807 persons with whom the practitioner does not have a then-existing
2808 health care patient-practitioner relationship for that medical
2809 condition:

2810 (a) Regardless of the number of such practitioner
2811 defendants, noneconomic damages shall not exceed \$150,000 per
2812 claimant.

2813 (b) Notwithstanding paragraph (a), the total noneconomic
2814 damages recoverable by all claimants from all such practitioners
2815 shall not exceed \$300,000.

2816
2817 The limitation provided by this subsection applies only to
2818 noneconomic damages awarded as a result of any act or omission
2819 of providing medical care or treatment, including diagnosis that
2820 occurs prior to the time the patient is stabilized and is
2821 capable of receiving medical treatment as a nonemergency
2822 patient, unless surgery is required as a result of the emergency
2823 within a reasonable time after the patient is stabilized, in
2824 which case the limitation provided by this subsection applies to
2825 any act or omission of providing medical care or treatment which

2826 | occurs prior to the stabilization of the patient following the
 2827 | surgery.

2828 | (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF A
 2829 | PRACTITIONER PROVIDING SERVICES AND CARE TO A MEDICAID
 2830 | RECIPIENT.—Notwithstanding subsections (2), (3), and (5), with
 2831 | respect to a cause of action for personal injury or wrongful
 2832 | death arising from medical negligence of a practitioner
 2833 | committed in the course of providing medical services and
 2834 | medical care to a Medicaid recipient, regardless of the number
 2835 | of such practitioner defendants providing the services and care,
 2836 | noneconomic damages may not exceed \$300,000 per claimant, unless
 2837 | the claimant pleads and proves, by clear and convincing
 2838 | evidence, that the practitioner acted in a wrongful manner. A
 2839 | practitioner providing medical services and medical care to a
 2840 | Medicaid recipient is not liable for more than \$200,000 in
 2841 | noneconomic damages, regardless of the number of claimants,
 2842 | unless the claimant pleads and proves, by clear and convincing
 2843 | evidence, that the practitioner acted in a wrongful manner. The
 2844 | fact that a claimant proves that a practitioner acted in a
 2845 | wrongful manner does not preclude the application of the
 2846 | limitation on noneconomic damages prescribed elsewhere in this
 2847 | section. For purposes of this subsection:

2848 | (b) The term "practitioner," in addition to the meaning
 2849 | prescribed in subsection (1), includes a ~~any~~ hospital ~~or~~
 2850 | ~~ambulatory surgical center~~ as defined and licensed under chapter

2851 | 395 or an ambulatory surgical center as defined and licensed
 2852 | under chapter 396.

2853 | **Section 72. Subsection (4) of section 766.202, Florida**
 2854 | **Statutes, is amended to read:**

2855 | 766.202 Definitions; ss. 766.201-766.212.—As used in ss.
 2856 | 766.201-766.212, the term:

2857 | (4) "Health care provider" means a ~~any~~ hospital ~~or~~
 2858 | ~~ambulatory surgical center~~ as defined and licensed under chapter
 2859 | 395; an ambulatory surgical center as defined and licensed under
 2860 | chapter 396; a birth center licensed under chapter 383; any
 2861 | person licensed under chapter 458, chapter 459, chapter 460,
 2862 | chapter 461, chapter 462, chapter 463, part I of chapter 464,
 2863 | chapter 466, chapter 467, part XIV of chapter 468, or chapter
 2864 | 486; a health maintenance organization certificated under part I
 2865 | of chapter 641; a blood bank; a plasma center; an industrial
 2866 | clinic; a renal dialysis facility; or a professional association
 2867 | partnership, corporation, joint venture, or other association
 2868 | for professional activity by health care providers.

2869 | **Section 73. Section 766.316, Florida Statutes, is amended**
 2870 | **to read:**

2871 | 766.316 Notice to obstetrical patients of participation in
 2872 | the plan.—Each hospital with a participating physician on its
 2873 | staff and each participating physician, other than residents,
 2874 | assistant residents, and interns deemed to be participating
 2875 | physicians under s. 766.314(4)(c), under the Florida Birth-

2876 Related Neurological Injury Compensation Plan shall provide
2877 notice to the obstetrical patients as to the limited no-fault
2878 alternative for birth-related neurological injuries. Such notice
2879 shall be provided on forms furnished by the association and
2880 shall include a clear and concise explanation of a patient's
2881 rights and limitations under the plan. The hospital or the
2882 participating physician may elect to have the patient sign a
2883 form acknowledging receipt of the notice form. Signature of the
2884 patient acknowledging receipt of the notice form raises a
2885 rebuttable presumption that the notice requirements of this
2886 section have been met. Notice need not be given to a patient
2887 when the patient has an emergency medical condition as defined
2888 in s. 395.002 ~~s. 395.002(8)(b)~~ or when notice is not
2889 practicable.

2890 **Section 74. Paragraph (b) of subsection (2) of section**
2891 **812.014, Florida Statutes, is amended to read:**

2892 812.014 Theft.—

2893 (2)

2894 (b)1. If the property stolen is valued at \$20,000 or more,
2895 but less than \$100,000;

2896 2. If the property stolen is cargo valued at less than
2897 \$50,000 that has entered the stream of interstate or intrastate
2898 commerce from the shipper's loading platform to the consignee's
2899 receiving dock;

2900 3. If the property stolen is emergency medical equipment,

2901 | valued at \$300 or more, that is taken from a facility licensed
 2902 | under chapter 395 or from an aircraft or vehicle permitted under
 2903 | chapter 401; or

2904 | 4. If the property stolen is law enforcement equipment,
 2905 | valued at \$300 or more, that is taken from an authorized
 2906 | emergency vehicle, as defined in s. 316.003,

2907 |
 2908 | the offender commits grand theft in the second degree,
 2909 | punishable as a felony of the second degree, as provided in s.
 2910 | 775.082, s. 775.083, or s. 775.084. Emergency medical equipment
 2911 | means mechanical or electronic apparatus used to provide
 2912 | emergency services and care as defined in s. 395.002 ~~s.~~

2913 | ~~395.002(9)~~ or to treat medical emergencies. Law enforcement
 2914 | equipment means any property, device, or apparatus used by any
 2915 | law enforcement officer as defined in s. 943.10 in the officer's
 2916 | official business. However, if the property is stolen during a
 2917 | riot or an aggravated riot prohibited under s. 870.01 and the
 2918 | perpetration of the theft is facilitated by conditions arising
 2919 | from the riot; or within a county that is subject to a state of
 2920 | emergency declared by the Governor under chapter 252, the theft
 2921 | is committed after the declaration of emergency is made, and the
 2922 | perpetration of the theft is facilitated by conditions arising
 2923 | from the emergency, the theft is a felony of the first degree,
 2924 | punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
 2925 | As used in this paragraph, the term "conditions arising from the

2926 riot" means civil unrest, power outages, curfews, or a reduction
 2927 in the presence of or response time for first responders or
 2928 homeland security personnel and the term "conditions arising
 2929 from the emergency" means civil unrest, power outages, curfews,
 2930 voluntary or mandatory evacuations, or a reduction in the
 2931 presence of or response time for first responders or homeland
 2932 security personnel. A person arrested for committing a theft
 2933 during a riot or an aggravated riot or within a county that is
 2934 subject to a state of emergency may not be released until the
 2935 person appears before a committing magistrate at a first
 2936 appearance hearing. For purposes of sentencing under chapter
 2937 921, a felony offense that is reclassified under this paragraph
 2938 is ranked one level above the ranking under s. 921.0022 or s.
 2939 921.0023 of the offense committed.

2940 **Section 75. Paragraph (b) of subsection (1) of section**
 2941 **945.6041, Florida Statutes, is amended to read:**

2942 945.6041 Inmate medical services.—

2943 (1) As used in this section, the term:

2944 (b) "Health care provider" means:

2945 1. A hospital licensed under chapter 395.

2946 2. A physician or physician assistant licensed under
 2947 chapter 458.

2948 3. An osteopathic physician or physician assistant
 2949 licensed under chapter 459.

2950 4. A podiatric physician licensed under chapter 461.

2951 5. A health maintenance organization certificated under
2952 part I of chapter 641.

2953 6. An ambulatory surgical center licensed under chapter
2954 396 ~~395~~.

2955 7. A professional association, partnership, corporation,
2956 joint venture, or other association established by the
2957 individuals set forth in subparagraphs 2., 3., and 4. for
2958 professional activity.

2959 8. An other medical facility.

2960 a. As used in this subparagraph, the term "other medical
2961 facility" means:

2962 (I) A facility the primary purpose of which is to provide
2963 human medical diagnostic services, or a facility providing
2964 nonsurgical human medical treatment which discharges patients on
2965 the same working day that the patients are admitted; and

2966 (II) A facility that is not part of a hospital.

2967 b. The term does not include a facility existing for the
2968 primary purpose of performing terminations of pregnancy, or an
2969 office maintained by a physician or dentist for the practice of
2970 medicine.

2971 **Section 76. Paragraph (a) of subsection (1) of section**
2972 **985.6441, Florida Statutes, is amended to read:**

2973 985.6441 Health care services.—

2974 (1) As used in this section, the term:

2975 (a) "Health care provider" means:

- 2976 | 1. A hospital licensed under chapter 395.
- 2977 | 2. A physician or physician assistant licensed under
- 2978 | chapter 458.
- 2979 | 3. An osteopathic physician or physician assistant
- 2980 | licensed under chapter 459.
- 2981 | 4. A podiatric physician licensed under chapter 461.
- 2982 | 5. A health maintenance organization certificated under
- 2983 | part I of chapter 641.
- 2984 | 6. An ambulatory surgical center licensed under chapter
- 2985 | 396 ~~395~~.
- 2986 | 7. A professional association, partnership, corporation,
- 2987 | joint venture, or other association established by the
- 2988 | individuals set forth in subparagraphs 2.-4. for professional
- 2989 | activity.
- 2990 | 8. An other medical facility.
- 2991 | a. As used in this subparagraph, the term "other medical
- 2992 | facility" means:
- 2993 | (I) A facility the primary purpose of which is to provide
- 2994 | human medical diagnostic services, or a facility providing
- 2995 | nonsurgical human medical treatment which discharges patients on
- 2996 | the same working day that the patients are admitted; and
- 2997 | (II) A facility that is not part of a hospital.
- 2998 | b. The term does not include a facility existing for the
- 2999 | primary purpose of performing terminations of pregnancy, or an
- 3000 | office maintained by a physician or dentist for the practice of

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3001 | medicine.

3002 | **Section 77.** This act shall take effect July 1, 2025.